
DIAGNOSTIC
AND
STATISTICAL
MANUAL OF

MENTAL DISORDERS



SECOND EDITION (DSM-II)

AMERICAN PSYCHIATRIC ASSOCIATION

DSM-II

DIAGNOSTIC AND STATISTICAL

MANUAL

OF

MENTAL

DISORDERS

(Second Edition)

Prepared by

THE COMMITTEE ON NOMENCLATURE AND STATISTICS
OF THE AMERICAN PSYCHIATRIC ASSOCIATION

Published by

AMERICAN PSYCHIATRIC ASSOCIATION
1700 18th Street, N. W.
Washington, D. C. 20009

1968

easy fatigability, and sometimes exhaustion. Unlike hysterical neurosis the patient's complaints are genuinely distressing to him and there is no evidence of secondary gain. It differs from *Anxiety neurosis* (q.v.) and from the *Psychophysiologic disorders* (q.v.) in the nature of the predominant complaint. It differs from *Depressive neurosis* (q.v.) in the moderateness of the depression and in the chronicity of its course. (In DSM-I this condition was called "Psychophysiologic nervous system reaction.")

300.6 Depersonalization neurosis ((Depersonalization syndrome))

This syndrome is dominated by a feeling of unreality and of estrangement from the self, body, or surroundings. This diagnosis should not be used if the condition is part of some other mental disorder, such as an acute situational reaction. A brief experience of depersonalization is not necessarily a symptom of illness.

300.7 Hypochondriacal neurosis

This condition is dominated by preoccupation with the body and with fear of presumed diseases of various organs. Though the fears are not of delusional quality as in psychotic depressions, they persist despite reassurance. The condition differs from hysterical neurosis in that there are no actual losses or distortions of function.

300.8 Other neurosis

This classification includes specific psychoneurotic disorders not classified elsewhere such as "writer's cramp" and other occupational neuroses. Clinicians should not use this category for patients with "mixed" neuroses, which should be diagnosed according to the predominant symptom.

[300.9 Unspecified neurosis]

This category is not a diagnosis. It is for the use of record librarians and statisticians to code incomplete diagnoses.

V. PERSONALITY DISORDERS AND CERTAIN OTHER NON-PSYCHOTIC MENTAL DISORDERS (301—304)

301 Personality disorders

This group of disorders is characterized by deeply ingrained maladaptive patterns of behavior that are perceptibly different in quality from psychotic and neurotic symptoms. Generally, these are life-long patterns, often recognizable by the time of adolescence or earlier. Sometimes the

pattern is determined primarily by malfunctioning of the brain, but such cases should be classified under one of the non-psychotic organic brain syndromes rather than here. (In DSM-I "Personality Disorders" also included disorders now classified under *Sexual deviation*, *Alcoholism*, and *Drug dependence*.)

301.0 Paranoid personality

This behavioral pattern is characterized by hypersensitivity, rigidity, unwarranted suspicion, jealousy, envy, excessive self-importance, and a tendency to blame others and ascribe evil motives to them. These characteristics often interfere with the patient's ability to maintain satisfactory interpersonal relations. Of course, the presence of suspicion of itself does not justify this diagnosis, since the suspicion may be warranted in some instances.

301.1 Cyclothymic personality ((Affective personality))

This behavior pattern is manifested by recurring and alternating periods of depression and elation. Periods of elation may be marked by ambition, warmth, enthusiasm, optimism, and high energy. Periods of depression may be marked by worry, pessimism, low energy, and a sense of futility. These mood variations are not readily attributable to external circumstances. If possible, the diagnosis should specify whether the mood is characteristically depressed, hypomanic, or alternating.

301.2 Schizoid personality

This behavior pattern manifests shyness, over-sensitivity, seclusiveness, avoidance of close or competitive relationships, and often eccentricity. Autistic thinking without loss of capacity to recognize reality is common, as is daydreaming and the inability to express hostility and ordinary aggressive feelings. These patients react to disturbing experiences and conflicts with apparent detachment.

