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Psychological Syndrome Analysis Concept (vygotsky-luria School) in Comprehensive Diagnosis and Personalized Care: Traditions and Postnonclassical Perspectives

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Introduction

The current situation in medicine, as described by many researchers, reveals a more pronounced 'dehumanization' and 'technification' of medical diagnostics and health care (Mezzich, 2007; Fulford, Christodoulou, Stein, 2011). Hence, the issues of methodology come to the foreground of scientific endeavors in modern psychiatry and clinical psychology.

Objectives

To demonstrate that the concept of Psychological syndrome analysis (PSA) (Vygotsky-Luria school), considered from the perspective of the postnonclassical academic view, go in tune with personalized care models in medicine.

Methods

The main method of presented research was methodological reflection upon scientific legacy of L. Vygotsky and A. Luria in the context of the analysis of scientific rationality types: classical, nonclassical, and postnonclassical (Styopin, 2003).

Results

Our results verify that main provisions of the concept of PSA correspond to the principles of postnonclassical model of scientific rationality. They embrace the idea of a syndrome as a structure shaped by a constellation of causally-related, multilevel symptoms; the understanding of primary and secondary symptoms as different in nature: secondary symptoms are purely psychological phenomena; the selection of symptoms, those that indicate disorders or features of adaptation and compensation (Vygotsky, 1934; Luria, 1972).

Using these methodological principles we described the psychosomatic syndromes in patients with mitral valve prolapse and in patients with stress-induced hypertension.

Application of PSA methodological principles in clinical practice provides important information for establishing a comprehensive diagnosis.

Conclusions

PSA methodological principles (Vygotsky-Luria school) considered from the perspective of postnonclassical academic view go in tune with personalized care models in medicine.