OHSU PRIMARY CARE UPDATE

PSYCHIATRIC PHILOSOPHY & DIAGNOSTIC PARADIGMS

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CONFLICTS OF INTEREST / DISCLOSURES

2025 - 2026

Paid lectures for

- University of Alaska
- American Academy of Child & Adolescent Psychiatry
- American Psychiatric Association

By the end of this session, participants should be able to:

LEARNING OBJECTIVES

4

1

Describe why diagnosis is important and ways in which diagnostic work in mental health conditions is complicated

2

Explore four critiques of mental health diagnoses

3

Define three diagnostic paradigms including categorical (DSM, ICD), dimensional, and narrative nosological frameworks

4

Detail the strengths and limitations of the three frameworks

VOCABULARY

Paradigm

A dominant framework of thought; for example, before the Copernican revolution (1543), most people believed that the sun revolved around the earth.

Differential Diagnosis

A medical term referring to the process of distinguishing between 2 or more conditions which have similar signs (objective) and symptoms (subjective). For example, bipolar disorder and schizophrenia.

Nosology

Branch of medical science focused on the classification of diseases

Pluralism

The simultaneous acceptance of multiple different perspectives and ways to explain mental disorders and their constituent phenomena*

MENTAL HEALTH DISORDERS ARE COMPLICATED

*Gauld C, Nielsen K, Job M, Bottemanne H, Dumas G. From analytic to synthetic-organizational pluralisms:
A pluralistic enactive psychiatry. Front Psychiatry. 2022;13:981787.

What culture and its body of paradigms does is therefore the result of a shared encyclopedia. On the basis of this shared encyclopedia there is a discussion. But for a discussion to be comprehensible to everyone, it needs to start from existing paradigms, if only to demonstrate that these paradigms no longer hold.

-Umberto Eco

Peter Bruegel the Elder, “The Tower of Babel” circa 1563

Eco U. Chronicles of a Liquid Society. New York, NY: Houghton Mifflin Harcourt; 2016:70.

Why the DSM?

The DSM5 offers clear lines of inquiry and communication

SEVEN REASONS FOR OUR SHARED LEXICON

1. ways of describing mental health disruptions to share with the participant / family
2. ways of describing mental health disruptions to share with colleagues
3. ways of describing mental health disruptions to payers (billing/coding/insurance companies/the state)
4. language for research, insuring that we are seeing/learning about/working with people who share dimilar mental health dilemmas
5. from that research emerge “evidence-based treatments”
6. implementing these we can then learn about within category variation (diagnostic heterogeneity) and more specifically about what works, for whom, and when
7. stands in contradistinction to tradition of idiosyncratic neologisms (individual, institutional, regional differences in nomenclature)

GOLD STANDARD DSM5 REVIEWS

Semi-Structured Interviews

1. For children (age 6-18) the Kiddie Schedule for Affective Disorders and Schizophrenia (KSADS-5)
2. For adults (18+) the Structured Clinical Interview for DSM Disorders (SCID-5)

WHY STAY FOR THE REST OF THIS LECTURE?

My chief aim today is to talk with you, to show respect and eschew what can sometimes be a process of talking at or talking down to. Some algorithms suggest that psychiatric diagnosis and treatment is easy. It isn't

I contend that people have the right to know what diagnoses we are placing on the chart, how we arrived at our decision, and how we think this snapshot might (or might not) help

Diagnosis ought to be associated with/convey an understanding of:

- the origin of the mental health disturbance (genetics, trauma, or life experiences)
- the treatment for the condition
- a prognosis

Humility is key. Diagnoses are phenomenological snapshots, perspectives on what someone's symptoms meet criteria for in the here-and-now. Entering and exiting criteria thresholds is quite common

Four problems with mental health diagnoses

PROBLEMS X 4

1

Potential for Abuse:
Establishing criteria is always based on dominant caste/societal logic

2

Stigmatizing:
Jacques Lacan once wrote “the word for the thing is murder” by which he meant a name can rob all vitality, it is explained away

3

Surrogate Aim:
the search for the “right” diagnosis can become a means unto itself, an endless peppering of our participants with checklist inquiry

4

Diagnostic Heterogeneity:
there is great variation among people who share similar symptoms/mental health diagnoses

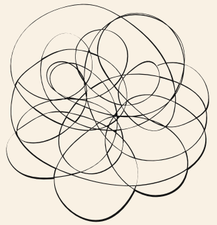
RACISM & MINORITIZING

Diagnoses have been used to racist, hateful ends:

- In the 1800's Samuel Cartwright suggested the diagnoses of *drapetomania* to suggest that a person who was enslaved must have a mental illness if they fled their circumstance or that they suffered from *dysaethesia aethiopica* if they were unable work (respectively)
- To institutionalize ways of thinking BIPOC inferior and should not receive the same psychotherapies as white peers

Diagnoses have been used to to defend anti-LGBTQ+ discrimination

- It was not until 1973 that the APA removed “ego syntonic homosexuality” from the 2nd Edition of the DSM
- 30 years later, in 2013 the APA removed “gender identity disorder” in transitioning to the 5th Edition of the DSM



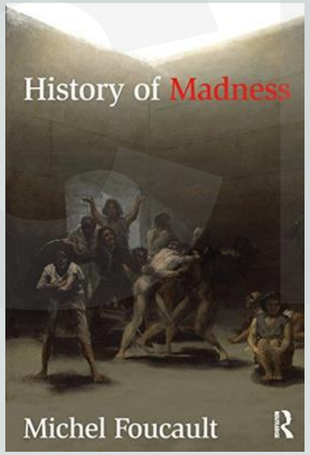
1 Conrad JA. A Black and White History of Psychiatry in the United States. J Med Humanit. 2020;10.1007/s10912-020-09650-6Legha RK.
2 There Are No Bad Kids: An Antiracist Approach to Oppositional Defiant Disorder. Pediatrics. Published online January 9, 2025.

