

A PERSONAL EDITORIAL NOTE (Spring 2018)

An unprecedented publishing accomplishment in the field of mental health, the American Psychiatric Association's resource titled, *The Diagnostic and Statistical Manual of Mental Disorders (DSM)*, represents an achievement unmatched by either the medical community or the legal community in terms of depth and breadth of resources. The *DSM* has a distinguished history of development and an on-going commitment to the furtherance of validated documentation for mental disorders research in the U.S. Based on a commonly agreed upon nomenclature within the mental health field of professional practice, the *DSM* has, through the collaboration of hundreds of leading researchers and practitioners in psychology, set standards for the classification of mental disorders making it the most utilized resource for documentation of any other guide by clinicians, psychiatric drug regulation agencies, health insurance companies, pharmaceutical companies, the legal system and courts' adjudication rulings. It is judged to be a peer companion with the *ICD-10 Classification of Mental and Behavioral Disorders* which is a product of the World Health Organization. The *ICD* is technically the official system of classification of mental disorders used by the U.S. but, unlike the *DSM*, it attempts to cover all health issues rather than just mental disorders, thus making it the more readily utilized resource throughout the European community and other highly-developed nations while the *DSM* is the most commonly used resource in the U.S. for diagnostic assessment involving mental health issues.

It is important to realize that psychopathology does not imply any particular psychotherapy. Psychopathology is the identification and classification of mental illness based on behavioral traits sufficiently evidenced as to provide a categorization of clustered characteristics. Whether or not a therapist uses psychoanalysis (Freud), logotherapy (Frankl), interpersonal psychotherapy (Sullivan), or cognitive behavior therapy (Beck) is left to the professional's own preference and training. The identification and classification of mental illness is the purview of psychopathology and the selected treatment plan of that mental illness is the purview of psychotherapy. A point of dispute to be sure, it has nevertheless been suggested that whereas psychotherapy is a personal art form, psychopathology is clearly a form of scientific description. Though Harry Stack Sullivan, the father of American psychiatry, has suggested that most mental illness is essentially "problems in living" and that "we are all simply more human than otherwise," thus suggesting that labeling and classifying aberrant behavior as mental illness is risky if not dangerous, the present professional climate in the U.S. as dictated by the medical, pharmaceutical, and insurance communities has necessitated this very practice of labeling and classifying behavior subject to, and susceptible to such, classifications. Sullivan implies, of course, that psychotherapy rather than psychopharmacology should more likely be the treatment plan, i.e., using talk therapy rather than pharmacological intervention in aberrant behavior. Coming from one who has been involved in this field for over 50 years and given the fact that I myself have been a detractor to the inordinate use of labeling and classifying clients, I have finally been

willing to embrace the reality of the dominance of the *Diagnostic and Statistical Manual of Mental Disorders* in counseling practice owing, in part, to the demands of the insurance industry for empirically verifiable documentation for the treatment of insured clients, and, to be fair, in acknowledgement of the tremendous refinements mobilized by the psychological community in the careful description of mental disorders evidenced in the continual developments over the years of the *DSM*. Therefore, as a balance to *Clinical Psychotherapy: A History of Theory and Practice* (from Sigmund Freud to Aaron Beck) (2015), I have felt somewhat compelled to produce a companion book, *Psychopathology: A Clinical Guide to Personality Disorders* (2018).

Granted that not every professional in the field recognizes and accepts the fundamental importance, relevance, or even significance of the *DSM*, it is, like Sigmund Freud, the elephant in any room in which psychopathology is discussed among professionals. One may not like it. One may not agree with it. Nevertheless, one must encounter it as the starting place for all discussions regarding mental disorders in the modern world. Not everyone is a Freudian but no one with any sense of professional accountability can work in the field of psychopathology without taking full cognizance of Freud and his work. The birth and continued prominence of humanistic psychology, the Third Force, initiated by Abraham Maslow and Carl Rogers has proven pivotal in the continual dialogue, not always pleasant but always productive, between the various schools of biological psychiatry and psychoanalysis cannot be denied. This interface between the diagnostic labeling embraced by the *DSM* and the humanistic approach to psychotherapy embodied in the Third Force has proven most productive in the advancement of mental health treatment in the 20th and 21st centuries, and this publication, *The Behavioral Mind: A Journal of Personality Disorders*, is committed to creating a positive and productive environment for that on-going discussion and dialogue. To be dismissive of the *DSM* without evidence of acquaintance with the *DSM* is professionally irresponsible, whereas an informed criticism is always appropriate. To this, we are committed.