Reliability and Validity

Due to the operational definitions used in the DSM, interrater and temporal reliability are high (Tyrer, 2014). This allowed for the improvement of statistical reporting on psychiatric morbidity, services, treatments, and outcomes (Jablensky, 1998). Conversely, this lack of rigidity in the ICD has led to poor interrater reliability. In order to maintain such high interrater reliability, diagnoses increase and there is a danger of creating pathology out of normal variation (Markon, 2013).

The opposite is true in the case of validity. Using the DSM, a person only has to meet a specific criteria to receive their diagnosis; this may mean that contextual facts are dismissed and an incorrect diagnosis may be given. For example, an individual reacting to a large life event (an adjustment disorder) may look like a person with major depression without a triggering event (Tyrer, 2014). The ICD allows for clinicians to take context into account and use their experience and judgement to facilitate an appropriate diagnosis.

However, some argue that neither classification is valid or reliable (Timimi, 2013). Timimi argues that reliability is no longer high when taken out of the laboratory and into real life practice. Similarly, she argues that our current concept of mental illness is incorrect as we have yet to find decisive biomarkers of mental illnesses and hold exclusion criteria (such as bereavement for depression) suggesting that the current systems are arbitrary (why only bereavement and not a breakup?) (2013). While Timimi bring up good points, she is very quick to dismiss research suggesting that science has made progress in discovering biological markers (see Sekar et al., 2016) and developments in treatment.

Social and Cultural Contexts

Culture is defined as a set of behavioural norms, meanings, and values or reference points utilized by members of a particular society to construct their unique view of the world, and ascertain their identity. Keeping pace with the times, this definition has also incorporated social elements such as financial philosophies, and the ever-changing realities imposed by technological advances. The DSM and ICD were drawn up largely by older, middle clad, white, and European/American men (see APA, 2015, and ICD, 1992). Despite this, they are applied internationally across cultures, races, genders, and religions. This too begs the question of validity as the presentation of mental illnesses varies significantly with geography, culture, and ethnicity (Alarcon, 2009).

Culture bound syndromes have been the classification system’s answer to this objection. However, practically every region of the world has a set of culture-bound syndromes, yet it has to be said that, at times, the descriptions are quite similar, and at others, too generic or vague to be appropriately characterized (Alarcon, 2009). This leaves the question of whether the current classification systems are appropriate for use outside the Western world unanswered.

Conclusion

Current classification systems allow for efficient communication between professionals, information about clinical presentation without wordiness, and provide guidance for treatment. However, their reliability and validity are questionable. Furthermore, the current systems are filled with largely Western ideas and fall short in cultural considerations.