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How about a diagnosis called 'Gargantuan Greed' to describe the banking executives who triggered the worldwide financial meltdown?

## Should psychiatry list hubris in DSM-V?

A recent book contends that psychiatry has transformed normal sadness and sorrow into a depressive disorder,<sup>1</sup> which would be akin to saying primary care physicians diagnose every mild cough as pneumonia. The book's premise is not true, of course, but it's a perfect example of how misunderstood serious mental illness is.

Psychiatric disorders deal with extreme, pathologic changes in behavior, thoughts and emotions, perception, or will. Psychiatrists do not pathologize normal sadness over a missed opportunity nor noticeable grief over the death of a loved one. We do, however, recognize the substantial disruption that clinical depression brings to a person's life and the potential for suicidal acts during major depressive illness.

Similarly, being happy about a minor achievement does not affect one's life as much as the giddiness of infatuation and certainly is not as serious as the grandiose euphoria of a manic episode. Psychiatrists would intervene with a diagnosis and treatment plan only if the condition were severe enough to impair social and vocational functioning.

### Cataloging human flaws

Let's assume, just for fun, that psychiatrists did decide to pathologize common human traits. Consider the many categories we would need to add to DSM-V!

Take the worldwide financial meltdown triggered by questionable practices of banking executives who thought they would never fail or be caught on their way to accumulating obscene wealth. They certainly left a lot of wreckage in their wake, so perhaps psychiatry should create new diagnostic entities of "Horrendous Hubris" and "Gargantuan Greed."

But why stop there? How about "Verbal Diarrhea" for folks who chatter incessantly at a cocktail party or committee meeting, or "Intellectual Constipation" for our friends with exasperating narrow-mindedness. And for the painfully irritating person, "Social Hemorrhoid" might be apropos.

Let's not forget those who throw temper tantrums when they can't

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have their way: they may suffer from “Temperamental Arrhythmia.” And for chronic complainers who never stop whining, let’s go with “Emotive Angina.” I’d better stop here and not go into the garden variety of human flaws: gluttony, sloth, fanaticism, indecisiveness, cowardice, chicanery, snobbishness, rudeness, and plain old stupidity.

### Normal vs pathologic

My point is that the social retina of psychiatry does not perceive ordinary human traits and emotions such as normal sadness as pathologic behavior. But psychiatrists certainly are willing to intervene when people seek help on their own for problems such as

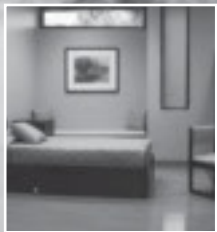
depressive episodes that are disrupting their lives or are referred by physicians or brought in by family or friends who recognize the potential gravity of their afflictions.



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### Reference

1. Horwitz AV, Wakefield JC. *The loss of sadness: how psychiatry transformed normal sorrow into depressive disorder*. New York, NY: Oxford University Press; 2007.



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