



"Disorders Versus Problems of Living in DSM: Rethinking Social Work's Relationship to Psychiatry," by Jerome C. Wakefield, Chapter 5 in Mental Disorders in the Social Environment , ed. by Stuart Kirk, Columbia University Press, 2005.

Jerome Wakefield is a Professor of Social Work at New York University. This chapter is a provocative challenge of psychiatry's use of the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM -4) to distinguish mental disorders from normal reactions to adverse social environments. This is a subject with important practical implications for the diagnosis and treatment of mental health problems and for the relationship between psychiatry and social work.

Wakefield asserts that "If psychiatry is to be a viable medical discipline, it must distinguish mental disorders -- that is, conditions in which something has gone wrong with how the mind is supposed to work -- from the many other problems of living with which human beings must contend." "Disorder" in the medical sense refers only to those negative conditions caused by an internal dysfunction." Wakefield goes on to state that "The DSM itself provides a definition of mental disorder that underscores these points. The DSM asserts that mental disorders, like all medical disorders, are distresses or disabilities resulting from internal dysfunctions." According to Wakefield, internal mental dysfunctions may be physiological or psychological disorders related to motivation, perception, thinking, emotion, language, learning, socialization "and other basic psychological functions" which form the "mind" (quote marks are Wakefield's). The DSM definition of mental disorder emphasizes, Wakefield claims, that classification of a disorder "must occur as direct result of a dysfunction and not just because society disapproves of the person's condition or for other reasons originating in interpersonal or social conflict."

Wakefield's position is that while DSM categories of mental disorder make sense, "the criteria used to identify people as having those disorders do not in fact distinguish the genuinely disordered, who, according to DSM's own definition of disorder, must have an internal dysfunction, from the nondisordered" whose behavior is a normal response to an adverse environment. For example, depressive symptoms may be a normal response to loss; antisocial conduct might be a normal response to "adverse, deprived or otherwise criminogenic environments." "Yet such normal responses are not true mental disorders in the medical sense that the DSM embraces," Wakefield states.

Wakefield notes that the goal of the DSM is to achieve reliable diagnosis which is theory neutral based on symptoms and behaviors "that do not make reference to unobservable unknown etiological processes." As a consequence, the DSM -4 has little to say about the causes of symptoms and behaviors, according to Wakefield. Yet, for a DSM diagnosis to be valid symptoms must be caused by an internal dysfunction. However,

the symptoms and behaviors which are the basis for diagnosis may in most cases be a normal reaction to events in the social environment "and whether a certain symptom set is best presumed to constitute disorder or normality depends heavily on the environmental context in which the symptoms occur." "The result is that DSM categories in fact (contrary to their medical intent) go beyond disorders and overlap substantially with nondisordered conditions that have traditionally been seen as falling within social work's distinctive domain of person - in - environment problems, blurring the boundary between the two professions."

Wakefield's view is that this conceptual flaw in the DSM "makes greater involvement of social workers in the mental health profession inevitable" because "People with normal responses to adverse environments must be distinguished from people with internal breakdowns in internal mechanisms ..." Wakefield maintains that "Effective treatment depends on such a discrimination of causes; the alternative is misdiagnosis and mistreatment of nondisordered clients." Anyone familiar with the misuse and overuse of psychotropic medications with children in the foster care system will understand that Wakefield's comments on this point are not speculative and hypothetical, but a real life example of the consequences of an inadequate conceptualization of 'mental disorder'.

Wakefield believes that patients coming to the attention of mental health agencies must be "routinely assessed for both internal dysfunctions and person - in - environment problems." Concretely, psychiatrists and social workers must work together on a routine basis and the two professions need to be radically integrated, Wakefield thinks, because the diagnostic flaws in the DSM are fundamental and cannot be easily fixed. "...for the foreseeable future, psychiatric diagnostic criteria will continue to encompass social work problems, and psychiatry and social work will be even more deeply connected at a conceptual level than the traditional roles would indicate." Wakefield points out that psychiatrists' contacts with patients are often brief and targeted at prescribing medication. It is social workers who are trained to assess person - environment relationships.

Wakefield closes with the realistic observation that it may be tempting for psychiatrists to ignore the distinction between internal disorders of the mind and normal reactions to adverse environments and treat the entire range of disorders and social problems encompassed by DSM criteria with the tools (especially medications) at their disposal. Wakefield views this alternative as unethical because of the social consequences of mental health labels and because such a practice would guarantee the misuse of psychotropic medications. Wakefield asserts that "it is particularly problematic to use drugs to treat normal reactions in children without proper social diagnostic assessment and thus without consideration of alternative environmental interventions." Everyone who works in or with the public child welfare system should reflect on this comment.