

A Quasi-Systematic Issue Analysis Using MAXQDA: Re-examining the Controversy Around the Diagnostics and Pharmacotherapeutics of Depression in Japanese Psychiatric Journals

Hiroto Shimizu (hshimizu14@gmail.com)
Osaka University, Osaka, Japan

Introduction

The diagnostics and therapeutics of depression is a controversial subject in Japan. Since the introduction of selective serotonin reuptake inhibitors (SSRIs; a class of antidepressant) in 1999 and the coincident rise in the incidence of depression, sceptics outside of the psychiatric community have criticised 'over-diagnosis/prescription' as an intrusion of medicine into everyday life.

However, critics of 'over-medicalisation' have not often empirically investigated psychiatric practice to confirm their criticisms.

To objectively evaluate these claims of over-medicalisation, a careful investigation of psychiatrists' perspectives is necessary.

Aim

To systematically investigate, contextualise, and evaluate the above criticism using MAXQDA.

Data Collection

I collected 30 feature articles published since 1999 on depression and diagnostics/pharmacotherapy from two major Japanese psychiatric journals, *Psychiatria et Neurologia Japonica* and *Human Mind*, and imported them into MAXQDA.

Analysis Procedure

I adopted the following steps, which are suited to performing a socio-scientific case study of a contested issue, as suggested by Fujigaki (2005):

- (1) Describe facts
 - a: Create a chronological table
 - b: Classify the stakeholders
 - c: Describe the stakeholders' arguments (including the articles' authors; these are not shown in the poster because the arguments were found during the analysis to be too concrete/specific and therefore too detailed to report in a poster)
- (2) Visualise the points at issue
- (3) Reconstruct the contestation: examine the stakeholders' framing of the issues

I used the most basic functions of MAXQDA: coding and structuring (Figure 1).

- Regarding Steps 1a and 1b, all **proper nouns** in the documents were coded and then classified into eight parent codes: years, persons, institutions (with three sub-parent codes—associations, governmental agencies, and companies), countries, diagnostic criteria, rating scales, research projects, and pharmaceutical products. Some of the codes were organised, as shown in **Table 1** and **Table 2**.
- Regarding Step 2, I coded dichotomous expressions, such as **'whether (or not)'**, as markers of the points at issue. Then, the issues were categorised according to their levels, as suggested by Conrad (1980; i.e. conceptual, institutional, and doctor–patient interaction levels), and to their areas (i.e. diagnostics and pharmacotherapeutics; see **Table 3**).
- Regarding Step 3, I coded rhetorical expressions with specific attention to **metaphors** (**Table 4**), as the metaphor is a primary framing device (Van Gorp 2007). Metaphors structure 'how we perceive, how we think, and what we do' in everyday activity (Lakoff and Johnson [1980] 2003: 3). They are conceptualised/defined in the form of 'A IS B'; '[t]he essence of metaphor is understanding and experiencing one kind of thing in terms of another' (ibid. 5).

Summary of Results

Table 1. Chronological Table

Year	Japan	Other
1959	Imipramine was introduced as the first antidepressant in Japan.	
1975	The publication of the Kasahara-Kimura Classification of depressive states. (Kasahara and Kimura 1975)	The National Institute of Mental Health (NIMH) initiates the Collaborative Depression Study.
1980		The publication of the DSM-III (American Psychiatric Association [APA] 1980)
1992		The publication of the ICD-10 (World Health Organization 1992).
1995	The government started using the ICD-10 for statistical surveys.	
1999	The introduction of the first SSRIs in Japan, Depromel® & Luvox® The number of patients with mood disorders is approximately 440,000.	Annual sales of SSRIs in the USA exceed six billion dollars.
2005	The number of patients with mood disorders exceeds 900,000.	
2009		The National Institute for Health and Clinical Excellence (NICE) publishes treatment guidelines for mild depression.
2013		The publication of the DSM-5 (APA 2013).

