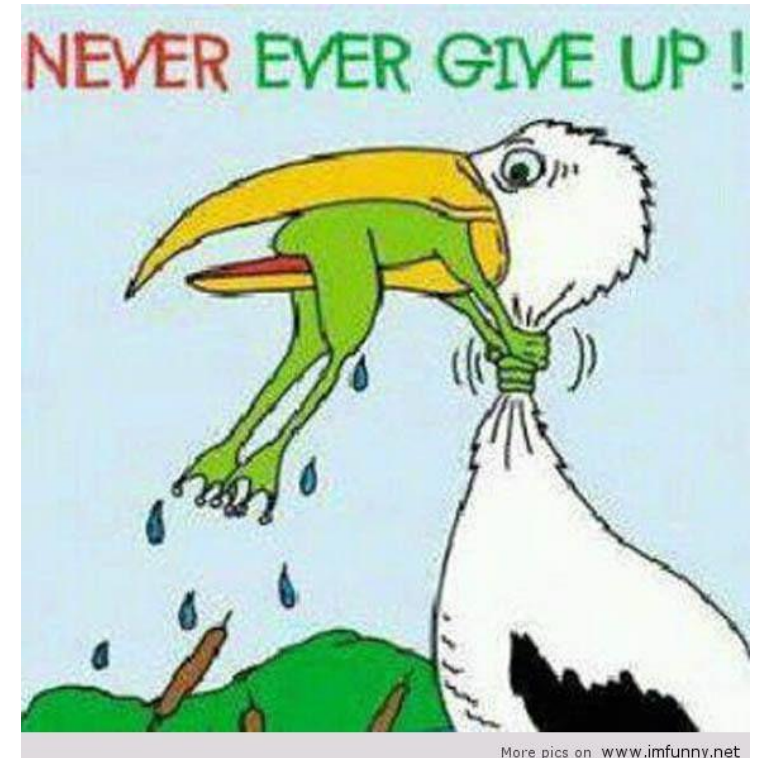


Skizotypi-diagnostik i region hovedstaden: Sygeliggørelse eller rettidig omhu?

... *“there is a natural temptation to ask who is right. It is important to realize, though, that in our present state of knowledge such a question is not only unanswerable, it is inherently meaningless”.*

UK-US study 1971



Casper Westergaard og Helene Speyer



Kan implicitte filosofiske biases forklare

- Forskellene i skizotypi-diagnostik?
- Den ufrugtbare dialog?

..... conceptual competency intends to bring humility to clinical interactions by highlighting the limits of the knowledge base of the whole endeavor

Karter 2021 (Journal of Humanistic Psychology)

PHILOSOPHY OF BIOLOGY

**Philosophical bias is the one
bias that science cannot avoid**

Allen Frances



5 Umpires Analogy		Philosophical position
Ontology (existence/being)	Epistemology (knowledge)	What you think a mental disorder is will affect how you think it can be known
<i>What is a mental disorder?</i>	<i>How can we know about mental disorders?</i>	
1) There are balls and strikes (realist)	1) I call them as they are (realist)	Strong realist: Mental disorders exist as abstract entities and we can detect them accurately
2) There are balls and strikes (Kantian realist)	2) I call them as I see them (weak constructionist)	Nominalist: Mental disorders are out there but not sure if diagnoses correctly sort them out ("carve nature at its joints")
3) There are no balls and strikes (antirealist; normitivist)	3) Until I call them (strong constructivist)	Constructivist: Mental disorders are constructs and have "uncertain ontic status apart from persons who instantiate them" (p. 7) and attempts at description create ways of seeing
4) There are balls and there are strikes (realist)	4) I call them as I use them (pragmatist)	Pragmatist: Mental disorders exist in nature and we create and use diagnoses that do the most good and least harm
5) The game is not fair and I will not play (Szazian)		Szazian: Mental disorders are a means of social control and to talk about them legitimizes their authority

Disordered Selfhood in Schizophrenia and the Examination of Anomalous Self-Experience: Accumulated Evidence and Experience

