

CLASSIFICATION OF PSYCHOSIS

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Conclusions

Recognition that pathologies of the analytic function of the brain do not necessarily affect the integrating function,¹ and that pathologies of the integrating function have, as a rule little, or no effect, on the analytic function,² led to the separation of psychiatry (the discipline which deals with the disorders of the integrating function) from neurology (the discipline which deals with the disorders of the analytic function). However, only with the development of a methodology with the capability to detect that there is pathology of integration,³ and to identify the result of pathologic integrations,⁴ were the prerequisites for the development of a new medical discipline fulfilled. Since their emergence during the 19th century, the two methodologies, i.e., general psychopathology, (which provides for the detection that there is a pathology in integration), and nosology, (which provides for the identification of the results of pathologic integrations), have grown into a solid foundation of psychiatry.

Nosologic development began with the identification of organic psychoses (Bayle 1826), i.e., neuropsychiatric disorders, displayed by irreversible dedifferentiation, the result of primary disintegration, intrinsically linked to neuropathologic changes.⁵ It was followed by the identification of exogenous psychoses (Bonhoeffer 1910), i.e., acute psychoses, displayed by reversible dedifferentiation, the result of secondary disintegration, intrinsically linked to exogenous or endogenous toxic agents (Bonhoeffer

¹The recognition that pathologies of the analytic function do not necessarily affect the synthesizing function implies that neurologic disorders are not necessarily associated with psychopathologic changes (Feuchtersleben 1845).

² Nyiro (1962) perceived the activity of consciousness in terms of screening and integration. The recognition that pathologies of the integrating function have no effect on the analytic function implies that psychiatric disorders do not necessarily result in detectable neurologic signs.

³ This monograph is based on the contention that methodology of general psychopathology has the capability to detect pathologic integrations. However, the analysis provided by general psychopathology is not considered to be sufficient for the identification of any specific psychiatric disease pattern.

⁴This monograph is based on the contention that the methodology of psychiatric nosology has the capability to identify distinctive patterns created by pathologic integrations.

⁵ Neuropsychiatric disorders will be discussed in detail in part two of this series. They are perceived as the result of pathologies of the analytic function which are displayed by their effect on the integrating function.

1910).⁶ The formulation of the diagnostic concepts of manic depressive insanity and dementia praecox (Kraepelin 1896), the former, displayed by pathologic integrations episodically, and the latter by pathologic integrations continuously, open the path for the recognition of a steadily increasing number of “sui generis psychiatric diseases.” A common characteristic of these disorders is that life experience⁷ is replaced by pathologic integrations.

Progress in general psychopathology, simultaneously with the development of psychiatric nosology, rendered pathologic integrations increasingly accessible to direct analysis. This, in turn, yielded to the recognition of a steadily increasing number of nosologic patterns.⁸ Considering, that delusions are the prototype psychopathologic symptoms, and delusional disorders are the prototype nosologic patterns, in Monograph Two, the classification of delusional disorders will be reviewed and discussed.

⁶ Exogenous psychoses will be discussed in part two in this series. They are perceived as pathologies in which an exogenous and/or endogenous toxic agent exerts a transient effect on the screening function of consciousness.

⁷ Sui generis psychiatric disorders are perceived as distinctive patterns generated by pathologic integrations. In case of sui generis psychiatric disorders, the pathologic patterns preclude the physiologic-adaptive interplay between the individual and his/her environment.

⁸ Each sui generis psychiatric disorder is perceived as a distinctive clinical pattern; whereas all the different neuropsychiatric disorders result in one and the same clinical pattern.