Implications of the coverage of the *DSM-5* in textbooks on learning and teaching of psychology within higher education

Sara Bender, Amanda Stokes & Shawn Gaspaire

Many criticisms accompanied the development of the fifth edition of the Diagnostic and Statistical Manual (DSM-5), yet it was still released in 2013 and is used within clinical work throughout the United States. Despite on-going questions pertaining to its development and validity, many undergraduate psychology students view the DSM-5 as the ultimate authority in diagnosis within the field of mental health. Current publication trends indicate that a focus on the DSM-5 within college textbooks is limited in scope, which may have a profound influence on students' understanding of mental health conditions. Implications for the teaching of psychology within higher education are discussed.

Keywords: *psychology, higher ed, textbooks, DSM-5, ICD.*

Undergraduates' perception of mental health

THE TOPIC OF MENTAL HEALTH disorders is popular within undergraduate psychology courses. Psychology students often engage in rich discussions pertaining to the nature of 'normality' vs. 'abnormality' and dysfunction. Further, they are often eager to discover what leads one to be classified as 'mentally ill'. Past research demonstrates that typical portrayals of mental health diagnoses, such as those that are found on television and in the movies, are often inaccurate (Sieff, 2003; Stout, Villegas & Jennigs, 2004; Stuart, 2006; Wahl, 2003). Additionally, news and other media coverage often misrepresents mental health disorders, portraying those with mental health diagnoses as more violent, less intelligent, or otherwise compromised as compared to those without such diagnoses (Barr 2012; Parrott & Parrott, 2015; Pirkis & Francis 2012; Quintero Jonhson & Miller, 2016). Due to these circumstances, coupled with personal observations of those whom they perceive to be as mentally ill, many students enter their college psychology courses with many preconceptions regarding mental health, including bias and stigma (Feeg et al., 2014; Kosyluk et al., 2016). Given that psychology courses are not a standard element of most high school curricula, it may be assumed that students' undergraduate psychology courses serve as the first accurate and substantial introduction to the nature of mental health functioning. With that, these courses have the ability to alter students' understanding of mental health and human nature, in general.

Historical conceptualisations of mental health

Historically, a solid understanding of mental wellness versus dysfunction has been elusive, at best. Throughout the ages, individuals have described mental health symptoms as the product of demonic possession, the result of biological imbalance, or the retribution for immoral deeds, amongst other explanations (Beam, 2003; Whitaker, 2010). As such, people often used religious beliefs, scientific hypotheses and personal philosophy to justify their prejudicial behaviors towards those suffering from mental health issues and to rationalise the treatments they offered to combat symptoms (Whitaker, 2011). A number of factors, including the Industrial Revolution, the increase in mental

health symptoms amongst veterans following World War II, and a notable increase in patients within community hospitals, among other circumstances, led to an increase in awareness regarding the detrimental impact of mental illness as well as its ability to affect almost anyone (Beam, 2003; Whitaker, 2011). Secondary to this insight, American medical professionals, across disciplines, developed a classification system of mental health disorders in an effort to better identify and address symptoms. This classification system is presented within the *Diagnostic and Statistical Manual (DSM)*, which is currently in its fifth edition (APA, 2013).

The Diagnostic and Statistical Manual (DSM) is the American diagnostic manual, serving as the foundation of mental health assessment across healthcare professionals throughout the country, including those within the field of psychology. This text provides clinicians with behavioral criteria associated with over 300 separate mental health disorders (American Psychiatric Association, 2013). The tool is viewed by many in the US to be the ultimate authority in mental health diagnoses (Andreasen, 2007). Mental health professionals rely on the *DSM* to identify and categorise clients' symptoms. Doing so allows clinicians a common framework from which to consider clients' presentations, a shared language for describing psychopathology, and also provides insight into the likely etiology and prognoses of the symptoms observed. Determining a specific DSM diagnosis also serves as a compass for subsequent care (Reichenberg & Seligman, 2016).

