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A PROPOSAL FOR A NEW CLASSIFICATION IN PSYCHOPATHOLOGY: SEGMENTAL-PARTIAL-LIMITED PSYCHOSIS

PSİKOPATOLOJİDE FARKLI BİR SINIFLANDIRMA ÖNERİSİ

Levon Antikacıoğlu[1*], Nevzat Tarhan[2]

Abstract

In the earlier classification of diseases, we had the firm decision that psychopathology can be divided into two main groups: Neurosis and Psychosis. But we are quite convinced that there are blur areas in between that can perfectly be defined as "partial-segmental psychosis". In the paper we discussed the topics.

Keywords: psychosis neurosis, symptom stigma behavior, attitude opinion view, new psychopathological classification, psychosis diffused more than we imagine.

Özet

Psikopatolojik hastalıkların erken zamanlarındaki tasniflerinde, belli başlı iki çeşit ana grubun olduğunu ileri sürmüştük: Nevrozlar ve Psikozlar. Ancak şimdi giderek daha fazla, arada flu bölgelerin olduğunu ve bunların da aslında "kısmi-segmanter psikozlar" olarak değerlendirilebileceklerini makalemizde, tartışıp önerdik.

***Anahtar Kelime*:** *psikoz nevroz, semptom stigma davranış, tutum kanaat görüş, yeni psikopatolojik sınıflama, psikoz sanıldığından daha yaygın.*

[1] Faculty of Humanities and Social Sciences, Department of Psychology, Uskudar University , Istanbul, Turkey
[2] Faculty of Humanities and Social Sciences, Department of Psychology, Uskudar University Istanbul, Turkey
[*] Corresponding author: Prof. Dr. Levon Antikacıoğlu, Faculty of Humanities and Social Sciences, Department of Psychology, Uskudar University , Istanbul, Turkey. E-mail: levon.antikacioglu@uskudar.edu.tr

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1. Introduction

The classical psychopathology, divides the psychiatric problems in two broad parts: In Psychosis and non-psychosis. The main concern is, whether the person has the sense of reality or not.

However, it looks that especially the non-psychotic cases, are not always as clear as we believe. And, this is why in the DSM or other equivalent systems, like in ICD and similar, the classifications are continuously revised and, the consensus about the diagnostic criteria are updated.

For instance, the narcissist behaviors, obsessions, compulsions, phobias, panic reactions, egocentrism, paranoid thoughts, egoistic attitudes and many others, can coexist with each other's or, manifest themselves quasi singularly as well, or, even they dominantly stay at the center, can be constellated by other secondary, tertiary traits. On the other hand, we can list all those symptoms or behaviors and many others, under some of the personality disorders, or, neurosis in general too. In fact, "most individuals diagnosed with one personality disorder, meet criteria for at least one other personality disorder" (Bateman, A. W. 2015). Moreover, in most of the cases, probably their diagnosis depends on the clinical training of the specialist or, on the current scientific paradigm.

Some of the subjects are well aware of their situation. By a cooperation with the clinician, they gain benefit from the treatment. It is clear we have to consider these ones as "non-psychotic" subjects.

Some other patients instead, despite their will, are "treatment resistant" and do not improve at all. Nevertheless, they, at least recognize that their stigmas are some form of psychological problems from which they should get rid of. These subjects also, are not psychotics.

However, it seems that, it is not always easy to diagnose as "non-psychotics", every "treatment resistant" subject. At least, the reason of resistance is not clearly identifiable. In fact, there are groups that do not ameliorate their condition; *in a research it was found that "those with concomitant obsessive-compulsive disorder and schizotypal personality disorder had an extremely high rate of treatment failure" (Jenike, M. A. at al. 1986). In a retrospective study of papers, studying predictive factors of behavior therapy outcomes, even the most predictive variables were not associated with the outcomes (Steketee, G. & Shapiro, L. J. 1995). Yet another research concluded that, among child abusers who had antisocial personality disorder, % 40 of the patients didn't complete their psychotherapy and, this non-completion, could be predicted by their psychological and demographic variables (Larochelle, S. at al. 2010). It is reported that despite efforts, between the % 40 - % 60 of obsessive-compulsive patients are treatment resistant (Goodman, W.K. at al. 2017). In another report, it is underlined that "the evidence base for the effective treatment of personality disorders is insufficient" (Bateman, A.W. at al. 2015). Weck said that treatment failure in cognitive-behavioral therapy is a common phenomenon but we have little knowledge about the reasons (Weck, F. at al. 2015). In a pharmacological study, researchers concluded that; "Until now, little information exists about pharmacological strategies to follow in the treatment of panic disorder (PD) patients with unsatisfactory response to first line medications" (Cirillo, P. & Freire, R. C. R. (2016). According Payne, L. A. at al., Cognitive Behavioral Therapy combined with pharmacotherapy is useful for the treatment of panic disordered patients with combined or not combined agoraphobia. Nevertheless, we do not know why, the non-responding patients do not respond to the therapies (Payne, L. A. at al. 2016). The same is valid even if we approach biologically to the treatment of resistant obsessives (Goodman, W. K. at al. 2017).* Therefore, by recapitulating them all, we can conclude that, there is an "obfuscated" segment, in at least some of the research results. Moreover, perhaps it depends on the fact that, the patients are probably psychotics".

