

Barbara Kay: New psychiatry manual adds to the oversupply of invented victims

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In 1952, the Diagnostic and Statistical Manual of Mental Disorders – the DSM – the psychiatrist’s bible for diagnosis of mental problems, was a 132-page booklet. Today, in its fourth incarnation, it is a 886-page doorstop. Controversy is now swirling over the fifth instalment, slated for publication in May 2013.

It seems that every DSM upgrade contains more and more “disorders” that are open to question for their vagueness and open-endedness. In the upcoming edition, for example, the threshold for “generalized anxiety disorder” (GAD) is expected to broaden out to become the most commonly diagnosed mental problem. Originally the disorder was meant to identify anxiety for which there was no apparent source. The new definition would home in on domestic, financial or school problems for which anxiety is perfectly normal and justified.

Such a move would have manifold ramifications for employers, insurance companies, the pharmaceutical industry, the educational system and our already overburdened healthcare matrix.

According to the U.S. chairman of the task force for the DSM currently in use, the coming manual is bound to further obscure the “already fuzzy boundaries” between GAD and the normal life concerns of average people. Canadian medical historian Edward Shorter also expressed unease with the DSM tendency to therapeutize life, describing the DSM process as a kind of “horse-trading” amongst professionals (“I’ll give you your diagnosis if you’ll give me mine”). Shorter concludes: “The current DSM series is, in my view, a scientific disaster and should be discarded.”

Psychiatrists – like jurists and other revered high priests of our culture – are human beings like the rest of us. They are not mere conduits of law and science. They are, like us, a hodge podge of beliefs, ideals, prejudices, personal vanity and susceptibility to their era’s zeitgeist.

Psychiatry is also an industry like any other, creating stakeholders and turf defenders. For an in-depth appreciation of just how untrustworthy psychiatry is in general as a guide to what ails and what can fix the human condition, I recommend Dr. Tana Dineen’s 1996 book, *Manufacturing Victims: What the Psychology Industry is Doing to People*. In this revelatory, evidence-based indictment of the profession, Dineen describes her sojourn from believer to critic. Early in her career in psychology (the 1960s) she was engaged to establish a system for monitoring and assessing the diagnostic treatment services in the Psychiatric Department of the Toronto General Hospital. Burgeoning disquiet with the personal, “patriarchal” beliefs of the mental health “experts” who were contaminating their work with patients prompted a career-long inquiry into the faults of the profession.

Her conclusions are damning.

Dineen was horrified at the flow of “beliefs disguised as findings” and the consistent tendency of psychologists to translate all of life into a myriad of abuses, addictions and traumas.” Psychology “has become a big business,” Dineen writes. “It is simply no longer accurate to speak of it as a science and it is unscrupulously misleading to call it a profession.” It is rather, in Dineen’s view, “an industry focused on self-interest and propelled by financial incentives.”

Worse, she says, many psychiatrists are making “social action” part of their mandate. Not surprising, since almost all practising psychiatrists today are products of universities whose mission since the 1960s has been to program students with politically correct thought and inculcate the concept of politically correct proselytism as a noble mission for intellectuals.

Since this book was issued in the 1990s, much of it focuses on that decade’s highly controversial concept of “recovered memory syndrome,” which ruined the lives of so many individuals who were falsely accused of sexual abuse or satanic rituals by (largely) patients whose “recovered” memories were fabrications invented by their therapists. In convicting these hapless innocents, judges abetted the completely unscientific process. As noted, psychiatrists and judges are people, not gods.

Dineen’s final chapter, “Taking back our private lives,” makes for poignant reading. For Dineen knows what a real victim is and expresses compassion for them: victims of war, earthquakes, car accidents, toxic gas leaks and famines. Just as there are real victims, there are Fabricated Victims: and if she were writing today, the “victims” of GAD would be amongst them.

What the gradual embrace of all human suffering into the DSM does is to create co-dependency and undermine individual resourcefulness, not to mention the arrogant appropriation of the role family and friends should play in each other’s lives in difficult times. It inculcates the absurd idea that one can only recover one’s emotional equilibrium and achieve happiness through therapy. Once psychiatry was described as “the purchase of friendship.” Today it is the purchase of (the illusion of) insulation from unhappiness of any kind. In the creation of the DSM-V, we must ask, since

it affects everyone eventually: Cui bono (to whose advantage?), not to mention Quis custodiet... (Who is monitoring the stakeholders)?

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