Over time, the DSM has changed considerably. The first edition of the *DSM* was published in 1952 (American Psychiatric Association, 1952). The *DSM-I* described 106 different disorders as reactions to psychological, social, and biological factors. It made no effort to describe the disorders in detail, and was often criticised for its lack of detail (Blashfield et al., 2014). In 1968, the *DSM-II* was published following several major advances in the understanding of mental health functioning, including the development of a number of neuroleptic medications (Tomm, 1990). This edition described 182 different disorders and included two to three sentence descriptions of each. While more specific than the *DSM-I,* the *DSM-II* remained vague, often leading to misdiagnoses (Clegg, 2012). In 1980, the *DSM-III* was published (American Psychiatric Association, 1980; Mayes &Horwitz, 2005). This edition of the text described 262 diagnoses, providing specific criteria for each. The descriptions addressed likely prognoses and different areas of functioning. The *DSM-III* also acknowledged the variability in presentation across individuals with the same diagnosis. This edition of the manual was described as 'theory-neutral' and introduced the multi-axial system of assessment (Bayer & Spitzer, 1985; Mayes & Horwitz, 2005). In 1994, the *DSM* was revised and expanded to describe 297 diagnoses (Kawa & Giordano, 2012). It was revised again in 2001, when the *DSM-IV-TR* was published, reflecting updated information regarding prognoses and recommended treatment, which was reflective of more current research (Kawa & Giordano, 2012). Finally, in 2013, the *DSM-5* was published. This version of the tool represented a paradigm shift in that it recognises an overlap between physical and psychological disorders and conceptualised similar disorders with common etiology as one disorder on a spectrum of severity (La Roche, Fuentes & Hinton, 2015).

The *DSM-5* and *ICD*

The release of the *DSM-5* was shrouded in controversy due to concerns regarding a lack of transparency in its development (Cosgrove, Krimsky, Vijayaraghavan & Schneider, 2006). Many researchers and other professionals expressed concerns regarding the tool's development, including: (1) a reliance on weak methodology to initiate diagnostic changes, which incorporated an invitation to include *all* members of the general public (including those with no formal mental health training) to engage in the evaluation

of proposed changes; (2) A failure to address the role of biology within the development of mental health symptoms; (3) A tendency to over-pathologise; as well as (4) Concerns regarding taskforce members' ties to pharmaceuticals (Cosgrove et al. 2006; Halter et al. 2013). Despite these controversies, the *DSM-5* was released by the American Psychological Association in 2013 and continues to serve as a primary diagnostic tool for many mental health professionals.

Due, in part, to the numerous controversies surrounding the *DSM-5,* a number of organizations and independent practitioners alike called its validity into question (Cuthbert & Insel, 2013). Some argue that the *DSM-5*'s reliance on consensus rather than scientific measurements limits its reliability and therefore compromises its usefulness (Cuthbert & Insel). In fact, in an effort to better-reflect recent scientific developments, the National Institute of Mental Health announced its impending development of a new categorization system to classify mental health disorders, called the Research Domain Criteria project (RDoC). This emerging system is due to incorporate known information regarding biology, genetics, brain circuitry, and neurochemistry into its conceptualization of mental health disorders (Cuthbert & Insel). In 2015, the US Centers for Medicare and Medicaid Services (CMS) started requiring all medical professionals, including mental health professionals, to bill for mental health services using *International Classification of Disease (ICD)* codes. This system is the global standard for medical diagnostic classification, including mental health diagnoses, whereas the *DSM* is reflective of American ideology in particular. The *ICD* code requirement does not negate the use of the *DSM* at this point, but rather serves to supplement it. In fact, the *DSM-5* now contains corresponding *ICD* codes within it for clinicians' convenience.

While the *ICD* diagnostic system is now used for coding across medical professions both within the US and worldwide, American psychology students continue to learn about the *DSM-5,* almost exclusively in their coursework. Given that college students often consider their textbooks to be the authority regarding the subject matter at hand before developing critical thinking skills (Wass, Harland & Mercer, 2011), it seems logical to assume that they would rely on their textbooks for information regarding the reliability and validity of the *DSM-5*. Trost and colleagues (2014) indicated that most upper-division psychology textbooks (such as those associated with abnormal psychology courses) address the concept of psychological dysfunction almost immediately, and many discuss the *DSM-5* as a means to determining likely diagnoses explicitly. Given the incredible impact that a diagnosis may have on an individual's treatment, Bender, Stokes and Gaspaire (2017) were curious to learn if textbook authors and publishers address the limitations associated with the practice of assessment. More specifically, they desired to know if (a) The limitations/controversies associated with the DSM were mentioned in the most popular psychology texts used; and (b) What the nature of those limitations were. Following the methodology utilised by Griggs and Whitehead (2014), Bender et al. (2017), completed a content analysis of 20 of the most popular textbooks commonly used within introductory psychology courses across American colleges and universities. They found that every text within the sample explicitly addressed the topic of the *DSM-5,* yet only 9 of the 20 (45 per cent) attend to the ICD in relation to the *DSM-5*. Further, eighty percent of the textbooks sampled acknowledged the controversies surrounding the development of the *DSM-5*; yet there was great variability in the depth of coverage pertaining to the *DSM,* including a discussion of the tool's strengths and limitations. There was also very limited discussion within each of the texts related to the value of the *ICD* despite the fact that this is considered a global standard (Bender et al., 2017). This suggests that American college students' introduction to the process of mental health assessment may be limited, with a restricted

