CHAPTER 2
Methodological Issues in Clinical Diagnosis

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Introduction
Clinical appraisal and diagnosis in health-related disciplines are clearly of great importance. No one seriously advocates providing treatment before some kind of diagnostic appraisal has been made to guide the treatment. Furthermore, particularly in the medical specialty of psychiatry, as new knowledge has been secured and new theories developed, diagnoses and diagnostic approaches have been modified, new diagnoses added, and old ones discarded. In some instances the descriptive symptomatic patterns of the disorder is little changed, but its official clinical diagnosis or categorization is changed as a result of newer conceptualizations and points of view. Such developments have occurred with particular frequency in the period from 1980 to 1994 with official publication of three new Diagnostic and Statistical Manuals of Mental Disorders by the American Psychiatric Association (1980, 1987, 1994).

Therefore, clinical diagnoses are not invariant, and problems in this area have been topics of discussion and controversy over the years. Disagreements have stemmed from differences in disciplinary orientation, theoretical considerations, and interpretations of research data concerning the reliability and validity of clinical diagnosis. The issues generated are complex and have important research and practical implications for the entire field of psychopathology. Consequently, methodological problems in this area are not mere academic concerns but directly affect all professional disciplines in the area of psychopathology and, thus, the actual treatment and disposition of those individuals whose difficulties are considered psychopathological. Furthermore, although official systems of diagnosis or nosology may show significant changes over time, the basic methodological issues involved remain very much the same and require careful consideration in evaluating any formalized classification system.

Clinical Diagnosis: Some Possible Meanings

Before discussing some of the methodological problems and issues in clinical diagnosis, it is important to discuss briefly the possible meanings or interpretations attached to this term. Traditionally, clinical diagnosis has referred to discovering, describing, and designating a specific illness or disease. Deriving from the field of medicine, it has been closely identified with medical conceptions of disease entities. The Funk & Wagnalls New College Standard Dictionary (1950) gives the following as the first definition for the word diagnosis: “The art or act of discriminating between

diseases and distinguishing them by their characteristics.” Websters Unabridged Dictionary (1979) defines diagnosis as “the act or process of deciding the nature of a diseased condition by examination.”

Thus, diagnosis has been based on the disease entity concept used in medicine. Within this orientation, clinical diagnosis is of great importance, for appropriate treatment depends on the correct diagnosis. Medicine, based on scientific advances in such basic areas as biochemistry, genetics, microbiology, and comparable advances in instrumentation and equipment, has used the disease entity model with success. Many illnesses have been identified in terms of symptomatology, course of illness, prognosis, and possible causes. Treatments for a number of these illnesses subsequently have been discovered or developed. Consequently, the correct clinical diagnosis may lead to the selection and administration of an appropriate and effective treatment.

Psychiatry, the branch of medicine concerned with psychopathology, has modeled itself after the practices of the parent field. Various neurologists and psychiatrists during the latter part of the nineteenth century and thereafter identified specific mental illnesses which they discovered or described, for example, general paresis, Korsakoff’s syndrome, and Alzheimer’s disease. This process has been relatively more successful in organic or neurological disorders where both the symptomatology and the course of the disorder can be more successfully described and the etiology more clearly ascertained. This, however, has not kept psychiatrists from describing and designating forms of mental illness which do not always fit the disease entity model successfully. Since the time that catatonia and hebephrenia were identified as separate types of mental illness more than 100 years ago, numerous designations and classifications have been devised by psychiatrists, individually or in organized groups (Zilboorg & Henry, 1941). Some categories, particularly those with a known etiology or course, have withstood the test of time. Others, however, have appeared on the diagnostic stage for an interval of time, and have then disappeared or been replaced. Dementia praecox, conceived by Kraepelin to incorporate the separate diagnoses of catatonia, hebephrenia, and paranoia, has given way to schizophrenia. The latter, in turn, has undergone several modifications and transformations, and questions are still raised about its diagnostic classification (Carson, 1996; Carson & Sanislow, 1993). In the latest revision of the official diagnostic manual of the American Psychiatric Association (1994), DSM-IV, thirteen new diagnoses were added, and eight were deleted.

In addition to changes in nosologies and designations of disease over time, different classifications or diagnostic schemes were promulgated during the same period. Thus, diagnostic schemes and specific diagnostic terms in psychiatry reflect the views of individuals and also of committees or groups of individuals who participated in the diagnostic classification process. For such reasons, both individual and group values and interests may influence the diagnostic system formally adopted at a given time. This point is mentioned to emphasize that the creation and adoption of a diagnostic system is not a result of scientific research per se. In more recent times, even economic considerations deriving from third-party payments have played a possible role in retaining or adding selected diagnoses.

In any event, diagnoses or diagnostic labels have been used in psychiatry, in conformance with medical views concerning illness and disease, to designate various types of psychopathology or deviant behavior. Because the care and treatment of disturbed individuals was gradually entrusted to the medical profession, such individuals also tended to be viewed as mentally ill, and their deviant behaviors, thoughts, and moods were considered symptoms of mental illness. This has had a number of important theoretical, practical, and research implications. Although our primary concern in this chapter is with methodological issues and problems, it is worth commenting here on some of the broader implications of using clinical diagnosis in the mental health field.

Clearly, accurate diagnosis of illness or disease is an important prerequisite for selecting the most efficacious treatment. In severe illness, incorrect diagnosis may have serious consequences, including death. As medical science has advanced and as greater knowledge of disease has been accumulated, more effective diagnostic and treatment procedures have also been developed. The net result has been improved medical service. Thus, the concept of disease has worked well in medicine. However, when applied to psychiatry and psychopathology, the results have not been quite as successful.