Julie Nordgaard^{a, b} Mads Gram Henriksen^{a, c, d} Lennart Jansson^{b, c}
Peter Handest^e Paul Møller^f Andreas Rosen Rasmussen^{a, c} Karl Erik Sandsten^c
Lars Siersbæk Nilsson^{c, d} Maja Zandersen^{c, d} Dan Zahavi^d Josef Parnas^d

We are, however, also facing a resistance to the psychopathological focus on self-disorders. In our view, such **resistance** is probably multi-determined. We can emphasize 3 issues:

- (1) Some psychiatrists continue to entertain a theoretical and simplistic view on psychiatric phenomena as being quite analogous to medical symptoms and signs, and therefore they seem to consider any conceptual enrichment of psychiatry as a **threat to psychiatry's medical allegiance**.
- (2) The self-disorder perspective questions the view of schizophrenia spectrum as solely a **"brain disease"** devoid of any personal or existential meaning.
- (3) A phenomenological approach is today considered burdensome, resource demanding, and **intellectually taxing**.

- Reliabilitet

- Validitet

- Utilitet

Reliabilitet

ICD-10 Blue book:

This diagnostic rubric is not recommended for general use because it is not clearly demarcated either from simple schizophrenia or from schizoid or paranoid personality disorders

Strukturelle faktorer kan påvirke

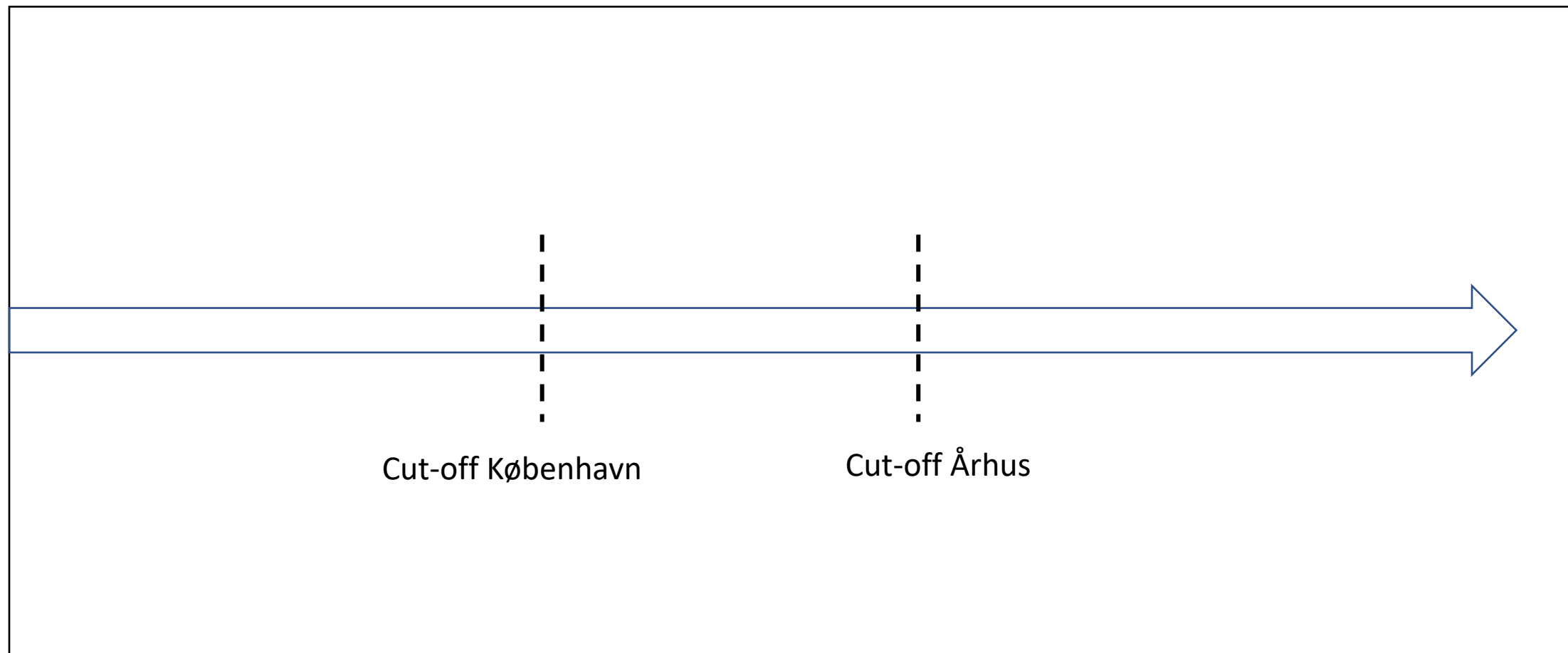
- **Fænomenologisk forskningsmiljø i København**
- **Manglende behandlingstilbud i Århus**