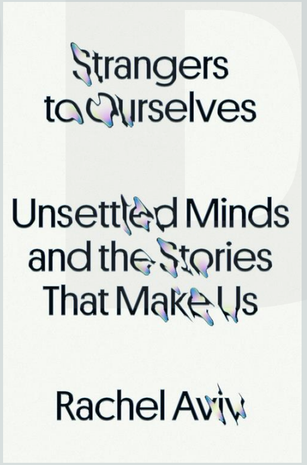
DIAGNOSIS AS MEANS OF CONTROL

Psychiatry, the mental health field, medicine are corruptible, readily co-opted into state systems of control, coercion and discipline

“Abnormality” and diagnoses may be used to justify cruelty and maintain power; one could be confined to an asylum for having a mental illness, the chief symptom of which is criticizing the state

Philosopher, Michel Foucault tackled the issues of asylums and congregant “care,” with confinement as agent of conformity, in his book ***History of Madness.*** Writer, Rachel Aviv confronts this, particularly with the Story of “Bapu,” a woman who saw her experience as mystical in nature, but whose family had power over her, sending her time and again to psychiatric asylums.





WHAT'S IN A NAME? STIGMA IN DIAGNOSTIC LABELS

We name things precisely to make sense of the world, to improve our sense of comfort, that we understand what is happening. Once we name a phenomenon, we may shift from the person who suffers a particular affliction from being a subject (a thinking, living, breathing being) to an object (a person who is acted upon, including studied or treated) robbing of them of personhood, AND projecting myriad qualities onto that term...

Here are three examples...

- the stigma of "the schizophrenic"
- the sexism of "the hysteric"
- the blaming of "the addict"

Escandón K. Toward non-stigmatizing media and language in mental health: Addressing the social stigma of schizophrenia. Schizophr Res. 2024;264:491-493.

"The Schizophrenic"

- Greek = split brain
- Objectifying term ("schizophrenic")
- Identity-first language (IFL) such as "the schizophrenic person."
- Often connected to violence in media depictions
- Some cultures have addressed this by renaming, one example is the Japanese move to "integration disorder" (統合失調症)

"The Addict"

- Latin meaning "to devote, sacrifice, sell out, betray, or abandon"
- Again, objectifying and connected to other pejorative language ("junkie"
- Potentially blaming one's behavior/disease on the "type" of person they are. This is of course, subjec; some individuals may use the term "alcoholic" as part recovery, while others may see it as stigmaizing.

Hatoum AS, Colbert SMC, Johnson EC, et al. Multivariate genome-wide association meta-analysis of over 1 million subjects identifies loci underlying multiple substance use disorders. Nat Ment Health. 2023;1(3):210-223.

The "Hysteric"

Hysteria" was first described by Egyptian and Greek philosophers and physicians and referred to a "wandering womb" etiological theory.

In the 19th Century, Jean-Marie Charcot noted that both men and women could suffer from "hysteria," but that male hysteria was due to trauma while female hysteria could be both traumatic and constitutional.

Surrogate Aim

Diagnosis as "Treatment"

Patients / Clients/ Participants in our program can sometimes grow to feel that the central aim of meeting with a mental health clinician is to "get the diagnosis right" and that **if** something is not working, then they **must** have the wrong diagnosis.

- EBTs are not 100% effective, in meta-analyses…
  - CBTp shows no evidence of preventing relapse and adding this to care shows no improvement in tx satisfaction
  - DBT and MBT for BPD shows medium effect size in terms of self-harm
  - CBT for anxiety is generally more robust (50-75% response)
  - CBT for depression shows a response rate 50%+, remission rates around 35%

Traps to Avoid

- Checklist Psychiatry" - peppering someone with diagnostic criteria questions
- "Rating Scale Psychology" - again, symptom severity in the name of evidence-based treatment reifying DSM criteria, but ignoring the individual's subjective experience and expression(s) of health or illness

Stoffers-Winterling JM, Storebø OJ, Kongerslev MT, et al. Psychotherapies for borderline personality disorder: a focused systematic review and meta-analysis. Br J Psychiatry. 2022;221(3):538-552.

Jones C, Hacker D, Xia J, et al. Cognitive behavioural therapy plus standard care versus standard care for people with schizophrenia. Cochrane Database Syst Rev. 2018;12(12):CD007964.

DIAGNOSTIC COMPLICATED-NESS

Diagnostic heterogeneity refers to the tremendous variability in the types of symptoms and subjective experience of individuals who share the same diagnosis. There are, for example, mathematically 227 ways to meet criteria for major depressive disorder (MDD), 256 for borderline personality disorder (BPD), and 116,220 possible symptoms combinations to meet DSM5 criteria for attention-deficit/hyperactivity disorder (ADHD). There are NOT that many subtypes, but there are technically that many possibilities.

