The Book of Woe

Without question, Gary Greenberg's *The Book of Woe: The DSM and the Unmaking of Psychiatry* sent shock waves into the psychiatric community, as well as the public itself. A psychotherapist, Greenberg sets out to completely discredit the 5th Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), and through a variety of arguments discounting its validity in virtually every sense. Greenberg's work is by no means without flaws; he is often repetitive and he makes broad accusations not always fully supported. Nonetheless, the book stands as an important and necessary criticism of a force in psychoanalysis which has often been found to be inaccurate, lacking in rationale, and too influenced by both commercial (i.e., pharmaceutical) and social/cultural perceptions of mental disorders and abnormalities. In the following, several of Greenberg's arguments are discussed and affirmed, as proposals for improving mental health diagnosis are offered and a hypothetical scenario, in which funds are provided to address one mental disorder, is presented. This is in turn followed by an estimation of how Greenberg himself would respond to the scenario.

Three Primary Arguments

Greenberg loses little time in offering powerful evidence of inherent weakness, if not outright quackery, as long presented by the DSM. He cites the notorious example of drapetomania, a diagnosis first made in 1851 and one which affirmed, and was taken as medical fact, that a mental disorder was responsible for motivating black slaves to seek freedom. There was no DSM at the time, yet Dr. Cartwright's diagnosis of this “illness” was largely accepted as scientific fact (Greenberg, 2013, p. 3), and Greenberg employs

this absurdity to illustrate another; how, and until only relatively recently, the DSM held that homosexuality was a mental disorder. He makes critical points at this early stage, and perhaps the most significant is that this diagnosis of homosexuality was not a matter of bigotry or ignorance. Rather, and simply by virtue of the DSM categorization, it was medical fact (Greenberg, p. 5). Equally importantly, Greenberg goes on to describe the various, and often inhumane, consequences of this scientific status. As doctors in general supported the diagnosis, so too did the public largely accept that homosexuality was a mental disease, which in turn generated a vast range of "cures." Gay men and women, similarly subscribing to the medical validation, underwent electric shock therapies, intense counseling, surrogate sexual encounters, and other severe treatments, all in the name of countering the perceived mental illness (Greenberg, p. 5). If the author's point here seems obvious and perhaps too extreme an example of a gross error, the reality remains that, in these actions and verdicts, the psychiatric community harmed many lives, and that cultural bias was permitted to create an illness where in fact none existed. More importantly, and as the extremes of drapetomania and homosexuality as disease clearly indicate, it is inescapable that experts in psychiatry are fully capable of severe mistakes, and of setting in motion consequences for the public that may be termed horrific. It should as well be reiterated that the disorder or illness diagnosis of homosexuality is vividly remembered by many alive today.

Then, Greenberg offers an equally significant argument in terms of how drug companies are so inextricably linked to the pronouncements of the DSM. He lengthily discusses how Dr. Allen Frances, former Chair of the DSM-IV, objected to the development of the DSM-5 because he perceived the inherent dangers in the "business of manufacturing mental disorders" (Greenberg, p. 106). Nor was Dr. Frances alone; governmental investigations also looked into the specious nature of this relationship between the pharmaceutical industry and the DSM. Nonetheless, and as Greenberg correctly observes, the processes are commercial; without question, pharmaceutical companies have a great deal to gain when the DSM presents new disorders (p. 89). Certainly, the average person watching television is inundated by advertisements promoting drugs for disorders ranging from SAD (Social Anxiety Disorder) to extremes of Depression. On one level, it is not necessarily just to assert that the DSM exists to enhance drug company profits. On another, however, it is at best questionable that so many drugs are promoted, at immense profits to the industry, simply because so wide a range of disorders are identified by the DSM-5.

Lastly, Greenberg presents the controversial, but nonetheless credible, argument that most mental disorders diagnosed as such by the DSM-5 have no real validity nor any basis in biological fact, and Bipolar Disorder (BD) exemplifies this. Dr. Frances once again comes into play as Greenberg discusses how the original diagnosis of BD evolved, by the DSM-IV, to Bipolar II Disorder, and chiefly because medications treating BD typically led to "switching," or alternating states of manic behaviors. What actually occurred is that, as the new diagnostic criteria were established for the II Disorder, BD,

previously a rare condition, was suddenly applicable to many, and because the criteria were modified to view a decreased need for sleep, several consecutive days of elevated or depressed mood, and inclinations to be distracted as evidence of the illness (Greenberg, p. 98). Greenberg has severe issues with BD itself, but the adaptation to Bipolar II Disorder is an outrage to him, and understandably so. In plain terms, and as the enormous increase in diagnoses of the Disorder's new classification supports, thousands enjoying good mental health assumed they were ill, which in turn led to the productions – and sales – of Abilify, Zyprexa, and other anti-psychotic drugs. This argument, as with the other two, is focused upon because it firmly reinforces the innate integrity, as well as the urgency, behind Greenberg's unrelenting criticism of the DSM-5 and its troubled, error-laden history. In simple terms, it is difficult to refute that we live in an age wherein mental disorders number in the hundreds, and people are strangely eager to be diagnosed as having one or more. Consequently, Greenberg's arguments are vastly important, and because it very much appears that a cycle exists wherein public fears and/or insecurities work in concert with DSM-5 assessments, which in turn involve the seemingly endless creation of new drugs.

