EAPM 2018
6TH ANNUAL SCIENTIFIC CONFERENCE OF THE EUROPEAN ASSOCIATION OF PSYCHOSOMATIC MEDICINE · EAPM ·
INNOVATIVE AND INTEGRATED APPROACHES TO PROMOTE MENTAL AND PHYSICAL HEALTH
Verona (Italy), 27-30 June 2018

21st Century Psychiatry: Acknowledging complexity while avoiding defeatism

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The current perception of a crisis in our discipline has been in part generated by the identification of mainstream psychiatry with the neo-kraepelinian paradigm. The recent crisis of confidence in that paradigm has expanded to some extent into a crisis of confidence in the discipline as a whole. Here I list a series of new principles that are emerging within the current period of "extraordinary science" following the crisis of the neo-kraepelinian paradigm. The domain of psychiatry consists of patterns of intercorrelated reported experiences and observed behaviours which allow professionals to make non-trivial inferences about further course and management (so-called predictive validity or clinical utility). There is no assumption today that these patterns of mental disorder are all "natural kinds" (i.e., discrete entities marking a real division in nature). Our current diagnostic systems are instead likely to be a collection of intrinsically different constructs. The notion that these patterns are independent from each other has proved to be invalid: "comorbidity" is not an artefact of our current diagnostic systems; it is an intrinsic feature of psychopathology. That there is a clear boundary between the normal and the sick is also not supported by current evidence. Research on virtually all the main patterns of mental disorder points to a continuity between the full diagnosable forms and some experiences, behaviours or traits which appear to be relatively common in the general population. The threshold for the clinical diagnosis has to be drawn arbitrarily mostly on the basis of severity or functional impairment, and validated on the basis of its predictive value in terms of outcomes and choice of treatment. A simple deterministic etiological model, such as that applicable to infectious diseases, cannot be extended to mental disorders, which are instead the product of the complex interaction of a variety of vulnerability and protective factors. Rather than searching for disorder-specific genetic or environmental causes, our task is today to identify "constellations" of vulnerability and protective factors which are associated significantly with the various patterns of mental disorder. The idea of a common final pathogenetic pathway leading to each pattern of mental disorder is also regarded today as implausible. The relationship between a given pattern of mental disorder and the response to a given treatment is only probabilistic. All psychiatric therapies do not work in a vacuum, but within a social context, which accounts for a significant proportion of the variance of outcomes. Users should be regularly involved in decisions concerning treatment, as well as in the assessment of outcomes.