The **transdiagnostic nature** of a symptom speaks to the notion that a symptom, such as irritability, may be a central feature of many different psychiatric syndromes or diagnoses including: generalized anxiety disorder (GAD), post-traumatic stress disorder (PTSD), biploar disorder, disruptive mood dysregulation disorder (DMDD), MDD, ADHD.

1 Zimmerman M, Ellison W, Young D, Chelminski I, Dalrymple K. How many different ways do patients meet the diagnostic criteria for major depressive disorder?. Compr Psychiatry. 2015;56:29-34.
2 Biskin RS, Paris J. Diagnosing borderline personality disorder. CMAJ. 2012;184(16):1789-1794.
3 Silk TJ, Malpas CB, Beare R, et al. A network analysis approach to ADHD symptoms: More than the sum of its parts. PLoS One. 2019;14(1):e0211053. Published 2019 Jan 18.

DIAGNOSTIC HETEROGENEITY: TX RESPONSE IN YOUTH DEPRESSION

An individuals “type” of depression may determine whether a given treatment is effective.

- 227 ways to meet the criteria for MDD
- Conventional wisdom: gold-standard treatment for youth depression: CBT + SRI (such as fluoxetine)
- 2020 analysis of TADS (439 youth 12-17 with MDD)
    - Symptom Cluster 1: depressed mood, difficulty having fun, irritability, social withdrawal, sleep disturbance, impaired schoolwork, excessive fatigue, and low self-esteem; 5.8 pt reduction in CDRS-R w/ combo, 4.1 w/ FLX alone
    - Symptom Cluster 2: increased or decreased appetite, excessive guilt, physical complaints, weeping, preoccupation with death, suicidal ideation = to placebo

Goldberg D. The heterogeneity of "major depression". World Psychiatry. 2011;10(3):226-228.
Bondar J, Caye A, Chekroud AM, Kieling C. Symptom clusters in adolescent depression and differential response to treatment: a secondary analysis of the Treatment for Adolescents with Depression Study randomised trial. Lancet Psychiatry. 2020;7(4):337-343.

DIAGNOSTIC HETEROGENEITY: TX RESPONSE IN YOUTH DEPRESSION

An individuals “type” of depression may determine whether a given treatment is effective.

- 16 Week RCT of 120 adolescents (age 12-18) for Attachment-Based Family Therapy (ABFT) and Family-Enhanced NonDirective Supportive Therapy (FE-NST)
  - Nonresponders (15.8%)
  - Good Responders (57.5%)
  - Partial Responders (26.7%)
- Pre-Treatment: individuals with high levels of pessimism, MDD, NSSI behavior, and perceived burdensomeness were less likely to benefit
- Take Home: examine closely the unique symptom profile, life circumstance, and subjective experience

Goldberg D. The heterogeneity of "major depression". World Psychiatry. 2011;10(3):226-228.
Bondar J, Caye A, Chekroud AM, Kieling C. Symptom clusters in adolescent depression and differential response to treatment: a secondary analysis of the Treatment for Adolescents with Depression Study randomised trial. Lancet Psychiatry. 2020;7(4):337-343.

DIAGNOSTIC PARADIGMS

1. **Categorical Diagnostic Paradigm**: classifies mental health disorders as either meeting criteria OR not (binaries: in/out, present/absent, yes/no).

2. **Dimensional Diagnostic Paradigm:** considers mental health disorders as being built of different domains that each have a spectrum. A common example would be personality, like the Myers-Briggs (Introversion/Extraversion, Sensing/Intuition, Thinking/Feeling, and Judging/Perceiving).

3. **Narrative Diagnostic Paradigm:** considers the subjective story/case history offered by an individual and those supporting them. This model embraces what is referred to in neuroscience as "4E Cognition."

EMBODIED
Interactive with the body/physical world

EMBEDDED/ENVIRONMENTAL
Exists within a cultural, social, and physical context

ENACTIVE
Thinking is influenced by and influences the outside world (others)

EXTENDED
Cognition is not merely what takes place within the confines of the skull, but stretches out to the tools we use

