

A Reanalysis of Relational Disorders Using Wakefield's Theory of Harmful Dysfunction

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The *Diagnostic and Statistical Manual of Mental Disorders* defines disorders as occurring within an individual, but there is an effort to have relational disorders included in the manual. Wakefield (2006) supported this position by arguing that relational disorders are consistent with harmful dysfunction, which states that mental disorders exist when the failure of an evolved mental mechanism is judged to be harmful by a culture. However, an alternative assessment of relational disorders using harmful dysfunction is possible. Considering relational disorders to be harmful dysfunctions leads to the abandonment of mental mechanisms, contradicts the natural selection of functions, and allows conflict with society to be a mental disorder. Ultimately, the harmful dysfunction definition of mental disorder does not operate similarly for individual and relational disorders.

Keywords: relational disorder, mental disorder, harmful dysfunction

Researchers can make a strong case that some mental disorders are specific to the context of parental, marital, and sexual relationships (Beach, Wamboldt, Kaslow, Heyman, and Reiss, 2006a). However, relationships only explicitly appear in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM; American Psychiatric Association, 2000) V codes, which describe problems that are not mental disorders but may come to the attention of mental health professionals. Nonetheless, lobbying for official recognition of relational disorders has a history reaching back to late 1980s when work began on the fourth edition of the DSM (Kaslow, 1993; Kaslow and Patterson, 2006). Despite some progress, mental disorder remains, by DSM definition, an individual phenomenon (First, 2006). Obstacles such as assessment and definition difficulty, lack of empirical evidence, and direct political opposition led to the exclusion of relational disorders from the DSM-IV (Lebow and Gordon,

2006). Advocates for the inclusion of relational disorders have recently intensified their efforts, and they have the support of the most influential theorist on the definition of mental disorder. Specifically, Wakefield (2006) has used his harmful dysfunction theory of mental disorder to argue for the validity of relational disorders. In contrast, I argue that Wakefield's arguments were inconsistent with his own theory, and the purpose of this paper is to show that relational disorders are not valid instances of harmful dysfunction.

Efforts to gain recognition for relational disorders have intensified concomitantly with the DSM revision process, and relational disorders appear primed for inclusion in the DSM-V. From the very beginning, efforts to set the research agenda for the DSM-V emphasized the importance of expanding the empirical evidence for relational disorders; in fact, relational disorders were referred to as one of the "most important gaps" in the DSM nosology (First et al., 2002, p. 123). More recently, the American Psychiatric Association published an entire book — *Relational Processes and DSM-V* — on the topic (Beach, Wamboldt, Kaslow, Heyman, and First, 2006), which is a particularly strong indication of the support for including relational disorders in the DSM. Within the American Psychological Association, Division 43, the Society for Family Psychology has been particularly forceful in its advocacy. The Fall 2006 edition of their divisional newsletter was devoted to the theme of "Relational Disorders and the DSM." Furthermore, a special issue of Division 43's *Journal of Family Psychology* was focused on making the argument for inclusion of relational disorders in the DSM. Although it is impossible to predict the outcome of DSM revision processes, the intention of the relational disorder advocates is clear.

Superficially, efforts to include relational disorders in the DSM appear misguided because mental disorders are explicitly defined in the manual as occurring within individuals (American Psychiatric Association, 2000). Advocates of relational disorders appear unconcerned about this potential obstacle, however. To illustrate, First and colleagues (2002) listed six agenda items specifically related to relational disorders in *A Research Agenda for the DSM-V*, but not one was aimed at determining if relationships can actually be defined as disorders. Similarly, the definition of mental disorders is absent from discussions about the objections and obstacles to inclusion of relational disorders in the DSM-V (Beach, Wamboldt, Kaslow, Heyman, and Reiss, 2006b; Lebow and Gordon, 2006). Rather, advocates appear more concerned with assessment, creating criteria, and health insurance parity.