Table 2. Stakeholders

	Japan	USA	UK	Other
Persons	Kasahara Y. Kimura B. Nomura S.	Akiskal H. S. Peselow E. D. Kendler K. S.	Anderson I. M.	Kraepelin E. (Germany) Parker G. (Australia) Kielholz P. (Switzerland)
Associations	Japanese Society of Psychiatry and Neurology Japanese Society of Mood Disorders	American Psychiatric Association American College of Physicians	British Association for Psychopharmacology	World Health Organization World Federation of Societies of Biological Psychiatry
Governmental agencies	Ministry of Health, Labour and Welfare National Institute of Health Sciences	Food and Drug Administration NIMH	NICE	
Companies	Banyu Pharmaceutical Asahi Kasei Meiji Seika Fujisawa Pharmaceutical Janssen-Kyowa	Eli Lilly Pfizer Forest Laboratories Wyeth Bristol-Myers Squibb	GlaxoSmithKline	Roche (Switzerland) Novartis (Switzerland) Organon (Netherlands) Pharmacia (Sweden) Lundbeck (Denmark)

Table 3. Points at Issue

	Conceptual level	Institutional level	Doctor–patient interaction level
Diagnostics	Disease/fatigue Disease/normal sadness Dimensional/categorical conceptualisation Generic/specific condition 'New type'/refractory		The possibility of having other disease(s) had/had not been eliminated The patient had/did not have pre-morbid social maladjustment The patient lacked/did not lack coping skills for stress The patient felt/did not feel distress
Pharmacotherapeutics	Probabilistic/order-made prescription	Insurance covers/does not cover appropriate dosage	Suggest/do not suggest pharmaceuticals Conduct/do not conduct active treatment Sufficient/insufficient dosage Use/be chained by pharmaceuticals Current prescription is working/not working

Table 4. Framing Metaphors

Metaphors*	Frequency of coded segments	Excerpts from texts (manifest metaphors)
PHARMACEUTICALS ARE ACTORS	28	'Antidepressants, such as SSRIs and serotonin-norepinephrine reuptake inhibitors (SNRIs), are about to become the <i>leading characters</i> in depression treatment ...'
PHARMACEUTICALS ARE RELIABLE PEOPLE	5	'[We] should not wholly <i>depend</i> on pharmacotherapy ...'
DEPRESSION IS A WARNING SIGNAL	5	'The depressed condition is also a <i>warning signal</i> [for patients].'
DIAGNOSTIC CRITERIA ARE ACTORS	4	'The ICD-10 has been <i>playing its role</i> [in reporting the health hazard worldwide].'
PHARMACEUTICALS ARE SAVIORS	3	'[SSRIs] have <i>brought the gospel</i> to depression treatment ...'
PHARMACEUTICALS ARE CARDS	3	'We have various types of <i>cards</i> ...'
ILLNESSES ARE COMMODITIES	3	' <i>Disease mongering</i> consists of three aspects: the expansion of illness categories, <i>manufacturing</i> new illnesses, and exaggeration of incidence and outcomes.'
DEPRESSION (AS A CATEGORY) IS A SWELLING ORGANISM	3	'[The term 'depression'] is <i>swelling, swallowing</i> everything.'

* Metaphors considered too general such as 'X ARE PEOPLE' or 'X ARE ENTITIES' were not counted.

Discussion

Step 1 (**Table 1** and **Table 2**) contextualises the contestation and provides basic knowledge of the topic being analysed.

Step 2 (**Table 3**) shows that the contestation cannot be reduced to the simple term '(over-)medicalisation'. It also implies that there is a tendency for institutional-level issues to be overlooked in psychiatric journals.

Step 3 (**Table 4**) reveals the prominence of the personification of pharmaceuticals, which can be interpreted as psychiatrists' dramatisation of, and subordination to, the supremacy of pharmaceuticals. This representation is a possible reason for why psychiatrists' interest centres on issues with the doctor–patient interaction level. Further examination is needed to reveal the nature of these metaphors and thereby answer the question of whether this discourse reflects psychiatrists' rhetorical strategy to avoid the criticism/responsibility of medicine/medical professionals of intruding into everyday life or the actual superiority of pharmaceuticals.

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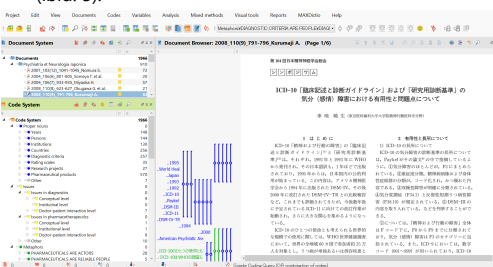


Figure 1. Coding and Structuring Data