

THE DSM REVISION AS A SOCIAL PSYCHOLOGICAL PROCESS: A COMMENTARY ON BLASHFIELD AND REYNOLDS

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We trust that we do not need to persuade readers of this journal that the *DSM* revision process is unavoidably political (Kirk & Kutichins, 1992; Widiger & Clark, 2000). As Blashfield and Reynolds (2012) observe in their useful and important article in this issue, this is not entirely a bad thing. The “invisible colleges” to which Blashfield and Reynolds refer can assist in achieving group consensus and facilitating rapid research progress. Nevertheless, these shadow committees may sometimes impede long-term scientific knowledge by being closed to alternative viewpoints.

One might be tempted to argue that because the *DSM* revision process involves human beings, who are by their very nature fallible, this enterprise cannot be improved. We respectfully disagree. Although the *DSM* is inevitably a political document, there may be ways of minimizing the extent to which political considerations override scientific evidence in the process of diagnostic revision. Our thesis is straightforward and perhaps self-evident, but insufficiently emphasized: The *DSM* revision is not merely a political process, but a social psychological one as well. The diagnostic revision process necessitates an expert grasp of descriptive psychopathology, research methodology, and clinical utility, to be certain, but it would also benefit from a thoughtful consideration of evidence-based perspectives derived from research on group decision making.

THE DSM-5 PERSONALITY DISORDERS WORK GROUP AND REFERENCE SECTION

Blashfield and Reynolds (2012) list, without comment, the composition of the *DSM-5* Personality and Personality Disorders Work Group (hereafter referred to more succinctly as the Personality Disorders Work Group

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or PDWG). Unquestionably, the PDWG comprises a distinguished group of scholars who have contributed substantially to our field's understanding of personality pathology. At the same time, it is difficult not to be struck by the omission of representatives of prominent alternative perspectives. For example, although the authors of this commentary are not unreserved champions of the Five-Factor Model (FFM) of personality (e.g., see Block, 1995, for a critique), there is no question that this approach has shaped a great deal of contemporary thinking regarding normal and abnormal personality. In this respect, the absence of any explicit advocates of the FFM, such as Widiger, Lynam, Miller, John, Goldberg, Costa, and McCrae, from the PDWG roster is noteworthy (although a number of members of the task force are thoughtful proponents of trait perspectives of personality that are themselves informed by the FFM). It is worth noting that the broader problem of the exclusion of rival theoretical approaches appears not to be limited to the PDWG. For example, it is troubling that the *DSM-5* Anxiety, Obsessive-Compulsive Spectrum, Posttraumatic, and Dissociative Disorders Work Group contains no members who have expressed doubts in scholarly outlets regarding the etiology of dissociative identity disorder and related dissociative disorders (e.g., dissociative amnesia, dissociative fugue), despite the fact that these disorders are exceedingly controversial in the scientific community (see Lynn et al., 2012).

Blashfield and Reynolds (2012) devote much of their article to an analysis of the reference section of the *DSM-5* personality disorders rationale. Although we understand that constraints may have been placed on the length of this and other *DSM-5* reference sections, we share Blashfield and Reynolds's surprise at the absence of such names as Cleckley, Hare, and Linehan from the reference list. Also noteworthy is the omission of any explicit mention of the work of Tellegen (e.g., Tellegen & Waller, 2008), whose seminal reconceptualization of Eysenck's extraversion and neuroticism dimensions (see Eysenck & Eysenck, 1969) as the broader affective dispositions of positive and negative emotionality, respectively, almost surely exerted a substantial impact on the PDWG's trait proposals (incidentally, Eysenck is not cited either). Surprisingly, also not cited is the important work of Harkness (e.g., Harkness & McNulty, 1994), whose Personality Psychopathology 5 (PSY-5) model bears conspicuous similarities to the proposed *DSM-5* trait dimensions. Of course, it is entirely possible, if not likely, that the PDWG was influenced by these important trait models, but simply elected not to cite them in its reference section. At the same time, these and other omissions may inadvertently convey the impression that the PDWG is unduly ahistorical and insufficiently inclusive of previous theoretical and methodological perspectives.

THE *DSM* REVISION PROCESS AND SOCIAL PSYCHOLOGY

As noted earlier, the *DSM* revision process could benefit from a greater consideration of social psychological research, especially work on variables that can inhibit and promote effective team decision making. Here, we lay out two bodies of literature to which the *DSM* framers may wish to attend in the revision of future manuals.

