Psychiatric Interview – subjectivity in the diagnosis

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Abstract

The scope of psychopathology as a discipline and its ability to (1) shape what is disturbed or normal and (2) to be assessed in the mental state examination has always been central to Psychiatry. For more than a century the increase of clinical workload, strict insurance policies and the request of objectivity and reliability for research have enforced categorization and operationalization of psychopathological phenomena. This move has been blamed as having led psychopathology into a dead end, undermining research and clinical diagnosis. The search for objectivity was spearheaded by the belief that standardization would (1) help increase its ever-low reliability, (2) diminish the exposure of Psychiatry to scientific criticism and most of all (3) restore the reputation of psychiatrists for they were reckoned as lacking scientific validity. Yet psychiatry seem to have dismissed the relational proxies of meaning (overlooking the conversational structure of the inquiry) accepting checklists of symptoms as proxies of patient’s rapport even if performed by untrained interviews, in uncanny settings (e.g. telephone or email). The clinical impression together with all pre-reflexive appraisal inputs was lost in the operationalization. The nature of phenomena we are accessing and studying are different from the symbols we learnt in psychopathology. Moreover the validity of the symbols we are learning have for long been overlooked as we are short of conceptual research. The quality of the rapport is contingent to the type of relation established and the acquaintance with intricateness of psychopathological symbols. Making such training a relevant feature of medical education might increase the quality of assessments and therefore improve diagnosis and research.

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