

Developmental Psychopathology: An Interdisciplinary Approach to Mental Health

Gelişimsel Psikopatoloji: Ruh Sağlığına Disiplinlerarası Bir Yaklaşım

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Abstract

Nowadays, it's seen that one-way perspectives have been replaced by a multidisciplinary perspective in the evaluation of mental health disorders. One of them is developmental psychopathology approach that examines disorders in many ways. In this review, it is tried to investigate the literature about how the developmental psychopathology approach is defined, the basic principles and how it provides perspectives while examine different issues. As a result, developmental psychopathology approach still provides new insights into the definition, prevention and treatment of mental health disorders, and also sheds light on mental health professionals in both academic and clinical areas.

Keywords: Developmental psychopathology, development, mental health.

Öz

Günümüzde ruh sağlığı bozukluklarının değerlendirilmesinde tek yönlü bakış açılarının yerini, çok yönlü disiplinler arası bakış açılarının almaya başladığı görülmektedir. Bozuklukları, çok yönlü inceleyen yaklaşımlardan biri de gelişimsel psikopatolojidir. Bu gözden geçirme çalışmasında gelişimsel psikopatoloji yaklaşımının nasıl tanımlandığı, temel ilkeleri ve farklı konuları ele alırken nasıl bir bakış açısı sağladığı ile ilgili literatür aktarılmaya çalışılmıştır. Sonuç olarak gelişimsel psikopatoloji yaklaşımı; ruh sağlığı bozukluklarının tanımlanması, önlenmesi ve tedavi edilmesi konusunda hala yeni bakış açıları sağladığı gibi, ruh sağlığı alanında çalışan uzmanlara da hem akademik hem de klinik ortamda büyük ışık tutmaktadır.

Anahtar sözcükler: Gelişimsel psikopatoloji, gelişim, ruh sağlığı.

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NOWADAYS, it's seen that one-way perspectives have been replaced by a multidisciplinary perspective in the evaluation of mental health disorders. One of them is developmental psychopathology approach that examines disorders in many ways. Developmental psychopathology, which emerged in the 1970s, has come until today by becoming stronger, and has revealed very strong explanations on how disorders arose and how they should be approached (Masten 2006, Cicchetti 2010). Developmental psychopathology can be defined as a perspective which emerged very plainly with the synthesis of knowledge on psychopathology and human development. In other words, it is evaluated as an effort which attempts to understand and explain the lifelong patterns of adaptation and non-adaptation. Publication of special issues (the Journal of Child Development), organization of many symposiums and congresses (Rochester Symposia on Developmental Psychopathology), books written (Developmental Psychopathology) and journals on studies focused on this subject since its emergence (the Journal of Development and Psychopathology edited by Dante Cicchetti) all show how strong the approach is. When we examined the Turkish literature related to such a strong perspective, it is seen that the studies are not so much. In this review, it is tried to investigate the literature about how the developmental psychopathology approach is defined, the basic principles and how it provides perspectives while examine different issues.

Definition of Developmental Psychopathology

"The question of what exactly the term "Developmental psychopathology" corresponds is the one for which many researchers tried to explain, and in addition to this, the term is actually such as to give us clues to explain the limits of the field and some of its natures. The first basic part of developmental psychopathology is related to development and therefore, developmental psychopathology has strong ties with developmental psychology. Therefore, the basic theories, research methods and perspective of developmental psychology are important tools of this discipline. Reason of the origination of psychopathology in an organism in which the lifelong development continues requires a developmental approach in terms of understanding and preventing the problems and results and in terms of determining the treatment methods related to it (Masten 2006). The second basic part of developmental psychopathology is the pathology which includes developmental structure and functional deterioration. Developmental psychopathology focuses on identification and examination of the development ways of disorder. In other words, it attempts to correlate between the signs of problem (risk factors) and its results (Santrock 2011).

