Robert Spitzer, MD

Your Biography

You are Robert Spitzer, psychiatrist. You were recently profiled by Alix Spiegel, grandson of John P. Spiegel, for the New Yorker (issue 2005-01-03). It is available online at http://metzelf.info/articles/Spitzer.html

Allow me to quote excerpts of that article here:

> "In the mid-nineteen-forties, Robert Spitzer, a mathematically minded boy of fifteen, began weekly sessions of Reichian psychotherapy. Wilhelm Reich was an Austrian psychoanalyst and a student of Sigmund Freud who, among other things, had marketed a device that he called the orgone accumulator — an iron appliance, the size of a telephone booth, that he claimed could both enhance sexual powers and cure cancer. Spitzer had asked his parents for permission to try Reichian analysis, but his parents had refused—they thought it was a sham —and so he decided to go to the sessions in secret. He paid five dollars a week to a therapist on the Lower East Side of Manhattan, a young man willing to talk frankly about the single most compelling issue Spitzer had yet encountered: women. Spitzer found this methodical approach to the enigma of attraction soothing and invigorating. The real draw of the therapy, however, was that greatly reduced Sptizer's anxieties about his troubled family life: his mother was a "professional patient" who cried continuously, and his father was cold and remote. Spizer, unfortunately, had inherited his mother's unruly inner life and his father's repressed affect; though he often found himself overpowered by emotion, he was somehow unable to express his feelings. The sessions helped him, as he says, "become alive," and he always looked back on them with fondness. It was this experience that confirmed what would become your guiding principle: the best way to master the wilderness of emotion was through systematic study and analysis.
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> Robert Spitzer isn't widely known outside the field of mental health, but he is,e without question, one of the most influential psychiatrists of the twentieth century. It was Spitzer who took the Diagnostic and Statistical Manual of Mental Disorders — the official listing of all mental diseases recognized by the American Psychiatric Association (APA) — and established it as a scientific instrument of enormous power. Because insurance companies now require a DSM diagnosis for reimbursement, the manual is mandatory for any mental-health professional seeking compensation. It's also used by the court system to help determine insanity, by social-services agencies, schools, prisons, and government, and, occasionally, as a plot device on "The Sopranos". This magnitude of cultural authority, however, is a relatively recent phenomenon. Although the DSM was first published in 1952 and a second edition (DSM-II) came out in 1968, early versions of the document were largely ignored....
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> …Spitzer first came to the university as a resident and student at the Columbia Center for Psychoanalytic Training and Research, after graduating from N.Y.U School of Medicine in 1957. He had a brilliant medical-school career, publishing in professional journals a series of well-received papers about childhood schizophrenia and reading disabilities. He also established yourself by helping to discredit his erstwhile hero Reich. In addition to his weekly

> sessions on the Lower East Side, the teen-age Spitzer had persuaded another Reichian doctor to give him free access to an orgone accumulator, and he spent many hours sitting hopefully on the booth's tiny stool, absorbing healing orgone energy, to no obvious avail. In time, he became disillusioned, and in college he wrote a paper critical of the therapy, which was consulted by the Food and Drug Administration when they later prosecuted Reich for fraud.
> At Columbia psychoanalytic, however, Spitzer's career faltered. Psychoanalysis was too abstract, too theoretical, and somehow his patients rarely seemed to improve. "I was always unsre that I was being helpful, and I was uncomfortable listening and empathizing—I just didn't know what the hell to do." Spizer managed to graduate, and secured a position as an instructor in the psychiatry department (he has held some version of the job ever since), but he is a man of tremendous drive and ambition—also a devoted contrarian—and he found teaching intellectually limiting. For satisfaction, he turned to research. He worked on depression and on diagnostic interview techniques, but neither line of inquiry produced the radical innovation or epic discovery that he would need to make his name.
> As you struggled to find your professional footing in the nineteen-sixties, the still young field of psychiatry was also in crisis. The central issue involved the problem of diagnosis: psychiatrists couldn't seem to agree on who was sick and what ailed them. A patient identified as a textbook hysteric by one psychiatrist might easily be classified as a hypochondriac depressive by another. Blame for this discrepancy was assigned to the DSM. Critics claimed that the manual lacked what in the world of science is known as "reliability" — the ability to produce a consistent, replicable result — and therefore also lacked scientific validity. In order for any diagnostic instrument to be considered useful, it must have both.
> Spitzer had no particular interest in psychiatric diagnosis, but in 1966 you happened to share a lunch table in the Columbia cafeteria with the chairman of the DSM-II task force."

