

## **PSYCH 172: DSM: DEFINING “NORMAL”**

**Summer**

Course format: Online synchronous

3 units

### **Course Description**

The *Diagnostic and Statistical Manual of Mental Disorders*, or DSM, is the "bible" of psychiatric diagnoses. Medically, culturally, socially and politically, it is an immensely influential document that literally defines what constitutes a disorder or pathology when it comes to human behavior and psychology. Among other uses, the DSM is invoked in deciding what conditions should be covered by health insurance, what illnesses may form an acceptable basis for medical leave, what symptoms can affect intent in criminal law, and what conditions are worthy of public research funds. From 128 pages for its first edition to 947 pages for its last incarnation (the DSM-5), the DSM has exploded in size and clout. With the rise in status, however, have come serious questions about its ever-expanding list of disorders, the scientific basis of some of its diagnostic categories and how some conditions seem to appear and disappear as a function of the moment's sociocultural pressures and sensibilities. The course will review the history and metamorphoses of the DSM, covering both its laudable achievements (e.g., attempting to turn psychiatry into a respected scientific field) and costly mistakes (e.g., declaring homosexuality a psychiatric illness). Along the way, we will explore the many pitfalls of claiming to know the answer when it comes to what is, and isn't, consistent with a healthy psychology.

### **Prerequisites**

There are no prerequisites for this course.

### **Course Learning Objectives**

Through lectures, assigned readings, discussions, presentations, exams, and a final essay, this course helps meet the following learning goals of the UC Berkeley major in psychology.

- Understand basic concepts that characterize psychology as a field of scientific enquiry, focusing on the process behind establishing a clinical diagnosis that is based on specific diagnostic criteria, and how this differs from related scientific disciplines.
- Develop an understanding of the core issues and controversies in current psychology and how those have evolved over the course of the field's history.
- Develop skills to critically evaluate the presentation of scientific data and research in scholarly publications and popular media.
- Develop, articulate and communicate, orally and in written form, an argument drawing on an existing body of evidence.

### **Instructor Information and Communication**

**Course instructor**

## **Graduate Student Instructors (GSI)**

While the instructor will interact with the class and oversee all activities and grading, as well as be available to resolve issues that may arise, the GSI will be an important point of contact. Your GSI is responsible for assisting you directly with questions about midterm logistics and final paper requirements.

Name of GSI | email TBD

## **Office Hours**

The course instructor will offer office hours via Zoom. These office hours allow for synchronous interaction with the instructor.

Links to the Zoom meeting room will be available in bCourses.

Instructor: TBD (Pacific Time)

## **Course Mail**

You can contact your instructor and GSI by email. You can also contact your GSI using the bCourses emailing system, accessed via your Inbox (in global navigation on the left). You can choose to have your bCourses mail forwarded as text (SMS) or to your personal email.

## **Course Help**

The instructor and GSI are here to support you as you learn the material. Time will be dedicated during the Zoom lecture to answer your questions. You can also reach out to the instructor and GSI in office hours and/or via email.

## **Students with Disabilities**

If you require course accommodations due to a physical, emotional or learning disability, contact [UC Berkeley's Disabled Students' Program \(DSP\)](#). Notify the instructor and GSI through course email of the accommodations being requested. You must have a Letter of Accommodation on file with UC Berkeley to have accommodations made in the course. UC Berkeley is committed to providing robust educational experiences for all learners.

## **Course Material and Technical Requirements**

### **Course textbook**

*Desk Reference to the Diagnostic Criteria from Dsm-5-Tr(r) 5R Edition* by the American Psychiatric Association.

### **Additional Materials**

You will find links to additional reading materials and videos in the syllabus and bCourses.

### **Technical Requirements**

This course will require use of bCourses. You'll need to meet these [computer specifications](#) to participate within this online platform.

### **Technical Support**

If you're having technical difficulties, please alert the GSI. However, understand that neither the GSI nor the instructor can assist you with technical problems. You must call or email tech support to resolve any technical issues. To contact tech support, click on the "Help" button on the bottom left of the global navigation menu in bCourses. Be sure to document all interactions (save emails and transaction numbers).

