

METHODODOLOGICAL APPROACHES TO THE DEFINITION OF PATHOLOGY,
DISORDERS AND DISEASE IN PSYCHIATRY

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Medicine nowadays is inclining to a more complex and modern point of view, according to which the individual's well-being in life and the satisfactory state of his health is a reflection of the satisfaction of his needs and adaptation in the physical, psychological and social spheres. Our time is characterized by a constant increase in information loads associated with participation in social processes. This trend is observed all over the world and in Ukraine in particular. Under conditions of mental trauma impact on the personality, there is a simple alternative: either a person remains mentally and somatically healthy due to his own resistance to stress and the presence of effective psychological protection, or a psychogenic pathology occurs. However, there is a convincing evidence that numerous borderline manifestations are possible and do exist between normal and pathological phenomena. Moreover, the same mechanisms operate in psychogenic reactions and reactive states as in "normal" mental life in most cases. The category of norm is used as a basic aspect of comparing the current (actual) and unchanged (usual) state of a person. Deviation from the norm is regarded as a disease - a condition that is not "normal" and "usual".

Key words: mental health, mental norm, mental illnesses.

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Introduction.

The problem of identifying mental disorders and attitude towards them is socially confrontational. Such urgency requires professionals to form and follow clear canons of activity, a subtle understanding of the differential aspects. In particular, this concerns the definition of the concepts of pathology, disease and disorder [1, 2].

The aim of this work.

To describe and systematize the concept and definition of the clinical norm in psychiatric practice.

Main part.

It is known that any deviation from the established norm can be characterized as *pathology*. The original meaning of the Greek word *patos*, from which the term "pathology" is derived, is suffering, or an unusual condition. Accordingly, only the deviation from the norm is recognized as pathological, which causes emotional discomfort and therefore is rejected psychologically. The concepts of "egodystonic" and "egosyntonic" are used in this case [3, 4, 5].

Egodystonic is characterized by a pronounced concern about his unusual tastes, the presence of which causes a person to suffer and a desire to change or hide them.

Egosyntonic is characterized by the perception of own preferences as natural, consistent with the ideas of the personality.

The usage of the word "pathology" also implies the presence of one leading cause of abnormality. However, the same mental state can have several causes. For example, depression can be caused by neurochemical and hormonal changes, but with the same probability they can be caused by psychogenic stress. Therefore it

is often very difficult to unequivocally state which level changes are the primary cause of the existing deviations from the norm.

There are two points of view in the definition of the disease [6]:

- disease is any condition that is diagnosed by a professional;

- disease is a subjective feeling of being sick.

In the first case the disease is considered as a functioning disorder assessed by objective characteristics. But people do not turn to professionals about many diseases, and there are almost no objective human functioning standards.

The second approach also has its limitations: a patient-reported condition reflects the patient's problems rather than the disorder itself. In addition, with a number of severe somatic conditions (for example, tuberculosis) subjective deterioration of well-being may not be.

In modern medicine there are two models of the disease: biomedical and biopsychosocial [7, 8].

Biomedical model of the disease exists since the XVII century and focuses on the study of natural factors as external causes of the disease. In the middle of the 20th century, the biomedical model was subjected to revision under the influence of the concept of the general adaptation syndrome Hans Selye (1954). According to this concept, the disease is a consequence of maladaptation (from Latin *Malum* + *adaptum* - evil + adaptation - chronic disease) - incorrectly directed or excessive adaptive reaction of the organism. The interaction of diathesis and stress explains any disease.

The biopsychosocial model of the disease originated from the late 70s of the 20th century and is based on the vision of the disease as a hierarchical continuum, in which each lower level appears as a component of the higher, including its characteristics and experiences its influence. A person with his experience and behavior is in the center of this continuum.

Assessment of health state in this model anticipates the leading role of psychological factors [9]. Subjectively, health is manifested by a feeling of optimism, somatic

and psychological well-being, the joy of life. Accordingly, the disease is considered as a dysfunction that is the inability to adapt in a specific socio-cultural area [10]. At the same time only a functioning disorder that needs therapy (correction) is a disease, as it damages working capacity and social relations, and causes suffering. The responsibility for recovery in the biopsychosocial model of the disease is fully or partially the sick people's duty.