At least two explanations exist for the apparent lack of concern about the definition of mental disorder. One explanation may be that the DSM definition of mental disorder offers no realistic impediment. The concept of mental disorder is expanding, and each revision of the DSM has resulted in an increase in the number of disorders (Houts, 2002). Furthermore, the DSM definition

of mental disorder is not internally consistent due to inclusion of dramatically divergent phenomena (Boysen, 2007), and that means there is no method to validly determine what should and should not be included. For example, the DSM already includes relational disorders (e.g., folie à deux, feeding disorder of infancy and early childhood) despite defining disorders as inherently individual phenomena.

Another possible explanation for the lack concern is that relational disorders have been deemed valid using the most influential definition of mental disorder: harmful dysfunction (Wakefield, 2006). The special section of the September 2006 *Journal of Family Psychology* devoted to relational disorders included an invited commentary by Wakefield (2006) who asserted that relational disorders are indeed possible according to the harmful dysfunction definition of mental disorder. Generally, Wakefield argued that relational disorders are harmful dysfunctions, "where dysfunctions are failures of naturally selected functions and harm is judged by cultural values (p. 423). The backing of harmful dysfunction is particularly weighty support. Harmful dysfunction is considered superior to the DSM's ad hoc definition that has been largely discredited (Wakefield, 1992b). In fact, some argue — including Robert Spitzer, the main architect of the modern DSM — that harmful dysfunction should be incorporated in the DSM's definition of mental disorder (Spitzer, 1999; Wakefield and First, 2003). Some discussions about the next edition of the DSM are even being framed using harmful dysfunction as a guiding principle. Obviously, discussion of relational disorders stands out as one example; the invitation of commentary by Wakefield is quite telling because it is the only time advocates of relational disorders have shown concern about the definition of mental disorder. In another recent discussion about substance use disorders and the DSM-V, the authors proposed major revisions to the disorders' criteria but also expressed concern that changes should be consistent with harmful dysfunction (Martin, Chung, and Langenbucher, 2008). At a broader level, harmful dysfunction has even made its way into in popular abnormal psychology textbooks as the major definition of mental disorder (e.g., Barlow and Durand, 2007; Sue, Sue, and Sue, 2005). Overall, harmful dysfunction has become standard in the field of psychopathology, and its support could be particularly beneficial to the advocates of relational disorders.

Harmful dysfunction could become an important argument for inclusion of relational disorders in the next edition of the DSM, and this necessitates a thorough evaluation of the validity of relational disorders as harmful dysfunctions. What makes this task especially important is that Wakefield's (2006) analysis of relational disorders contained ambiguities and apparent contradictions with the central concepts of his own harmful dysfunction theory (Wakefield, 1992a, 1992b, 1999). Relational disorders are, in fact, not consistent with the harmful dysfunction definition of mental disorder.

Harmful Dysfunction

A thorough explanation of harmful dysfunction is necessary in order to understand its application to relational disorders. The unique contribution of harmful dysfunction is that it attempts to define mental disorder in a hybrid manner that includes both objective (i.e., dysfunction) and subjective (i.e., harm) components that other theories use singularly as definitions (Rounsaville et al., 2002). Dysfunction makes up the ostensibly objective portion of the definition because it is built on evolutionary theory. A dysfunction occurs when a mental mechanism fails to perform the action for which it evolved. For example, presumably there is an evolved mental mechanism that allows humans to differentiate between internal thoughts and external stimulation, and hallucinations occur when this mechanism fails. Dysfunction does not solely define mental disorder, however. Harm must also occur. Harm is completely determined by the subjective judgment of the culture in which a person is living. Returning to the previous example, hallucination during religious practices might be judged harmful in one culture but harmless in another culture. Combining the two components:

A condition is a mental disorder if and only if (a) the condition causes harm or deprivation of benefit to the person as judged by the standards of the person's culture (the value criterion), and (b) the condition results from the inability of some mental mechanism to perform its natural function, wherein a natural function is an effect that is part of the evolutionary explanation of the existence and structure of the mental mechanism (the explanatory criterion). [Wakefield, 1992a, p. 385]

Thus, a hallucination is a mental disorder only if it is caused by the failure of an evolved mental mechanism and a culture considers it harmful.

