# MODELS AND THEORIES OF PSYCHOPATHOLOGY

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## ABSTRACT

Since Sigmund Freud first introduced his psychoanalytic theory, numerous other theoretical models of psychopathology have been suggested with certain similarities and differences. They all share the same fundamental beliefs that each person is born with certain innate tendencies and psychological functions; that everyone's environment contributes to the type of person one becomes. However, beyond these basics, each of these theories, or general propositions used as principles of explanation, consists of its own beliefs about how people are innately developed and influenced by their environment. The beliefs of each theory may contradict each other yet, The three major schools of psychopathology--psychoanalytic, behavioral and existential therapy--have each contributed it theory on what ultimately leads to human anxiety and panic. Despite their differences, all of these theories have both conceptual and practical usefulness in treating anxiety disorders that have been, and continue to be, so prevalent in the rapidly changing modern-day Western society.

***KEYWORD;*** *psychopathology, psychoanalytic, behavioral, existential therapy.*

## INTRODUCTION

Since Sigmund Freud first introduced his psychoanalytic theory, numerous other theoretical models of psychopathology have been suggested with certain similarities and differences. They all share the same fundamental beliefs that each person is born with certain innate tendencies and psychological functions; that everyone's environment contributes to the type of person one becomes; that as a result of some interaction of these tendencies and environmental factors and other issues people develop with some modes of functioning that are more preferable than others; hence once they developed, a person can develop further and change direction to a more preferable way of functioning and an interpersonal process called counseling can facilitate that change However, beyond these basics, each of these theories, or general propositions used as principles of explanation, consists of its own beliefs about how people are innately developed and influenced by their environment, how they grow and what comprises preferable ways of functioning, how they change and the ways that counseling can facilitate this change. The beliefs of each theory may contradict each other yet, The three major schools of psychopathology--psychoanalytic, behavioral and existential therapy--have each contributed it theory on what ultimately leads to human anxiety and panic. Despite their differences, all of these theories have both conceptual and practical usefulness in

treating anxiety disorders that have been, and continue to be, so prevalent in the rapidly changing modern-day Western society.

## PSYCHOANALYTIC THEORY

Underlying the psychoanalytic, behavioral and existential theories is the major factor of anxiety, which is always perceived consciously or is in a person's awareness (Hall, as cited in Fall, Holden & Marquis, 2004.) Yet, a person is not always conscious of the cause of the underlying anxiety. This is the process of repression, or being unaware of psychological material (Fall, Holden, & Marquis, 2004). Psychoanalytic theory is based on Freud's original belief that anxiety stems from a physiological buildup of libido. Later, this idea was redefined as a signal of the presence of danger in the unconscious. In his paper "*Inhibitions, Symptoms and Anxiety*," Freud (1926) states that "it was anxiety which produced repression and not, as I formerly believed, repression which produced anxiety."  In fact, this is "a remarkable volume, rich in its difficulty—a difficulty not of its theories, but of Freud's exposure of his own clinical and intellectual struggles" (Mitchell, 2003, p. 161). In it, Freud once again looks at the relationship of sexuality and anxiety. Rather than anxiety being the outcome of unsatisfactory sexual repression, as he once theorized, it comes first and foremost as a sign of danger. That which gives warning is a threat from within and without—instincts lead to internal dangers and prohibitions against them mean external dangers. In the psychoanalytic approach, anxiety is viewed as the result of psychic conflict between unconscious sexual or destructive desires and corresponding threats that come from the superego or external reality. As a protective device, the ego mobilizes defense mechanisms to prevent objectionable thoughts and feelings from transitioning into conscious awareness. The ultimate purpose of the individual life is to satisfy innate biological needs. When any need arises, the body releases stored energy that activates the need-related drive (Arlow, as cited in Fall, Holden & Marquis, 2004), which is then experienced as an upsetting, unlikeable tension.

This drive has a source—the need; an aim—the discharge of tension through imagination or action that leads to regaining a relaxed state of quiescence; an object—a certain image of a thing, person and/or activity that will achieve the aim; and an impetus—an urge to achieve this aim (Hall, as cited in Fall, Holden & Marquis, 2004). For instance, in the thirst drive, the source is the need for water; the aim is the discharge of thirst-tension through imagination or action that leads to quiescence; the object could be a thought of a glass of water or actually of drinking it; and the impetus is the urge to produce the object, image or action. In many cases, two or more of these drives can diverge, such as an exhausted starved person is conflicted between sleeping and eating. In addition are the circumstances in the external world that often lead to an outward frustration (Hall as cited in Fall, Holden & Marquis, 2004). Thus, a person can range from harmony to profound conflict, which can be as threatening as actual external danger and result in the emotion of anxiety in the person who is involved.

