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GUEST EDITORIAL

Psychiatry shuffles the cards: Toward new subtypes, specifiers, and qualifiers

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The anonymous tale (my version) of five medical doctors hunting is not far from telling the truth: The physicians saw a bird taking off from the bush and wanted to be sure that it was a duck and not a goose before they shot it. The general practitioner deferred the decision to the specialists. The internist did not want to comment without having a lab test. The surgeon proposed hitting the animal before it was too late. The pathologist warned that an insufficient specimen would not allow a definitive opinion even after a completed action. The psychiatrist was the last resort. After a short silence, she asked: *Is what you see what you get?*[1]

Frontpage and the Backstage

Definitions of psychiatric disorders are intentionally based on their manifestations, i.e., the surface. This phenomenological approach is a measure against reductionistic inferences, i.e., precocious formulations about the pathogenesis of causally multidetermined disorders. Notwithstanding their debilitating capacities, per definition, symptoms are not the essence of the problem, i.e., they rather constitute an interface. Besides giving hints about what is to be deciphered, they may also serve as keystones preventing further mental collapse. Therefore, *saving the sufferer is superior to the successful treatment of a disorder when practicing attempts at healing.*

Deferring causal solutions while pursuing the surface does not prevent psychiatry from "working on the repair of a damage without suspending the life." This is a rule of thumb because the actual treatment path is made by walking (or talking!) and resembles an archeologist's or restaurateur's work which has to respect the sequence of layers. In other words, a psychiatric evaluation and treatment follow the procedure of "running fix off the ship", i.e., calculating the second "line of position" (LOP) based on the one obtained earlier as a new one cannot be obtained due to a circumstance such as low visibility. Thus, the ship sails on, anyway.

In clinical practice, psychiatry as a medical discipline deals with this dilemma by simultaneously pursuing descriptive (limited to the symptoms) and understanding (trying to go deep into the psychopathogenesis) approaches. The two perspectives complete rather than compete with each other. Interestingly, the distance between the "surface" and the "core" fits the need for an unoccupied intellectual and emotional working space suitable for negotiations until the "truth" is fully recognized and assimilated to become a part of one's biography and identity. Such exposure may be noxious to those who are not ready to accommodate a reality that remains as something avoided. Being more threatening, this "alien" content may itself be an aspect of oneself rather than a stressful

1 "What you see is what you get" is a type of editing software that allows users to see and edit content in a form that appears as it would when displayed on an interface, webpage, slide presentation, or printed document. WYSIWYG (pronounced wiz-ee-wig) is an acronym for "what you see is what you get." WYSIWYG editors enable users to manipulate the content or layout without having to type any commands. For example, when users write a document using a word processor, it uses WYSIWYG, as what they create, format, and edit is replicated in the printed document or pdf.

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experience originating from the external world. Anger, denial, bargaining, depression, and acceptance are the phases of any resolution process after such a potentially traumatic exposure, albeit their sequence may change. Reconciliation is the key; that is, arriving at a meeting point of multiple and contrasting or incompatible subjective and objective realities affecting an individual's life (1,2).

Heterogeneity of the Entities

Being conscious of diversities, psychiatry constructed both the categorical and dimensional models of psychopathology, the latter with the hope of catching the uniqueness of the individual not only in normal but also in abnormal conditions. The dimensional approach has the advantage of suitability for personalized (precision) psychiatry. Additionally, it fits the needs of trans-diagnostic research.

One way of smoothly integrating the dimensional stance into an existing categorical system is by defining subtypes, specifiers, and qualifiers of the disorders. One should be aware that such constructs are not written on stone. Instead, they are created with the hope of boosting research on potential patterns that have not been recognized yet. One such example is the newly introduced dissociative subtype of posttraumatic stress disorder (PTSD). Others reasonably claim that PTSD as a whole is a dissociative condition rendering such a distinction redundant. The same syndrome was called traumatic neurosis in the past with some connotation of obsessive ruminations to arrive in the anxiety disorder section of the DSM until it became the flagship of disorders related to trauma or a stressor event.

