

Cambridge University Press
978-0-521-71391-7 - Descriptive Psychopathology: The Signs and Symptoms of Behavioral Disorders
Michael Alan Taylor and Nutan Atre Vaidya
Frontmatter
[More information](#)

Descriptive Psychopathology

Cambridge University Press
978-0-521-71391-7 - Descriptive Psychopathology: The Signs and Symptoms of Behavioral Disorders
Michael Alan Taylor and Nutan Atre Vaidya
Frontmatter
[More information](#)

Descriptive Psychopathology

The Signs and Symptoms of
Behavioral Disorders

Michael Alan Taylor, MD
Nutan Atre Vaidya, MD



Cambridge University Press
978-0-521-71391-7 - Descriptive Psychopathology: The Signs and Symptoms of Behavioral Disorders
Michael Alan Taylor and Nutan Atre Vaidya
Frontmatter
[More information](#)

CAMBRIDGE UNIVERSITY PRESS
Cambridge, New York, Melbourne, Madrid, Cape Town, Singapore, São Paulo, Delhi

Cambridge University Press
The Edinburgh Building, Cambridge CB2 8RU, UK

Published in the United States of America by Cambridge University Press, New York

www.cambridge.org
Information on this title: www.cambridge.org/9780521713917

© M. Taylor and N. Vaidya 2009

This publication is in copyright. Subject to statutory exception
and to the provisions of relevant collective licensing agreements,
no reproduction of any part may take place without
the written permission of Cambridge University Press.

First published 2009

Printed in the United Kingdom at the University Press, Cambridge

A catalog record for this publication is available from the British Library

Library of Congress Cataloging-in-Publication Data

Taylor, Michael Alan, 1940–
Descriptive psychopathology : the signs and symptoms of behavioral disorders / Michael Alan Taylor,
Nutan Atre Vaidya.

p. ; cm.

Includes bibliographical references and index.

ISBN 978-0-521-71391-7

1. Psychodiagnostics. 2. Neurobehavioral disorders–Diagnosis. 3. Psychology, Pathological.

I. Vaidya, Nutan Atre. II. Title.

[DNLM: 1. Mental Disorders–diagnosis. 2. Neuropsychology–methods. 3. Psychopathology–methods.

WM 141 T244d 2009]

RC469.T39 2009

616.89'075–dc22

2008029842

ISBN 978-0-521-71391-7 paperback

Cambridge University Press has no responsibility for the persistence or
accuracy of URLs for external or third-party Internet websites referred to
in this publication, and does not guarantee that any content on such
websites is, or will remain, accurate or appropriate.

Every effort has been made in preparing this publication to provide accurate and up-to-date information which is in
accord with accepted standards and practice at the time of publication. Although case histories are drawn from actual
cases, every effort has been made to disguise the identities of the individuals involved. Nevertheless, the authors, editors
and publishers can make no warranties that the information contained herein is totally free from error, not least because
clinical standards are constantly changing through research and regulation. The authors, editors and publishers therefore
disclaim all liability of direct or consequential damages resulting from the use of material contained in this publication.
Readers are strongly advised to pay careful attention to information provided by the manufacturer of any drugs or
equipment that they plan to use.

Cambridge University Press
978-0-521-71391-7 - Descriptive Psychopathology: The Signs and Symptoms of Behavioral Disorders
Michael Alan Taylor and Nutan Atre Vaidya
Frontmatter
[More information](#)

For the next generation

Contents

<i>Preface</i>	<i>page ix</i>
<i>Acknowledgments</i>	<i>xiii</i>
Section 1 Present, past, and future	1
1 Beyond the DSM and ICD: a rationale for understanding and using descriptive psychopathology	3
2 A history of psychiatric classification	22
3 The brain and psychopathology	53
Section 2 The neuropsychiatric evaluation	89
4 The neuropsychiatric evaluation: principles of descriptive psychopathology and the diagnostic process	91
5 The neuropsychiatric evaluation: examination style, structure, and technique	107
Appendix 5.1 Questions for past illness	122
Section 3 Examination domains	131
6 Psychopathology of everyday behavior and general appearance	133
7 Disturbances of motor function	153
8 Disturbances in emotional experience	197
9 Disturbances in speech and language	224
vii	

viii	Contents	
10	Perceptual disturbances	253
11	Delusions and abnormal thought content	272
12	Obsessive–compulsive behaviors	293
13	Cognitive testing and the psychopathology of cognitive dysfunction	310
14	Personality	332
15	Abnormal trait behaviors: personality disorder	351
Section 4 Evidence-based classification		369
16	An evidence-based classification	371
	<i>References</i>	400
	<i>Index</i>	472

