**Supplementary Material**

**Historiographical note to accompany “Re-evaluating the DSM-I”**

DSM-I in the existing literature

We claim that the current tendency to conceive of the DSM-I as psychoanalytic and professionally unimportant has tended to lead to it being dismissed as a mere artefact of a long gone era. For some this has led to an undue reification resulting in an assumption that the classificatory strategies of the more recent DSMs delineate the only ways in which “right thinking” psychiatrists have ever divided up the domain of psychopathology. A striking example, which contrasts the “scientific” DSM-III with all that went before, is JS Maxmen’s (1985) *The New Psychiatry*,

By adopting the scientifically based DSM-III as its official system for diagnosis, American Psychiatrists broke with a fifty-year tradition of using psychoanalytically based diagnosis. (Maxmen, 1985, p.35)

Traces of such thinking can also be seen whenever discussions of classification chose the DSM-III as their starting point.

For other writers (critics of the DSM) the idea that the current DSM categories appeared from nowhere around a committee table in the late 1970s has facilitated their too-easy dismissal.Consider, for example, Edward Shorter’s claim,

In the 1970s, as a task force of the American Psychiatric Association set out to produce a new classification of illnesses, its members were indeed at ground zero. They dumped all of the psychoanalytic diagnoses, such as “depressive neurosis”, and created a number of what were essentially neologisms for diseases that they basically put together in the kind of horse-trading that characterizes any committee (Shorter, 2015, p.2).

A similar stance is taken in Robert Whitaker’s (2010) *Anatomy of an Epidemic* (pp. 269-271).

An exception to the general tendency to think of recent DSMs as radically separated from the earlier editions can be found in Aragona (2015). Like us, Aragona sees the DSM-I as partly a Kraepelinian system. He includes a useful chart comparing DSM-I categories with Kraepelin’s system.

On methodological problems with locating references to the DSM-I

Quantifying the extent to which the DSM-I was used is very difficult. Norms of academic referencing were not as they are today; it was acceptable for an author to note in the text that the “APA manual” or “Standard Nomenclature” was used but not to list this in the bibliography (see, for example, Boszormenyi-nagy and Gerty,1955,. p.14; Klaf and Davis, 1960, p.1071). Such papers cannot be found via standard citation counting programmes (which in any case seem to struggle with papers from the 1950s and early 1960s) and can only be found by manual searching.

**References**

**Aragona M** (2015). Rethinking received views on the history of psychiatric nosology: minor shifts, major continuities. In *Alternative Perspectives on Psychiatric Validation*. (ed. P Zachar, D St. Stoyanov, M Aragona, A Jablensky), pp.27-461. Oxford University Press: Oxford.

**Boszormenyi-nagy IV, Gerty FJ** (1955). Diagnostic aspects of a study of intracellular phosphorylations in schizophrenia. *American Journal of Psychiatry* **112**, 11-17.

**Klaf FS, Davis CA** (1960). Homosexuality and paranoid schizophrenia: A survey of 150 cases and controls. *American Journal of Psychiatry* **116**, 1070-1075.

**Maxmen JS** (1985). *The New Psychiatry*. William Morrow & Company: New York.

**Shorter E** (2015).*What Psychiatry Left Out of the DSM-5: Historical Mental Disorders Today.* Routledge: New York.

**Whitaker R** (2011). *Anatomy of an Epidemic.* Broadway: New York.