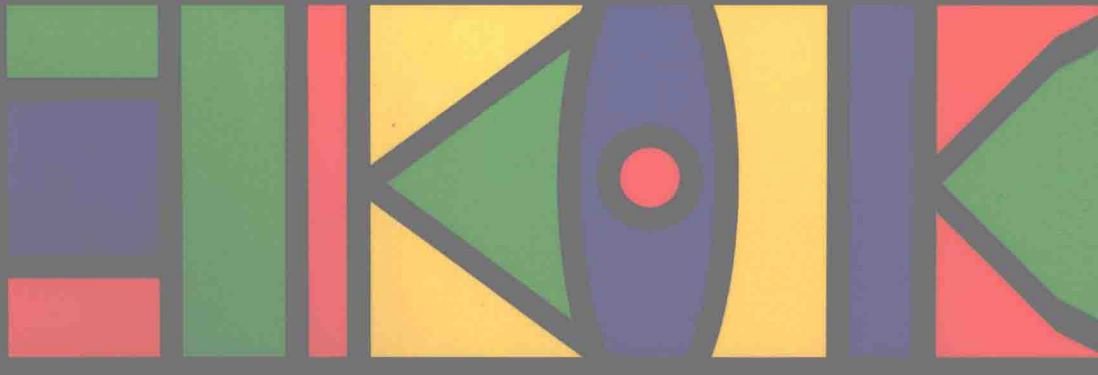
international perspectives in philosophy and psychiatry

# alternative perspectives on psychiatric validation

## DSM, ICD, RDoC, and Beyond

EDITED BY PETER ZACHAR, DROZDSTOJ ST. STOYANOV, MASSIMILIANO ARAGONA, AND ASSEN JABLENSKY



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# Alternative Perspectives on Psychiatric Validation

## International Perspectives in Philosophy and Psychiatry

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# Prologue

Chapter 1

# Introduction: The concept of validation in psychiatry and psychology

Peter Zachar and Assen Jablensky

## 1.1 Introduction

The roots of validity lie in logic, referring to whether an instance of reasoning conforms to correct rules (formal validity) and to whether the conclusion is true (material validity). How we progressed from logical validity to a problem about the validity of diagnostic constructs is not a simple tale. Although the path from logic to the current notions of validation in psychiatry travels through the science of psychological measurement, one has to be careful about construing parallel developments in psychiatry and clinical psychology as causally related and thereby inferring connections that never existed.

Psychologists began using reliability and validity to think about the technology of measuring inferred psychological attributes as two interchangeable terms for "adequacy" (Leuba 1899; Starch 1915). Subsequently, they employed them to distinguish measuring a psychological attribute consistently—*reliability*—from measuring it accurately—*validity* (Thurstone 1931; Adams 1936). As we shall see, in psychology the problem of accurately measuring psychological attributes came to be seen as the problem of measuring theoretical constructs, whereas in psychiatry the primary concern was one of confirming disease status. Over the years, however, the validity problem in psychiatry has also evolved into a problem about theoretical constructs.

## 1.2 Validity in Mid-Twentieth-Century Science and Philosophy

In the middle years of the twentieth century, the school of logical positivism was the dominant approach in the philosophy of science. One of the goals of this school was to elucidate the logical structure of scientific reasoning. It therefore made sense for the logical positivists to refer to the *validity* of scientific theories. According to them, validity was largely formal. For example, on the logical positivist's account, confirmation and explanation depended on conforming to proper logical syntax.

The positivist (or empiricist) aspect of this school held that science seeks to discover and systematize regularities in the network of observations that are part of experience. Logical positivism also updated empiricism to better conform to twentieth-century science (especially relativity theory and quantum physics). Networks of scientific concepts, the logical positivists agreed, also contain theoretical constructs such as force and electron (in physics) or general intelligence (in psychology).

What does psychiatric diagnostic classification look like from the perspective of such an empiricism? According to this particular empiricist view, in psychiatry a regular pattern of characteristic self-disturbances, hallucinations, delusions, and a decline in functioning is given a name such as "schizophrenia." In the most minimalist form of empiricism, schizophrenia is a descriptive term (or inductive summary) that refers only to the pattern of observed signs and reported symptoms.

