OH WOW!
PARADIGM SHIFT!
Philosophique
Dementia,  
Mania,  
Idiocy,  
Melancholia,  

On Fantasy  
Dementia,  
Mania,  
Melancholia,
DEMENTIA PRAECOX
Young male becomes demented dysfunctional

HEBEPHRENIA
Young male, disorganized restless loose associations
Fragmented experiences

CATATONIA
Signs of motor abnormalities freezing, waxy-flexibility
Emil Kraepelin

- Dementia praecox
- Manic depressive psychosis
- Paranoia (today delusional)

Based on prognosis medical model

Based on prognosis

Eugen Bleuler

**Schizophrenia**
Schizo - Prenus

4 A’s
Affect
Associations
Ambivalence
Autism
Emil Kraepelin

- Dementia praecox
- Manic depressive psychosis
- Paranoia (today delusional)

Based on prognosis medical model

Based on prognosis

Eugen Bleuler

Schizophrenia
Schizo - Prenus

4 A’s
Affect
Associations
Ambivalence
Autism

Sigmund Freud

Id
Ego
Super-ego
Sigmund Freud, the Noted Viennese Psychologist, Has Interest in Our Everyday Activities.
Emil Kraepelin

- Dementia praecox
- Manic depressive psychosis
- Paranoia (today delusional)

Based on prognosis medical model

Eugen Bleuler

Schizophrenia
Schizo - Prenus

4 A’s
Affect
Associations
Ambivalence
Autism

Sigmund Freud

Id
Ego
Super-ego
ON BEING SANE IN INSANE PLACES†

D. L. Rosenhan*

INTRODUCTION

If sanity and insanity exist, how shall we know them?

The question is neither capricious nor itself insane. However much we may be personally convinced that we can tell the normal from the abnormal, the evidence is simply not compelling. It is commonplace, for example, to read about murder trials wherein eminent psychiatrists for the defense are contradicted by equally eminent psychiatrists for the prosecution on the matter of the defendant's sanity. More generally, there are a great deal of conflicting data on the reliability, utility, and meaning of such terms as "sanity," "insanity," "mental illness," and "schizophrenia." Finally, as early as 1934, Benedict suggested that normality and abnormality are not universal. What is viewed as normal in one culture may be seen as quite aberrant in another. Thus, notions of

† This article was originally published in SCIENCE, Jan. 19, 1973, vol. 179 at 250, copyright 1973 by the American Association for the Advancement of Science. The article is reprinted here with the permission of the American Association for the Advancement of Science and the author, Dr. D.L. Rosenhan.

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2. R. Benedict, Anthropology & The Abnormal, 10 J. GENERAL PSYCHOL. 59 (1934).
The Rozenhan experiment
*Being Sane in Insane places*

1970

David Rosenhan

Robert Spitzer MD
Allen Frances MD

RDC
Research
Diagnostic Criteria

Inter-rater Reliability

US UK study

Diagnostic and Statistical Manual of Mental Disorders (3rd edition)
Table 1
*DSM Versions I–IV, 1952–1994*

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<th>Year</th>
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<th>Total Number of Pages</th>
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</tbody>
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2010

No Etiology (not brain related)

No Category & Not Personalized

No Pharmacology (no med’ efficacy)

Hampered Research (no advance)
The goal of this new manual, as with all previous editions, is to provide a common language for describing psychopathology.

While DSM has been described as a “Bible” for the field, it is, at best, a dictionary, creating a set of labels and defining each.

The strength of each of the editions of DSM has been “reliability” – each edition has ensured that clinicians use the same terms in the same ways.

The weakness is its lack of validity ... Patients with mental disorders deserve better.

Lack of validity

Tom Insel
Previous head of NIMH
<table>
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<th>Domains/Constructs</th>
<th>Units of Analysis</th>
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<td>Potential threat (&quot;anxiety&quot;)</td>
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<td>Attachment formation and maintenance</td>
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<td>Arousal and Regulatory Systems</td>
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<tr>
<td>Arousal</td>
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RDoC
I am depressed, what do I have doctor? Please tell me.

You have depression.

Gee – isn’t that what I just told you? Can’t you give me any added value?

My stomach hurts, what do I have doctor?

You have Appendicitis.

Place in the body

What happened to it
It is infected

How to treat it
Antibiotics
BUT THERE ARE TREATMENTS / MED’s