THE STALWARTS

ROBERT SPITZER

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EARLY LIFE AND CAREER

Robert L Spitzer was from a humble background. He was born in 1932 in White Plains, New York to Eastern European immigrants. He did not grow up in the best of environments and thought his engineer father was cold and distant. He also felt that his mother was in chronic grief over his sister's early demise.[1]

He took a briskly rational approach to his complicated childhood and adolescence. He drew graphs to chart his fluctuating feelings about the girls in his life, and during high school sneaked out for $5 analysis sessions. He enjoyed the talking part but grew skeptical about the "orgone accumulator" his therapist had him sit in – an iron box devised by the psychoanalyst Wilhelm Reich that could supposedly cure various mental disorders. This led to him being wary of psychoanalysis throughout his life.[1]

He received his bachelor's degree in psychology from Cornell University and his M.D. from New York University School of Medicine in 1957. Spitzer wrote an article on Wilhelm Reich's theories in 1953 which the American Journal of Psychiatry declined to publish.[1

As a Cornell undergraduate, Spitzer wrote a paper debunking "orgone energy" theory, and the US Food and Drugs Administration asked him to serve as an expert witness in a fraud case against Reich. It was an experience that would serve him well for later battles. [1] Spitzer's early medical career followed the usual channels of the 1950s and 1960s, and when he finished his residency, he went into psychoanalytic training and practiced psychoanalysis for a while. Spitzer also stood out: he published three papers in a highly ranked journal while still in medical school; while he was in psychoanalytic training, he was a research fellow in biometrics, co-principal investigator on 'Anamnesis and social adaptation of mental patients' with a grant from the NIMH; and he took a course at IBM on data] processing, computer programming and using a computer language, FORTRAN. He had other positions and grants that were not related to psychoanalysis, and he eventually stopped doing analysis because he did not find it satisfying.[2]

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WORK

LGBT Rights

Spitzer's fight to demedicalize homosexuality was the first time the world got to know about his skill at negotiation and deft handling of sensitive issues.[3]

Spitzer was always ready to upset the established order. He demonstrated this challenging a paper of his senior faculty while he was in New York University. His career took off in 1966 after one of his colleagues sought his help in being part of the committee of DSM II.[3]

After the 1969 Stonewall riots, gay activists invaded APA meetings to protest against the inhumane electric shock, hormonal therapies used to cure homosexuality at that time.[1]

After a clash at a 1972 meeting of behavioral therapists in New York, Spitzer decided to hear the protesters out. Personally, he believed then that homosexuality was an illness but, forever the devil's advocate; he organized a panel for both sides to air their arguments at the 1973 APA conference in Honolulu. There, an activist took Spitzer to a secret gathering of closeted gay psychiatrists. Many had prestigious credentials, which convinced him that homosexuality was not some crippling condition.[1]

Ultimately, his was the loudest voice arguing to drop homosexuality from the DSM. If gays were happy being gay, where was the disorder? But he offered a deft compromise: in subsequent printings of the DSM-II, homosexuality was replaced with "ego-dystonic homosexuality," the condition of gays or lesbians unhappy with their orientation. This as it turns out was a career defining moment for Spitzer.[1]

CONTRIBUTION TO DSM III

The making of DSM III is one of the defining moments in psychiatric history in the 20th century and this was made possible by his dour determination.[1]

The APA leadership was impressed with his handling of the homosexuality issue, and aware of his prior experience with DSM-II, appointed him to the recently vacated chair of the Task Force on DSM-III. No one paid much attention to DSM-II and especially the psychoanalysts who did not believe diagnosis was very important.[3]

Spitzer thought differently. He believed psychiatry needed a common language to describe mental illnesses. He filled the DSM-III committees with psychiatrists who shared his fervor for data and description. In chaotic meetings, they would shout suggestions for new disorders, which often went straight into Spitzer's typewriter.[1]

Old, broadly defined conditions were broken into more specific ones. "Anxiety neurosis" was replaced by panic disorder, social phobia and generalized anxiety disorder. Judgmental terms such as "frigidity" were swapped for clinical ones such as "inhibited sexual desire."[1]

Spitzer waded into the fights that erupted over his new classifications, such as tobacco dependence. At the time, nearly 40 per cent of adults smoked, but many doctors were wary of linking the habit to mental illness, and the industry was fighting back. But Spitzer unveiled a shocking photograph of a throat cancer victim smoking a cigarette through his tracheotomy hole. Tobacco dependence made the cut.[1]

Spitzer threw himself into his job as head of the Task Force. He worked 12–16 hours a day and at weekends. (His marriage broke up, partly owing to this enormous work schedule.) The Feighner criteria had a great influence on Spitzer's thought. With Robins, Spitzer compiled a list of 25 Research Diagnostic Criteria (RDC) for the field of psychiatric research, that is, nine more than in the 1972 paper by Feighner et al.[4]

Immediately Spitzer, Endicott, and Robins (1975a) proposed that the RDC be included in the upcoming edition of the APA's Manual, DSM-III. They argued that this should be done to improve the training of psychiatric residents and other mental health professionals and improve communication among them. Interestingly enough, Spitzer et al. (1975a: 1191) wrote: 'the criteria that may be listed in DSM-III would be "suggested" only, and any clinician would be free to use them or ignore them as he thought fit.' This, of course, never happened.[5]

Spitzer also hoped the very specific diagnostic criteria in DSM-III would also improve diagnostic reliability. He declared that the RDC had already shown this was possible. Diagnostic reliability was acceptable for just three categories: mental deficiency, organic brain syndrome and alcoholism. The level of reliability was only fair for psychosis and schizophrenia. For every other category, it was extremely poor.[6]

