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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 one hydrogen atom and three oxygen atoms and that the equation H2O fits the definition. On the other side of the debate was the new school of chemists who argued that the definition was too restrictive and that the equation HO2 was a more accurate representation of a water molecule.

To complement the heated discussion behind closed doors, there were also hundreds of people demonstrating outside the convention hall, claiming that the inclusion of homosexual activity in the DSM was clearly a threat to democracy and should be removed from the DSM. After much more 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 votes in favor of HO2.

Ever since, as generations of children have known, a water molecule is considered to be 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.

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 from demonstrators.

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 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 closed doors, there were also hundreds of gay rights activists demonstrating outside the convention hall, claiming that the inclusion of homosexual activity in the DSM was clearly a threat to democracy 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 in the DSM.

Ever since, as subsequent generations of graduate students have known, homosexuality does not consist of 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 pharmaceutical industry looking for new markets, we saw an increase in the number of 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. In the DSM, a disorder is defined as a condition that occurs in a specific population, and the criteria for diagnosing the disorder are identifiable by X-Rays, MRI’s or blood tests, the DSM offers only a collection of symptoms that can constitute the so-called mental disorders.

A broken bone is not defined by the symptoms of pain or lack of mobility. It is emerging from a bone fracture caused 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 test to ascertain the presence, or absence, of any of the DSM’s hundreds of categories of mental illness (Zut and Nordmarken, 2007). Dr. Jeffrey A. Sumer, 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 pharmaceutical industry. The DSM sets the criteria for what is reimbursable by insurance companies, resulting in billions of dollars in revenue for the pharmaceutical industry.

The DSM is a tool used by health care practitioners as they research certain treatments and communicate with other health care professionals. The DSM is used to make treatment decisions, to communicate with other health care professionals, and to ensure that patients are provided with the care they need.

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 (Zut and Nordmarken, 2007).

The DSM can be helpful for mental health practitioners as they research certain treatments and communicate with other health care professionals. The DSM is used to make treatment decisions, to communicate with other health care professionals, and to ensure that patients are provided with the care they need.

If you are interested in learning more about our work, please visit our website at: www.nationalpsychologist.com

References:

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