DSM-IV: Strengths and Weaknesses

The Diagnostic and Statistical Manual of Mental Disorders (DSM) is currently the most frequently used way of standardizing and defining psychological disorders. However, the classification systems such as DSM have advantages and disadvantages. The major weakness of DSM is that it judges symptoms superficially and ignores other possible important factors. The major strength of DSM is that it enables categorization of psychological disorders.

The first edition of DSM was published in 1952 by the American Psychiatric Association (American Psychiatric Association, 2003). Both the first and second editions had numerous categories for diagnosing based on unsubstantiated assumptions. DSM is presently in it is fourth edition which provides a "compact encapsulated description of each disorder" with a strong empirical base (American Psychiatric Association, 2003). DSM-IV has been designed for use across settings--inpatient, outpatient, partial hospital, consultation-liaison, clinic, private practice, and primary care, and with community populations and by psychiatrists, psychologists, social workers, nurses, occupational and rehabilitation therapists, counselors, and other health and mental health professionals. It is also a necessary tool for collecting and communicating accurate public health statistics. The DSM consists of three major components: the diagnostic classification, the diagnostic criteria sets, and the descriptive text (American Psychiatric Association, 2003).

Strengths of the Diagnostic and Statistical Manual of Mental Disorders include that it provides a well designed standard, and comprehensive diagnostic tool for clinicians and researchers. It allows physicians to look at the complete psychological make-up of a person. DSM due to the way it is designed is applicable in a wide range of contexts and can be utilized by people in various orientations (American Psychiatric Association, 2003). It categorizes diagnostic information in a systematic manner by grouping individuals. This enables psychiatrists to diagnose extremely disturbed individuals based on similarities of behavior easily and concisely (Atkinson, Atkinson, Smith, Bem, & Nolen-Hoeksema, 1996).

Clinicians and researchers can use the DSM manual easily and effectively. The DSM also hopes to achieve a greater consensus without having to make assumptions about the suspected causes of disorders (Gray, 2002). To do this, recent versions of the DSM have strived to increase their reliability (Gray, 2002). This was done by formulating new categories, which are more in depth and ask appropriate questions. DSM-IV has a broad list of categories as well as symptoms that indicate what must and must not be present for the appropriate disorder to be diagnosed (Atkinson, Atkinson, Smith, Bem, & Nolen-Hoeksema, 1996). Since the cause the majority of psychological disorders is unknown, DSM is an essential tool for diagnosis.

However, limitations arise with the DSM model. A weakness may occur as each edition reflects a consensus of opinions at the time of publication. Another weakness that can occur may be labeling. This may cause people to overlook the uniqueness of each individual's features and

expect them to conform to particular classifications of their disorder (Atkinson, Atkinson, Smith, Bem, & Nolen-Hoeksema, 1996). Each individual is assed on five separate axes. The first axis has 15 diagnostic categories that are extremely structured, with specific sub categories such as mood disorders, specifically depression. The following axes assess their personality, physical being, possible traumatic or other events and their social and occupational functioning (Atkinson, Atkinson, Smith, Bem, & Nolen-Hoeksema, 1996).

It is sometimes argued that "the creators of DSM-III and DSM-IV sacrificed validity for the sake of reliability"(Wakefield, 1992, cited in Gray, 2002, p 614). This refers to greater emphasis being placed upon superficial symptoms and less upon underlying symptoms and possible cause which could have an important influence upon individuals (Gray, 2002). Since behavior always involve interaction between the individual and their environment, it can be difficult to assess whether the disorder is within the person or whether it is an environmental influence such as a traumatic experience or related to poverty (Gray, 2002, p.612). This can cause problems when diagnosing is extremely difficult to scientifically distinguish between people's normal responses or whether it is something more (Gray, 2002).

Moreover, a further weakness is that controversy may also surround some of the lists of symptoms categorized as mental disorders and biases may occur. The DSM-IV fails to specify a difference in occurrence rates between males and females. Unlike prior editions which indicated that some disorders occurred more often in males than females and vice versa (Nathan, & Langenbucher, 1999). This may result in a possible gender bias. Another possible bias includes people's cultures, which may accept certain symptoms as normative (Gray, 2002). For example, it is believed that males experience greater occurrence rates to paranoid, antisocial, and obsessive-compulsive disorders (Nathan, & Langenbucher, 1999). While females experience considerably greater rates to psychological eating disorders, such as bulimia and anorexia (eMedine). Finally, every proposed diagnosis carries the risk of being a false positive diagnosis (American Psychiatric Association, 2003). This means that the individual does not have the disorder, although have been diagnosed with it. Since these false positive diagnoses can never be totally eliminated, it is important to try to balance the advantages of a diagnosis, which may find a treatable disorder, reducing risks to the patient, family and society. To the disadvantages of an incorrect diagnosis which could cause stigmatism and costly treatment (American Psychiatric Association, 2003).

Clearly, although both strengths and weaknesses are present in DSM, unfortunately it is inevitable. Moreover, there appears to be more weaknesses than strengths despite revisions. However, continuing revisions of DSM will ensure an effective and reliable way to classify mental disorders if continued to be based on more readily available scientific data.

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