The DSM-5 promises to change the practice of psychiatry in a big way. What do you think of the proposal to eliminate Asperger’s disorder and to put it under the heading of autism spectrum disorders?

When I started working in psychiatry 50 years ago, Asperger’s disorder was a recognized diagnosis. During that period, the diagnosis drifted into my consciousness through conferences, articles, and discussions with colleagues.

Sometimes, I was asked to evaluate an adult who had difficulty socializing and learning all of his life, and someone had labeled the man with Asperger’s disorder. It has become part of the psychiatrist’s nomenclature and diagnostic system for a group of patients who otherwise would have been dunned to move to marginal places. The label has provided us with an ability to split and share concepts in a helpful way.

I became very conscious of the illness when we realized that a neighbor’s son at 15 years of age had Asperger’s. He was friendly in a very superficial way; he was peculiar in his looks and manner; and he was the kind of person one might tend to avoid.

He had no friends, no social life, and no seemingly useful activities. We were convinced that he had Asperger’s.

He died while in his early 60s, and no one on our street expressed one word of regret that this odd man was no longer on the road. I think that it would have been difficult to call him autistic, so the plan to take Asperger’s out and make it part of the autism spectrum disorders will take a great deal of learning on the part of 40,000 psychiatrists and several thousand patients after the DSM-5 is published.

For me, what is most interesting about this is how the diagnosis arrived and might leave in the course of my career. I, like many people in the field, do not understand the rationale of the task force in proposing this change.

Controversy Is Nothing New

I commend the task force members and their efforts, however, in refining this important document. After all, this volume plays a major role in the care and treatment of patients as well as with insurers with regard to getting paid for the work we do.

Each of the previous DSM editions caused much controversy; as this version is doing. Many praise it, and many will be highly critical of the efforts. Preparing a diagnostic and statistical manual takes a great deal of effort, time, and money, and it is one of the most important activities of the American Psychiatric Association. The manual becomes a trusted instrument used by almost everyone after it has been approved and published.

The DSM-5 that we have done something that has never been done before and put a draft outline on the Internet. The APA has invited comments, reactions, and criticism. After the view-

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very sick, and need correct diagnoses and treatment in order to re-enter life.

We don’t want big changes that will have us running to the DSM-5 on a daily basis to be sure that we know what the expert are thinking about a term we’ve been using for 40 or 50 years.

The power of DSM throughout the years, he developed many converts to his approach to mental illness is dimensional, in my opinion.

I think this publication, which was assembled by a committee of leaders within the American Psychoanalytic Association, the International Psychoanalytical Association, the American Academy of Psychoanalysis and Dynamic Psychiatry, the division of psychoanalysis of the American Psychologic Association, and the National Membership Committee on Psychoanalysis in Clinical Social Work, is important.

After all, the PDM opens up a lot of ideas about what a patient with a given illness feels, thinks, and sees, and it provides a great deal of insight into the inner workings of the individual. Its approach to mental illness is dimensional rather than categorical.

I helped write a little of it, and I was shocked by the number of ways we found to describe things that go on inside of a person. None of it is in previous DSMs and most likely will not be in the DSM-5.

I suspect that in some instances, the DSM-5 changes will tighten up areas that have been too vague and difficult to nail down. The concentration on aggressive behaviors is terrific, in my opinion.

We all have evaluated and treated people with various kinds of aggressive behavior with no clear-cut category into which to put them. If the new DSM leads to research that will help us categorize such patients, it will be a blessing.

Many years ago, a couple came in to see me because the wife had taken an ax and destroyed her husband’s car. There was no recognized therapy at the time that could guarantee an end to her impulsive outbursts of aggression. The borderline personality disorder diagnosis had not yet come on the scene. Now there are several places to put such patients in the diagnostic scheme, but no real in-depth understanding of why and how the behavior can be treated and stopped.

Role of Politics

What I think is important at this moment in the evolution of the DSM-5 is to realize that many of the controversies are and will be political with proponents on each side of the issue. All of us love rhetoric that seems reasonable to the reader.

One such area is parental alienation syndrome (PAS). I am personally involved in opposing the inclusion of this bit of junk science invented by a psychiatrist in the 1980s, the late Dr. Richard A. Gardner. All of his books and many of his papers were published by his own publishing company. He protected child sexual abusers in court and was very abusive to the mothers of the children caught up in custody hearings.

Many children and mothers have been hurt by this man’s beliefs, but over 15 years, he developed many converts to his beliefs, including judges, lawyers, guardians at item, and psychologists who liked the neat packaging of his ideas.

In recent years, the ball has been picked up by “father’s rights” groups who don’t like to be interfered with when they are sexually abusing their children. This group has petitioned the DSM task force to include PAS in the publication.

This is a good example of the political activity into which DSM is drawn. The task force members want to be fair to all parties, so we are now involved in putting together data around this issue to improve it to the DSM task force.

During the development of the DSM-IV, the question of whether homosexuality was an illness was hotly debated. In that instance, wise heads helped sort out the best route to take, and I am hopeful that the same process will be used with regard to PAS. For more information about PAS, go to the Web site of the Leadership Council on Child Abuse and Interpersonal Violence, which is www.leadershipcouncil.org.

Over the next few months, those of you who are spectators will see many battles taking place on the pages of journals and psychiatric newspapers (such as this one), as we continue to discuss and argue about issues that raise our emotional hackles and require a fight.