

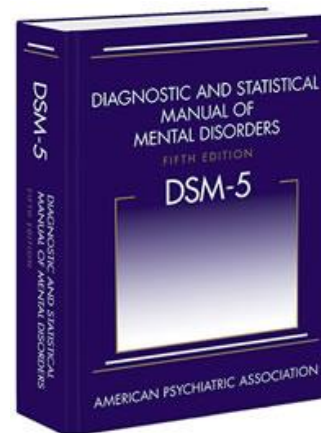
DESCRIPTIVE PSYCHOPATHOLOGY: A MANIFEST LEVEL OF ANALYSIS OR NOT?

Peter Zachar, Ph.D.

- **I. Descriptive psychopathology**
 - Manifest signs and symptoms not underlying causes
 - Surface features and mere appearances
 - Shallow not deep

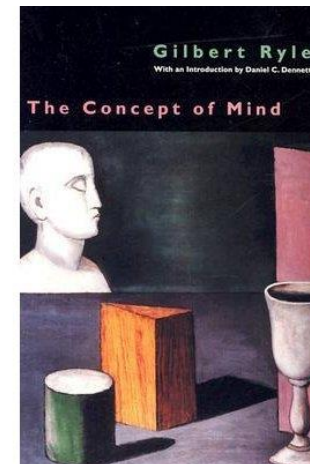
- **II. DSM and ICD criteria – not textbooks of psychopathology**

DP encompasses most of the words, concepts, theories, and narratives used to depict psychopathology



- **III. Under a description**

- **Gilbert Ryle (1949) *The Concept of Mind***
- Not a behaviorist
- Thick descriptions (vs. thin)
- Daniel Dennett



- The same 'event' can be brought under different descriptions
 - Flying south vs. migrating
 - Moving pieces on a board vs. playing chess
 - Slipping vs. pratfall
- Look beyond the behavior
- Descriptions are tied together by threads of implication
- **Pratfall:**
 - practiced,
 - a performance,
 - performed for pay,
 - and repeated on demand
- done on **PURPOSE**
- not a mental event and a behavioral event
- **Psychologists and psychiatrists use descriptions all the time**
 - I am an anxious person



- I have more trouble concentrating than others seem to have
 - I always expect the worst to happen
 - I change my mind a lot
-
- **Elaborate description = psychologically minded**
-
- **IV. Describing and re-describing**
-
- **The availability of different descriptions also means that things can be re-described**
 - **Ian Hacking: certain behaviors are not acts of a particular kind until the descriptions under which those acts fall are historically available**
-
- **Panic disorder**
 - **Donald Klein and Max Fink**

- **Schizophrenia?**
- **No difference while on the drug?**
- **Stopped running to the nurse's station**

- **Episodic ANX vs anticipatory ANX**

- **New description: syndrome, panic disorder**

Not a discovery of panic attacks

On the grounds for detaching a particular syndrome from neurasthenia under the description "anxiety neurosis" (1895)

Anxiety neurosis

Agoraphobia

Good re-descriptions facilitate acquisition of new information

Avoiding crowded theaters

**Once-described PD could be seen as having been there all along:
articulating a description enhances noticing**

- **V. Shallow versus deep?**
- **Some historical background from Kendler and Engstrom**
 - DP = single symptom diagnoses
 - and speculative brain pathology
 - Emphasizes disorder forms or patterns
- **On the distinction between observable phenotype and hidden genotype**
 - Genotype vs. Phenotype
 - Biological vs. Psychological
 - Cause vs. Effect
 - Deep vs Shallow
 - Reality vs. Appearance
- **Hyman on validity**
 - classification of disorders according to observable signs and reported symptoms (phenomenology) is akin to the classification of species by phenotype – both of which emphasize surface features
- **It is like grouping together all organisms with wings**

- **Evolutionary science shows that bat, bird, and insect wings are not of the same kind**