Different definitions have been suggested related to the meaning of developmental psychopathology. One of these definitions belongs to Achenbach and he explains the term with the concept of macro-paradigms. According to him, developmental psychopathology is a developmental approach to understand and treat psychopathology. Luthar et.al. defined the term as an effort to understand psychopathology within the perspective of normative developmental psychology (Masten 2006). According to Masten (2006), developmental psychopathology, at its simplest, is the study of behavioural health and adaptation within the developmental context. In addition to these definitions suggested, developmental psychopathology is a complementary discipline that tries to examine the psychopathology from all the lifelong perspectives and, in doing so, that aims to combine contributions from more than one research area (Cicchetti and Ro-

gosch 2002). Accordingly, it was predicted that it would be meaningless to examine the pathology alone and the adaptation of the individual was also included in the study. It is not contented with examining the time of pathology, but it is also aimed to understand the pathology by illuminating the probable critical points of the individual in whole of his/her life.

It is not regarded as easy to draw the lines of developmental psychopathology as an interdisciplinary field. In this context, two questions become the current issue: What are the similar and different aspects of developmental psychopathology with developmental psychology? Which contributions did other areas contribute to the developmental psychopathology? The fields of developmental psychopathology and developmental psychology are similar and contribute to the development of each other. Developments in the field of developmental psychology allow limitation of developmental norms and the evaluation of those abnormal, and in this level, the contribution of them to developmental psychopathology is direct. On the other hand, the progresses in basic knowledge related to psychobiological, perceptual, cognitive, linguistic, social, socio-cognitive, emotional and motivational processes form an efficient basis for innovations in the field of developmental psychopathologists (Cicchetti and Cohen 1995).

The main interest of developmental psychopathology is about the desire of analysing the relationship between normal functioning and pathology. Therefore, experts guiding this perspective head away from the questions such as how the individual shall adapt?, whether or not s/he will intervene in the emergence process of psychopathology? and what will be the basic reasons that will drive the individual inadaptability. It is quite natural to focus on such questions by a researcher who is interested in the development of human. Thus, the causes occur before the resultant effects and the negativity brought by this effect, and it becomes unavoidable to define the causal roots to clarify a certain organism or situation. Pathology is exactly a process, and therefore it is required to temporarily survey situations and events related to pathology. Besides that, pathology is considered as a disorder or impairment of normal function, so understanding the pathology provides a better understanding of normal functioning (Cicchetti 1984).

The focus of developmental psychopathology is ontogenetic processes. The purpose in this focus is to determine if the disorder occurred in adulthood or in early childhood by looking at the origin and course of the problematic behaviour (Sroufe and Rutter 1984). Apart from its relationship with other fields and the discipline on which it is based, the basic research area of the developmental psychopathology can be explained as follows: normal and abnormal development patterns and relationships of these patterns, continuity and discontinuity status between behaviour and mental disorders, origin of age-related mental disorders symptom, progression and interaction of different guiding factors (Steinhausen 2006). In this context, developmental psychopathology included age-related norms which confronted us in development, as well as provided the enrichment of the field by adding the common effects of the continuity concept and various stimuli to the discipline. But this discipline is more than establishing a relationship between the behaviours that occurred before and after in the pathological context; the individual is always in the state of arousal, continuity is at issue, and it is important to understand the underlying processes of change. In the direction of these patterns, developmental psychopathologists are interested not only in differences in

deviation symptom changing according to developmental periods, but also in similarities or differences related to the organization of systems including biological, psychological and social sciences, and in the level of proximities or distinctions (Cicchetti and Rogosch). 2002). When summarizing the field of study of the developmental psychopathology, it is seen a structure including how a specific disorder happens, how the process of formation proceeds and also the relations between its differentiating appearance together with development, its precursors, remnants after disease and irregular behaviour patterns (Sroufe and Rutter 1984).

Another subject in the area limitation is the perspective. The perspective of developmental psychopathology does not contribute to any theoretical explanation of various child psychopathologies to be comprehensible –such as medical model, psychodynamic theory, social learning theory–, and it also does not defend a certain theory; on the contrary, it strives for increasing the awareness of events that seems to be unrelated to each other (Ollendick and Hirshfeld-Becker 2002).

In contrast to being a plain theory which explains whole the developmental phenomena (Cicchetti and Rogosch 2002) as common values shared in a wide area and as understanding series, developmental psychopathology wants to open a different window by reaching interdisciplinary multiple analysis levels and by integrating these analyses into different fields (Cicchetti and Rogosch 2002).

