

MODERN SYNOPSIS OF COMPREHENSIVE TEXTBOOK OF PSYCHIATRY/IV

FOURTH EDITION

Harold I. Kaplan, M.D.
Benjamin J. Sadock, M.D.

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Accurate indications, adverse reactions, and dosage schedules for drugs are provided in this book, but it is possible that they may change. The reader is urged to review the package information data of the manufacturers of the medications mentioned as to recommended dose, contraindications for administration and side effects. This recommendation is of particular importance in response to new or infrequently used drugs.

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**MODERN SYNOPSIS OF
COMPREHENSIVE TEXTBOOK OF
PSYCHIATRY/IV**

FOURTH EDITION

*Dedicated to our wives, Nancy Barrett Kaplan
and
Virginia Alcott Sadock,
without whose help
this book would not have been possible*

Preface

Psychiatry stands for the humanity that should exist among all people but is often lacking. Modern-day psychiatry emphasizes the interaction between doctor and patient and is devoted to the humane and compassionate aspects of medicine. This textbook is dedicated to that humanism which is often lost in technically based modern-day medical practice. Equally, those considerations are often forgotten in the interaction between medical school faculty and students, with the result that we tend to produce computer-like, robotic physicians.

In the United States, psychiatry is the only medical school course taught in all 4 years of the curriculum. If taught properly, this course should be a dramatic reminder to all of medicine of its mission—diagnosis, treatment, and the elimination of pain, suffering, and disease through the treatment of the whole person.

The *Modern Synopsis* of the fourth edition of the *Comprehensive Textbook of Psychiatry* (CTP-IV) is not simply a shortened version of the larger book, although the contents of that edition are heavily weighted in this book.

Rather, this edition is a rewritten distillation of the three previous editions of the *Comprehensive Textbook* and the *Modern Synopsis*. The authors have included not only the most important recent advances in psychiatry but also have added sections that are new and different from those in the previous books. Moreover, this edition is not simply a summary of CTP-IV but is a companion volume to be used as a supplementary text by medical students, psychiatric residents, residents in other areas of medicine, practicing psychiatrists, and workers in related behavioral fields.

The *Modern Synopsis* forms part of a

tripartite effort by the authors to encompass the teaching of psychiatry and the behavioral sciences. Another aspect of that effort is the *Comprehensive Textbook of Psychiatry*, now in its fourth edition, available in either one or two volumes, which is global in depth and scope although hardly as portable as this book. The final part of the system is the *Study Guide of the Modern Synopsis of the Comprehensive Textbook of Psychiatry* which consists of multiple-choice questions derived from and keyed to the *Modern Synopsis*. A book of multiple-choice questions gives recognition to the importance and contributions of the National Board of Medical Examiners and the American Board of Psychiatry and Neurology on whose published curricula all of our books are based. Their examinations are given in multiple-choice question format, which is the type of question and teaching technique used in the *Study Guide*.

While the authors recognize the enormous importance and positive contributions of those Boards, there is controversy about their enormous influence and power, albeit constructive, on our educational system. Similarly, the nosology used in this textbook is based on the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III), which since 1980 has been the "law of the land" in American psychiatry. While the authors have reservations about the utility and validity of DSM-III, which is an innovative but questionable improvement over the previous manual, DSM-II, the student must know DSM-III until it is predictably changed when the next version, DSM-IV, is published. *Modern Synopsis* is neither a review book nor an outline of psychiatry and it is more than a diagnostic manual. It is a comprehensive and fully integrated

textbook which is what the field of psychiatry both deserves and requires.

The authors want to acknowledge the original contributors to the fourth and previous editions of the *Comprehensive Textbook of Psychiatry*. Our debt to those contributors is both obvious and considerable; however, we recognize and take responsibility for this book, including whatever shortcomings may exist.

We especially want to thank Virginia Alcott Sadock, M.D., who is Clinical Associate Professor of Psychiatry and Director of Graduate Education in Human Sexuality at New York University Medical Center. As in all our former books, including the *Comprehensive Textbook of Psychiatry*, she has served as assistant to the editors and actively participated in every editorial decision. Her enthusiasm, sensitivity, comprehension, and depth of psychiatric knowledge were of immeasurable importance to the authors. She has ably represented not only the viewpoint of women in medicine and psychiatry but also has made many contributions to the content of this textbook. We are deeply appreciative of her outstanding help and assistance.

