Diagnostic Classification Systems
Psychology 311
Abnormal Psychology

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Stone Age Models

- People also behaved weird
- Believed people were possessed by demons or spirits

- Solution
  - Need to release the spirit
  - Put a hole in the head - Trephining

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Time Progresses

- Humans become more sophisticated
- Weird behaviors are caused by demons

- Remove by religious rites and rituals

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Greek Empire

- Diagnostic model changes
- Hippocrates 460-377bc
- Rejected the demon explanation
- Formulated a medical model for the diagnosis of abnormal behavior.

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Hypothesized we get Problems From

- Organic injury (e.g., Head Trauma)
- Imbalance of body fluids
- Inherited susceptibility

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Divided Mental Illness into Categories

- First real diagnostic system
- Problems were caused by imbalances of four humors
- These imbalances caused different personality traits and abnormal behavior.
Personalities

- Personality Cause
  - Phlegmatic Excessive Phlegm (indifferent)
  - Sanguine Excessive Blood (overly enthusiastic)
  - Melancholic Black Bile (Depressed)
  - Choleric Yellow Bile (Aggressive)

Points to Note

- First real diagnostic system
- Was based on a medical approach
- Used observation and hypotheses to support his model.
- Is the beginning of systematic treatments for the next several hundred years.
- In western civilization, the approach continues into the Roman empire
- Will have influences in Islamic models as well.

Roman Empire

- Medical models continue
- Many Physicians
  - Galen
- Humors continue to be followed
- Other contributions as well

Rome falls

- Early Middle Ages begins
- Western knowledge and writing decline
- Rise in Christianity
- Demons return
- Diagnosis related to religious teachings
  - Devil
  - Witchcraft

Islamic Models

- Islamic physicians combined models of Aristotle, Galen, and Islamic teachings
- Husayn Ibn Sina
- Looked for brain structures that hosted various aspects of the mind discussed by philosophers.
- Continued a scientific approach for abnormality

12th - 13th Centuries

- Many wars have occurred.
- Islamic teaching are rediscovered in the west.
- New models of thinking
  - E.g., Dance is used as a treatment
- Minimal progress in treatment success
As Middle Ages Progress

- Belief in Magic and Witchcraft continues to increase.
- Some nations differentiate between mentally ill individuals and criminals

England

- Mentally ill were categorized into two groups
  - Natural Fool
    - Were mentally retarded
    - Intelligence never progresses beyond a child
  - Persons non compos mentis (Not of Sound Mind)
    - Did not show mental disability at birth
    - Deviant behavior was not continuous
    - Had times when they behaved normally
- 1500s
  - Natural Fool = Ultimately becomes Idiot
  - Persons non Compos Mentis = Lunatic

1700’s

- Most of the world is governed by Nation-States
- Mentally ill are recognized to be different than common criminals
- Initially were put into hospitals
- Ultimately the hospitals become more like prisons.
- Few people are cured.

Phrenology

- Gall
- Bumps on the skull were reflections of personality

First US Classification System (1840)

- Idiot
  - Was used to classify all Mental Illness
- By 1880
  - Were 8 categories

Emil Kraepelin

- Noted two groups of symptoms seem to be together and reoccur.
  - 1. Dementia Praecox
    - Mental deterioration early in life
    - Schizophrenia
  - 2. Manic – Depressive Insanity
    - Marked by mood swings
    - Bipolar Disorder
<table>
<thead>
<tr>
<th>DSM - I and DSM - II</th>
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<tbody>
<tr>
<td>• Developed in 1952 and 1968</td>
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<td>• Were based on psychoanalytic theory</td>
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<td>• Had many problems.</td>
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<td>• Focused on internal non-observable problems</td>
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<td>• Diagnoses were often different (even for the same behavior)</td>
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<th>DSM III (1980)</th>
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<tr>
<td>• Developed by the American Psychiatric Association</td>
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<td>• Tried to resolve many problems with the earlier DSMs</td>
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<tr>
<td>• Listed specific symptoms and factors relevant to a disorder</td>
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<td>• Included specific features</td>
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<tr>
<td>• When it begins</td>
</tr>
<tr>
<td>• Disorder Progression</td>
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<tr>
<td>• Life Complications</td>
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<td>• Others</td>
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<th>Characteristics</th>
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<tr>
<td>• Uses a Multiaxial approach to diagnosis</td>
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<td>• Summarizes a variety of diverse information.</td>
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<td>• Allows a person to be diagnosed on five different scales</td>
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<th>Axis I</th>
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<tr>
<td>• Clinical Disorders</td>
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<td>• Used for most disorders.</td>
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<tr>
<td>• Does not include personality disorders or mental retardation</td>
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<td>• Can have multiple diagnoses</td>
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**Example**

• Substance abuse Disorders

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<th>Axis II</th>
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<tr>
<td>• Used for personality disorders and mental retardation.</td>
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<tr>
<td>• Most disorders begin in childhood and persist throughout adult life</td>
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**Example** – Antisocial Personality Disorder

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<tr>
<td>• Describe medical conditions that are relevant to the disorder</td>
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**Example** – Cirrhosis of the liver
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Axis IV

- Used for psychosocial and environmental problems associated with the disorder
- Example – Homeless, unemployed.

Axis V

- Is a global functioning scale
- Ranges from 1-100
- Low ratings indicate problems
- High ratings indicate good or superior functioning
- Example – GAF = 50 Moderate problems

DSM IV, DSM IV-TR

- Are updates of the DSM III
- Are designed to “Fine tune” the system.
- Have added some new disorders,
- Have removed others

Advantages of the DSM system

- Has increased the reliability of diagnosis for major disorders,
- Is less reliable for sub-disorders
- Allows for greater research in sub areas
- Makes it easier to justify treatment compensation by insurance companies
- Is similar to World Diagnostic Schemes
  - ICD-10 codes
  - Others

Problems

- Is culturally biased
  - Is applicable in some cultures but less in others.
- Has problems with validity in places
  - But is better than the past models
- Can be changed due to votes of committees rather than science
  - Allows for political bias or politically correct influences.

Conclusions

- Many classification schemes
- DSM is currently the best model
- Allows for changes.