Another emerging strategy in the opposite direction is the introduction of "spectra" (autism, mood, personality, and anxiety). Nevertheless, the latter approach may lead to extending each domain to the point of diminished specificity such that even laymen start to "anxiously ruminate" about the possibility of belonging to one of them. Unfortunately, it is not well known in the community and even among some professionals that affect dysregulation is not a variant of bipolar disorder but can be better explained as a deficiency of emotion control related to early childhood chronic stressful experiences.

Once popular, the endogenous-reactive (neurotic) distinction of depressive disorder was subtyping in research and also in clinical practice. These terms were suitable for both the categorical and dimensional approaches. Namely, any patient might show a mixture of two components on an individual basis. This compelling distinction was discarded to arrive at a classification based on severity differences only. In fact, such nosology does not seem to be sufficient to cover the qualitative heterogeneity of depressive disorders (3,4). On the psychotic spectrum, traditional subtypes of schizophrenia, such as disorganized or paranoid ones, subtly "disappeared from the stage," creating positions vacant for the next players (5,6).

An *entity* is defined as a thing with a distinct and independent existence. This is valid for diseases with known causes, mechanisms, and responses to treatment. Syndromes are enduring collections of symptoms that may have diverse etiologies. Mental disorders are somewhere in between as they are causally multidetermined. Nosology and the classification of disorders are the maps while establishing the treatment road. However, complications can change the natural course of any entity. Thus, in real life, overlaps (comorbidities) are more common than pure occurrences. Such nosological fragmentations are more common in patients exposed to relational adversities in early childhood (7,8). This tendency to polysymptomatic appearance seems to be the consequence of disturbed psychological development due to environmental stress. Such epigenetic pathways begin early in life, including pre- and perinatal periods (9). However, they can manifest at any age, i.e., most notably in early adulthood, if not during childhood and adolescence.

Is Occam's Razor Too Sharp?

"Occam's razor" represents the principle of parsimony, which is currently effective in psychiatric nosology and classification. This is a problem-solving aspect which states that entities should not be multiplied beyond necessity (10). Unfortunately, when applied to the classification of psychiatric disorders, Occam's razor "kills" the interface concepts as soon as they appear. For instance, using the phrase psychotic as a subtype, specifier, or qualifier in a nonpsychotic section turns out to be nonsense. In fact, the interface concepts may operate as "bridges with shared footages" between sections. Subtypes, specifiers, and qualifiers may also facilitate integration between categorical and dimensional approaches over time. To say metaphorically, while long-distance travel of the ships leaving their safe harbor of origin may serve as a catalyst for further explorations and discoveries, taking care of crossover lines may be vital for the maintenance of "nurturance" in between.

Psychiatric disorders may be phenomena on their own, i.e., ipso facto or primary conditions. They may also represent transient phenomena in the context of or even the outcome of other psychopathological processes. The flagship diagnostic categories of mainstream psychiatry, depression and psychosis may fit both conditions depending on the index situation. Understanding of psychosis as a disorder continues to prevent it from being utilized as a qualifier applicable to several diagnostic categories. For instance, dissociative psychosis, traditionally a living entity among clinicians, can hardly be placed among dissociative disorders while the pathogenesis is obviously different from other psychotic disorders (2). A similar fate seems to be valid for somatic dissociation (11), which is moving toward becoming a functional "neurological" disorder (12).

Sometimes, neither the core nor the surface but the "real" world shapes the boundaries of concepts. For example, a diagnosis of psychosis has important implications for forensic psychiatry, such as its use in defense of "not guilty by reason of insanity." Forensic considerations seem to be valid for the definition of a traumatic event as well, which itself is an "external" factor with a causal inference. The concept is held to be rather limited to concrete stressors, possibly to keep potential compensation claims within rational limits. On the other hand, childhood emotional neglect, as a usually invisible experience, does not meet the requirements of a traumatic event eligible for a diagnosis of PTSD.