.... : “The diagnosis of mania was in danger of disappearing, at least in New York, until lithium salts were introduced as a specific treatment of manic illnesses. The interest aroused by this new drug has, however, caused patients who five years ago would have been regarded as schizophrenics to be diagnosed now as manic depressives in order that they may be given lithium salts”.

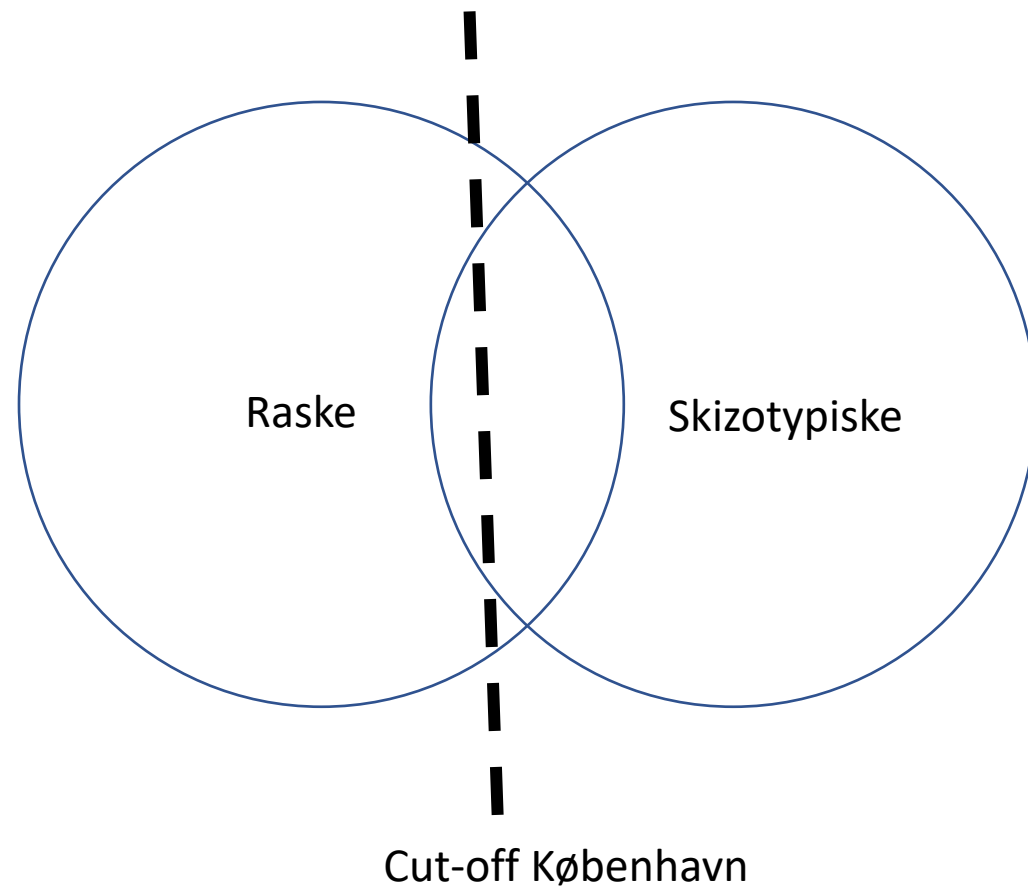
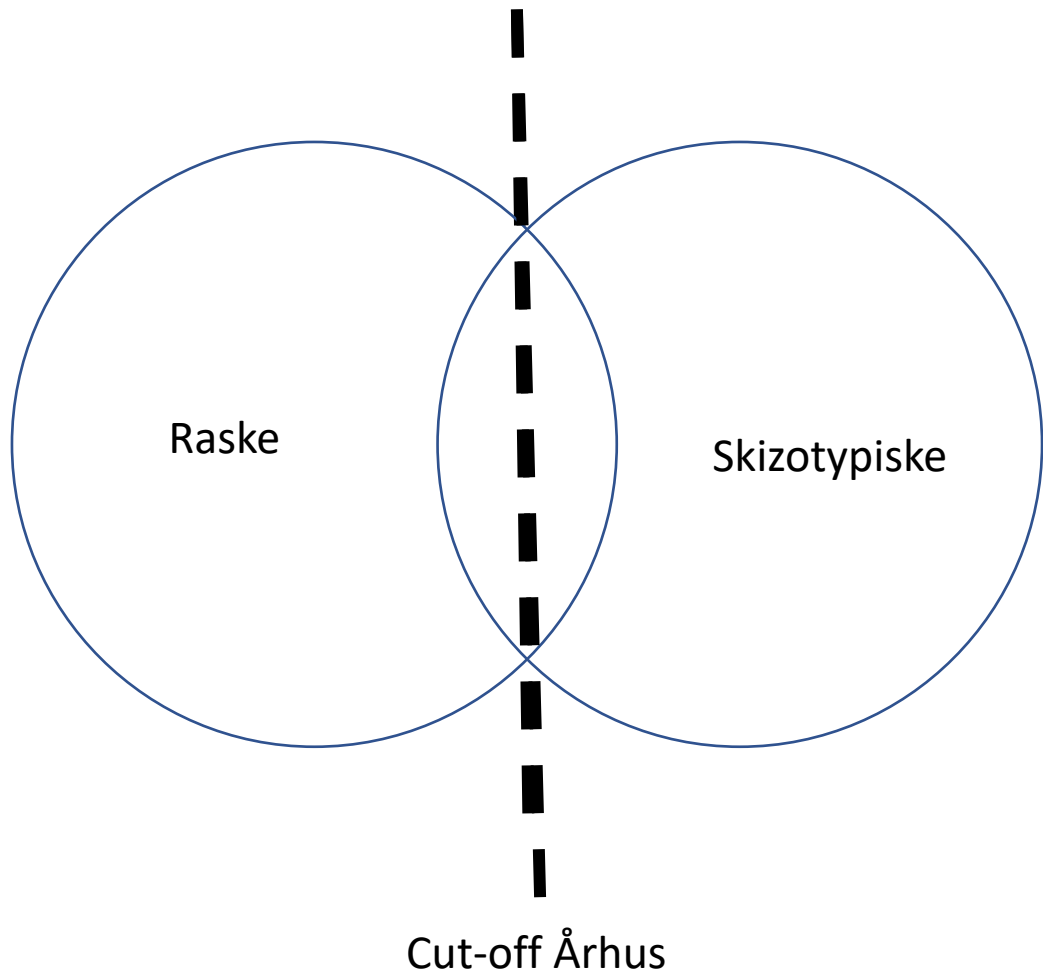
Validitet