On the other hand, "there are those who are out of our sight and reach, and, are not at all in contact with professionals *(In fact the researches are made on, patients coming to look for a cure, to day care centers, correction houses, reformatories and similar.)*. It is highly probable that most of them do not gain awareness about their problem. Moreover, not only, but even if some of them "suspect" about some eventual problem, frankly, are *"decisively convinced that, that problem doesn't belong to them". For according them, that problem is obviously existing "because of the others" and not "because of themselves" (Tyrer, P. at al. 2015)*. In these "unreachable clinical cases", what should we have to think? Do we have to simply evaluate them as "non- psychotics", just because "they are able to cope with the rest of their life?" Probably not.

In this present manuscript, we will try to propose a *"new psychopathological classification"* about the above-mentioned subjects in the last two paragraphs.

2. Discussion

2.1."Organically Handicapped" vs "Mentally Handicapped"

2.1.1. Organically handicapped

An organically handicapped person, exactly as any average subject, organizes his life in base of what he can or cannot achieve. Consciously or unconsciously *"makes his plans, develops strategies by taking in consideration his weak and strong traits to cope with the real life demands".* If he retains that it is possible and useful, can make use of external and internal orthopedic equipment; Wheelchairs, special cars, WCs, sidewalks, many electronic, electric inventions or implanted products are all created, to compensate their problems, and facilitate their life. This in turn means that, *"his insufficiencies determine his entire life's decisions, behaviors, feelings, personality, relations, participations etc.".* No matter if, we, by a superficial external observer, cannot always be aware of the strategies developed by them. However, by default, we can be sure for a % 100 certainty that an organically handicapped subject, in every instant of his life, *"is living by taking in consideration his special condition".* For example, every average person goes from the point A to a point B just by walk, but a handicapped instead, to reach to the same point B, may

sometimes be absolutely in need of a wheelchair, escalator or elevator and/or longer walking times, etc. Nevertheless, *"as he is perfectly able to evaluate his proper, and external conditions, through a simple "reality testing", by "limiting, shaping, re-designing his life plans, in base of the severity degree of his proper insufficiencies, solves his problem."*

2.1.2. Mentally handicapped

On the other hand, a psychotic, neurotic, or any similar subject also, who is a form of mental handicapped, of course *"inevitably, organizes his life by always taking in consideration his insufficiencies"*. However *"unlike the organically handicapped, a mentally handicapped subjects "depending of course on the gravity of his mental difficulties, has an impaired reality testing mechanism and, cannot do an efficient target oriented, pragmatic organization"*. The *more is grave his condition the more his reality testing is impaired. Here our proposal is that; this difficulty widely exists, also among the erroneously labeled "neurotic" patients.* Their connectomes of either perception or action mechanisms or, both of them, are impaired and, cannot satisfy their or others' life expectancies', needs.

By recapitulating, organically and mentally handicapped subjects, *"both are structuring their life to satisfy their special needs"*. Nevertheless, while the organically handicapped subject's decision strategies are functioning perfectly, and, can organize his connectomes to overcome the obstacles, the severely mentally handicapped subject's mind, cannot. In fact, the simplest description of psychosis is *"In the general sense, a mental illness that markedly interferes with a person's capacity to meet life's everyday demands. In a specific sense, it refers to a thought disorder in which reality testing is grossly impaired" (medicinenet).* In our opinion at this very point, should be inserted a specific hint like this; *"No matter weather this capacity is related to his "global personality" or to his "partial and special faculty (ies) only". Now let us see, how this statement can help the implementation of our proposal of changing the old classification.*

2.2. Our Classical Classification of Psychopathology

Our actual, psychotic and non-psychotic classification is a cliché since long time ago and almost all the clinicians are sharing it. We, all, are dogmatically accepting the same classification, as our masters taught us. As a natural consequence, without criticizing, are handing them down, to our students.

