

Review Article

To What Extent is an Individual's Mental State Considered a Component of Psychopathology?

Konaku Doo Kuusegmeh^{1*}, Francis Dela Amouzou¹

¹Catholic University of Ghana, Fiapre-Sunyani, Guidance and Counselling Unit

Article History

Received: 28.11.2025

Accepted: 21.01.2026

Published: 29.01.2026

Journal homepage:
<https://www.easpublisher.com>

Quick Response Code

Abstract: The authors investigate an individual's mental state to determine at which stage it is considered a significant component of psychopathology. Psychopathology is the scientific exploration of abnormal mental states that, for more than a century, has provided a Gestalt for psychiatric disorders and guided clinical and scientific progress in modern psychiatry. In the wake of immense technical advances, however, psychopathology has been increasingly marginalized by neurological, genetic, and neuropsychological research. This ongoing erosion of psychiatric phenomenology is further fostered by clinical casualties as well as pressured healthcare and research systems. The skill to precisely and carefully assess psychopathology in a qualified manner used to be a core attribute of mental health professionals. Today's curricula, however, pay increasingly less attention to this training, thus further blurring the border between pathology and variants of the "normal." Despite predictions that psychopathology was doomed to be replaced by neurobiological parameters, psychiatric diagnosis continues to rely exclusively on psychopathology in the DSM-5. The authors discuss hatred, affects, drives, and temperaments as channels for grasping a deep comprehension of the complex concept of psychopathology. This article highlights the need to combine biological, psychological, and social perspectives, presenting a framework using complexity theory to explain psychopathology as dynamic patterns of biopsychosocial interactions.

Keywords: Affect, Aggression, Hatred, Mental State, Psychopathology, Temperament.

Copyright © 2026 The Author(s): This is an open-access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC BY-NC 4.0) which permits unrestricted use, distribution, and reproduction in any medium for non-commercial use provided the original author and source are credited.

INTRODUCTION

As observed by the authors, psychopathology is the study of mental illness, mental distress, and the manifestation of behaviors and experiences indicative of psychological impairment. An individual's mental state can drive the progression of various disorders. Indeed, diagnostic criteria in the DSM-5-TR are fundamentally based on observed dysfunctions in a mental state. Persistent sadness, excessive anxiety, delusions, hallucinations, and disorganized thoughts are central symptoms of different psychopathologies.

Clinicians rely heavily on evaluating an individual's present and historical mental state—including mood, affect, thought processes, and perception—to make an accurate evaluation and determine an appropriate treatment plan. Disturbances in mental states are often the first indicators that inform the

definition of illness.

The goal of the discipline is to understand how individuals think, feel, and act when these patterns fall outside the norm and lead to distress. An early use of the term "psychopathology" dates back to 1913, when Karl Jaspers, the German-Swiss philosopher and psychiatrist, introduced the idea in his book General Psychopathology. This provided a new framework for making meaning out of "abnormal experience."

Psychopathology examines the underlying causes and patterns behind conditions like anxiety and depression. The discipline aims to categorize symptoms, develop diagnostic tools, and utilize strategies for prevention. Signs of psychopathology vary but often include changes in eating habits, mood swings, excessive worry, inability to concentrate, fatigue, sleep disruptions, and withdrawal from social activities.

In the DSM-5, psychopathology refers to significant disturbances in an individual's cognition, emotion regulation, or behavior that reflect a dysfunction in psychological, biological, or developmental processes. These patterns are maladaptive and impair functioning in important areas of life.

Hatred and Psychopathology

Some scholars view hatred as a significant component in assessing psychopathology, though it is commonly seen as an emotion or mindset that serves as a symptom or risk factor rather than a mental illness in itself.

Hatred—especially self-hatred—can manifest in various conditions including depression, anxiety, and PTSD. Self-injuring individuals, for example, often report doing so to express intense self-hatred.

Hatred can drive extreme behaviors, including hate crimes and terrorism, making it a crucial area of study for forensic mental health. While the capacity for hatred is a human trait, intense, persistent, or self-destructive hatred is a crucial element that addresses underlying psychological distress. In certain conditions, such as Paranoid Personality Disorder, hatred is a prominent feature involving rigidity of thought and pathological mistrust.

In the theories of Otto Kernberg (1991), hatred is considered a complex affects derived from rage, occupying a central role in severe personality disorders. Hatred often stems from underlying emotions like fear, insecurity, or a sense of injustice. If unaddressed, it prevents individuals from dealing with core vulnerabilities, leading to complex psychological issues.