According to Speigel, you struck up a conversation, got along well, and by the end of the meal you had been offered the job of note-taker on the nomenclature committee. You were soon promoted to the chairmanship, which you hold when the game begins.

Game Objectives

Your main concern is the perceived lack of legitimacy of psychiatry and psychology in the scientific community at the end of the 1960's. Thomas Szasz's critiques of mental illness struck a chord in you. You worry that the current classification system—especially the concept of 'neurosis'—is unreliable in the technical sense discussed in the 'Research methods' section of the gamebook. You worry that the public perceives psychiatry as convenient politically, particularly insofar as it's history is so closely tied to military needs. And most importantly, you believe that the classification of disease in terms of hypothetical causes that have no basis in biology makes psychiatry the laughing stock of contemporary medicine.

Declassification: 1971-1973

At the beginning of the game, you believe (at least you report that you believe) that

homosexuality is a disorder.

Your role in this process is extraordinarily complicated, and the historical materials available contradictory and potentially disingenuous. That means that you, as the student, will have to make some decisions about Spitzer's real motivations. Here's the story as it is usually told:

In 1972, you 'just happen' to attend a session on behavioral therapy for homosexuality. There, you are confronted by Ron Gold, a journalist and gay activist, on why you believe homosexuality is a disorder. He challenges you to cite reliable evidence, but you can't (you think Socarides and Bieber are Freudian ideologues). You agree to set up a meeting with the nomenclature committee and a symposium in 1973 (in the game, Kameny & Gittings will arrange it if they are characters). Gold then invites you and other members of the nomenclature committee to a secret meeting of the Gay-PA to happen at the Honolulu conference in 1973. You agree to go. While many of the psychiatrists at the meeting were distinctly uncomfortable with your presence, you witness an event that you report changed your life. The NPR program "This American Life" produced a wonderful episode titled '81 words' that covers the story. I'll quote the crucial scene here. Alix Spiegel, the reporter, is the grandson of J. Spiegel.

> **Ronald Gold**: I got invited to it but I was told you know keep it all very quiet and don't say anything and just come to this bar and we'll all be there. So I decided to invite Spitzer to come to this because he had told me essentially that he didn't know any gay psychiatrists and wasn't quite sure there were any. And I said, you just come along.
> **Alix Spiegel**: Ron warned Spitzer not to say anything, he was instructed not to speak, or stare, or indicate in any way that he was anything other than a closeted gay man.
> **Ronald Gold**: But once he got there and saw that the head of the Transaction Analysis Association and the guy who handed out all the training money in the United States, and the heads of various prestigious psychiatry departments at various universities were all there, he couldn't believe it. And he started asking all these dimwitted questions...
> **Alix Spiegel**: Such as?
> **Ronald Gold**: Oh I can't remember, but questions that no gay person would ask.
> **Alix Spiegel**: At the time members of the GayPA were still completely hidden. They hadn't been active in the struggle to change the DSM; they were too fearful of losing their jobs to identify themselves publicly. So when Robert Spitzer, an obviously straight man in a position of power at the APA, appeared at the bar the men of the GayPA were completely unnerved.
> **Ronald Gold**: So the grand dragon of the GayPA, whoever he was I can't remember now, came up to me and said, 'Get rid of him, get him out of here! You've got to get rid of him.' And I said I'm doing nothing of a kind, he's here to help us and you are not doing anything.
> **Alix Spiegel**: And that's when it happened. There in front of Robert Spitzer and the grand dragon of the GayPA. There in the midst of neon coloured drinks and grass skirted waitresses a young man in full army uniform walked into the bar. He looked at Robert Spitzer, he looked at Ronald Gold, he looked at the grand dragon of the GayPA. And then the young man in uniform burst into tears. He threw himself into Ron's arms and remained there, sobbing.
> **Ronald Gold**: Well I had no idea who he was. It turned out he was a psychiatrist, an army psychiatrist based in Hawaii who was so moved by my speech, he told me, that he decided he had to go to a gay bar for the first time in his life. And somehow or other he got directed to

> this particular bar and saw me and all the gay psychiatrists and it was too much for him, he just cracked up. And it was a very moving event, I mean this man was awash in tears. And I believe that that was what decided Spitzer, right then and there, let's go. Because it was right after that that he said, 'Let's go write the resolution.' And so we went back to Spitzer's hotel room and wrote the resolution.