Good Psychotherapy, Bad Psychotherapy

Is there such a thing as good generic psychotherapy? Yes. The fragmentation in the field of psychotherapy seems to have worse consequences than the one in the diagnostic assessment of psychopathology. The experience of being stretched between quasi-incompatible schools of "brandmarked" psychotherapies is a threat to the growing psychiatrist who is left unable to reconcile between them or even discouraged about doing so (13).

While approaching this serious problem, one should not mix up the chess piece with the position on the chessboard and the rules of the game. The construction of a generic psychotherapy should be based on five dimensions: discourse,[2] theory, modeling, technique, and application. The accuracy of psychotherapy training cannot be guaranteed by adopting a consistent school as a "full package" unless a genuine synchronization is obtained between what is meant and what occurs in reality. This is the level of clinical application. For a growing psychotherapist, establishing such genuineness of clinical application is not possible without intensive laboratory training in a consistent fashion and generic style. That is, the clinician should be able to maintain the "equivalence" between what she has in mind and what she is doing in real life, including the patient's perspective. Such "marked mirroring" during training is necessary to obtain professional "mentalization." Otherwise, the captain (the therapist) is forever lost with the ship in the ocean because navigation in an uncertain space becomes impossible. Such navigation includes an ability to use the "pretend" mode too without falling into and getting stuck in the "teleological" mode characterized by black-and-white thinking focused on physical reality only (14).

The "Aristotle's Ship of Theseus" may be encouraging when attempting to "shuffle the cards" in the domain of psychotherapy, i.e., the integrative strive to develop generic psychotherapy applicable to diverse conditions in a flexible fashion. The experiment asks whether an object with all of its original components replaced remains the same object. According to Aristotle, the "what-it-is" of a thing is its formal cause, so the Ship of Theseus is the "same" ship because the formal cause, or design, does not change, even though the matter used to construct it may vary with time. A comparison with "real life" would inspire the opposite stance: Following accidents, insurance companies owe to compensate the dropped "marketing value" of the motor vehicle because of the injured "originality." In fact, the new parts may be stronger than the replaced ones such that the repaired automobile should become more valuable. Yet, either approach fails to praise the mechanic herself, her fidelity, and the respect for the originality!

Courage of Facing the Truth

"Intellectual honesty" (15) is the prerequisite for making genuine science and art. Referring to the universal betrayal of the "civilized" human society, psychiatrist Jacques Lacan (16,17) said once: "…for centuries, knowledge has been pursued as a defense

2 What is meant here is a general view about what is expected from or/aimed at "treatment" and "healing," a thesis about what makes a person, what kind of relationship is hypothesized between the "essence" of the individual, and the so-called "psychopathology." This is the component where the basic "philosophy" is set which is expected to guide the "therapist" during their professional strive to contact a person for the sake of supporting bodily, psychological, social, and spiritual survival, including facilitation of some "healing" of "injuries" whether they have an origin in the external or internal world or not.

against the truth." Here is the place of applying Hegel's dialectics to clinical psychology and psychotherapy (18). Dialectical thinking deals with the thesis and antithesis to achieve a creative-integrative synthesis, i.e., without falling into the "trance-logic" (19). This is the core principle of understanding psychotraumatology (20) and, in fact, the highest step of individual cognitive development (21). Dialectical thinking helps in overseeing the "bigger picture" while pursuing the truth (22). Thus, it is not surprising that dialectical thinking is a facilitator of effective psychotherapy as well (18).

Plato's Cave is an allegory reflecting the difficulty of replacing what has been learned previously, i.e., the "impossible mission" of teaching when the necessary skills have not been pedagogically established at an appropriately early age. In his book (Allegory of the Cave), Plato presented the problem as a dialogue between his teacher Socrates and his brother Glaucon. Socrates described a group of people who were chained to the wall of a cave all their lives. They were facing a blank wall and used to watch the shadows of the objects passing in front of a fire behind them. The people gave names to these figures, which were their (prisoners') reality but not correct representations of the world outside. The shadows represented the part of reality that was perceived through the senses. The true forms of the objects under the sun could only be perceived through reason. Once a prisoner left the cave, he understood that the shadows on the wall were actually not the direct source of the images seen. Such a person would have the opportunity to perceive the higher levels of reality, while the other inmates would not even desire to leave their prison.