Preface

“Of all Persons who are Objects of our Charity, none move my Compassion, like those whom it has pleas’d God to leave in a full state of Health and Strength, but depriv’d of Reason to act for themselves. And it is, in my opinion, one of the greatest Scandals upon the Understanding of others, to mock at those who want it.” (Daniel Defoe, 1697)¹

As in seventeenth century England, today’s society continues to subtly mock those of us “deprived of reason”. Mental health insurance in the USA is inadequate and less than that for other conditions. The psychiatrically ill are left in large numbers on the streets and alleys of our cities, a situation the medical establishment would find intolerable if the distress were due to heart disease. Sufferers are ridiculed in mass entertainment, equated to clowns, fools, and criminals. While the necessity of care by specialists is widely recognized for patients with stroke, epilepsy, dementia, and other “neurologic” disease, it is acceptable for almost any interested party to “hang up a shingle” and offer almost any kind of treatment to those of us “deprived of reason”.

Yet the loss of reason and other psychopathology are expressions of brain disease and dysfunction, and this recognition has diagnostic implications increasingly important as more exact treatments are introduced. The need for diagnostic accuracy, however, is subverted by the poor validity of present-day psychiatric classification. Better delineation of clinical populations will reduce heterogeneity and thus facilitate the application of more specific treatments. The recent call to separate melancholia from other depressions² and catatonia from the psychotic disorders,³ for example, provide the framework for the more specific treatments for these conditions. Obsessive–compulsive spectrum disorders identified within the impulse control category also warrant their own treatment approach to avoid mismanagement. Recognizing psychoses associated with seizure disorder avoids sufferers being considered schizophrenic or hysterical and receiving inappropriate treatments.

To accurately delineate psychiatric disease, however, requires in-depth knowledge of the signs and symptoms of behavioral disorders, i.e. descriptive psychopathology,

x **Preface**

and the examination skills to elicit clinically useful phenomena. Descriptive psychopathology, detailed here, considers the abnormal observable behavior and its subjective experience needed for this effort. Bedside assessment of cognitive functions complements the behavioral examination.

Hypothesized psychopathologic constructs (e.g. ego defense mechanisms, psychological reactions) represent a paradigm different from that of descriptive psychopathology. We do not discuss these ideas. For medical diagnosis, they are overly interpretive and lack objective definition. Their reliability is poor, and they are unhelpful in defining syndromes of the brain or in predicting treatment response and other clinical variables. In contrast, descriptive psychopathology can be reliably defined and its different patterns better predict pathophysiology and treatment response.⁴

Despite the detail we present, this book is not a dictionary of all psychiatric terminology. It is also not an encyclopedic compendium of the theories of the mind, or a wide-ranging dissertation on the psychology of behavior. We discuss theories and psychology only when helpful in clarifying the diagnostic or neurologic implications of psychopathology.

Thus, this book is not primarily written for the scientist or the theorist, although they should find it useful in defining their populations of interest. It is written to help clinicians in the care of their patients. Our approach is neuropsychiatric, derived from the understanding that all forms of descriptive psychopathology are observed in patients presently characterized as having neurologic disease (e.g. seizure disorder, stroke, and dementia), and that many classic neurologic signs and symptoms are in turn observed in patients recognized as having a psychiatric disorder. The separation of psychiatry and neurology is arbitrary. Both disciplines care for persons with brain dysfunction or brain disease. Their common ground is the clinical implications of the behavioral disturbances elicited by brain dysfunction. We delineate this common experience by detailing classic descriptive psychopathology and associated neurologic features. We show, often with clinical examples, how the presence of specific psychopathologic phenomena influences diagnosis. Within the limits of the present understanding of brain functioning, we also offer a neurologic understanding of classic clinical features as they affect diagnosis.

We divide the book into four sections.

In Section 1, we describe the problems and limitations of present classifications and through clinical examples show that they serve patients poorly. We illustrate that a command of the knowledge and skills of descriptive psychopathology provides more refined diagnosis and treatment.

As the study of descriptive psychopathology spans millennia, we review this history.⁵ We detail the shifting tensions over the centuries between classification

xi **Preface**

“lumpers” and “splitters” that led to present classifications. We next show that the “mental status examination” is better considered the “behavioral examination of the brain”. The limited neuroscience of psychopathology is presented.

In Section 2, we describe the principles of diagnosis, and detail the examination style, structure, and techniques.