Basic Principles of Developmental Psychopathology

When explaining the approach of developmental psychopathology, it is seen that this approach is established based on certain basic principles and that these basic principles have been shaped with the suggestions of theorists such as Darwin, Anna and Sigmund Freud, Spencer, Werner, Waddington, Bowlby, Von Bertalanffy, Bronfenbrenner and White (Masten 2006). The building block of developmental psychopathology is the principle of development. Psychopathology takes place in the developing organism and therefore, a developmental perspective is required to understand and treat the causes, problems and consequences related to the organism. Because development occurs individually and takes place as a result of complex combinations such as genes, internal systems and contexts, the course of development can go to many ways (destinations), or different formations may intersect the development in one way (Masten 2006). Multifinality is the development of different outcomes by showing various adaptation models in connection with experiences and risk and protective factors in the next developmental steps of individuals who proceed from the same initial point and who have several characteristics in common. On the contrary, equifinality suggests that it can happen in various ways, instead of thinking that there might be only one way for the same end (Cicchetti and Rogosch 1996). According to the definition of Ollendick et al. (2002), the principle of equifinality is the idea of occurrence of a certain single disorder in different and multiple ways. In this context, it is required to be a single way to a disorder, but it should not be considered as a rule (Toth and Cicchetti 1999, Lease and Ollendick 2000). The explanation process of equifinality was first started with studies on embryology. The final size of an organism may occur as a result of different initial points and growth rates (Cicchetti and Rogosch 1996). In other words, although they are at different beginnings, it represents that it plays a role in meeting a common result and in making the diversity experienced in these processes achieve the shared result

(Cicchetti and Rogosch 1996). Ludwig von Bertalanffy (1968) described the concepts of multi-finality and equifinality and also developmental methods, according to the general system theory (Cicchetti and Rogosch 1996). Equifinality suggests that it would be met at the same end as a result of various paths and incidental events in an open system (a place of change, dynamic order of processes, organization, and self-regulation). The process working to create behavioural biological flexibility (Cicchetti and Tucker 1994b) with the said biological and psychological regulatory systems (Cicchetti 1996) is called equifinality. On the contrary, in a closed system, the results in the final state change in relation to the initial point; if conditions and course change, the result also changes (Cicchetti and Rogosch 1996). The principles of multifinality and equifinality can be explained by the different result of common risk factors in different psychopathology and healthy adaptation outcomes or a specific pathological condition in different individuals (Cicchetti and Rogosch 2002). In his study, Sroufe (1989), say, as an example of equifinality, that there are many causal paths which could be associated mainly with the exposure to more insensitive caregivers for the individuals with attention deficit-hyperactivity disorder as well as being biological at first (Cicchetti and Toth 2009).

One of the contexts frequently mentioned by considering that it seems to influence the development is normative principle. The normative principle represents that psychopathology can be defined by normative development within the cultural and historical context. The social context is the interpersonal conditions set relating to behaviour or pathology shaped and interpreted by the individual (Boyce et al. 1998). In other words, developmental tasks are psychosocial building blocks for the behaviours of individual and these building blocks confront us as to be comprehensive indicators about harmony in social context and achievement in that harmony (Masten 2006).

The basic concept which is expressed as system principle proposes the individual as a system who continuously lives in interaction with the contexts in which s/he maintains her/his development and in which some systems such as family, peers, school and society are included. The individual is influenced by the behaviours of other people with whom s/he lives and this interaction is mutual (Masten 2006). This resultant system is multidimensional. For example, when the individual is influenced by his/her family, many factors such as parental intervention, maternal depression or family violence may intervene. Besides that, representation of the environmental risk factors with a simple list for specific disorders seems to be highly dysfunctional.

The holistic studies replaced by these unidirectional approaches and the new formations such as developmental psychopathology did new researches by going beyond the list, thus aimed to shed light on how specific combinations formed by social and individual factors were shaped. The system is in tendency to differentiate and deepen according as the age of individual increases. For example, in terms of the functions of social contexts, this tendency also shows the transition from the function of satisfaction of needs such as nutrition or protection to those satisfying many complex and detailed needs, such as self-regulation and interpersonal support (Boyce et al. 1998).

The concept which is called as the agency principle defends that individual is included in his/her development as an active subject. Agency increases especially for an individual who develops physically and spiritually together with the adolescence, thus the individual can choose both his own experiences and the contexts with which s/he

spend time is contexts, and also play a role in the course of his behaviours and psychopathology.

