

## Classification of Mental Disorders\*

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*One of the fundamental difficulties in devising a classification of mental disorders is the lack of agreement among psychiatrists regarding the concepts upon which it should be based: diagnoses can rarely be verified objectively and the same or similar conditions are described under a confusing variety of names. This situation militates against the ready exchange of ideas and experiences and hampers progress. As a first step towards remedying this state of affairs, the author of the article below has undertaken a critical survey of existing classifications. He shows how some of the difficulties created by lack of knowledge regarding pathology and etiology may be overcome by the use of "operational definitions" and outlines the basic principles on which he believes a generally acceptable international classification might be constructed. If this can be done it should lead to a greater measure of agreement regarding the value of specific treatments for mental disorders and greatly facilitate a broad epidemiological approach to psychiatric research.*

### INTRODUCTION

Psychiatry has made considerable strides during the past three decades. There has been great therapeutic activity and an enormous intensification of research work. Medical men, public authorities, and the community at large have become alive to the magnitude of the problems of mental disorders. Conditions for a concerted attack on mental ill health ought, therefore, to be highly propitious at the present time. Yet, in many respects, psychiatrists find themselves ill-prepared to meet the challenge. This is partly due to the incomplete integration of the various approaches to the study of mental illness, though there are signs that this process has been gaining momentum of late. A more serious obstacle to progress in psychiatry is difficulty of communication. Everybody who has followed the literature and listened to discussions concerning mental illness soon discovers that psychiatrists, even those apparently sharing the same basic orientation, often do not speak the same language. They either use different terms for the same concepts, or the same term for different concepts, usually without being

aware of it. It is sometimes argued that this is inevitable in the present state of psychiatric knowledge, but it is doubtful whether this is a valid excuse.

The lack of a common classification of mental disorders has defeated attempts at comparing psychiatric observations and the results of treatments undertaken in various countries or even in various centres of the same country. Possibly, if greater attention had been paid to these difficulties, there might be a greater measure of agreement about the value of specific treatments than exists today. Another field in which the lack of a common language threatens to defeat the purpose of much valuable effort is that of experimental psychiatry where research has been very active of late. In recent years the epidemiological approach has been used in the study of mental disorders to an increasing degree. To be fruitfully employed on a broad front it requires a common basic terminology and classification. There is a real danger that the lack of such a vehicle of communication will lead to confusion and to a waste of precious resources.

These are only some of the reasons why a thorough review, on an international level, of the

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