However, it is difficult to accept that Mother Nature can be that much abruptly categorized. In nature, there are always some "gradual passages" from something to something else. If any "gradual passage" seems inexistent, it probably is, because we have not discovered, or, have not yet been aware of it. Not because of its inexistence. An opposite affirmation would be contrary to the evolution theory.

So undoubtedly, light and mild grades of psychopathological deviations, should be disregarded an accepted as normality or, as the spice of the life. We think that the "stronger grades" of the same problematic behaviors, should be considered in a quite different way.

What does this mean?

There are social drinkers in one end and real alcoholics on the opposite side. We know the thoughts of the alcoholic who thinks that: "He is not an alcoholic at all, because if he desires, he can stop drinking immediately". Consecutively to prove his conviction to his parents, siblings, friends, can even give up drinking for a few days. However, as soon as he proofs his allegation, he resumes his drinking habit by a justification like: "Did you understand it, I am able to quit any time. So I do not have any problem to drink as much as I desire!". But unfortunately he, even if conforms to his daily needs and duties, "puts always in a central position, his drinking habit": gives appointments, considering his drinking hours, goes along the routes that can allow him to stop at pubs at his drinking hours etc. In other words, they *"limit their life".* Here is what we want to emphasize; there is always a "gradual" difference between *"light", "mild"* and *"heavy"* drinkers.

There are people smoking daily a few cigarettes, without needing the necessity of increasing the quantity or, on the other hand, there are people smoking 90 cigarettes per day. (One of them, during night hours, was waking up to smoke!) There is a *"gradual"* passage between two different types. The heavy smokers *"limit their life"* by making daily schedules allowing them to smoke, by choosing only apartments, jobs, offices, restaurants, cafés, bars where they can smoke. Even when they travel with their entire family, they make organizations to remain stuck to his smoking needs. In any sense as heavy smokers, *"they limit their life".* The *"light"* smoker instead smokes only if the conditions permit, without intervention to create smoking intervals.

The same is valid for body-image problems. There are people concentrated on their body shape and weight, which up to a certain point, can be understandable and justifiable. At their opposite extreme, there are the well-known anorexics as thin as a rake, but still desiring to lose weight. Substantially the problem is the same, but the *"grade",* different. By such a heavy diet, *"they limit their life".*

Consider an obsessive who avoids stepping the edges of the tiles. If the tiles are large enough, he can walk on by stepping to the centers only. But, what if the tiles are smaller than his foot and is impossible to walk on by stepping to their centers? If the patient is *"mildly"* obsessive, can disregard the situation and go ahead, without creating ulterior problem. But, what if she/he is *"heavily"* obsessive, and just because the tiles are smaller than his foot, is literally impossible for him to avoid the edges? Eventually solves the problem by totally avoiding certain routes! They *"limit their life"* in another form; Thus, they also stay at the opposite side of the *"gradual"* continuum.

A hand-washer obsessive compulsive, at very *"light"* degrees can be tolerated and considered as a *"clean"* person. In a more advanced stage, at "mild" degrees, you can diagnose him as an obsessive-compulsive neurotic. However, if the same compulsively washing behavior becomes *"stronger"*, exceeds limits and, begins to create wounds on his washed hands and, the subject cannot stay more than a few hours far from a faucet? By now, he is standing at the opposite side of the *"gradual scale"* and by

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avoiding touching to handles, public spaces, doors, etc. is *"limiting his life"* even if he in some way is completing his daily duties.

A *"slight"* meticulousity can be a very useful trait in jobs requiring a sharp attention. But, if an *"extreme"* meticulousity begins to heavily slow down every duty of the person, it is not any more a good feature at all, because such a comportment is *"limiting their life".*

We can augment the above examples as much as we desire. Nevertheless, their common denominator undoubtedly is the fact that their manifestation is in *"grades"* or *"strengths"*; every symptom, stigma on a scale, can manifest itself either in a very *"weak"* or *"strong"* way.

