**PSYCHOLOGICAL PERSPECTIVES
ON HEALTH AND DISEASE**

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Consequences of a lack of focus on the aetiology of mental disorders in the psychiatric perspective on mental health

Introduction

Mental disorders are currently defined by two main diagnostic manuals, the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD). The first of these is issued by the American Psychiatric Association (APA), and the second by the World Health Organization (WHO). In terms of definition of mental disorder and explanation of the concept, the DSM-IV left much to be desired. In general, apart from broad wording, it did not explain the essence of the issue (Thyer, 2015). The DSM-5 is slightly more specific, but the conceptualisation of mental disorder is still criticised by scholars in the field (Thyer, 2015; Stein et al., 2010) not without a reason. The DSM-5 defines the problem in a very general way, using broad meanings and repetitive synonyms. The ICD-10 in turn, states that it is difficult to clearly categorise the phenomenon of mental disorder and that it is dependent on many contexts and perspectives. The ICD-10 approach makes it even more unclear how to understand the term “mental disorder.” The inability to create a clear concept is somewhat paradoxical, considering the fact that the definition appears in the two most important diagnostic manuals in the world. It seems, however, that the problem stems not only from ordinary wording but also, on a deeper level, from the aetiology and understanding the phenomenon of mental disorder. The purpose of this chapter is to critically evaluate the contemporary diagnostic methodology, monopolised by the medical worldview and represented by psychiatric perspectives, and to propose an alternative solution to the problem of understanding and dealing with mental health.

Medical Understanding of Mental Disorder

Inaccuracies and shortcomings in the definition of mental disorder seemingly have no significant meaning and give the impression of being a small part of the large amount of information available in the DSM or the ICD. However, the understanding of the concept of mental disorder determines how health and illness are assessed. A significant part of the definition in the DSM-5, especially its second part, is devoted to social aspects as a reference point, which varies by nature and is dependent on the historical and cultural contexts. Social aspects are also subjective, in that the majority determines, or has a significant impact, on societal norms. This situation creates a controversial possibility of the majority being decisive or influential in matter of conceptualizing mental health. Should the majority be considered infallible when deciding something is or is not a disorder? Another question is whether it is appropriate to include sociological aspects in defining health criteria in the field of psychology in general, and if so, to what extent. An additional issue that seems to be significant is the fact that including sociological aspects in the psychological definition makes the understanding of mental health relative and subjective. This, in turn, shifts the burden of a scientific concept towards opinion and worldview, which does not necessarily align with scientific evidence and facts. The above issues seem to be very important and should be carefully considered when discussing such important matters as mental health and the criteria for its evaluation.

Both diagnostic manuals, that is, the DSM and the ICD, represent the same diagnostic tradition, namely, the psychiatric, which derives from medicine. The methodological framework in the medical approach to health is generally categorical. In this context, the understanding of health is binary, that is, one can be healthy or ill. The diagnosis is not very likely to consider the dimension between these two states. While this type diagnosis has practical applications in medical settings, it does not necessarily do so in psychology and mental health. For example, according to the DSM-5, five of the nine determined symptoms of depression are required to diagnose the disorder. The fulfilment of only four criteria is defined as the absence of depression. Rationally speaking, however, the difference between the presence of four and five symptoms is very small, which is interpreted differently in the DSM. In practice, it causes people who

do not have severe mental disorders to be diagnosed as healthy, which is not necessarily true and can be harmful or even dangerous for patients. Differences between the DSM and the ICD in regards to diagnostic criteria occur at the level of verbal construction and formulation of meanings rather than the fundamental differences in the nature of a given disorder. In general, the DSM and the ICD are complementary rather than representing a different conceptual approach to mental health. There is no alternative currently on the mental health market that would effectively balance the dominance of medical and psychiatric principles formalised by the DSM and the ICD.

Psychological and Psychotherapeutic Approach to Understanding Mental Disorder

The psychological and psychotherapeutic approach is a diagnostic alternative which seems to be rarely known or undermined. One of its factions is the assumption in humanistic therapy, developed by Carl Rogers, stating that the burden of diagnosis and treatment is transferred to the patient (Rogers, 1977; Rowe, 1996;). This assumption is based on the intuitive self-actualising tendency, which can, with therapeutic assistance, carry the patient from a state of mental dysfunction to a state of integrated functioning. Thus, it is not necessary to define and name the problem in the framework of psychiatry. This approach, however, seems to be the extreme opposite to what is preferred by the DSM and the ICD. Seeing as humanistic psychotherapy has scant empirical evidence supporting it, it does not seem that it will be able to dominate clinical practice in the near future.