A full analysis of harmful dysfunction theory is beyond the scope of the current paper, but it is important to note that it has been largely discredited as a currently viable definition of mental disorder (e.g., Fulford, 1999; Houts, 2001; Lilienfeld and Marino, 1995, 1999; Richters and Hinshaw, 1999). The theory's limitations are numerous, but a central problem is that, despite claims of objectivity, the dysfunction component of harmful dysfunction involves speculation because of the "extraordinarily difficult" task of identifying evolved mental mechanisms and the scientific community's "great ignorance" about their nature (Wakefield, 1992a, p. 383). Ironically, dysfunction offers a "purely factual scientific concept" for the definition of mental disorders that is, at present, wholly unidentifiable in any objective sense (p. 383). The failures of harmful dysfunction would seem to obviate the need for further discussion of its application to relational disorders, but the present analysis must go beyond the validity of harmful dysfunction. Despite devastating criticisms, harmful dysfunction is considered a tenable definition of mental disorder by

many people who will shape the next DSM, most importantly those advocating for the inclusion of relational disorders. Thus, a close examination of the theoretical ability of harmful dysfunction to account for disorders of relationships is necessary.

Although harmful dysfunction had only been applied to individuals in the past, Wakefield (2006) argued that it could also account for disorders of relationships where individual disorders are not present. The argument is best illustrated with one of Wakefield's examples. Sexual pain can occur in bonded male/female partners where the male's penis is larger than average and the female's vagina is smaller than average. According to Wakefield, sexual intercourse "is naturally designed to be pleasurable or at least not extremely painful" (p. 426). Culture would deem painful sex harmful, and the inability for bonded partners to have sexual intercourse represents the failure of an evolved function. Therefore, a harmful dysfunction of the relationship exists even though neither partner has an individual disorder.

Despite some cogent examples of problematic relationships, Wakefield's (2006) analysis of relational disorders was inconsistent with his previous expositions of harmful dysfunction (Wakefield, 1992a, 1992b, 1999). In fact, the arguments for relational disorders violated several of harmful dysfunction's basic assumptions. First, relational disorders were said to be harmful dysfunctions with no references to mental mechanisms. Second, function dictated by natural selection at the individual level was cluttered by the evolutionarily unspecified concept of "relational-level function" (Wakefield, 2006, p. 426). Finally, considering relationships valid cases of harmful dysfunction would allow conflict with society to be a disorder, which violates the purpose of including an objective component in the definition.

Inconsistencies Between Harmful Dysfunction and Relational Disorders

The Abandonment of Mental Mechanisms

The first inconsistency in Wakefield's (2006) harmful dysfunction analysis of relational disorders was the abandonment of the concept of mental mechanisms. Before proceeding it is important to demonstrate that mental mechanisms are indeed a central part of the harmful dysfunction definition of mental disorder. In the most extensive presentation of harmful dysfunction Wakefield (1992a) established a general definition of disorder first and then went on to define mental disorder by adding the concept of mental mechanisms to the general definition. Providing two definitions demonstrated that mental disorder was a specific case of the more general concept of disorder. In separating the two concepts Wakefield stated that "for a disorder to be mental there must be a mental dysfunction" (p. 384) and further clarified that

mental dysfunctions might include failures of “cognitive, linguistic, perceptual, affective, and motivational mechanisms” (p. 383). Thus, mental disorder is a specific type of harmful dysfunction involving a mental mechanism.

Discussion of mental mechanisms is absent from Wakefield’s (2006) article supporting the validity of relational disorders. To begin, relational disorders were defined without reference to anything mental. Wakefield simply stated that disorders are “harmful dysfunctions where dysfunctions are failures of naturally selected functions and harm is judged by cultural values” (p. 423). Wakefield used variations of the terms “disorder,” “medical disorder,” and “dysfunction” in reference to relational disorders; the term “mental disorder” was not used. In addition, functions of the body, mind, and relationships were purposefully introduced as separate entities suggesting that they are mutually exclusive categories. The separation of relational from mental in this way represents the abandonment of a concept previously deemed central to mental disorder.

