

CLASSIFICATION OF PSYCHOSIS

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Preface

Nosology is one of the main disciplines which provide a solid foundation for modern psychiatry. It deals with the identification (diagnosis) and classification of mental disorders, i.e., with the ordering of disease entities which are derived from a synthesis of pathologic subjective experiences (e.g., hallucinations) and abnormal objective performances (e.g., amnesias)¹.

It was in the MEDICAL DICTIONARY of ROBERT JAMES, published in 1743, that the term nosology first appeared; and it was in FRANCOIS BOISSIER DE LA CROIX DE SAUVAGES (1768) treatise, NOSOLOGIA METHODICA, that it was first used in reference to the taxonomy of "mania," i.e., mental illness.

The importance of nosology for psychiatric practice and research cannot be over-emphasized because it is "nosologic" knowledge that provides the necessary diagnostic end-points for the identification of clinically meaningful and biologically homogenous categories of mental illness. Furthermore, because it is nosology that provides the conceptual framework that allows for an understanding of how the different disease categories and classifications of mental illness are derived, without an adequate understanding of nosology, training in psychiatry, i.e., the learning of when and what to do, cannot be considered a psychiatric education, i.e., a learning of why to do it.

There are many difficulties in teaching psychiatric nosology within the traditional medical curriculum. Among them, one of the most important is that with the exception of neuropsychiatric disorders², the biologic substrate of mental illness has

¹ The origin of the notion, that psychiatric disorders result from a synthesis of pathologic subjective experiences and abnormal performances, was in the work of Claude Bernard (1865), Charles Sherrington (1906) and Ivan Petrovich Pavlov (1927). Bernard's idea of "internal synthesis" and Sherrington's recognition of the "integrative action of the nervous system," were instrumental in Pavlov's conceptualization of brain activity, in terms of "excitation" and "inhibition," and the results of this activity, in terms of "analysis" and "synthesis" (Ban 1964).

² In the DSM-III-R (American Psychiatric Association 1987), the term, neuropsychiatric disorders is an all-embracing concept which includes all Axis I diagnoses, whereas in the ICD-9 (World Health Organization 1977), it is a restricted concept which is used only in reference to the diagnoses included under psychoses. In this monograph, the term neuropsychiatric disorders refers to disorders which are associated with and/or are the result of a neuropathologic process, i.e., identifiable neuropathologic changes.

not been identified by traditional histologic and/or neurochemical methods. The same applies to modern brain imaging techniques, such as magnetic resonance imaging and positron emission tomography. Because of this, there is no consensus whether the term disease should be applied to any of the categories of psychiatric disorders.

Consensus, regarding the nature of mental illness, has not increased with the recognition that a considerable proportion of drugs with a detectable action on the synaptic cleft³ have therapeutic effects (in sui generis psychiatric disorders⁴). One possible reason for this is that findings in clinical psychopharmacologic studies have fallen short of predicting the treatment responsive population. Another possible reason is the lack of success in linking the results of neuropharmacologic research to empirically derived disease categories of mental illness. It is indeed a fact that neither the findings of clinical psychopharmacologic studies, nor the results of neuropharmacologic research, have entirely ruled out the possibility that “there are no disease entities in clinical psychiatry, but only varieties of madness with florid boundaries of their own which merge into each other” (Jaspers 1962).⁵

The second difficulty in teaching psychiatric nosology is the lack of agreement regarding the nature of the manifestations in which mental illness is expressed, e.g., subjective experiences (phenomenology); objective performances, social behavior, which can probably be assessed more reliably than subjective experience, is contingent upon a multitude of factors and is, therefore, the least valid in expressing the psychiatric disease process.

Finally, the third, and from a practical point of view the greatest difficulty encountered in teaching psychiatric nosology, is that it is not known which, if any, of the

³ The mammalian brain contains millions of nerve cells (neurons) with many billions of interconnections. The great majority, but not all of these connections, involve a process of chemical transmission at the site of the synapse in which the arrival of a nerve impulse, through the presynaptic neuron, leads to the release of a minute amount of neurotransmitter substance. In case of chemical transmission, the released chemical transmitter rapidly diffuses across the narrow synaptic cleft and acts upon specialized receptor sites on the surface of the postsynaptic neuron (Iversen and Iversen 1975, 1981). Recognition that pharmacologic substances with a measurable effect on synaptic processes have an effect on both behavior and psychopathologic symptoms opened the path for modern neurobiologic research in psychiatry.

⁴ The term, sui generis psychiatric disorders, refers to all the different conditions which are included under functional psychiatric disorders, i.e., the endogenous psychoses, the reactive psychoses and the neuroses. They are conceptualized as pathologies in the processing of experience, which are possibly the result of pathologies in the transmission of impulses at the synaptic cleft.

⁵ The differential therapeutic responsiveness to psychotropic drugs is in variance with the notion that there is only one, single, psychiatric disease.

conceptually derived and/or consensus-based classifications, such as the French INSERM, the American DSM or the international ICD, could provide a valid nosology of psychiatric disorders.

The main purpose of this series of monographs is to open discussion on all three of these intrinsically linked issues. It is also hoped that by the presentation of the current state of affairs, from three different perspectives⁶, PSYCHIATRIC NOSOLOGY will provide clinicians, teachers and researchers with a useful frame of reference for the diagnosis and classification of mental disease.

⁶ The three books of this series, Consensus Based Classifications (Book One), Conceptually Derived Classifications (Book Two) and Composite Diagnostic Evaluations (Book Three), will be reviewed and discussed.