Case Study: The Diagnostic and Statistical Manual of Mental Disorders
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Overview
The Diagnostic and Statistical Manual of Mental Disorders (DSM) is the classification and diagnostic tool developed by the American Psychiatric Association (APA). It is the de facto standard for diagnosing mental disorders in the United States, Europe and increasingly in Asia. From the first version published in 1952 until the latest, fifth version in 2013 there has been major changes in the categories and structure of the DSM, which can roughly be divided in three main phases: the initial development into DSM-I, a revolutionary phase in psychiatry leading to DSM-III in 1980, and a new shift in the field resulting in the publication of DSM-V. Every phase is marked by a major transformation of the organizing system that is highly influenced by a multitude of social forces and the prevailing view on psychopathology.

What is being organized?
The DSM organizes descriptions of human behaviors, also called symptoms, into categories of mental disorders. Symptoms are concepts and hence intangible resources. Their life cycle is limited, as the way in which symptoms are viewed and described and what is considered a mental disorder has changed substantially through time and with every new edition, categories are added, edited or removed. Every disorder category consists of a unique combination of symptoms, but a symptom can be part of several disorders. Due to an increase in scientific knowledge, the scope of the organizing system has enlarged throughout time, including many novel symptoms that were not considered a mental illness before. The categories are institutional, but both inform and are informed by cultural categories. An illustrative example of this is that the DSM-II still included homosexuality as a mental disorder, but was removed from the DSM-III, reflecting a change of how Western society viewed homosexuality, and concurrently influencing whether society considered it a disease.

Why is it being organized?
Before the development of the DSM, multiple diagnosis systems existed, which caused a lot of confusion in the profession of mental health. There was a high demand for an institutional taxonomy of mental disorders that would provide consensus among the field and enable communication between mental health professionals through a common language. To
support these interactions, the DSM-I was developed, being the first official taxonomy of mental disorders and controlled vocabulary for the mental health profession.

Due to DSM-I's psychodynamic orientation that posited that symptoms could not reveal mental disorders, its categories were very abstract. In the 1960s the legitimacy of psychiatry was increasingly being called into question due to the lack of clear diagnoses. In addition, insurance companies started to pressure for a model that would fit their policy to pay only for treatment of discrete diseases and enable measurement of treatment effectiveness. The DSM-I and II were not created to enable the interaction of diagnosis and hence unable to satisfy these goals. Therefore, the DSM-III's classification scheme was created with discrete categories based on observable symptoms. This enabled not only diagnosis, but also facilitated scientific research, reimbursement processes and the development of drugs for specific diseases. The DSM-III was much more widely adopted than previous editions, with a very diverse range of users; not only clinicians, but also courts, researchers, insurance companies, managed care organizations and the government.

However, the new organizing system also had its limitations. For example, the high rates of comorbidity, the co-existence of multiple disorders in a patient, suggested common underlying dimensions, but this was hard to align with DSM-III and IV’s discrete, dichotomous categories. A growing number of researchers therefore called for a return to a more dimensional approach that also allowed for better measurement of symptom severity and quality of life. These new desired interactions resulted once more in major changes of the organizing system published in the DSM-V. An additional goal for the new structure is to encourage research both within and across disorders to improve knowledge of relationships between them.

**How much is it being organized?**

Through the development of the different editions of the DSM, the extent to which the system is organized has increased substantially, both in terms of scope and scale. The first DSM consisted of 106 diagnostic categories, which were subdivided under two main groups based on underlying etiology. The categories were very broadly defined with a high level of abstraction.
In the DSM-III however, the number of categories increased to 256. This reflects a sharp increase in the granularity of the categories, subdividing former more broadly construed categories into several subtypes. It also reflects the increase in scope mentioned above. The larger scope required a higher extent of explicitness, which culminated in lengthy descriptions and operationally defined criteria for inclusion and exclusion for each disorder.

Even though the extent of organizing in terms of scope of resources did not change much from DSM-III/IV to DSM-V, the classification scheme transformed substantially again, incorporating more levels in the hierarchy with more ‘abstract’ categories on a higher level that consist of disorder groups that share common features. A main organizing principle is the developmental lifespan with disorders typically diagnosed in childhood detailed first, followed by those in adolescence, adulthood and later life.

**When is it being organized?**

One could argue that the resources are organized with the publication of every new edition of the DSM, because from that moment, the categories in the current version are the ones that apply. On the other hand, it could also be viewed as continuously developing, because the performance of the current version is subject to ongoing research, leading to revisions and eventually a new edition. Moreover, in practice there always is a phase of transition in which both the previous and new organizing systems are used.

**How or by whom is it being organized?**

The APA selects a committee of experts in the psychiatric domain for the development of a new edition of the DSM, so the creation of the classification scheme is justified by scientific warrant. The categories in the first edition were mostly created based on the prevailing psychodynamic theory. In contrast, the professionals selected for the DSM-III were all advocates of the medical model, which focuses on observable behavior and empirical support. The DSM-V then is colored by influences of cognitive neuroscience, which became very popular due to great advances in neuroimaging and behavioral genetics, and emphasizes underlying psychobiological causes. Although the DSM is developed by the APA, there is a range of other stakeholders that exert pressure to change the organizing system to their best, such as insurance companies, government regulators and the pharmaceutical industry.
Where is it being organized?
Because the resources are concepts that are intangible, they do not have a physical location. However, the manual has been physically available as a handbook since its existence, and can also be accessed digitally now as an online reference.

Other considerations
Although the changes of the DSM are scientifically based, this does not imply that they are free of biases. Rather, the DSM’s variability across time demonstrates that classifications of mental disorders are constructed concepts that are reflective of values and assumptions of a certain time and culture rather than indisputable facts.

References
Case Study Artifact: An interactive timeline of the development of the DSM

The artifact of my case study consists of an online interactive timeline that gives an overview of some defining moments in the development of the DSM. You can scroll through the different time periods and change how it is projected by adjusting the settings of View Type and Spacing or setting it to 3D mode. The timeline can be accessed through: http://www.tiki-toki.com/timeline/entry/749012/An-Overview-of-the-DSM/