

**Prolegomenon to the Clinical Prerequisite; Psychopharmacology and the Classification of
Mental Disorders
(Volume 1)**

Conceptual Development of Current Psychiatric Nosology

Thomas A. Ban and Antonio Torrez Ruiz

Nosology: Review of Historical Development

Conceptual Development

From its systematic beginning in the early 19th century, psychiatric nosology has been plagued by the lack of agreement regarding the nature of the manifestations in which mental illness is expressed. In keeping with this are the changes in the nature of manifestations which served as the basis for the different classifications from the "first" to the "third epoch." Nosologies of the "first epoch" were "descriptive-syndromic" classifications, based on the identification of the differential profile of "mental symptoms" at a point of time. There was no attempt to explore possible relationships between the "mental symptoms" and "internal" ("meaningful") and/or "external" ("causal") factors. However, in both classifications of the "first epoch" careful attention was paid to "social behavior" because of the special interest of their authors in legal-forensic matters. In spite of this, the classifying principle of both "nosologies" remained exclusively in the constellation of mental symptoms displayed cross-sectionally.

"Nosologies" of the "second epoch" were "descriptive-clinical" classifications, based on the identification of the differential picture of "psychopathological symptoms" during the consecutive developmental stages. The detailed and elaborate, i.e., dynamic totality of mental illness, descriptions of "mental symptoms" in the classifications of the "first epoch" were replaced by a systematic presentation of "psychopathology" in the classifications of Kraepelin (1899) and Bleuler (1916) and supplemented with information on "performance" in the former on "meaningful connections" in the latter and on "social behavior" in both. The classifying principle of both "nosologies" was in the "course" and "outcome" of the disease with consideration to the clinical presentation of the manifest syndrome. As a result, the five categories of "mental disease," identified and first described in the classification of Pinel (1801) -- verified and further elaborated in the classification of Esquirol (1838) -- were redistributed into 15 categories of "mental disease" in the classifications of Kraepelin (1903-1904), and into 14 categories in the classification of Bleuler (1916). The majority of these diagnostic categories were "causally" linked to "brain disease" or "systemic disease"; and only three of Kraepelin's (1909-1915) categories, i.e., "manic-depressive insanity," "dementia praecox" and "paranoid deterioration," and two of Bleuler's (1916) i.e., "manic-depressive insanity" and "schizophrenias" were identified as "endogenous psychoses."

In contradistinction to the "descriptive" classifications of the "first" and the "second epochs," nosologies of the "third epoch" are "integrative-psychopathological" classifications; they are based on the recognition of the different "patterns" displayed and/or "structures" affected in the different psychiatric disorders. Descriptive presentations of psychopathology, in terms of subsequent developmental stages of the disease, employed in the classifications of the "second epoch" were replaced by an integration of information obtained by independent exploration of "subjective psycho- pathology," "objective psychopathology," "understanding psychopathology" and "explanatory psychopathology." The classifying principle in the nosologies of the "third epoch" is in the separation of "development" which can be explored by the study of "meaningful connections," i.e., "understanding psychopathology," from "disease process"; and in the separation of the "non-specific syndromes" of "somatically based disorders" which can be

explored by "objective psychopathology" and studied by "explanatory (causal) psychopathology," from the distinctive "forms" of "sui generis" psychiatric disorders, the subject of "phenomenology," i.e., "subjective psychopathology."

Within the frame of reference of the "third epoch" the diagnostic categories of Kraepelin (1909-1915) and Bleuler (1916) were first redistributed into two major classes of "disorder" by Schneider (1950), one dealing with "anomalies of development," the subject of "conditioning" and "learning," and the other with "effects of illness." Subsequently the class subsumed under "effects of illness" was separated into two major categories, i.e., one dealing with the "non-specific syndromes" related to "neuropathological process," accessible to "objective (performance) psychopathology" and "brain imaging," and the other, dealing with the "distinctive patterns" -- presented in Leonhard's (1957) classification -- related to "psychopathological process," accessible to "general psychopathology" and "nosology."

Finally, one may consider the possibility that the "nosologies" of the "first epoch," which consist of "state-dependent," "syndrome-based" classifications are eminently suited for a "neurobiological approach" in research, i.e., for the study of the biological correlates of "syndromes," whereas "nosologies" of the "second epoch," which consist of "trait-dependent," "disease-based" classifications, are eminently suited for a "psychopharmacological approach" in research, which has the capability to verify categories of disease on the basis of the therapeutic response in the different developmental stages of the illness. There is also a good possibility that "nosologies" of the "third epoch," which consist of "pattern based" classifications, is eminently suited for a "molecular genetic" approach in research, which has the capability to verify categories of disease by "genetic-linkage studies." Another possible approach is based on "non-linear mathematics" and "chaos theory," employed in "population biology," which is suitable for the exploration of "patterns" of "constrained randomness" in "deterministic systems" with "sensitive dependence on original condition" (Pool, 1989).

Concluding Remarks

In the foregoing the historical development of psychiatric "nosology" was outlined with special reference to the shift from "syndrome-based" classifications ("first epoch") to "disease-based" classifications ("second epoch") and to "pattern-based" classifications ("third epoch"). It was pointed out that in "syndrome-based" classifications psychiatric disorders are grouped with primary considerations to manifest symptoms and signs at a point, cross-section, of time; in "disease-based" classifications, they are grouped with primary considerations to "course" and "outcome"; and in "pattern-based" classifications, with primary consideration to the "patterns" generated and "structures" affected in a seemingly "predetermined" manner by the "disease process."

The relationship between the "nature" of the manifestations, which serve as the basis for the classifications, and the "nature of the classifications" was examined. It was revealed that "syndromic classifications" are primarily based on "mental symptoms" and "signs," with an emphasis on "contents" and with consideration to "behavior," whereas "clinical -- disease oriented -- classifications" are primarily based on "psychopathological symptoms," "performance changes" and "social behavior." In "pattern-based" classifications, the classifying principle is "psychopathology," and depending on the "nature" of the "pattern," it is primarily "subjective psychopathology," "objective psychopathology," "understanding psychopathology" and/or "explanatory psychopathology."

At present it is not known which, if any of the classifications of the "three epochs," could open the path for psychiatric progress by providing a valid "nosology" of "psychiatric disorders." Because of this, a methodology was developed, which, by allowing for the comparison of conceptually different systems of diagnostic classifications, should make it possible to identify the diagnoses, which approximate the most

closely naturally occurring mental illness. The methodology is referred to as the CODE (Composite Diagnostic Evaluation) System (Ban, 1989). It consists of a diagnostic instrument, which, by specially devised algorithms can assign patients to diagnoses in several diagnostic systems simultaneously. If psychopathology and nosology can provide clinically meaningful and biologically homogenous valid diagnostic categories, it is reasonable to assume that they will be identified by the CODE-System. Would this be the case, the CODE-System should also be able to identify the "nature" of the manifestations, which contributed the most to diagnostic decisions.