In Section 3, we define and describe psychopathology that goes beyond that found in present classification manuals, and show how the identification of these phenomena is of diagnostic importance. We present the behavioral domains of the examination in the order commonly addressed clinically. We start with chapters on general appearance, motor behavior, and emotion, areas of the assessment that rely heavily on inspection rather than extensive conversation.

In the chapter on motor disturbances we also delineate catatonia, and distinguish the motor disturbances of basal ganglia, cerebellar and frontal circuitry disease. We describe the differences in the speech and language problems encountered in patients with aphasia, mania, catatonia, and the “formal thought disorder” associated with psychosis. In the discussion of perceptual disturbances we detail the phenomena associated with temporal–limbic disease. We discuss delusions and aspects of abnormal thought content. The spectrum of obsessive–compulsive behaviors is presented as a more coherent picture than the present scattering of related conditions throughout classification. We detail the behaviors and cognitive impairment patterns of patients with delirium and different forms of dementia. We describe the dimensional structure of personality and personality disorder and how this approach is more productive than the present categorical system in predicting co-morbidities and in shaping behavioral treatments.

Lastly, in Section 4, we propose a re-structuring of present-day classification based on the psychopathology literature and its validating data. Our goal is to re-establish the best of the past within the framework of modern insights into brain function and psychopathology.

Nevertheless, present-day psychiatry retains much ambiguity. There are no laboratory tests that define psychiatric illness to the precision achieved in identifying specific strains of a virus or the number of trinucleotide repeats in a genetically based illness. Sustained pleasure for the psychiatric clinician must come from examining and making sense of diverse psychopathological expressions of illness and the satisfaction from using that understanding to shape treatments and resolve distress. “Figuring it out” and “getting all better” patients with complex patterns of psychopathology are experiences that sustain clinical practice. Telling the distraught mother and sister of an 18-year-old man who had been hospitalized for “encephalitis” and was considered “a hopeless case”, but who in fact had a mood disorder and malignant catatonia that “We’re going to get him all better, not just a little better” and then doing it, finally watching the previously mute

xii Preface

and immobile patient walk out of the hospital with his family is an experience that cannot easily be achieved without a full understanding of descriptive psychopathology.

Defining psychopathology to delineate behavioral syndromes and to choose specific treatments is a practical effort for the trainee and the experienced clinician alike. All who accept the responsibility for the care of patients with behavioral syndromes should find useful information in this book. But our effort is aimed at those new to that responsibility – trainees in psychiatry, neurology, and neuropsychology. For them, our book offers a crossroad in their career journey, the path now less taken, but we think more rewarding than the cookbook psychiatry that has been created to complement present classification. Karl Jaspers expressed the same challenge more than 90 years ago in the prefaces to the 2nd and 3rd editions of his classic textbook *General Psychopathology*:

The opinion has been expressed in medical quarters that this book is too hard for students, because it attempts to tackle extremely difficult and ultimate problems. As far as that is concerned, I am convinced that either one grasps a science entirely, that means in its central problems, or not at all. I consider it fatal simply to adjust at a low level. One should be guided by the better students who are interested in the subject for its own sake, even though they may be in the minority. Those who teach should compel their students to rise to a scientific level. But this is made impossible if “compendia” are used, which give students fragmentary, superficial pseudo-knowledge “for practical purposes”, and which sometimes is more subversive for practice than total ignorance.⁶

NOTES

- 1 Defoe (1697), cited by Hunter and Macalpine (1963), page 265.
- 2 Taylor and Fink (2006).
- 3 Fink and Taylor (2003).
- 4 Present classification does not predict treatment response. See the discussion in Chapter 4 and in Taylor and Fink (2006) chapter 1.
- 5 The Western interest in psychopathology dates from classical Greece, evolved in central Europe and France, captured the interest of physicians in Great Britain and then crossed the Atlantic to the USA and Canada. It is now worldwide. Chapter 2 provides a discussion of the history of Western classification of psychiatric illness. Medical traditions from Asia are not discussed because they have not influenced modern medical psychiatry.
- 6 Jaspers (1963), page x–xi.

Acknowledgments

Max Fink read many of the chapters offering substantive and language alternatives that clarified our intent. He suggested we discuss recent work that provides the framework for a more evidence-based classification.

Edward Simon also read parts of the manuscript and suggested changes to help less-experienced clinicians better understand the constructs of classic psychopathology.

Edward Shorter graciously read the chapters on history and classification, and offered many helpful suggestions and corrections.

Georgette Pfeiffer compiled the references and corrected and completed missing citation information.

The editors at Cambridge University Press were tireless in correcting the text and citations.

Any errors remaining are ours.