
Letter to the Editor

SCIENCE, PSYCHIATRY, AND THINKING OUTSIDE OF THE DSM: THE JOHNS HOPKINS APPROACH

*In response to "Science, Psychiatry, and the DSM"
by E. Cem Atbaşoğlu and Sinan Gülöksüz*

Dear Editor,

I greatly appreciate the comprehensive article entitled, "Science, Psychiatry, and the DSM", written by Dr. Cem Atbaşoğlu and Dr. Sinan Gülöksüz, which is included in the next issue of Turkish Journal of Psychiatry. After reviewing this article thoroughly I have come to conclude that I essentially agree with the authors' criticism of the DSM, (American Psychiatric Association 2000), which is particularly focused on DSM's reductionist view of defined mental disorders and its failure to reflect any satisfactory progress in methodology since DSM-III or in the soon to be released DSM-V (Kupfer, Kuhl, and Regier 2013).

While agreeing with most of the criticism expressed in the above-mentioned article, I would like the authors and readers to be aware of a model that seems to address most of the major deficiencies of the DSM approach, but was not mentioned or referenced in the article. "Perspectives of Psychiatry", which was developed at Johns Hopkins University Hospital and, in addition to Johns Hopkins, has been practiced and taught in several other institutions during the 30 years since the release of DSM-III (Çamsarı and McHugh 2012; Chisolm

and Lyketsos 2012; Peters et al. 2012; McHugh and Slavney 1998). The approach is based on a pluralistic model that attempts to understand psychiatric disorders from 4 different etiological perspectives, which will be explained in detail herein.

The perspectives approach offers an alternative model to DSM that is designed to increase diagnostic reliability; it is proposed that the model's diagnostic validity will eventually follow (Castro and Billick 2013; Jablensky 2012). DSM recognizes and categorizes all psychiatric disorders according to the manifestation of symptoms, which is based on clinicians' interpretations of manifestations (also called signs) and patients' reports of manifestations (also called symptoms). DSM's approach can be very useful for research purposes and diagnostic reliability; however, it does not require or force the clinician to ask questions about the nature of a particular syndrome, or what might be the core etiology that results in presenting signs and symptoms. This is very similar to the field guide approach, which is obviously not unique to psychiatry, as it is widely used in zoological and botanical sciences (Law 1988; Brooker and Kleinig 1983). Despite the fact that the field guide approach can be very useful for reliably recognizing certain biological entities based on how they look, for instance, it fails to distinguish between different phylogenetic origins or recognize the reasons why an entity appears as it does.

DSM, since its third edition, has insisted on the field guide approach to psychiatric disorders (Pomeroy and Parrish 2012), despite a growing understanding of the nature of mental disorders. DSM has proposed that its validity will eventually follow, but as yet it has not. Indeed, it can be argued that DSM has created more problems than solutions. For instance, the field guide approach can result in different

observers observing different combinations of similar symptoms and subsequently diagnosing different diseases or behavioral conditions. One important example is dissociative identity disorder (formerly referred to as multiple personality disorder), which remains in the DSM as a unique condition with a unique presumed etiological cause. Years of research has not supported this diagnosis; instead, contradictory evidence shows that multiple personality is an artifactory diagnosis (Kihlstrom 2005; McHugh 1995; McHugh and Putnam 1995; FMSF 1992;). Such examples show that DSM (field guide) approach has been unable to exclude listing of certain conditions with no reasonable explanations that are adequately supported by neural and behavioral sciences. This is probably the main reason why DSM has continued to include more conditions in each subsequent edition, which arguably deserves an explanation, as no other field of medicine has expanded its list of conditions to the degree with which psychiatry has during the last 50 years.

Before I proceed to explain the perspectives approach I would like to first disagree with Atbaşoğlu and Gülöksüz's second argument about the intersection of medicine and science. They agree that the medical profession must be based on scientific knowledge, as do I, but they also argue that the medical profession must be based solely on scientific knowledge. I, however, suggest that the medical profession must be based on scientific knowledge and that it could very well be based only on scientific knowledge. Contemporary medicine argues that not only medical practice is expected to be evidence-based, but that clinicians treatment options must be evidence-based, which has led to a new concept—evidence-based persuasion (Shaw 2013). As such, it can be difficult to permit psychiatry to continue to be an exception to the rest of medicine. Moreover, it seems that the problems associated with the DSM approach are not essentially problems of the intersection of medicine and science; rather, they for the most part are related to the field guide approach it self. Atbaşoğlu and Gülöksüz also suggest that psychiatry has a scientifically weak foundation, to which I disagree; but, I suggest that psychiatry as a discipline will not be scientifically weak as long as it uses scientifically accepted methods in a heuristic manner, which would attempt to understand psychiatric conditions focusing on their etiological nature. If there is a scientific weakness that underlies psychiatry, it would be due to deficient methodologies not from psychiatry itself. I further posit that the field guide method adopted by DSM and used worldwide could be one of the reasons why psychiatry hasn't strengthened its knowledge base.

The perspectives of psychiatry approach reportedly originated from an attempt to understand and classify mental disorders based on an understanding of their etiological nature. It essentially rejects the DSM notion that diagnostic reliability comes first; rather, it emphasizes the notion that intelligibility must

come first (Parnas, McHugh, and Kablensky 2013; Çamsarı and Paul Rodney McHugh 2012; McHugh and Slavney 1998) Rendering psychiatric disorders intelligibly relies on the principle of collecting phenomenological and biological data from the most objective channels possible.

The disease perspective attempts to define mental disorders in the brain, very similar to the neurological approach, linking signs and symptoms directly to the organ or tissue itself in order to reasonably explain the manifested psychiatric phenomena. Examples would be delirium and dementia syndromes in which manifestations could be best explained by observable organ pathophysiology. The approach is very similar to that used most by other medical disciplines' approach to medical disorders.

The behavioral perspective proposes that certain mental disorders derive from certain motivations in an individual, which eventually lead to conditional learning via positive reinforcement. This approach emphasizes the importance of choice and how it can better explain many behavioral disorders that are defined in psychiatry. Examples would be addictive disorders and eating disorders, in which individual motivations play an observable role in their development. This approach allows clinicians to objectively observe manifested behaviors without having to assume a psychogenic etiology.

The dimensional perspective proposes that certain mental disorders originate from natural physical and psychological variables, that are not necessarily "broken parts", as in the disease perspective, but individual differences that might be the primary etiological factors for certain mental disorders. Examples would be mental retardation and certain personality traits.

The lifestory perspective proposes that certain mental disorders derive from life experiences. Some psychiatric conditions, such as posttraumatic stress disorder and bereavement, are best understood based on an individual's life narrative.

In conclusion, while I concur with the Atbaşoğlu and Gülöksüz's criticisms of the DSM and the abstract suggestions they provided, I would like to make a more concrete suggestion by recommending the Perspectives of Psychiatry approach developed at Johns Hopkins University, which seems to provide a reasonable and intelligible alternative to the current formulation structure in psychiatry and has been used for about 30 years at some of the world's most important psychiatric institutions (Parnas et al. 2013; Çamsarı and McHugh 2012; Chisolm and Lyketsos 2012; Peters et al. 2012 Chisolm 2011; Duffy 1999; McHugh and Slavney 1998).

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