

Do you have a spiritual disorder?

Roberta Russell investigates the latest edition of the Diagnostic and Statistical Manual of Mental Disorders.

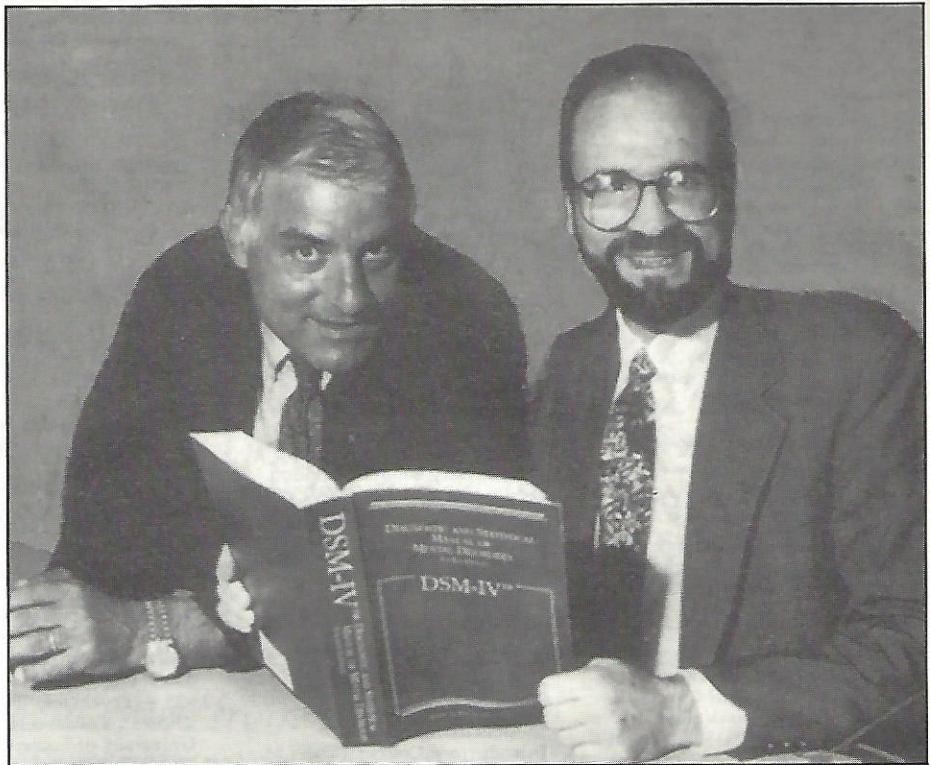
THE newest version of the psychiatrist's bible, the *Diagnostic and Statistical Manual of Mental Disorders* (commonly known as the *DSM-IV*) was officially unveiled on May 21, 1994 at the annual meeting of the American Psychiatric Association. Sixteen thousand of the 38,000 member-psychiatrists assembled in Philadelphia to commemorate the 150th anniversary of their organization.

Although the International Classification of Diseases (ICD-10) is the treatment bible in the UK, research is international now, and the *DSM-IV* categories are indexed to those of the ICD-10 so that they can be translated into a common international parlance in order to facilitate the communication of research findings and diagnoses.

This event heralded hosts of new disorders, while eliminating others. Among the most enigmatic of the newly defined maladies we find spiritual disorder.

This category is used in the event of distressing experiences that involve spiritual values, not necessarily related to a religious institution. According to the group from which the suggestion for this category sprung, this takes into account, but does not specify, near-death, transcendental or religious experiences and a host of other events which precipitate an upsetting change of values. These altered states may emanate from states ranging from drug-induced hallucinogenic experiences to religious conversions. Spiritual disorder is a 'v' category, one not usually reimbursed by American insurers. If the crisis is a first onset, it is not necessarily treated with drugs, nor considered an illness. For someone undergoing such a redefinition in identity with all of its painful wrenches and counter-pulls, an allied and non-intrusive listener might be a welcome ally, as opposed to a distant diagnostician who labels one with a mental disorder and drugs accordingly.

Since this malady appears to have preceded both the *DSM-IV* and the organization from which it sprung, one may wonder why the sudden onset of a new category? Is this the attempted antidote to one manifestation of the satirical disease, psychiatric schizophrenia, defined in the spoof version of the *DSM-IV*, called *DSM-V*, as a disorder marked by the presence of characteristic



The designers of *DSM-IV*, Dr Allen J. Frances, MD and Dr Michael B. First, MD

psychotic symptoms, in the active phase for at least one year, but usually extending for an indefinite period with at least two of the following symptoms:

- (a) Delusion of biological reductionism;
- (b) 'boxinations': absence of awareness of any sensitivity to spiritual experience, global feelings or ideas of transcendence. The tendency to label such experiences as 'hallucination';
- (c) marked tightening of associations;
- (d) rigidity of response in human relations;
- (e) flat affect/cold professional demeanor.

In truth, the *DSM-IV* is a political document, however well intentioned and conscientious its designers, and its pages are filled with definitions that determine how one is perceived, treated and supported. They influence the decision to drug or not, to reimburse for payment or not (an important issue in America), to be classified as sick or just going through a normal life passage. These decisions are defined by consensual validation and reflect the ebb and flow of political powers.

Outside the massive convention hall

protestors marched with banners forged with their cries of outrage. Homosexuals, marching against the *Zeitgeist* complained of their on-going loss of a category. Since homosexuality is no longer a symptom, those who view it that way cannot be categorically treated. Professionals in the field, understandably prefer to be paid for their services and often diagnose with this end in mind.

Nevertheless, this carefully documented and well-researched diagnostic compendium reflects not only the shift in government support toward medically treated disorders, but also a greater sensitivity to cultural differences in the presentation of symptoms and more finely tuned and research-supported descriptions, reflecting the complexities of human ills.

DSM-IV is published by the American Psychiatric Association, Washington DC, 1994. *DSM-V* by M.A. Susko, 1993.

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