### **Learning Activities and Assignments**

You are expected to fully participate in all the course's synchronous and asynchronous activities, including:

1. Complete assigned readings.
2. Watch and participate in lectures by asking questions and giving presentations.
3. Read web-based announcements and postings assigned during the Course.
4. Participate in class discussions and give a brief oral presentation.
5. Complete the midterms and final paper.

Course materials, including the textbook, videos and other learning tools are designed to provide you with an active learning experience for the study of psychology. Lectures will be delivered by video. Your remote, synchronous participation in lectures is required. MIDTERMS will be ONLINE. Offices hours will be virtual and synchronous. All times listed are Pacific Time—please adjust for your time zone. If you prefer, you can [set your own time zone](#) to display throughout bCourses.

### **Reading Assignments**

There are assigned readings every week.

### **Lectures**

Each week, you'll find lectures that provide important information and insights on the week's topics. Lectures are online and synchronous. Lectures support your readings and assignments but also contain additional material that may be included in the exams. Taking notes during lectures as you would in a regular classroom will greatly enhance your learning experience and will promote retention of the material.

### **Two Midterms (40% of total grade)**

The two midterms will cover the lectures and reading assignments. They are intended to help you learn the course's core concepts. The two midterms are given ONLINE via remote proctoring on Zoom. Both midterms are closed book and closed notes and have a fixed time limit. The midterms will take place on TBD date at TBD Pacific Time.

The questions on both midterms are a combination of short answer, multiple choice and true/false format. There will not be a makeup exam if you miss a midterm. If you have a Letter of Accommodation at UC Berkeley, it is your responsibility to confirm with your GSI that it has been received and that accommodations have been made.

### **Attendance/In Class Participation/Presentation (15%)**

Engaging with the course material during live lectures is a crucial component of the course. Discussions will encourage you to think reflectively and critically about course topics. You will also have the opportunity to give a brief oral presentation to the class on a course topic of your choosing.

### **Final paper (45%)**

There will be a take-home 10-page (double-spaced) paper to be delivered by email to your GSI on the final day of class. You will have more than one paper topic to choose from. Instructions will be given about two weeks before the due date. The instructions will ask you to synthesize themes from the course while referencing scientific research, stories from popular media and personal stories to develop your argument. The final paper will be due on TBD date and TBD Pacific Time.

## **Grading**

### **Grade Intervals**

A: 100-93%

A-: 90-92%

B+: 88-89%

B: 83-87%

B-: 80-82%

C+: 78-79%

C: 73-77%

C-: 70-72%

D+: 68-69%

D: 63-67%

F:  $\leq$  62%

## **Strategies for Successful Learning**

There is a great deal of information in this course, and it is covered in a relatively short period of time. It is critical that you keep up with the material and stay on schedule; if you fall behind, you may not have time to catch up.

To maximize your learning and your performance on exams and in the final paper, attend all lectures, read all assigned readings and view all assigned video material.

You may view the [Center for Teaching and Learning's page on \(meta\)cognitive strategies for student learning](#) to help you effectively study the material.

### **Take Care of Yourself**

Do your best to maintain a healthy lifestyle by eating well, exercising, getting enough sleep, and paying attention to your mental health. Taking time to care for yourself, and avoiding burnout, will help you achieve your academic, professional and personal goals. If you start to feel overwhelmed, reach out for support.

[Support Resources](#) include emotional, physical, safety, social and other wellbeing resources for students. Academic resources can be found at the [Student Learning Center](#) and [English Language Resource](#) sites. Berkeley's Office of Emergency Management has resources to [prepare for emergencies](#).

### **Course Policies**

#### **Promptness**

Prompt lecture attendance is required. The in-person midterms have specific dates and specific start and end times and will not be offered again if missed. The final paper must be submitted by email by the due date and time and will not be accepted if submitted late.