I contend that mental mechanisms were abandoned in the case of relational disorders in order to obviate the need for individual dysfunction. Previous discussions of harmful dysfunction clearly indicated that mental disorders include the failure of a mental mechanism in an individual (Wakefield, 1992a). In contrast, Wakefield (2006) stated that individual dysfunction is not necessary for relational disorders because relational disorders occur at a level separate from the individuals involved. This leaves no place for the failure of a mental mechanism to occur in relational disorders. The failure cannot be at the individual level because an individual disorder would then necessarily exist. The failure also cannot occur at the relational level because relationships do not possess mental mechanisms. Essentially, asserting that relational disorders can exist at a level separate from individuals leaves no place for mental mechanisms to exist, and that excludes the mind from the harmful dysfunction definition of relational disorders.

Defining relational disorders without reference to mental mechanisms causes problems with classification. What are relational disorders if not mental? One possibility is that they are medical. Wakefield (2006) repeatedly referred to “genuine medical disorders” and “disorders in the medical sense” in discussions of the validity of relational disorders. However, previous analysis of mental disorders as harmful dysfunctions has not led to reclassification as medical (Wakefield, 1992a). Relational disorders have even less in common with physical illness than mental disorders have in common with physical illness; therefore, it seems illogical to classify relational disorders as medical. Wakefield (2006) also could have been postulating a new category of disorders specific to relationships. This would be a bold and inadequately supported proposition, which makes it unlikely. The obvious inference is that relational disorders should be classified as mental disorders. Discussion of relational disorders was framed within the context of the DSM, the mind, psychological problems, and

psychological treatment. However, Wakefield (2006) eliminated the specific defining feature of mental disorders (mental mechanisms) from relational disorders leaving them with no logical place in an existing classification scheme.

Assuming that relational disorders are intended for classification with mental disorders, another important problem is the validity of eliminating the mental component of the harmful dysfunction definition of mental disorder to accommodate relational disorders. Such a practice does not lend much credence to the theory of harmful dysfunction or to relational disorders. Simply put, if relational disorders cannot fit into the preexisting harmful dysfunction definition of mental disorders, either the disorders, the theory, or both are not valid.

Relational-Level Functions and Natural Selection

The second problem with Wakefield's (2006) harmful dysfunction analysis of relational disorders is the abandonment of individual functions that are determined by natural selection for the evolutionarily unspecified concept of relational-level function. Dysfunction is the failure of a mechanism to perform the function for which it was naturally selected. However, Wakefield used the undefined term "relational-level function" to describe what fails in the case of relational disorders, and this makes it unclear if natural selection can be maintained as the explanatory force in relational disorders (p. 426).

Natural selection occurs at the individual level, and this causes difficulty for the harmful dysfunction analysis of relational disorders. The emphasis on selection at the individual level emerged with Darwin (1859/1964) who stated that:

Can we doubt (remembering that many more individuals are born than can possibly survive) that individuals having any advantage, however slight, over others, would have the best chance of surviving and of procreating their kind? On the other hand, we may feel sure that any variation in the least degree injurious would be rigidly destroyed. This preservation of favorable individual differences and variations, and the destruction of those which are injurious, I have called Natural Selection. (pp. 80–81)

Later theorists have maintained this emphasis (Dawkins, 1976), and relation-based function, although undefined by Wakefield (2006), almost certainly refers to natural selection at the individual level. The primary evidence for this assertion is Wakefield's (2006) discussion of birth. Wakefield gives an example of a relational disorder that occurs when a woman's birth canal is smaller than average and she is giving birth to a fetus with a larger than average head. Although neither individual has a disorder, the relationship between them is disordered. In this example Wakefield refers to the individual selection of fetus's skull sutures and female's expandable birth canals. These individually selected features allow human birth to occur. Previous discussions of harmful dysfunction are also consistent with natural selection at the individual

level. For example, Wakefield (1992b) defined dysfunction as “failure of a mechanism *in the person* [italics added] to perform a natural function for which the mechanism was designed by natural selection” (p. 236). Unfortunately, the clarity of natural selection at the individual level was lost in the application of harmful dysfunction to relational disorders