On a spectrum

An example of a dimensional diagnostic phenomenon: temperament

TABLE 2.1.
Major Temperament Frameworks Since Chess and Thomas

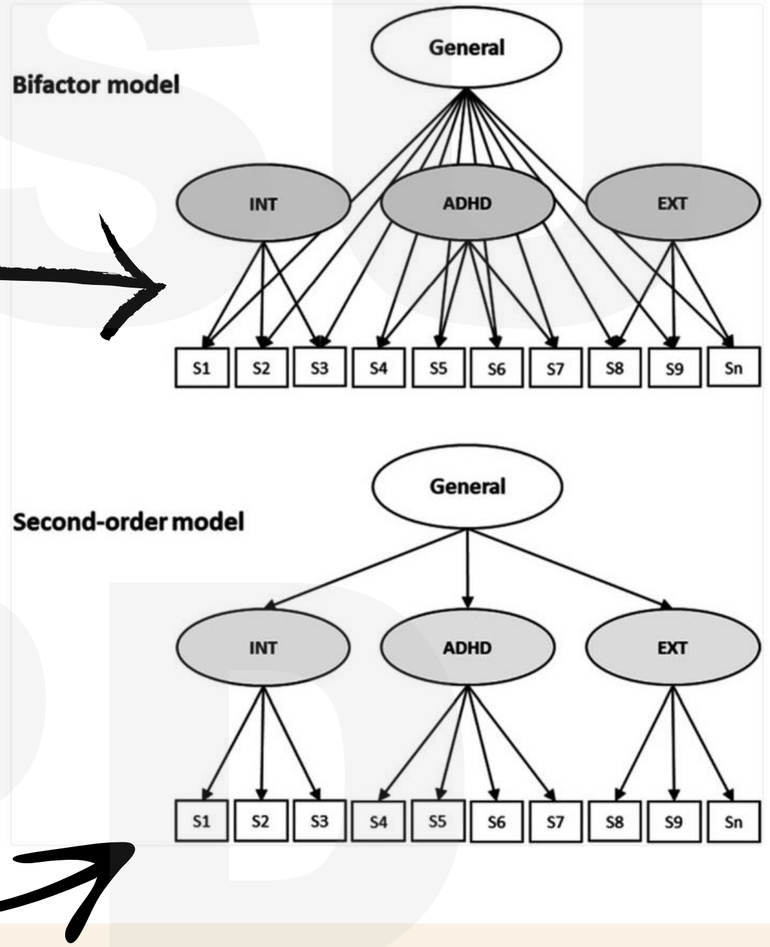
Founder	Negative Emotionality/ Withdrawal	Extraversion/ Approach	Sociability	Activity	Regulatory Ability	Scales
Rothbart	Negative Affectivity	Extraversion/ Surgency			Effortful Control	Infant Behavior Questionnaire; Child Behavior Questionnaire; Early Adolescent Temperament Questionnaire
Cloninger	Harm Avoidance	Novelty Seeking	Reward Dependence		Persistence	Temperament and Character Inventory (and Junior version)
Gray	Behavioral Inhibiting System	Behavioral Activating System				
Buss and Plomin	Emotionality	Shyness (R)	Sociability	Activity		EAS Temperament Schedule
Kagan and Snidman	Behavioral Inhibition	Behavioral Disinihibition				Laboratory observation protocol

Rettew D. Child Temperament: New Thinking About the Boundary Between Traits and Illness. New York: Norton 2013.

Studying Phenomena

In this model, one would confirm that someone was having a problem (general) and then look at the individual symptoms (S1 and so forth) the person was having. Over time, researchers might learn that certain symptoms/clusters of symptoms are associated with gene, experiential environmental causes. This helps develop a more specific diagnosis and may yield treatments that work for specific disorders.

In the model below, one would confirm that someone was having a problem (general) and then look for specific categorical disorders, but lose the ability to back to look at the symptoms that were NOT included in the disorder for which the person met criteria.



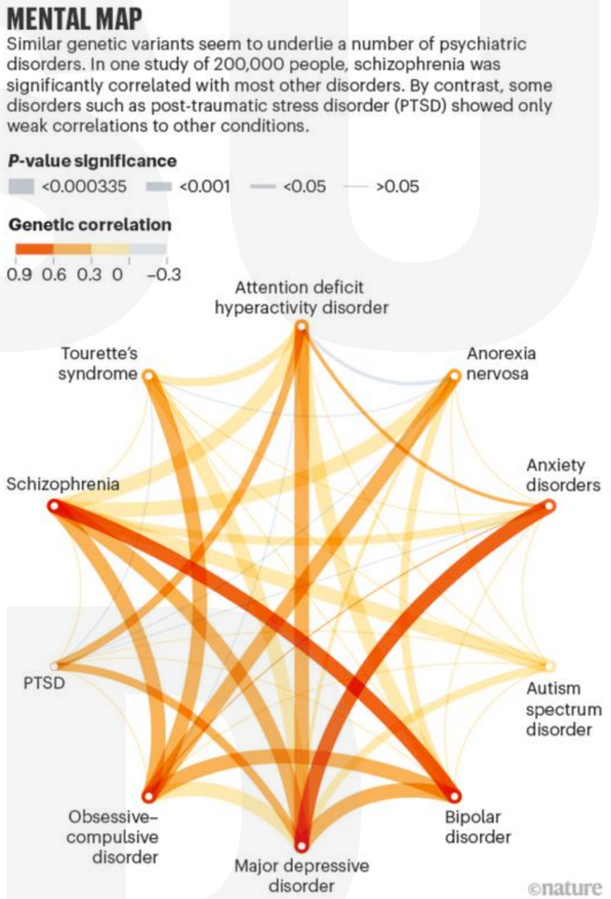
Lahey BB, Moore TM, Kaczkurkin AN, Zald DH. Hierarchical models of psychopathology: empirical support, implications, and remaining issues. World Psychiatry. 2021;20(1):57-63

