

PSYC SPOT PSYCHOLOGY CLINIC

Understand and Develop Your Inner-Workings

What Are Mental Disorders, Really? Implications for Therapy...

NEWSLETTER #4

Government statistics tell us that almost 1 in 2 Australians will have at least one mental disorder at some point in life. But what are mental disorders anyway? Those who try to look for answers will typically find something vague and uninformative – like how the mental disorder in question is a debilitating condition that could result from a broad range of factors or any combination of them.

In a way, the typical answer is perhaps unavoidably vague because the majority of mental disorders catalogued in our diagnostic system (i.e., DSM) are intrinsically vague and non-specific conditions. By “non-specific”, I mean while they are each defined by more or less distinct surface symptoms, the vast majority of DSM disorders do not correspond to any specific underlying problems.

Take Bulimia Nervosa as an example, while it denotes the distinct pattern of oscillating between binge eating and purging / fasting, the same pattern can be symptomatic of different things in different clients. For one person, it could reflect oscillations between trying to attain a slim physique to be adored and desired vs fearing eventual abandonment thus binge eat to gain weight and reduce the odds of having (and being attached to) a transient partner. For another, it could reflect oscillations between feeling the need to maintain total self-control in everything (including eating) vs feeling insufferably constricted and swing to self-indulgence thinking it is all-or-nothing. For yet another, it could reflect oscillations between the use of comfort eating to cope with intense guilt vs feeling guilty about one’s overconsumption thus self-punish via violent purging and punishing fasting. Just to list a few.

If the above examples seem confusing, consider this analogy. Imagine if everyone with headaches (and related symptoms) are given the same diagnosis, say, Head Hurt Disorder, irrespective of whether the headaches are symptomatic of the flu, brain tumour, lack of sleep, stress, or hangover etc.

Just as Head Hurt Disorder is a “non-specific” diagnosis that is not created to specify what problems underlie the surface syndrome, so too are most DSM diagnoses descriptive but “non-specific” in essence.

Two implications are particularly noteworthy. First, since those with the same DSM diagnosis are often struggling with symptomatically similar but fundamentally different problems, it is necessary to figure out what each person is actually struggling with, instead of just look up what “averages” the best results for the person’s disorder and apply that in treatment. In fact, interventions that can “average” good results for such heterogeneous disorders are often those that superficially target the *shared* symptoms but ignore the *non-shared* root problems (think painkillers for Head Hurt Disorder). Second, since DSM diagnoses are created as labels for common and/or easily recognizable symptom profiles, having a diagnosis just means one’s struggles manifest in familiar ways. It does not necessarily mean one is more distressed and/or dysfunctional than those who do not fit any diagnosis (e.g., the latter may be struggling more, but in atypical ways). Indeed, past research suggest 33-50% of individuals who present with significant mental health difficulties do not fit any diagnosis in the DSM.

Hopefully, this explains why our team focuses a lot more on understanding the particularities of each client than on figuring out which disorders they “have” to inform treatment (unless we are working with a prototypical example of an exceptionally homogenous DSM condition). If this is the sort of therapy you are after, contact us for an appointment.

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