The History of the DSM

(and why you should care)
What is it?

- It is the Diagnostic Statistical Manual.
- It is used by nearly every mental health professional in the US and Canada.
- It is used in the legal system and for insurance purposes.
- Category assignments can lead to a change in legal status, benefits, opportunities, self-image and reputation.
Who writes it?

- committees made up of elite members of the APA
- The Task Force of Nomenclature & Statistics
- various Advisory Committees
- Although subcommittees of experts have been encouraged to comment on the DSM (in more recent revisions), they have been mostly ignored by the decision-makers.
The history of classification systems:

- The ancient Greeks had broad descriptions of madness.
- Up to the 1800’s there was little consensus in the causes of insanity.
- In the late 19th century, Emil Kraepelin devised a system of identifying diseases.
- He founded the first Psychology laboratory focused on groups of symptoms and tracking outcomes.
Psychiatric Nosology in the US

- Shaped by external forces & social demands of administrations and governments
- 1880 - there were 7 categories:
  - mania, melancholia, monomania, paresis, dementia, dipsomania, & epilepsy
- 1918 - Statistical Manual for the Use of Institutions for the Insane
  - 22 principal categories
  - somatic & biological
  - ten editions
The DSM-I

- WWII had a big effect on psychiatrists who went to war.
- 1st major change in psych. Nosology
- 1952: DSM is published by the APA
- somatic tradition gave way to the psychodynamic view
- The role of environment was emphasized
- a variety of less severe forms of disturbance could benefit from treatment
- the old nomenclature was of little use
So why did they change the DSM-I?

- To keep the US in line with the World Health Organization's International Classification of Disease.
- The same big boys of the WHO and the APA also sat on nomenclature committees.
- There is very little documentation of this change according to DSM historians Kirk & Kutchins.
- It was a relatively private and simple process.
The DSM-II

- 1968 - published by APA
- There was a move away from institutionalizing everyone.
- New categories were added.
- The Nomenclature was reorganized.
- Multiple diagnosis were now encouraged.
- The APA took three years to create it.
- Robert Spitzer- was to be the major spokesperson for the next two decades- served as a consultant.
So why did they change the DSM-II?

- It was always known that the DSM-II would be updated.
- The APA (Spitzer) claimed that the next DSM would be based on field trials.
- It was the scapegoat for the weakness of American Psychiatry.
- Although widely used, it was vague and inconsistent.
- Researchers found it almost useless.
- The DSM-III Task Force was composed mostly of researchers.
The DSM-III

- Published Feb. 1980
- Intention was to “embrace as many conditions as are commonly seen by practicing clinicians.”
- this was done “to insure a larger field of study for researchers of the future.”
- By this time Spitzer was the chairman of the Task Force on Nomenclature & Stats - the most powerful committee in the project.
- This is when the Two-Axis system was implemented.
The DSM’s political power at this time:

- It serves to validate and reinforce political distinctions between people.
- It participates in the regulation of both patients’ and professionals’ access to social resources.
- It helps to establish and validate boundaries for restrictive professional guilds.
So why did they change the DSM-III?

- By calling the DSM "Provisional" the authors avoided the bulk of the possible criticisms.
- When the DSM-III came out in 1980, there was already agreement that a revision was necessary.
- The Committee to Evaluate the DSM-III recommended in 1983 that a new group be created to "fine tune" the DSM-III.
- Field trials had not been completed before the publishing of the DSM-III.
The DSM-III-R

- Published in May 1987
- More than 30 new diagnostic categories were added.
- The DSM-III-R Work Group consisted of 25 advisory committees, and involved over 230 consultants.
So why did they change the DSM-III-R?

- Just four months after the DSM-III-R was published, there was talk among the APA Committee on Psychiatric Diagnosis & Assessment that a new Task Force be created to develop the DSM-IV.
- In May of 1988, the board of trustees did just that.
- This Task Force met with the most controversy yet.
- The decision process had become more elaborate with each revision.
Feminists and the DSM

- There were several diagnosis that many feminists had a problem with:
  - Masochistic Personality Disorder
  - changed to Self-Defeating Disorder
  - Premenstrual Dysmorphic Disorder

- changed to Late Lutal Dysmorphic Disorder
- Paraphilic Rapism
- changed to Coercive Disorder
- Their concerns were largely ignored.
- As a compromise these were put into the Appendix, but they were not explained.
Homosexuality and the DSM

- Strong political action by gay activists forced the removal of Homosexuality as a disorder.
- These included social protest, media pressure, and other tactics.
- In 1973 the first “compromise” was agreed upon.
- Homosexual Disorder was removed and the new category was created for homosexuals who have significant problems due to their orientation-
  - called Sexual Orientation Disturbance in DSM-II
  - called Ego-Dystonic Homosexuality in DSM-III
Some Final Concerns

- The APA and the creators of the Successive DSMs have a tremendous amount of power over the public.
- They act as gatekeepers between the world of normalcy and disease.
- This is a small group of wealthy white men who bow to politics and ambition.
- Most mental health professionals assume that there is empirical science behind the DSM and hardly ever question its validity.
References


