

## Epistemic Trustworthiness & the Integration of Patients in Psychiatric Classification

Taxonomic decision-making in psychiatry is highly controversial, as could be witnessed again during the latest revision of the DSM (APA 2013). For one, this controversial nature stems from the state of knowledge incorporated in such nosologies that many find insufficient. For another, it is due to the enormous practical consequences of nosological changes in the DSM (or the ICD, which is used in most European countries): they impact the course of research as well as reimbursement policies, educational practices, or the identities of patients. The combination of these points has led to an abundance of DSM-critiques and a severe lack of credibility of psychiatric classification in the public eye.

My paper deals with the question of how public trust in the DSM might be enhanced. In particular, I discuss who should be involved in the process of taxonomic decision-making and argue for a participatory pluralism. On the one hand, such a pluralism refers to the representation of different theoretical, disciplinary, and cultural perspectives in DSM-revisions. On the other hand, participatory pluralism should extend to the integration of patients. While the idea of such an integration has been rejected as “politically correct nonsense” before (Spitzer 2004), I will present two arguments in favor of it.

Firstly, psychiatric classification involves non-empirical judgments at several points and is therefore prone to an impact of value-laden assumptions. For example, this can concern the wording of criteria and diagnoses (such as “mentally retarded” versus “intellectually disabled”). Moreover, it can affect decisions on the disorder-status of conditions or behaviors; especially if this status is determined on a syndromal basis alone, this invites presumptions about what “normal” behavior looks like to figure in. Another point relates to the weighing of associated risks: as taxonomic decisions always trade between risks of over- versus underdiagnosis, the perspective of patients is a valuable input regarding whether it would be better to err on the side of being too rigid or too inclusive in the criteria for particular mental disorders.

Secondly, psychiatry and psychiatric classification have a particular problem in terms of their public credibility and epistemic trustworthiness. Not only is this distrust expressed by many organizations and movements such as critical psychiatry, psychiatry survivors, or neurodiversity, it also has a long (academic and popular) tradition with roots in the anti-psychiatry movement of the 1970s. Thinking about the historic track-record of psychiatry and psychiatric care (e.g. regarding the treatment of homosexuals or hysteric women, forced hospitalizations, lobotomies, etc.), this distrust is also not completely unreasonable. Involving patients into taxonomic decision-making could have the potential to enhance the trustworthiness of psychiatric classification against this particular background.

### *References*

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

Spitzer, Robert L. (2004). “Good Idea or Politically Correct Nonsense?”. *Psychiatric Services* 55, 1.