The Diagnosis of Mental Illness

Lecture 38
Psychopathology Defined

- **Psych(o)** - from Greek *psyche*, Soul or Mind
  - Mental Processes and Activities
    - Includes Behavior
      - Doctrine of Mentalism

- **Pathology** - from Greek *pathos*, Suffering
  - Deviations from Normal Structure, Function

- **Medical Illnesses**
  - Deviations from Normal Anatomical Structure
  - Deviations from Normal Physiological Function
Defining Psychological Normality
(A Prototype)
Bootzin et al. (1980)

• Accurate, Efficient Mental Function
  – Cognition, Emotion, Motivation, Behavior
• Self-Awareness
• Self-Control
• Self-Esteem
• Social Relations Based on Affection
• Productivity, Creativity
Defining Psychological Deviance From (Presumed) Normality
Bootzin et. al. (1980)

• From Statistical Norms
  – Frequency Criterion
  – Positive Deviations?
    • IQ and Intellectual Disability
  – All Negative Deviations?
    • Extraversion and Shyness
Defining Psychological Deviance From (Presumed) Normality

Bootzin et al. (1980)

- From Statistical Norms
- From Social Norms
  - Compliance Criterion
  - Variance Across Cultures
    - Political dissidents in Soviet Union, China
  - Variance Across Time within Cultures
    - Homosexuality
Defining Psychological *Deviance* From (Presumed) Normality

Bootzin et al. (1980)

- From Statistical Norms
- From Social Norms
- Personal Distress
  - Subjective Criterion
  - The Problem of Self-Perception
    - Schizophrenia, Personality Disorders
  - Ego-Syntonic vs. Ego-Dystonic Symptoms
Defining Psychological Deviance
From (Presumed) Normality
Bootzin et al. (1980)

• From Statistical Norms
• From Social Norms
• Personal Distress
• Maladaptiveness
  – Harmfulness Criterion
  – Criminal Behavior
  • The Insanity Defense
Psychological Abnormality as Conceptual Prototype

• Features of Presumptive Normality
  – Accurate, Efficient Mental Function
  – Self-Awareness
  – Self-Control
  – Self-Esteem
  – Social Relations Based on Affection
  – Productivity, Creativity

• Features of Abnormality
  – Low Frequency
  – Noncompliance
  – Personal Distress
  – Maladaptiveness
Major Categories of Mental Illness
(Organization Differs from DSM-5)

1. Organic Brain Syndromes
2. Developmental Disorders
3. “Psychoses”
4. “Neuroses”
5. Psychophysiological (Psychosomatic) Disorders
6. Dissociative Disorders
7. Somatoform Disorders
8. Personality Disorders
9. Behavioral Disorders
10. “Problems in Living”
Organic Brain Syndromes

Insult, Injury, or Disease Affecting Brain

• Dementia
  – Alzheimer’s Disease

• Amnesic Syndrome
  – Korsakoff’s Syndrome

• Aphasia
  – Expressive (Broca’s)
  – Receptive (Wernicke’s)
Developmental Disorders
Abnormal Development Since Birth

- Intellectual Disability ("Mental Retardation")
  - Goddard: Moron, Idiot, Imbecile
  - APA: Mild, Moderate, Severe, Profound
    - Conceptual, Social, and Practical Domains
  - AAIDD: Need for Environmental Support
    - Intermittent, Limited, Extensive, Pervasive

- Autism Spectrum Disorder
  - Autism
  - Asperger’s Syndrome

- Attention Deficit Hyperactivity Disorder
Psychoses

Gross Impairments in Reality Testing

“Organic” vs. “Functional”

• Schizophrenia
• Affective Disorder
  – Bipolar Disorder
    • Manic-Depressive Illness
  – Unipolar Disorder
    • Mania
    • Depression
Neuroses

Anxiety

• Phobic Disorders
• Anxiety Disorder
  – Panic Disorder
• Obsessive-Compulsive Disorder
• Post-Traumatic Stress Disorder
Psychophysiological Disorders
“Psychosomatic” Disorders

Organ Damage or Malfunction
Actual Damage to Internal Organs

• “Psychosomatic” Ulcers
• Coronary Heart Disease
  – “Type A” Behavior
Dissociative Disorders

Disruptions in Consciousness
Awareness and/or Control

• Affecting Memory / Identity
  – Functional/”Psychogenic” Amnesia
  – Fugue
  – Multiple Personality Disorder
    • Dissociative Identity Disorder

• Affecting Sensation / Perception / Action
  – “Hysteria” / Conversion Disorder
    • Functional Blindness, Deafness, Anesthesia
    • Functional Paralysis
Somatoform Disorders

Physical Complaints But No Organic Cause

• Hypochondriasis
• Somatization Disorder
  – Briquet’s Syndrome (“Hysteria”)
• Somatoform Pain Disorder
• Body Dysmorphic Disorder
Personality Disorders

Deeply Ingrained
Since Childhood or Adolescence

“Ego-Dystonic” vs. “Ego-Syntonic” Symptoms

• Antisocial Personality Disorder
  – Psychopathic Personality Disorder
  – Psychopathy, Sociopathy

• Borderline Personality Disorder
Behavioral Disorders

Specific Maladaptive Behaviors
No Other Signs of Mental Illness

- Alcoholism, Alcohol Abuse
- Drug Addiction, Substance Abuse
- Addictions to Sex, Gambling, etc.
“Problems in Living”
After Szasz, *the Myth of Mental Illness* (1960)

