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A Necessary Evil

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In the year 1990, 600,000 people were diagnosed with a chronic disorder of the brain—one with no cure. It will last the span of their entire lives. People suffering from this disorder will experience fidgeting, impulsivity, irritability, absent-mindedness, difficulty focusing, and most likely depression. These people will also be told by their doctors they will experience troubled relationships and not be likely to succeed at school or work. They will be prescribed psychologically addictive drugs to help them focus and "fit in". This disorder is not contagious; however, twenty-three years later 3.5 million people now own the diagnosis of the same disorder. This disorder is attention-deficit hyperactivity disorder (ADHD). The drastic increase in diagnoses of ADHD is not a result of a raging epidemic or plague. It is in fact a product of the Diagnostic Statistical Manual for Mental Illnesses (DSM). The DSM is a manual created by clinical researchers in psychology to diagnose and treat mental illnesses. It has received praise, as it serves a valuable purpose. However, mental health professionals should be aware of corruption hiding behind the authoritative DSM when diagnosing and treating patients, to be sure not to contribute to the overmedication of society.

Pre-World War II, those with any type of mental illness were ruled insane. According to the article "DSM History," it was not until the prevalence of PTSD in war veterans that mental illness in America was taken seriously (pars. 9-11). The United States Army was the first to develop a system of classification that would better incorporate outpatient care of veterans. The United States Army and the Veteran's Administration pushed for The World Health Organization (WHO) to include a section for mental illness in the International Classification of

Disease (IDC) Manual (par. 10). In 1952, this goal was accomplished. But instead of simply adding a section on mental illnesses, a new manual was produced. This manual was published as the first edition of the Diagnostic and Statistical Manual for Mental Illnesses. The DSM contains descriptions and symptoms of mental illnesses to ensure proper diagnosis for all patients. Over the years, acceptance and knowledge of mental illnesses has grown. As a result, the DSM has evolved to stand the test of time, and is now in its fifth edition.

The latest edition of the DSM (DSM-5) was released in 2013. The DSM, published by the American Psychiatric Association (APA), covers mental illnesses apparent in all ages. It is most commonly dubbed "The Psychiatrist's Bible" due to how much some clinicians rely on and praise it. The manual is not theoretical; it strives to be fact- and research-based. It lists characteristics and descriptions of symptoms for any particular disorder. For example, Deborah R. Glasofer, professor of clinical psychology, states that the DSM describes Generalized Anxiety Disorder (GAD) as worrying excessively about a variety of things for at least or longer than six months, spending the majority of waking hours worrying, and seeking reassurance from others (par. 2). GAD is also classified by autonomic symptoms. To be diagnosed with GAD, a person must meet at least three out of six of the physical symptoms, such as restlessness, fatigue impaired concentration, irritability, increased muscle aches, or difficulty sleeping (par. 5). Characterizing a mental illness is helpful to mental health professionals to ensure that everyone is on the same page. Since mental illnesses can present themselves in different ways with varying symptoms, a written account makes it easy to assess patients. The DSM also provides statistical evidence as to what gender is most commonly affected, at what age the disease most commonly presents itself, and the effects of treatment (Cherry and Gans, par. 2). The DSM is a

living document, changing over time. The DSM has gone through five significant revisions throughout its short lifespan. That it evolves to meet the needs of society is one reason why the DSM has proven to be successful. In the first and second editions of the DSM, homosexuality was an illness that could be diagnosed and treated. Jack Drescher, a psychoanalyst best known for his studies in sexual orientation and gender identity, explains that the previous diagnosis of homosexuality was wildly outdated. Drescher takes the words of Karl Heinrich Ulrichs, a man who might be considered an early gay-rights activist who criticized German laws criminalizing same-sex relations. Ulrichs describes a woman who is a lesbian as "a man's spirit trapped in the body of a woman" (par. 12). Drescher explains that back in Ulrichs' time, this is what the people would have believed. Anyone who was gay was pathologized and deemed mentally ill. Today, homosexuality is generally accepted among psychologists, not looked at as an illness. The early versions of the DSM reflect this. In 1973, the APA removed the diagnosis of homosexuality. This was a result of a shift in societal beliefs (par. 1-2). Society was becoming more accepting of homosexuality, and the DSM changed to fit the mold of society.