#### **Academic Integrity**

You are a member of an academic community at one of the world's leading research universities. Berkeley creates knowledge that has a lasting impact in the world of ideas and on the lives of others. One of the most important values of an academic community is the balance between the free flow of ideas and the respect for the intellectual property of others. Scholars and students should always use proper citations in papers. Students may not share, circulate or post any course materials (slides, handouts, exams, syllabi, lecture videos—any class materials) without the written permission of the instructor. Professors may not circulate or publish student papers without the writer's permission.

As a member of the campus community, you are expected to demonstrate integrity in all of your academic endeavors and will be evaluated on your own merits. The consequences of cheating and academic dishonesty—including a formal discipline file, possible loss of future internship, scholarship, or employment opportunities, and denial of admission to graduate school—are simply not worth it. Read more about [Berkeley's Honor Code](#).

#### **Collaboration and Independence**

Reviewing course materials and studying for exams can be enjoyable things to do with fellow students. However, presentations, exams and assigned papers are to be completed independently.

#### **Cheating and Plagiarism**

Anyone caught cheating on any exam will receive a failing grade in the course and will be reported to the University Center for Student Conduct. Exams are to be completed without the assistance of others. The expectation is that you will be honest in the taking of exams.

Any test, paper or presentation submitted by you and that bears your name is presumed to be your own original work that has not previously been submitted for credit in another course unless you obtain prior written approval to do so from your instructor. The use of AI models (e.g., ChatGPT) to generate assignments is not permitted.

In all your assignments, you may use words or ideas written by other individuals in publications, websites or other sources, but only with proper attribution. If you're unclear about the expectations for completing an assignment or taking a test or examination, be sure to seek clarification from your instructor beforehand. For additional information, read the UC Berkeley Library guide on [How to Avoid Plagiarism](#). Plagiarism will result in a failing grade for your assignment and a report submitted to the Center for Student Conduct.

### **Incomplete Course Grade**

Students who have substantially completed the course but, for serious extenuating circumstances, are unable to complete the remaining course activities, may request an Incomplete grade. This request must be submitted in writing to the GSI and instructor. You must provide verifiable documentation for the seriousness and significance of the extenuating circumstances. Refer to the Office of the Registrar's website for more information on the university's policy on [Incomplete Grades](#).

### **End of Course Evaluation**

UC Berkeley is committed to improving courses and instruction. Before your course ends, please take a few minutes to participate in the course evaluation. We are interested in your learning experience, and your feedback will help us plan for the future and make improvements. The evaluation does not request any personal information, and your responses will remain strictly confidential. Information about the course evaluation will be made available in bCourses.

### **Course Outline**

Below is a preliminary weekly course schedule, including assigned readings.

Week	Lecture topics	Readings & presentations
Week 1: Obscure Manual to International Best Seller.	DSM I to DSM 5: Origins, milestones and current status of the "bible of psychiatry". <ul style="list-style-type: none"> <li>• 128 to 947 pages</li> <li>• Is there a limit to how much the DSM can grow?</li> <li>• What does the explosive growth of the DSM say about culture and sickness?</li> </ul>	<ul style="list-style-type: none"> <li>• Textbook: Section 1: DSM Basics.</li> <li>• DSM History. American Psychiatric Association. Available at: <a href="https://www.psychiatry.org/psychiatrists/practice/dsm/history-of-the-dsm">https://www.psychiatry.org/psychiatrists/practice/dsm/history-of-the-dsm</a></li> <li>• Spiegel A. The Dictionary of Disorder. New Yorker. December 26, 2004. Available at: <a href="https://www.newyorker.com/magazine/2005/01/03/the-dictionary-of-disorder">https://www.newyorker.com/magazine/2005/01/03/the-dictionary-of-disorder</a></li> </ul>

