CLASSIFICATION OF PSYCHOSIS

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Somatically Determined Psychoses

While the recognition that not all mental syndromes are associated with detectable morphologic changes in the brain, yielded the unitary concept of mental illness, the recognition that not all mental disorders lead to detectable neuropathologic changes, resulted in the dissolution of the nosologic concept of unitary psychosis. In the ultimate analysis, however, it was the development of a clinical methodology with the capability to indicate the presence of neuropathologic changes from psychopathologic symptoms with a high level of probability,[1] that led to the formulation (and separation) of the nosologic (etiologic) concepts of organic and functional psychoses.[2]

The importance of the new methodology, and the possible separation of the organic from the functional by the employment of the new methodology, cannot be over-emphasized. It represents the first major breakthrough in the diagnosis and classification of mental illness. The new clinical methodology opened the path for development, that led to the identification of psychoses linked with somatic illness; and to the separation of the somatically determined psychoses, from the structurally determined psychoses.[3]

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[1] The clinical methodology, which has the capability to detect neuropathologic changes from psychopathologic symptoms and signs with a high level of probability, is general psychopathology. The discipline, psychopathology is concerned with "every psychic reality which can be rendered intelligible by a concept of constant significance" (Jaspers, 1962); whereas the methodology, general psychopathology, deals with the identification, description and conceptualization of the signs and symptoms of psychiatric disorders.

[2] The choice of the terms, such as organic and functional, is unfortunate, because functional, if contrasted with the organic, implies that functional psychoses are disorders of the mind, and unlike the organic psychoses, they are not biologic (in nature). Because of this, according to Cobb (1952), "considerable confusion attends the application of terms, such as organic and functional." However, Mayer-Gross, Slater and Roth (1954) maintained that "no one so far has been able to suggest satisfactory alternatives to them".

[3] In the dichotomy of somatically and structurally determined psychoses, somatically determined implies that the clinical psychopathology is linked with, and secondary to, another somatic illness. In contrast, structurally determined implies, that there is no other somatic illness, and that the structure displayed is the only recognizable manifestation of the disease process.

Organic Psychosis

The origin of the nosologic concept of organic psychosis, the first clinically identified somatically determined psychosis, was in Bayle's (1822) observations,[4] that chronic (irreversible) neuropathologic changes are linked with "general paralysis" and "derangement of the intellectual faculties".[5]

In subsequent years, the diagnostic concept of organic psychosis, i.e., mental illness which is characterized by an intrinsic link between the dementia syndrome[6] and neuropathologic changes, received substantial support.[7] It was also recognized that in terms of its etiology the dementia syndrome is nonspecific. Because of this, organic psychosis, a diagnostic concept, does not qualify for a distinctive nosologic entity. It is a syndrome, which indicates that a somatic disease, by causing brain injury, has produced irreversible neuropathologic changes, which are displayed by distintegration of mental (intellectual) faculties.

Exogenous Psychosis

[4] BAYLE´s observations and conceptualizations relevant to the development of the diagnostic concept of organic psychosis were described and presented in his three monographs. The first, RECHERCHES SUR L´ARACHNITIS CHRONIQUE ... CONSIDEREES COMME CAUSE D´ALIENATION MENTALE, as published in 1822; the second, NOUVELLE DOCTRINE DES MALADIES MENTALES, was published in 1825; and the third, TRAITE DES MALADIES DU CERVEAU ET DE SES MEMBRANES, was published in 1826. Nouvelle Doctrine, dealt primarily with the delusional syndromes displayed preceding the onset of detectable dementia. Because of its subject matter, NOUVELLE DOCTRINE played an important role in the development of the unitary concept of psychosis. However, probably more important is, that the clinical descriptions in NOUVELLE DOCTRINE are in keeping with the belief that delusional syndromes are disinhibited subcortical patterns, which would have remained silent without the cortical damage produced by the neuropathologic process (Berrios, 1981, 1989; Pichot, 1983).

[5] Since 1822 there have been considerable changes in the accessible technology for the detection of structural changes in the brain. They include advances in in-vitro histopathologic techniques, and advances in in-vivo techniques, such as brain imaging.

[6] The dementia syndrome consists of personality deterioration and loss of intelligence. Jaspers (1962) defined intelligence as the "totality of all the abilities of an individual", i.e., "the instruments of performance and purpose which are available for an individual for adaptation to life". Somewhat similar, Fish (1967) defined intelligence as the "ability to think and act rationally and logically", that can be "measured by testing the ability of an individual to solve problems, to form concepts by the use of words, numbers, other symbols, patterns and non-verbal material".

