

Beyond DSM Diagnostics, Extended and Patient-Personal Diagnostics

By Benjamin Wagener, on Tuesday April 8, 2014

Even if the DSM, Diagnostic and Statistical Manual of Mental Disorders, may be a serious resource for a classification of mental disorders one may also ask seriously if it can be a serious resource from a medical point of view. A lot of attacks have been drawn, rightly in my opinion, about the drastic classification it proposes and about the no issue it gives to patients. Quite obviously the global classification it makes even if it can have some meaning from a theoretic point of view by giving some overview of the situation is in some way completely absurd in applying to patients. A serious reason for that is that even if we can see some common pattern in the mental disorders that can lead to such classification this is also something that doesn't apply at all in practice because in practice the situations are both much more various and depending a lot on the Patient. This means that even if the DSM can be a reference this would never be truly useful in Psychiatry because it is theoretic in essence and cannot truly apply. The DSM should normally stay for what it is as a theoretic view of Psychiatry and should not be in anyway a guide because it doesn't apply.

That's why I argue here that a more specialized point of view should be taken in the way diagnostics are done and this for the best interest of patients. I should moreover say that trying to apply the theoretic DSM is something dangerous because it is completely outside of the practical realm and of the situation of the Patient who may express a personal history and a personal medical pattern that cannot be forced to enter the grid of such a theoretic classification. Moreover it is the responsibility of the Doctors to observe the absurdity of basing their practice on such theoretic manual and to not see their own role in healing patients.

After discussing those questions I will discuss on how it is possible to make more precise diagnostics oriented towards the health interest of the patients.

Psychiatry has begun its History quite chaotically, Medicine has been something known as important for a very long period of time and even if it was not founded as a complete field, interest in Health and Healing may be as hold as the History of Human Race. With time and with the development of Medicine it has appeared quite clear that something

serious somehow was about mental situations. For long this has not been clear at all, many persons were just developing themselves as they wanted, expressing themselves as they wanted, doing whatever they wanted, mental disorders may even have been something quite common and accepted in some periods of times.

With the development of our modern societies and with the development of the modern era something new has appeared perhaps because of the structure that were acquiring our societies. Some people were out of the norm and other people were obviously presenting some strange manners and behaviors. This is something that may be difficult to realize in our modern era but just a few centuries ago a lot of persons were developing as very strange.

This was something observed and questioned then it appeared that it was something that has to do with health issues. The first Psychiatric institutions were then founded in which nobody truly knew what to do and were the Psychiatrists may have been as mentally ill as their patients because mental illness had never been questioned before, madness was something quite common.

With time and for centuries till nowadays, Psychiatry has developed very difficultly because almost nothing was known of psychology or of the brain. For a long period of time till nowadays, Psychiatry has been plagued by bad treatments and inappropriate practices were the patients, seen as “the monstrous fools”, have truly never received any proper care.

Actually the DSM has developed as a necessary theoretic framework to understand better mental disorder. Somehow I would say that the DSM inscribes in this Psychiatric history and the consequent bad cares. The idea has been for long and before the DSM that as in any field of Medicine, it was necessary to recognize and be able to diagnose precise illnesses. What is clear is that nothing has never been well founded with respect to that because even if it is clear that in many areas of Medicine specific disease can be observed this is something that is really not clear at all within the complexity of mental Life and of the biological functioning of the brain. So with the DSM, not that persons are recognize to have some truly known disease but they are forced to have such theoretically specified disease that for many of them no one knows what they are truly about!

For such reasons I would say, and I think many persons would agree from observation of facts, that many Psychiatrists are simply dangerous persons because they believe themselves to have some justified responsibility towards their patients because of their formation and diplomas but they are obviously unconscious of what they do. They don't know actually.

Nevertheless we are beginning to know things about mental states. Some medications are used often improperly as hammers that reduce symptoms but the illness stay whereas we begin to know that they are various issues regarding brain development that can explain why such or such disorder may develop. This is something not well known

till nowadays and many psychiatrists consider their “fools” as mainly impossible to cure when nevertheless it is conceivable that in many situations a proper therapy maybe helped by medications can equilibrate the brain and lead to a complete cure. This is something known for example in cases like bi-polar disorders that are serious mental disorders which nevertheless stabilize with time. This is something less obvious for other kinds of severe psychosis like schizophrenia or for cases of severe depressions but this is something that is observed and that should be taken for a serious clue that a cure is possible in many cases.

Once more this doesn't go for the defense of the DSM because of which in many situations the Psychiatrist see his/her role in giving a diagnostic that in almost any situation doesn't fit the concrete situation of the Patient and doesn't propose any possible cure. That's why another issue should be possible.

From Psychoanalysis we know that the psychology of a person is something very complex and from neurosciences we know that that the functioning of the brain is something very subtle, sensitive and complex. I would propose that this is from this point of view that diagnostics should be done, not in the forced and reductive point of view of the DSM but in an open point of view where both the Patient him/herself would be considered as a whole, for what a Human Being is and with respect to actual mental state and actual symptoms in his/her personal situation. This should be clear that from a medical point of view it is absolutely absurd to try to find general common cure that would apply generally to all a class of patients, this would be industry not Medicine.

→Moreover it should be absolutely clear that no diagnostic may have any sense if the goal is not to propose a way to cure!! This is something not done by the DSM that just propose a theoretic classification and in which absolutely nothing is concerned with healing!!

For this, we should imagine that the Psychiatrist would be able to have a realistic observation of the Patient, of who he/she is, of what is his/her personality, of what is his/her interest in life, of what are the actual problems for him/herself and what can be done for a cure if necessary.

Moreover it should be said, once and for all, that in some situations and perhaps many situations things can be managed effectively by a Doctor that would be competent enough to consider the Patient fully and to simply take the responsibility to help him/her as any Doctor should normally do.

A proper diagnostic should first be taken on a careful observation of the Patient, this mean observing who is the patient and what are the problems then the diagnostic should normally give an accurate conclusion that would make the detail of the actual mental and physical state of the patient and finally a proper diagnostic should propose openly a way to help the patient and possibly propose the management of a cure.

This is all normal and natural way of thinking Medicine and Psychiatry, this is all what is not done, not truly known and that only few good Doctors are currently able to do. This is what should be thought about and developed for Medicine, for the interest of Patients and for Public Health.