

Key Dates

- TU Jan 31 Begin Dimensions-Emotion, Units IIA, 5; MW Ch 3 Paul
- TH Feb 2 Unit 6; MW Ch 3 Agnes, Bess
- TU Feb 7 Unit 7; MW Ch 7 Joseph, Virginia
- TH Feb 9 Begin Dimensions-Behavior, Units IIB, 8; MW Ch 9 Betty, Elvis

Goal: To understand the methods that scientists use to
study abnormal behavior

UNIT 4: CLASSIFICATION OF PSYCHOPATHOLOGY

Learning Outcomes

- By the end of this class, you should be able to:
 - Explain why classification is important and distinguish between *categorical* and *dimensional* strategies
 - Explain why a diagnosis means more to a medical professional than to a mental health professional
 - List reasons why mental health professionals are often uncomfortable making a diagnosis
 - Describe the basis on which the *DSM-5* establishes the criteria for any diagnosis
 - Define what is meant by “co-morbidity” and why it is important in the *DSM-5*

Is mental illness a myth?

- Szasz's arguments against mental illness as *brain disease*:
 - “Problems in living” do not correspond to any neurological defect
 - Mental illness is not a “thing”; it is a theoretical concept and cannot be the *cause* of anything
 - All mental symptoms involve **judgments**: “In actual contemporary social usage, the finding of a mental illness is made by establishing a deviance in behavior from certain psychosocial, ethical, or legal norms.”

Classification of Psychopathology

- ◎ Why do we classify?
 - to look for commonalities regarding course and outcome
 - to help in the search for causes and risk factors
 - to help in the search for effective treatments
- ◎ Two different strategies:
 - Categorical
 - Dimensional

Classification of Psychopathology

- Distinguishing between classification and diagnosis: description versus explanation
- Diagnosis in medicine is critical—why?
- “Diagnosis” in mental health is in fact classification: it offers no explanation and therefore no explicit guide to treatment

Classification of Psychopathology

- ⊙ Limitations of “diagnosis”
 - Mental disorders as constructs, with no tangible existence whose presence can be confirmed (Szasz)
 - No laboratory tests; opinion-based
 - Stigma and negative stereotypes
 - Altered perceptions and self-fulfilling prophecies
 - Lost information
 - Blaming the victim

Classification of Psychopathology

- The Diagnostic and Statistical Manual (DSM) of Mental Disorders
 - Kraepelin reviewed
 - Widespread confusion and the need for a standard system
 - DSM I and II
 - The Rosenhan study of pseudopatients
 - The DSM-III revolution: the triumph of description over theory
 - DSM-IV and 5 (and why 5 rather than V?)

Classification of Psychopathology

- ◎ The DSM concept of “mental disorder”
 - Mental disorder as *syndrome*: multiple variations, causes unknown, treatment not specified
 - “Diagnosis” based on observable signs and symptoms; no objective tests
 - Exclusions:
 - cultural appropriateness and acceptance
 - religious practices and beliefs
 - political non-conformity and rebellion

Classification of Psychopathology

⦿ Judging DSM

- Reliability?
- Validity?
- Overlap and differential diagnosis
- Co-morbidity
- Variations within any one disorder
- Reification (avoid uppercase first letters)
- Remember the naming fallacy

Classification of Psychopathology

- ⊙ But DSM has value
 - Standardized terminology and criteria
 - Reliance on empirical data
 - Useful “statistical” information (the S in DSM)
- ⊙ And it is changing
 - Moving from categories to dimensions: continuum of severity, specifiers
 - My approach: Replacing categories with dimensions: emotional, behavioral, cognitive, physical