**INTRODUCTION**

The taxonomy of mental health problems represents a central strategy since at least 50 years. But major flaws of categorical approaches (DSM, CIM) have been pointed out:

- Comorbidity: A single clinical presentation can frequently receive several categorical diagnoses, even in case of clinicians agreement (First, 2003). Only 55 percent of clients receive a single diagnosis, when 23 percent receive three diagnosis or more (Kessler, Chu, Dentler, & Walters, 2006). Comorbidity is pervasive in depressive disorders, but it is not random: most disorders show systematic association with specific diagnoses (Clark, Watson, & Reynolds, 1995).

- Heterogeneity: depressive disorder diagnoses relies on a variety of symptoms. Very dissimilar clinical presentations can receive the same diagnosis of depression.

- NOS: Clinical presentations that don’t match any category, namely, not-otherwise specified (NOS) disorders, are intended to be residual categories. Yet, NOS often are the most frequently observed categories in routine clinical practice.

By mean of quantification of symptoms, the dimensional approach to depression (for example, Beck Depression Inventory) is more precise than categorical approaches, but is, like the categorical approaches, only descriptive.

The goal of both approaches to discover common etiologies in depression disorders has remained elusive, because both approaches intend to be a-theoretical: no hypothesis is proposed for psychological processes.

Besides, categorical and dimensional approaches to depression disorders don’t provide any treatment strategy to clinicians.

A quantitative functional analysis is warranted to evaluate psychological processes in depression disorders.

**PARTICIPANTS & METHODS**

**MEASURES**

**Categorical: CIM diagnosis**

**Dimensions:** Beck Depression Inventory-II (BDI-II, 13 items, Beck & Beamesderfer, 1974)

- **Functional**
  - Experiential avoidance: Acceptance and Action Questionnaire-II (AAQ-II, Bond et al., 2011, 7 items, range: 7-49)
  - Fusion: Cognitive Fusion Questionnaire (CFQ, Gillanders et al., 2010, 13 items, range: 13-91)
  - Lack of contact with present moment: Mindfulness Attention and Awareness Scale (MAAS, Brown & Ryan, 2003, 15 items, range: 15-90)
  - Difficulties in perspective taking: Perspective Taking Items from Interpersonal Reactivity Index (PT from IRI, Davis, 1980, 7 items, range: 0-28)
  - Values not clearly defined: Valued Living Questionnaire (VLQ, Wilson et al., 2010, 10 items, range: 10-100)
  - Lack of engagement in values: Valued Living Questionnaire (VLQ, Wilson et al., 2010, 10 items, range: 10-100)

**SUMMARY OF ANALYSIS**

ANOVA with post-hoc comparisons (LSD correction) To ensure comparisons, all measures are transformed in percentages, and MAAS, VLQ and PP scores are reversed to indicate problematic expression of psychological processes.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Mean</th>
<th>SD</th>
<th>F</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>AAQ-II</td>
<td>37.0</td>
<td>10.3</td>
<td>1.98</td>
<td>0.15</td>
</tr>
<tr>
<td>CFQ</td>
<td>56.5</td>
<td>9.2</td>
<td>5.6</td>
<td>0.04</td>
</tr>
<tr>
<td>MAAS</td>
<td>76.4</td>
<td>10.3</td>
<td>5.4</td>
<td>0.04</td>
</tr>
<tr>
<td>PP from IRI</td>
<td>6.6</td>
<td>1.6</td>
<td>7.4</td>
<td>0.04</td>
</tr>
<tr>
<td>VLQ Importance</td>
<td>4.8</td>
<td>0.8</td>
<td>7.4</td>
<td>0.04</td>
</tr>
<tr>
<td>VLQ Consistency</td>
<td>3.2</td>
<td>0.8</td>
<td>7.4</td>
<td>0.04</td>
</tr>
</tbody>
</table>

**RESULTS**

While psychological processes impairments seem to increase with depression severity qualified with BDI-II, an ANOVA with post-hoc tests revealed:

- progressive increase with depression severity of non-acceptance (F=20.34, p<0.01) and cognitive fusion (F=18.42, p<0.01)
- greater lack of contact with present moment and difficulties in perspective taking for severe depression, but no difference between mild and moderate depression (p=0.41; p=0.62)
- values are less clearly defined, and engagement is weaker in severe depression compared to moderate depression, but there is no difference between severe and mild depression (p=0.23; p=1.1)

**DISCUSSION**

The comparison of psychological processes across dimensional categories of depression disorders showed that experiential avoidance and cognitive fusion are the most important processes in depression. The greater the experiential avoidance and fusion, the greater depression severity.

Severe depression is the only category that differs from other pathological categories on lack of contact with present moment and difficulties in perspective taking: severe depressed clients according to BDI are more impaired on these processes.

The absence of difference on values definition and on commitment between severe and mild depression suggests that combination of psychological processes could be an important parameter to study.

The absence of differences on psychological processes across categorical diagnoses suggests that the separation between categories may be arbitrary.

The functional approach improves classical diagnosis systems by detecting common psychological processes among different categories of depression and by quantifying them.

Quantification with the hexaflex constitutes a useful tool to identify the psychological processes responsible for a loss of psychological flexibility:

- in clinical practice, it would help clinicians to choose which process to target first for treatment
- in research, it would ensure a precise description of samples, a quantitative evaluation of psychotherapies, and would help discovering etiologies of human suffering.

**REFERENCES**