First, basic and applied (e.g., industrial-organizational) research suggests that the incorporation of alternative perspectives within groups typically contributes to higher quality decisions. In their comprehensive review of the impact of cognitive diversity in groups, Mannix and Neale (2005) concluded that minority opinions within groups tend to foster divergent thinking and observed that “when there is a minority opinion, majority members respond with increased cognitive flexibility” (p. 47). Moreover, although cognitive diversity within groups may have some downsides, such as heightened conflict and poorer communication (see Miller, Burke, & Glick, 1998), it appears to promote better and more creative solutions to problems, especially when this diversity takes the form of heterogeneity of knowledge, backgrounds, and viewpoints (Mannix & Neale, 2005). Furthermore, meta-analyses demonstrate that the appointment of a “devil’s advocate”—a person whose assigned role is to raise questions concerning majority opinions—(Schwenk, 2006; see also MacDougall & Baum, 1997; Schweiger, Sandburg, & Ragan, 1986) can help to combat groupthink (Janis, 1972) and enhance the quality of group decisions. Not surprisingly, the inclusion of a devil’s advocate within teams may occasionally engender heightened group conflict and hamper the attainment of group consensus. Nevertheless, we agree with Widiger and Clark (2000) that “the goal [of the *DSM* revision process] is to resolve the controversy in a manner that has the most validity rather than in the manner that is the most representative of general opinion” (p. 948). In this regard, the failure to reach group consensus on a question regarding psychiatric diagnosis or classification may be telling, because it can sometimes point to the presence of legitimate but unresolved disagreements concerning ambiguous scientific findings.

Second, research suggests that decision making can be adversely affected by deadlines and their resulting time pressures. The *DSM-5* revision process has been criticized by some (e.g., Spitzer, 2009) for the adoption of an inflexible deadline for completion. This decision may have been necessitated by pragmatic realities, but it may also have come with unrecognized disadvantages. Studies demonstrate that time pressure tends to diminish the quality of judgments and decisions (Maule, Hockey, & Bdzola, 2000; Svenson & Maule, 1993). Moreover, time pressure often leads group members to focus on internal sources of information at the expense of external sources, and to accord less weight to competing views (Maule & Edland, 1997). If these findings are at all generalizable to the *DSM* revision process, they raise concerns regarding the detrimental effects of fixed deadlines, which may impel group members to reach a consensus before adequate data are available.

CONCLUDING THOUGHTS

As a number of philosophers of science have argued, constructive criticism is the lifeblood of science. Indeed, Bartley (1984; see also O’Donohue, Lilienfeld, & Fowler, 2007) contended that the essence of science is the maximization of criticism: By subjecting conjectures to informed scrutiny and striving to root out errors in one’s web of beliefs, only the “fittest” (best supported) ideas are likely to survive (see also Campbell, 1974, on evolutionary epistemology). Although we are not privy to the deliberations of the PDWG, we

have little doubt that many of its discussions, including debates regarding the relative merits of dimensional versus categorical models of personality disorders, embodied this spirit of healthy disputation. Nevertheless, we hope that our modest suggestions may prove helpful in the formulation of plans for future *DSM* revisions.

Blashfield and Reynolds (2012) have performed a valuable service to the field by raising questions concerning the extent to which the proposed *DSM-5* personality disorder classifications may have excluded rival theoretical perspectives and informed criticisms by outsiders (see also Frances & Widiger, 2012). To be clear, we do not wish to fall prey to the logician's "genetic fallacy" (Honderich, 1995)—the error of dismissing a claim solely on the basis of its origins (or "genesis," hence the etymology of the term). The validity of the *DSM-5* PDWG proposed framework is logically independent of the backgrounds and perspectives of its committee members, and it must stand or fall on its own merits. Nevertheless, the research literature leads us to posit that *ceteris paribus*, *DSM* proposals that incorporate diverse well-supported scientific views are more likely than other proposals to emerge as well conceptualized and construct valid. At the very least, developers of future *DSM* editions would do well to bear in mind that as an inherently human enterprise, the diagnostic revision process is not immune from the social psychological forces that shape all group decisions, both for better and for worse.

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