301.3 Explosive personality (Epileptoid personality disorder)

This behavior pattern is characterized by gross outbursts of rage or of verbal or physical aggressiveness. These outbursts are strikingly different from the patient's usual behavior, and he may be regretful and repentant for them. These patients are generally considered excitable, aggressive and over-responsive to environmental pressures. It is the intensity of the outbursts and the individual's inability to control them which distinguishes this group. Cases diagnosed as "aggressive personality" are classified here. If the patient is amnesic

for the outbursts, the diagnosis of *Hysterical neurosis, Non-psychotic OBS with epilepsy* or *Psychosis with epilepsy* should be considered.

301.4 Obsessive compulsive personality ((Anankastic personality))

This behavior pattern is characterized by excessive concern with conformity and adherence to standards of conscience. Consequently, individuals in this group may be rigid, over-inhibited, over-conscientious, over-dutiful, and unable to relax easily. This disorder may lead to an *Obsessive compulsive neurosis* (q.v.), from which it must be distinguished.

301.5 Hysterical personality (Histrionic personality disorder)

These behavior patterns are characterized by excitability, emotional instability, over-reactivity, and self-dramatization. This self-dramatization is always attention-seeking and often seductive, whether or not the patient is aware of its purpose. These personalities are also immature, self-centered, often vain, and usually dependent on others. This disorder must be differentiated from *Hysterical neurosis* (q.v.).

301.6 Asthenic personality

This behavior pattern is characterized by easy fatigability, low energy level, lack of enthusiasm, marked incapacity for enjoyment, and oversensitivity to physical and emotional stress. This disorder must be differentiated from *Neurasthenic neurosis* (q.v.).

301.7 Antisocial personality

This term is reserved for individuals who are basically unsocialized and whose behavior pattern brings them repeatedly into conflict with society. They are incapable of significant loyalty to individuals, groups, or social values. They are grossly selfish, callous, irresponsible, impulsive, and unable to feel guilt or to learn from experience and punishment. Frustration tolerance is low. They tend to blame others or offer plausible rationalizations for their behavior. A mere history of repeated legal or social offenses is not sufficient to justify this diagnosis. *Group delinquent reaction of childhood (or adolescence)* (q.v.), and *Social maladjustment without manifest psychiatric disorder* (q.v.) should be ruled out before making this diagnosis.

301.81* Passive-aggressive personality*

This behavior pattern is characterized by both passivity and aggressiveness. The aggressiveness may be expressed passively, for example by obstructionism, pouting, procrastination, intentional in-

efficiency, or stubbornness. This behavior commonly reflects hostility which the individual feels he dare not express openly. Often the behavior is one expression of the patient's resentment at failing to find gratification in a relationship with an individual or institution upon which he is over-dependent.

301.82* Inadequate personality*

This behavior pattern is characterized by ineffectual responses to emotional, social, intellectual and physical demands. While the patient seems neither physically nor mentally deficient, he does manifest inadaptability, ineptness, poor judgment, social instability, and lack of physical and emotional stamina.

301.89* Other personality disorders of specified types (Immature personality)*

301.9 [Unspecified personality disorder]

302 Sexual deviations

This category is for individuals whose sexual interests are directed primarily toward objects other than people of the opposite sex, toward sexual acts not usually associated with coitus, or toward coitus performed under bizarre circumstances as in necrophilia, pedophilia, sexual sadism, and fetishism. Even though many find their practices distasteful, they remain unable to substitute normal sexual behavior for them. This diagnosis is not appropriate for individuals who perform deviant sexual acts because normal sexual objects are not available to them.

302.0 Homosexuality

302.1 Fetishism

302.2 Pedophilia

302.3 Transvestitism

302.4 Exhibitionism

302.5* Voyeurism*

302.6* Sadism*

302.7* Masochism*

302.8 Other sexual deviation

[302.9 Unspecified sexual deviation]