

THE INTOXICATING POWER OF THE DSM-V

JUNK SCIENCE

By [REDACTED]

The Diagnostic and Statistical Manual of Mental Disorders referred to by therapists and most lay persons as the DSM is a book which is not based on reason, scientific research, or concern about any devastating effects the damaging diagnostic labels have on millions of patients. It is rather a source of great power, control, and financial gain. The effects on society are profound. It compounds the contradiction of the diagnoses that are neatly numbered like Biblical scripture. In fact, this writer tends to refer to it as the Devils Scriptures numerated to identify junk science.

The DSM-V affords psychiatrists and psychologists the illusion of being an authority in the field of human behavioral diagnosis. This is an illusion and nothing more. Law persons have been proven to predict treatment needs as accurately, according to L.N. Robins and J.E. Helzer, in *Diagnosis and Clinical Assessment: The Current State off Psychiatric Diagnosis*. A quote from R.F. Schapp and M.R. Qualtrocchi's *Tarasoff, the Doctrine of Special Relationships and the Psychotherapists Duty to Warn* states: "Not only have psychologists and psychiatrists been unable to predict dangerousness to a degree of accuracy which would justify infringing on a client's rights, they have been unable to predict any more accurately than non-professionals." Nevertheless, therapists rely on this illusion, bestowed upon them by the DSM, to infringe upon patient's rights for pecuniary gain and power and control that it forms like a water sprout.

Let's take a moment to imagine possessing the power to determine, based strictly on your word, of curse justified and backed up by the diagnostic classification found in the DSM, who or what is normal. The therapists ignore that the DSM is not founded on scientific research and overlook documented evidence of the emotional, psychological, and physical harm that is done to people by the labeling of abnormalities found within it.

The outcome of this misuse is that nearly half of the population of the world is controlled by the few that use this tome of classification of what is or is not normal. Society has come to believe what therapists have made them believe, the just may not be normal. We find this in every doctor's office, mental institution, and civil commitment centers.

There are some in the field of psychology who recognize that many people are suffering and that their work can be helpful. However, they are often overwhelmed by the feeling that patients believe therapists know more about them then they do. These therapists turn to articles and papers written by professionals, usually members of the American Psychiatric Association (APA). Let us not lose sight of

the fact that it was members of the APA who authored the DSM. With this in mind, we have a circular source written by those who use the DSM. For example, in *The Myth of the Reliability of DSM*, "The Journal of the Mind," (Vol. 15, No. 1&2) professors Herb Kutchins and Stuart A. Kirk found in their study,..."there is ample reason to come to conclude that the latest versions of the DSM as a clinical tool are unreliable and therefore of questionable validity as classification system."

Even given such conclusions of the mere power and control alone, that this impressive looking tome bestows upon the mental health professionals creates a deliberate indifference and blatant unconcern of any harmful consequences of its labeling system. It is fair to say that many of the authors of the DSM never had to personally undergo therapy or experience the damaging consequences of being labeled with some form of mental abnormality. Had they personally experienced this or had any empathy for those who have suffered they would acknowledge how far reaching the effects of being so labeled can be, in fact, actually are in many cases as we can find for those who have been involuntarily and indefinitely committed to a secure facility for long term care, control and treatment such as the Florida Civil Commitment Center that labels its wards "dangerous", the "worst of the worst" and Sexually Violent Predators. It is indisputable that merely being labeled with a mental abnormality, disorder, or illness effects the very way people feel about themselves. Not just in place such as FCCC, but society as a whole. There is evidence that some people have become so emotionally and psychologically devastated that actual physical symptom's manifest themselves.