In this developmental pattern in which the individual takes responsibility in person, another concept emphasized by the developmental psychopathologists is the mutually informative principle. As it is mentioned earlier, this field is not limited to only examining pathology or negative changes, but also studies normal functioning, flexibility, and states of adaptation, and points out that deviations and normal functioning mutually interact with each other (Masten 2006). This information shaped around this interaction shaped around the interaction shows itself as a broad concept that includes risks and protective factors.

Another principle of the approach is the longitudinal principle. Developmental psychopathology studies the continuity of pathologies by using longitudinal patterns. For some purposes intended to be achieved when examining the psychopathology longitudinally, this pattern might be informative, but it is accepted that longitudinal studies are more functional to be able to see the direction of the disorder, milestones and the processes related to change (Masten 2006). For example, the longitudinal pattern investigates a child with aggressive behaviours whether or not s/he showed these behaviours in adolescence or young adulthood, and it attempts to reveal the factors that cause it, in case the behaviour is still displayed (Achenbach 1989).

Another important principle of the approach is the multilevel principle. According to this principle, psychopathologies emerge at multiple levels ranging from molecular or genetic to cultural and social systems. Therefore, interdisciplinary and multi-level analyses are needed to truly understand and evaluate the causes and effects of the pathology.

Theoretical Bases of Developmental Psychopathology

The developmental psychopathology approach is grounded on the suggestions of many theories included in the field of psychology. When we examine developmental psychopathology in terms of its theoretical infrastructure, the approach emphasizes lifelong development with its longitudinal perspective to pathology and development. According to Baltes, development of life-long development perspective discusses the development as life-long, multi-dimensional, multi-directional, flexible, multi-disciplinary and contextual, and from this perspective, development involves a process including growth, maintenance and regulation of loss (Santrock 2011).

The perspective of lifelong development also intersects with psychosocial theory of Erikson. According to Erikson, the real human nature instinct is in social nature, and this instinction reflects the desire of being together with other people. Psychosocial theory advocates that development occurred in eight periods all along life. A developmental task specific to that period in every single period confronts person with a crisis required to be solved and as the individual solves these problems, so s/he shows a healthy development (Santrock 2011).

The approach centres the fundamental premises of Darwin's theory of evolution on the theory. According to the theory of evolution, living creatures who can cope with difficulties and obstacles and who can adapt themselves will survive. Organisms who cannot adapt well to their environment and to the difficulties of life adequately leave the environment in where they are or become extinct. In reference to this adaptation

pattern in the developmental psychopathology, it is referred to the theory of evolution. Researchers studied this pattern state that both developing individual and different variable areas around him/her environment can be evaluated together with the examination of process of adaptation (Cicchetti 2010).

Opinions of Piaget about cognitive development also influenced the developmental psychopathology approach. The opinion that individuals have their active role in their developments which is one of the basic principles of developmental psychopathology is largely based on Piaget's point of view. According to the theory of cognitive development, children actively structure the information while exploring the world. As in the developmental psychopathology approach, Piaget's theory also has an adaptation process. According to Piaget, as the structure of the body adapts to the environment, the structure of the mind will develop to adapt to the outer world in the same manner (Berk 2015). Adaptation requires the adjustment of new environmental requirements. Adaptation consists of two basic processes: the process, assimilation which is the new information or process that occurs as a result of the use of existing schemes in the life of individual, ; changing the existing schemes to ingest new information and life or creating new schemes are considered as adaptation (Santrock 2011).

