

# Pastoral Counseling and the Diagnostic and Statistical Manual of Mental Disorders (DSM)

## *The Value and Pitfalls of the DSM IV-TR in Pastoral Therapy*

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### **Introduction**

The Diagnostic and Statistical Manual of Mental Disorders (DSM) is a technical Manual used by all levels of psychotherapists. Pastoral counselors traditionally don't use the DSM extensively. Many don't even know what it is. Others who do know what it is refuse to accept anything in the DSM since they would say that it contradicts their viewpoints regarding diagnosis of what ails people.

In this article we will briefly explore the DSM and define generally what it is. We will explain the value that the DSM can have for the Pastoral Counselor. Finally, we will look at the pitfalls of the Pastoral Counselor using the DSM (or the pitfalls of the DSM generally).

### **Complex Psychological Material**

Admittedly, the DSM is a complex Manual. In its current version -- DSM IV-TR -- there are nearly a thousand pages of technical psychological data. Most pastors are not specifically trained to understand psychological terminology. Thus, a vast majority of the material in the DSM is like reading a foreign language.

This article and other articles associated with the DSM will take some of the foreign nature out of the DSM so that the pastor can understand what the DSM is and what value it does indeed have for them.

### **Incompatibility with Pastoral Beliefs, Counseling and Training**

One of the most significant arguments that pastors who understand the DSM have against it is that it is largely incompatible with religious, theological, moral and ethical beliefs of Christian teachings. While there are indeed some things in the DSM that the pastor may find objectionable, there may also be some redeeming value in the DSM.

At the least, the pastor who understands the general concept of the DSM will understand the diagnosis of an individual in their congregation that has been "officially" diagnosed by a secular psychiatrist or psychologist. This information may be very valuable in the pastoral counseling of an individual who is seeing both a secular therapist and a pastoral counselor.

Some of the disagreements that pastors have with the DSM (especially the changes made in the transition from the DSM III and the DSM IV) may be misunderstandings. They are most assuredly revelations of the progress toward the secularization of morals. For that value alone it is imperative for the pastor to understand the DSM.

Probably the most significant Disorder that will be cited to disavow the validity of the DSM is the Gender Identity Disorder. After reading the clinical description from the DSM itself, the reader will usually not have a clear understanding of exactly what GID is.

It might seem that GID is homosexual behavior. Yet, a careful reading of the text will lead one to belief that GID is only to be diagnosed when the sexual behaviors of the individual are causing social or moral conflicts. Thus, homosexuality becomes relativistic based on whether or not there are social repercussions in the individual's life. These issues are quite confusing and some would say that the DSM considers homosexuality a situational abnormality only.

From my viewpoint (and, my viewpoint may not be widely accepted) I don't know if homosexuality should even be diagnosed as a mental disorder. It may not be a mental disorder at all. It may be considered by some religious communities as a moral disorder. Thus, to me, the issue is insignificant since the religious community that rejects homosexuality on moral grounds should have no problems with the GID diagnostic criteria and its apparently relativistic interpretation of homosexuality. Is homosexuality really a "mental disorder"? I don't know. Many religious communities would continue to declare it as a moral disorder and that's all that counts.

### **Dangers for the Pastor Who Doesn't Understand the DSM**

Significant research has gone into the creation of the DSM IV. Many of the disorders categorized in the Manual are as "real" as medical disorders that have long been accepted as "real" maladies.

The creators of the DSM IV have done a good job of categorizing the whole range of mental and psychological disorders that do afflict individuals. Therefore, the DSM IV does give the pastoral counselor significant understanding into the disorders that individuals may be suffering.

There is a significant danger for the pastor who does not understand the DSM classifications. Without an understanding of the DSM classifications, a pastor may not understand the real dangers that may be present in the life of an individual who has a serious mental disorder that a pastor is not aware of. Once a pastor understands the general classifications of the DSM, they will be better able to spot significant problems that they may not have noticed prior to understanding these mental disorders.

Furthermore, when a pastor does not understand the real mental disorders that exist (as categorized in the DSM) it becomes hard for a pastor to integrate with another therapist to whom the individual has been referred. For these reasons (and for others) it is imperative for the pastor to at least have an overview understanding of the DSM. The pastor must also understand that many of these disorders are indeed real -- some of them may be life-threatening to the client (e.g. Major Depressive Disorder).

## **Overview of the DSM**

### **History of the DSM**

The Diagnostic and Statistical Manual of Mental Disorders is in its fourth edition. Thus, the official title is the DSM IV. The most current version is also appended with the letters TR -- DSM IV-TR. The "TR" stands for Text Revision. There were some revisions and rewordings done to the original version IV to clarify and correct the text.

The first version of the DSM was produced by the American Psychiatric Association in 1952. That was the first official Manual (actually more of a glossary) of accepted mental, emotional, psychological and psychobiological disorders.