	<ul style="list-style-type: none"> <li>• Are we better at diagnosing illness or are we pathologizing normal behavior?</li> </ul>	<ul style="list-style-type: none"> <li>• Urbina I. Addiction Diagnoses May Rise Under Guideline Changes. The New York Times. May 11, 2012. Available at: <a href="https://www.nytimes.com/2012/05/12/us/dsm-revisions-may-sharply-increase-addiction-diagnoses.html">https://www.nytimes.com/2012/05/12/us/dsm-revisions-may-sharply-increase-addiction-diagnoses.html</a></li> <li>• Carey B. Psychiatry Manual Drafters Back Down on Diagnoses. The New York Times. May 8, 2012. Available at: <a href="https://www.nytimes.com/2012/05/09/health/dsm-panel-backs-down-on-diagnoses.html">https://www.nytimes.com/2012/05/09/health/dsm-panel-backs-down-on-diagnoses.html</a></li> <li>• Barry E. How Long Should It Take to Grieve? Psychiatry Has Come Up With an Answer. The New York Times. March 26, 2022. Available at: <a href="https://www.nytimes.com/2022/03/18/health/prolonged-grief-disorder.html">https://www.nytimes.com/2022/03/18/health/prolonged-grief-disorder.html</a></li> <li>• Dailey K. DSM-5: What's in a name? Codifying mental illness. BBC News. June 4, 2013. Available at: <a href="https://www.bbc.com/news/magazine-22708605">https://www.bbc.com/news/magazine-22708605</a></li> <li>• Jayson S. Books blast new version of psychiatry's bible, the DSM. USA Today. May 12, 2013. Available at: <a href="https://www.usatoday.com/story/news/nation/2013/05/12/dsm-psychiatry-mental-disorders/2150819/">https://www.usatoday.com/story/news/nation/2013/05/12/dsm-psychiatry-mental-disorders/2150819/</a></li> <li>• Kawa S, Giordano J. A brief historicity of the Diagnostic and Statistical Manual of Mental Disorders: issues and implications for the future of psychiatric canon and practice. Philos Ethics Humanit Med. 2012;7:2. Available at: <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3282636/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3282636/</a></li> </ul>
<p>Week 2: The Confusing Business of Ever-Changing Diagnoses.</p>	<p>The examples of Autism Spectrum Disorder &amp; Post-Traumatic Stress Disorder</p> <ul style="list-style-type: none"> <li>• The neurodiversity movement teaches that autism is not a disorder but another way of thinking. Maybe we should adapt to people with autism not the other way around?</li> <li>• How a diagnosis meant for Holocaust survivors and rape victims evolved to encompass minor traumas. “Diagnosis creep” or a more nuanced understanding of trauma?</li> </ul>	<ul style="list-style-type: none"> <li>• Textbook: Section II: Autism Spectrum Disorder</li> <li>• Textbook: Section II: Trauma- and Stressor-Related Disorders</li> <li>• Jabr F. Redefining Autism: Will New DSM-5 Criteria for ASD Exclude Some People? Scientific American. January 30, 2012. Available at: <a href="https://www.scientificamerican.com/article/autism-new-criteria/">https://www.scientificamerican.com/article/autism-new-criteria/</a></li> <li>• Spitzer RL, First MB, Wakefield JC. Saving PTSD from itself in DSM-V. J Anxiety Disord. 2007;21(2):233-41. doi: 10.1016/j.janxdis.2006.09.006. Epub 2006 Dec 1. PMID: 17141468.</li> <li>• Frances AJ. DSM 5 Is Guide Not Bible—Ignore Its Ten Worst Changes. APA approval of DSM-5 is a sad day for psychiatry. December 2, 2012.</li> </ul>

