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# DSM-5 and the Removal of the Multiaxial System for Psychiatric Diagnosis: What Is at Stake?

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## Abstract

Session: Biological Theories and Theories in Medicine (Lemoine; Darrason; Thompson; Kincaid; Demazeux)

Alongside the adoption of an atheoretical (i.e. purely descriptive) clinical approach, the introduction of a multiaxial format for psychiatric diagnosis was a key change in the *Diagnostic and Statistical Manual of Mental Disorders, third edition* (APA, DSM-III, 1980). It was said to represent a "paradigm shift" (Millon, 1983): by providing the clinician with a multivariable and comprehensive picture of the whole pathological state, from its biological to its psychological and social aspects, it aimed at departing from the traditional medical disease model. Unfortunately, the multiaxial system failed its mission: psychosocial stressors (Axes IV and V) were not fully recognized inside the classification, whereas the articulation between the Clinical Syndromes assessed with Axis I and the Personality Disorders assessed with Axis II was far from clear. Moreover, excessive diagnostic comorbidity has been found between Axis I and Axis II categories, as well as between categories within each Axis, and this has led to further theoretical questioning in the past decades.

In this presentation, I will discuss the reasons and motivations behind the decision to remove the multiaxial system for diagnosis from the DSM-5, which will be published in May 2013. I will argue that this decision can be seen as a desperate attempt to mask the general failure of the atheoretical perspective adopted by the DSM since the 1980s. More fundamentally, I will argue that this failure reveals a deep nosological crisis in contemporary psychiatry.

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