The basic theory required to be deliberated when talking about developmental psychopathology is Dynamic System Theory. According to the dynamic system approach, the mind of individual is an integrated system that gains new skills to his/her body and social world. Changes in any part of this system disturb the organism from brain development to physical development or social environment. When this occurs, the individual reorganizes his/her behaviours. Thus, the different parts of the system work together again, but this study is now more complex and effective (Berk 2015). This is a theory that enables the transition from linear causality models to cyclic causality models by looking through a larger window - a holistic view- to the interaction, functioning and events experienced in dynamic structures of many sub-systems to explain human life, experiences, development and pathology (Yalın et al. 2007). As it is mentioned, when describing developmental psychopathology, general system theory prefers looking at events, system and relations between them, dependencies as a whole, rather than looking one by one. Psychology used the narrow-minded methods and analytical techniques of physics of the 19th century, when analyzing the researches in the past centuries, in order to increase their reliability and therefore many variables that affect normal or abnormal development in research could not been tested (Granic and Hollenstein 2003). The new method to be used for solving this dilemma in the analysis has been the dynamic system theory arising from the general system theory. The dynamic system theory, which has a multi-disciplinary perspective, helps us explain how new changes and formations in the internal structure of a system have emerged and how they can obtain a regular structure again (Granic and Hollenstein 2003). Human also have an open and dynamic system structure, so we need dynamic system theory to analyze and explain human. The independent variables influencing the pathology are called as attractors in the dynamic system language. According to DS, whichever attractor is more absorptive, the system tries to balance at that point and this balancing is not fixed. The system changes or transforms either over time or suddenly. These changes are called as phase transition. Branching and intersection points also emerge during this development (Granic and Hollenstein 2003).

According to dynamic system theorists, the common genetic inheritance and the basic order in the physical-social worlds of children draw the universal lines of development. However, biological features, daily tasks, and people supporting the child in these tasks exhibit variations leading to individual differences. For example, each children, who learn the skills such as walking, speaking, addition and subtraction achieve them with their specific way (Berk 2015). Many studies have been carried out about the causes that revealed some developmental features and disorders in the focus of developmental psychopathology and about their developmental processes and effects on the individual's life. In the next section, some developmental features and research results related to various disorders are cited.

Disorders in terms of Developmental Psychopathology

Attachment

Bowlby defined attachment as the strong emotional bonds which people develop to those they consider important for themselves (Bowlby 1973). Recently, accumulation of knowledge about both attachment and development of infants has increased considerably. This knowledge increase which forms the basis of development has enabled experts to focus on risk factors. Some of the researches including risk and protective factors are, of course, inspired by the discipline of developmental psychopathology (Soysal et al. 1999). Do the changes in the first years of life affect the formation of psychopathology? What are the risk factors or protective factors for probable disorders in children of this period? How the impact of the environment on pathology could be discussed within such a change occurred? Developmental psychopathology made both the attachment and psychopathology in infancy the subject of research just in order to answer these questions.

Bowlby emphasized the need of living creatures, which first saw the light of day, to establish relationship with their parents. For example, the slowness in growth, the eating problems, social withdrawal and sad facial expressions of the babies who have to leave their mothers after birth, give us clues about the importance of attachment in human life (Soysal et al. 1999).

The problems experienced in the relationship between the caregiver-mother and the baby cause some pathologies in childhood. One of these pathologies is infantile depression. In this context, the baby deprived of his/her mother enters into the protest process in the earlier stages and there might be weight loss, offended and tired expression of baby. The baby may experience emotional cult and become dull in time. The absence of the caregiver who needs the requirements of baby makes him angry and this situation can be characterized by emotional withdrawal and inability to reflect emotion in adulthood. Babies who experience a longer period of motherlessness exhibit a deterioration characterized as empty nest syndrome. It is seen that these babies have both growth retardation and mental retardation than their peers together with their behavioural disorders such as lack of timely response to the stimuli, indifference to the environment, thumb sucking (Öztürk 2002, Tüzün and Sayar 2006). Another problem experienced by infants having problems in attachment when they come to childhood is separation anxiety. These children are extremely concerned when they leave their mother by feeling that something bad will happen to their mother or to himself/herself or

by having the idea that that s/he will never be reunited with the mother again. These children in whom school phobia is common may exhibit depressive symptoms and behavioural disorders accompanied by somatic responses (Öztürk 2002, Tüzün and Sayar 2006).

Nevertheless another psychopathology emerged following the disruptions in the mother-infant relationship is reactive attachment disorder. This disorder starts before the age of 5 years old and is characterized by establishing inappropriate social relations. In this context, it can be said that requirements of individuals with disorders were ignored during infancy, babies were not exhibited love or the caregivers of baby were continuously changed (APA 2013). It is known that babies having attachment problems in any way would have an increased probability of depression, agoraphobia and borderline personality disorder in adulthood. For example, factors such as neglect and abuse during the childhood, ignoring physical needs, early period mother losses, and bad life experiences are undoubtedly bear traces associated with attachment styles (Kesebir et al. 2011). In addition, the separation anxiety shows itself both in individuals with unstable emotional state and with borderline personality disorder having problem in the concept of borderline and in the agoraphobic individuals who do not want to leave the mother and go out (Tüzün and Sayar 2006).