Make no mistake about it, the DSM standing by itself has no power. It derives its power from the powerful individuals who created it, a select group of psychiatrists and psychologists, and the powerful whom use- or misuse it. These powerful misuses or abusers may be a more appropriate definition is startling. These powerful misuses are not just the therapists either, they are also insurance companies, institutions, and corporations who obtain grants to study and research the various abnormalities within the DSM, the courts, and the hospitals. A case worth mentioning outside of the bowels of the Florida Civil Commitment Center, involves a civilian named Patrick Wells, who after being told by a psychologist that he should seek some help for depression, he checked himself into a hospital in Florida, thinking it would be for a couple of weeks (much like the juries in SVP trials are led to perceive). In any event, Therapists at that hospital, determined, using the scriptures of the DSM criteria, that he was "much worse" than previously diagnosed, and held Mr. Wells and collected insurance fees for two years like a credit card cloned by identity thieves on the internet. It was Wells who eventually managed to have a Writ granted out of that hospital with a judge's ruling releasing him to another hospital. The later hospital's re-evaluation found Wells to be in "perfect mental health" and released him. (St. Petersburg

Times, "Former Patient Sues Anclote Manor, by Teresa Burney, August 16, 1989, pg 5B). Now, believe me when I say that there are many more cases that are active besides Mr. Wells. He just happened to be lucky. There are hundreds of men being committed who have just finished their prison terms and find themselves in a sort of legal purgatory, against their wills, possibly for much of their lives, some, unfortunately passing away their. It all revolves around the DSM-5 and evaluations from doctors on both sides (state and defense) who literally have the ability to become millionaires.

For those of you who have lingering doubts, it is not uncommon to use psychology "experts" against people for subjective motives, most prominently in the courtroom setting, whether criminal or civil. Many court cases rely on expert testimony to prove culpability or responsibility. According to the much reference case, *Daubert vs. Merrill Dow Pharmaceuticals, Inc.*, courts typically consider therapists opinions because of an assumption that they are based on scientifically varied research, which satisfied the standards of evidentiary reliability. Quite the contrary, according to T.W. Campbell, who writes in his book *The Daubert Decision and Its Effects of Expert Testimony*. In that book, he writes that scientific evidence is frequently disregarded by therapists. They are more inclined to embrace unverified theory and judge patients during the evaluation process by whatever symptoms the patient displays that coincide with particular diagnostic criteria for some preferred disorder. Doing so affords therapists to frequently find that evidence of a disorder, not because it really exists, but because they wanted to find it.

The use of the DSM-5 diagnostic categories in court proceedings shows how psychology is a self-serving business with far reaching effects. Just being labeled abnormal causes some people to seek therapy, which in turn affords therapists to expand the diagnosed ailment and prolong treatment and the course of course-their fees. Let's be realistic for a moment, labeling is easy when criteria and the abnormality itself has been created by the very association that will be the sole practitioners to deal with the abnormality.

The creation of these abnormalities and their admission into this "bible" of diagnostic classification is done by periodical vote and/or presidential proclamation. Peter Breggin is quoted from *Toxic Psychology* "only in psychology is the existence of a physical disease determined by APA, not to mention the courts."

More on Courtroom involvement later. Interesting to note is what Matthew Dumont of the APA wrote in 1997. "...while this manual provides a classification of mental disorders. No definition adequately specifies present boundaries of the concept...There is no assumption that each mental disorder is a discreet entity with sharp boundaries between it and other mental disorders,;

It is therefore realistically possible that these proclaimed disorders are nothing more than fabrications derived from the desire to create business, justify existing business, or to afford a showing of expertise that otherwise would not exist. These diagnostic categories can so easily be manipulated that even the most inexperienced therapist can give a profound showing of importance and professionalism to an otherwise unknowing society. or, as is the treatment at the Florida Civil Commitment Center.

Consider the helplessness a person must feel who finds himself or herself before a court with a label- a mental abnormality imposed upon him based on a criteria which was created by a presidential proclamation or popular vote based on what is or isn't popular at the time. Then the court makes a judgment and issues consequences for having this supposed mental abnormality. A very realistic consequence would be indefinite detention in a prison or mental hospital (institution) pending a decision, once again by some therapist, usually the same one who diagnosed the abnormality in the first place, that you are cured, or no longer severely suffer from the abnormality and no longer pose a threat to society. Don't lost sight of the fact this therapist gets paid for each and e very step of this process, including any follow-ups, re-evaluations, or court appearances should he/she decide you need further attention.