The second version of the DSM appeared in 1968. The most significant advancement in this DSM version was that the mental disorders were integrated with the International Classification of Diseases. Thus, this version allowed medical doctors (e.g. psychiatrists) to include mental disorders as a medical condition for their patients.

The third edition of the DSM came about in 1987. The purpose of the DSM III edition was to upgrade the knowledge base regarding psychological nomenclature to meet the standards of the World Health Organization and the ICD-9.

The most recent edition of the DSM (version IV) was published in 2000. The DSM IV is a response to the World Health Organization's updating of the International Statistical Classification of Diseases and Related Health Problems version #10 (ICD 10). That international classification of all disorders that face humans will go into effect in the year 2004. The American Psychiatric Association has worked in tandem with the WHO to uniformly classify all mental disorders within the context of the ICD-10 classifications. These new classifications will become the standard by which all insurance companies accept diagnoses for individuals.

### **Contents of the DSM**

Anyone who has never picked up the DSM IV-TR before and does so will probably spend considerable time scratching their head. At first glance, the book looks ominously confusing and technical. It is technical -- it is, after all, a sort of medical book. There is no way for it not to be technical. It is not, however, as confusing as it first appears. The authors have done well laying it out very logically.

The DSM IV contains a structured analysis and commentary with diagnostic criteria for every mental, emotional and psychological disorder imaginable. The bulk of the DSM IV book contains descriptions and diagnoses from Axis I and Axis II (the Axis system will be explained shortly).

The bulk of that material is from Axis I. Axis I contains descriptions and diagnoses for mental, emotional and psychological disorders. Axis II is the classification of personality disorders.

The Axis I material is broken down into logical categories. Those categories are all contained in separate chapters that explicitly describe the disorders in that category. Categories under Axis I include: Disorders usually first diagnosed in childhood; delirium, dementia and other cognitive disorders; mental disorders due to medical conditions; substance-related disorders; schizophrenia and psychotic disorders; mood disorders; anxiety disorders; somatoform disorders; factitious disorders; dissociative disorders; sexual disorders; eating disorders; sleep disorders; impulse control disorders; and, adjustment disorders.

The pastoral counselor who scans through the list of categories found in the Axis I classifications will undoubtedly see categories of disorders that they have dealt with in real counseling situations. Thus, there is some validation of at least some of the content of the DSM IV and, therefore, some reason for a pastoral counselor to gain a better understanding of the whole volume.

### **The Axis Structure of the DSM**

A diagnosis using the DSM IV contains diagnostic classifications on an Axis system. There are five Axis classifications in all. These classifications are logically laid out so that someone reading a diagnosis for an individual will be able to clearly and concisely get an overview of the whole condition of the individual. This overview includes medical issues.

Briefly, we will define each of the Axis classifications:

- Axis I is for mental, emotional, and psychological disorders
- Axis II is for personality disorders
- Axis III is for medical conditions that afflict the client
- Axis IV is for social, occupational, and familial issues that afflict the individual
- Axis V is the general functionality level of the individual in a numeric form from 0 to 100

Again, this comprehensive list of information is very helpful to anyone acting as a counselor for an individual in crisis -- including a pastoral counselor. To have readily available information about the entire condition of a client in summary form is very helpful. It is even more helpful to have this information if more than one individual is working with a client (e.g. a marriage counselor and an individual counselor). This information is also very helpful in cases where an individual needs to be referred to an outside therapist.

## **Why is the DSM Important to Pastors?**

### **Pastoral Counseling and Psychological Disorders**

What if you went for medical attention and the person who treated you only vaguely understood your medical condition? If you went to a doctor and complained of a pain in your arm and all he did was give you some type of cream to put on it, would that be acceptable? What if your ailment was later determined to be cancer? Obviously, the cream was not the right choice of treatment. Yet, because of the doctor's limited scope of understanding, treating your malady with cream was all that he could think to do. That, quite frankly, is malpractice.

This is the dilemma -- and the real danger -- that pastoral counselors face every time they counsel someone. An example will be best.

Let's say John and Jane Doe come to you for a marriage issue. After testing them, you see some significant areas in their marriage that need attention. Since you do not have a grasp on the broader scope of human psychology you do not perceive that John is suffering from Narcissistic Personality Disorder.

Since he is suffering from that Disorder (and you don't understand that) your efforts to help their marriage will probably go nowhere. If you did understand that John had some significant personal issues, you could get him professional help for the Disorder. But, since you didn't know, the marriage broke up because the real problem with the marriage was a serious problem psychologically with John that went undiagnosed by the pastoral counselor.

So, the pastor has options. He or she can easily say, "I'm not going to play psychologist" and decide not to help anyone. That is certainly an option. But, at the same time, there will undoubtedly be moral, spiritual and ethical issues involved in the lives of people that really demand that the pastor counsel them.