Individuals who could not experience a safe attachment or who have a genetic susceptibility in infancy can develop unsociableness among their peers during their childhood. In this level, it could be seen that the socially withdrawn child, especially at the beginning of his school life, thought that his/her peers did not want him among them by misinterpreting the reactions given because of this effect and that his/her peer attitudes were hostile. The process becomes a desperate situation for the individual who adopts that s/he is not worthy of making friends. Because now the individual will have inferiority in his/her self-esteem; feel uneasy in the social environment and depressive feelings and developing phobias will accompany them. When coming to adulthood, disorders in infancy will contribute in emergence of social anxiety, of course, due to various possibilities of many factors-(Ollendick and Hirshfeld-Becker 2002).

In summary, when examining the etiology of attachment disorders, children's feeling of more threat contrary to concern and comfort they expect from their parents, or parental deprivation leads to irregular behaviour patterns (Green and Goldwyn 2002). In the studies advocating that lifelong development has a domino effect, it is seen that children with irregular attachment experience have lower sense of self, lower self-regulation skills, and lower mathematics achievement due to various variances (Green and Goldwyn 2002). In this pattern, it is proved to what extent effective factor the attachment disorders in the development of the individual in terms of both social and cognitive aspects. Disorganized attachment is a factor in the development of many mental disorders, as supported by many studies. Therefore, it seem very important for the generations free from pathology that when individuals decide to give birth to a baby at the stage of family planning, they must consider these contexts during the pregnancy process and, of course, feed their children in the sense of interest while raising them and should not deprive them of spiritual support. (Kesebir et al. 2011).

Personality Disorders

Personality disorders are a group of discomforts including different structures, which

are defined as having trouble in maintaining close and constructive relationships and in shaping consistently a positive sense of self. Individuals with personality disorders experience difficulties with their identities and relationships in many areas of their lives, and these problems experienced continue for many years (Kring et al. 2015). Both environmental and genetic factors are effective in the formation of personality disorders. In retrospective and prospective studies, traumatic sexual abuse experience in children and adolescents (Johnson et al. 2005, Ensink et al. 2015); parental loss; presence of children in unapproved environments; the caregiver's chilliness and parents' attitudes toward discipline (Sardoğan and Kaygusuz 2006); negative parent-child relationship (Johnson et al. 2005); parents having personality disorders or other pathological disturbances; anxious, shy or hindered weak characteristic properties (Johnson et al. 2005) confront us as important risk factors for the emergence of personality disorder.)

When examining the individual with personality disorders, it is considered that personality disorder was more in the individuals weak in self-management and cooperation (Arkar 2008), low in education level, alone, experienced a conflicting marriage and addicted and criminals (Aslan 2008). Kernberg who inspired by Mahler's theory suggested that the most important deficiency in individuals with borderline and narcissistic personality traits is the weak mother-child relationship. There exist a mother-child relationship exhibiting lovelessness and low intimacy both in borderline and in narcissistic personality, but in children with borderline personality, the mother is perceived as splitting and in narcissistic personality, the perception of "grandiose self" developing against mother is in question (Anli and Bahadır 2007). The concept of multifinality mentioned earlier draws attention here. While having same experience in both personality characteristics, different pathologies are exhibited after then with a bifurcation (Sardoğan and Kaygusuz 2006).

Well then, what can be done to prevent this disorder and although it has the same past experience, how does the process not showing this pathology work? It is thought that socialization with parents, friends and teachers in the environmental factor affecting personality disorder will provide a change in the temperament factor which influences this personality disorder.

In the cross-sectional studies, it is also seen that personality disorder decreased with age (Johnson et al. 2005). At the same time, positive and democratic parenting, counselling, biological maturation, and the implementation of the roles expected of adults in the social context are other factors helping the decrease in personality disorder (Johnson et al. 2005). It can be said that the treatment processes also decreased reduce the effect of the disorder with the trainings provided for the parents showing personality disorder or other pathological conditions.

