

Charbonneau: Every DSM brings new mental illness

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The latest DSM is wide on lists and thin on the root causes of mental illness. It took 14 years to produce but the newest Diagnostic and Statistical Manual of Mental Disorders, DSM-5 was published last month.

The first DSM was published in 1952. It was a spiral-bound pamphlet that listed 95 mental disorders. By 1986, the number of disorders in the DSM-II had climbed to 130. Controversially, it made homosexuality a mental disorder which was later revoked in 1973.

What makes it into the DSM is determined by a panel of experts. Psychologist Carol Tavris thinks that this is an odd way of determining a disease. "Doctors don't vote on whether pneumonia is a disease." Unlike biological illnesses, mental illnesses come and go. Narcissistic Personality Disorder was voted out in the DSM-II and voted back in the DSM-III of 1980. Where did it go?

The DSM reflects current psychological theories. In the 19th century, Sigmund Freud believed that mental illness was caused by the mind trying to resolve issues from the past. The DSM-III threw out Freud's theories along with terms such as "neurosis" and in the fashion of modern science, replaced them with a list of disorders with agreed-upon symptoms.

Then the number of disorders was 300. Mental illnesses grew to nearly 400 with the DSM-IV (1994). The latest DSM-5 drops the Roman Numerals and is 947 pages thick.

Carol Tavris' favourite disorder in the DSM-5 is "antidepressant discontinuation syndrome." Now psychiatrists can treat the symptoms of going off antidepressants, which is a good thing because the inflated number of disorders allows for doctors to prescribe more antidepressants for more problems.

Dr. Kwame McKenzie, director for the Centre for Addiction and Mental Health in Toronto, is concerned that the DSM-5 will turn normal behaviour into an illness and lead to false epidemics of diseases that didn't exist prior to the DSM-5.

Grief, for example, didn't used to be a mental illness. When Dr. McKenzie began training in the 1980s, psychiatrists allowed grief to take its course unless a patient was suicidal. Psychiatric intervention was only considered if grieving lasted more than six months. The DSM-IV reduced the allowed time to two months and the DSM-5 to zero.

"Grieving is a personal and social process that reflects both how we deal with mortality and the way we demonstrate the bonds between us. Depression is part of the grieving process, a part of letting go as well as paying one's respects," worries McKenzie.

Another problem in all DSMs is that mental illnesses are classified without determining an anatomical cause.

Sure, trauma to the brain will lead to behavioural changes. But brain illness is not necessarily mind illness.

The mind is a product of both society and anatomy. "If our minds are engaged in a relationship with the world, then mental illness is the fault of neither. It is the relationship between them that is problematic," explains McKenzie. The DSM misses the root cause of mental illness by ignoring social and relational factors. "We need to understand both the individual and the environment, and how they interact, if we are truly going to improve the world's mental health."

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