Cognitive-behavioural therapy (CBT) and the therapeutic tradition propose an alternative that is more appealing from an empirical perspective and seems to have great potential. In CBT, the identification of a mental health issue takes place in the process of case conceptualisation (or formulation). This is a cross-sectional approach going beyond the diagnostic criteria proposed by psychiatry and medicine (Dudley et al., 2011). Although this approach is consistent with diagnostic diagrams, it moves towards the perception of the phenomenon of mental disorder on an individual basis, taking into account the patient's personal context. This approach also abandons

the categorical perception of mental disorder in favour of a linear one in which the difference is visible but fluid instead of categorised.

Case conceptualisation represents a deeper approach to the problem, which respects psychological assessment and is adapted to the needs of psychotherapy. Namely, case formulation assumes an additional element that is omitted or very poorly articulated by the diagnostic manuals—the attention to the causes of the problem and the mechanism driving the diagnostic symptoms. Psychological aetiology fundamentally changes the diagnostic perspective and avoids the very dangerous phenomenon of relativism in psychology. Some unclear aspects of mental health would become clearer after turning our attention to the aetiology of the problem. In this way, the path to the possibility of manipulating psychological phenomena and concepts becomes more limited, and diagnosis would be at lesser risk of deserting the domain of facts and science. As scientists, we could be at risk of falling into a barren discourse based on worldviews that have little to do with scientific argument. History knows that some mental health concepts were changed or removed for social reasons (Drescher, 2015; Spitzer, 1981). Insight into the aetiology of a given disease phenomenon would also provide the opportunity to decide whether the disease belongs to the field of mental or physical health, as many of the diseases have both types of symptoms. For example, Alzheimer's disease and Down's syndrome certainly belong to both fields. The causative element, however, provides a clear explanation that the first is caused by somatic brain atrophy and that the second is a genetic disorder. In this case, it is clear that we are dealing with somatic diseases. In turn, stress is often the cause of circulatory troubles, insomnia, or cancer. Knowing their causes, it is easier to organise and plan a treatment strategy where the treatment of somatic symptoms only is obviously ineffective in the long-term perspective (Janowski et al., 2014).

Perspectives of Treatment

The dominance of the psychiatric perspective in mental health has its influence on the approach to treatment. Since a disorder is identified only through its symptoms, the treatment consists of removing only the effects of the problem, without the need to cure the causes. The consequence is the use of pharmacological means to remove symptoms, which may reappear when medication is

discontinued. Another risk is the possibility of patients becoming addicted to the medications that are treating the symptoms while the disease itself remains uncured. At this point, the question arises whether this approach is fair to the patient, and perhaps even ethical.

The psychotherapeutic approach offers another element to the concept of mental health, namely, solving the problem through addressing the causative component as well, or first of all. By observing the symptoms and knowing the causes in the complex mechanisms of the disorder, it is possible to better determine treatment strategies and reduce the negative effects of the disorder in the long-term perspective (Tarrier & Johnson, 2015).

The fact that the medical tradition is very well represented through the main diagnostic manuals while the psychotherapeutic one is significantly underrepresented or not represented at all in a decently structured way is a cause for concern. The presence of a diagnostic manual that describes mental disorders from the symptomatic and the causal perspectives would be a significant contribution to psychotherapy and would provide a healthy balance for understanding mental disorders. This lack has negative consequences not as much for the diagnosis itself as for the effectiveness and ethics of treatment, which is one-sided and overconsiders removing the symptoms and not their causes. It seems that contemporary psychology has become very susceptible to the creation of symptomatic concepts, abandoning somewhat the causal understanding in the clinical context that formed the essence of the scientific discipline at its beginning. One of the reasons for this direction is the empirical preference in the development of psychology, which creates new diagrams, diagnostic concepts, and criteria, but perhaps neglects the causal understanding of phenomena, which may lead to a dangerous relativism with regards to mental health.

Conclusion

The field of mental health and the issues of diagnosis and treatment revolve around the medical tradition represented by the psychiatric perspective, regularly updated in the DSM and the ICD. Another perspective on mental health exists and could be a very valuable contribution to the field if it were popularised. It would make a significant input for the development of psychotherapy and clinical

psychology and be a strong alternative for the treatment of mental disorders. To this end, a complete manual would need to be developed and the empirical evidence supporting the effectiveness of comprehensive treatment would need to mark its existence in the field of psychology. This lack leads to a situation of a monopoly, stimulating the development of pharmacological treatments and restraining the field of clinical psychology and psychotherapy, which prefer the nonpharmacological management of mental health issues. Promotion of psychotherapeutic concepts of mental disorders could create a healthy competition and stimulate the development of the entire field. It may have a positive impact not only on psychological and psychotherapeutic disciplines, but also on psychiatry and medicine themselves. The nature of psychic phenomena belongs to the domain of latent reality, and it is desirable for it to also be developed in that manner with inclusion of disciplines that have experience and long tradition in studying it.

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