A Psychological Alternative to the Medically Based DSM and ICD

Robert M. Gordon, Ph.D. ABPP The National Psychologist May/June 2012, p. 19

The lead article in The National Psychologist (James Bradsaw, 2012, vol.21, 1, p.1) read, “APA leading the charge against ‘medicalizing’ DSM-5.” A petition by the Humanistic Division of APA is well… humanistic, but not much of a charge.

The DSM is a multi-million dollar product for the American Psychiatric Association. A petition will not move them. In addition, they have successfully marketed it as “the bible” of diagnoses that gives psychiatry the power to define psychopathology. And we psychologists have bought into it, by assuming that it is the bible. The DSM is a product of a particular guild and it has no legal or scientific authority.

In fact, the only diagnostic manual that we are required to use by law is the World Health Organization’s International Classification of Diseases (ICD). The ICD is not based on a single guild and it is not a product for profit. We should forget about the DSM and use the ICD as required by law and join the rest of the world that uses the ICD. But it also assumes a medical model of psychopathology.

Yet, in over 100 years, the American Psychological Association has not been able to do better. We argue a lot among ourselves, but we have failed to produce a diagnostic system that is better than the DSM or ICD.

The only psychological diagnostic classification system to come along is from the psychoanalytic community. The Psychodynamic Diagnostic Manual (PDM Task Force, 2006) considers the whole person that includes the integration of behavioral, emotional, cognitive, and social functioning. The PDM relies on research in neuroscience, treatment outcome, infant and child development, and personality assessment.

The PDM does not look at symptom patterns described in isolation, as do the ICD and the DSM. The PDM is not doctrinaire in its presentation. The PDM Task Force made an effort to use language that is accessible to all the schools of psychology. It was developed to be particularly useful in case formulation that could improve the effectiveness of any psychological intervention.

The best way to put psychology into the center of the classification of mental disorders is to integrate the ICD or DSM into the PDM. We can use to PDM to first look at the whole person and then plug in the ICD or DSM symptoms. The ICD or DSM symptom classification is particularly important for insurance reimbursement.

We all need to work together to develop a psychologically based nosology. Robert Bornstein and I are conducting research on this. You can help. Go to “Bob’s MMPI-2 Blog” and download the Psychodiagnostic Chart. It is free and always will be. Try it, fill out our survey and maybe we can all start to put the psychological person back in diagnostics.