Genetic Overlap

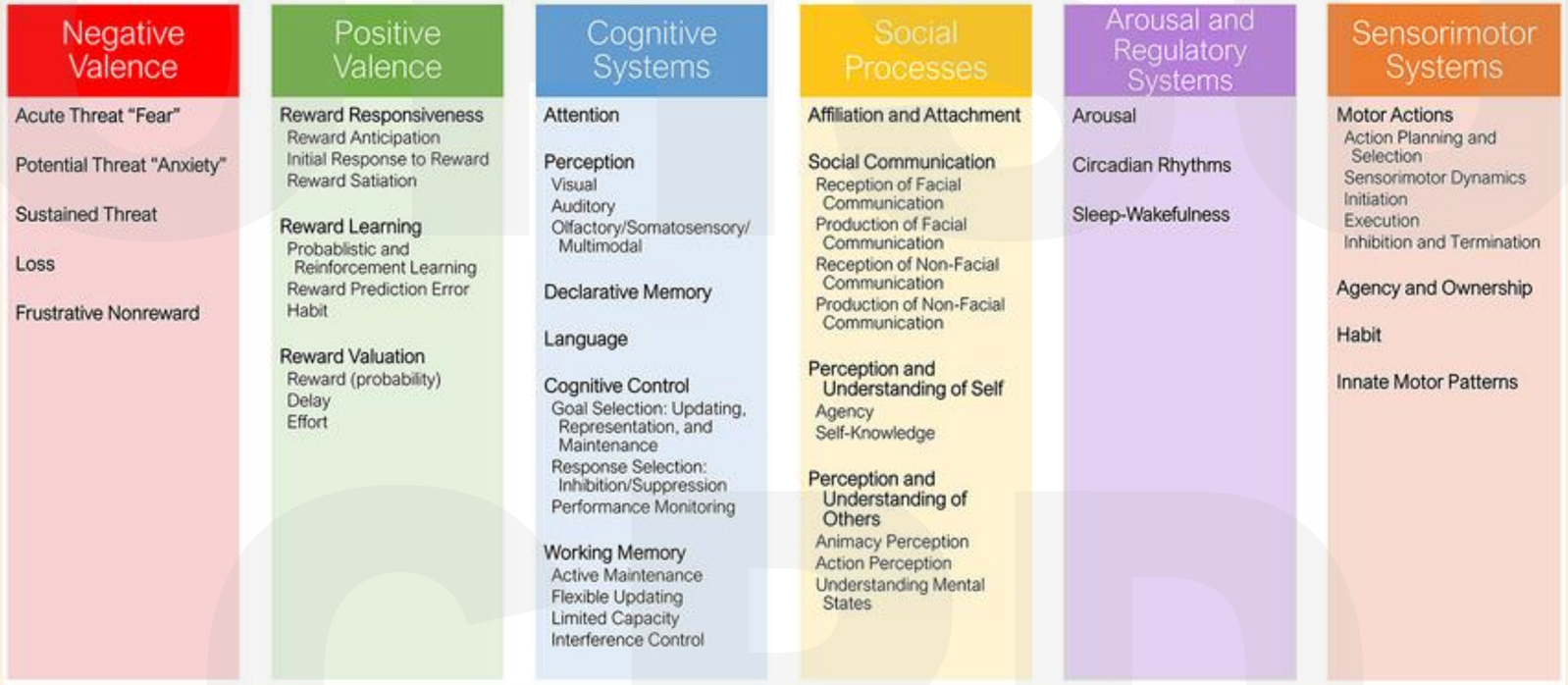
DSM5- or ICD-defined categorical disorders that share a lot of criteria have shared diagnostic risk.

An example is Generalized Anxiety and Major Depressive Disorders

MDD	GAD
• **Sleep disturbance**	• **Sleep disturbance**
• Interest disruption	• Restlessness
• Guilt that is excessive	• **Irritability**
• **Energy reduced/fatigue**	• **Concentration problems**
• **Concentration problems**	• **Energy reduced/fatigue**
• Appetite changes	• Tension
• **Psychomotor agitation/Irritability**	
• Suicidal ideation	



Research Domain Criteria (RDoC)



Analysed in terms of Genes, Molecules, Cells, Circuits, Physiology, Behavior, Self-Reports

Image from: Hutten JC, van Horn JE, Hoppenbrouwers SS, Ziermans TB, Geurts HM; Forensic Neuropsychology Consortium. Neuropsychological assessment of aggressive offenders: a Delphi consensus study. Front Psychol. 2024;15:1328839.

DISTRESS IS A DIMENSION

Categorical diagnoses emphasize distress as an indicator of psychopathology. We pose questions about subjective experience of psychic pain and the extent to which this interrupts work, family life, friendships recreation, relaxation, or self-care. Yet even distress itself is dimensional. The same symptom of similar severity may be debilitating for one person and tolerable for another.