Another major component of psychoanalytic theory is that human personality and behavior are largely shaped by the relationships in early childhood. Classical Freudians believe that humans

are essentially pleasure-seeking individuals who are controlled by sexual and aggressive desires. Contemporary therapists emphasize attachment needs rather than instinctual drives, but they continue to emphasize the inadequate child-parent relationships that form during the early years. Psychoanalytic therapy consists of exploring the past, developing insights on how that past has been an influence on the present and then apply the conclusions to these insights to present day behavior with contemporary relationships. Therapy is helpful since the therapist helps the client interpret what is beyond his/her awareness (Sommers-Flanag & Sommers-Flanag, 2004)

## CRITICAL REFLECTIONS

Today, neurobiologists continue to substantiate many of Freud's original ideas and theories. For example, the role of the amygdale in the brain serves as the fear response despite not having any reference to conscious memory (Sadock & Sadock, 2008).  This substantiates Freud's belief of an unconscious memory system specifically for anxiety responses. "One of the unfortunate consequences of regarding the symptom of anxiety as a disorder rather than a signal is that the underlying sources of the anxiety may be ignored. From a psychodynamic perspective, the goal of therapy is not necessarily to eliminate all anxiety, but rather to increase anxiety tolerance, that is, the capacity to experience anxiety and use it as a signal to investigate the underlying conflict that has created it" (p. 582).  Anxiety rises in order to respond to various situations during life and, although pharmaceuticals may improve resulting symptoms, they may do nothing to deal with life circumstances or their internal relationships that have led to the state of anxiety.

During the early 1900s, it was not only Freud who was looking at the way that humans were psychologically responding to their environment. In his 1919 *Psychology from the Standpoint of a Behaviorist*, John B. Watson warned his readers that they would not find any discussions about consciousness. He argued that psychologists can research anything that humans say or do, such as playing, sleeping and shopping, but it is not possible to scientifically study their inner thoughts, desires and feelings that accompany these observable actions.  The study of the consciousness, was incompatible with behaviorism (Weiten, 2010).

Until Watson (1919) observed infant humans, he had compared animals and humans, but did not experiment with them. However, in 1919 to 1920, he conducted his most well-known experiment with a eight-month-old baby known as Albert B that altered much of his thinking. Watson and his assistant gave Albert a white lab rat. Since he was not afraid, he tried to touch the rat. On the other hand, Albert did show fear and cried when these two men clanged metal with a hammer just behind his head. A few months later, Watson and his assistant again gave Albert the rat, but this time just as he touched it, the metal clang sounded behind his head. Once again he cried. This experiment was repeated several times over the next several weeks. Before long, just the sight of the rat made Albert cry and try to crawl away. In fact, the fear and crying was extended to all fuzzy items, including a stuffed toy, a fur coat, and even a Santa Claus mask. The experiment successfully demonstrated the behaviorist concept of association in a higher order animal.

Although behaviorism has changed considerably over the decades since these early studies by Watson, behaviorists continue to believe that understanding of behavior can be attained without an understanding of consciousness; the emphasis is on behavior that is automatic and involuntary and therefore independent of consciousness. Behaviorists frequently reject or do not place a stress on the dualistic clarifications of mind or consciousness. Instead of analyzing the unconscious that lies along with unawareness, these therapists focus on the contingency-shaped behaviors where unawareness becomes externally apparent (Kohlenberg et al 2002).

Behaviorists strongly believe in the importance of establishing all methodology on scientific research. They see humans as neither inherently positive or negative, as the psychoanalytic therapists, but only a product of their environment (Sommers-Flanag & Sommers-Flanag, 2004). They limit their psychological methodology to what can be observed; thinking is also a form of overt behavior, somewhat subtle, but yet observed from the outside.  Psychology is concerned only about the relationship between externally observable stimuli and responses, which the simplest is the reflex. Therefore, it is necessary to account for the acquisition of habits.

Due to certain limitations of the behaviorism approach, there have been revisions to the theory over the century. For example, although behaviorism helped people to forecast, alter, and change behavior over time, it did not attempt nor intend to understand how or why the theory worked.  The present-day social cognitive approach asserts that behavior is results from an ongoing reciprocal three-way relationship among the individual (cognition), the environment (physical context, which consists of the organizational structure and design, social context or other people), and the person's past behavior. This broader view, called cognitive behavioral therapy (CBT) incorporates the cognitive in addition to the behavioral approaches to therapy and view people "as active seekers and interpreters of information, not just responders to environmental influences" (Nevid, 2007, p. 484). Many psychologists now believe that behavior is understood best by studying the reciprocal relationships between individuals and their environment.

