Journal Pre-proof

The many faces of heterogeneity in psychiatric diagnostics: a response to Allsopp et al.

Jasper Feyaerts

PII: S0165-1781(19)32306-6
DOI: https://doi.org/10.1016/j.psychres.2019.112693
Reference: PSY 112693

To appear in: *Psychiatry Research*

Received date: 11 November 2019
Revised date: 15 November 2019
Accepted date: 16 November 2019

Please cite this article as: Jasper Feyaerts , The many faces of heterogeneity in psychiatric diagnostics: a response to Allsopp et al., *Psychiatry Research* (2019), doi: https://doi.org/10.1016/j.psychres.2019.112693

This is a PDF file of an article that has undergone enhancements after acceptance, such as the addition of a cover page and metadata, and formatting for readability, but it is not yet the definitive version of record. This version will undergo additional copyediting, typesetting and review before it is published in its final form, but we are providing this version to give early visibility of the article. Please note that, during the production process, errors may be discovered which could affect the content, and all legal disclaimers that apply to the journal pertain.

© 2019 Published by Elsevier B.V.

Journal Pre-proof

The many faces of heterogeneity in psychiatric diagnostics: a response to Allsopp et al.

Jasper Feyaerts [a,b]

a *Department of Psychoanalysis and Clinical Consulting, Ghent University ,Ghent, Belgium*

b *Center for Contextual Psychiatry, KU Leuven, Leuven, Belgium*

Dear Editor,

Journal Pre-proof

The DSM-5 (APA, 2013) has been subjected to an abundance of critical reviews since (Vanheule, 2017; Vanheule et al., 2019) and even before (Kendler et al., 2008; Frances & Widiger, 2012; First & Wakefield, 2013; Frances, 2013; Insel, 2013) its official publication in 2013, making it clear that the theory and practice of psychiatric nosology is as contested as ever. Indeed, the number of diagnosed shortcomings seems strictly proportionate to the inflation of psychopathological categories with each new update of the taxonomic system. Some of these critiques have haunted the DSM-enterprise ever since its trademark-inauguration with its third edition (APA, 1980) which marked the end of a prototype-based classification in favor of criteria-based polythetic operational diagnosis: the sacrifice of validity before the altar of reliability (Andreasen, 2007; Hyman, 2010), the recurrent comorbidity-problem (Krueger & Markon, 2006; Moffit et al., 2007) or the simultaneous over -and under-inclusiveness of diagnostic criteria (Shankman et al., 2009; Wakefield, 2010) are most prominent amongst them. Unfortunately, whilst none of the prior weaknesses seem to have been adequately addressed or resolved in the DSM-5, other controversies have emerged: the ultimately disappointing levels of achieved interrater reliability despite the aforementioned neglect of more demanding validity-issues (Frances, 2012; Vanheule et al., 2014), in conjunction with the questionable expansion of diagnostic categories to the astonishing and clinically unmanageable number of 347 (Wakefield, 2013) or the abandonment of DSM-IV's multi-axial system as indicative of an increasing biomedical focus (Probst, 2013; Cooper, 2018) are some prime examples.

Journal Pre-proof

In various ways, Allsopp et al.'s recent contribution to this journal ('Heterogeneity in psychiatric diagnostic classification', 2019) complements this increasingly vast critical literature surrounding the DSM-5. On the one hand, it broadens existing critiques by exposing various forms of heterogeneity both within and across diagnostic criteria for a number of commonly diagnosed mental disorders. In so doing, the authors reveal at least one major potential source of heterogeneity within what should be discrete and homogeneous psychiatric categories. In this regard, we would add that, variation in the criteria brought to bear on different clinical accounts should not be regarded as being worrisome as such, especially as the authors seem to admit that there might be a perfectly valid reason why, e.g., the perspective of observers is attributed more weight in the case of psychosis than in reports about anxiety. However, such variation becomes spurious if not sufficiently grounded in clinical experience and rigorous empirical research (as in criteria about the severity of experienced trauma in PTSD), or if not formulated and defended in a sufficiently explicit way (as in the case of manic/hypomanic episodes or major depressive episode).

