

Éditorial/Editorial

I am a clinical and research psychologist who belonged to the American Psychological Association until I resigned some years back because of their allowing psychologists to participate in torture and because of their frantic, well-funded push to get states to allow psychologists to prescribe psychiatric drugs. While still a member, I stood outside the annual convention one year and realized I was loathe to enter. Many psychologists and other therapists are humane, respectful, caring, and careful to avoid dogma and dangers to those they try to help. But in her new book, *Psychiatry and the Business of Madness*, Bonnie Burstow describes with scrupulous care the ways that various systems make such therapists all too rare, and she lets those who have been harmed speak up in heartbreaking detail. As a result, for instance, instead of having us simply read that Irit Shimrat tore off her clothes and ran down the hall of her apartment building banging on doors to warn people of the dangers of war and allowing us to think, “She was clearly nuts!” Burstow gives us Shimrat’s own words and then points out, in effect, how strange it is that so few of us are in close enough touch with the horrors of war that we bang on doors in warning. We would do well to consider this.

Many of the pioneering critics of the traditional mental health system have focused on psychiatrists, the American Psychiatric Association, and that association’s *Diagnostic and Statistical Manual of Mental Disorders*. But depressingly often, I have also seen psychologists, social workers, and nurses sometimes reduce suffering but often dehumanize sufferers, drug them, shock them, and inflict various kinds of physical and psychological violence on them. I have also heard marriage and family therapists, counselors, and even clergy -- for heaven’s sake, clergy! who are supposed to know oppression and spiritual or existential crisis when they see them! -- leaping to assign or perpetuate psychiatric labels, misinterpret behavior in the most bizarre of ways, and push both isolation and drugs even when they are harmful. Something is very wrong when a minister describes grief over the loss of a loved one as a Major Depressive Episode, as the DSM-IV authors did (on the fourth page of the listing of that category).

Numerous powerful forces help perpetuate the harm, including media people, who played major roles in a recent, mysterious failure to report a shocking instance of corruption. Columbia University medical ethics expert Dr. David Rothman wrote an expert witness report scrupulously documenting this: In 1995, the very year after DSM-IV appeared, three powerful psychiatrists

were paid nearly \$1 million by Janssen Pharmaceuticals to write a "Practice Guideline" for treating Schizophrenia, and the guideline -- as promised -- had the conclusion that Janssen's new drug Risperdal was the best option. The lead psychiatrist of the three was Allen Frances, who had the previous year published DSM-IV, the psychiatric "Bible" of diagnoses, and thus was enormously influential and assumed to be credible. As Dr. Rothman noted, the guideline was in utter disregard of what the research showed. Besides the guideline, what the three men did for their pay was to create a detailed program for marketing Risperdal by -- among other things -- bringing hired-gun psychiatrists to give "Continuing Education" courses to promote the drug. Risperdal is one of the most dangerous of all psychiatric drugs. Most people are unaware of this corruption, which I call "Diagnosisgate." This is because although there were five major media stories about the Rothman Report, in not one were the three psychiatrists, their "practice guideline," or their nearly million-dollar pay mentioned. In my article called "Diagnosisgate," which appeared earlier this year in APORIA, I said it was an unexplained mystery why this was so, but despite this calling of attention to the media's blackout, that blackout has continued.

Another major player in concealing harm is the legislator, because it is so easy to propose laws and earmark funding that perpetuate the traditional approaches, playing into the common fear that deviating from the "standard of care" -- primarily psychotherapy and drugs -- must be dangerous. And in our chapter in *Bias in Psychiatric Diagnosis*, Jeffrey Poland and I wrote about a number of interlocking systems that perpetuate harm in the mental health system, with our focus on psychiatric diagnosis, which is the most fundamental cause of harm in the mental health system. We included as the perpetuating entities both governmental and private insurance companies, Pharma, contemporary people's desperate need in their overly busy lives to find silver bullet answers to their problems, and a deep-seated and unquestioning belief in science/medicine/technology.

Every problem in the system begins with psychiatric diagnosis. After all, until they have labeled you mentally ill, they are not supposed to treat you, and once you are labeled, there is little they cannot do to you. As I learned from my two years on two DSM-IV committees, psychiatric diagnoses are unscientific, do not lead to reduction of suffering (certainly not in ways that are not better done without pathologizing), and carry enormous risks of harm, including deprivation of every conceivable human right. "Patients" are socialized to feel grateful that their alleged mental illness has been named, and they are virtually never informed that getting a label can destroy their lives, so there is no informed consent. Nine people filed complaints about harm from psychiatric diagnosis with the American Psychiatric Association's ethics committee, and these were dismissed with no attention to their merits. The Civil Rights Office of the US Department

of Health and Human Services did the same with complaints that we filed. We have therefore demonstrated that not only is psychiatric diagnosis totally unregulated, but also that the one private entity and one government entity that by all rights ought to regulate it, redress harm, and prevent future harm refuses to take a single step to do so.

Many years ago I proposed holding Congressional Hearings (<https://www.change.org/p/everyone-who-cares-about-the-harm-done-by-psychiatric-diagnosis-endorse-the-call-for-congressional-hearings-about-psychiatric-diagnosis>) about psychiatric diagnosis as a major step toward exposing its harms and creating a national conversation about what's to be done. Burstow describes hearings about harm in the system and hearings about electroshock that were held in Canada. One thing we can all immediately do is to follow this lead and demand such public hearings in our own countries and on global scales.

Paula J. Caplan, Ph.D.
Associate
Harvard University
Dubois Research Institute of Hutchins Center