

Drescher points out that ICD-11 is the first version of ICD to be developed during the internet and social media age, and that the democratisation of information and debate that these tools enable has dramatically changed how psychiatrists approach these issues—gone are the days of insular discussion among colleagues. “We have to keep in mind that democracy doesn’t always lead to the best outcomes, scientifically speaking,” Drescher says. “For example, you can’t simply vote on whether climate change is real. That requires expert scientific opinion. But the reality today is that experts must find a way to engage with people who will be affected by their expertise. That doesn’t mean agreeing with them necessarily, but neither should we dismiss their concerns.”

With the changes to gender identity in place in ICD-11, Reed and Drescher are trying to address how to integrate

them into practice—it took 25 years for the US government to adopt the classification codes in ICD-10, for example. Additionally, DSM-5, which still lists “gender dysphoria” as if it were a mental illness, has not taken the same step that WHO has with ICD-11. It seems unlikely therefore, that changes on paper will translate quickly into improvement in clinical practice for the transgender community. But, like Drescher, Reed is hopeful that ICD-11 is an important start. “It puts a spotlight on this issue and has helped bring the discussion more into the mainstream, both socially and in the field. Combined with more integration and awareness about the transgender community, I hope it will have a positive influence”, Reed says, “and ultimately help us focus on improving health.”

Dustin M Graham

Profile

Eiko Fried: organising incoherence with models, networks, and systems

Eiko Fried started as an Assistant Professor in the Clinical Psychology Unit at Leiden University a year ago. “I knew I was going to be teaching”, he says, “but I didn’t realise how much 60% really is.” 60% of his working hours is a lot when you understand how Fried tries to fit his life into his timetable. With a research focus on symptomics (the study of individual symptoms of mental disorders and their causal relationships) and a broad interest in psychopathology that ranges from measurement, modelling, and ontology to nosology, he works across fields in clinical psychology, psychiatry, epidemiology, and methodology. His strength lies, he believes, in the breadth of his interests, and not so much in the depth of his knowledge in any given area. He makes a point of saying that he is not an expert in any one thing, but he has a knack of translating different ideas and theories across disciplines: “I am fortunate that I can pick the brains of geneticists, neuroscientists, psychiatrists, and philosophers. I get to work with brilliant minds.”

Fried grew up in Munich, Germany, but had not intended to stay. Acceptance into a good psychology programme, however, kept him in Munich for his bachelors and masters degrees. While doing his clinical psychology PhD at the Free University of Berlin, he reached out to Randolph M Nesse, now at Arizona State University in the USA, who is known for his research in evolutionary medicine and its application to advancing psychiatric research and treatment. “Randy’s response went into my spam filter”, says Fried. It stayed there for 3 weeks, and, had it remained unopened, Fried might have been taken on a completely different path. As

it happened, he wrote back and was invited to join Nesse’s research team at the University of Michigan as a visiting scholar. From there he went on to the Psychology Research Institute at the University of Leuven, and later to the University of Amsterdam, working with Francis Tuerlinckx and Denny Borsboom. Fried’s advice for any burgeoning student, having had “kind, supportive, and warm” mentors himself, is to “always write that email, because the worst that can happen is to get no response”.

Fried’s work can be misunderstood, he says, because his research into mental disorders, such as depression, is more focused on the study of symptoms over syndromes. “I am not saying that depression is not a disorder, but I believe it is not a good scientific phenotype to study”, he says. “People with a diagnosis of depression are often very different, with different aetiologies and problems. I’m not surprised one-size-fits-all solutions haven’t been too helpful.”

In conversation, Fried reveals himself as a thinker, a theorist, and a dialectician, buzzing with curiosity that is balanced and tempered by rigour and diligence. The way he likes to explain concepts unmask the philosopher in him, but also the methodologist.