The DSM is essential in the field of psychology. The 947 pages of the manual give authority to the realm of mental health. Psychology and mental health have had a rough fight to become accepted in America. People who were mentally ill in the late 1800s to early 1900s were treated poorly. According to the article "A Brief History of Mental Illness and the U.S. Mental Health Care System," the mentally ill were admitted into state hospitals and faced poor living conditions and human rights violations (par. 4). This changed for the better when activist Dorothea Dix pushed for the creation of the first generation of mental asylums. Even present-day, specific mental illnesses such as depression, dissociative identity disorder, and more still

face skepticism and have to prove they are “real”. In the article “On the Medicalization of Our Culture,” neuroscientist Steven E. Hyman says that the DSM is necessary because it gives psychologists the same authority as other doctors, such as cardiologists (par. 19). Hyman provides an example of the historically contrasting ways the healthcare system treats schizophrenia and Parkinson’s disease. Parkinson’s disease has always been treated as having more legitimacy. However, both diseases, at the very simplest levels, are dopamine issues. Without the publication of the DSM, disorders such as schizophrenia would be perceived as fake. The research behind the DSM gives mental illnesses credibility in America.

The DSM’s intended use is to ensure accuracy of diagnoses across a wide span of people. In fact, the manual is not only used in the United States, but worldwide. Standardizing all mental illnesses into categories assures that all patients with a DSM diagnosis receive fair treatment, regardless of social class, location, or ability to pay (Fritscher, par. 14). Assuring that all clients are diagnosed upon the same criteria, regardless of their background, promotes fair treatment in the mental health field—so that a client who is economically disadvantaged receives the same quality of treatment as another who is able to pay for treatment. Not only does the DSM protect patients; it also protects mental health professionals who can us the diagnostic checklist within the pages of the DSM as validation for the treatments they provide, and this ensures some consistency around the world in studying and treating mental illnesses (Fritscher, par. 14).

Another intended use of the DSM is to protect those with mental illnesses against unfair treatment by law enforcement. Ralph Slovenko, one of America’s most renowned forensic psychologists, quotes DSM-IV: “When used appropriately, diagnoses and diagnostic information

can assist decision makers in their determinations. For example, when the presence of a mental disorder is the predicate for a subsequent legal determination, the use of an established system of diagnosis enhances the value and reliability of the determination" (Slovenko, par. 4). This shows that a diagnosis from a reliable manual can be significant in a court of law. One example of this is from a case of homicide in 2009. Brian Thomas and his wife went on vacation in London, only for Thomas to strangle his wife to death in his sleep. Thomas murdered his wife unconsciously, having no awareness of doing so, but he was faced with charges of murder. However, his lifelong history of chronic sleep disorders presented him with a diagnosis of REM Sleep Behavior Disorder (Morris, par. 4). REM Sleep Behavior Disorder is described as a person acting out their dreams during REM sleep, a time when the body is supposed to be "paralyzed". Thomas did not have a diagnosis for REM sleep prior to his murder charges, but after spending ten months in prison and going through numerous tests, it was confirmed that Thomas suffered from REM Sleep Disorder. The jury ruled Thomas as not guilty, and he walked free (Morris, par. 9-14). Without the DSM, individuals like Thomas who were not conscious while committing crimes would be sentenced to serve time in jail or prison. The DSM provides protection for those diagnosed with a mental illness.