Taking this nightmare even further, what if shortly after, or worse, years after the sanctions have been imposed by the courts, based on the therapist's opinion, derived from criteria of an abnormality voted into the DSM, that abnormality is voted out? Then what? You have already suffered, not only your own self-imposed emotional, psychological, and physical ramifications, but those endured as a result of the trauma of a public hearing, sentencing, and finally whatever inhumane treatment and abuse you endured while detained in prison or the mental hospital. Do you suddenly become "cured" because the mental abnormality no longer exists? Do you suddenly recover from all the abuse and recover all the lost years and disenfranchise? Do you get let go, and just what happens if these psychological wizards decide to revisit the particular disorder as prospect for re-submittal into the DSM? This does not happen as it did so with Depressive Personality Disorder. This disorder was removed from the DSM in 1980 only to be reintroduced since as a possible topic of investigation.

Sidney Walker, III, M.D. wrote in *A Dose of Sanity* how the voting in and out of mental disorders is influenced even by popular demand. Self-Defeating Personality Disorder, according to Dr. Walker was voted in as a mental disorder to be listed in the DSM in 1987. Then because it was unpopular with women who devoted their lives to their husbands and families to be called abnormal it was voted back out in 1988. These things either are or not mental abnormalities which need attention. Louise Armstrong, who authored such books as, *Rocking the Cradle of Sexual Politics* and *They call It Help: the*

Psychiatric Policing of American's Children once asked, "How can that which millions of Americans had embraced as there, spent millions of hours grappling with, wrestling with, struggling to tame, and sometimes-finally-declaring conquered...suddenly be said never to have been in the first place? The powerful authors of the DSM care not about any residual or direct consequences of adding or subtracting abnormalities from their book of power.

As was touched on earlier, not all therapists are money-grubbing self-aggrandizing self-centered, deceiving, and manipulative with their clients and themselves, power and control freaks. Some actually are caring, well meaning, and honest. Of course, these ordinary caring therapists who are not intoxicated by its power only use the DSM if their work place of a contractual obligation requires it, like the private for-polite corporation identifying itself as Correct Care Solutions and Recovery (CCSR) that subcontracts operations at the Florida Civil Commitment Center. In fact, one study determined that 55% of clinical social workers felt the diagnoses in the DSM failed to reflect their clients problems. But unfortunately we are addressing the many others who consciously misuse the DSM for their own personal gain or due to laziness.

The laziness is addressed by John H. Blume and David P. Voisin who co-authored *Avoiding or Challenging a Diagnosis*, especially in the courtroom setting. What is this saying? That is sheer laziness and deliberate indifference an individual can dictate the future or lack thereof of another, especially in Sexually Violent Predator cases. The DSM allows therapists to make whatever diagnosis they so choose, often motivated by personal desire to look or feel professional or knowledgeable and in sync with the attitudes and behaviors of influential, famous, and of course, wealthy colleagues. Personal wealth is major motivator for therapists refusal to consider the harm their labeling may produce. It is no surprise that with each issue of the DSM, there are more disorders than in the last. In the DSM-111, there were less than 300 mental disorders where the DSM-1V there is 374. The recently published DSM-V has become just as worse. This obviously affords therapists a larger net to entrap more clientele into some form of treatment regime and thereby generate greater fees. The more abnormalities, the more need and thereby the more power for therapists. This is clear as with each new issue of the DSM, the number of abnormalities increases. Their jobs are very secure even as they profess mankind is not.

"Some critics wonder if the multiplication of mental disorders has gone too far, with the realm of the abnormal encroaching on areas that were once the province of individual choice, habit, eccentricity, or lifestyle."

