

## Applied ontology for phenomenological psychopathology? A cautionary tale

In their Personal View, Rasmus R Larsen and colleagues<sup>1</sup> note the renewed interest and growing enthusiasm for more phenomenology in psychiatry. They recognise the limitations and constraints posed by criterion-based schemes, such as the DSM and ICD, and rightly refer to the enormous potential for phenomenology to catalyse improvements to research and care programmes.

In portraying this development, they raise pragmatic questions concerning the integration of the phenomenological dimension with mental health data approaches, such as the Research Domain Criteria initiative, and with informatics resources, such as those enabling big data processing via computational reasoning procedures. As salient practical barriers to this endeavour, the authors list several factors, including the scarcity of phenomenologists, the need for in-depth training, and the absence of a unified semantic framework to allow consistent data capture, exchange, and interoperability with mainstream psychiatric data. They express concern for the heterogeneity of traditions and perspectives in the field, and the lack of consensus about best clinical practice.

As a way forward, the authors propose and have initiated the development of an applied ontology of phenomenological entities and disruptions thereof, using an international standard top-level ontology. In their view, this applied ontology “will lead to a complex, comprehensive, unified, and disambiguated semantic framework” in which phenomenological concepts (eg, embodiment or spatiality) and their relations are explicitly defined and catalogued in a standardised way

supporting automated reasoning over such data.

As clinical and applied phenomenologists, we welcome the authors’ constructive engagement with the phenomenological project and see their contribution as enriching the ongoing cross-disciplinary conversation in mental health and methodological advances in many laudable ways. However, we want to put pressure on one major caveat concerning the nature and purpose of phenomenology, and related potential drawbacks in need of careful attention.

Most fundamentally, despite heterogeneous philosophical perspectives, phenomenological research is committed to the value of openness. Phenomenologists are often characterised as perpetual beginners who set aside theoretical presuppositions to let the phenomenon being investigated show itself for what it is. Phenomenological psychopathologists therefore try to maintain a critical and reflective distance from widely accepted theoretical presuppositions in the field of psychiatry. In this way, they attend to and articulate aspects of human experience that might be overlooked, poorly understood, or mischaracterised by other approaches because of strong theoretical assumptions.

This way of approaching phenomena from within is precisely what makes phenomenology such a valuable resource for psychiatry.<sup>2</sup> But phenomenological psychopathology is also a living enterprise. As such, its core values—particularly its commitment to a critical and reflective attitude toward existing theories and taxonomies—could be at odds with the development of an applied ontology. Although we are certainly eager to find ways to put our theoretical and conceptual work into practice, our primary concern is that the ontology that Larsen and colleagues propose will lead to a new stage of conceptual and theoretical stagnation.

Larsen and colleagues do propose a transparent and dynamic system, which will be open to ongoing revision and refinement on the basis of broad, community-wide participation and consensus. Such promises have often been made in the field of psychiatry without any follow-through. Perhaps the most substantial cautionary tale is the construction of the DSM-III, which ushered in the operational approach to diagnosis and classification still used today. Many of the core categories and diagnostic criteria in the DSM-III, including those for depression and schizophrenia, were drawn from the Feighner criteria.<sup>3</sup> These criteria were intended as starting points, which would be either validated or revised in light of further research. But their incorporation into the DSM-III reified both the categories and their diagnostic criteria, with few changes incorporated into subsequent editions.

In light of this history, we believe it is reasonable to be wary of new taxonomic systems in psychiatry that claim to be open to continued revision and refinement. Any attempt towards developing an applied ontology, for instance, should be accompanied by a viable and actionable plan. Who will be involved in deciding when and how to revise the taxonomy? How often will revisions occur? What kind and degree of evidence will be required to institute a revision? How do we resolve disagreements between phenomenological camps? These, among other questions, should be at the forefront of Larsen and colleagues’ proposal.

The same principles apply in clinical practice when clinical phenomenologists are committed to a stance of empathic openness and hermeneutical humility.<sup>4,5</sup> This attitude involves supporting patients through the process of unfolding and making sense of their experience on their own terms, rather than imposing an external conceptual framework that might mischaracterise it in key respects. Our concern here is that the

kind of standardised clinical protocol sought by Larsen and colleagues could rather generate an (implicitly) inflexible attitude by forcing living phenomena to fit the designed taxonomy, thus recreating the totalising and hegemonic errors of the DSM. We think that a brief word of caution is in order here about the need for an open, pluralistic, and flexible approach.

We declare no competing interests.

\**Rosa Ritunnano, Giovanni Stanghellini, Anthony Vincent Fernandez, Jasper Feyaerts, Matthew Broome*

[r.ritunnano.1@pgr.bham.ac.uk](mailto:r.ritunnano.1@pgr.bham.ac.uk)

Institute for Mental Health, University of Birmingham, Birmingham B15 2TT, UK (RR, MB); Centre for Youth Mental Health, University of Melbourne, Parkville, VIC, Australia (RR); D'Annunzio University of Chieti-Pescara, Chieti, Italy (GS); Universidad Diego Portales, Santiago, Chile (GS); Danish Institute for Advanced Study and Department of Sports Science and Clinical Biomechanics, University of Southern Denmark, Denmark (AVF); Department of Psychoanalysis and Clinical Consulting, Ghent University, Ghent, Belgium (JF); Centre for Contextual Psychiatry, Department of Neuroscience, KU Leuven, Leuven, Belgium (JF)

