AS09-04 - DEPRESSIVE EPISODE PHENOMENOLOGICAL CONSISTENCY AND NEUROSCIENCE EVIDENCE

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Under current taxonomy clinical research in neuroscience is trying to identify brain differences in psychiatric groups. Current research is top-down, meaning the use of phenomena to identify structural and chemical changes. Emphasis has been made that psychiatry needs a stronger phenomenology before real neuroscientific inquiry can begin and that the phenomena currently used have frail consistency. Others insist that this attempt to correlate mental symptoms and diseases with brain changes would provide different epistemic ground for Psychiatry and new means to diagnose diseases. In fact there is a third problem - disorders in Psychiatry can have a different coherence in each epistemological paradigm and we need to show why is the neuro-scientific paradigm so important. We´ll discuss this topics under current conceptualization of mental symptoms as hybrid objects some are cultural while others biological objects (some seem pervasive to current taxonomy). We hope to show that even these last ones are subject to cultural changes and we might be tracing these cultural changes rather then real symptoms
Mood episodes have a complex taxonomy and DSM-IV and ICD-10 listings show apparently correlated polymorphic symptoms and features. The attempt to be objective could be considered frail in these disturbances as most criteria refer to subjective experience and some rely in common-sense vocabulary (e.g. feelings of emptiness). This presentation will also show how our current classification scheme sometimes does not respect phenomenological boundaries (e.g. Masked depression and Borderline Personality Disorder). We'll also mark how this category isn't well defined and how that might be a necessary requirement for any coherent reductionism. We hope to present difficulties and merits of current mood disorders psychopathology and taxonomy in relation with neuroscience research.

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