On the other hand, however, Allsopp et al.'s contribution is also exemplary of this critical line of research in showing that the problems faced by current psychiatric nosology run deeper than the existing and by now well-documented insufficiencies of DSM-5 or its predecessors. When the multiple and often conflicting proposals which are being offered for its revision are examined, it is clear that heterogeneity is not exclusive to DSM's operational criteria, but equally affects its critique as well. For example, while some believe there is nothing fundamentally wrong with the project except for some required revising and tinkering of existing criteria and categories (Hyman, 2011; Frances, 2013), others are more radical in their rejection (cf. NIMH's RDoC-program; Insel, 2013; Insel & Lieberman, 2013), pushing towards the abandonment of current descriptive phenomenological constructs *in toto*. Hence, in contrast to the near unanimity about DSM's failure in serving as a fruitful instrument for guiding both research and practice (Vanheule et al., 2019), such differences in proposed solutions are in turn also suggestive of a basic uncertainty about where the problem with current psychiatric classifications is to be situated. Next to the often-cited extra-scientific and pragmatic considerations (Aragona, 2015), this is perhaps a more direct explanation of the persistent and remarkable *stasis* throughout the successive DSM-editions (Cooper, 2017), despite the abundance of available critical suggestions. Furthermore, in the absence of a clear and agreed-upon diagnostic assessment of the root cause of DSM's deficiency, it is also unclear if and in what sense alternatives can be regarded as constituting true improvements or whether they repeat rather than transcend some of the original problems.

Journal Pre-proof

Case in point, take, for example, Allsopp et al.'s recommendation to honor the level of individual experiences and particular symptoms over and beyond the prevailing focus on broad psychopathological categories as found in the DSM. This a recurrent (Bentall, 1990; Costello, 1992) and currently popular proposal amongst researchers of different orientations (e.g. Insel & Cuthbert, 2009; Sanislow et al., 2010; Bracken et al., 2012) who seem principally united by a shared aversion towards any generalizing effort to classify mental suffering as such. Nevertheless, there are notable points to consider. Firstly, the basic rationale for descending into this supposedly more concrete and clinically tangible level of specific difficulties is nonetheless one that is shared by any other taxonomic system and cuts across the conceptual distinction between categories and symptoms: i.e. the reduction of clinical heterogeneity by attaining a more homogenous level of description. Secondly, even the very idea of focusing on particular complaints and experiences independent of how they are structurally embedded within larger holistic psychopathological Gestalts can be argued to be an effect and continuation of DSM's operational-criteriological approach of psychiatric diagnosis, rather than a radical break with it (Parnas & Bovet, 2014). Indeed, amongst others, what was distinctive about that approach from DSM-III onwards was the fact that clinical syndromes (such as e.g. schizophrenia) were defined in terms of disjunctions and conjunctions of operationalized individual symptoms (e.g. hallucinations and delusions) which could be recognized and described *independent* from the former (Maj, 1998; Parnas, 2011; Thornton, 2016). However, in order to enable such context-independent assessment of particular symptoms, what is needed is a re-description of such symptoms and complaints in a more *general* and *abstract* way. In other words, contrary to what the shift towards this lower level of clinical description is often supposed to entail, dissociating individual experiences and symptoms from broader diagnostic categories renders them *less* rather than *more* specific for diagnostic and etiological purposes. Yet, this also means that whatever heterogeneity one hoped to avoid by turning to the operationally reduced level of individual signs and symptoms, can now be expected to return at this supposedly more 'basic' level of description.

Here again, the example of so-called "psychotic features" cited by the authors can serve to illustrate our point. Once regarded as key characteristics of schizophrenic disorder, in recent years, psychotic phenomena are increasingly reported to be found in both non-clinical populations as well as in individuals with common mental disorders (Linscot & van Os, 2013). These findings have been interpreted to suggest the existence of an "extended and transdiagnostic psychosis phenotype" (van Os & Linscott, 2012; van Os & Reininghaus, 2016) in the general population, hence undermining DSM-5's model of discrete categories.