Psychopathology is directly the result of inappropriate learning either from a classical or operant conditioning model (Fall, Holden & Marquis, 2004). The behavioral or learning theory of anxiety argues that anxiety is a conditioned response to a specific environmental stimulus. In a model of classic conditioning, a wife married to an abusive husband, for example, may become anxious whenever she sees him. Through generalization, she begins to distrust all men. Similarly, in the social learning model, a boy may develop an anxiety response by imitating the anxiety of someone else in his environment, such as an anxious parent.

The therapy in such cases consists of relearning, with the focus on the present, not the past. At times the past may be discussed briefly to gain a foundation, as may the future to establish goals, but the main thrust is on the present. The therapy is helpful since the clients learn to use fundamental behavioral principles in their lives (Fall, Holden & Marquis, 2004).

The existential theory, also from the early 20th century, developed from a reaction to the dehumanization of the 1800s and beginning of the 1900s, when society emphasized the compartmentalization of family, work and religion, in order to cope with the strictly stratified world where humans were treated as cogs in machines. This compartmentalization resulted in a loss of self-

awareness and self-estrangement. The basis of this existentialism was derived from the writings of Kierkegaard, Nietzche, Heidegger and Sartre. Freud's psychoanalysis reflected a deterministic viewpoint of humans acting similar to automatons, but unlike this psychoanalytic approach where theory and treatment were of primary importance, existential psychotherapists placed philosophical considerations as the focus for both theory and treatment.

Existential theory of anxiety provides models for generalized anxiety, in which no specifically identifiable stimulus exists for a chronically anxious feeling. The central concept is that people experience feelings of living in a purposeless universe. Anxiety is their response to the perceived void in existence and meaning. Such existential concerns have become exacerbated since the development of nuclear weapons and, more recently, bioterrorism. A major distinction between the mechanistic approaches of Freud and the behaviorists and the existentialists is ontology or the study of being. This ontological approach emphasizes the spectrum of existence and the ever-changing balance between being and nonbeing that occurs within individuals in their environment (Perez-Alvarez & Sass, 2008).

Similar to psychoanalysts, the existentialists think of the human psyche as a range from total unconsciousness or being completely unaware to total consciousness or being aware. Relatively unconscious psychic material either never emerged into the larger realm of consciousness or emerged and was lost through repression. A result of consciousness is the creation of a primary self or transcendental ego that distinguishes one's self from the rest of the world (May & Yalom, 2000). In existentialism, these two structures—the level of consciousness and self—are all that are of concern. Each of the needs and wishes that a person has in his/her existence come in direct conflict with what are called the givens of life, or conditions that are present in each moment that may threaten existence. Every person has the innate ability to perceive these threats and to generate anxiety. Yalom defines these givens as death, freedom, isolation and meaningless (Martz, 2002).

Another existential factor is called *Dasein* or "being there." This is when each person at every moment of existence has a manner of being with a level of fullness. *Dasein* includes the awareness of life's givens and the degree to which threat is perceived and whether they generate physical or psychological anxiety (Perez-Alvarez & Sass, 2008). People will respond differently to this anxiety based on personal defense mechanisms. Similar to psychoanalysts, the existentialists believe that every individual unconsciously does use strategies to ignore or alter reality to keep him/herself safe from being overwhelmed by anxiety. However, above the psychoanalytic defenses, the existentialists add specialness or when a person believes he/she has immunity from the givens and in the existence of an ultimate rescuer who can be appeased in exchange for being completely protected. The right amount of defenses can ward away anxiety and preserve existence, but excessive defenses can ignore or amplify anxiety and hinder fulfillment.

The therapeutic approach in existentialism can be alternatively gentle and confrontive as the therapist and client attempt to form a meaningful and real relationship. The therapy helps because, within the context of this relationship, the client can start to face the reality of the givens.

## CONCLUSION

Models and theories of psychopathology, as noted here of psychoanalytic, behavioral and existential and their associated therapies, are not indicative of different scientific fact where one is "right" and the other "wrong" in methodology. It is rather the extent of variation in perspective that occurs within the field of psychopathology itself. Several favored models are more popular within any society at any time period, and also change historically over time and from one society to another in influence. Each of these three models has provided help to scores of individuals over the decades who are suffering from anxiety as well as other psychological problems. Although they continue to undergo change, they also continue to play a major role in the health and wellbeing of their clients.

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