A Proposed Category for the Diagnostic and Statistical Manual of Mental Disorders (DSM): Pervasive Labeling Disorder[1]

David A. Levy

The purpose of this essay is to propose a new diagnostic category for inclusion in the American Psychiatric Association's *Diagnostic and Statistical Manual of Mental Disorders,* better known as the DSM. As noted in a recent edition (American Psychiatric Association, 1987), the DSM should be viewed as "only one still frame in the ongoing process of attempting to better understand mental disorders." The category proposed here represents a significant contribution to the composition of the next still frame by focusing on one of the most ubiquitous, yet least recognized, of all mental disorders.

409.00 Pervasive Labeling Disorder

Diagnostic Features

The essential features of this mental disorder are: (1) an uncontrollable impulse, drive, or temptation to invent labels and to apply them to other people, (2) a repetitive pattern of trying to fit people into preconceived categories, (3) an increasing sense of fear or inadequacy before committing the act, (4) an experience of overwhelming triumph or relief at the time of committing the act.

Manifestations of the disorder appear in many situations, but are especially likely to occur when the person with Pervasive Labeling Disorder (PLD) feels uncomfortable around other people. The person then spontaneously assigns a label to others, thus viewing them as "types," rather than as human beings. Because the disorder serves to control other people and to keep them at a distance, it provides the person with the temporary illusion of both superiority and safety.

Associated Features

People with PLD frequently display marked signs of arrogance, smugness, grandiosity, and a sense of personal entitlement. They exhibit an especially condescending attitude toward others who do not share this mental disorder.

These persons derive immense pride from inventing seemingly incisive and articulate (yet ambiguous and indecipherable) pseudoscientific neologisms. When called on to explain the precise meaning of these newly created labels, however, they typically display peculiar speech characteristics and inappropriate communication patterns, including: catatonic silence; stammering and cluttering; verbal perseveration on the label, coupled with poverty of content of speech; and psychomotor agitation, such as engaging in beard-stroking, head-shaking, or eye-rolling behaviors.

Persons with PLD operate under the fallacious belief that, by having named something, they have therefore explained it**.** Research indicates that many persons with PLD are exceptionally adept at seeing in other people the flaws they cannot see in themselves.

Prevalence

PLD is widespread throughout all sectors of society, but many people have found a means to obtain reinforcement for this disorder in socially acceptable ways by becoming psychiatrists, psychoanalysts, psychologists, astrologists, Scientologists, evangelists, cult leaders, authors of self-help books, politicians, and interview guests on radio and television shows.

Specific Culture and Age Features

Despite its prevalence, the disorder typically is not recognized until the person has attained a position of social power.

Course

Recovery from PLD rarely occurs once the person's annual income exceeds six figures.

Complications

Because persons with chronic, intractable, and severe cases of PLD are incapable of achieving and maintaining any type of human bonding, they rarely have any real friends.

Predisposing Factors

Vulnerability to this disorder is directly correlated with the extent to which one has a fear of one's own feelings. When PLD is found in psychotherapists, it typically serves to mask their deeply hidden and nagging fears that they haven't the faintest idea as to how to actually help their patients.

Differential Diagnosis

Narcissistic Personality Disorder, Obsessive Compulsive Personality Disorder, Anxiety Disorder, and **Delusional Disorder (Grandiose Type)** share a high degree of overlap with — and are therefore sometimes difficult to distinguish from — Pervasive Labeling Disorder. To ensure diagnostic validity, flipping a coin is recommended.

Subtypes and Specifiers

409.01 With Narcissistic Personality Features. This category should be used for the person with PLD whom you think has too much self-esteem.

409.02 With Codependent Personality Features. This category should be used for the person with PLD whom you think has too much empathy.

409.03 With Histrionic Personality Features. This category should be used for the person with PLD whom you think is too emotional.

409.04 With Schizoid Personality Features. This category should be used for the person with PLD whom you think is not emotional enough.

409.05 With Neurotic Personality Features. This category should be used for the person with PLD whom you think worries too much.

409.06 With Antisocial Personality Features. This category should be used for the person with PLD whom you think doesn't worry enough.

409.07 With Borderline Personality Features. This category should be used when the person with PLD is disliked intensely by others, especially unsuccessful psychotherapists.

409.08 With Adult-Child-of-Alcoholic Personality Features. This category should be used when the person with PLD came from parents who, in any way whatsoever, did not satisfy each and every one of his or her needs as a child.

409.09 With Resistant Personality Features. This category should be used when the person with PLD doesn't do what you want him or her to do.

409.10 With Cognitive Slippage Features. This category should be used for the person with PLD whom you can't understand, but don't want to admit it.

409.11 With Transference Features. This category should be used for psychotherapy patients with PLD who have any feelings whatsoever about their therapist.

409.12 With Countertransference Features. This category should be used for psychotherapists with PLD who have any feelings whatsoever about their patients.

References

American Psychiatric Association. (1987). *Diagnostic and Statistical Manual of Mental Disorders* (3rd ed., rev.). Washington, DC: Author.

Notes

[1]Levy, D. A. (1992, Winter). A proposed category for the Diagnostic and Statistical Manual of Mental Disorders (DSM): Pervasive labeling disorder. *Journal of Humanistic Psychology*, *32*(1), 121-125.

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