Psychological Resilience

Nowadays, understandings of psychotherapy with positive psychology are becoming popular and it is focused on protective factors and especially on resilience in the studies and scientific researches in developmental psychopathology field. In the past years, the approach of crisis intervention was used to treat the resultant problems and mental disorders of individuals. Today, preventive approach is applied to the problems, so that the individual is put under protection just before the spread of the virus. Resilience first started to come to the forefront in connection with premorbid appearances of schizoph-

renic patients to understand and prevent the disease; then it has been continued to study on children having trauma, chronic stress and abuse (Cicchetti and Garmezy 1993, Kaboski et al. 2017). To be able determine the conditions that make normal and abnormal individuals resistant, it is necessary to first determine the protective factors in pathology and risk population and then to examine the effect of these factors on positive adaptation (Cicchetti and Garmezy 1993).

Psychological resilience is a dynamic structure rather than an innate invariable structure. Since it may occur in every period of life, doing longitudinal studies will provide clearer knowledge acquisition about resilience (Cicchetti and Garmezy 1993, Cicchetti 2010). In studies, problem solving, coping with problems actively, confrontation, planning skills and future orientation are especially taken into consideration as the indicator of resilience (Cicchetti 2010). However, considering the developmental psychopathological perspective in certain situations, adaptive developmental pathways should be found and it should be considered that a preventive developmental model can be created in the emergence of pathological disorders.

Alcohol Use Disorder

To be able to better understand the perspective of developmental psychopathology, alcohol use and alcohol use disorder can be examined. According to many studies, it could be seen that alcohol use in adolescence was began as a method of coping with stress (Özpoyraz et al. 1998; İlhan et al. 2003; Bulut et al. 2006). In a longitudinal study from adolescence to 30 years of age, it was observed that the use of alcohol peaked in adulthood, but then its use decreased (Chen and Kandel 1995).

Alcohol use can be turned into pathology as a result of both genetic and environmental factors. Use of alcohol at home by a person causes a genetic risk factor in the individual (Coşkunol and Altıntoprak 1999, Chassin et al. 2013). When examining neuro-biologically, it is seen that the alcohol affects several neurotransmitters in the reward system of brain such as dopamine, GABA, glutamate and norepinephrine (Eşel and Dinç 2017). One of these effects emerges in acute alcohol withdrawal. The decrease in GABA activity depending on withdrawal increases the reward threshold and this causes negative emotion (Eşel 2006) Therefore, when examining from the psychoanalytic point of view, alcohol is used as a negative reinforcer to reduce the tension created by the domineering super ego due to impulse and anxiety in the subconscious (Özpoyraz et al. 1998; Evren et al. 2008). According to Yüncü et al. (2009), the problem of compliance with personality characteristics of neuroticism, impulsivity and extraversion constitutes a risk factor for the development of substance-use disorders (Jones 1968, Loper et al. 1973, Cloninger et al. 1988, Caspi et al. 1997). When examining the environmental factors, working and having a criminal history are evaluated as risk factors (İlhan et al. 2005). Sexual abuse and traumatic events during the childhood also trigger alcohol use (Chassin et al. 2013). The rate of alcohol use among males is higher than females, and this is thought to be associated with the perception of males to be accepted by the society and with the image of masculinity (Arslan et al. 2012). Children were also found to be weak related to being affected by their closest friends. Even though this tendency can be observed more easily when mapped with social network analysis for alcohol use (Chassin et al. 2013). On the other hand, although it is found, in the study done by Bulut et al. (2006) that alcohol use reduces as the educational level incre-

ases the study of Slutske (2018) suggests that those who study in university carry more risk of alcohol addiction than those who do not. In the context of family, it was observed that having parents who can be able control their children, establish strong relationships with their children and have higher educational level and having just few number of siblings in family increased the alcohol use (Turan et al. 1999, Chassin et al. 2013, Atlam and Yüncü 2017). Chassin et al. (2013) represented that conflicts after incompatibilities in the cases of parenthood, marriage and retirement with transitions increased alcohol use depending on stress.

