DSM: Diagnosing for Status and Money

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In 1911 the highly powerful and influential International Academy of Chemists (IAC) gathered in Paris to discuss what constituted a water molecule.

On one side of the debate was the old school of chemists who argued that their research clearly proved that a water molecule consists of five atoms of hydrogen and three oxygen atoms to form an O5H7 molecule. On the other side of the debate was a group which called itself the Neo-Chemists, and who used different research methodologies to prove that a water molecule is not O5H7 but in fact H2O.

To complement the heated discussion behind close doors, there were also hundreds of people demonstrating outside the convention hall, claiming that the O5H7 formula had a clear anti-Oxygen bias and, thus, was discriminatory. After much heated discussion and name-calling the matter was called for a vote. The results included 5,584 votes in favor of the H2O formula and 3,819 for O5H7.

Ever since, as generations of children have known, a water molecule is considered as H2O. By now, you the reader have already scratched your head and wondered why a reputable publication, such as *The National Psychologist*, has printed such nonsense paragraphs.

You are correct. This is nonsense and does not represent the means by which scientific facts are established. True science relies on experiments, objective observations and reliable measurements rather than on majority votes, lobbying and pressure by demonstrators.

Now consider the following scenario: In 1973 the highly powerful and influential American Psychiatric Association (ApA) gathered in Chicago to discuss the DSM and whether homosexuality was to continue to be classified as a mental illness in the upcoming revision of the DSM.

On one side of the debate was the old school of psychiatrists who argued that gay sex was a mental disorder. On the other side of the debate were psychiatrists who did not consider homosexuality as a mental disorder and advocated removing it from the DSM. To complement the heated discussion behind close doors, there were also hundreds of gay rights activists demonstrating outside the convention hall, claiming that the inclusion of homosexuality outlined in section xx was clearly homophobic, discriminatory and should be removed from the DSM.

After much more heated discussion and name calling the matter was called for a vote. The result was 5,584 votes in favor of removing homosexuality as a mental disorder and 3,819 votes in favor of continuing it's inclusion in the DSM.

Ever since, as subsequent generations of graduate students have known, homosexuality is not considered a mental disorder. Since its inception in 1952, the DSM has undergone a sociopolitical, professional and economically driven evolution. Emerging from a psychoanalytic perspective, the DSM has consistently viewed pathology as residing within the individual.

While the original version of the DSM viewed the pathology as an expression of neurotic conflict, subsequent revisions in 1980 and 1987 evolved toward a more firmly biological perspective. In response to insurance companies' need for increasing specificity in diagnosis and the psychopharmacology industry looking for new markets, we saw an increase in the number of available diagnostic labels from 297 in 1994 to 374 in 2000. The upcoming DSM V is likely to include hundreds more "new" mental disorders.

Many psychologists and other psychotherapists fail to understand the difference between standard medical diagnosis and the DSM. While medical pathologies are identifiable by X-Rays, MRI's or blood tests, the DSM offers only a collection of symptoms that may constitute the so-called mental disorders.

A broken bone is not defined by the symptoms of pain or lack of mobility. It is commonly diagnosed by an X-Ray. Similarly, cancer is not diagnosed by the symptoms, such as loss of weight or mobility, but by blood test and scans.

In contrast, with all the latest medical advancements, there is no blood test, scan or other biological tests to ascertain the presence, or absence, of any of the DSM's hundreds of categories of mental illness (Zur and Nordmarken, 2007). Dr. Jeffrey A. Schaler, professor of law, justice and society at the American University, Washington, D.C., has reminded us that, while mental illness refers to something that a person does (or experiences), real disease refers to something a person has.

DSM is big business not only for its publisher, the American Psychiatric Association, but even more so for the psychopharmacological industry, which profits from the prescriptions written for the ever-increasing numbers of DSM disorders.

An investigative report, by the magazine *Mother Jones*, confirms what Kaplan and Cosgrove (2004), Kaschak and Teifer (2001), Zur and Nordmarken (2008), Thomas Szasz, M.D., and many others have claimed for years: The pharmaceutical companies' strategy for finding new markets for their drugs is to find, or some claim invent, new mental illnesses, for which pills are marketed as the cures. In other words, the way to sell drugs is by creating and selling psychiatric illness.

If selling drugs can be dramatically increased by inventing psychiatric illness and by defining as many people as possible as mentally ill, this can easily explain the inclusion and explosion of such diagnosis as ADHD, depression and PTSD. Along these lines, the DSM has pathologized many aspects of human behavior, including normal and healthy behavior, such as shyness (you are mentally ill if you are highly introverted or extremely shy), grief (God forbid if you intensely grieve the loss of a beloved for more than six months), depression (one must be mentally ill if responding to issues of sexism, racism or other injustices with deep sadness and intense despair) and anxiety (you must be mentally ill if your reaction to the existential reality of mortality or loneliness involves profound or debilitating anxiety).

Researchers have exposed in several publications that pharmaceutical companies manufacturing drugs for mental disorders have also funded or had some ties to many of the psychiatrists who defined the disorders for the DSM.

As Kaplan and Cosgrove (2004) and others have exposed, shockingly, new disease labels were created to increase the use of existing drugs. An example of this is the direct marketing and renaming of Prozac as Sarafem for use under a new DSM diagnosis of "Premenstrual Dysphoric Disorder" (PMDD). Neither the drugs nor the marketing would exist without close interactions among the American Psychiatric Association, which creates the DSM and many pharmaceutical companies.

Along the same lines Kaschak and Tiefer (2001) discussed Female Sexual Dysfunction (FSD) as "a textbook case of disease mongering by the pharmaceutical industry ..." or what they call "medicalization industry."

As we provide strong critique of the DSM, we also remain aware that mental conditions such as schizophrenia, bipolar, major depressions etc. do exist and can result in great human suffering and debilitation. As such, we acknowledge a number of potential positive uses for the DSM's system of psychiatric diagnostic codes and the corresponding appropriate medication management (Zur and Nordmarken, 2007).

The DSM can be helpful for mental health practitioners as they research certain treatments and communicate with other practitioners. It can also facilitate and simplify the reporting of unified data collection for surveys and other purposes.

Diagnosis of physical problems is obviously extremely helpful. In principle, psychiatric diagnosis can be helpful as well. Unfortunately, psychiatric labeling has been shaped by economic and professional influences rather than by scientific ones and has been applied in biased way and has resulted in more harm than good.

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