

Mental Health Services

REGION

Mental Disease Models

Mental Health and Mental Disease

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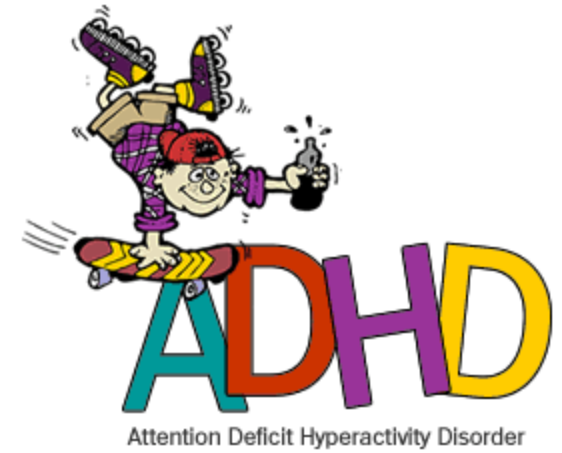
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Isabelle Caro, a French model who battled anorexia since the age of 12, died 2010 as a result of a lung infection after a two week hospitalization in Tokyo, Japan. Caro was 28 at the time of her death.



Alcohol and drug abuse,
ADHD



Soldiers **Gambling** with Dice 1643. By: Pieter Jansz. Quast

The Ethical Questions

- Are mental disorders just conditions that are disliked by the society?
 - *'Suiting the needs of those in power'* (T.Scheff)

Or:

- Is there anything 'real' about mental disorders?
 - And if yes, what is it, that 'really' exists?

A Clinical Discussion

- Psychiatrist A:
 - 'How should we diagnose this patient? He doesn't fulfil the **diagnostic criteria** for schizophrenia in DSM-IV or ICD-10.'
- Psychiatrist B:
 - 'I think that he **really** is schizophrenic.'
- Psychologist:
 - 'With his social and psychological background, I can easily **understand** that he has become schizophrenic.'
- Psychiatrist A:
 - 'How do you **know** that his diagnosis is schizophrenia when he hasn't got all the symptoms that define schizophrenia in DSM-IV or ICD-10?'
- Psychiatrist B:
 - 'You are right, but I think that **time** will show that I was right.'

Schizophrenia (ICD-10: F20)

- **General criteria for the diagnosis**

- G1. Either *at least one* of the syndromes, symptoms, and signs listed under (1) below, *or* at least two of the symptoms and signs listed under (2) should be present for most of the time during an episode of psychotic illness lasting for at least 1 month (...)
 - (1) At least one of the following must be present:
 - > (a) thought echo, insertion, withdrawal or broadcasting;
 - > (b) delusions of control (...)
 - > (c) hallucinatory voices (...)
 - > (d) persistent delusions
 - (2) *Or* at least two of the following:
 - > (a) persistent hallucinations in any modality (...)
 - > (b) neologisms, breaks (...) in the train of thought resulting in incoherence or irrelevant speech
 - > (c) catatonic behaviour (including negativism, mutism and stupor)
 - > (d) "negative" symptoms (...)
- G2. Exclusion clauses
 - (...)

What 'is' mental disease?

Three main positions

- Realism:
 - Mental disease as abnormal biological function
- Empiricism:
 - Mental diseases as definitory/descriptive categories
 - Mental 'disease' as inappropriate behaviour (Behaviourism)
- Anti-realism:
 - First-person phenomenology:
 - Mental 'disease' as a subjective phenomenon
 - The social-psychiatric view:
 - Anti-psychiatry: Mental 'disease' as a reflection of a disordered society

The first-person perspective

'There are no
diseases, only sick
people'

J.J. Rousseau (1712-78)



Gabriel Metsu (Ne) (1629-67):
Visit of the Physician

(Mental) Health (1)

- Realism*
 - Health is absence of disease
 - A disease is a type of internal state of an organism which
 - Interferes with the performance of some natural function
 - > I.e. some species-typical contribution to survival and reproduction, and
 - > Is atypical of the species, or, if typical, mainly due to environmental causes
 - This concept of disease is considered value-neutral
 - I.e. purely scientific
 - > But does it makes sense in psychiatry?