However, from an "experienced" clinician's point of view, Plato's point is only one of the possible stances. To achieve an integrative solution following a dialectical analysis of the theses and antitheses (overcoming the black-and-white thinking), the role of illusion as an "interface" in processing the "realities" (1,23) should be taken into consideration. The creative capacity of the human brain is a "game changer" here. Kandel's (2016) contribution to the neurobiology of art interprets the role of transforming the perception of the artwork from the 3D real world to the 2D one (reductionism) by the human optic system, i.e., the eyes, for the sake of transmission (24). However, the brain back translates this perception of senses to a 3D one which cannot occur without "add-ons." This is why visiting a museum and starring at "original" art pieces for prolonged exposure is an exercise for the brain, hopefully transmitting the joy of the creative process to the recipient.

Disillusion is the core factor that turns reality into a traumatic process. It is not only about the past but also the future unless a new meaning is constructed to replace the lost one. An anonymous phrase shared possibly by a relatively young user of the "social" media warned: "our entire generation is traumatized by something which has not happened yet." On the other hand, disillusion may also serve to go astray by keeping "eyes wide shut" to build a "fiction" about the future. Thus, at the same time, in the hands of a skillful therapist, it turns to the "science" (and art) of "re-turning" a traumatic experience into a constructive one by scrambling the "process" of reality.

With the tragedy of remaining stuck to a learned mindset in the face of changing realities, the desperate effort of "explaining" or "formulating" human experience with no effective consequence for "repair," the problematic attachment of the "creative agent" to an instance which claims to maintain contact with "reality," we trust in psychiatry's capacity to "get rabbits out of the hat" while striving as close to the truth as possible with hopefully effective consequences for the healing of various types of mental suffering. At present, the "trick" of changing the status quo is renewing subtypes, specifiers, and qualifiers of psychiatric disorders in a cross-cutting fashion without the concern of redundancy of concepts such that the principle of Occam's razor itself becomes redundant.

Comedian Bob Newhart's oceanic joke depicts a tragedy different than Plato's Cave: An illusionist had a parrot that he used in his "magic" act. The problem was that the parrot knew how all the magic tricks worked, and he would shout out the secrets during the act: "The rabbit is in a drawer!" "All the cards in the deck are spades!" "The handkerchiefs are hidden in his sleeve!" The magician was booked for a cruise gig. Unfortunately, the ship hit an iceberg and sank in the middle of the ocean. The only survivors were the magician and his parrot; both left clinging to a piece of wood. They remained silent for a few days. Finally, the parrot said, "Okay, I give up. What did you do to the ship?"[3]

3 In another (a bit solar rather than lunar) version of the "same" joke, the magician is employed by the ship from the beginning and the parrot is captain's. Different from the work alliance deliberately agreed upon described in the first one, the magician cannot get rid of the parrot in the second version for reasons obvious to the reader. The tragedy occurs in both stories in the "same" fashion. However, different from the first one, the magician and parrot hatefully stared at each other when sticking on the piece of wood in the middle of the ocean. And the question of the parrot after the prolonged period of tense silence is slightly different: "Where is the ship?".

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Prof. Sar is the former President of the International Society for the Study of Trauma and Dissociation (ISSTD) and the European Society for Traumatic Stress Studies (ESTSS). He has served as an international advisor to the DSM-5 Workgroup of the American Psychiatric Association. Due to his cumulative contributions to psychotraumatology, he has received numerous honors, including the Lifetime Achievement Award by ISSTD. With Middleton and Dorahy, he edited the book Global Perspectives on Dissociative Disorders: Individual and Societal Oppression.