

From VOA Learning English this is As It Is.

Welcome to the show. I'm Caty Weaver. The Diagnostic and Statistical Manual of Mental Disorders is a guide to help doctors identify mental health problems in patients. The guide was first published in 1952. It has recently been updated for the fourth time. The DSM-5 has caused debate among psychiatric professionals, patients and others.

Our first subject on today's show: The DSM-5.

Here's Christopher Cruise.

DSM-5 Debate

The Diagnostic and Statistical Manual of Mental Disorders is often called the bible of psychiatrists and psychologists. The book is also used by others, including insurance companies to help decide what health care services to pay for. The last version came out in 1994.

The DSM is published by the American Psychiatric Association. It is put together with the help of experts around the world.

David Kupfer is a professor of psychiatry at the University of Pittsburgh. He led the international team that reworked the guide. It took ten years to complete.

“We’re quite excited about putting out DSM-5 as a revision.”

But not everyone likes the changes. For example, the new DSM has removed Asperger’s syndrome as an individual disorder. This developmental disorder has been absorbed into a larger group called autism spectrum disorder. People with autism have problems with social and communication skills. Asperger’s was considered a mild form of autism.

Dr. Kupfer considers the change in Asperger’s identification in the DSM to be minor. But Alycia Halladay does not. She is a director of Autism Speaks, an advocacy group for people with autism. Ms. Halladay says her group is worried that the change may keep people from receiving treatment or other services.

“We’re concerned about individuals that may have shown symptoms of Asberger’s not meeting the criteria for what is now called autism, and therefore not receiving services.”

Another change in the DSM-5 that critics have targeted is its new definition of depression. The old diagnosis called for a patient to show signs of unhappiness or lack of pleasure for a long time.

Now the manual suggests as little as two weeks of sadness could qualify as depression. Critics say simple grief can cause this.

“To diagnose major depression after bereavement is medicalizing a normal human reaction – that is, the grief of losing a loved one.”

That is Bruce Cuthbert from the Research Domain Criteria Project, or RDoC, at the National Institute of Mental Health. RDoC is collecting the latest research to identify the biological causes of mental disorders like depression.

Bruce Cuthbert says another problem is that mental health research generally follows definitions provided by the DSM.

“That’s what we need to change, because we know that these categories are very complicated. There are many different mechanisms of brain functioning and behavior that are involved with any one of these disorders.”

Some new disorders to the manual are also raising questions. Disruptive Mood Disregulation Disorder is an example. The DSM-5 says signs of the disorder include explosions of anger at least three times a week that do not seem in balance with the cause. The manual says to receive this diagnosis, the patient would have to be at least six years of age and the signs would have to show before ten years of age.

But critics say such behavior does not necessarily mean a mental disorder. They argue that angry outbursts are normal behavior in young kids.

Allen Frances is the former chairman of the Department of Psychiatry at Duke University. He also led the team that produced the fourth version of the DSM. Dr. Frances has been extremely critical of the new manual. In a blog on the Huffington Post website, he said the DSM-5 could, for example, “turn temper tantrums into a mental disorder.”

Gratitude Ceremony

A ceremony was held recently to honor the dead who had donated their bodies for medical purposes. Kelly Jean Kelly reports on the event at a medical school in New York City.

A cadaver is the body of someone who has died. Since the 16th century, medical students have studied cadavers to learn about the biology of humans. In the past 40 years, New York's Columbia University College of Physicians and Surgeons have honored donors of cadavers with what they call a "gratitude ceremony." Medical and dental students, professors and families of the donors attend.

This spring, the ceremony was held at Columbia University's Medical Center theater. Zachary Feldman attended the ceremony. He is one of many medical and dental students who have trained with cadavers.

“It’s nice to have a ceremony to acknowledge the large context and to see the real story and the human story outside the physical body, to sort of corroborate your data from the lab with real relatives and real people who loved that individual. It puts you in touch with your own humanity.”

Children, friends, husbands and wives of the dead had the chance to give a small goodbye speech.

One daughter spoke of her mother’s desire to give to research.

“My mom felt that the greatest gift was to contribute to the education of others and always expressed that she wanted her body donated for research. By being here today, we know that her greatest gift and wish has been fulfilled.”

Paulette Bernd designed and supervises Columbia’s Clinical Gross Anatomy course. She says no other source of medical training can compare to study using human bodies.

“There’s manual dexterity involved in terms of learning the equipment that they will eventually be using in surgery as well. And they need to interpret what they see.”

Still for many, making that first cut into a human body can be hard. Elizabeth Shy, a medical student, said she was unsure in her cutting technique at first.

“So even if you have a scalpel in your hand, you know that your job is to cut into the body, it’s hard to really put enough pressure to make that happen. I found myself throughout many, many labs, I would just be holding the cadaver’s hand, and I would find myself sort of rubbing the arm or the shoulder. Because I think it was still my human reaction to try to be comforting the patient.”

Zachary Feldman who plans to specialize in psychiatry says medical students often report a similar dream. He says they will dream of cutting into a cadaver who suddenly comes alive. And its face is the same face as the dreamer’s.

“I interpret that as, when you start medical school, your boundary between physician and patient is really blurred...when you see someone hurting or ill it’s not hard to see your own mortality and your own vulnerability.”

Gratitude ceremonies were once rare, but now can be found across the country. Medical student David Hankins says it’s impossible to overstate the value of the body donor’s gift.

“Because if you think about...how many people we are going to see every day of our careers, we have millions of chances to make a difference in someone’s life. And we absolutely couldn’t have gotten that without the benefit of the donors.

I’m Kelly Jean Kelly.

And that’s As It Is for today. I’m Caty Weaver. Thanks for joining us.