Journal Pre-proof

However, as predicted above, the first thing to note is the overly *abstract* way in which these symptomatic features are described despite being situated at the more concrete level of 'individual experiences': what is specifically 'psychotic' about them is generally left unanswered or circularly outsourced in the presence of 'psychotic' delusions and hallucinations. Furthermore, detailed clinical-phenomenological research of these positive symptoms going beyond their simple elicitation by means of structured questionnaires indicates that both phenomena belie an *experiential heterogeneity* which is masked by the apparent simplicity of their operational definition (Stanghellini et al., 2012; Stanghellini & Raballo, 2015; Sass & Pienkos, 2013; Pienkos et al., 2019). For example, the supposedly unitary phenomenon of 'voice-hearing' is intimately related to existential themes and personal identity in clinical populations (see also Moernaut, Feyaerts & Vanheule, 2018), while being only related to contingent events in non-clinical samples (Stanghellini et al., 2012). Likewise, there are important qualitative differences between delusions as they occur in major depression or in schizophrenia regarding both their form and content and with respect to the experiential context in which they arise (Stanghellini & Raballo, 2015). Ironically, the only way to account for this symptomatic heterogeneity is to precisely re-contextualize such experiences within the general psychopathological categories from which they have been prematurely and artificially abstracted.

In conclusion, while we agree with Allsopp et al.'s main criticism that DSM-5 in its present form often impedes rather than facilitates valid psychiatric assessment, a more fundamental discussion is needed about the conclusions we draw from this well-acknowledged observation. In this regard, we hope to have shown that symptom-focused solutions and setting up an unhelpful and false dichotomy between the general/individual or the usual pragmatic escape-route are merely temporary distractions from the real issue at hand. The main problem is not so much the existence of diagnostic categories and the fact that individual difficulties and complaints are understood starting from such a generalizing focus, but the way in which in these general psychopathological constructs have been approached and progressively transformed throughout the successive DSM-editions. Others have argued elsewhere more in extenso (Parnas & Bovet, 2014) that the so-called 'operational revolution' in psychiatric nosology from DSM-III onwards, in and through which phenomenologically rich and detailed narrative prototype-descriptions of clinical accounts were replaced by operationalized checklists of contingently related diagnostic criteria, has been especially detrimental in that regard, leading to a progressive and unwarranted simplification of the field. In our view, the spurious heterogeneity within diagnostic criteria and categories critically

denounced by the authors can only be understood when placed within the long list of "unintended consequences" (Andreasen, 2007) of that operational project. Consequently, it can also only be thoroughly addressed and resolved by critically denouncing that larger project itself.

References

Allsopp, K., Read, J., Corcoran, R. & Kinderman, P., 2019. Heterogeneity in psychiatric diagnostic classification. Psychiatry Res. 279, 15-22. https://doi.org/10.1016/j.psychres.2019.07.005.

American Psychiatric Association (APA), 1980. Diagnostic and Statistical Manual of Mental Disorders – Third Edition – DSM III. Washington DC: American Psychiatric Association.

American Psychiatric Association (APA), 2013. Diagnostic and Statistical Manual of Mental Disorders – Fifth Edition – DSM-5. Washington DC: American Psychiatric Association.

Andreasen, N.C., 2007. DSM and the death of phenomenology in America: an example of unintended consequences. Schizophr. Bull. 33 (1), 108-112. https://doi.org/10.1093/schbul/sbl054

Aragona, M., 2015. Rethinking received views on the history of psychiatric nosology: minor shifts, major continuities. In: Zachar, P., St. Stoyanov, D., Aragona, M. & Jablensky, A. (Eds.), Alternative Perspectives on

Psychiatric Validation. Oxford: Oxford University Press, 27-46.

Bentall, R.P., 1990. The syndromes and symptoms of psychosis: Or why you can't play twenty questions with the

concept of schizophrenia and hope to win. In Bentall, R.P. (Ed.) Reconstructing Schizophrenia. London: Routledge, 23-60.

Bracken, P., Thomas, P., Timimi, S., Asen, E., Behr, G., Beuster, C., et al., 2012. Psychiatry beyond the current paradigm. Br. J. Psychiatry 201 (6), 430-434. https://doi.org/10.1192/bjp.bp.112.109447

Cooper, R., 2018. Understanding the DSM-5: stasis and change. Hist. Psychiatry 29 (1), 49-65. https://doi.org/10.1177/0957154X17741783

Costello, C.G., 1992. Research on symptoms versus research on syndromes: Arguments in favour of allocating more research time to the study of symptoms. Br. J. Psychiatry 160, 304-308. https://doi.org/10.1192/bjp.160.3.304

