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Open letter regarding the reform and revision of diagnostic systems

Dear Dr. Weber, Dr. Harrison, Dr. Appelbaum, and Dr. Cuthbert,

You will be aware that significant concerns about both existing and proposed diagnostic systems have been voiced by many present and former users of mental health services, scientists, and clinicians. We have outlined some of the key elements of our concerns in an 'open letter' addressed to you and available online. *This letter was constructed by the Task Force on Diagnostic Alternatives of the Society for Humanistic Psychology (Division 32 of the American Psychological Association [APA]). This is an official statement of the Society for Humanistic Psychology, Division 32 of the American Psychological Association, and does not represent the position of the American Psychological Association or any of its other Divisions or subunits.*

Similar concerns were notably expressed in a previous open letter in 2011 by the Society for Humanistic Psychology. This letter, which was inspired by the British Psychological Society's response to proposals for the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5), was subsequently endorsed by over 15,000 individuals, mostly mental health professionals, and by over 50 professional organizations, including 15 additional divisions of the American Psychological Association.

Since the publication of our previous letter, we have seen continuing development of diagnostic systems and related research frameworks, including the National Institute of Mental Health's Research Domain Criteria project (RDoC) and the Hierarchical Taxonomy of Psychopathology (HiTOP), as well as the ongoing revisions of the World Health Organization's *International Classification of Diseases and Related Health Problems* (ICD) and the American Psychiatric Association's DSM.

While efforts to improve our taxonomic systems and develop new ones are very welcome, we continue to have concerns about these initiatives and developments. The diagnoses in all these frameworks are clearly based largely on social norms. The identification of 'symptoms' relies on subjective judgments, with few confirmatory physical 'signs' or pathognomonic evidence of biological causation. Many researchers have pointed out that psychiatric diagnoses are plagued by problems of reliability, validity, prognostic value, and comorbidity. The criteria are not value-free, but instead reflect current normative social expectations. At the same time, reductionist biomedical diagnoses obscure the social determinants of our distress. This is important: as the United Nations Special Rapporteur concluded in 2017, we are under an international obligation to ensure that mental healthcare adequately addresses social contexts and relationships.

The British Psychological Society has previously commented that describing particular experiences as symptoms of mental illness *"is only one way of thinking about them, with advantages and disadvantages."* Indeed, the simple fact that there are, from time to time, revisions of diagnostic guidelines themselves demonstrates that accepted orthodoxies at any one time may be the myths of future generations.

We have, in our new open letter, offered several steps that would help secure more appropriate, and more scientifically valid, support for any revisions of diagnostic frameworks. These steps are practical and build on current diagnostic systems. For example, we recommend making use of existing codes in both the ICD and DSM models for the recording of both specific experiential phenomena and psychosocial circumstances.

As a next step to address these concerns, we request an online, telephone, or in-person meeting to discuss these issues in more depth. We look forward to your response.

Sincerely,

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Brent Robbins, PhD; chair, department of psychology, Point Park University
Frank Farley PhD; professor, Temple University; former president, American Psychological Association
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Supporting organizations

National Alliance of Professional Psychology Providers (NAPPP)
Psychologists for Social Responsibility (PsySR)
Taos Institute
East Side Institute for Group and Short Term Psychotherapy
APA's Div. 39, Section IX: Psychoanalysis for Social Responsibility
Association for Specialist in Group Work Division of the American Counseling Association
APA's Div. 42 (Psychologists in Independent Practice)
Association for Humanistic Counseling division of the American Counseling Association
National Latinx Psychological Association

Association of Black Psychologists, Inc.
APA's Div. 39 (Society for Psychoanalysis and Psychoanalytic Psychology)
Counselors for Social Justice division of the ACA
International Institute of Existential-Humanistic Psychology

Add your name: [Open letter regarding the reform and revision of diagnostic systems](https://www.apadivisions.org/division-32/index) on Div. 32's website at www.apadivisions.org/division-32/index .

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