-Erica Goode, Sick or Just Quirky?-

Although no comprehensive and scientifically verified study of what troubles people or how to help them exists in reality, the APA claims they have a system that does, the DSM-V. With this book, the APA actually created its own market and consumer base. Imagine how powerful it would be to create a book outlining various abnormalities otherwise unknown to anyone else, then using the book to convince them people they have one of those abnormalities of something you can only provide. The costs of your services and how long you keep people paying you for those services are also strictly governed by you, often for years. That's right, the APA also created treatments and lengths of time to undergo the treatments necessary to become more "normal" after being declared "abnormal" by criteria they created in the DSM and all those revised to become the DSM-V.

There's psychodynamic, supportive, cognitive, and interpersonal therapy, as well as behavioral treatment. Each of which has its purpose yet none of which along prove sufficient for any one patient. This creates the need for a patient to undergo two or more therapy processes and of course this takes more time and time is money. It is clear that therapists not only can prescribe various treatments for an individual they can also justify them by classifying the individual with a variety of abnormalities because these these abnormalities are all interchangeable. Again Matthew Dumont's statement about DSM classifications "...while this manual provides a classification of mental disorders...no definition adequately specifies precise boundaries of the concept. There is no assumption that each mental disorder is a discrete entity with shape boundaries between it and other mental disorders."

It has been observed that many therapists take little care even to ensure a patient actually fits certain labeling criteria or if the prescribed treatment actually helps. Many therapists do this knowing and not caring that DSM diagnostic categories have little if any scientific bases. The DSM which claims to be a proven sound clarification system also claims to be scientific when in fact it couldn't be further from being so.

A debate on the DSM-III, by George Valiant states, "DSM-III represents a bold series of choices based on guess, taste, prejudice, and hope...few are based on fact or truth." The DSM may give an appearance of being grounded in science with continual revision and a "fact sheet" claiming, "...DSM is based on decades of research and input of thousands of psychiatric experts...more than any other nomenclature of mental disorders, DSM-IV is grounded in empirical evidence." Just another piece of slick advertising designed to sell a product- and it works.

The DSM is greatly accepted, but it is a work of fiction. Fiction, Webster's dictionary informs is is: "anything made up or imagined." As with other collaborations of good works of fiction, the authors of the

DSM collaborated to perpetuate the myth of mental disorders by cataloging them and elaborating on each so profoundly it is honestly questionable if members of the APA believe anyone is "normal"-at least anyone outside of their secret society.

Since its beginning, when psychology meant the study of the soul, psych (soul) logy (study of) it has continuously been morphed by powerful men with personal agenda. In 1879 Wilhelm Wundt, a German educator began educating the rest of a new generation of psychologists into the reality of a scientific posture. Although psychiatry was first coined to mean "doctoring the soul" neither these new doctors nor any since ever professed concern themselves with matters of the soul, but with matters of the brain. Not surprisingly, Wundt's students actually decried the origin of psychology with the proclamations that the new psychology was a science without a soul. The creation of the DSM advanced this evolution of psychology by classifying abnormalities that took man's responsibility for his actions away from him and replaced it with causes beyond his control. Truly a work of fiction!

The DSM is divided into categories, subcategories, and sub-categories, numbered in the multi-digit with a point and even more numbers. Each category has certain criteria that must be met to satisfy whether someone actually fits that certain criteria that just be met to satisfy whether someone actually fits that disorder. For example, to be regarded as having Major Depression Episode a person must meet five or more of the nine criteria as listed under that label. If someone meets, four or less they don't qualify. However, critically impressive this seems, in the introduction of the DSM-V, for instance, there is indication that is quite contrary. This introduction states that a therapist should use clinical judgment about the number of criteria the patient needs to meet to satisfy any particular diagnosis. Obviously when judgment comes in so do personal beliefs, bias and motives, while science leaves. The men detained at FCCC are just an example. In closing, both those housed under the SVP law and the tax payers in the state of Florida are being duped by a multi-million dollar sort of scam.