Depression is not an invisible force that causes a specific number of symptoms, but is a collection of interacting symptoms, Fried says. To explain, he uses an analogy—the natural phenomenon of flight behaviour in a flock of birds. Birds within a flock can change direction at almost the same time, seemingly by an invisible force that makes them move together. However, it is actually



For more on Eiko Fried see <https://eiko-fried.com/about/>

For more on psychiatric symptomics see <https://osf.io/qdkpw/>

For more on Psych Networks see <https://psych-networks.com/>

a complex system in which each bird influences its neighbour. Although it might seem as though something is controlling the birds, like some invisible captain, the emergent pattern is actually a property of a dynamic system. Now, imagine these birds as symptoms of depression. Like the birds, symptoms are not passive indicators of some single central force—such as a brain disorder—but are interdependent causal agents that influence each other. Analysing the complex systems of these causal agents in mental disorders using network models is what sparks Fried's intrigue. "It is not always about the result, but the methodological rigour of getting there that excites me", he says.

In many ways, nothing has changed in depression since the 1980s, Fried remarks: "there are newer drugs and psychotherapies, but few would argue that depression treatments work much better today than in the 80s". Fried

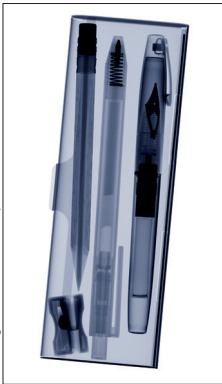
thinks that some of the more promising avenues ahead include symptom-based research and network modelling. For the latter, he has created a blog to disseminate the "exploding literature" in the field, putting on his translator hat to reach a wider audience. Currently, Fried is involved in a project that he "wanted to do for a PhD but no-one wanted to hand over their data". Now, though, people do, and Fried is conducting a meta-analysis (the depression symptom response project) to find out which specific symptoms respond in which ways to specific treatments. He used to have time to be in a heavy metal choir, but at least he still has time for a spot of gaming: "Not many people admit they play computer games" he smiles, and with his trademark methodical approach, he is probably quite the expert.

Jules Morgan



Essay

I remember, I remember: the therapeutic power of the medical memoir



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For a list of references see
Online for appendix

According to the acclaimed memoirist Mary Karr, "Memoir is like therapy, the difference being that in therapy *you* pay *them*". So why are doctors increasingly writing memoirs? Is there any therapeutic benefit in writing or indeed reading them?

What many medical memoirs have in common, it seems to me (writing as yet another medical memoirist), is how the writer tries to make some coherent sense of the transformative process of medical training on the person. From this develops awareness of the continued struggle to manage the impact of the profession of medicine on one's own humanity, and it is almost certainly these stories that resonate most powerfully with the reader. This conflict between professional detachment and personal involvement is reflected in the key themes of medical memoirists. A doctor has intimate access to the mind and body of another person but, as a medical student, one can feel like an intrusive observer of another's distress. Students really begin to learn their skills when they move beyond the laboratory to the bedside, yet they are practising these skills within the substrate of real people's lives. They have to learn how to balance the need to be emotionally detached doctors capable of making the right judgment in a high-pressure environment, with being empathetic and compassionate clinicians able to engage with their patients—perhaps the most fundamental split at the heart of contemporary medicine.

Something that several memoirists also currently have in common is their exploration of conflict with health

care management, and their response to this conflict, in which writing seems to provide a tool for explicating one's actions. In *Your Life in Their Hands*, Rachel Clarke writes of not only what it is really like to be a junior doctor, but also about her experiences of the bitter dispute with the Secretary of State for Health. In *Do No Harm*, Henry Marsh also tells stories of his surgical life, as well as his conflicts with hospital management. His emotional response to the barriers he has to overcome on behalf of his patients belies his belief in his own detachment. His writing shows us how much he is passionately involved, and he comes to acknowledge this. The American cardiologist Sandeep Jauhar, in his memoir *Intern*, describes how he takes a big risk by writing a critical newspaper article about the working conditions of residents in a New York hospital, which led to conflict with his father, who worried about how publishing this criticism would detract from his medical career.

The therapeutic benefits for mental health of writing about a personally upsetting experience, what we call expressive writing, have long been espoused by the psychologist James Pennebaker. According to Thomas Couser, a now retired American professor of English and Disability Studies, writing memoir can be seen as a form of so-called identity work, with narratives constructing a sense of self in both the writer and the reader, as the reader draws parallels with their own life. Autobiographical memory is not simply memories of previous experiences, but requires a sense of the self engaging in these activities. As the psychologist