Although the intentions of the DSM seem good, it is still a controversial resource in not only psychology, but in the realms of both medicine in general and insurance, as well. With every update of the DSM, there is an overwhelming amount of controversy to follow. Controversy surrounding the DSM-5 update is the idea of "false positives". The term "false positives" is used by some to describe, for instance, the increase in autism diagnoses in the past decade. The Center for Disease Control and Prevention (CDC), estimates that one in 88 children

in America has a diagnosis for autism (Grush, par. 7). In the article "The DSM-5 Is Here: What the Controversial New Changes Mean for Mental Health Care," Dr. Alexandar Kolevzon, psychiatry professor at Mount Sinai Hospital, comments on how the changes in DSM-5 have contributed to the increase in autism diagnoses. Kolevzon says, "DSM-5 groups all subcategories of autism into a single category known as autism spectrum disorder (ASD)" (Grush, par. 4). Kolevzon concludes that the grouping of categories includes children that have been diagnosed with communication issues and patterned behavior, which explains the increase in autism diagnoses. The changes that have been made in not only the autism section, but also the sections pertaining to cannabis withdrawal, gambling addiction, and more are highly controversial, and are continuing to be debated.

This is not the first or only time the DSM has been critiqued for being responsible for the over medicalization of society. In the article "On the Medicalization of Our Culture", Christopher Lane, a professor of English with a focus in psychology, says, "The DSM criteria grow longer and more commonplace with each edition of the diagnostic manual, and the prevalence rates are revised upward so many times that more and more adults and children are defined every year as mentally ill" (par. 15). Lane explains that as time goes on, more and more diagnoses become apparent. Each time the DSM is updated, its expanded definitions result more people falling under criteria for a diagnosis of a mental illness. Lane's views on the DSM shed light on the rise in autism diagnoses in America. Most likely, autism is not any more prevalent than in the past; it is just being diagnosed more. This is a result of the criteria for diagnosis widening and the acceptance of mental illness growing. The astonishing rise in rates of ADHD diagnoses is one example of an area of concern. Keith Conners, the psychologist

credited with first establishing the conditions for diagnosing ADHD, is not pleased with the soaring rates of diagnosis. In a speech given to fellow ADHD specialists, Conners describes the ADHD "epidemic" as "a natural disaster of dangerous proportions" (Schwarz, par. 3). Conners is disappointed in the leeway the DSM has provided. The wide-ranging criteria of the DSM allow for mental health professionals to diagnose a patient easily, thus expanding the medicalization of society.

Another controversy surrounding the DSM is the idea that the DSM medicalizes behaviors and moods that are not extreme. This controversy arose again soon after the DSM-5 was released. In the article "Normal Behavior, or Mental Illness?" former president of the American Psychological Association, Frank Farley, gives his critique of the new updates:

> ...Anyone who overeats once a week for three weeks could have a "binge-eating disorder." Women not turned on sexually by their partners or particularly interested in sex are candidates for "female sexual interest/arousal disorder." Nail-biters join the ranks of the obsessive-compulsive, alongside those with other "pathological grooming habits" such as "hair-pulling" and "skin-picking" (Kingston, par. 4).

Farley explains that overeating, disinterest in sexual activity, and nail biting are common behaviors that most humans experience from time to time. These common behaviors should not be criteria for a diagnosis. Medicalizing behaviors and moods that are non-extreme is a massive problem for not only the field of psychology, but humanity as a whole. In 2012, before the DSM-5 was released, the most vocal critic, Allen Frances, hypothesized that diagnoses in adult attention deficit disorder (AADD) will increase by a vast margin in the years to come. Frances says this will lead to a "widespread misuse of stimulant drugs for performance

enhancement and recreation" (par. 14). Hence, by prescribing stimulants to those who display behaviors such as distraction, psychologists are contributing to the illegal market of diverted prescription drugs (par. 14). In the year 2015, one-fifth of college students reported abusing stimulants such as Adderall or Ritalin (Young, par. 3). Frances's hypothesis was correct. College students and young adults who wished to take stimulant drugs used to search far and wide for a person to divert drugs to them. Nowadays, thanks to the DSM-5 medicalizing non-extreme behaviors, stimulants and other prescription drugs are prevalent in society and extremely easy to obtain. Obviously, the effects of medicalizing non-extreme moods and behaviors is handing out prescription medicine like candy, which hurts not only those who are diagnosed, but society as a whole.

