Vulnerability to psychopathology
Etiological models

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Lecture Outline

- History of etiological explanatory models
- Psychopathology
- Contemporary models:
  - **Stress-Diathesis/Vulnerability/Risk Factors** (personality=mediating factor)
    - Vulnerability – biological, psychological, social (developmental model)
    - Stress – distal and proximal
  - Resilience/Strength – Protective Factors
Etiological models

- *Causality/etiology* in psychopathology refers to the factors that elicit the emergence from a relatively ‘normal’ state into an abnormal or disordered state of psychological functioning (*onset*).

- *Causality/etiology* in psychopathology also refers to the factors that maintain and contribute to the *continuation* of the problem(s).
Clinical Reality

- *Clinical reality* = The cognitive construction of reality – by the clinician and the client within a clinical context/setting and is influenced by their learned cultural schemas

Castillo (1996)
Clinical Reality

Five ways culture affects clinical reality
1. Culture-based subjective experience
2. Culture-based idioms of distress
3. Culture-based diagnoses
4. Culture-based treatments
5. Culture-based outcomes

Castillo (1996)
Evolution of the clinical reality

• *Supernatural causes*: demonic possession, evil spirits; treatment involved exorcism or other techniques to dispossess a spirit from a human body

• *Natural causes*: organismic or environmental; treatment involved rest, diet, exercise, restoring balance, etc.
Evolution of the clinical reality

**Antiquity** - Hippocrates (460-375/351 B.C.) –

- *Etiology* - natural causes: 4 bodily fluids (humors – blood, phlegm, black and yellow bile), each associated with a body type and temperament – if there is an imbalance, there is a vulnerability to specific type of illness (wholistic view)
- *Treatment* – diet, exercise, blood letting, vomiting
Evolution of the clinical reality

- **European medieval**: demonic possession & witchcraft – exorcism; Malleus Malleficarum
- **Modern psychiatry**: medical/biological paradigm
- **Modern psychology**: behaviorism, psychoanalysis, humanism
- **Post-modern psychiatry**: cultural paradigm
- **Post-modern psychology**: developmental, multifactorial, bio-psycho-social-spiritual
Holistic perspective

- *Physical disease* is one of several manifestations of a basic imbalance of the organism.

- *Mental illness* results from a failure to evaluate and integrate experience.
Little consensus on the definition of psychopathology

- The DSM does not provide a clear indication of what differentiates abnormal functioning
- *Wakefield* (1992, 1999) discusses ‘harmful dysfunction’
  1. Harm = condition that creates distress or problems for an individual
  2. Dysfunction = failure to perform at a particular developmental stage
Little consensus on the definition of psychopathology

- *Bergner* (1997): “significant restriction in the ability of an individual to engage in deliberate action and to participate in available social practices”

- *Lilienfeld & Marino* (1995): “it is not possible to clearly distinguish between normal and abnormal functioning, as the boundaries are fuzzy’’
Comprehensive & ecologically valid models of psychopathology

Psychopathology is viewed as resulting from a complex and dynamic series of interactions between the characteristics of the individual (i.e., genotype; acquired cognitive, affective & behavioral schemas and patterns) with personal life experiences and life stressors.
Stress-Diathesis model

Major tenet:
All forms of psychopathology can be best explained within the framework of a stress-diathesis model.
Stress-diathesis model

- **Diathesis** = Constitutional disposition or predisposition to some anomalous or morbid condition (Meehl, 1962)
- **Personality** = *mediating factor*
- **Vulnerability**
  - a) **Narrow use**: Biological predisposition/ vulnerability (due to genetic & biological factors)
  - b) **Broad use**: Biological, cognitive affective and social
Vulnerability to psychopathology

- **Stable & enduring trait** (Zubin & Spring, 1977) - there is **functional variability/fluctuation**; vulnerability can **increase** (e.g., “**kindling effect**” described by Post, 1992) or **decrease** throughout lifetime.

- **Locus of vulnerability** is **in the individual**: hereditary (inborn) or environmental (acquired) through trauma/injury or socialization.

- **Vulnerability domains** may interact (biological, cognitive, affective, social/behavioral).

