



Written by [Alex Newman](#) on May 13, 2012

## Critics Blast Big Psychiatry for Invented and Redefined Mental Illnesses

Unlike in conventional medicine where objective diagnoses and treatments are made based on observable biological evidence, psychiatrists get together every so often to decide what should or should not be considered a “mental illness.” And they do not always agree, as evidenced by the more than 13,000 professionals from around the world who recently signed an [open letter](#) demanding that the upcoming edition of the psychiatry industry’s “diagnostic manual” be put on hold and reconsidered.



As the elite of the nation’s psychiatric establishment work in the shadows to fully revise the highly controversial handbook labeling various behaviors and emotional states as “illnesses,” experts across the board are crying foul. A handful of new potential mental disorders and the revised definitions for others have caused a particularly fierce uproar among some psychiatrists and mental health professionals. At least 25,000 comments have already been submitted about the proposals.

The debate and its resolutions, of course, will have serious repercussions. Depending on the outcome of the ongoing conflict, millions of people may suddenly find out that they are afflicted with newly created “diseases,” while others — especially certain individuals diagnosed with forms of autism — may no longer qualify under the new definitions. Tens of millions more may soon be officially considered “addicts” under the revised definition for addiction, too.

The proposed changes would have broad implications affecting everything from treatment regimens to welfare programs, criminal law, and even education. But around the world, psychiatrists and mental health professionals are fighting back hard, urging the American Psychiatric Association (APA) to hold off on the revisions until more discussion and research can take place.

Known as the “Diagnostic and Statistical Manual of Mental Disorders” (DSM), the controversial handbook is widely used around the globe by the mental health industry, governments, insurance companies, and more. If all goes as planned, the fifth edition of the so-called “Bible” of psychiatry is set to be distributed in May of next year after the first major revision in over a decade.

However, if some of the more controversial proposed changes are not reconsidered — and the controversies addressed in an adequate manner — the manual’s influence is expected to wane significantly. And even as it stands today, not all experts are convinced about its usefulness or reliability in the field.

“[The DSM] is wrong in principle, based as it is on redefining a whole range of understandable reactions to life circumstances as ‘illnesses,’ which then become a target for toxic medications heavily promoted by the pharmaceutical industry,” clinical psychologist Lucy Johnstone with a Health Board in Wales [told](#) Reuters. “The DSM project cannot be justified, in principle or in practice. It must be abandoned so that we can find more humane and effective ways of responding to mental distress.”



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Countless other experts agree, according to recent news reports, with many questioning whether a private group of individuals who stand to benefit by creating more diseases should really be writing the manual in the first place. Among the most vocal critics of the new proposals is Duke University psychiatry Prof. Allen Frances, who [told](#) the *New York Times* that the overly broad and vague definitions would create more “false epidemics” and increase the “medicalization of everyday behavior.”

“The DSM is distinct from all other diagnostic manuals because it has an enormous, perhaps too large, impact on society and millions of people’s lives,” explained Dr. Frances, who oversaw the writing of the current version of the diagnostic handbook and also worked on previous editions. “Unlike many other fields, psychiatric illnesses have no clear biological gold standard for diagnosing them.”

Predictably, his criticism has attracted a vicious response from the APA, which has been suggesting that he may have ulterior motives for questioning the latest revision process. But the negative publicity surrounding the updated manual has become so serious that the APA actually hired a public-relations expert who previously worked at the Department of Defense to drum up support for the controversial new DSM while attacking critics like Dr. Frances.

“This is an appropriate choice for an association that substitutes a fortress mentality and warrior bluster for substantive discussion,” [observed](#) Dr. Frances in a piece for *Psychology Today* about the group’s decision to go on a PR offensive using a former DoD propagandist. “My motivation for taking on this unpleasant task is simple — to prevent DSM 5 from promoting a general diagnostic inflation that will result in the mislabeling of millions of people as mentally disordered.”

And despite the attacks, Frances — noting that misdiagnosing people often results in unwarranted “treatment” with dangerous medicines — is not backing down. In his recent piece about the ongoing controversy, he again raised 12 serious questions that APA has so far refused to properly address. And he is hardly alone in demanding answers.

One of the most vigorously contested new “diseases” proposed for the new edition would have been [called](#) “attenuated psychosis syndrome.” If it had been approved, it would have been used to label and “treat” and medicate people believed to be at risk of developing mental illness at some point in the future. The furious outcry, however, led the APA to back down on including the new “illness” last week.

Another highly controversial label — “mixed anxiety depressive disorder” — would have resulted in a diagnosis of a new mental illness in people who exhibited relatively mild symptoms of both “depression” and “anxiety.” But with the reduced threshold, experts blasted the proposal as unscientific and unneeded. Last week, APA [backed down](#) on that one as well.

The definition of depression was modified slightly, too, in an effort to placate critics who say too many normal people are being diagnosed as “mentally ill” merely for feeling temporary sadness over an event or loss in their lives. But despite the minor revisions to deal with opponents, countless experts are still not satisfied.

“Fundamentally, it remains a bad system,” clinical psychology Prof. Peter Kinderman at Britain’s Liverpool University [told](#) Reuters, adding his voice to the growing chorus of thousands of professionals who are speaking out. “The very minor revisions ... do not constitute the wholesale revision that is called for.”

Another area that has caused serious debate surrounds the APA’s agreement to revise and expand the definition of “addictions,” a decision which the *New York Times* [reported](#) could be one of its most far-



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reaching yet. Not only would the changes lower the threshold for what constitutes an addiction — possibly classifying tens of millions more people as addicts with broad consequences for health insurers and taxpayers — the proposal also seeks to label excessive gambling as an addiction for the first time.

Meanwhile, a new category of addiction dubbed “behavioral addiction — not otherwise specified” would serve as a sort of catch-all diagnosis for a broad range of activities. According to news reports, experts fear that psychiatrists might abuse the new classification to misdiagnose people who simply spend a lot of time shopping, using the Internet, or playing video games as “addicts.”

“The chances of getting a diagnosis are going to be much greater, and this will artificially inflate the statistics considerably,” [said](#) psychiatric epidemiologist Thomas Babor at the University of Connecticut, who also serves as an editor for the international journal *Addiction*. “These sorts of diagnoses could be a real embarrassment.”

Others experts also worry about conflicts of interest among the people on the panels rewriting the manual. Some two-thirds of the DSM’s “advisory task force,” for example, reported financial conflicts such as links to “Big Pharma,” which countless analysts believe could influence their decisions on creating new illnesses for the benefit of their drug-pushing clients.

“The ties between the DSM panel members and the pharmaceutical industry are so extensive that there is the real risk of corrupting the public health mission of the manual,” explained Dr. Lisa Cosgrove, a fellow at the Edmond J. Safra Center for Ethics at Harvard, who published a widely cited study this year exposing some of the conflicts of interest among the APA’s panels.

An [open letter](#) from 13,000 health experts around the world raised similar concerns. “We believe it is time for an independent group of scientists and scholars, who have no vested interest in the outcome, to do an external, independent review of the controversial portions of the DSM-5,” they wrote. “We consider this especially important in light of the unprecedented criticism of the proposed DSM-5 by thousands of mental health professionals, as well as mental health organizations, in the United States and Europe.”

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