



Potential Changes to the DSM-5: A Response from the ABPsi

The proposed changes to the upcoming DSM-5 manual have generated much concern from numerous psychological professionals and organizations, including many divisions of the American Psychological Association. As a result, the Coalition for DSM-5 Reform has called for further discussion and recommends modifications related to several major concerns proposed in the DSM-5. The Association of Black Psychologists lends its support to the Coalition's open letter. The points referenced below are of particular concern due to the implications that these changes have for African Americans and people of African descent.

Lowering of diagnostic thresholds

There is significant concern that lowering the diagnostic threshold for several disorders will lead to unwarranted and potentially detrimental diagnoses among African Americans. The possible inclusion of so called "Attenuated Psychosis Syndrome" is a major concern as related to African Americans, who already experience mis- and over-diagnosis, especially with disorders such as schizophrenia (Metel, 2010). We are concerned that with the removal of the bereavement exclusion for Major Depressive Disorder, both African American seniors and youth could pathologize normative reaction to loss. The reduction in criteria for the ADHD diagnosis and the possible inclusion of Disruptive Mood Regulation Disorder are concerning, given the disproportionate number of Black children in schools already labeled as "Severely Emotionally Disturbed;" these changes would likely facilitate the increased diagnosis and medicating of Black children. The possible pathologizing of expected cognitive decline as "Mild Neurocognitive Disorder" would place Black elders at risk for being diagnosed as having a mental disorder based on developmentally normal changes attributed to aging such as memory loss. Given the limited clinical research supporting these diagnoses for the general population, much less people of African descent, we ask the DSM-5 Task Force to reconsider these aspects of the proposed changes to the DSM-5.

Sociocultural variation

We share a concern about the apparent change to the definition of mental disorder. As written, it would diminish the role of socio-cultural factors in mental distress, and users of the manual would be charged with determining whether mental disorder is the primary or secondary result of deviance or social conflicts. The possibility that socio-political deviance could be labeled as a mental disorder would have clearly negative consequences for African Americans specifically, given our history of activism and resistance to oppression, discrimination, and prejudice. In addition, many in the nation are currently engaging in political action related to the nation's economic system; these individuals would be at risk for inappropriate diagnosis according to the revised definition of mental disorder. Mental distress does not happen in a vacuum; it is vital to continue to articulate that an assessment and understand of context is necessary for the appropriate treatment of mental distress.

New emphasis on medico-physiological theory

The changes proposed in the DSM-5 suggest that mental disorders are manifested by "an underlying psychobiological dysfunction". The fields of psychology and psychiatry have a long and shameful history as it relates to focusing on biology to understand human behavior and



functioning (Guthrie, 2004). Though biological research is useful and has provided benefits and many exciting new insights and directions for the field, we support a more holistic understanding of mental distress that includes all contributors - cultural, social, and biological factors. In addition, we agree that there is not sufficient evidence that all mental disorders have a biological basis; to be sure, we do not share the goal of working towards finding a biological correlate for all mental disorders or conceptualizing all mental disorders as purely biological phenomena. Additionally, we are concerned that the focus on biological explanations of mental distress in the DSM-5 would lead to increased medicating of African American populations. The highly detrimental effects that psychotropic medications can have on Black individuals is well known; Tardive Dyskenesia is but one (Wonodi et al, 2004).

Conclusions: In sum, we echo the Coalition and others' calls for further review of the DSM-5 revisions, particularly in the domains noted above. In addition to the benefit of all patients/clients who would be affected by the proposed DSM-5 changes, our concern for the welfare of Black populations prompts us to express our support for the Coalition for DSM-5 Reform's open letter. Thank you for your consideration.

References

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