

ANXIETY DISORDERS

Composite Diagnostic Evaluation

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Psychopathology

The primary and first organizing principle, psychopathology, is based on Jaspers' (1910, 1913) recognition that development is displayed in behavior (normal or abnormal) that correspond with events related to the context of subjective experience, whereas psychiatric disease process is displayed in productive-pathologic and/or non-productive abnormal forms of subjective experience and corresponding – congruent or incongruent – patterns of behavior.

Table 2

1st - - Psychopathologic: Jaspers 1910

2st - - Temporal Organization: Kraepelin 1896
Falret 1857

3st - - Polarity: Leonhard 1957

4th - - Spatial Organization: Wernicke 1899

5th - - Totality: Ban 1987
Lasegue 1852
Westphal 1872
Leonhard 1957

The five organizing principles of psychiatric nosology.

It was on the basis of the first organizing principle that Kurt Schneider (1959) succeeded in separating developmental anomalies, such as mental retardation, personality disorders and character disorders, from the disorders perceived as “effects of illness,” i.e., “psychoses.” While Schneider (1959) perceived neurotic (anxiety) disorders as reactions of abnormal personalities to stress, introduction of anxiolytic-benzodiazepines focused attention on the fact that similar of the pathomechanism of “psychoses,” in the pathomechanisms of anxiety disorders abnormal processing of experience plays a crucial role.

The difference -- within the frame of reference of the first organizing principle -- between the disorders referred to as “psychoses” and the disorders referred to as “anxiety disorders” is that in anxiety disorders abnormal processing of experience does not yield productive psychopathology. Another difference between “anxiety disorders” and conditions referred to as “psychoses” is that in anxiety disorders the pattern of behavior is congruent with the content of the abnormal forms of experience.