After two years of work by Spitzer and the Task Force, objections were being raised from several sources. So Spitzer had to answer his critics formally; his replies were skillfully phrased.[7]

1. DSM-III was said to be anti-humanistic, 'failing to do justice to the complexity of the human mind and condition'. Spitzer argued that, on the contrary, 'One use of operational criteria improves the reliability and validity of the diagnostic categories', and this would result in better treatment of patients – medical humanism at its highest.[7]
2. Another challenge came from the psychoanalysts. Spitzer replied: DSM-III supposedly 'abandons the legacy of Freud', because the 'neurotic disorders' have disappeared from the nomenclature, but this was not so; they were just grouped under 'affective disorders', 'anxiety disorders' and 'hysterical disorders.'[7]
3. Finally, some thought that DSM-III was too radical – good for researchers but not for ordinary clinicians. Spitzer said that the Task Force had anticipated the criticism, and DSM-III was having extensive trials in community settings, private practice to continually refine the criteria.[7]

Spitzer appointed two psychoanalysts: John Frosch and his nephew, William Frosch to combat the psychoanalysts who were vehemently opposing DSM III (Spitzer, 2006b). The APA also had its own formal committee of psychoanalysts working as a liaison with Spitzer. He carefully sidestepped the opposing views prevalent at that time by taking an atheoretical route. Spitzer offered the analysts a sixth axis in the multiaxial system, but that came to naught.[3]

The DSM-III was a sensation on its 1980 release; along with a 1987 revision that Spitzer also oversaw, it sold 1million copies.[1]

Spitzer's work changed the treatment of many mental illnesses and opened the door to new epidemiological research: once doctors had a common understanding of which symptoms defined which illnesses, they could track their prevalence across large populations.[1]

Criticism

Spitzer did not care for the established order. He challenged societal norms and rules. This led to criticism which was sometimes warranted.[1]

Spitzer liked to provoke. He sparred with Freudians when he banned their cherished word "neurosis" – fixated on tangible symptoms, he had no truck with

unconscious conflict. He enraged feminists when he tried to classify pre-menstrual syndrome as a mental illness.[1]

The advantages of the DSM system must be balanced by its disadvantages. Meant as a mere clinical guide, it has been worshipped as a "bible". Diagnostic criteria have been misused by the pharmaceutical industry in disease-mongering campaigns. Clinical interviewing and education is too often reduced to a checklist approach that ignores what is special and individual about the patient. Spitzer had his limitations and inevitably they are also part of the DSM legacy. Because his career didn't include much patient contact he imagined mental disorders as pure Platonic ideal types, conforming to the packages contained in the criteria sets he was so skillful in writing. In day to day clinical life, patients are much more heterogeneous in their presentation, and the boundaries between disorders are rather fuzzy. He seemed to have a naive belief that he was describing illnesses that actually existed in nature, rather than merely creating convenient, but necessarily arbitrary, constructs.[8]

The addition in DSM of many new diagnostic categories and loose definitions of old ones has led to diagnostic inflation and the misuse of medication. Spitzer's lifelong grudge against psychoanalysis trapped him in the box of descriptive and biological reductionism, paying too little attention to the psychological, interpersonal, social, and cultural factors that affect psychiatric presentations and their treatment. Moreover, he had little knowledge of, or concern about, the historical traditions and philosophical complexities that caution against the unintended consequences of radical change.[8]

He nearly undermined his social-justice legacy when, late in his career, he championed therapies to "cure" homosexuals. In 2001, Spitzer delivered a controversial paper, Can Some Gay Men and Lesbians Change Their Sexual Orientation? At the 2001 annual APA meeting; in that paper, Spitzer argued that it is possible that some highly motivated individuals could successfully change their sexual orientation from homosexual to heterosexual through 'reparative therapy'.[1]

The APA issued an official disavowal of Spitzer's paper, noting that it had not been peer reviewed and stating that there is no published scientific evidence supporting the efficacy of reparative therapy. Two years later, the paper was peer reviewed and published in the Archives of Sexual Behavior. Two-thirds of the reviews were critical, and the publication decision sparked controversy, with one member of the publication's supporting organization resigning in protest.[1]

In a 2012 interview, Spitzer said he asked to retract the study, stating that he agreed with its critics but the editor declined.[1]

Legacy

Despite the controversies he was involved in Robert Spitzer is one of the most influential psychiatrists in the 20th century and he will always be remembered for the great things he achieved.[9]

The removal of "homosexuality" from DSM II in 1973 was engineered by SPITZER—the result of his single-minded and almost single-handed crusade to eliminate the psychiatric stigmatization of difference. He was the irresistible force that was eventually able to remove the immovable object. He opened the door that led later to legalized gay marriage and criminalized discrimination against homosexual people. Without him, homosexuality might still be viewed as a mental disorder.[8]

Psychiatry in 1970s was in a crisis with widespread criticism, division among professionals, the antipsychiatric movement, poor communication among practioner's, Rosenhan's experiments and a general feeling among the society that it is a pseudo-science. During this time Spitzer brought a revolution and took his place as one of the most influential psychiatrists of the 20th century by publishing the DSM III which sought uniformity in the diagnosis of psychiatric illnesses.[9]

Before DSM-III the DSMs only mattered to a few. Now they shape our culture and our world. This circumstance began in 1980 with the creation of DSM-III under Bob Spitzer.[9]

Quotes

Analyzing himself in 2003, Spitzer said 'There is something in me that is always looking for trouble or something to challenge the orthodoxy'.[3]

Spitzer, the pragmatist, concludes: 'It is better to win (by offering your critics something) than to lose (offer them nothing and have the entire project stop – as several times seemed possible).[3]

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