		<p>Available at:  <a href="https://www.psychologytoday.com/us/blog/dsm5-in-distress/201212/dsm-5-is-guide-not-bible-ignore-its-ten-worst-changes">https://www.psychologytoday.com/us/blog/dsm5-in-distress/201212/dsm-5-is-guide-not-bible-ignore-its-ten-worst-changes</a></p> <ul style="list-style-type: none"> <li>• McNally RJ. Can we fix PTSD in DSM-V? <i>Depress Anxiety</i>. 2009;26(7):597-600. doi: 10.1002/da.20586. PMID: 19569228. Available at:  <a href="https://onlinelibrary.wiley.com/doi/10.1002/da.20586">https://onlinelibrary.wiley.com/doi/10.1002/da.20586</a></li> </ul>
<p>Week 3: Sex and the DSM</p>	<p>How homosexuality made it into the DSM.</p> <ul style="list-style-type: none"> <li>• How classifying homosexuality as a disorder served to legitimize abusive interventions (e.g., “conversion therapy,” electroconvulsive therapy).</li> <li>• How homosexuality made it out of the 7th printing of the DSM-II in 1974.</li> <li>• Science: Evelyn Hooker’s research comparing homosexual and heterosexual men found no difference in psychopathology.</li> <li>• Activism: Demonstrators at the American Psychiatric Association conventions. Frank Kameny grabbed the microphone yelling: “Psychiatry is the enemy incarnate. Psychiatry has waged a relentless war of extermination against us. You may take this as a declaration of war against you.”</li> <li>• Politics: A vote in 1973 by 5,854 APA members led to the removal of homosexuality from DSM (compared to 3,810 votes to keep it). Kameny called it the day “we were cured en masse.”</li> </ul>	<ul style="list-style-type: none"> <li>• Section II: Sexual Dysfunctions.</li> <li>• The Carlat Psychiatry Podcast: “Slow Fade: Homosexuality and the DSM” (Parts 1 and 2). Available at:  <a href="https://www.thecarlatreport.com/blogs/2-the-carlat-psychiatry-podcast/post/4413-slow-fade-homosexuality-and-the-dsm-part-1">https://www.thecarlatreport.com/blogs/2-the-carlat-psychiatry-podcast/post/4413-slow-fade-homosexuality-and-the-dsm-part-1</a></li> <li>• Rocca M. The Gay Activists Who Fought the American Psychiatric Establishment. 2019. Available at: <a href="https://lithub.com/the-gay-activists-who-fought-the-american-psychiatric-establishment">https://lithub.com/the-gay-activists-who-fought-the-american-psychiatric-establishment</a>.</li> <li>• Uyeda RL. How LGBTQ+ Activists Got “Homosexuality” out of the DSM. May 26, 2021. Available at: <a href="https://daily.jstor.org/how-lgbtq-activists-got-homosexuality-out-of-the-dsm">https://daily.jstor.org/how-lgbtq-activists-got-homosexuality-out-of-the-dsm</a>.</li> <li>• Milar KS. The myth buster. <i>Monitor on Psychology</i>. 2011. Available at: <a href="https://www.apa.org/monitor/2011/02/myth-buster">https://www.apa.org/monitor/2011/02/myth-buster</a>.</li> </ul>
<p>Week 4: New Controversial Sex- and Gender-based Diagnoses.</p>	<p>“Gender dysphoria” in DSM-5.</p> <ul style="list-style-type: none"> <li>• Some distress by transgender individuals could be considered normal for people growing up in a transgender phobic culture known for hate crimes against their population.</li> <li>• “Premenstrual dysphoric disorder” in DSM-5.</li> <li>• The role of gender politics.</li> </ul>	<ul style="list-style-type: none"> <li>• Textbook: Section II: Gender Dysphoria.</li> <li>• Rogers K. Is Gender Dysphoria a Mental Disorder? Here’s What You Should Know. <i>CNN Health</i>. July 19, 2023. Available at: <a href="https://edition.cnn.com/2023/07/19/health/is-gender-dysphoria-mental-disorder-treatment-wellness/index.html">https://edition.cnn.com/2023/07/19/health/is-gender-dysphoria-mental-disorder-treatment-wellness/index.html</a></li> <li>• Schroll JB, Lauritsen MP. Premenstrual dysphoric disorder: A controversial new diagnosis. <i>Acta Obstet Gynecol Scand</i>. (2022) 101: 482-483. Available at: <a href="https://obgyn.onlinelibrary.wiley.com/doi/epdf/10.1111/aogs.14360">https://obgyn.onlinelibrary.wiley.com/doi/epdf/10.1111/aogs.14360</a></li> <li>• Aboujaoude E and Starcevic V (2021) Case Report: Doubts and Pre-occupations About</li> </ul>