It is necessary to recognize that for many psychiatric disorders only a correlation is established, and not a causal relationship between pathological symptoms and morpho-functional changes. Moreover, similar transformations can be detected in practically healthy individuals. In this case, supporters of the traditional construct of the disease talk about the so-called "latent" disease course. In clinical practice this approach was called "nosocentric".

Since the terms «pathology» and «disease» have a strongly pronounced evaluation component, in case of abuse it allows to pin down any person who does not correspond to the dominant ideal or statistical norms with a label as a «sick». Therefore, many scholars advocate their exclusion from the lexicon of psychiatrists and clinical psychologists. As a substitute, it is suggested to use the definition of "disorder" or "mental, personality and behavioral disorders" covering various types of disorders. The use of the word "pathology" is left exclusively for characterizing the biological level of functioning.

Disturbance is a violation of a condition that was previously normal for a person.

Disorders can be caused by the interaction of a number of factors of the biological, mental and social level, and in each particular case one or another factor may be leading. Therefore, the use of the term "disorder" seems to be optimal for today.

Mental disorder diagnosis is based on three main criteria:

1) exceeding of the statistically acceptable frequency of occurrence of certain reactions in a certain period of time. For example, if five of the nine signs of depression are observed for at least two weeks, this condition is defined as a depressive disorder;

2) dysfunction is a condition that prevents a person from achieving the goals adequately;

3) behavior from which the individual or others suffer.

Only the observation of forms of mental activity that are different from the norm is not yet the basis for the application of the term «disorder». Psychological phenomena (individual and personal features of functioning) and psychopathological symptoms often have quite a significant external similarity. For example, without detailed objective information, it is difficult to distinguish suspicion of adultery, which is a consequence of problems in interpersonal communication of spouses, and delirium of jealousy that arises as a manifestation of the psychopathological process.

At the beginning of the 20th century Karl Jaspers relying on the phenomenological philosophy of Edmund Husserl proposed a phenomenological approach in medicine that provides two ways of assessing a patient's mental state and both are purely subjective:

a) imagination oneself to the patient's place is a sensation that is achieved through the retransmission of a number of external signs of a mental state;

b) analysis of the conditions in which these characteristics are interconnected in a certain sequence.

According to this concept, in order to distinguish between psychological phenomena and psychopathological processes it is important to follow the logic by which the patient builds cause-effect relationships in the objective consciousness (sees reality) and objective consciousness and self-consciousness that he considers necessary to do in subjectively perceived reality. Relying on this thesis, *Kurt Schneider (1959)* formulated the first principle of distinction: *the psychopathological symptoms are determined only by what can be proven.*

The proof is based on the general laws of logic (the law of identity, the law of sufficient grounds, and the law of the excluded third), using the criteria of reliability (credibility) and probability (the use of analogies).

In accordance with *Kurt Schneider's* principle, it is always necessary to compare two logics: *the external logic* of the patient's behavior and *the logical explanation* of this behavior by himself. As a result a problem arises: to explain on which basis the subjective logic of the patient is considered as such which runs counter to the external logic of explanation of behavior.

One of the most widely used models for solving this problem is *the model of deductive-logical explanations of events*. Normal explanation of events must correspond to the so-called *adequacy conditions*:

- patient's arguments explaining his behavior must be logically correct, and not contradict the formal laws of logic;

- events described by the patient should be based on empirical evidence or high probability under certain hypothetical circumstances. The degree of probability is fundamentally determined by the principle of analogy that is the more likely the event is the more similarities in what the patient tells about what happens to most other people.

In clinical practice it is the most difficult to find people whose assertions could satisfy the credibility requirements. Moreover, a serious limitation is the linkage of the adequacy assessment to existing knowledge of the state of affairs as it is often incomplete and dynamically changing rather than absolute.

In accordance with this approach, the main criterion of the proof is not the absurdity of the statement, but the analysis of the probability spectrum of a correct patient inference on the basis of available facts and socio-cultural conditions.

Conclusions.

Taken this into consideration, we can state that neither technical progress nor the formalization of medical activity will ever be able to level the significance of subjective factors in the psychiatrist activity, the high demands on his personality and his own mental health.