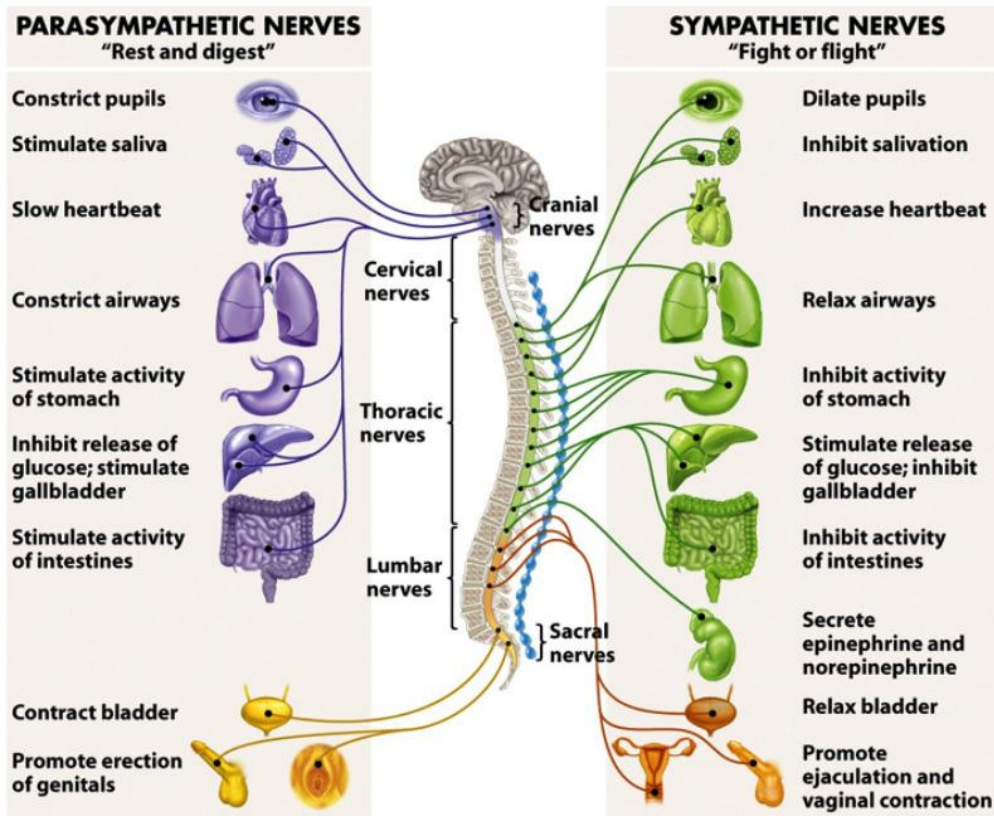




- That they are different kinds was descriptively obvious before evolutionary science



- Another kind of “depth” = the articulation of new psychological descriptions
- Example – panic disorder and the autonomic nervous system



Panic symptoms escalate at about the same time, but de-escalation of symptoms occurs more sequentially

- **Does the description of nervous system activity call attention to something new about panic?**
- **Thicker description**
- **Causal models are descriptions**
- **What about**
 - **Feelings of attachment described as an oxytocin rush?**
 - **Impulsivity described as being hypofrontal?**
 - **A highly anxious emotional baseline described as an over active HPA axis?**

- **Such descriptions might be shallow, unless they lead us to notice something psychologically that we would have not otherwise noticed.**
- **On the concept of deep phenotyping**
 - **Decomposing phenotypes to be more mechanistically tractable**
 - **Utilizing information science and mechanisms to describe new phenotypes**
 - **Must new phenotypes be psychologically understandable?**

- **VI. Descriptions and levels of analysis**
- **The 'levels' description conflates or runs together**
 - **Biological vs. Psychological**
 - **Cause vs. Effect**
 - **Deep vs Shallow**
 - **Reality vs. Appearance**
 - **And...**
 - **Latent versus Manifest**
 - **Theoretical versus Descriptive**
- **Does this suggest a descriptive levels of analysis?**
- **Metaphysical conventions and a metaphysical compliment**
- **For example: Panic attacks: mere appearances, manifest and shallow level of analysis?**

- **My bothersome reaction**
- **Psychopathology is not just manifest before being described**

Delusions

Feelings of worthlessness

Inflations of self-esteem

Obsessions

Intrusive thoughts

Magical thinking

Identity disturbances

Feelings of entitlement

These are descriptions but not “the descriptive level of analysis”

Causal models, theories and concepts aid us in articulating descriptions

- **VII: The scope of descriptive psychopathology**
 - **References to abstract psychological concepts involve descriptions**
 - **What is the contrast to descriptive psychopathology?**
 - **Not a contrast to psychoanalytic, biomedical, and cognitive-behavioral theories of psychopathology**
 - **Causal versus descriptive?**
 - **DP = more like a metatheoretical perspective on classification**

- **Empiricist and non-essentialist vs. Essentialist psychopathology?**
- **To construe descriptive psychopathology as general theory of psychopathology, is to mis-classify it**
- **There are too many things that fall under descriptive psychopathology to say they are part of a single general theory**
- **Yet descriptions are always there**