Aggression and Hostility

Aggression and hostility are generally considered symptoms of psychiatric disorders rather than distinct psychopathologies, with the exception of conditions like Intermittent Explosive Disorder. Occasional anger is a normal response; however, it becomes a concern when it is persistent, disproportionate to the situation, and involves physical harm.

Aggression is a core characteristic of certain personality disorders. In Antisocial Personality Disorder, aggression is often calculated and used to manipulate others without remorse. In Borderline Personality Disorder, it is typically more impulsive and reactive, often a response to perceived abandonment.

Affects and Drives

Generally, affects are emotional experiences (pleasurable or painful), while drives are unconscious motivational forces (such as hunger or ambition). Drives generate affects, while affects give urgency and color to drives. Together, they shape perceptions and behaviors toward survival or social approval.

Drives create an inner state that, when associated with pleasure or pain, become a motivational force. Kernberg (1991) posits that hatred is a derived, complex affect characterized by a chronic, stable, internalized object relation. Affects may be categorized as "primary" (appearing in the first years of life) and "derived" (cognitively elaborated combinations of primary affects). Clinically, the basic affective state characterizing the activation of aggression in transference is rage.

Temperament and Psychopathology

Temperament is a stable, underlying disposition, while mental states are temporary reactions. Temperamental traits are relatively consistent across the lifespan, whereas emotional states fluctuate based on circumstances. Temperament acts as a foundational blueprint; its interaction with genes and environment determines whether it leads to resilience or a specific psychopathological outcome.

The study of temperament dates back to Hippocrates and Galen, who postulated that behavior was due to varying concentrations of "humors." Modern research suggests that temperament observed in early life can help predict later vulnerabilities. For example, a temperamental disposition toward negative emotions and low inhibitory control is linked to many psychiatric conditions.

Unconscious Delusions and Fantasies

Freud (1911) suggested that psychopathology is often due to the presence of unconscious delusions—fixed ideas not subject to modification by ordinary experience. One of the main therapeutic effects of psychoanalysis is bringing "reality to bear" on these unconscious delusions, helping the individual distinguish between fantasy and external reality.

While unconscious delusions undermine the capacity to learn from experience, unconscious fantasy is an essential component of learning. People learn about reality by posing questions in the form of fantasies and testing them against perception. Psychopathology is associated with a predominance of delusions that cannot be used as hypotheses. When these delusions encounter contradictory evidence, the individual may "fold" the experience into the delusional system through reinterpretation—a process Bion called "transformation in hallucinosis."

CONCLUSION

From a clinical perspective, the authors support the view that the mind is influenced by unconscious fantasies that underlie characteristic modes of functioning. From an academic perspective, the contemporary view is that the mind consists of constellations of mental representations that form early in the developmental lifespan.

Psychopathology is a complex interplay of biological, psychosocial, and cultural factors. It is not a single entity but a spectrum influenced by development and context. Future research lies in integrating models and refining diagnostics like the DSM and ICD while focusing on personalized care. It is essential to recognize the need for empathy and the "human element" within the scientific study of psychopathology.

REFERENCES

- American Psychiatric Association. (2013). Diagnostic and Statistical Manual of Mental Disorders (5th ed.). Washington, DC.
- Bion, W. R. (1991). Transformations. Karnac Books. (Original work published 1965).
- Braga, J. C. (2024). Transformations. In The Bion Seminars at the A-Santamaría Association (pp. 136-152). Routledge.
- Caper, R. (1996). Play, creativity and experimentation. *International Journal of Psychoanalysis*, 77, 859- 869.
- Erreich, A. (2017). Unconscious fantasy and the priming phenomenon. *Journal of the American Psychoanalytic Association*, 65, 195-219.
- Freud, S. (2018). The Unconscious (Standard ed., Vol. 14). Hogarth. (Original work published 1915).
- Kernberg, O. (1991). The psychopathology of hatred. *Journal of the American Psychoanalytic Association*, 39, 209-238.
- Purtle, J. (2020). COVID-19 and mental health equity in the United States. *Social Psychiatry and Psychiatric Epidemiology*, 55, 960-971.
- Sanati, A. (2020). Philosophical Issues in Psychiatry. Oxford University Press.
- Spillius, E. B. (2001). Freud and Klein on the concept of phantasy. *The International Journal of Psychoanalysis*, 82(2), 361-373.

Cite This Article: Konaku Doo Kuusegmeh & Francis Dela Amouzou (2026). To What Extent is an Individual's Mental State Considered a Component of Psychopathology? *EAS J Psychol Behav Sci*, 8(1), 31-33.
