

DSM –V: THE NEXT FRONTIER OF MENTAL ILLNESS (IF IS AN ILLNESS).

There is much anticipation over the soon to be released new edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM –V) by the American Psychiatric Association (“APA.”) It is due in 2012. There are many interests involved in the development and recognition of categories of mental disorders. (There is still controversy over whether there is mental “illness,” but there is more congruence over the existence of “disorders.” The late poet, Theodore Roethke, once wrote, “What is mental illness, but nobility of soul at odds with circumstance?” The APA, the psychiatric profession, the pharmaceutical industry and other groups have a much bigger and more complex investment in the definition of categories of mental illness.

To paraphrase the late Louis Jordan, the question of whether “is you is or is you ain’t” mentally ill has broad financial and sociological implications. In an earlier edition, DSM II, homosexuality was classified as a mental disorder. (It was removed following protests from many quarters in DSM-III) If sexual orientation is defined as a “disorder” as many evangelicals and others believe, it is something to be contained and “treated” and not accepted as part of a natural spectrum of human sexuality. Gay marriage and other gay rights having broad legal implications hang in the balance. On the other hand, having a sexual identity disorder can result in tax relief for the cost of gender reorientation. See *O’Donnabhain v. Commissioner*, 134 Tax Court 4 (Feb. 2, 2010).

In addition to tax advances flowing from the DSM there are also benefits for coverage under certain insurance policies. If certain patterns of conduct can be characterized as forming a syndrome of symptoms it may in fact be covered under a policy of insurance. If the condition is not in the book, then it is either in limbo or just bad behavior. Under the penumbra of the DSM-V debates and developing consensus there are a number of candidates with hopes of elevation this time including “obsessive shopping,” “binge eating,” and “persistent cross gender identification.” The process of inclusion seems not unlike the process of selection into the Professional Football Hall of Fame.

Oh yes and the money. If an syndrome is a “disorder” or even better an “illness,” it is likely to be treated by some form of medication, which may now be covered by insurance or if not perhaps tax deductible. The APA of course has a bent toward the neuro-biological approach to mental disorders which happily coincides with the interests of the pharmaceutical industry. Interestingly over half of the 28 new writers of DSM-V have strong ties to the pharmaceutical industry. One of them, William Carpenter, Jr., director of the Maryland Psychiatric Research Center at the University of Maryland, worked as a consultant for 13 drug companies in the last six years.

Other potential candidates for inclusion in the hall of disorders might include the “Tiger Woods’ – the rules don’t apply to me” syndrome might make it this time, but will probably have to wait until DSM –VI, but the drug companies may well be contemplating the development and future release of “DeViagra” and “CialisOff.”