		<p>Being Transgender: Questioning One's Gender Identity or a Case of Obsessive-Compulsive Disorder? <i>Front. Psychiatry</i> 12:644114. Available at: <a href="https://www.frontiersin.org/articles/10.3389/fpsy.2021.644114/full">https://www.frontiersin.org/articles/10.3389/fpsy.2021.644114/full</a>.</p> <ul style="list-style-type: none"> <li>• Davy Z, Toze M. What is gender dysphoria? A critical systematic narrative review. <i>Transgend Health</i>. (2018) 3:159–69. doi: 10.1089/trgh.2018.0014.</li> <li>• Ault A, Brzuzy S. Removing gender identity disorder from the Diagnostic and Statistical Manual of Mental Disorders: a call for action. <i>Soc Work</i>. 2009 Apr;54(2):187-9. doi: 10.1093/sw/54.2.187. PMID: 19366168.</li> </ul>
<p>Week 5: Diagnostic Tools</p>	<p>Standardized tools to improve the validity and reliability of psychiatric diagnoses.</p> <ul style="list-style-type: none"> <li>• The Structured Clinical Interview for DSM Disorders (SCID).</li> <li>• “Dimensional” vs “categorical” approach to diagnosing.</li> <li>• Diagnoses are not mutually exclusive and the boundaries are unclear: insomnia can be a symptom of major depressive disorder or generalized anxiety disorder.</li> <li>• The Research Domain Criteria (RDoC) and the Hierarchical Taxonomy of Psychopathology (HiTOP) as dimensional frameworks for changing the way psychopathology is classified, treated and researched.</li> </ul>	<ul style="list-style-type: none"> <li>• Textbook: DSM-5 TR Classification.</li> <li>• Structured Clinical Interview for DSM Disorders (SCID), FAQ. Available at: <a href="https://www.columbiapsychiatry.org/research/research-labs/diagnostic-and-assessment-lab/structured-clinical-interview-dsm-disorders-12">https://www.columbiapsychiatry.org/research/research-labs/diagnostic-and-assessment-lab/structured-clinical-interview-dsm-disorders-12</a>.</li> <li>• Hengartner MP, Lehmann SN. Why Psychiatric Research Must Abandon Traditional Diagnostic Classification and Adopt a Fully Dimensional Scope: Two Solutions to a Persistent Problem. <i>Front Psychiatry</i>. 2017 Jun 7;8:101. doi: 10.3389/fpsy.2017.00101. PMID: 28638352; PMCID: PMC5461269.</li> <li>• Fairburn CG, Cooper Z, Shafran R. Cognitive behaviour therapy for eating disorders: a "transdiagnostic" theory and treatment. <i>Behav Res Ther</i>. 2003 May;41(5):509-28. doi: 10.1016/s0005-7967(02)00088-8. PMID: 12711261.</li> </ul>
<p>Week 6: DSM Controversies</p>	<p>“The DSM is not reliable.”</p> <ul style="list-style-type: none"> <li>• No blood tests, x-rays, brain imaging studies, genetic tests can diagnose mental illness. Diagnosis is in the “eye of the beholder”, therefore not easily reproducible.</li> <li>• Very poor consistency across psychiatrists using the same DSM definition in identifying major depression, obsessive compulsive personality disorder and antisocial personality disorder.</li> <li>• “The DSM is a tool for social control.”</li> <li>• DSM determines who is free vs who is hospitalized against their will and who</li> </ul>	<ul style="list-style-type: none"> <li>• Textbook: Cautionary Statement for Forensic Use of DSM-5-TR.</li> <li>• Warner J. Psychiatry Confronts Its Racist Past, and Tries to Make Amends. <i>The New York Times</i>. May 21, 2021. Available at: <a href="https://www.nytimes.com/2021/04/30/health/psychiatry-racism-black-americans.html">https://www.nytimes.com/2021/04/30/health/psychiatry-racism-black-americans.html</a></li> <li>• Frances A. Diagnosing the DSM. <i>The New York Times</i>. May 11, 2012. Available at: <a href="https://www.nytimes.com/2012/05/12/opinion/break-up-the-psychiatric-monopoly.html">https://www.nytimes.com/2012/05/12/opinion/break-up-the-psychiatric-monopoly.html</a></li> <li>• Carey B. Psychiatry’s Struggle to Revise Disorders Manual. <i>The New York Times</i>. December 18, 2008. Available at:</li> </ul>