First, M.B. & Wakefield, J.C., 2013. Diagnostic criteria as dysfunction indicators: bridging the chasm between the

definition of mental disorder and diagnostic criteria for specific disorders. Can. J. Psychiatry 58 (12), 663-669. https://doi.org/10.1177/070674371305801203

Frances, A., 2013. The past, present and future of psychiatric diagnosis. World Psychiatry 12 (2), 111-112. https://doi.org/10.1002/wps.20027

Frances, A. & Widiger, T., 2012. Psychiatric diagnosis: lessons from the DSM-IV past and cautions for the DSM-

5 future. Annu. Rev. Clin. Psychol. 8, 109-130. https://doi.org/10.1146/annurev-clinpsy-032511-143102

Journal Pre-proof

Journal Pre-proof

Hyman, S.E., 2010. The diagnosis of mental disorders: the problem of reification. Annu. Rev. Clin. Psychol. 6, 155-179. https://doi.org/10.1146/annurev.clinpsy.3.022806.091532

Hyman, S.E., 2011. Diagnosing the DSM: Diagnostic Classification Needs Fundamental Reform. Cerebrum 6.

Insel, T., 2013. Director's blog: Transforming diagnosis. http://www.nimh.nih.gov/ about/director/2013/transforming-diagnosis.shtml.

Insel, T.R. & Cuthbert, B.N., 2009. Endophenotypes: bridging genomic complexity and disorder heterogeneity. Biol. Psychiatry 66 (11), 988-989. https://doi.org/10.1016/j.biopsych.2009.10.008

Insel, T.R. & Lieberman, J.A., 2013. DSM-5 and RDoC: Shared interests. Press Release, May 13. http://www.nimh.nih.gov/news/science-news/2013/dsm-5-and- rdoc-shared-interests.shtml.

Kendler, K.S., Aggen, S.H., Czajkowksi, N., Roysamb, E., Tambs, K., Torgersen, S., Neale, M.C. & Reichborn-Kjennerud, T., 2008. The structure of genetic and environmental risk factors for *DSM-IV* personality disorders. Arch. Gen. Psychiatry 65 (12), 1438-1446. https://doi.org/10.1001/archpsyc.65.4.421

Krueger, R.F. & Markon, K.E., 2006. Reinterpreting comorbidity: a model-based approach to understanding an classifying psychopathology. Annu. Rev. Clin. Psychol 2, 111-133. https://doi.org/10.1146/annurev.clinpsy.2.022305.095213

Linscott, R.J. & van Os, J. (2010). Systematic Reviews of Categorical Versus Continuum Models in Psychosis: Evidence for Discontinuous Subpopulations Underlying a Psychometric Continuum. Implications for DSM-V, DSM-VI, and DSM-VII. Annu. Rev. Clin. Psychol. 6, 391-419. https:// doi.org/10.1146/annurev.clinpsy.032408.153506

Maj, M., 1998. Critique of the DSM-IV operational diagnostic criteria for schizophrenia. Br. J. Psychiatry 172 (6), 458-460. https://doi.org/10.1192/bjp.172.6.458

Moernaut, N., Feyaerts, J. & Vanheule, S., 2018. Content Matters: A Qualitative Analysis of Verbal Hallucinations.
Front. Psychol. 9, 1958. https://doi.org/10.3389/fpsyg.2018.01958

Moffitt, T.E., Harrington, H., Caspi, A., Kim-Cohen, J., Goldberg, D., Gregory, A.M. & Poulton, R., 2007. Depression and generalized anxiety disorder: cumulative and sequential comorbidity in a birth cohort followed
prospectively to age 32 years. Arch. Gen. Psychiatry 64 (6), 651-660. https://doi.org/10.1001/archpsyc.64.6.651

Parnas, J., 2011. A disappearing heritage: The clinical core of schizophrenia. Schiz. Bul. 37 (6), 1121-1130. https://doi.org/10.1093/schbul/sbr081

Parnas, J. & Bovet, P., 2014. Psychiatry made easy: operation(al)ism and some of its consequences. In Kendler, K.S. & Parnas, J. (Eds.), Philosophical Issues in Psychiatry III: The Nature and Sources of Historical Change. Oxford: Oxford University Press, 190-212.

