

While producers of the DSM argue that psychiatric diagnoses are real entities (taxon), they are vague and abstract constructs that lack conceptual boundaries and remain heavily influenced by socio-political realities.[1] Consequently, it can be argued that the DSM as a “scientific” instrument is an oxymoron: “the DSM has little to do with science, its content is determined primarily by the gatekeeping efforts of the small number of influential psychiatrists who have the directive to decide which disorders will be allowed to appear and which will not”. [2 p179] In fact, it is the product of individuals who chair committees and who vote on the inclusion or exclusion of certain diagnostic groups.[3,4] According to Kirk and Kutchins, “to a great extent psychiatric nosology has been a product of committee meetings and smiling faces”, [5 p29], where psychiatric nosology is not so much about addressing construct validity as it is seeking to address face validity: professional consensus. It is also important to highlight that strong financial ties currently bind the developers of the DSM with pharmaceutical and other companies who are powerful drivers of the psychiatric system.[6]

The construction of mental illness is now largely based on the assumptions that physiological, genetic, and/or chemical abnormalities are at the roots of behavioural deviance.[7] The hypothetical association between mental illness and the lack or excess of neurotransmitters justifies the need to develop molecules meant to restore balance in individuals’ brains.[3] In other words, the multiple sites of therapeutic action in the brain are at the heart of modern psychiatry.[8] However, the biological classification of mental disorders serves purposes other than clinical. A significant outcome of the DSM-III is the growing association between its classification scheme of mental disorders, insurance coverage of mental “care”, [9,10] and the rising numbers of chemical compounds produced by pharmaceutical companies--a phenomenon that remains controversial in light of the fifth edition of the DSM. These relationships form a dense web, a medical-industrial complex whose members have much to gain financially from additional diagnostic categories. The rise of biopsychiatry and the concomitant expansion of classification schemes are of great interest to pharmaceutical corporations whose business objective lies in the production of drugs that target neurotransmitters’ functions in the brain. Pharmaceutical companies are pivotal funding agencies in the promotion, development, and dissemination of (bio)psychiatric research. They therefore constitute powerful instigators (and beneficiaries) of the fabrication of new psychiatric labels.[11] Along with Kutchins and Kirk,[9] we therefore

contend that the unlabelled masses of individuals in today's societies represent an untapped resource for the economic growth of corporations, such as pharmaceutical industries, who are heavily involved in the "psychiatric business."

The entire text is a shorten version of Introduction in Holmes, D., Jacob, JD., and Perron, A. (2014). Power and the Psychiatric Apparatus. Ashgate: Surrey.

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