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Abstract. This article suggests a case for an entity of national psychopathology--viz., oil dependence.

Political psychology as a discipline has offered constructs such as national character and operational codes of governmental groups and organizations. What might be the merit--even if only from a face validity perspective--of national psychiatric diagnoses?

Take the possibility of oil dependence. Following the Diagnostic and Statistical Manual-IV of the American Psychiatric Association, one might ascribe to the construct a maladaptive pattern of oil use leading to significant impairment or distress as manifested by 3 or more of the following: (1) tolerance, (2) withdrawal, (3) greater than intended use, (4) persistent desire and unsuccessful effort to cut down or control use, (5) great effort to obtain the substance for use, (6) a giving up of other significant activities because of the substance use, and (7) continued use despite knowledge of having persistent or recurrent problems related to this use.

Given the consequences of oil use that include noxious environmental effects, possibilities of cycles of economic inflation, vulnerability to political coercion, and temptations of corruption, oil dependence may indeed fit the bill. The psychopathology of dependence would also help explain decisions not to effectively use strategic reserves, to firmly challenge relevant geopolitical status quos, to efficiently develop and produce alternative energy sources, to break de facto monopolies, to avert energy-related threats to the global economy, and to modify hyper-materialistic and hyper-consumerist life styles and economies. This psychopathology would also help explain the phenomena of mass hysteria exemplified by traffic slow-downs, the blocking of fuel depots, and panic buying of gasoline and basic foodstuffs by citizens in many European countries--even as the Organization of Petroleum Exporting Countries has announced efforts to increase oil production and as the price of oil in constant dollars is generally a third less than it was a decade ago. Unfortunately, the outcome research on social, cognitive, and behavioral therapeutic approaches to resolving alcohol and drug dependence--including serenity approaches of praying to know the difference between what one can change and what one cannot--does not warrant an optimistic stance towards resolving oil dependence. (See Bickel, W. K., Madden, G. J., & Petry, N. M. The price of change: The behavioral economics of drug dependence. *Behavior Therapy*, 29, 545-565; Polcin, D.L. (1997). The etiology and diagnosis of alcohol dependence: Differences in the professional literature. *Psychotherapy*, 34, 297-306; Stolerman, I. (1997). Elementary particles for models of drug dependence. 10th Okey Memorial Lecture presented at the Institute of Psychiatry, London on 19th March 1997. *Drug and Alcohol Dependence*, 48, 185-192; Verleger, P.K., Jr. (September 13, 2000). Taking power over oil. *The New York Times*, p. A31; Walters, G. D., & Gilbert, A. A. (2000). Defining addiction: Contrasting views of clients and experts. *Addiction Research*, 8, 211-220(Keywords: Diagnosis, Oil, Substance Dependence.)