Peter M. Kaplan, M.D., who is Resident in Psychiatry at New York University Medical Center, served as a key assistant to the editors in the preparation of this book. Not only did he represent the viewpoint of the modern-day medical student and psychiatric resident but he helped

enormously in all aspects of the writing, editing, and substance of this textbook. He made particular contributions in the field of psychopharmacology which is his area of expertise.

A skilled and devoted staff was necessary to complete the enormous task involved in the production of this book. We want to thank Norman Sussman, M.D., Phillip Kaplan, Nancy Barrett Kaplan, James Sadock, and Victoria Sadock for their help. Linda Didner Platt was in charge of our secretarial and office staff and Brian Shaw provided important literature research. At William & Wilkins we want to thank Sara Finnegan, President of the Book Division, who played a key role in every stage of production. Others who helped in production were Vicki Vaughn, Norvell Miller, and William Vinck. William M. Passano, Jr., Chairman of the Board and President of Waverly Press Inc., has continued to offer us every assistance for which we are most grateful.

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2 The Life Cycle

and a biting phase; divided the anal phase into a destructive-expulsive (anal sadistic) phase and a mastering-retaining (anal erotic) phase; and divided the phallic period into an early phase of partial genital love (true phallic phase) and a later mature genital phase. In addition, Abraham linked certain adult personality types to difficulties in resolving one of those specific periods.

Melanie Klein, although also adhering to Freud's basic formulations, saw developmental events as occurring more rapidly. She maintained that superego development is already under way during the first and second years of life, rather than the fourth. She also placed the onset of the oedipal conflict in the first months of life. The basic premise of Klein's work—like that of Freud's and Abraham's—is that internal processes are the fundamental determinants of personality development and are thus the moving forces in the human life cycle.

Carl Jung, on the other hand, viewed external factors as playing an important role in personal growth and adaptation. He further held that personality development occurs throughout life—it is not firmly determined by early childhood experiences.

Harry Stack Sullivan took that view even further. He approached the issue of the life cycle by stating that human development is largely shaped by external events, specifically by social interaction. His influential model of the cycle states that each phase of development is marked by a need for interaction with other people. The quality of that interaction then determines the personality of the person. Sullivan distinguished the stages or eras of normal development as follows: Infancy, from birth to the beginning of language (1½ to 2 years); childhood, from language to the need for compeers (2 to 5 years); juvenile era, from the need of compeers and the beginning of formal education to preadolescence (5 to 8 or 9 years); preadolescence, from the beginning of the capacity for intimate relationships with peers of the same sex until genital maturity; adolescence, early phase, which extends from the eruption of true genital interest to the patterning of sexual behavior, and late phase, which extends from the patterning of preferred genital activity to the establishment of a fully human or mature repertory of interpersonal relationships; and maturity, development of self-respect and capacity for intimate and collaborative relationships and loving attitudes.

Erik Erikson's approach to the life cycle embodies elements of both an intrapsychic viewpoint and an interpersonal viewpoint. While

accepting Freud's theory of infantile sexuality, he also saw developmental potentials at all stages of life. Indeed, Erikson constructed a model of the life cycle consisting of eight stages that extend into adulthood and old age. The succession of stages is summarized below, along with the dominant issue or maturational crisis that Erikson cited as arising during each period:

1. Oral-sensory stage: trust versus mistrust
2. Muscular-anal stage: autonomy versus shame and doubt
3. Locomotor-genital stage: initiative versus guilt
4. Stage of latency: industry versus inferiority
5. Stage of puberty and adolescence: ego identity versus role confusion
6. Stage of young adulthood: intimacy versus isolation
7. Stage of adulthood: generativity versus stagnation
8. Stage of maturity: ego integrity versus despair

Margaret Mahler studied early childhood object relations and made a significant contribution to the understanding of personality development. She described the separation-individuation process, resulting in a person's subjective sense of separateness from the world around him. The separation-individuation phase of development begins in the fourth or fifth month of life and is completed by age 3.