Behind the scenes, pharmaceutical companies played a massive role in the writing and production of the DSM. Ties between major pharmaceutical companies and the APA have been apparent since the writing of the third revision of the DSM. Not only did Big Pharma fund portions of research and of the publication costs of the DSM, Big Pharma has a history of paying psychologists colossal amounts of money to push their agenda. In the journal article "The Influence of Corporate and Political Interests on Models of Illness in the Evolution of the DSM," it is revealed that a psychologist was paid over $1.5 million by pharmaceutical companies to research antipsychotic drug prescriptions in childhood disorders (par. 14). Authors Pilecki and Clegg conclude that this is disturbing due to antipsychotic drugs possessing low efficacy rates as compared to drugs with milder side effects. Pharmaceutical companies use the DSM to profit off of insurance companies. When multiple "psychosocial interventions" are made available, patients receive insurance coverage for treatment. With the insurance coverage, patients are

prescribed drugs that make up the majority of the cost of treatment (par. 9-14). When a patient is diagnosed with criteria listed in the DSM, insurance will then cover treatment, including the often exorbitant costs of medications—medications that are often of questionable effectiveness. This is why pharmaceutical companies have such great interest in what criteria for diagnoses goes into the DSM.

In 1980, pharmaceutical company GlaxoSmithKline pushed for the psychiatric disorder "social anxiety disorder" to be included in the DSM-III. GlaxoSmithKline then patented and received approval from the FDA for the drug Paxil, which was marketed to treat anxiety disorders. Sales for Paxil sky-rocketed into the billions (O'Connell, par. 8). Pharmaceutical companies such as GlaxoSmithKline rake in their billion-dollar profits by paying smaller amounts to members of the DSM panel or other influential psychologists. The members of the panel then push Big Pharma's agenda in the writing of the DSM. The criteria for diagnoses fit the agenda of Big Pharma, which continually designs and markets new "medications" to treat these mental illnesses. This process has been circulating since the production of DSM-III. In 2008, the APA announced that all funding from pharmaceutical companies would be recorded. Only two short months later, a study was conducted to determine if the APA was following code. According to the article "Pharm Funded Psychiatrists and Conflicts of Interest," the study revealed that 18 out of 20 members assigned to writing clinical guidelines for three specific mental disorders had been paid by pharmaceutical companies (pars. 1-3). This brought more controversy and criticism into the production of DSM-5, as the paid members of the panel faced no repercussions for receiving pay from pharmaceutical companies. One man who faced congressional investigation for receiving pay is psychiatrist Dr. Charles B. Nemeroff. After

signing a contract stating he would only receive up to $10,000 a year from GlaskoSmithKline, Nemeroff was paid $3.9 million over the course of five years from the company (Harris 3, 16). This is yet another example of how pharmaceutical companies can pay influential mental health professionals to let their own agenda seep into the DSM, allowing pharmaceutical companies to reap massive profits.

Another downfall of the DSM is that many mental health professionals misuse the manual. Therapy and treatment costs can be overwhelmingly expensive for patients; most people struggle with affording therapy, even with insurance coverage. Many mental health professionals realize this is the reality of America's healthcare system. In the article "How Much Does Therapy Cost?" therapist Marla B. Cohen explains that therapy sessions on average cost between $75-$150 a session (par. 7). To make costs more feasible for patients, psychologists will sometimes diagnose a patient with a mental illness so insurance will cover treatment. Michael Halpin, author of "The DSM and Professional Practice: Research, Clinical, and Institutional Perspectives," and recipient of multiple awards from Society for the Study of Social Problems and the American Sociological Association, conducted an interview with an anonymous psychologist. In the interview, Halpin asked questions pertaining to the DSM and its billing purposes. When Halpin asked the anonymous psychologist what happens when she assesses someone who is "actually healthy [or normal]", the psychologist responded: "This is going to sound awful, but a lot of times you can't let a patient walk out of your office without a diagnosis… without a diagnosis, insurance is not going to cover the visit" (Halpin 162-163). The psychologist in Halpin's interview went on to explain the patient was going through a rough patch in her life and did not truly match any mental illness listed in the DSM. The patient simply

needed an outlet to talk through her feelings, but insurance will not cover the therapy sessions if there is no diagnosis. The psychologist diagnosed her patient with clinical depression so insurance would cover therapy. The psychologist obviously had good intentions of helping her patient through talk therapy. However, diagnosing patients with mental illnesses they do not truly have is clearly abuse of the DSM.

