

CLASSIFICATION OF PSYCHOSIS

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Definition of Psychosis

Introduced in 1845 by Feuchtersleben, in order to separate neuropsychiatric disorders (neuroses) from psychiatric disorders (psychoses), the term psychosis has remained vaguely defined with fluid boundaries and changing diagnostic criteria.¹¹ In the original definition it was an all-embracing concept. However, with the publication of JASPERS' (1910) classic paper, EIFERSUCHTSWAHN: ENTWICKLUNG EINER PERSOENLICHKEIT ODER PROZESS, and the separation of developmental anomalies from the results of disease process, the scope of psychosis was restricted to the "effects of illness."

For Jaspers' (1913), psychosis was "the result of a disease process which seizes upon the individual as a whole, regardless of whether it is a hereditary disorder beginning at a certain time of life, or a non-hereditary disorder which is called into being by an exogenous lesion." To qualify for psychosis, the pathologic process had to be sufficiently strong to override normal development; and the behavior displayed sufficiently different that it could not be understood as an extension of the normal and/or an exaggerated response to ordinary experience. Jaspers' (1913) criteria of psychosis were adopted by

¹¹ In FISH's (1967) CLINICAL PSYCHOPATHOLOGY, psychosis was defined as a "distortion of the whole personality with lack of insight, construction of false environment (out of subjective experiences), gross disorder of basic drives (including self-preservation) and inability to make a reasonable social adjustment" (Hamilton 1985). In contrast, in the ENCYCLOPEDIA OF PSYCHIATRY FOR GENERAL PRACTITIONERS, edited by LEIGH, PARE and MARKS (1972), "the term, psychosis refers to mental illness which is severe, produces conspicuously disordered behavior, cannot be understood as an extension or exaggeration of ordinary experience and whose subject is without insight." Somewhat similar, in the ICD-9 of the WORLD HEALTH ORGANIZATION (1977) psychoses are defined as "mental disorders in which impairment of mental function has developed to a degree that interferes grossly with insight, ability to meet some ordinary demands of life or to maintain adequate contact with reality." In both the DSM-III and DSM-III-R of the AMERICAN PSYCHIATRIC ASSOCIATION (1980, 1987), "direct evidence of psychotic behavior is the presence of either delusions or hallucinations without insight into their pathological nature." However, "the term psychotic is (considered to be) sometimes appropriate (also) when a person's behavior is so grossly disorganized that a reasonable inference can be made that reality testing is markedly disturbed." In the ICD-10 of the World Health Organization (1990) the term "psychosis is retained, but it is left deliberately without any attempt of definition.

KURT SCHNEIDER (1950) who, in his *KLINISCHE PSYCHOPATHOLOGIE*, separated “anomalies of development” or “abnormal variations of psychic life” from “psychoses”, i.e., “effects of illness.”