When discussing relational disorders Wakefield (2006) admitted that relationships occur in individuals’ minds and not “in some other relational universe,” but he simultaneously denied that individual dysfunction need be present (p. 424). To support this contention he argued that individual and relational disorders exist on separate but equally real and valid levels just as software and hardware are separate but equally real and valid levels of computers. There is a fatal logical incongruity in this analogy, however. The functions of both computer levels are purposefully designed by humans while human functions are naturally selected only at the individual level. Dysfunction is defined by the failure of an evolved mechanism, and the mechanism must have evolved through natural selection. Natural selection requires the passing on of genes, but relationships have no genes to pass on. Relationships may exist on a level independent of individuals, but that does not free relationships from the requirements of evolutionary theory. Relationships are not naturally selected; individual organisms’ traits are naturally selected. Naturally selected functions, even when they involve how organisms relate to other organisms, are individual. Because natural selection only occurs at the individual level, dysfunction must also occur at the individual level according to harmful dysfunction. To be clear, an organism’s environment, including relationships, does affect natural selection; nonetheless, it is the individual organism and not the environment that passes on functions genetically.

An example Wakefield (2006) used to illustrate the existence of relational disorders actually demonstrates how natural functions, and therefore dysfunction, can only occur at the individual level. The example was a mother with low reactivity to crying and infant with low frustration tolerance. Although both mother and baby may fall within the normal ranges as individuals, their interaction is an example of a relation-level dysfunction. According to Wakefield they represent a failure of the naturally selected “mother–infant bond” (p. 425). In evolutionary terms, however, infants’ crying was selected because it elicited care-giving and lead to survival and the passing on of genes. Similarly, mothers’ responses to infant crying were selected because parental investment lead to survival of offspring and the passing on of genes. These are the natural functions of the behaviors. Selection of the behaviors occurs only at the individual organism level. Claiming that relationships occur on a separate level from individuals would seem to indicate that the mother–infant bond was selected at its “own level.” However, there can be no failure of a natural relational function because a relationship, lacking genes, cannot be naturally

selected. Only individual organisms' reactions to other organisms have natural functions. Thus, failures of natural functions (i.e., dysfunction) are impossible outside individual organisms.

Conflict with Society as a Relational Disorder

The final problem with the harmful dysfunction analysis of relational disorders is that it allows for conflict with society to be a disorder, which violates the purpose of including an objective component in the definition. Deviance is one possible characteristic of mental disorders, but according to the DSM mental disorders are not solely conflicts with society (American Psychiatric Association, 2000). As arbiters of what constitutes mental disorder, the framers of the DSM decide which behaviors that include conflict with society constitute mental disorders and which do not. Unfortunately, no objective guideline for such decisions is identified in the DSM, and some conflicts with society are labeled mental disorders (e.g., paraphilias, breaking the law as part of conduct disorder) while others are not (e.g., homosexuality, breaking the law as part of civil disobedience). Arguably, without an objective guideline, such distinctions are subjective and arbitrary. Harmful dysfunction does not explicitly eliminate conflict with society as a mental disorder; however, its purported advantage is the combination of an objective component (i.e., dysfunction) with a subjective component (i.e., harm) in order to prevent conflict with society alone from being a mental disorder (Wakefield, 1992a). Unfortunately, allowing relationships to be disorders obviates this intended objectivity. The same logic that allows relationships between two people to be disorders also allows relationships among numerous people, such as between an individual and society, to be disorders as well; this contradicts the intended purpose of the hybrid nature of harmful dysfunction.

Wakefield (2006) clearly stated that relational disorders should not be used to label conflicts with society as disorders, but the logical extension of his arguments allows precisely that to occur. All of Wakefield's arguments for the validity of relational disorders and examples of relational disorders are focused on dyads. Relationships between more than two people were ignored. Nonetheless, dysfunction in multiple person relationships can function analogously to dysfunction in two person relationships. Multiple person relational disorders then allow conflicts with society to be considered disorders. To be clear, my purpose is not to agree with Wakefield's argument for relational disorders. As stated above, I believe that relation-level functions are not consistent with natural selection. I am simply arguing that applying harmful dysfunction to relationships leads to contradictions with the intended structure of harmful dysfunction itself.