3. Conclusion

Any obsession, compulsion, phobia, narcissism, paranoid thought, sociopathic behavior, avoiding attitude and any other psychopathological problematic symptom, stigma or sign, indisputably shapes, and at the same time, makes part of the personality itself. But there are cases in which the traits are so strong that *"they are able to drag all the personality".*

As Maslow said, every goal of the person is to satisfy his primary need (Maslow, A. H. 1943). For instance, the alcohol or drug dependent organize his entire life by first guarding his dependency. In this respect, in real life, there is absolutely not any difference between the guy whose first thought is gambling, or sex, or strong interest in fishing, or sports, or collections, or even any thought, political or philosophical opinion etc. The difference depends on the gradual strengths only. Now let us explain why and how;

And we can evaluate an individual apparently as a very normal person. Provided is not in relation with his problematic behavioral pattern, can even adapt himself to the normal daily routines. For instance, imagine an individual who likes making various calculations through the passing cars' plates, and, if time and circumstances permits, it is perfectly legitimate playing his "game". We cannot blame him for anything. In a mildly stronger form, we can consider him as a neurotic person. But if he has a strong compulsion of making calculations with the plate numbers of passing cars and, for this purpose "never miss any occasion", and, in all those instances of playing his game, never pays attention to other facts or objects all around, in our opinion he should be considered a *"compulsive psychotic".* In short: if an individual performs his "peculiar" behavior, in a vaguely marked form, we can evaluate him within normal borders. If he performs it in a mild form, we can consider him as a neurotic. But if, at any time he encounters plates, he cannot stay without playing his little "game", he should be accepted as a segmental-partial *"compulsive psychotic",* independently from the fact that in other circumstances he performs as an any normal individual. For *"in that segment of his life, his reality testing is grossly impaired".*

Imagine an individual, who performs any task perfectly in his daily life, is married, has children, etc., but every time encounters some object moved asymmetrically from their original location, feels the need of putting them in order, in a symmetric position, where they should be. This need of correction, up to a certain point, is not a problem; we can consider him as a perfectionist person. This characteristic can even be a wanted trait, especially in certain professional positions. In a stronger form of his compulsiveness, we can consider the same person as a neurotic. But if an individual, makes the same thing by the frequent interruption of his normal daily routine and cannot absolutely work or relax or read etc. without correcting all around, in our opinion he is not anymore a symmetromaniac but has a *"symmetromaniac psychosis".* Cannot conduct a free life. He imprisons himself in his invisible jail. For *"in that segment of his life, his reality testing is grossly impaired".* Even if in other circumstances is behaving within the limits of normality.

Everybody would like to be admired. Up to a certain point, a light narcissism is acceptable, understandable and even necessary to propel motivations. This can consider the same behavior in a mild or stronger form as a personality disorder. But if the individual organizes his entire social and professional life *"just to impress every individual around him"* and he is interested in nothing else, and sometimes for the sake of being admired and, satisfying his deformed ego, is ready to set on fire every asset, he is not anymore a *"narcissistic personality",* but a *"narcissistic psychotic".* For *"in that segment of his life, his reality testing is grossly impaired".*

Having an impressionistic speech style, showing dramatizations, having seductive and provocative behaviors, can even be an asset to possess large groups of friends and fans. Can even be a demanded trait for some professional positions. In stronger forms, can be a *"personality disorder".* But if the individual is acting *"solely to satisfy his histrionic needs",* without the ability of converting them into a possibility of using in a socio-professional milieu, in our opinion he has a *"histrionic psychosis".* For *"in that segment of his life, his reality testing is grossly impaired".*

We can multiply the above examples as much as we desire. In daily life, we encounter plenty of individuals, fitting to our descriptions. Thus, if the criteria of having psychosis is, in the general sense, "a mental illness that markedly interferes with a person's capacity to meet life's everyday demands" (medicinenet), we can expand this same description, also to other situations. Thus with these conclusion we must admit, "During any given segment of the life, if a person's reality testing is grossly impaired" we have to consider it also, as a psychoticism (provided the subject is not aware of it or and/or cannot cooperate to get rid of or it). These "situations" can be various: a thought, object, attitude, interest, extreme supporter or follower of any thought or belief of any kind, preference, presence or absence of something or anything else. In other words, any situation or thing that for the subject, constitutes an extremely sensible "tender point", and obstacles the subject's realistic reaction, is a non-adaptive response. Is a psychotic reaction. Thus the psychosis, should not be accepted only, when embraces the entire personality, as in schizophrenia or PMD; it "must also fit", to the above explained specific and "limited" conditions. And all these must be considered as "limited-partial-segmental psychotics".

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