Running head: PERSONALITY DISORDERED OR NON-DISORDERED?

Article Summary: Beyond the DSM-IV: Assumptions, Alternatives, and Alterations

Ardelle Bland, Christine Buckingham, and Jennifer Del Corso

Regent University
In this article, Edwards, Pedrotti, Prosser, LaRue, Spalitto, & Ulven (2006) discuss inherent flaws in the current 5-axis system of the *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., text rev; American Psychiatric Association, 2000). By forcing individuals into non-holistic discrete categories, diagnoses are weakness based and ignore the functioning areas of an individual. This is especially important as one considers the diagnosis of personality disorders. The current DSM-IV-TR (APA) pathological personality trait diagnostic approach and use of personality disorder labeling can impact an individual for their lifetime.

The authors contend that personality is better understood as being comprised of domains rather than discrete categories and that the focus on pathology and weaknesses rather than on continuums of personality and wellness, severely compromises the ability of clinicians to conceptualize and treat mental illness. Persons diagnosed as having personality disorders are reduced to a label and conceptualized as one-dimensional persons.

Lopez, et al. address the three assumptions that ground the DSM system and from which current diagnosis flows: “Mental Illnesses Are ‘Facts’ and Can Be Classified in Discrete Categories” (p. 259); “DSM-IV Diagnostic Labels Promote Understanding” (p. 260); and, “DSM-IV Diagnosis and Treatment Are Connected” (p. 261).

The authors state that DSM-IV-TR (APA, 2000) diagnosis centers on a negative focus, clustering and categorizing an individual’s dysfunction and areas of clinically significant impairment without any consideration of a person’s strengths, areas of functioning and well-being. This reification and subsequent labeling ignores dimensions of personality. Factor analyses of data from a sample of individuals diagnosed with personality disorders and a sample of individuals with ‘normal’ personality functioning revealed that personalities reflected in the two groups were more alike than different” and that ‘normal’ and ‘abnormal’ emotional
experiences were not discretely classified…Clinicians must be aware of alternative constructions of behavior and must be committed to entertaining the alternatives” (p. 260).

Diagnostic labels follow clients into many areas of their lives. These labels may negatively affect how the individual is viewed and cared for by other professionals, may create negative stereotyping, can “reduce their autonomy and individuality” (p. 261) and can direct treatment, ignoring client strengths. Labeling can elicit “confirmatory bias (Barone et. al, 1997)” (p. 261). Overconfident and under-skilled clinicians can use labels without use of good clinical judgment, thus creating a “narrow diagnostic focus, [forging] a collaborative myth” between clinician and client (p. 261), ignoring the need to develop a comprehensive treatment plan.

As an alternative to the DSM-IV-TR’s (APA, 2000) pathologizing of behavior, the authors argue for conceptualizing behavior through the lens of developmental counseling and therapy (DCT). They propose viewing personality through the Oldham & Morris’ “New Personality” model which looks as the person from a more individualistic stance as a multidimensional being whose behavior can be seen on a continuum rather than in a discrete category. Thus, each of the 14 personality disorders could be seen as existing “on its own continuum of adaptation. Less acute presentations of these personality types lie at one end of these continua [e.g., mercurial, vigilant, dramatic], with the actual manifestations of the personality disorders (e.g., borderline, paranoid, histrionic) at the other end” (p. 263). Individuals may move up and down on the continuum – from non-disordered to disordered – based on the stressors and occurrences that impact their whole being at any given time. It is a matter of degree and distress caused that determine whether one is disordered or non-disordered. For example,

A person with features of narcissistic personality disorder may find that certain aspects of this disorder allow him or her to be self-confident and therefore able to function at a
superior level. It is only when these characteristics become extreme that they are no longer beneficial to the client (p. 263).

Another deficit of the DSM-IV-TR (APA, 2000) approach is that wellness, adjustment, and satisfaction with one’s life are not considered as one evaluates mental health. The authors suggest three alterations to the structure of DSM-IV-TR (APA, 2000): broadening Axis IV to list the client’s “resources alongside the problems” to give greater context to a client’s coping and problem solving; Rescaling Axis V to “capture the absence of functional deficits and areas of optimal loving”; and, adding Axis VI, “perhaps titled Personal Strengths, and Facilitators of Growth” thus presenting a more comprehensive picture of the complexities of human personality (p. 263).

Two final assessment and diagnosis approaches are discussed. First, Wright’s four front approach which explores strengths, deficiencies, and environmental detriments and resources, and the Values in Action (VIA) Classification of Strengths which provides terminology and a strength based approach to both “diagnosis and treatment”. (p. 266).

Clinicians, and especially less clinically experienced counselors, would benefit from having a diagnostic manual that views the whole person and does not easily dismiss the importance of using sound clinical judgment. This article review has discussed ways that a revised DSM-IV-TR (APA, 2000) could enhance conceptualizing client functioning using a more strength based and dimensional approach, moving from a pathologizing perspective to one that allows more fluidity, context for behavior and functioning, and that presupposes that all individuals will be at a point somewhere on a behavioral continuum at some time during their lifetime.
References