I have been in the place of the psychologist's patient. I went through somewhat of a hard time during my senior year in high school and pursued talk therapy as a treatment. I simply wanted someone to talk to about the hardships I was facing in life. I talked to a therapist once a week for three weeks before I received a bill. Insurance would not cover therapy because I did not have a diagnosis, and my bill was almost $800 for the three previous appointments. However, I still wanted to pursue therapy somehow, so my mom contacted our insurance company to find out how I could receive any coverage. I was sent to a psychologist who diagnosed me with situational depression after only one office visit. I was prescribed citalopram, an antidepressant. This experience was terrible. I believe I should not have been prescribed the antidepressant. I preferred talk therapy, which I found helpful for getting through the obstacles life threw at me, without taking medication that kept me up at night only to think about the problems I was facing even more. Ultimately, I chose to end my sessions with the psychologist and stop taking the medication. I have not been to therapy in over a year. I eventually got through what I was facing on my own; however, I would still love to go to therapy just to have an outlet, but I cannot afford it. I understand that diagnosing patients with a mental illness becomes a way for psychologists and psychiatrists to decrease the costs to their

patients, but using the DSM to diagnose patients with mental illnesses they do not have is not correct. The practice of abusing the DSM leads to the over medicalization of society.

In the light of recent events, mental healthcare in America has received vocal criticism. Event—including school shootings, suicide, opiate addiction, skyrocketing incarceration rates, and more—have sparked the conversation about providing better mental healthcare treatment options in America. However, there will be a long road to success. Major pharmaceutical companies still reign behind the scenes, playing insurance companies and health professionals as pawns, taking advantage of the DSM to make billions and billions of dollars. When mental health professionals use the DSM to treat and diagnose patients, the intended goal is to create a universal language of diagnosis so that all patients are evaluated with the same criteria. I believe there is a way to use the DSM to diagnose patients without leaving it so vulnerable to abuse. The first step is to break up Big Pharma. In the article "Big Pharma Has Broken Its Social Contract: How to Restore Fairness In Drug Pricing," Kenneth L. Davis, neurobiologist and CEO of Mount Sinai Health System, says that the United States government should recognize the monopolies certain pharmaceutical companies hold and break them to promote a beneficial environment. Kenneth also proposes that members of the DSM panel should not be able to accept monetary funds from pharmaceutical companies (par. 5). This will improve the quality of the assessment criteria of the DSM; the criteria will not be biased or influenced based on marketing or a bribe. The article "Achieving Access to Mental Health Care for School-Aged Children in Rural Communities: A Literature Review," written by Jacob Blackstock, an education counselor, says that the best ways to improve mental health are to bring awareness, remove stigmas, and provide resources in schools. This is based on research that schools are the

primary environment where children display mental health problems (pg. 2, 4). If a child or teenager has easy access to school guidance counselors, they have an inexpensive way of promoting their mental health. A school guidance counselor is not licensed to diagnose mental illnesses, so a student will receive no diagnosis from the DSM or medication. Another way mental health care could be improved is to educate mental health professionals on the limitations the DSM poses. Some mental health professionals rely on the DSM heavily for each diagnosis they deliver, and some disregard the manual completely, only using it for insurance billing purposes. By better educating each mental health professional on the potential risks of mis-using the manual, the numbers of diagnoses would decrease.

The Psychiatrist's Bible is a necessary evil. Without it, the lines of diagnosis would be blurred and the field of psychology would possess less credibility for its diagnoses. However, with it, diagnoses and prescription drugs are handed out like candy. The DSM provides a stage for pharmaceutical companies to manipulate and control members of society as marionettes, all for financial gain. Patients should educate themselves on the dangerous effects that a DSM diagnosis is capable of inflicting. By prescribing vast amounts of medication to the general population, mental health professionals are contributing to the overmedication of society, which leads to dangerous paths. Mental health professionals must understand the corruption and questionable motives that hide behind the DSM when diagnosing patients.

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