	<p>is given a death penalty vs life without parole.</p> <ul style="list-style-type: none"> <li>• “The DSM is more political than scientific.”</li> <li>• Inclusion or removal of a diagnosis is decided via a political process—a vote of the Legislative Assembly of the APA.</li> <li>• “The DSM pathologizes the human experience.”</li> <li>• Grief or “major depression”?</li> <li>• Normal hormonal fluctuations or “premenstrual dysphoric disorder”?</li> <li>• Shyness or “social anxiety disorder”?</li> <li>• “The DSM builds fake ‘boundaries’ between disorders.”</li> <li>• Unjustified distinctions and arbitrary cut-offs between normal and abnormal and between diagnosis and diagnosis. A complaint approach may be better?</li> <li>• “The DSM reflects cultural fads and professional fashions.”</li> <li>• Pre DSM: hysteria diagnosis “popular.”</li> <li>• 1980s: multiple personality disorder “popular.”</li> <li>• 1990s: eating disorders, ADHD “popular.”</li> <li>• 2000s: bipolar disorder “popular.”</li> <li>• 2010s: autism spectrum disorder “popular.”</li> <li>• 2020s: trauma focused disorders “popular.”</li> <li>• “The DSM is ‘big business.’”</li> <li>• Seven in 10 DSM-5 task force members have financial ties to drug companies. More diagnoses benefit Big Pharma.</li> <li>• The DSM is a lucrative enterprise for the American Psychiatric Association, generating millions of dollars for the organization (study guides, sales of videos, translation rights, etc.)</li> <li>• Drug companies fund, and benefit from, many research studies that are used to advocate new DSM diagnoses.</li> </ul>	<p><a href="https://www.nytimes.com/2008/12/18/health/18iht-18psych.18776460.html">https://www.nytimes.com/2008/12/18/health/18iht-18psych.18776460.html</a>.</p> <ul style="list-style-type: none"> <li>• Cosgrove L, Krinsky S. A comparison of DSM-IV and DSM-5 panel members' financial associations with industry: a pernicious problem persists. Available at: <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3302834/10.1371/journal.pmed.1001190">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3302834/10.1371/journal.pmed.1001190</a>.</li> <li>• Krueger RF, Watson D, Barlow DH. Introduction to the special section: toward a dimensionally based taxonomy of psychopathology. <i>J Abnorm Psychol.</i> 2005;114(4):491-493. doi:10.1037/0021-843X.114.4.491.</li> <li>• Vedantam S. Patients' Diversity Is Often Discounted. <i>The Washington Post.</i> June 26, 2005. Available at: <a href="https://www.washingtonpost.com/wp-dyn/content/article/2005/06/25/AR2005062500982.html">https://www.washingtonpost.com/wp-dyn/content/article/2005/06/25/AR2005062500982.html</a>.</li> <li>• Caetano R. There is potential for cultural and social bias in DMS-V. April 8, 2011. Available at: <a href="https://onlinelibrary.wiley.com/doi/full/10.1111/j.1360-0443.2010.03308.x">https://onlinelibrary.wiley.com/doi/full/10.1111/j.1360-0443.2010.03308.x</a></li> <li>• Moisse K. DSM-5 criticized for financial conflicts of interest. March 13, 2012. Available at: <a href="https://abcnews.go.com/Health/MindMoodNews/dsm-fire-financial-conflicts/story?id=15909673">https://abcnews.go.com/Health/MindMoodNews/dsm-fire-financial-conflicts/story?id=15909673</a>.</li> <li>• Zur O, Nordmarken N. DSM-5. Diagnosing for Status and Money. Available at: <a href="https://www.zurinstitute.com/dsm-critique">https://www.zurinstitute.com/dsm-critique</a>.</li> <li>• “Culture-bound” syndromes. DSM-IV. 1994. Available at: <a href="https://historyofpsychiatry.org/post/88950263282/culture-and-psychiatry">https://historyofpsychiatry.org/post/88950263282/culture-and-psychiatry</a>.</li> </ul>
--	---	---