

## PSYCHOPATHOLOGY AND PSYCHOTHERAPY: The Study and Treatment of Personality Disorders

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It is important to realize that psychopathology does not imply any particular psychotherapy. Psychopathology is the identification and classification of mental illness based on behavioral traits sufficiently evidenced as to provide a categorization of clustered characteristics. Whether or not a therapist uses psychoanalysis (Freud), logotherapy (Frankl), interpersonal psychotherapy (Sullivan), or cognitive behavior therapy (Beck) is left to the professional's own preference and training. The identification and classification of mental illness is the purview of psychopathology and the selected treatment plan of that mental illness is the purview of psychotherapy. (A point of dispute to be sure, it has nevertheless been suggested that whereas psychotherapy is a personal art form, psychopathology is clearly a form of scientific description). Though every psychotherapist and counseling psychologist will more likely than not have a preferred modality of treatment based on a personal preference for a theoretical orientation, I wish to emphasize that the broadly trained psychotherapist acquainted with a range of treatment modalities is more readily adapted at a full scale treatment of a range of clients than the psychotherapist trained in only one school of theory and practice. The auto mechanic who only knows how to use a wrench is less likely to be consistently successful in auto repairs than the mechanic who has a full set of tools at his disposal. Furthermore, the psychotherapist who has not been trained in psychopathology, i.e., the study of mental disorders, is not unlike a lawyer who has not studied the development of the law and legal processes. To know the "art of therapy" without having studied the "science of mental disorders" is fraught with danger. Though Harry Stack Sullivan, the father of American psychiatry, has suggested that most mental illness is essentially "problems in living" and that "we are all simply more human than otherwise," thus suggesting that labeling and classifying aberrant behavior as mental illness is risky if not dangerous, the present professional climate in the U.S. as dictated by the medical, pharmaceutical, and insurance communities has necessitated this very practice of labeling and classifying behavior subject to and susceptible to such classifications. Sullivan implies, of course, that psychotherapy rather than psychopharmacology should more likely be the treatment plan, i.e., using talk therapy rather than pharmacological intervention in aberrant behavior.

Coming from one who has been involved in this field for over fifty years and given the fact that I myself have been a detractor to the inordinate use of labeling and classifying clients, I have finally been willing to embrace the reality of the dominance of the *Diagnostic and Statistical Manual of Mental Disorders* in counseling practice owing, in part, to the demands of the insurance industry for empirically verifiable documentation for the treatment of insured clients, and, to be fair, in acknowledgement of the tremendous refinements mobilized by the psychological community in the careful description of mental disorders evidenced in the continual developments over the years of the DSM. Therefore, as a balance to my 2015 well-received *Clinical Psychotherapy: A History of Theory and Practice (from Sigmund Freud to Aaron Beck)*, I have felt somewhat compelled to take on the writing of a companion book, *Psychopathology: A Clinical Guide to Personality Disorders* (2018). Granted that not every professional in the field recognizes and accepts the fundamental importance, relevance, or even significance of the DSM, it is, like Sigmund Freud, the elephant in any room in which psychopathology is discussed among professionals. One may not like it. One may not agree

with it. Nevertheless, one must encounter it as the starting place for all discussions regarding mental disorders in the modern world. Not everyone is a Freudian but no one with any sense of professional accountability can work in the field of psychopathology without taking full cognizance of Freud and his work. To be dismissive of the DSM without evidence of acquaintance with the DSM is professionally irresponsible whereas an informed criticism is always appropriate. It could be said that my 2017 *Clinical Psychotherapy* book is a history of the art form of counseling whereas my 2018 *Psychopathology* book is a clinical guide to the scientific description of mental disorders. It is my hope that the art is balanced by the science.