156

Of the Making of Models, there is no end...
(with apologies to Ecclesiastes)

2) Thaddeus E. Weckowicz

3) Models of Mental Illness. Springfield: Charles C. Thomas, 1984.

Pp. 408. $39.50

Reviewed by

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The book begins with a general introduction and then proceeds to the concepts of normality and abnormality, the medical models, psychological models, sociocultural models and philosophical - moral approaches. The final chapter summarizes and contrasts all the models. All but the philosophical - moral approaches are regarded as belonging to the scientific domain and these are the models to which this review is addressed since the reviewer's competence, if any, ends with them.

The following themes are discerned in the current criticisms of the medical model: It has not been as successful in dealing with the mental disorders as with the somatic disorders of the infectious variety,

it usually treats the patient as an object, interferes with basic human rights, and does not allow for personal responsibilities and freedom. The behavioral anomalies in mental disorders which are the result of faulty conditioning and learning, should, according to the author, be treated by reconditioning and retraining through psychological rather than medical means. Those produced by faulty interpersonal relationships with peers should not be treated individually through dyadic interaction with one therapist.

Neurotic conflicts and anxieties are not diseases, but a normal part of the human condition. These contrasts between the medical and behavioral models set the stage for the discussion of the other models.

In view of the ignorance that surrounds the causes of mental disorders, the only avenue available for investigation is the scientific model approach. From the variety of approaches available (Zubin, 1971) the author adopts Kaplan's 1964 approach which "stresses their (the models') analogical role isomorphic in certain essential natures and aspects with the real world that they represent" (p.6). These Kaplanian concepts are adapted loosely to the consideration of mental disorders, because the phenomena do not lend themselves to rigorous treatment as in the physical sciences.

Normality is discussed from the standard, conventional points of view beginning with the statistical concept of normality (with some interesting historical developments of the concept) and proceeding to social norms and to ideal norms. The presence vs. absence of illness viewed as a discontinuous characteristic as opposed to the continuous character of normal behavior is discussed. It is clear that the concept of normality, like that of time, is well understood until an attempt is made to define it, as St. Augustine discovered, (quoted by the author).

A discussion follows of the various definitions of diagnosis beginning with diagnosis as a convention or operationally defined procedure, primarily atheoretical, to a more theoretical orientation in the form of syndromes, prognosis, and disease entities. The decision-making aspects of diagnosis based on Bayesian principles and signal detection methods are discussed as well as the "labelling" consequences of diagnosis.

The Medical Model

The medical model regards mental disorders as diseases of the brain and the abnormal behavior as symptoms of brain disease, providing a dichotomy between illness and health. Another disease model is the constitutional model which regards disease and health as lying on the same continuum. The constitutional model had been in the doldrums especially because of its dependence primarily on physique or somatotypes as tools of investigation. The failure of somatotyping to be of value in diagnosis and treatment has reduced interest in the constitutional model. However, with the renewed interest in endocrinology and genetics as factors in the development of the individual, the personality and genetic dimensions stressed in the German tradition, and the life history and environmental factors stressed in the American tradition has come a renewal of interest in the constitutional model. In general, while the disease model is usually unidimensional with a presence-or-absence dichotomy for the diagnosis, the constitutional model is multidimensional, pin-pointing the status of the individual in multidimensional space on a series of continuous variables. Only a small portion of the extreme corner of this multidimensional space is allotted to the disease.

Psychological Models

The psychological model is perhaps the author's preferred approach and the psychodynamic (Freud) behavioral (Skinner) cognitive (information processing) models are discussed at great length. The author sketches the focus of each model in the following thumb nail sketches. The psychodynamic model sees man as essentially an irrational individual driven by blind, instinctual impulses. The behavioral model perceives man as essentially a reflex machine. The cognitive model perceives man as a rational problem-solver and assumes the existence of complex information processing as the basis for the rationality. Two types of abnormality are found under the cognitive model; those stressing mainly abnormalities of cognitive structure and those stressing mainly behavioral inefficiency. The first deals with deviations in information processing of input, the second deals with deviations in behavioral output. It is difficult to draw a clear line of demarcation between these types of deviations because the recognition of both requires some kind of output.

Sociocultural Models

The sociocultural models regard the individual as located at the node representing the intersection of the sociocultural factors in the multidimensional space constructed from the social-cultural parameters of the model. The chief divisions of this model are (1) the positivistic view - which deals with either value-free events describable in

physicalistic terms (behavioral sociology) or with shared meanings of social actors rather than the physicalistic events; (2) psychological reductionism which deals with the question of whether the social order can be explained by human nature; (3) the humanistic approach which deals with the relation between human nature and society - involving such questions as whether the primary biological drives can be channeled by society, thus pitting the social cultural forces against the biological as the basis for psychopathology.

The author distinguishes between macrosocial and microsocial models. The former deals with large social units such as tribes, nations, cultures and cities, and the latter, with families, work groups, friendships, cliques, and therapy groups.