When examining from a cultural point of view, a study between Asian, Pacific Island and Spanish men shows that 12-month-old and lifelong alcohol use disorders rates are lower in blacks than in whites, an, apart from that, those living in cities have higher rates of alcohol use disorder (Grant et al. 2015). In addition to this, alcohol consumption of individuals from the religions of Islam, Hinduism and Baptist belief seems to be less (Özpoyraz et al. 1998).

Social Anxiety Disorder

An example of the basic understanding of developmental psychopathology confronts us in social anxiety disorder. The causes of social anxiety disorder might be very different and it is not easy to predict the course of the disorder. Fears of social assessment increasing in proportion to age are not regarded as pathology (Ollendick et al. 1989), and even though transient social anxiety attacks are generally considered as normal for development (Ollendick and Hirshfeld-Becker 2002).

Social anxiety disorder can be defined as the state of severe and continuous anxiety of individual in a social environment or performance situation in which s/he will be humiliated or exposed to something embarrassing. Therefore, when it is discussed the situations requiring social environment and performance in question, it would mean a great provocative appearance for social anxiety. In this case, the individual experiencing anxiety exhibits symptoms similar to panic, hesitates to make an eye contact, stuttering, has trills and the individual may show reactions something like biting nail (Albano 1995, Beidel and Turner 1998). Therefore, even avoiding these reactions may cause some patterns such as self-withdrawal from social activities, school non-attendance, and low academic achievement (Francis and Ollendick 1990, Kashdan and Herbert 2001, Ollendick and Ingman 2001).

Although adolescence is indicated as the beginning of social anxiety disorder (Schneier et al 1992), it is stated that children show their social anxieties with crying, stubbornness holding a known person tightly. It is not possible to associate anxiety development in children with only one cause. In this context; disorder might be caused by a combination of one or more of the reasons such as strong genetic tendencies in the child, attachment problems of child or lack of parents' help for children in creating coping mechanisms. Children experiencing social anxiety disorder may be may exhibit shyness against their foreign peers when they start primary school and might be anxious to be with them (Ollendick and Hirshfeld-Becker 2002).

The onset of social anxiety disorder in children is closely associated with genetic factors, temperament factors, parental effects, relationships with peers, conditioning and cognitive factors. Depending on the time and the environment where it is formed, this relationship has in a complex structure and is formed in a holistic way by including

the specific results of development (Cicchetti and Toth 2009). In this context, risk factors are like tools leading to social anxiety disorder, but they indirectly serve to the occurrence of the disorder and therefore cannot be the direct cause of the disorder (Ollendick and Hirshfeld-Becker 2002).

Social anxiety disorder for which it is not possible refer to the reasons with definite and simple implications increases with the existence of risk factors and can change the course of the disorder by combining with the sensitivity created by certain periods. However, although behavioural interventions in childhood, problem management trainings given to parents, interactions aimed at being peer model peers in adolescence, studies on coping with anxiety during adulthood do not help to solve the problem, it gains advantages to change the course of social anxiety disorder or to minimize the fear states experienced (Ollendick and Hirshfeld-Becker 2002).

Conclusion

The developmental psychopathology approach has been keeping up-to-date since its emergence in the 1970s and strongly continues its advantages in the clinical setting. In this review, it has been attempted to cite the literature on developmental psychopathology as a whole. The developmental psychopathology approach aims at identifying the risk factors that may be the basis of problems in the life of individuals (such personality disorders, depression, and alcohol addiction) as well as to determining the protective factors that will help protection of individuals from these problems (Santrock 2011).

New perspectives and models of developmental psychopathology are still being suggested, and in the recent times, the researchers in this field have focused especially on the developmental cascades. Developmental cascades express the connections between the fields influencing the developmental steps, forms of development and consequences of development in the course of time. Developmental cascades may include connections between a wide range of biological, cognitive, and social processes, including many social contexts such as families, peers, schools, and culture. Developmental cascades may can directly or indirectly change the direction of development. In this context, developmental cascades explain why some problems during the childhood predict problems during the adulthood, while others do not. (Masten and Cicchetti 2010, Santrock 2011). As a result, developmental psychopathology approach still provides new insights into the definition, prevention and treatment of mental health disorders, and also sheds light on mental health professionals in both academic and clinical areas.

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