

PRIMARY AND SECONDARY PSYCHOSIS

The About Psychosis page will be commenting on disorders such as TBI (traumatic brain injury), TLE (temporal lobe epilepsy), Parasomnias, and Autism because there is known overlap of symptoms with Schizophrenia and certain phases of Bipolar.

In the clinical setting, it can be of critical importance that underlying pathologies be investigated as the source of symptoms that present as psychiatric. Failure to explore differential diagnoses for psychotic symptoms can have potentially grave consequences. A delayed or altogether missed diagnosis of a brain tumor, for example, could result in death. Failure to identify a traumatic brain injury might translate to lack of proper case management or iatrogenic harm. Failure to diagnose a B-12 deficiency or a genetic disorder of B-12 utilization might result in further systemic damage, and psychiatric hospitalizations that could be avoided.

Historically, medical students were taught the difference between organic and functional psychosis. Functional psychosis was the terminology assigned to symptoms that were “psychological”, meaning, derived from trauma, abuse, maladjustment to life’s difficulties, and other torments -even when the symptoms looked identical to those produced by “organic” diseases and disorders.

Chapter 1, titled “Appearances can be deceiving” in a book written by Robert L. Taylor, M.D. titled *Distinguishing Psychological from Organic Disorders* begins with a paradoxical quote from Andre Tardieu: “Difficulties lie in our habits of thought rather than in the nature of things”.

It turns out, paradoxically, that conceiving of serious mental illness as “psychological” was indeed a problem with habit of thought – so to speak. Following this quote, the chapter begins: Psychiatric symptoms are not always best explained psychologically. Mental and emotional changes commonly associated with various problems in living can result from dysfunctions within the body itself.

This could be a rather innocuous statement – nothing that is invalid in it. In fact, overall, there is little in this book to be critical of in that it uses plain language to get across some important concepts that need to be synthesized in order to prevent misdiagnosis. However, the kind of symptoms that are discussed as suspect for organic vs psychological cause are hallucinations, agitation, delusions, incoherence, inhibition, disorientation etc .

It is difficult to ascertain if the Dr. believes Schizophrenia and Bipolar to be wholly inorganic (A passage describes psychological problems as the kind of problems for which people most often seek counseling or psychotherapy) until reaching a subsection under the heading *Cognitive Deficits*. Here the writer clarifies that these two disorders are distinguished from organic mental disorders (as a teaching device) despite the fact that ‘considerable evidence has accumulated pointing the way to a biogenic explanation for these conditions’. (the copyright on this edition is 1990, the orig is 1942).

Even though the functional/organic distinction is now obsolete, some medical and research papers distinguish between “primary” and “secondary” (i.e. psychotic symptoms are secondary to an underlying disease that is not classified as psychiatric). In primary psychosis, there may be no identifiable acquired or developmental abnormality in brain structure or function that is detectable or measurable by diagnostic tools currently available, but the brain and/or other (neural) functions do not operate properly.

Perhaps, the substantive value in distinguishing primary from secondary is that ‘first no harm be done’ by treatment or lack thereof. Aside from this benefit, the historic construct continues to be the kernel of untruth in the pop psychology that saturates the public consciousness and discourse. Inaccurate conceptualizations of SMI continue to inform the law and operators in the criminal justice system. A cohort of credentialed professionals in psychiatry and psychology continue to cling to outdated notions about SMI as psychological and the most aggressive among seem to be predisposed toward proselytizing their beliefs to mass disseminators of information (principally the media).

Research is being held back, with the fixation on trauma and stress continuing to seed theories for research on SMI, particularly Schizophrenia. Other controversies about how to approach research have played a major role in holding back progress. <https://www.ncbi.nlm.nih.gov/pubmed/19831837>.

Ultimately, what Due Justice Project hopes for is that researchers will not be thrown off course by the trip hazards of bias and stigma against “psychiatric” disorders. One can still detect the hint of cognitive bias (possibly unconscious) between the lines when reading research reports. The point of this page discussing disorders such as TLE, seizure disorders in general, major “depression”, and parasomnias is that there are manifestly identical symptoms that traverse these disorders; and given that so much is unknown about the brain and neurological functions in relation to the human consciousness and behavior, it is the height of human arrogance to categorically classify psychiatric disorder as “primary”. DJP posits that we don’t know enough to declare any such thing.