NARRATIVE/CASE FORMULATION RICH APPROACH

EMBODIED

Interactive with the body/ physical world

EMBEDDED/ ENVIRONMENTAL

Exists within a cultural, social, and physical context

EXTENDED

Cognition is not merely what takes place within the confines of the skull, but stretches out to the tools we use

ENACTIVE

Thinking is influenced by and influences the outside world (others)

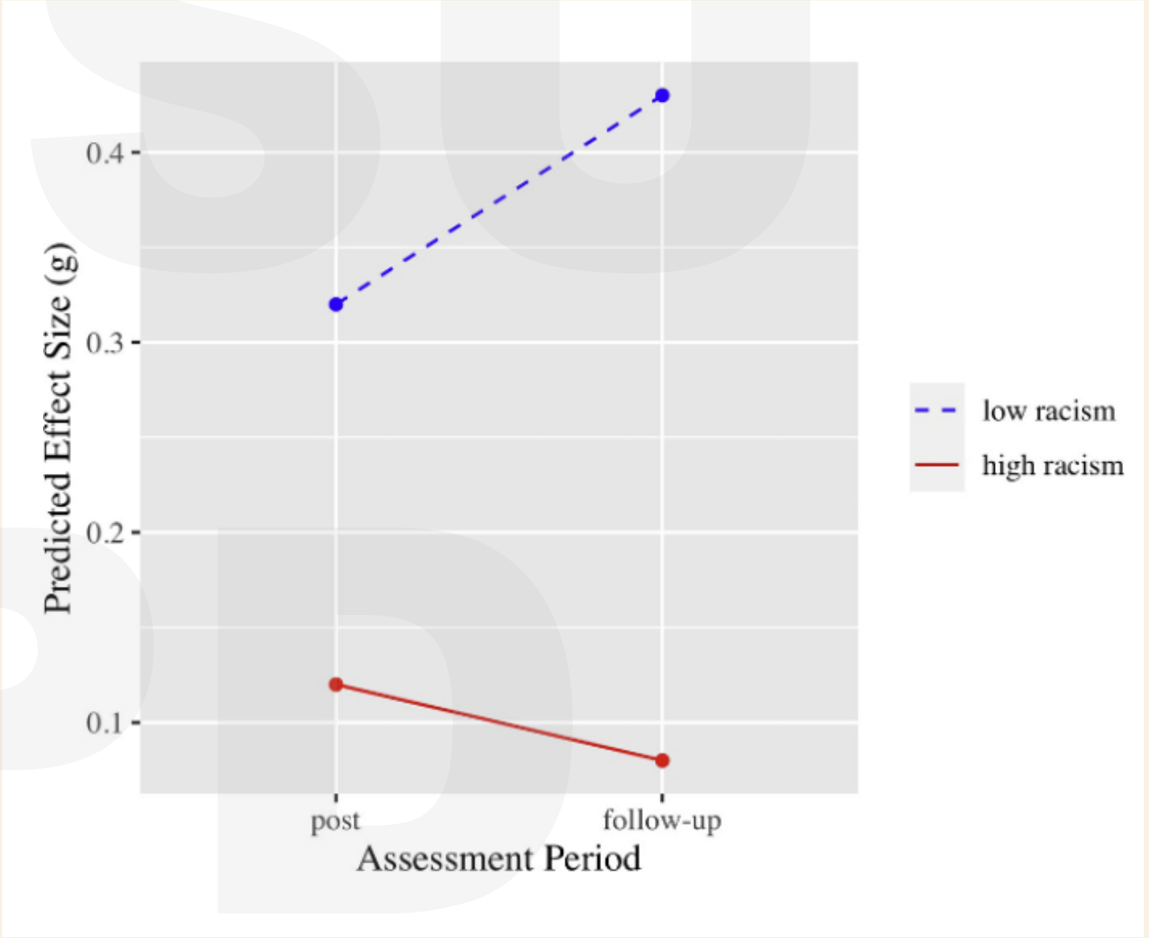
Gathering a detailed story from an individual, understanding context, culture, intersectional identity, relationships, hopes, dreams, histories, and hurts helps provide a more complete picture of the role symptoms are playing in one's life. Psychoanalyst and researcher on psychotherapeutic approaches to psychosis, Stijn Vanheule writes: "Diagnosis should not primarily focus on the detection of disorders, but on a clarification of the role and function of a symptom within someone's functioning. Diagnosis in the field of mental health should be function-oriented rather than disorder-oriented"

Vanheule S. Psychiatric Diagnosis Revisited. Springer International Publishing: 2017. p169

CONTEXT MATTERS: RACISM & MENTAL HEALTH

One study of psychotherapy for Black youth:

- Meta-analysis of psychotherapy studies between 1963 and 2017
- 194 studies (N = 14,081 participants; ages 2-19)
- 158 majority-White / 36 studies majority-Black
- Psychotherapies tested with samples of majority-Black youth were significantly less effective in states with higher (vs lower) levels of anti-Black cultural racism



Price MA, Weisz JR, McKetta S, et al. Meta-analysis: Are Psychotherapies Less Effective for Black Youth in Communities With Higher Levels of Anti-Black Racism? J Am Acad Child Adolesc Psychiatry. 2022;61(6):754-763.

CONTEXT MATTERS: THE ENVIRONMENT / GREENSPACE

In a study in Denmark, living at the lowest amount of green space was associated with a 1.52-fold increased risk of developing schizophrenia compared to persons living at the highest level of green space1 (controlling for urbanization, age, sex, and socioeconomic status controlled).

In another study of youth (n=1,287) ages 9-18 living in Southern California, examined Child Behavioral Checklist (CBCL) data and found that living next to green space (within 1,000 meters) was associated with decreased rates of aggression with sociodemographic data (age, gender, race/ethnicity, and socioeconomic status) not playing a role.