The first step in showing that relational disorders allow conflicts with society to be disorders is demonstrating that Wakefield's evolutionary analysis can

be applied to relations with more than two people. The most obvious example of relational disorders involving more than two people involves a family. Imagine a mother with two equally viable male fraternal twins. One twin is a more aggressive feeder than normal, the other twin is a less aggressive feeder than normal, and the mother is less conscientious than average in ensuring both twins are adequately fed. Such a three-way relationship could result in one twin being fed excessively to the detriment of the health of an underfed twin. It is to the advantage of all three relatives that their kin survive (Hamilton, 1964a, 1964b), but they may prevent this even though there is no dysfunction on the individual level. In this case a three-person relational disorder consistent with Wakefield's analysis could theoretically occur. As this example illustrates, Wakefield's application of harmful dysfunction to relational disorders is not limited to dyads.

The family relationship example is analogous to relationships among multiperson social groups. Humans are social animals. In all likelihood humans have evolved relations with groups outside of family. For example, in an altruistic sense individuals have a relation to all of society. Reciprocal altruism is thought to be naturally selected and occurs when people assist individuals they are not related to because it increases the chances assistance will be repaid in the future (Trivers, 1971). Also, across all cultures people tend to follow socially established behavioral norms. The mechanism by which this occurs is debatable. Perhaps there is a specific evolved mental mechanism for learning a culture like there is for learning a language. Alternatively, learning a culture could be just one function of a general mental mechanism for learning. Whatever the process, it is functional for humans to learn their culture. Such an evolved mechanism would allow conflict with society to be a relational disorder without necessitating individual dysfunction. For example, consider a mismatch between a person and a culture. Such a mismatch could occur if a person with extreme, but not dysfunctional, difficulty learning cultural norms lived in a culture that was extremely intolerant of norm violation. In this case a judgment of harm would be assigned by the culture, and the interaction of the person and the culture would be dysfunctional despite the lack of individual dysfunction. The interaction described is exactly the type Wakefield (2006) repeatedly referred to as a relational disorder but extends naturally selected relationships to the group level. As such, harmful dysfunction would allow pure conflict with society to be a relational disorder.

Nothing in the harmful dysfunction definition of mental disorder explicitly eliminates the possibility of disorders that consist only of conflict with society, but the hybrid objective and subjective nature of the definition is intended to eliminate such potentialities. Unfortunately, the hybrid fails in the case of relational disorders. Although Wakefield (2006) only considered relationships between two people, the concept can be logically extended beyond

pairs. Such an application would not prohibit extension of the relational disorder concept to include people who are now simply considered criminals, dissidents, or nonconformists. That is not to say that labeling such individuals as mentally disordered is likely, but a definition of mental disorder that does not close this theoretical gap is not tenable. Furthermore, this type of relational disorder contradicts the intended objectivity of harmful dysfunction.

Summary

Wakefield's (2006) argument for the existence of relational disorders violated some of the basic assumptions of the harmful dysfunction definition of mental disorder. A close examination of the examples in the article shows that Wakefield first attempted to illustrate that two nondysfunctional systems within one person can interact and lead to dysfunction. Then, Wakefield switched his examples in an attempt to illustrate that two nondysfunctional people can interact in a way that constitutes a relational dysfunction. No argument for why interactions within one person are the same as interactions among people was offered, and the analogy is in fact false. Wakefield's assertion about the validity of relational disorders violates previously established assumptions about harmful dysfunction. Relational disorders lead to the abandonment of mental mechanisms, do not conform to the idea of natural selection at the individual level, and allow conflict with society to be a disorder. Overall, harmful dysfunction cannot lend credence to relational disorders and maintain consistency with its previously established definition of mental disorder; this indicates that relational disorders, harmful dysfunction, or perhaps both concepts lack validity. As such, harmful dysfunction should not be used as evidence supporting the validity of relational disorders.

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