

Towards a Scientific Nosology of Psychiatric Disorder

Outline

- Introduction to the two main systems of classification, the DSM-IV-TR and the ICD-10
- Identifying psychiatric disorders
- The purpose of psychiatric nosology
- Different kinds of categories
- Implications of Implicit Looping Kinds for a scientific nosology

Two Psychiatric Nosologies: ICD-10 and DSM-IV-TR

- ICD-10 developed by the World Health Organisation to compile statistics on leading causes of death.
- DSM-IV-TR developed by the American Psychiatric Association to:
 - 1) compile statistics on prevalence
 - 2) facilitate research
 - 3) facilitate communication between clinicians

Diagnosis of Psychiatric Disorder

- Two related issues:
 - A) How do we decide whether an individual is mentally disordered?
 - 1) Mental disorder vs. ‘Problem in living’
 - 2) Mental (psychiatric) disorder vs. Non-mental (neurological) disorder
 - B) How do we decide what kind of mental disorder they have?

How do we Decide Whether an Individual is Mentally Disordered?

- *Mental disorder vs. 'Problems in living'*
 - DSM provides Global Assessment of Functioning (GAF) scale
 - DSM provides the following attempted definition: statistical infrequency, violation of norms, personal distress, disability or dysfunction, unexpectedness.
 - Wakefield's 'Harmful Dysfunction' (HD) analysis of disorder as inner malfunction resulting in harm to individual or society. When a clinician judges this to be the case they are justified in identifying an individual as mentally disordered

How do we Decide Whether an Individual is Mentally Disordered?

- *Mental (psychiatric) vs. Non-mental (neurological)*
 - Disorders of cognitive processes but:
 - Cortical blindness is classified as neurological (current nosology would be under-inclusive)
 - Tourette's is classified as psychiatric (current nosology would be over-inclusive)
 - Maybe no principled distinction to be made...

How do we Decide What Kind of Mental Disorder They Have?

- Diagnostic categories (kinds) are comprised of clusters of behavioral symptoms
- Diagnosis of mental disorder and kind of mental disorder are made holistically
- Need to take exclusion criteria into account
- Clinical judgment seems to consist largely of experience with a variety of more or less prototypical cases so that clinician's judgments are similar.

The Purpose of Psychiatric Nosology

- ***Research Utility / Construct Validity***
 - Diagnostic categories are typically the basic unit of scientific research
 - A construct is valid when there are scientific generalisations and predictions that can be made about an individual on the basis of identifying the individual as an instance of the category picked out by the construct.
- ***Facilitation of Communication Between Clinician's***
 - Inter-rater reliability (clinician's agree in applying the construct to the same individuals)
 - Useful because of construct validity
- ***Compiling of Statistics on Prevalence***
 - Meaningful because of construct validity and inter-rater reliability

Different Kinds of Kinds:

Part One

- *Essential Kinds*
 - Water, Gold
 - intrinsic
- *Biological Kinds*
 - Lion, Tiger
 - relational historical
- *Behavioral Kinds*
 - Homeostatic property clusters of behaviors / symptoms / properties
- *Genetic Kinds*
- *Neurological Kinds*
- *Mental Kinds*
 - Biological kinds (current functions maybe)

Different Kinds of Kinds:

Part Two

- *Socially Constructed Kinds*
 - Pens, chairs
 - being designed by agents for a function is constitutive
 - Doorstop
 - (one story) our social practice (what we use it for) is constitutive
- *Explicit Looping Kinds*
 - Members of Parliament, Licensed dog owner
 - agents social practice is a necessary cause
- *Implicit Looping Kinds*
 - Demonic possession, Multiple Personality Disorder
 - agents social practice is a necessary cause BUT - cannot survive our realization of their status as a looping kind

The Stabilizing Effect of Looping Kinds

- Clinician's belief that the concept applies to the individual lead to implicit or explicit expectations of behavioral symptoms
- -> Changes the way the clinician relates to the individual
- -> Individual comes to exhibit stereotypic behaviors and / or
- Individual applies concept to self
- -> Individual comes to exhibit stereotypic behaviors
- Both result in homeostasis where individual comes to exhibit stereotypical behavioral symptoms of the category

The Destabilizing Effect of Looping Kinds

- Our conception changes over time due to a variety of pressures including political ideology, theory development etc.
- Examples Hacking offers include how many personalities (two or several or over one hundred), one or two way amnesia, reports of childhood abuse etc.

What to do in the Face of Implicit Looping Kinds?

- Our social practices may not change because they might serve other useful functions (would this then be regarded as implicit or explicit?)
- Change in social practice may not lead to change in properties (would be like artifacts where social practices may have been causally sufficient but aren't a sustaining cause)
- The behavioral symptoms are no longer found (Hacking's prediction)

If we Come to Believe a Category is a Looping Kind

- Our social practices may not change because they might serve other useful functions (would this then be regarded as implicit or explicit?)
- Change in social practice may not lead to change in properties (would be like artifacts where social practices may have been causally sufficient but aren't a sustaining cause)
- The behavioral symptoms are no longer found (Hacking's prediction)

Implications of Implicit Looping Kinds for a Scientific Nosology

- Focusing solely on behavioral symptoms might be counter-productive
- Each new edition of taxonomy might be trying to keep up with the consequences of the last one...
- It would seem more profitable to attempt to identify the causal mechanisms that are relevant for different kinds of disorders
- Cognitive neuro-psychology would have good prospects for extension to incorporate the genetic and looping and non-looping social facts

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