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МЕТОДИЧНІ ПІДХОДИ ДО ВИЗНАЧЕННЯ ПАТОЛОГІЇ, РОЗЛАДУ ТА ХВОРОБИ В ПСИХІАТРІЇ

Ісаков Р. І.

Резюме. Зараз медицина переходить до більш складної і сучасної точки зору, згідно якої задовільний стан здоров'я індивідуума і його життєве благополуччя є відображенням задоволення його потреб та адаптації в фізичній, психологічній та соціальній сферах. Наш час характеризується невпинним зростанням інформаційних навантажень, пов'язаних із участю у суспільних процесах. Така тенденція спостерігається у всьому світі і в Україні зокрема. В умовах впливу на особистість психічної травми є проста альтернатива: або людина лишається розумово і соматично здоровою по причині власної стійкості до стресу і наявності ефективного психологічного захисту, або ж виникає психогенна патологія. Проте, є переконливі докази того, що між нормальними і патологічними явищами можливі і насправді існують численні межові прояви. Більше того, у більшості випадків, при психогенних реакціях і реактивних станах діють ті ж самі механізми, що і в «нормальному» психічному житті. Загалом, поняття межі норми в поведінкових реакціях є дуже розмитим. Реакцію на безпосередній подразник можна вважати нормальною, якщо вона по силі відповіді адекватна інтенсивності стимулу, а її тривалість дорівнює тривалості дії психотравми. Нормальна реакція завжди мотивована і є чуттєво адекватною відповіддю на переживання. Категорії норми і патології, здоров'я і хвороби мають надважливе значення. Категорія норми використовується як базовий критерій порівняння поточного (актуального) і постійного (звичного) стану людини. Відхилення від норми розглядається як хвороба – стан, що не є «нормальним» і «звичайним». Однак змістовне, а не інтуїтивне визначення клінічної норми – важлива методологічна проблема. Питання визначення порушень психічної діяльності і ставлення до них, є надзвичайно дискусійним і соціально конфронтаційним. Така актуальність вимагає від професіоналів формування і дотримання чітких канонів діяльності, тонкого розуміння диференційних аспектів. Особливо це стосується визначення понять патології, хвороби та розладу в психіатричній практиці. У статті наведено та обґрунтовано визначення патології, хвороби та розладу.

Ключові слова: психічне здоров'я, психічна норма, психічні захворювання.

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Abstract. Medicine nowadays is inclining to a more complex and modern point of view, according to which the individual's well-being in life and the satisfactory state of his health is a reflection of the satisfaction of his needs and adaptation in the physical, psychological and social spheres. Our time is characterized by a constant increase in information loads associated with participation in social processes. This trend is observed all over the world and in Ukraine in particular. Under conditions of mental trauma impact on the personality, there is a simple alternative: either a person remains mentally and somatically healthy due to his own resistance to stress and the presence of effective psychological protection, or a psychogenic pathology occurs. However, there is a convincing evidence that numerous borderline manifestations are possible and do exist between normal and pathological phenomena. Moreover, the same mechanisms operate in psychogenic reactions and reactive states as in "normal" mental life in most cases. In general, the normal range concept in behavioral reactions is very vague. A reaction to a direct stimulus can be considered normal if it is adequate to the intensity of the stimulus in terms of the strength of the response, and its duration is equal to the duration of the psychotrauma. A normal reaction is always motivated and is a sensually adequate response to an experience. The categories of norm and pathology, health and disease are of the utmost importance. The category of norm is used as a basic aspect of comparing the current (actual) and unchanged (usual) state of a person. Deviation from the norm is regarded as a disease – a condition that is not "normal" and "usual". However, a meaningful, rather than intuitive, definition of the clinical norm is an important methodological problem. The issue of defining disorders of mental activity and attitudes towards them is extremely debatable and socially confrontational. Such relevance requires professionals to form and observe clear canons of activity and a

subtle understanding of differential aspects. This is especially true of the definition of the concepts of pathology, illness and disorder in psychiatric practice. The article presents and substantiates the definitions of pathology, disease and disorder.

Key words: mental health, mental norm, mental illnesses.

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