There is a set of dialectical contradictions inherent in any discipline that is not resolvable, and it is within these contradictions that the sources of progress can be found. Some of these contradictions are inherent in the study of psychology, others in the study of development, and still others are unique to the study of developmental psychopathology. One of the basic contradictions in each of these domains is between the labels we use to divide and categorize the phenomena with which we are concerned and the dynamic reality that comprises the phenomena themselves. Unique to the study of pathology is the contradiction between the abstracted diagnostic schemes we use for categorizing individuals and the complex dynamic processes of the individuals themselves.

Another dichotomy we must confront is the contrast between the study of serious mental disorders and mental health. Whereas clinicians have needed to center their attention on children who are in the greatest therapeutic need, most developmentalists who have entered the field have viewed the study of pathology in the few as a means for understanding the roots of mental health in the many. The study of mental disorder may be inseparable from the study of mental health, and it may be that the study of each is required for the understanding of the other (Sroufe, 1990).

The field is labeled with a concern for pathology, that is, disease. Here, we find another important dialectical contradiction in the name developmental psychopathology. By using a developmental approach in the study of pathology, we may find that the disease disappears when understood as one of many adaptational processes between the individual and life experiences.

The final contradiction lies in the nature–nurture dichotomy, where we find that by studying the environment, we obtain a better understanding of the individual, and by studying the individual, we obtain a better understanding of the environment. The better we understand
the sources of these contradictions, the better will we be at understanding and changing the mental health of children.

THREE MAJOR ISSUES

The theoretical issues in developmental psychopathology can be captured in three major questions regarding conceptualizations of pathology, the individual development, and the role of the environment.

First, how do we define pathology? Is it a qualitative or quantitative judgment? Can individuals be placed on universal dimensions or are there qualitative distinctions to be made that place people in one category or another? Here, we find the important developmental issues of continuity and discontinuity, not only between one kind of individual and another, but also between the individual at one point in time and another.

Second, how do we understand individuals and their development? Is it through a search for stable characteristics of the individual independent of context, or is it the search for patterns of functioning in context? Moreover, do these characteristics change over time as the unfolding of some maturational pattern, or in reaction to new demands as each individual interacts with an expanding social domain?

Third, how do we conceptualize the environment? Is it a passive set of experiences that maximizes or minimizes innate individual potential, as in the concept of genetic ranges of reaction, or is experience transforming as it interacts and transacts with dynamic individual developmental processes?

Theories of Psychopathology

Developmental psychopathology arose as a new orientation to the etiology of psychopathology necessitated by the failure of more customary models to explain how disorders arise and are maintained. The traditional medical model of disorder is based on the presumption that there are identifiable somatic entities that underlie definable disease syndromes. Although within psychiatry the current dominant view of disease is still strongly biomedical, there is an increasing place allowed for social and psychological factors in the etiology of mental illness that may have an important role in the initiation, maintenance, and treatment of mental disorder. Traditionally, individuals were not seen as integrated systems of biological, psychological, and social functioning, but rather as divided into biological and behavioral selves. If the biology changes, either through infection or cure, the behavior changes. Three principles that emerge from this model are frequently applied to the study of psychopathology (Sameroff, 1995):

1. The same entity will cause the same disorder in all affected individuals, whether they be children or adults.
2. The same symptoms at different ages should be caused by the same entity.
3. Specific disorders of children should lead to similar adult disorders.

Unfortunately, none of these three principles can be generalized, especially with respect to the study of psychopathology. Regarding the first principle, the same biological problem can be related to quite different behaviors in children and adults, for example, the genetic deficit