[7] Supportive of the diagnostic concept of organic psychosis are the findings that in disorders such as Huntington´s chorea, first described in 1872, Pick´s disease, first described in 1892, Alzheimer´s disease, first described in 1907, and Jakob-Creutzfeldt´s disease, first described in 1920 (Creutzfeldt, 1920; Jakob, 1921), the different neuropathologic processes are displayed in a similar disintegration of mental faculties.

The origin of the nosologic concept of exogenous psychosis[8], the second clinically identified somatically determined psychosis, was in Bonhoeffer´s (1909, 1910)[9] observations, that delirium, epileptiform reactions, stupor, and confusional states[10], are intrinsically linked with physical illness (including infectious diseases and toxic agents), which is detectable by physical and/or laboratory methods.[11]

In subsequent years, the diagnostic concept of exogenous psychosis, i.e., mental illness, which (in the most typical cases) is characterized by the simultaneous presence of delirium[12] and physical illness, has received substantial support. It was also recognized, that in terms of its etiology, the symptom display of exogenous psychosis, is nonspecific.[13] Because of this, exogenous psychosis, a diagnostic concept, does not

[8] In the DSM-II (American Psychiatric Association, 1968), the term, acute brain syndromes, was used in reference to exogenous psychoses.

[9] BONHOEFFER´s observations and conceptualizations relevant to the development of the nosologic concept of exogenous psychosis were described and presented in his paper, ZUR FRAGE DER EXOGENEN PSYCHOSEN, published in 1909; andin his monograph, DIE SYMPTOMATISCHEN PSYCHOSEN, published in 1910. The paper was translated from the German original into English by H. MARSHALL under the title EXOGENOUS PSYCHOSES, and included in THEMES AND VARIATIONS IN EUROPEAN PSYCHIATRY, edited by HIRSCH and SHEPHERD (1974).

[10] In his classic paper, Bonhoeffer (1909) identified the clinical manifestations in which exogenous psychosis becomes manifest as follows: "The forms which these exogenous psychotic reactions take are first, delirium; which may also more rarely appear in modified guise with hallucinosis as the dominant clinical feature. Next come the epileptiform reactions, which may present as states of anxious or frenzied motor excitement, or alternatively, as quiet affectless twilight states. Then there are the various kinds of stupor, and lastly, confusional states, which may show hallucinatory, catatonic or dissociative features". He noted that there are also atypical exogenous psychotic reactions which are displayed as "dysthymic syndrome", "hallucinatory reaction", "paranoid reaction", or "schizophreniform reaction". Because of these atypical forms, "a complete distinction between the symptomatology of the exogenous clinical pictures and that of the psychoses which are regarded as endogenous cannot be maintained". Bonhoeffer believed that only people with a particular predisposition (Predilektionstypus) would develop exogenous psychosis. In this monograph, the atypical forms of exogenous psychoses are conceptualized as patterns of sui generis psychiatric disorders which are transiently released by an acute biologic trauma.

[11] There is no consensus with regard to the importance of Bonhoeffer´s work in the development of the diagnostic concept of "exogenous psychosis". BERRIOS (1981), in his paper DELIRIUM AND CONFUSION IN THE 19TH CENTURY: A CONCEPTUAL HISTORY, maintained that Bonhoeffer´s contributions are overrated. According to him, the crucial concepts relevant to organic states had been sorted out by the end of the 19th century in BRIERRE´s (1845) influential essay, DE DELIRE AIGU, and in the entries on delirium by POWER and SEDWICK (1892), in THE NEW SYDENHAM´S SOCIETY´S LEXICON OF MEDICINE AND ALLIED SCIENCES, and in TUKE´s (1892) DICTIONARY OF PSYCHOLOGICAL MEDICINE. Berrios considered REDLICH´s (1912) monograph, DIE PSYCHOSEN BEI GEHIRNKRANKUNGEN, "far more impressive" than BONHOEFFER´s (1910) monograph, DIE SYMPTOMATISCHEN PSYCHOSEN.

[12] In delirium, within the frame of reference of general psychopathology, the experiencing of "psychic life" as a "momentary whole" is affected. Because of this, Jaspers (1962) discussed delirium under "subjective phenomena of morbid psychic life", or "phenomenology".

[13] Bonhoeffer (1909) recognised that exogenous psychoses are non-specific in terms of their etiology. Because of this, he maintained that "there is no need to consider the special symptomatology encountered in the different reactions." He emphasized, that "although they may appear more frequently in association with one or another organic condition mentioned, they can be found occurring after any of them". Therefore,

qualify for a distinctive nosologic category. It is a set of syndromes, which indicate that a physical disease or toxic agent, by having a transient effect on the brain, has produced reversible neurophysiologic changes.

according to him “no useful purpose would be served by differentiating say, fever, etiologically between the symptoms which follow, exhaustion, or autointoxication”.