Pienkos, E., Giersch, A., Hansen, M., Humpston, C., McCarthy-Jones, S., Mishara, A., et al., 2019. Hallucinations
Beyond Voices: A Conceptual Review of the Phenomenology of Altered Perception in Psychosis. Schizophr. Bull. 45 (suppl 1), S67-S77. https://doi.org/10.1093/schbul/sby057

Probst, B., 2014. The life and death of axis IV: Caught in the quest for a theory of mental disorder. Res. Soc. Work

Journal Pre-proof

Prac. 24 (1), 123-131. https://doi.org/10.1177/1049731513491326

Sanislow, C.A., Pine, D.S., Quinn, K.J, Kozak, M.J., Garvey, M.A., Heinssen, R.K., Wang, P.S. & Cuthbert, B.N.,

2010. Developing constructs for psychopathology research: research domain criteria. J. Abnorm. Psychol. 119

(4), 631-639. https://doi.org/10.1037/a0020909

Sass, L.A. & Pienkos, E., 2013. Delusions: The phenomenological approach. In Fulford, K.W.M. (Ed.), The Oxford Handbook of Philosophy and Psychiatry. Oxford: Oxford University Press, 632-657.

Shankman, S.A., Lewinsohn, P.M., Klein D.N., Small, J.R. & Altman, S.E., 2009. Subtreshold conditions as precursors for full syndrome disorders: a 15-year longitudinal study of multiple diagnostic classes. J. Child Psychol. Psychiatry 50 (12), 1485-1498. https://doi.org/10.1111/j.1469-7610.2009.02117.x

Stanghellini, G., Langer, A.I., Ambrosini, A. & Cangas, A.J., 2012. Quality of hallucinatory experiences: differences between a clinical and a non-clinical sample. World Psychiatry 11 (2), 110-113.

Stanghellini, G. & Raballo, A., 2015. Differential typology of delusions in major depression and schizophrenia. A

critique to the unitary concept of 'psychosis'. J. Affect. Disord. 171, 171-178.

https://doi.org/10.1016/j.jad.2014.09.027

Thornton, T., 2016. Psychiatric diagnosis, tacit knowledge and criteria. In Keil, G., Keuck, L. & Hauswald, R. (Eds.), Vagueness in Psychiatry. Oxford: Oxford University Press, 119-137.

Vanheule, S., 2017. Psychiatric Diagnosis Revisited – From DSM to Clinical Case Formulation. London & New York: Palgrave Macmillan. https://doi.org/10.1007/978-3-319-44669-1.

Vanheule, S., Adriaens, P., Bazan, A., Bracke, P., Devisch, I., Feys, J-L., et al., 2019. Belgian Superior Health Council advises against the use of the DSM categories. Lancet Psychiatry 6 (9), 726. https://doi.org/10.1016/S2215-0366(19)30284-6

Vanheule, S., Desmet, M., Meganck, R., Inslegers, R., Willemsen, J., De Schryver, M. & Devisch, I. (2014). Reliability in psychiatric diagnosis with the DSM: old wine in new barrels. Psychother. Psychosom. 83 (5), 313-314. https://doi.org/ 10.1159/000358809

van Os, J. & Linscott, R.J., 2012. Introduction: The extended psychosis phenotype – relationship with schizophrenia and with ultrahigh risk status for psychosis. Schizophr. Bull. 38 (2), 227-230. https://doi.org/10.1093/schbul/sbr188

van Os, J. & Reininghaus, U., 2016. Psychosis as a transdiagnostic and extended phenotype in the general population. World Psychiatry 15 (2), 118-124. https://doi.org/10.1002/wps.20310.

Wakefield, J.C., 2010. Misdiagnosing normality: Psychiatry's failure to address the problem of false positive diagnoses of mental disorder in a changing professional environment. J. Ment. Health 19 (4), 337-351. https://doi.org/10.3109/09638237.2010.492418

Wakefield, J.C., 2013. DSM-5: An overview of changes and controversies. Clin. Soc. Work. J. 41 (2), 139-154. https://doi.org/10.1007/s10615-013-0445-2

Journal Pre-proof

Declaration of interests

☒ The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

☐The authors declare the following financial interests/personal relationships which may be considered as potential competing interests:

Journal Pre-proof