The solution to the problem, in my opinion, is for every pastor to get a basic understanding of the human psyche that will allow him or her to see potentially serious problems. The pastor may not be able to directly treat those issues, but he or she can certainly spot them and get the individual to more appropriate help. The pastor can then act as a secondary counselor answering the spiritual and moral issues that arise.

It is the purpose of many of the articles that will be posted on this web site to give pastors some of the education that is so badly needed regarding these issues. That way pastors can effectively counsel their church members and be responsible at the same time!

### **Understanding Secular Perspectives**

Since there are significant psychological disorders faced by so many individuals, and since some of those issues exist right now in your church, it is imperative for you to understand the secular perspectives regarding mental disorders.

Although the pastor may not completely agree with every diagnosis (more about that later) it is so important to at least understand what people are going through from the clinical secular perspective. This is true since you will have some interaction with those individuals regarding moral and spiritual issues that they face.

Another example is in order. Say a person in your congregation has been diagnosed as Bipolar. Do you understand the characteristics of Bipolar Disorder? Do you know what that person will be going through? When that person comes to you with a moral dilemma, how will you respond to their questions? If you have some idea of what the person is facing psychologically, you will probably be able to assist them morally to a much greater degree than if you didn't understand their diagnosis.

### **Modifying Secular Perspectives**

Many of the diagnoses in the DSM IV are devoid of human responsibility. They are simply diagnostic criteria that point to a particular pattern that has engrained itself in an individual's life.

Once the pastoral counselor understands the pattern from the secular perspective of the DSM IV, he or she can tailor a response to that pattern based on appropriate spiritual guidance. Without understanding the pattern, however, mapping a strategy that will bring about a solution may be nearly impossible.

### **Identifying Danger Points**

Having a fuller understanding of human psychology will help a pastor deal with situations that are clearly beyond their abilities. Without a clear understanding of what an individual may be facing, the pastoral counselor may waste valuable time in saving a person's life or rescuing them from significant long-term emotional damage.

What may at first seem like mild depression may indeed be a serious personality disorder. With the right understanding a pastor will be able to differentiate between the two and get the individual appropriate help quickly.

## **Pitfalls of the DSM**

### **Labeling**

One of the significant drawbacks that even secular psychological professionals find with the DSM IV is that it tends to label people. Nobody wants to be labeled as "Bipolar" or "Major Depressive" or anything else.

The therapist must be careful when diagnosing so that an individual is not labeled. The diagnostic process should be more informative than characterizing. With proper therapy and time the vast majority of all mental disorders can be dealt with. Those that are permanent disorders can be managed with proper care and medical attention.

## **Categorizing**

Another drawback to the diagnostic process is that an individual can be categorized. When a person exhibits the minimum threshold symptomology to be officially diagnosed with a mental disorder, it is easy to assume that the worst case scenario is true of that individual. If they have been diagnosed as "Bipolar," for example, it might be assumed that they will be so erratic in their lifestyle that they will never hold a job for long or that they will not be able to function effectively in society.

While that might be the case, the therapist should not immediately think the worst. The therapist should completely examine the behavioral patterns of the individual and help them to overcome the disorder.

## **Astrologizing**

A third drawback is the projection of a "fad" disorder on a very large portion of the population simply because a person may have some transient characteristics of the disorder. For a long while (I believe) this was done with ADHD and ADD. Any kid who couldn't sit still for ten minutes in class was "diagnosed" as having ADHD. He or she was shuffled off to the doctor to have the condition medicated. A more recent popularization - the newest "fad" diagnosis - is Bipolar Disorder.

I call this astrologizing. Anyone who has ever read a newspaper astrology column for their sign must honestly admit that the stuff in the column could apply to anybody on any day of the week. The articles are so general and so vague that they have no meaning.

Tabloid newspapers and some magazines on a regular basis have quick checkups to see if you have a specific problem. How many times have you stood in line at the grocery store and read a headline on a magazine that said, "Will Your Marriage Survive? Take our survey to find out!" Many people have been self-diagnosed with mental disorders through such pop-psychology sources. Unfortunately, some counselors have fallen prey to those "fad" diagnoses.

We must be careful when we diagnose someone. At the same time, we cannot shy away from a real diagnosis.

## **Conclusion**

There is value in a pastoral counselor understanding the DSM IV for a few significant reasons.

First, the DSM IV has become the standard by which mental and emotional disorders are defined. Any pastor who counsels people who may be seeing a psychiatrist or psychologist would be best served by understanding the terminology and diagnoses established in the DSM IV.

Second, there are instances in which the pastoral counselor will encounter much more serious issues than it might first seem. An understanding of the DSM IV will help a pastor gain more complete knowledge of what a client faces.

An understanding of the technical mental disorders found in the DSM IV will greatly enhance the pastor's ability to deal with those in crisis.

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