exploration of the tools typically utilised to apply a mental health diagnosis within the US. One might argue that such a limited overview may constrict the student's understanding regarding the fallibility of current mental health diagnostic practices. Further, the limited perspective provided in most higher education psychology texts may also minimise students' knowledge regarding the degree to which culture has on the understanding of mental health and wellness.

Implications for teaching

In most higher education settings, students are not required to pursue upper-division courses. As such, students' understanding of psychology is often limited to that first course as a part of their general education curriculum. The role of introductory psychology courses is to provide a basic scaffolding of the vast scope of human psychology while also enticing young scholars into further discipline-designed studies of psychology. An introduction to psychology course is meant to serve as an anticipatory set. As such, the multifaceted style of introductory textbooks are designed to appease a wide spectrum of audiences, limiting both the variety and scope of topics to be addressed.

In line with this information, it seems that upper-division psychology classes bear the burden of addressing topics such as diagnoses, etiology, and prognosis on an in-depth level. Combined, an examination of these topics provides students with an increased understanding of mental health dysfunction. Indirectly, a comprehensive introduction to each of these topics is likely to also better-inform the student's ongoing understanding of the nature of mental health, and may also influence held biases and stigma exhibited outside of the classroom.

A recent survey suggested that approximately 75 per cent of American universities require an introductory psychology course as part of their general curriculums (Stoloff et al., 2009). Given Bender and colleagues' (2017) findings, introductory textbooks are presumably ill-equipped in representing multiple facets of proper diagnosis and explanations of mental health disorders. If textbook content is not supplemented with additional materials and instructional activities, many of the students within these classes are left with an incomplete understanding of mental health and human functioning. This reality reinforces the important role that the instructor has in providing students with a balanced understanding of human functioning.

The American Psychological Association's (APA) Code of Ethics indicates that psychologists and other professionals within the field, including researchers, are not meant to blindly follow theories and hypotheses, nor the common sense approaches that history utilised to explain the happenings of the mind. Similarly, the APA (2013) also released a set of guidelines for undergraduate psychology majors, which instructs higher education institutions to promote critical thinking. The importance of being a critical thinker, which is often reinforced in the context of most introductory psychology texts, presents the perfect opening to challenging the ideology of the *DSM-5*'s foothold as the go-to tool for American diagnostics.

Those teaching within the field of psychology should highlight to their students that the point of the *DSM* is to allow for a common framework and that the process of diagnosis should be continually adaptive. As modern psychologists evolve the processes that lead to the correct identification of mental health disorders, so should the *DSM* advance its diagnostic criterion. As the field of psychology's understanding of human functioning continues to develop, so should its diagnostic instruments. Textbooks may be slow to adapt as new research, technologies and hypotheses restructure the collective ideas of psychology. Authors will likely be reluctant to completely scrap previous versions of their work, but choose to highlight the foremost findings that evolve the science of the mind as they arise. Educators ought to realise the profound role a selected text may have on students' understanding of mental health and be discerning in the selec-

tion process. Psychology instructors have the ability to limit some of the inequalities within the literature by staying content driven and by striving to maintain the critical thinking approach that characterises the discipline. In the instances in which textbooks seem to lack contemporary viewpoints, educators need to balance out the deficiencies so that students do not continue their studies with the limited belief that the *DSM-5* is the ultimate authority; instructors should plan to include supplementary curriculum in tandem with the textbook under the guise of always using a critical eye to find alternate explanations of human functioning.

The authors

Sara Bender; email: benders@cwu.edu
Amanda Stokes; email: Amanda.stokes@cwu.edu; **Shawn Gaspaire,** email: Shawn.Gaspaire@cwu.edu; Central Washington University.

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