5 Umpires Analogy		Philosophical position
Ontology (existence/being)	Epistemology (knowledge)	What you think a mental disorder is will affect how you think it can be known
<i>What is a mental disorder?</i>	<i>How can we know about mental disorders?</i>	
1) There are balls and strikes (realist)	1) I call them as they are (realist)	Strong realist: Mental disorders exist as abstract entities and we can detect them accurately
2) There are balls and strikes (Kantian realist)	2) I call them as I see them (weak constructionist)	Nominalist: Mental disorders are out there but not sure if diagnoses correctly sort them out ("carve nature at its joints")
3) There are no balls and strikes (antirealist; normativist)	3) Until I call them (strong constructionist)	Constructivist: Mental disorders are constructs and have "uncertain ontic status apart from persons who instantiate them" (p. 7) and attempts at description create ways of seeing
4) There are balls and there are strikes (realist)	4) I call them as I use them (pragmatist)	Pragmatist: Mental disorders exist in nature and we create and use diagnoses that do the most good and least harm
5) The game is not fair and I will not play (Szazian)		Szazian: Mental disorders are a means of social control and to talk about them legitimizes their authority

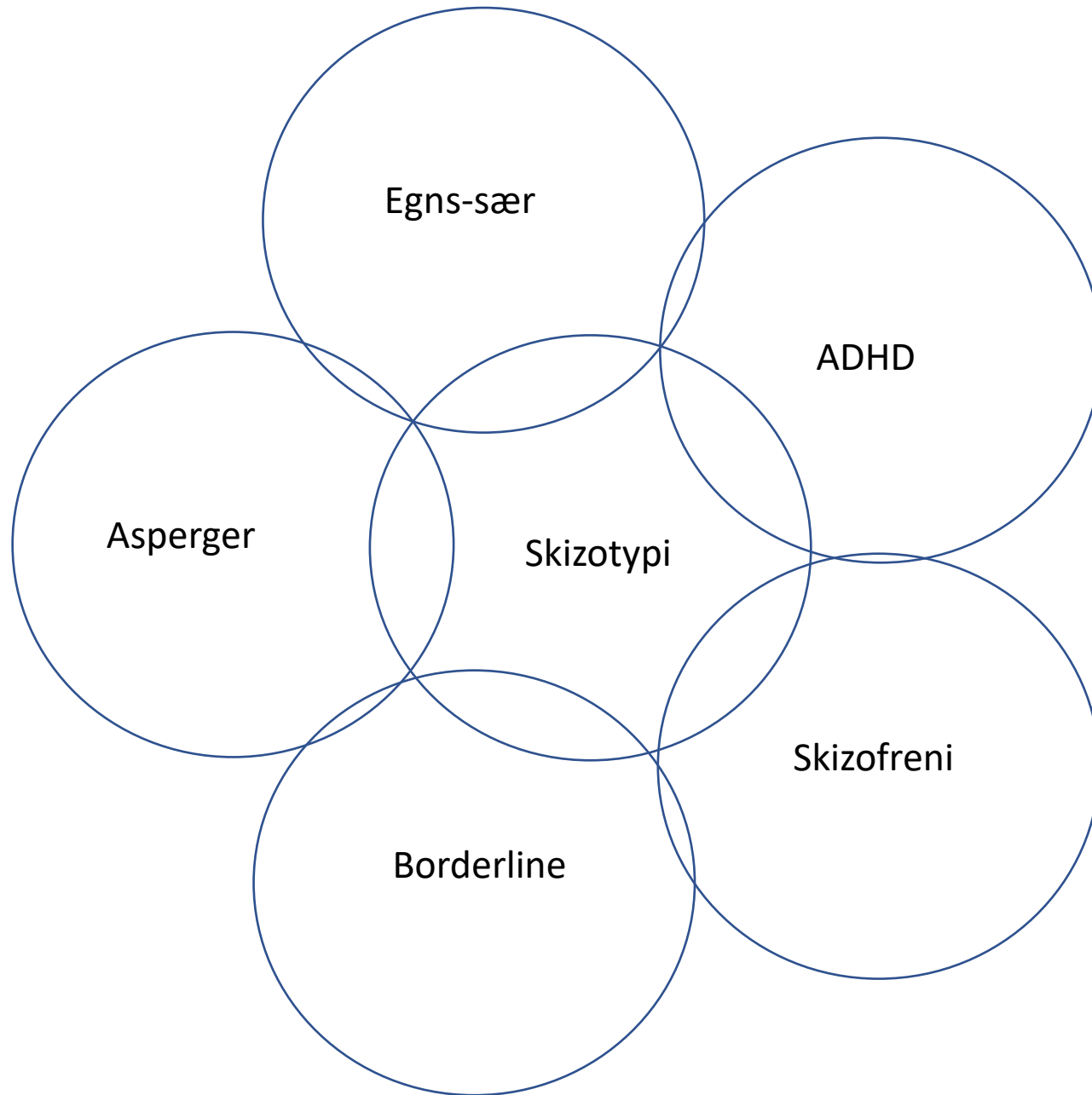
En dimensionel model



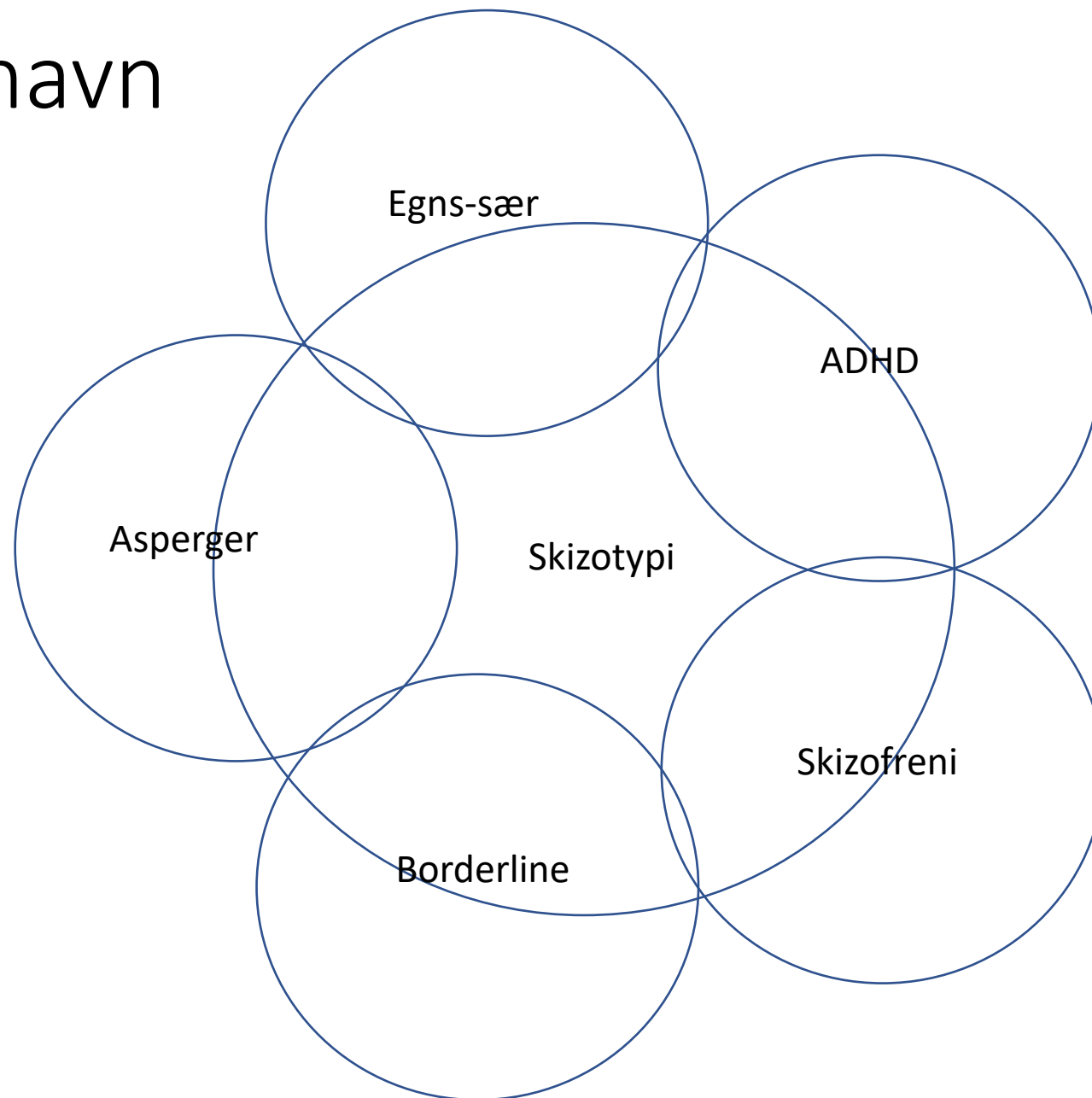
En kategorisk model



Århus



København



Utilitet

- Hvordan bruges skizotypidiaagnosen:
 - som UHR?
 - som OBS PRO?
 - som egen kategori?

Ulemper ved skizotypidiagnose

- Sygeliggørelse (learned helplessness)
- Fejldiagnostik
- Forsikring
- Begrænsninger i uddannelse
- Medicin

Fordele

- OPUS tilbud
- Psykoedukation
- Måske forebygge transition til skizofreni
- Handicap-SU