Engemann K, Pedersen CB, Arge L, Tsirogiannis C, Mortensen PB, Svenning JC. Childhood exposure to green space - A novel risk-decreasing mechanism for schizophrenia?. Schizophr Res. 2018;199:142-148.

Younan D, Tuvblad C, Li L, et al. Environmental Determinants of Aggression in Adolescents: Role of Urban Neighborhood Greenspace. J Am Acad Child Adolesc Psychiatry. 2016;55(7):591-601.

CONTEXT MATTERS: NEIGHBORHOODS

- A sense of neighborhood cohesion is often measured with questions like: “do you trust your neighbors?” or “could you borrow an item from them?”

- Psychotic symptoms, such as paranoia, may be seen as heightened perceptions about the hostility of one’s external environmental and erroneous attribution of persecutory notions (including voices) to external agents

- Researchers in one study write: “disorganized, deprived neighborhood context with low mutual trust and reciprocity fosters experiences of exclusion, perceived hostility and paranoid thoughts, that may take on psychotic intensity in individuals with vulnerability to psychosis.”

1Chum A, Teo C, Azra KK. Does the longitudinal association between neighbourhood cohesion and mental health differ by ethnicity? Results from the UK Household Longitudinal Survey. Soc Psychiatry Psychiatr Epidemiol. 2022;57(4):859-872.
2Newbury JB, Arseneault L, Caspi A, et al. Association between genetic and socioenvironmental risk for schizophrenia during upbringing in a UK longitudinal cohort [published online ahead of print, 2020 Sep 25]. Psychol Med. 2020;1-11.
3Veling W, Susser E, Selten JP, Hoek HW. Social disorganization of neighborhoods and incidence of psychotic disorders: a 7-year first-contact incidence study. Psychol Med. 2015;45(9):1789-1798.

CONTEXT MATTERS: CHILDHOOD ADVERSITY

An extensive meta-analysis showed that adverse childhood experiences increase the risk of psychosis.

TABLE 1. Results of the separate meta-analyses focusing on specific subtypes and specific dimensions of childhood adversity[a]

Adversity Subtype or Dimension	Number of Studies	Sample Size (N)	Odds Ratio	95% CI	Q Test	p	I^2 (%)	95% PI	Orwin's Fail-Safe N	Egger's Test (Wald, F Statistic)	p
Adversity subtypes											
Sexual abuse	109	137,147	2.57	2.31, 2.87	590.83	<0.001	80.50	1.08, 6.14	1015	z=3.41	<0.01
Physical abuse	103	142,175	2.42	2.16, 2.70	544.85	<0.001	83.77	0.95, 6.13	931	z=4.41	<0.01
Emotional abuse	78	64,626	3.54	3.04, 4.13	544.85	<0.001	87.70	1.08, 11.63	961	z=3.47	<0.01
Physical neglect	60	14,646	3.29	2.82, 3.85	236.27	<0.001	74.40	1.21, 8.98	672	z=1.22	0.22
Emotional neglect	67	41,313	3.26	2.79, 3.80	450.63	<0.001	82.43	1.10, 9.74	743	z=1.71	0.09
Bullying	27	53,111	2.42	1.97, 2.96	303.99	<0.001	90.60	0.87, 6.73	211	z=0.32	0.75
Parental death	19	62,925	1.61	1.14, 2.28	74.88	<0.001	89.03	0.38, 6.81	88	z=1.96	0.05
Parental separation	17	61,435	2.39	1.76, 3.23	102.34	<0.001	88.79	0.74, 7.73	151	z=2.41	<0.05
Parental antipathy	4	135,222	1.58	1.48, 1.68	3.46	0.33	0.02	1.42, 1.75	20	z=0.78	0.43
Adversity dimensions											
Threat	130	168,941	2.78	2.53, 3.05	1,952.76	<0.001	72.40	1.11, 6.79	1273	F=36.60	<0.001
Deprivation	80	86,094	3.23	2.82, 3.71	917.35	<0.001	62.20	1.18, 8.86	701	F=11.41	<0.001

[a] Q and I^2 statistics evaluate and quantify the amount of observed variance accounted for by true heterogeneity rather than sampling variability. As I^2 is sensitive to the number of included studies, the 95% prediction interval (PI) provides a range in which the effects of future studies could be expected to fall. Orwin's fail-safe N estimates the number of unpublished studies with null results required to nullify the observed effect. Egger's test adapted for multilevel models evaluated publication bias.

Zhou L, Sommer IEC, Yang P, et al. What Do Four Decades of Research Tell Us About the Association Between Childhood Adversity and Psychosis: An Updated and Extended Multi-Level Meta-Analysis. Am J Psychiatry. 2025;182(4):360-372.

CONTEXT MATTERS: ETHNORACIAL FACTORS

Schwartz and colleagues offer some ideas:

- Clinicians may misinterpret an individual's description or misidentify mental status
- Bias about "normal development" and about dangerousness or otherness may be prevalent
- Ethnocultural differences in actual presentations and symptoms may exist; these may be unknown to clinicians who have insufficient background in working with individuals / families
- A challenge for clinicians to learn more about ethnocultural and intersectional identities and be more curious and humble in interviewing and providing a diagnosis

Schwartz RC, Blankenship DM. Racial disparities in psychotic disorder diagnosis: A review of empirical literature. World J Psychiatry. 2014 Dec 22;4(4):133-40.

