PSYCHIATRY WORLDVIEW

Kenneth Alonso, MD, FACP

A brief historical overview

- The importance of Christianity to the foundation of modern society cannot be underestimated. It has its roots in Judaic thought; its influence is seen through the spread of Islam as well.
- It is understood that:
- Man is made in the image of the Creator.
- Body and soul are integrated, not separated. (Spirit, soul, mind are a means of discussing this integration, not a parsing into entities.)
- There is a definitive understanding of what constitutes right and wrong behavior.
- Sin is real.

Person and personality

- Person is essence (nature) concretized (a hypostasis).
- Person in Judeo-Christian thought is a spirit, imperishable and indestructible, self-aware.
- Person is capable of willing and thinking.
- Person is freely responsible for what it wills, thinks, and does.
- Psychophysical activity is its means.
- Personality references the total individuality of the person.
- It is not divisible.

- In the 18th Century, a significant philosophical movement began to justify (Christian) ethical conclusions without religious (Christian) underpinning.
- The idea of sin disappeared.
- With the removal of religious bases, philosophic systems focused on Man as the center of creation (autonomy).
- There is no definitive understanding of what constitutes right or wrong behavior.
- Psychiatric theory is greatly influenced by the philosophy of Schopenhauer and Nietzsche.
- Nihilism is the end result.

- Rather than the holistic view that characterized Judeo-Christian thought, Freud viewed psyche as divisible into super-ego (essentially a moral controller), ego (the self), and id (infantile state).
- Long maintained sexual abuse as underlying cause of neurosis.
- Held sexual drive (libido) as the primary motivator of human activity.
- Others viewed as objects.
- A mature individual balances libidinal and aggressive drives.
- Repression as defense mechanism to maintain functioning ego.

- Analyst takes little active part in dialogue with patient.
- This leads to projection of feelings onto analyst.
- Furthers objectification of others, not necessarily leading to treatment of another as a subject which would be a healthy response.
- Dreams and free association as entries into the unconscious.
- Insight expanded by Jung.
- Effects of culture expanded by Erikson.
- Has never been validated.
- No neurologic basis identified.

- "...neurotics are a rabble, good only to support us financially and to allow us to learn from their cases: psychoanalysis as a therapy may be worthless." Freud as quoted by the Hungarian analyst Sandor Ferenczi
- Therapy is not about finding a "cure" but rather an effort to convert "hysterical misery" into "common unhappiness." Freud

Piaget's stages

- Stages based on clinical observation.
- Sensorimotor stage.
- Birth to age 2.
- Experience world through the five senses.
- Egocentric.
- Learn to coordinate actions (age 1-4 months).
- Begin to distinguish self and non-self (object oriented).
- Understand object permanence, intentionality (age 8-12 months).

Piaget's stages

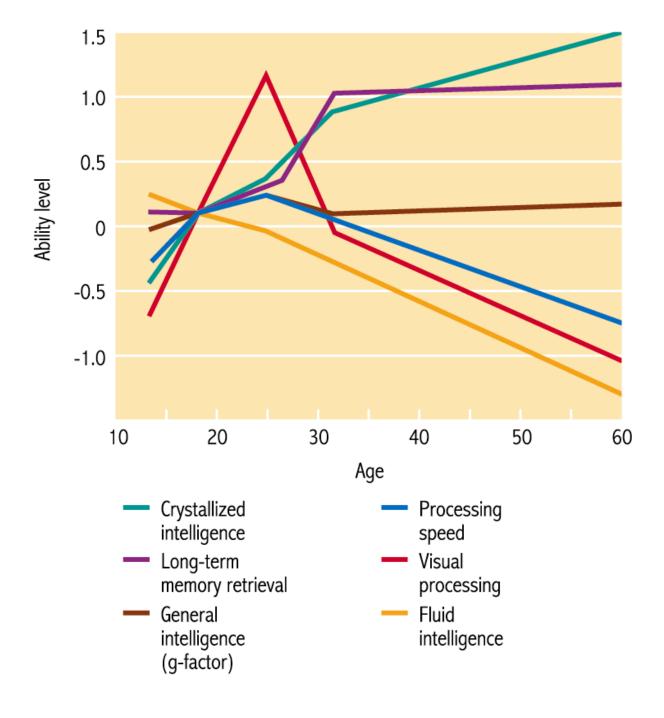
- Symbolic thinking begins at 18-24 months of age.
- Children learn best through interaction.
- Moral reasoning develops in a peer setting.
- Preoperational stage.
- Ages 2-7 years.
- Magical thinking.
- Acquisition of motor skills.
- Egocentric.