- 1 Larsen RR, Maschião LF, Piedade VL, Messas G, Hastings J. More phenomenology in psychiatry? Applied ontology as a method towards integration. *Lancet Psychiatry* 2022; published online July 8. [https://doi.org/10.1016/S2215-0366\(22\)00156-0](https://doi.org/10.1016/S2215-0366(22)00156-0).
- 2 Stanghellini G, Broome MR. Psychopathology as the basic science of psychiatry. *Br J Psychiatry* 2014; **205**: 169–70.
- 3 Feighner JP, Robins E, Guze SB, Woodruff RA Jr, Winokur G, Munoz R. Diagnostic criteria for use in psychiatric research. *Arch Gen Psychiatry* 1972; **26**: 57–63.
- 4 Stanghellini G. The PHD method for psychotherapy: integrating phenomenology, hermeneutics, and psychodynamics. *Psychopathology* 2019; **52**: 75–84.
- 5 Ritunnano R. Overcoming hermeneutical injustice in mental health: a role for critical phenomenology. *JBSP* 2022; **53**: 243–60.

### Authors' reply

We thank our esteemed colleagues for welcoming our proposal to initiate and spearhead the development of the Ontology of Phenomenological Psychopathology (OPheP).<sup>1</sup> Rosa Ritunnano and colleagues rightly point out that for the OPheP initiative to maximise its potential, it must avoid the hard-learned pitfalls of the

DSM and ICD projects. These have been criticised for their non-open and centralised approaches, inflexible taxonomies, and contribution to the stagnation of research and clinical practice.<sup>2</sup> We agree with the authors that moving OPheP in this direction will be counterproductive to integration efforts and antithetical to the tradition of phenomenology.

Rather, the OPheP initiative is committed to decentralised, collaborative, and open-science practices<sup>3</sup> that are clearly distinct from the institutionally led and institutionally controlled approaches to categorisation that have governed mainstream psychiatry thus far. Open-source ontologies, including OPheP, evolve through active community participation, which entails embracing pluralism. The editorial work consists of transparently cataloguing areas of consensus and dissent between different experts' perspectives, rather than releasing decisions reached by committees operating behind closed doors. Insofar as OPheP aspires to serve one day as a resource offering an ever-evolving taxonomy of entities and relations in phenomenological psychopathology, it can only achieve this aim by generating obvious use to its community, supporting rather than restricting their work.

OPheP follows in a long tradition of successful ontologies developed via an open, decentralised approach.<sup>4</sup> For example, the widely-used Gene Ontology<sup>5</sup> includes thousands of terms that scientists use to describe the functions of genes, for which each term constitutes an evolving expert consensus regarding its proper label, definition, relations, evidence, and so on. When developing OPheP, phenomenologists must set similar collaborative goals as they shape and continuously revise the comprehensive vocabulary that future phenomenologists and psychiatrists can draw from when they attend to and describe first-person experiences

and high-order disturbances of mental health.

We declare no competing interests.

\**Rasmus R Larsen, Luca F Maschião, Valter L Piedade, Guilherme Messas, Janna Hastings*

[rosenberg.larsen@utoronto.ca](mailto:rosenberg.larsen@utoronto.ca)

Department of Philosophy, and Forensic Science Program, University of Toronto Mississauga, Mississauga, ON L5L 1C6, Canada (RRL); Mental Health Department, Santa Casa de São Paulo School of Medical Sciences, Sao Paulo, Brazil (LFM, VLP, GM); Clinical, Educational, and Health Psychology, University College London, London, UK (JH); Institute for Intelligent Interacting Systems, Otto-von-Guericke University Magdeburg, Magdeburg, Germany (JH)

- 1 Larsen RR, Maschião LF, Piedade VL, Messas G, Hastings J. More phenomenology in psychiatry? Applied ontology as a method towards integration. *Lancet Psychiatry* 2022; **9**: 751–58.
- 2 Poland J, Von Eckardt B. Mapping the domain of mental illness. In: Fulford KWM, Davies M, Gipps R, et al, eds. *The Oxford handbook of philosophy and psychiatry*. New York: Oxford University Press, 2013: 735–52.
- 3 Nosek BA. Center for Open Science: strategic plan 2022–2024. 2017. <https://osf.io/x2w9h/> (accessed Aug 16, 2022).
- 4 Smith B, Ashburner M, Rosse C, et al. The OBO Foundry: coordinated evolution of ontologies to support biomedical data integration. *Nat Biotechnol* 2007; **25**: 1251–55.
- 5 Ashburner M, Ball CA, Blake JA, et al. Gene ontology: tool for the unification of biology. *Nat Genet* 2000; **25**: 25–29.

### Mental health care in Uganda

During the opening of mental health month (May, 2022), officials from the Ministry of Health in Uganda stated that about 14 million people of the 43.7 million population have a mental illness. The approximate prevalence of about 32.0% was higher than in previous national estimates of 24.2%;<sup>1</sup> the prevalence might be higher due to the pervasive social stigma and taboos associated with accessing mental health services and the impact of the COVID-19 pandemic. The primary care system in Uganda is poorly resourced, inadequately funded, and ill-equipped to address mental health concerns.<sup>2</sup> Nationwide, there are only 53 psychiatrists—approximately one psychiatrist per 1 million population.