1.1 SUMMARY

The way that the phenomena of the major psychoses have been classified and conceptualized has fluctuated markedly during the past 150 years. Kraepelin's formulation, and Eugen Bleuler's extension of it, have been clinically influential and scientifically fruitful although alternative models have always been available. The negative symptoms, for example, are well-known to neurologists in the form of akinetic mutism, catatonia and abulia. They occur in a wide range of psychiatric conditions, including dementia, the autistic spectrum, schizophrenia and bipolar disorders, in an approximate dimension of severity. The positive symptoms appear clinically to lie near the top of an approximate hierarchy. Symptoms of conditions lower down, such as the affective psychoses and neuroses, are commonly associated.

Differential diagnosis is most conveniently considered, first in terms of the positive and negative symptoms separately and then in terms of the relationship between them at different cross-sectional levels. The various ways in which schizophrenia can be formulated as a category, and the overlap with other symptoms, can then be identified and used to test alternative hypotheses concerning causes, pathology, treatment and course.

The classifying rules in the tenth edition of the *International Classification of Diseases* should be used as a general standard of comparison but it is important to apply all sets of rules to a clinical database that allows a flexible approach to the investigation of co-morbidity.

1.2 TWO APPROACHES TO DIAGNOSIS

The title of this chapter contains a semantic trap. In everyday conversation the natural way to define a concept is from 'left to right'. An example might be: 'Schizophrenia is . . .', followed by a formula defining a disease entity. Students are often taught in this way because it is a convenient method of memorizing facts. Aristotle stated that the term to be defined 'is the name of the essence of a thing', and this kind of definition is called 'essentialist'.

Scientific definitions, by contrast, are much less natural. To define one's terms scientifically means no more than to say that a term will be used in a particular way, using words and measurements as precisely as possible in order that other scientists who wish to do so can check the observations or try to replicate the results of experiments. The right hand part of the
Two approaches to diagnosis

A definition is a technical specification designed to be useful in testing theories. It carries no significance in itself and the term so defined is only a shorthand label for the specification. This is ‘empirical’ definition. Karl Popper (1945) calls it ‘right to left’.

These two approaches can be discerned throughout the history of medicine. Sir Henry Cohen suggested that the essentialist type of definition might have sprung from the notion of demoniacal possession. In various forms, notably the Galenic humoral theory, it was the main approach to diagnosis for 2000 years. It maintains that there are innumerable disease entities, each with its individual and recognizable characteristics and natural history. This concept of disease ‘still dominates our textbook descriptions, as illustrated by the so-called classical pictures of typhoid fever, influenza, disseminated sclerosis and the rest. Many of these are little more helpful in diagnosis than would be a composite portrait of a Cabinet or a Test Team in revealing whether a given individual is a member of either’ (Cohen, 1961).

The empirical approach to diagnosis often begins with observations of a previously undescribed abnormality by an intuitive clinician. If they can be repeated accurately and independently, they appear to take on a ‘validity’ of their own. The fact that the elements occur in an observable pattern, together and/or over time, suggests that there is a non-random structure, the nature of which can be investigated. Such disorders (often eponymously named) are used as a starting point for hypotheses that they are manifestations (symptoms or syndromes) or deviations from one or more cycles of normal biological functioning. This kind of medicine could only develop when some of the factors that keep bodily systems within defined functional limits had been demonstrated. Knowledge does not reside where Aristotle thought it did, in essentialist definitions, but in hypotheses that survive the most severely designed tests to disprove them. This is what ‘validation’ should strictly mean, and even that knowledge must remain provisional.

Medical terminology is also conventionally used when a biological basis has been postulated but not fully demonstrated. This carries dangers since the problems presented to psychiatrists and clinical psychologists by disorders such as schizophrenia are far from exclusively biological. Biological abnormalities can have social causes. Many biological systems depend for their proper functioning on interaction with the psychosocial environment. The extent to which an individual is socially disabled depends partly on psychosocial factors such as disadvantage, and on public, family and self-attitudes. Psychosocial methods of treatment and care are founded on such observations (Chapter 24). It will be suggested later that some features of psychosis are elaborations and explanations (affected by personal and cultural factors) of simpler ‘primary’ experiences.

Social definitions of abnormality must nevertheless be distinguished from concepts of biological deviation; if they are not, and particularly if the two are equated, both types of concept can be (and have been) misapplied. These issues have been discussed in detail elsewhere (Wing, 1991a,b).

Once knowledge of normal anatomical, biochemical, physiological and psychological functioning began to be accumulated, tests of clinical theories in terms of deviations from the normal became possible. Scientific medicine in this sense is barely a century old and many symptoms and syndromes are still in process of evolution from intuitive observation to theories with a firm basis in replicated fact. This is particularly evident in psychological medicine. Although deviations from normal psychological functioning (Lewis, 1953) are accepted as scientifically interesting, progress has been slow.

The shorthand labels used in this chapter should, except where stated, be understood in the empirical and not in the essentialist sense.