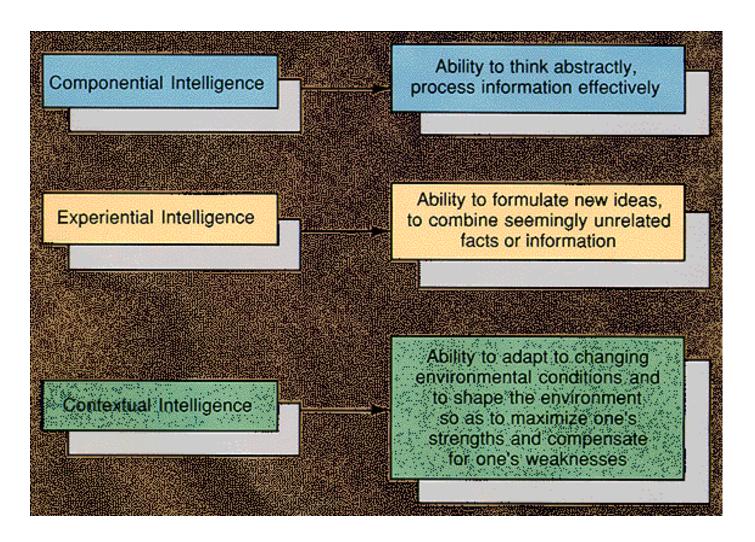
Piaget's stages

- Concrete operational stage.
- Ages 7-12 years.
- Think logically.
- Rely on practical aids.
- · Egocentrism lost.
- Formal operational stage.
- Age 12+ years.
- Develop abstract reasoning.

Erikson's stages

First year of age	Trust-mistrust
2-3 years of age	Autonomy-doubt
4-5 years of age	Initiative-guilt
Age 6 to puberty	Industry-inferiority Development of social skills Moral reasoning
Adolescence	Identity-confusion
Young adult	Intimacy-isolation Marriage and divorce Socioeconomic status
Adult	Generativity-stagnation
Late adulthood	Integrity-despair
Old age	Faith, hope-despair





Intelligence is the outcome of this triarchic process

Psychoanalytic belief system

- Behavior is governed by unconscious impulses (a life without reflection)
- Adult behavior is shaped by childhood experiences
- Behavior is learned either by watching or by reinforcement of specific actions
- Emphasis on coping with sexual impulses
- Gender differences exist
- Defense mechanisms (to avoid reflection on life) are grouped into four clusters:
- Narcissism, anxiety, immature, mature

Kübler-Ross stages of dying

- A broad-brush outline of dealing with difficult conditions.
- Observational.
- Never validated.
- Stages described:
- Denial
- Anger
- Bargaining
- Grieving
- Acceptance

Diagnostic and Statistical Manual

- Disease description based on statistical patterns.
- Originally data collected from mental institutions.
- Not accepted outside the US.
- Not utilized by the NIH.
- No relation to any agreed scientific (neurologic) model of a mental disorder.
- No validation.

Diagnostic and Statistical Manual

- Axes:
- I Clinical disorders and Learning disorders
- II Personality disorders and mental retardation
- III Acute medical conditions
- IV Contributing psychosocial and environmental factors
- V Global assessment of functioning for those <18 years of age.

Therapies

- Treatment options are based on observable behavior.
- <u>Learning therapy</u> seeks clarification of behavioral problems, identification of maladaptive behaviors, and reinforcement of adaptive behaviors.
- The classical approach is one of systematic desensitization (exposure, aversion).
- Operant (instrumental) conditioning seeks to shape, fade, extinguish maladaptive responses.
- Biofeedback may be employed.

Therapies

- Cognitive therapy deals with thoughts and feelings rather than behaviors.
- Modify thoughts and feelings and behavior is modified.
- The technique of Carl Rogers is the only technique that has been validated in independent studies.
- When successful, is related to plasticity of neural network and adaptation to learning.