

Debattert

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DSM-5

This is the saddest moment in my 45 year career of studying, practicing, and teaching psychiatry. The Board of Trustees of the American Psychiatric Association has given its final approval to a deeply flawed DSM-5 containing many changes that seem clearly unsafe and scientifically unsound. My best advice to clinicians, to the press, and to the general public – be skeptical and don't follow DSM-5 blindly down a road likely to lead to massive over-diagnosis and harmful over-medication. Just ignore the 10 changes that make no sense.

Allen Frances, Professor Emeritus, Duke University på HuffingtonPost.com 5. mars 2012

The new additions to the DSM-V create even more opportunities to see our clients as «The Other» and less like fellow travelers on this journey of life.

Lisa M. Vallejos på GoodTherapy.org 7. desember 2012

A controversial change to official psychiatric guidelines for depression has raised fears that grief over the death of loved ones will be classified as clinical depression, turning a basic part of what it means to be human into a recognized sickness. [...]

«I think a good clinician can separate the two,» said Jan Fawcett, a University of New Mexico psychiatrist and head of the DSM-5 working group that authored the change, of normal grief and clinical depression. «We feel that clinicians have been making this judgment all along.»

Wired.com 12. desember 2012

Teksten sto på trykk første gang i Tidsskrift for Norsk psykologforening, Vol 50, nummer 1, 2013, side