Less minimally, schizophrenia is a theoretical construct that enables clinicians to organize signs and symptoms into a coherent framework. The construct of schizophrenia also has surplus meaning by virtue of its association with other theoretical constructs such "psychosis," and "disease." In general, empiricists are instrumentalist and anti-realist about theoretical constructs, viewing them like they do socioeconomic status. A person's socioeconomic status is not a cause of income level and educational attainment; rather, it is a handy abbreviation for income and educational attainment patterns in a population.

According to Markus and Borsboom (2013), the psychologists who introduced the notion of construct validity increasingly went beyond the empiricism of the logical positivists and adopted scientific realism about psychological attributes such as intelligence, extroversion, and schizophrenia. According to realism about constructs, differences in test scores are caused by people's position on the psychological attribute being measured. These attributes are considered to exist independently of being measured.

## 1.3 Science and Validity in Psychiatry

For nearly the entire twentieth century psychologists debated whether the latent variable of general intelligence is a real attribute/natural kind or a mathematical construct whose meaning changes depending upon how it is measured. Proposed mid-century largely to address the clinical constructs measured by instruments such as the *Rorschach Inkblot Test* and the *Minnesota Multiphasic Personality Inventory* (MMPI), the notion of construct validity redrew the lines of the ongoing debate. After the lines were redrawn, schizophrenia and hysteria were declared to be unproblematical constructs—but constructs that cannot be reduced to how they are measured and that can refer to something real.[1]

The term construct validity was introduced in an American Psychological Association Technical Report in 1954. The committee that prepared this report was chaired by Lee Cronbach. According to Cronbach (1989), the idea of construct validation was proposed by committee member Paul Meehl. It had been worked out in cooperation with Meehl's colleagues at the Minnesota Center for the Philosophy of Science. Meehl expanded on these ideas with Cronbach in a 1955 article titled *Construct validity in psychological tests*. One of the main ideas of this article was that the validation of a test is analogous to the validation of a theory in science (according to the strictures of logical positivism/empiricism with scientific realism tacked on).

If Cronbach and Meehl's article was a watershed event for construct validity in psychology, Robins and Guze's (1970) article *The establishment of diagnostic validity in psychiatric illness: Its application to schizophrenia* played a similar role in psychiatry. In their article Robins and Guze said that diagnosis must be a scientific classification, and valid classification is essential to science. Rather than worry about the validity of the diagnosis of a single patient as would be typical in medicine, they were concerned about the validity of schizophrenia—and later about classification in general (Woodruff et al. 1974).

Most commentators consider this article to be an attempt to resurrect a psychiatry of disease entities similar to that advocated by Emil Kraepelin. Kraepelin proposed that dementia praecox (renamed schizophrenia by Bleuler in 1908) and manic depressive illness were two different entities, with the first having a deteriorating course and the second involving recovery and re-occurrence over time. In this tradition, Robins and Guze's over-arching construct was "psychiatric illness." They proposed five groups of validators—clinical description, laboratory studies, differentiation from other disorders, studies of outcome, and family studies—each of which were predictions about what would be observed if a diagnostic construct such as schizophrenia conformed to their illness construct.

In the 1950s there was little interest in diagnosis among American psychiatrists, with one important exception being a group of scientifically oriented psychiatrists at Washington University in St. Louis. Subsequently named the neo-Kraepelinians, this group included Robins and Guze. They introduced the concept of *diagnostic validity* to describe the research programs that nosologically oriented psychiatrists were already conducting (Goodwin et al. 1969; Purtell et al. 1951; Robins and Mensh 1954). Validity was also a helpful term for encouraging psychiatrists to conduct research that could disprove Szasz's (1961) claims about mental illness being a myth (or a theoretical fiction).

To what extent did the articulation of construct validity in clinical psychology influence the conceptualization of *diagnostic validity* in psychiatry? It is worth noting that Samuel Guze's early research included a study of the validity of *The Taylor Anxiety Scale* (Matarazzo et al. 1955). In that article Guze and his