Preface

In 2013, the American Psychiatric Association is publishing the fifth edition of its Diagnostic and Statistical Manual of Mental Disorders (DSM-5). This book examines some of the conceptual and pragmatic issues raised by the new manual.

DSM has sometimes been called "the bible of psychiatry." This seems a strange term to describe a manual that only classifies mental disorders, but does not explain them or guide their treatment. Yet while earlier editions of DSM had little impact on clinical practice, DSM-III, published in 1980, was a kind of "paradigm shift," reflecting the shift of focus in American psychiatry from psychodynamics to phenomenology and neuroscience. Moreover, DSM-III introduced algorithms for diagnosis that proved popular, even if they were not followed very strictly. This edition of the manual became influential all over the world, and also became a standard for almost all research.

The controversy over DSM-III eventually blew over. Biological psychiatry won the day, and was accepted as the primary paradigm for the field. DSM-IV, published in 1994, made only minor changes in the manual. Thirty odd years later, few could remember a psychiatry that did not follow the DSM. However flawed the system was, the pace of research was slow, and most mental disorders remained poorly understood.

Nonetheless, the American Psychiatric Association felt it was time for a revision. To this end, they appointed David Kupfer, a prominent biological researcher, and Darryl Regier, their own research director, to head a task force to prepare DSM-5. This process took quite a few years, with work groups of experts asked to propose revisions based on the most recent research findings. Originally, APA hoped to introduce another paradigm shift, in which psychiatric diagnosis would be in greater harmony with neuroscience. When it became clear the data supporting these changes was too fragmentary for radical changes, it backed off from major revisions.

The final document that constitutes DSM-5 is a compromise. It is not dramatically different from DSM-IV, but reflects a tendency to see mental disorders as lying on a continuum with normality, and supports the view that half of the population can be labeled as having some kind of mental disorder. It is hoped that this model will eventually be supported by the discovery of biological markers and endophenotypes.

The chapters in this book examine DSM-5 from the point of view of these conceptual principles, and also assess the implications of its approach for clinical practice.

Several chapters consider the problem of over-diagnosis and false positives. Psychiatry has long been criticized for medicalizing and pathologizing normal variations, and over-diagnosis means over-treatment, with all the attendant side-effects of psychopharmacological interventions. At the same time, some conditions listed in DSM-5 may be underdiagnosed. This "dialectic" can best be resolved by a combination of conservatism and pragmatism. Diagnostic epidemics could discredit psychiatry by claiming that there is no essential difference between mental disorder and normality, and by forcing clinicians to treat normal people with drugs that they do not need.

One must also consider the political and economic context in which over-diagnosis occurs. The history and politics of American psychiatry is marked by a need to stand equal to other medical specialties. The creation of the new manual is seen as an attempt to create a system that is consistent with neuroscience, but that goes beyond existing data. At the same time, psychiatry hopes to legitimate itself with a scientific diagnostic system. But in DSM-5, the overall definition of mental disorder in the manual is weak, failing to distinguish psychopathology from normality. Moreover, there are powerful interests, both corporate and, public, that could profit from a highly inclusive diagnostic system.

Finally, we have to address the question of whether the vision of psychiatry guiding DSM-5 is valid. Its scientific theory corresponds to a medical approach, but does not distinguish "disease" from "illness." Thus diagnoses in psychiatry may not be "natural kinds." DSM-5 raises both conceptual and pragmatic problems that will affect the future of psychiatry. In the years to come, it will be subjected to detailed empirical testing. At the same time, the diagnostic system needs to adopt a broader model that does not reduce all of psychopathology to neuroscience. These developments could eventually lead to a better system for DSM-6.

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