Examples of groups that the DSM is biased against:

Pathologizing Women:
In a clear gender biased approach, which socially stigmatizes women, natural changes in cognition and emotions resulting from normal hormonal variations are codified as Premenstrual Dysphoric Disorder (PMDD). PMDD was invented as a diagnostic category even though there is no compelling empirically identified cluster of symptoms identifiable as PMDD, there is no link between symptoms attributed to PMDD and hormonal levels, nor does adjustment of hormonal levels affect the symptoms of PMDD.
There are no parallel diagnoses of PMDD for men (e.g., TDDD for "Testosterone Deficiency Dysphoric Disorder"), nor are there gender-neutral categories for dysphoria related to hormonal imbalance.

Pathologizing lower socio-economic class:
The DSM ignores the real and valid concerns of lower class members, such as poverty and lack of social power. Reactions to these essential injustices tend to be pathologized and labeled as antisocial, psychotic or paranoid. Research has shown that psychotherapists are more likely to give a DSM diagnosis (i.e., to claim that the person is suffering from a mental disorder) to clients who are insured by managed care than to those who pay for services "out-of-pocket" and are more likely to be financially affluent.

Pathologizing geriatric populations:
The elderly are often isolated and disempowered in our culture. As a result, their understandable reactions of low self-esteem, feelings of hopelessness, helplessness, etc., are often routinely diagnosed as a mental disorder (e.g., depression). They are medicated rather than viewed as experiencing a normal reaction to social isolation and stress due to valid concerns regarding lack of available basic necessities such as food, shelter and health care.

Pathologizing ethnic minorities:
For those who express appropriate rage and realistic fears due to experiences of chronic de-valuing, harassment and injustice at the hands of police and other authority institutions, are labeled as being paranoid or suffering from impulse control disorders.
Depression, alcoholism and suicide are rampant in the Native American culture, whose members have experienced violent occupation and colonization by the now dominant society that diagnoses them. Characteristics that are normal to ethnic minority cultures have been pathologically viewed through the lenses of the upper class driven DSM.
Members of many ethnic minority groups avoid contact with mental health systems because they expect their normal cultural conduct to be pathologized.

Pathologizing children:
The psychobiological perspective prevalent in DSM diagnosis, coupled with managed care driven pressure for short-term biological based treatment, has had a profound influence on the diagnosis and treatment of children.
Results of multiple studies indicate that the use of Ritalin has tripled and the use of anti-depressants has doubled in the treatment of pre-school children during the last decade. The use of psychotropic medications, combined, has tripled in the treatment of all children less than eighteen years of age, during that same period. There is, of course, concern for the self-concept of a person who has been labeled as abnormal before he or she has even entered kindergarten, as is the case with an increasing number of children.

Pathologizing LGBTQ:
Homosexuality is no longer listed by name in the DSM, but therapists can still consider it a Sexual Disorder Not Otherwise Specified.
The claim that it would be deleted was functionally false because the next DSM included homosexuality with which the patient was not fully comfortable. This could easily be considered a reality based "normal" discomfort for homosexuals growing up in a homophobic culture known for hate crimes against their population.

Pathologizing normal behaviors and temperaments:
Labeling normal behaviors as mental disorders financially and professionally serve psychotherapists of all theoretic orientations.
Following are some examples of how the DSM turns normal behaviors and temperaments into mental illness.

- Shyness or normal introversion can be diagnosed as "Social Phobia."
- The individual process of healthy grief might be diagnosed as "Complicated Grief Reaction," if it lasts a tad longer that the amount of time specified in the DSM.
- Healthy, strong willed or active children are often diagnosed as having "Oppositional Disorder."
- Children who are restless, non-compliant or not academically oriented are diagnosed with "ADHD."
- Meaningful and healthy existential angst might be diagnosed as "General Anxiety Disorder" and medicated away.
- Those with feelings of hopelessness and despair related to the burden of social injustice and poverty might be diagnosed with "Depression."
- A person who attributes spiritual meaning to a powerful insight could be diagnosed as "Delusional."
- A woman who is not sexually aroused in relationship to an emotionally disconnected partner could be diagnosed as having "Female Arousal Disorder."
- Feeling jittery and agitated from drinking too much coffee can be diagnosed as "Caffeine Related Disorder."
- People, who for reasons of being abused, stressed, uninspired or who simply choose not to engage in sexual activity, are diagnosed as having "Hypoactive Sexual Desire Disorder (HSDD)," which is described in the DSM-IVTR. This disorder is characterized by a low level or absence of sexual fantasy and desire for sexual activity. The obvious question is, "Who decides what is a low level?"
- "Gender Identity Disorder (GID)" is another culturally biased diagnosis in which any behavior that does not fall within the rigid confines of the narrowly defined and preferred sex roles prescribed by most modern western cultures is pathologized. Consideration of normal developmental phases, playfulness and individuality are often harmfully discounted in this restrictive application of diagnostic criteria.