- **Latent processes** (not readily observable).
Biological model

- *Biological tradition* of the 19th and 20th centuries – belief that psychological disorders are caused by a biological vulnerability/diathesis and can be treated through biological means:
  - Insulin shock therapy
  - ECT (Electroconvulsive therapy)
  - Psychotropic drugs
Biological vulnerability

- **Genetics (heritability)**
  - Multiple genes

- **Neuroscience (neurological/biochemical)**
  - Brain morphology & physiology
  - Neurotransmitters
  - Endocrine system
  - Central & peripheral nervous system

- **Dysregulation/dysfunction**
Cognitive & affective vulnerability

- **Cognitive** – early maladaptive schemas; core (dysfunctional) beliefs; irrational thinking; thinking errors, etc.
- **Affective** – high intensity or low intensity (blunted affect); affect dysregulation & lability
Social/behavioral vulnerability

- Insecure attachments
- Limited/absent social skills (skill deficits)
Psychological models

- **Psychoanalysis** – focus on unconscious intrapsychic conflicts & defense mechanisms
  - Recent developments: Ego psychology, Object relations theory, Self psychology

- **Humanism** – focus on human potential & emotions, incongruence

- **Behaviorism** – focus on the environment, and environmental stimuli
  - Classical & operant conditioning, social learning theory
  - Cognitive-behavioral theories – role of cognitive processes
Social-cultural models

- **Social effects on behavior & health** — focus on culture and social factors
  - Culture-bound syndromes

“Human beings cannot develop into functioning individuals without internalizing cultural schemas in the neural networks of the brain” (Castillo, 1997)
Figure 5.5: An integrative model of generalized anxiety disorder.
Risk Factors

- *Risk factors* predict the likelihood of dysfunction, expressed in probabilities. They are empirically related to vulnerability (Rutter, 1987).
  - A person ‘at risk’ may develop a disorder due to increased (or activated latent) vulnerability when living under stressful conditions.
Child and adult vulnerability

- The distinction between vulnerability in childhood/adolescence and adulthood is arbitrary.

- Most researchers agree that most likely precursors are rooted in experiences encountered early in life.
Some of the adult learning, new life experiences and cognitive/emotion schemes. “Wear & tear” of the system – through illness, difficult life circumstances.

Activation of latent vulnerability factors, which leads to the actualization and realization of psychopathology.

Functional vulnerability factors can change
Stress-diathesis model

Stress

1. In **physics**, it refers to an ‘applied force that tends to strain or deform a body’

2. In **psychology**, it denotes both an *external factor* (a stressor) and an *internal response* to the stressor
Stress-diathesis model

Stressors:

1. Distal stressors (early stress, whether biological or social in nature may make a child more vulnerable to later stress)

2. Proximal stressors (immediate stressors that may trigger the disorder - e.g., divorce, illness, loss of job)
Stress-diathesis model

- Diathesis with a **single dominant gene**
- Diathesis with **polygenic origin** (Meehls’ model for schizophrenia has the acronym SHAITU – SHAI stands for **personality traits** of polygenic origins: *submissive, hypohedonic, anxious, & introverted*); TU stands for **environmental risk factors**: T for *major and frequent minor traumas during development* & U for *unlucky events in adult life*)
- **Additive model** of stress-diathesis interaction
Developmental view of psychopathology

- The manner in which an individual negotiates a variety of developmental tasks contributes to increased *vulnerability* or to *resilience*.

- There is a *dynamic interaction* between a person’s “*givens*” and *environmental demands* throughout the lifespan.

- There are many different possible pathways towards the same disorder.
Developmental view of psychopathology

- **EPIFINALITY** = A specific disorder may be reached from a variety of different initial conditions and through a variety of different processes

- **MULTIFINALITY** = The same vulnerability processes may lead to different types of disorders
Contemporary etiological models of psychopathology

We are moving beyond models that assert that disorders arise from singular endogenous pathogens. There is a need to examine the complex interactions among various vulnerability factors and the dynamic transactions between the vulnerability factors, normal maturational processes, and the environment; the search for multidimensional causality or multiple determinants of psychopathology is the rule rather than the exception Rutter (1996).
Resiliency

- Resiliency is the term applied to children exposed to severe risk factors, such as poverty, who nevertheless thrive and excel. It is the ability to spring back from and successfully adapt to adversity.
Resilience

- 7 crucial qualities (Steven Wolin)
  - Insight
  - Independence
  - Initiative
  - Ability to form relationships
  - Creativity
  - Humor
  - Morality
Protective factors & resilience

- Multiple *vulnerability* and protective factors can be examined in relationship to multiple forms of psychopathology to determine the degree to which a particular vulnerability factor or set of factors are specific to a particular disorder or increase the likelihood of disorders in general.
References