Mahler delineates four subphases of the separation-individuation process. They are:

1. Differentiation: child is able to distinguish between self and other objects.
2. Practicing period: in the early phase, the child discovers the ability to physically separate himself from his mother by crawling and climbing but still requires the mother's presence for security. The later phase is characterized by free, upright locomotion (7 to 10 months until 15 to 16 months).
3. Rapprochement: increased need and desire for the mother to share the child's new skills and experiences. Also, a great need for the mother's love (16 until 25 months of age).
4. Consolidation: achievement of a definite individuality and attainment of a certain degree of object constancy (25 to 36 months of age).

Other approaches, emphasizing neither the psychodynamic nor the environmental aspects of development, have also influenced the study of the life cycle. Jean Piaget presented elaborate formulations about the qualitative differences in cognition during development. His work has been instrumental in understanding the development of thought processes. He discerned three major periods of intellectual development; sen-

sorimotor, birth to 2 years; concrete operations, 7 to 12 years; and formal operations, 12 years through adulthood. Piaget described a further division of the period of concrete operations into a preconceptual phase (ages 2 to 4) and an intuitive or preoperational phase (ages 4 to 7).

Arnold Gesell has described developmental schedules that outline the qualitative sequence of motor, adaptive, language, and personal-social behavior of the child from the age of 4 weeks to 6 years. Those milestones of development allow for comparison between the development of a particular child and a normative standard. Gesell's schedules are widely used in both pediatrics and child psychiatry.

Among the important trends in more recent life cycle research has been the replacement of theoretical models with clinically derived models, the extension of interest to include adulthood, and the continuing subdivision of the life stages into even smaller segments of time.

One important study has been conducted by Daniel Levinson and his co-workers at Yale University. That study set out to clarify the issues and characteristics of male personality development in early and middle adulthood. A total of 40 men, whose ages at the start of the investigation ranged from 35 to 45 years, were studied; the resulting observations caused Levinson to postulate a new scheme of the adult phases of the life cycle. He suggested that the life cycle is composed of four major eras, each lasting about 25 years, with some overlap, so that a new era is starting as the previous one is ending. Levinson was able to identify a typical age of onset—that is, the age at which an era most frequently begins. The evolving sequence of eras and their age span as described by Levinson are: childhood and adolescence, age 0–22; early adulthood, age 17–45; middle adulthood: age 40–65; and late adulthood: age 60 and up.

Levinson also identifies 4- to 5-year transitional periods between each era. Those periods function as boundary zones in which a person terminates the outgoing era and initiates the incoming one.

A second major study of adulthood has been reported by George Vaillant, who studied a group of 95 men over a period of 35 years. Some of the results of the investigation are summarized below.

A happy childhood was found to significantly correlate with positive traits in middle life. That was manifested by few oral-dependent traits, little psychopathology, the capacity to play, and good object relations.

Vaillant noted that a hierarchy of ego mechanisms was constructed as the men advanced in

age. Defenses were organized along a continuum that reflected two aspects of the personality: immaturity-maturity and psychopathology-mental health. It was found that the maturity of defenses correlated with both psychopathology and objective adaptation to the external environment. Moreover, there were shifts in defensive style as a person matured.

Vaillant concluded that adaptive styles mature over the years and that the maturation is more dependent on development from within than on changes in the interpersonal environment. He also concluded that the model of the life cycle outlined by Erikson appears valid.

Overview of the Human Life Cycle

In view of the several different models for conceptualizing the phases of the life cycle (see Table I), it has become customary to organize the periods of development into an outline that reflects contributions made by each of the disparate models and studies. The most commonly cited stages are:

- Infancy
- Toddler period
- Preschool (oedipal) period
- Juvenile period
- Preadolescence
- Adolescence
- Young adulthood
- Middle adulthood
- Late adulthood (old age)

What follows is a brief overview of the features that are generally recognized as being associated with each of these periods.

Infancy

Infancy refers to the period from birth until about the age of 18 months. During the first month of life, the infant is termed a neonate or newborn. Infancy is considered to end when the use of language develops.

Infants are born with a number of reflexes, many of which were once needed for survival. Experts assume that the genes carry messages for those reflexes. Among the reflexes are the Moro reflex—flexion of the extremities when startled; the rooting reflex—turning toward the touch when the cheek is stroked; the sucking reflex, which occurs when any object is placed in the mouth; and the Babinski reflex—spreading of the toes with an up-going big toe when the sole of the foot is stroked.

Infants are also born with an innate reflex pattern, endogenous smiling, which is unintentional. Later, exogenous smiling occurs as a reaction to outside stimuli.