Macrosocial Models

There are several models that fall into this category. The structural-functionalist model regards society as an organism similar to a biological organism. "It is a whole composed of mutually related parts whose function is to preserve the integrity of the system and to maintain its boundaries" (p. 182). Talcot Parsons has formulated the model as composed of a system of statuses with each status accompanied by a social role. Psychopathology expresses itself in the failure of an individual to execute his social roles. There are two types of failure in the assumption of social roles: (1) impairment in the performance of pecific tasks associated with certain roles and (2) interference with playing the roles themselves or with assuming roles. Society recognizes

the breakdown of role execution as an illness and permits the individual to escape into a patient role, thus absolving him or her from role performance. It would be of interest to know just when mental patients were persuaded to assume the patient role rather than merely the role of a deviant in society. Several other models are discussed: (1) social disorganization - anomie model (Durkheim) (2) Conflict (diachronic) model (Karl Marx) (3) alienation model (Erich Fromm) and (4) labelling model (Scheff).

Microsocial Models

These models deal primarily with the immediate social network in four theoretical formulations: symbolic interactionism, small group dynamics, systems theory and psychoanalytical theory of group psychology. A good deal of attention is paid to the role of the family but surprisingly no mention of recent work on high and low emotional expression is included.

In the final chapter the author tries to order the multiplicity of models into some sort of system or perspective. He relegates the scientific models to the domain of logical empiricism and the others to the domain of hermeneutic - dialectical schools of philosophy. Attempts to provide a superdomain relating these two domains are discussed. Reductionism is one approach for accomplishing this end but is dismissed on the grounds that it is "impossible to translate propositions belonging to a higher level theory into those of a lower level without a

considerable loss of meaning. It is impossible logically to derive higher order scientific laws from lower order ones" (p. 334). Consequently, the author resorts to general systems theory which is explicitly antireductionist. But this theory too has its limitations since it is so general and abstract that it often appears empty.

Critique

It is difficult to evaluate the variety of models presented because of their number. The novel insistence on the return of the constitutional form of the medical model deserves attention. It should be noted, however, that the contrast the author proposes between the dichotomous nature of the categorical medical model and the continuous nature of the constitutional model may be a pseudoproblem dependent upon the state of the art (Zubin, 1979). As more knowledge accumulates and threshold values for the continuous dimensions are developed separating disease from health, the categorical approach is preferable. As still more knowledge accumulates indicating that the threshold values are not adequate, the constitutional approach takes over; this seesawing continues until the "true" nature of the condition becomes clear, if ever.

There are more limited aspects of 'perspectivism' than those afforded by the global reductionism and general systems approaches. One of these more limited, but pragmatic perspectives, appropriate to the functional mental disorders, which is now enjoying popularity is the diathesis-stress model that the author regards as belonging to the medical approach. In its more recent development as the vulnerability model, it may serve the purposes of the integrating model that the

author is seeking which transcends the boundaries of the medical, psychological and psychosocial models, and incorporates them as submodels. While it does not have the encompassing scope and elegance of reductionism or general systems theory, it nevertheless provides a work-bench model for furthering knowledge. In its expanded form it rests on the seven scientific models of etiology which vie for surpremacy in psychopathology: (1) ecological (primarily consisting of social-cultural-economic parameters) (2) developmental (3) learning theory (4) genetic (5) internal environment (6) neurophysiological (primary information processing parameters) and (7) neuroanatomical (recently revived by CAT scans, PET scans, nuclear magnetic resonance, (NMR), and other technological breakthroughs) (Zubin, 1971; Zubin et al, 1985). As a supermodel for integrating these submodels the vulnerability model has been proposed (Zubin and Spring, 1977).

The vulnerability model considers functional mental disorders as a reflection not of an ongoing disease, but of an underlying diathesis or susceptability to developing episodes which do not persist but terminate sooner or later. Life event stressors are needed to trigger these episodes. However, the episode may not materialize if the moderating variables of social networks, ecological niches and premorbid personality can contain the stress and thus abort the episode. From this point of view, some vulnerable individuals may never develop an episode, but if one does develop, it is not to be regarded as a permanent sickness, as the medical model views it. While the medical model regards the episode as life-long, occurring in a permanently sick individual who may have intermittent periods of wellness, the vulnerability model suggests that the episode is terminable, occurring in an essentially

well person with intermittent periods of illness. The vulnerability model, in a modest way, provides an integrative view which can serve as a framework for investigating markers of vulnerability and of episodes that can lead to discovering the sources of the vulnerability and possibly to means of preventive intervention.

The volume represents a prodigious effort in canvassing the outstanding models in psychopathology and represents an encyclopedic turn of mind.

The usefulness of this book inheres in the collection under one cover of nearly all the extant scientific models and extrascientific approaches to the problem of mental disorders. Whether it can serve as a textbook for senior undergraduates, junior graduate students in clinical psychology, psychiatric residents, other mental health professionals and interested laymen, is debatable. This is especially true since the literature coverage seems to end in the middle or late 70's with few references to the 80's. It can, however, serve as a source book or reference book for those concerned with the special aspects of explanatory models that are prominent in psychopathology. For this reason, the book is well worth having on one's shelf for ready reference.

REFERENCE

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