Not Necessarily Mental Illnesses
Treated by Mental Health Professionals

- Marital Stress
- Sexual Dysfunction
- Adjustment Problems
- Stress Reactions
- Vocational Quandaries
Mental Illness
Analogous to Physical Illness

• Abnormalities in *Mental* Structure, Function
  – Cognition
    • Alzheimer’s Disease, Dementia
    • Schizophrenia
  – Emotion
    • Anxiety Disorders
    • Affective Disorders (Mania, Depression)
  – Motivation
    • Psychopathy (Antisocial Personality Disorder)

• Results in Abnormal, Maladaptive Behavior
Medical Model of Psychopathology
Siegler & Osmond (1974); Kihlstrom (2002)

• Mental Illness Analogous to Medical Illness
  – Mental Patient, Mental Hospital, Mental Hygiene
    • Diagnosis, Treatment, Rehabilitation
    • Acute vs. Chronic
  – Symptoms Caused by Underlying Pathology
    • Signs Observed by Professional
  – Syndromes
    • Co-Occurring Symptoms
  – Diseases
    • Syndromes with Known Cause
Medical Model of Psychopathology
Siegler & Osmond (1974); Kihlstrom (2002)

• **No Assumption of Organic Cause**
  “Behind every twisted thought there lies a twisted molecule”

• **Mental Illness Has “Natural” Cause**
  – Discovered Through Scientific Method

• **Not Demonic Possession**
  – Supernatural Model

• **Not Willful Behavior**
  – Moral Model
Diagnosis as Categorization

• Diagnosis Classifies Patient
  – Symptoms are Features
  – Syndromes are Categories

• Diagnosis as Feature-Matching
  – Match Patient’s Symptoms to Syndrome

• *Diagnostic & Statistical Manual (DSM)*
  – American Psychiatric Association
  – “Official” List of Syndromes, Features
    • Used for Classifying Mental Illnesses
19th-Century Psychiatric Diagnosis

- **Jean-Etienne Dominique Esquirol** (1772-1840)
  - Insane
  - Mentally Deficient
  - Criminal

- **Emil Kraepelin** (1856-1926)
  - Dementia Praecox (Schizophrenia)
  - Manic-Depressive Illness (Affective Disorder)

- **Pierre Janet** (1859-1947)
  - Hysteria (Dissociative Disorders)
  - Psychasthenia (Anxiety, Depression)
Growth of the Psychiatric Nosology
American Psychiatric Association
Diagnostic and Statistical Manual of Mental Disorders
Diagnoses as Proper Sets
Symptoms as Defining Features
Bleuler (1911)

The “4 As” of Schizophrenia
- Association Disturbance
- Anhedonia
- Ambivalence
- Autism

Schizophrenic Subtypes
- Simple
- Hebephrenic
- Catatonic
- Paranoid
Hierarchical Organization of Psychopathology

Mental Illness

- Psychosis
  - Manic-Depressive Illness
    - Simple
    - Hebephrenic
    - Catatonic
    - Paranoid

- Neurosis
Problems with Diagnoses as Proper Sets

• Partial Expression
  – Schizoid Personality Disorder
  – Schizotypal Personality Disorder
  – Paranoid Personality Disorder

• Combined Expression
  – Pseudoneurotic Schizophrenia
  – Pseudopsychopathic Schizophrenia
  – Schizoaffective Disorder
  – Borderline Personality Disorder
Diagnoses as Fuzzy Sets


- Characteristic Symptoms
  - Textbook Cases as Prototypes
- Heterogeneity within Category
  - Family Resemblance
- No Clear Boundaries
Schizophrenia

*DSM-5 (2013)*

2 or More Symptoms

- Delusions
- Hallucinations
- Disorganized Speech
- Grossly Disorganized or Catatonic Behavior
- Negative Symptoms
  - Diminished Emotional Expression
  - Avolition

Plus

- Postmorbid Decline
  - Occupational
  - Social
  - Self-Care
- Duration 6+ Months
- Subtypes?
  - Acute vs. Chronic
  - First vs. Multiple Episodes
  - Type I vs. Type II
    - Positive vs. Negative Symptoms
Major Depressive Disorder

*DSM-5 (2013)*

5+ Symptoms Over 2 Weeks

- Depressed Mood
  - and/or
- Diminished Interest
- Weight Loss
- Insomnia or Hypersomnia
- Psychomotor Agitation or Retardation
- Loss of Energy or Fatigue
- Worthlessness or Guilt
- Inability to Concentrate or Indecisiveness
- Thoughts of Death or Suicide
Psychiatric Diagnosis as Judgment Under Uncertainty
Cantor et al. (1980), Cantor & Genero (1986)

• Balance of Symptoms
  – Characteristic of Target Category
  – Characteristic of Alternative Categories

• Textbook Cases as Category Prototypes
Psychiatric Diagnosis
Beyond Symptoms and Signs
Kihlstrom (2002); Cuthbert & Insel (2010)

• Neural Structure and Function
  – Subtle Lesions in Brain Tissue
  – Abnormalities in Neurotransmitter Function
  – Dysregulation in Activity of Neural Circuitry

• Psychopathology
  – Deficits in Psychological Function
    • Basic Cognitive, Emotional, Motivational Processes
  – Beliefs, Expectations, Behaviors
    • Acquired Through Experience