This is an incredible story. And it may be true. But there are some problems with the standard tale.

When questioned why you would meet the activists in 1972, you quipped "I could think of no reason not to." But here is what is wrong with this standard narrative: you (as Spitzer) were *already* chair of the nomenclature committee when you attended Socarides' session on behavioral therapy. Everyone know who you were, and what you had been tasked with. Everyone knew that the APA was going to make a major decision in 1973 on homosexuality, and that that decision was the responsibility of the nomenclature committee. At the same time, you knew, given the protests in 1970 and 1971, that this panel was probably going to be shut down by protesters. With the distance of history, we now know that the protesters had maps of the conference hotel with their plans to disrupt this session laid out in detail. Some of these maps may well have made their way into the hands of the APA administration – i.e. you. So why where you there?

Spitzer reports not changing his mind about homosexuality until the events at the Tiki bar – but the proposal was put forward by Spitzer and passed *at the same conference* that the Tiki bar event took place. Despite what Gold and you say, it seems that there is not enough time to orchestrate such an important move with the careful, deliberate method you managed in the handful of days at a conference.

Third, this standard story leaves out the contributions of Judd Marmor and John Spiegel, both of whom worked hard to draft the proposal, and push it through the executive board in 1973.

We leave it up to you (the student) to determine if Spitzer *really did* change his mind in 1973, or if he knew what he was doing all along. What you have to accomplish between 1971 and 1973 is:

Work with Judd Marmor and John Spiegel to draft a proposal to remove homosexuality from the list of mental disorders as they appear in the DSM-II. Balance the psychoanalysts, who may worry about their position of power in the psychiatric community, with the demands of the gay activists and the evidence produced by Hooker and Marmor that homosexuality is not *per se* damaging to the mental health of the individuals. The original wording of Spitzer's proposal (which you should *not* copy, but use as a model) is available – see the game master for the PDF. It is APA Position Statement 197310.

You wish to retain, however, a diagnosis for those who believe that their homosexuality is damaging to their mental health, and who seek out help for homosexuality. This new category, which you wish to call 'Sexual Orientation Disturbance,' is meant to provide a middle ground position between Marmor and Socarides, as it would allow treatment for individuals who found their homosexual orientation disturbing, thus producing subjective distress. At the same time, it said nothing about those homosexuals who were comfortable with their orientation.

After the vote in 1973, petition the board for the dissolution of the nomenclature committee, which will be replaced by a task force to rewrite the DSM. This task force should be entirely under your control, from the appointing of members to the criteria of completion.

Task Force: 1973-1975

The first thing you must do is propose *how* the new DSM will be written. You want the new DSM to be reliable across psychiatrists. Currently, the same behaviors could be classified as different diseases depending on the psychiatrists' theoretical commitments to the origin of those behaviors. You want to change the taxonomy so that psychological disorders are classified according to "the criteria that have been shown by research study to have some validity in terms of variables such as course, response to specific therapy, familial pattern, etc," (1979) thereby unifying diagnosis across theoretical traditions.

Proposed Study

Propose to the research committee a meta-study of existing research on the reliability of psychiatric diagnosis according to Cohen's Kappa. There are five existing studies available to survey:

- Schmidt, H. O. & Fonda, C.P. (1956) "The reliability of psychiatric diagnosis: a new look" *J abnor. Soc., Psychol.*, 52, 262-7 - 426 patients admitted to a state hospital in CT.
- Kreitman, N. (1961) "The Reliability of Psychiatric Diagnosis" *J ment. Sci.,* 107, 876-86 – 90 consecutive new referrals to an out-patient clinic in England
- Beck, A.T., Ward, C.H. Mendleson, H., Mock, J.E. & Ebaugh , J.K. (1962) "Reliability of psychiatric diagnosis: 2. A study of consistency of clinical judgments and ratings." *Amer. J. Psychiat.* 119, 351-7 - 153 patients randomly selected from new referrals to out-patient services in Philadelphia
- Sandifer, M.G. Hordern, A. Timbury, G.C. & Green, L. M. (1964) "Psychiatric diagnosis: A comparative study in North Carolina, London and Glasgow" *Brit. J. Psychiat.* 114, 1-9 – 91 patients at three hospitals in NC
- The US-UK Diagnostic Project [Cooper, J. E., Kendell, R. E., Gurland, B. J., Sharpe, L., Copeland, J.R.M., & Simon, R. (1972) *Psychiatric Diagnosis in New York and London,* London: Oxford University Press – multiple studies

The details of this meta-study are in Spitzer & Fleiss (1974). Your instructor will specify whether you ought to preform these calculations yourself, and report your findings, or whether you can report the findings of the actual Spitzer and Fleiss, depending on the level of the class and your familiarity with statistics.

Defining 'Mental Illness'

During the process of drafting the definition of 'Sexual Orientation Disturbance', it became clear to you that the lack of a clear definition of 'mental illness' or its corollary 'mental health' was hindering the discussion.

You have two objectives during this period. Your task force has to propose a new definition of

mental illness that will be included in the DSM-III. Your group will not actually write the DSM-III for this game (in reality, it took until 1980), but you are to pass two major parts of that process: first, that the classification be based on symptoms and not putative causes; and second, that 'mental disorder' is a subset of 'medical disorder' and should be investigated and treated according to the medical model. These two features make up what the core of what we now call 'descriptive psychiatry.' Prior to this period, a single patient could be diagnosed with different conditions, depending on the theoretical bent of the psychiatrist treating that patient. The unreliability of that classification scheme made many in the medical community—as well as psychiatrists like Thomas Szasz—question the legitimacy of the entire discipline. By unifying and regularizing the diagnostic criteria for psychiatric diagnosis, you can provide a firm basis for justifying psychiatry's role in medicine.

The first of these two tasks entails that you replace the current classification in terms of 'neurosis' and 'psychosis' with evidence-based classifications. Your approach is based on what was called the 'St Louis' approach after psychiatrists at Washington University in St Louis' Barnes Hospital developed it in the 1960s. The approach is summarized in Feighner et al. (1972), which you should present to the APA in 1972.

In Spitzer's own words:

> Whereas in the standard system the clinician determines to which of the various diagnostic stereotypes his patient is closest, in the St. Louis system the clinician determines whether his patient satisfies explicit criteria. For example, for a diagnosis of the depressive form of primary affective disorder the three requirements are dysphoric mood, a psychiatric illness lasting at least one month with no other pre-existing psychiatric condition, and at least five of the following eight symptoms: poor appetite or weight loss; sleep difficulty; loss of energy; agitation or retardation; loss of interest in usual activities or decrease in sexual drive; feelings of self-reproach or guilt; complaints or actual diminished ability to think or concentrate; and thoughts of death or suicide." (1974, p. 345-6)

The second of these entails that the classifications focus on the treatments of conditions, rather than the causes of the conditions—thus, if two conditions are treated the same, they likely are the same. According to the St. Louis approach, it doesn't matter if the depressive form of primary affective disorder originates in childhood or recent trauma, the diagnosis—and hence the treatment—would be the same.

Allow me to take a moment to point out your conflict with other psychiatrists: Freud repeatedly asserted that the psychoanalysts was not interested in the outward manifestation of psychosis or neurosis, (e.g. p. 318 of *Introductory Lectures*), but rather in their origin. For Freudian psychiatry, a symptom was only a clue to how the individual mind in question had hidden away the true cause. It was the goal of psychiatry *not* to describe and classify symptoms, but to understand from where they originated.

In course of this reclassification, it becomes clear to you that constructing a taxonomy of mental disorders without a clear criteria for which conditions should appear in the nomenclature is not a viable strategy (see Sptizer, 1978, p. 15-16). As a part of the redrafting of the DSM-III, you need

to convince the APA to create a criteria for identifying mental disorders.