CONTEXT MATTERS: INTERVIEW TYPES

Structured / Semi-Structured Interviews:
SIPS, SCID, KSADS

Active Listening Strategies:
Time, CFI

PERSON

DIAGNOSIS

DSM5 CULTURAL FORMULATION INTERVIEW (CFI)

K-SADS and SCID help us better understand categorical diagnosis, but may not help us understand the person

CFI may help us better understand:

- Values, orientations, knowledges, and practices
- Aspects of a person's background, experience and social contexts
- Influence of family, friends, and other community members

The Cultural Formulation Interview was developed by Roberto Lewis-Fernández and colleagues in the DSM-5 Cross-Cultural Issues Subgroup

The two tools that they developed that are key to EASA Work include:

- Cultural Formulation Interview
- Cultural Formulation Interview – Informant Version
- Cultural Formulation Interview – Supplementary Materials

Please watch the SAMSHA/Mental Health Technology Transfer Center Network video: https://www.youtube.com/watch?v=EDr-qPRg0Cc

&/or

OHSU Psychiatry Grand Rounds Video with Dr. Lewis-Fernández

https://echo360.org/media/245c264b-e6b8-4d54-b6df-0922575c6247/public

WORDS MATTER: SIGNIFICATION

If you ask questions that are misunderstood or anathema to one's way of thinking about the world, they may answer in completely different ways. It is important to "chase" signification and understand what words mean to individuals.

CU: "Tell me about your anxiety."

Clt: "My parents are always using that word. 'Anxiety.' For the last time. I'm not anxious. I've never said I was anxious. I don't even know what that means. I don't feel it. I'm angry. Angry that they keep using that word and now you too."

CU: "Tell me about your life…for example, you talked about how hard it is to be interrupted in your bathroom routine. Can you share what that's like for you?"

Clt: "It's awful. I just get these funny feelings. I might sweat, my heart might beat fast, and I'll have the feeling like, ya' know, something left undone. Makes me feel weird."

"Tree"

WORDS MATTER: SIGNIFICATION

- “He’s demonstrating unsafe behaviors” leaves much to the imagination
- “Contracted for safety,” unless made more specific offers little in the way of clinical utility or meaningful communication to another provider
- A phrase like “I ruled out depression, her Childhood Depression Inventory was fine” conveys an inadequate understanding of youth depression
- “He’s depressed” or “she’s totally psychotic,” something like “they are rapid cycling,” or “he’s hearing things that others don’t hear” leave listeners wanting more detail to make meaning that might lead to a categorical diagnosis or a nuance, contextually-rich understanding

"THE WORD IS THE MURDER OF THING" – JACQUES LACAN

- CU: “Can you share with me what makes life feel worth living?”
- Young person: “Huh?”
- CU: “I mean like, what do you look forward to? What makes getting out of bed in the morning feel worth it?”
- Young person: “Ummmm”
- CU: “Does anything make life feel worth living? If so, what?”
- Young person: “Oh, you want to know my C-SSRS numbers!”

FROM DISORDER TO ORDER, PATHOLOGY TO THRIVING

We spend a lot of time characterizing “disorders,” trying to understand and name that which is going wrong in someone’s life. It may be equally and even more important to elicit from the young people with whom we are privileged to work, what constitutes mental health (not merely the absence of illness) to them.

Martin Seligman, positive psychologist, offers that “flourishing” entails:

- Positive emotion: capacity for joy and gratitude
- Engagement: being absorbed in activities and relationships
- Relationships: cultivating strong and meaningful connections
- Meaning: finding purpose and a sense of belonging
- Accomplishment: achieving goals, feeling agentive

Freud asserts it is the ability to work and love.

What do you think?

Eudaimonia

Often translated as flourishing, living well or the good life, Aristotle considered *eudaimonia* a dynamic living consistent with one’s virtues and reason.

LEARNING OBJECTIVES REVISITED

In this presentation, we ‘ve considered….

1

How diagnoses help us:

1. Communicate with colleagues
2. Study treatment approaches
3. Share with people general outlines of what we think is going on and what might help
4. Describe to payers our rationale

2

That diagnoses can be problematic:

- potentially stigmatizing
- historically misused,
- lead to endless searches for the “right” label
- Ambiguous due to heterogeneity (2 people with schizophrenia may be vastly different)

3

3 Paradigms

1. Categorical: symptoms clusters → present/absent
2. Dimensional: various domains with characteristics on a spectrum
3. Case Formulation: involving meaning, context, values, the role of symptoms, 4E cognition

4

3 Paradigms + / -

1. Categorical: straightforward and has led to progress
2. Dimensional: more nuanced, but not widely accepted, fully researched, and leads to ambiguity (SIPS)
3. Case Formulation: show respect for individual, but time-consuming and highly individualistic, tx ?

THANK YOU FOR LISTENING AND FOR THE CARE YOU PROVIDE

"Theory will cause me, unconsciously, when I do not expect it, to adopt a special listening....It is necessary to be passionate about theory so that in turn it can have an effect on us, and make us act without our knowledge."

-Juan David Nasio

Please let me know if you have any questions. I love theorizing, but/and readily welcome your thoughts on optimizing the relevance of this exploration.

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