* Boorse, 1975, 1977

(Mental) Health (2)

- Empiricism
 - Health (and disease) are manmade constructions
 - I.e. non-scientific conceptions, dependent of values of what should count as a normal (or non-normal) life (*normative normality*)
 - > Normality relative to time and place, and religious and political opinions
 - > No sharp demarcation between health and disease
- Anti-realism
 - Focus on the individual subject and its 'problems'
 - Rather than on a class of subjects with common 'problems'
 - No other criteria for disease than the subjective feeling of being ill
 - No clear distinction between health and 'disease'

Classification of Mental Disorders

- Which conditions get classified as mental illnesses rather than normal conditions?
- Among those conditions we agree are mental illnesses, how should they be grouped together into different kinds?*

 - Principles of classification
 - Diseases as etiological entities (*realism*)
 - Diseases as descriptive entities (*empiricism*)
 - Diseases as continua, spectra or expressions of one and the same disease process (*Einheitspsychose*)
 - No diseases - no classification (*Anti-realism*)

*Perring, C., 2010

Disease Models (1)

Realism

- The bio-medical model
 - Diseases are objective realities in nature
 - Diseases are anatomical-clinical entities
 - I.e. constellations of specific signs, symptoms and pathology and with specific etiology, course and prognosis
 - Symptoms are symptoms of an underlying biological dysfunction
 - Biological explanations are ontologically primary
 - I.e. in a biological-psychological-social causation chain biological explanations are preferred for psychological or social explanations

Disease Models (2)

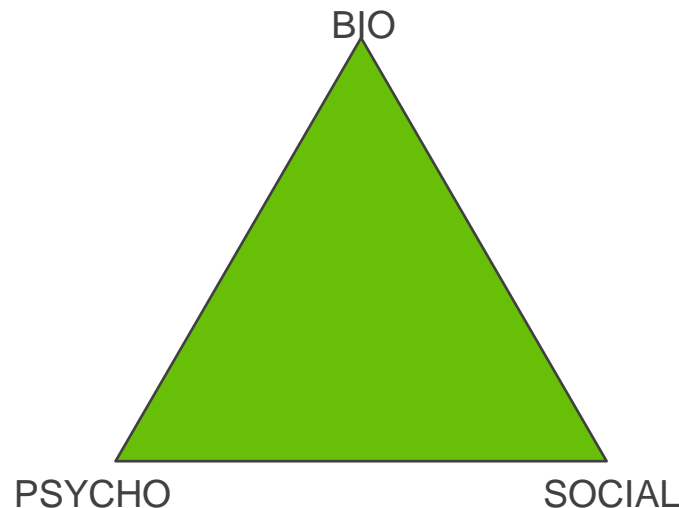
Empiricism

- The clinical-descriptive model
 - Diseases are empirical facts
 - Diseases are manmade constructions
 - Characterized by their common, external phenomena
 - > I.e. the symptoms
 - > But symptoms are not 'symptoms' of anything
 - The existence of a given syndrome depend to a certain extend on and only on our definition of the syndrome
 - Definitory syndromes, therefore, do not necessarily correspond with natural kinds
 - > I.e. an objective reality in nature

Disease Models (3)

Mixed (I)

- The bio-psycho-social (epidemiological) model*
 - Biological, psychological, and social explanations have equal weight
 - I.e. causes can be identified 'inside' as well as 'outside' the body



*Engel, 1977

Disease Models (4)

Mixed (II)

- Continuum of disease
 - Diseases as continua, spectra or expressions or stages of one and the same disease process (*Einheitspsychose*, *Griesinger*)
 - No boundary between diseases
 - > Disease classification makes no sense
 - No sharp demarcation between health and disease
 - > Unclear whether or not normality is included into a given spectrum
 - Increasingly popular, but the scientific support is limited*

*Lawrie et al., 2010

Disease Models (4)

Anti-realism (I)

No diseases – only sick people

- Classification makes no sense
- The psychodynamic model
 - 'Disease' is the result of unconscious intrapsychic conflicts or repressed infantile sexuality
 - Disease symptoms can be understood or interpreted but not causally explained
 - Disease symptoms are thought to serve an unconscious purpose

Disease Models (5)

Anti-realism (II)

- The social-psychiatric view (*anti-psychiatry*)
 - Psychiatric classification depends solely on the values of those doing the classification
 - There is nothing objective about it at all
 - There are no facts about what is normal
- Holistic models
 - 'Disease' is a reflection of alleged physical, mental, social or environmental 'unbalances'
 - Theory as well as treatment evidence is based on observation and treatment of individual subjects
 - Roots in pre-scientific medicine

Conclusion

- Only the **bio-medical model** offers value-neutral concepts of health and disease
 - All other concepts of health and disease in medicine as well as in psychiatry are more or less value-laden
- Mental disorders are increasingly seen as brain disorders
 - According to the bio-medical model
 - It may, however, be meaningful to maintain a distinction between the psychological and the biological ways of understanding people's illnesses*
- No particular illness is purely mental or purely physical*

*Perring, C., 2010