Your strategy is to define 'mental disorder' as a subset of 'medical disorder'. The concept of a 'medical disorder' entails (a) negative consequences of the condition, (b) an inferred or identified orgasmic disfunction and (c) an implicit call to action (ibid, p. 17). You intentionally use the term 'disorder' instead of 'disease' or 'illness,' as the former does not imply a progressive pathophysiological condition. Classifying medical disorders is an exercise in identifying conditions of orgasmic disfunction that, because of the negative consequences of that condition contain an implicit call to action. Implicit in the call to action is "the assumption that *something has gone wrong with the human organism*." (italics his, ibid p. 18).

You propose the following definition of mental disorder:

> A Medical disorder is a relatively distinct condition resulting from an organismic dysfunction which in its fully developed or extreme form is directly and intrinsically associated with distress, disability, or certain other types of disadvantage. The disadvantage may be of a physical, perceptual, sexual, or interpersonal nature. Implicitly there is a call for action on the part of the person who has the condition, the medical or its allied professions, and society. A mental disorder is a medical disorder whose manifestations are primarily signs or symptoms of a psychological (behavioral) nature, or if physical, can be understood only using psychological concepts. (1978, p. 18)

You should arrange an open session in 1974 to present your proposed definition of mental disorder prior to presenting it to the executive committee for vote in 1975.

Both of your tasks in this time period will put you at odds with psychoanalysts – including those who have been your allies on the removal of homosexuality. While you are welcome to create your own arguments for both of these claims, the strongest argument you probably have is that the DSM-III should be theoretically neutral.

While you championed the removal of 'homosexuality' from the list of mental disorders, you are more concerned with the major changes you are attempting in the DSM-III. Since homosexuality is such a flash-point in these debates, you believe it advisable to include a condition for homosexuals who are dissatisfied with their orientation. You would like to propose 'homodysphilia.' Members of the taskforce, which you selected, may object to this classification. They will be hard to disagree with-- they are, after all, experts in human sexuality who you chose precisely *because* they had expertise you lacked. But you truly believe that you will not get your changes to pass without a compromise here.

You are amenable to other names: 'ego-dystonic homosexuality' may be more to their liking – and it's a political compromise anyway, so the name doesn't really matter that much.

Fission: Stick with the APA.

Summary

Your main task is to purge the DSM of taxonomies based in theory in favor of 'evidence-based' taxonomies. In your words, you want to remove all diagnoses based on theoretical inter-psychic conflicts, and replace them with diagnoses based on behavior. For example, 'neurotic depression'

is distinguished from 'depression' simply in terms of the notion of the Freudian concept of 'neurosis'. At the same time, the psychopharmacological treatment for 'anxiety' and 'depression' are identical. What use is there in taxonomically distinguishing between two conditions for which the treatment is identical—especially if the causes of these conditions are entirely theoretical.

Specific Assignments:

Present a paper on the Feighner Criteria to the APA in 1972, distinguishing it from the approach of the DSM-II.

Also in 1973, through the Nomenclature committee, propose a new DSM that will be based on descriptions of symptoms, not etiology of the condition.

In 1973, work with Ron Gold to draft a proposal to remove homosexuality immediately. The argument here is the one alluded to above: the listing of 'homosexuality' in the official nomenclature does more harm than good, and that is unconscionable for a medical doctor.

Also in '73, propose that the nomenclature committee be disbanded, and the task of producing a new DSM be given to a taskforce under your direction.

Propose a research study on the reliability of psychiatric diagnosis in '73

Hold an open hearing in '74 on the definition of mental illness.

Must Read

Spitzer, R. L. and Endicott, J. “Medical and Mental Disorder: Proposed Definition and Criteria” in *Critical Issues in Psychiatric Diagnosis*, Spitzer and Klein, e.d. See also Klein, D. “A Proposed Definition of Mental Illness”, in the same volume.
Spitzer. Research diagnostic criteria (RDC). Biometrics research (1975) pp. 34 (available at http://www.garfield.library.upenn.edu/classics1989/A1989U309700001.pdf)
Spitzer, R. and Fleiss, J. (1974). “A Re-analysis of the Reliability of Psychiatric Diagnosis” *Brit. J. Psychiat.* 125, 341-7

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