Improving Diagnosis

Given Greenberg's views and the consequent need to revise how mental illness is defined and diagnosed, no means of improvement may be suggested without an understanding of the forces behind the DSM-5. Created to augment the DSM-IV, this version is not in fact significantly different. Nonetheless, the greater reality lies in the authority behind it. In plain terms, the American Psychological Association (APA) is

considered the universal authority on all mental illness, which goes to its perceived right to stand as the unquestioned source of all diagnosis (Tulchinsky, Varavikova, 2014, p. 384). This translates to the psychiatric and psychology communities essentially mandating and observing only those policies and processes which they themselves deem correct. In a sense, this has at least the appearance of integrity; the APA is of course composed of medical professionals, and it is reasonable to assume that they would uniformly act in ways supporting the integrity and ethics of the professions. At the same time, nonetheless, there is an inherent danger when any organization, its credentials or expertise notwithstanding,is allowed to exercise absolute authority over so critically important a subject. People place absolute confidence in APA guidelines and assertions, yet some external presence, impartial and informed, should be considered in order to further validate how the APA functions.

For some time, it is true, federal governmental agencies and policies have interacted with the APA. In 2010, for example, President Obama signed Rosa's Law into effect, which requires that all existing references to “mental retardation” be altered to Intellectual Disability (ID) (Mash, Barkley, 2014, p. 596). Then, the Veterans' Administration often works with the APA regarding diagnosis of Post Traumatic Stress Disorder (PTSD). These interactions, however, more illustrate social concerns and efforts to mediate regarding highly specific cases. What is needed beyond this is a governmental agency devoted to overseeing how the APA functions, and what determines the diagnoses presented by each version of the DSM. For too long, the APA has enjoyed immense freedom, just as the authority of the organization, and despite the noted and egregious

examples of gross error, has remained largely inviolate. It is certainly reasonable to assume that the federal government could assemble teams of psychiatric and psychological authorities not reliant upon the APA, or sworn to practice an objective and honest assessment of how the APA functions in these regards. It may be argued that such a course merely adds another force of potentially suspect mental health experts to another, which cannot guarantee any increase in integrity or skill in diagnosis. Nonetheless, and when such a governmental team does in fact accept the responsibility to act as a "check and balance" to the APA, the reality exists that such a mediating presence must serve to bring to light potential abuses or mistakes in APA processes of diagnosis. Then, this organization should as well be entrusted to oversee all connections between the DSMs and the pharmaceutical industry. It does happen that unethical relationships exist between drug company representatives and clinicians, and any organization in place to suppress such activity must enhance mental health care.

Such a course, moreover, would likely meet with Greenberg's approval. He certainly resists the modern ways in which medicine and psychoanalysis have become mutually inclusive, and it is possible that he would object to anything adding a further element of complexity to an already – and, to his mind, hopelessly – complicated arena. At the same time, however, the core of Greenberg's dispute with the APA and the DSM-5 lies in how these entities present therapists and doctors with a "Bible" of mental illness, and one which is enormously subject to loose interpretation. It is important, for example, that there are nine criteria for a Major Depressive episode, but only four are required for a diagnosis of Major Depressive Disorder to be diagnosed. This appears to be highly

irresponsible, and particularly when the DSM-5 also relies on such vague terms as "melancholy" (Greenberg, p.14). Consequently, should there be a government agency composed of mental health experts, and ones who are committed to impartially overseeing potential issues within new versions of the DSM and who have the authority to insist on revisions, Greenberg would be supportive of any such safety measure, and because it would exist to moderate, and lessen, APA enthusiasm for inventing new disorders and instructing the public as to their possibly invalid presences.

Hypothetical Scenario

Expanding upon the above suggestion, the scenario is set out in which I myself have been given a budget of $30 million, in order to improve one specific diagnosis of the DSM-5. The task is not easy, chiefly because, unfortunately, a range of diagnoses exists which is highly subject to intense inquiry. Nonetheless, and given its dominance as a social concern of widespread proportions, I elect to focus on Depression. Neither Greenberg nor I are the only individuals who believe that the DSM-5 creates a disorder out of what is often an ordinary, if disagreeable, mood, as is the case with Depression. There have for some time been concerns that the medical terminology, once applied to the "condition," substantively alters its actual identity and all concerned become convinced that the terminology is proof of an actual disorder in place. The domains of psychiatric disorder and normal reaction are vastly different, yet assigning disorder criteria and language to a normal reaction completely redefines it (Demazeux,Singy, 2015, p. 158), and this is my own view of Depression as well. I do not in any way discount that there are cases wherein Depression has disorder-like proportions, and the

sufferer is faced with a condition of consistent, debilitating sadness and/or anxiety far beyond what occurs ordinarily for many. At the same time, it seems to me that enormous harm is done when millions are assured that they have a disorder when, in fact, they more have only a new and invalid concept of states of mind which are relatively usual.

To address this issue, then, I would first employ the funds in organizing and conducting research on the subject in a specific and unprecedented manner. Essentially, what is needed is a comprehensive survey in which millions from all regions of the U.S., as well as European and Eastern nations, are polled as to mental states and degrees of Depression. In a sense, what is wanted here are opinions not tainted by medical expertise, nor influenced by set definitions provided. The survey would ask the participants to describe durations and degrees of severity of Depression as they believe they have experienced it. Importantly, in fact, the word "Depression" would be sparingly used; instead, "sadness," "unhappiness" and "strong discontent" would be more employed, to avoid triggering reflexive responses going to senses of actual illness. I reiterate: the key here lies in having the public inform the mental health community as to what exactly constitutes Depression, rather than the other way around. It is my belief that, when extensive replies are received, it will be discovered that vast numbers of people globally experience sadness routinely, and the diagnosis of it as a disorder is grossly inaccurate because sadness is, certainly arguably, often a natural state of living.

Moreover, such a comprehensive survey would involve questioning designed to address many of the deceptive aspects of sadness or Depression itself. It is noted, for example, that those self-reporting Depression are often influenced by how they permit the

mental state to promote itself; experiencing sadness, people will frequently generate adverse life conditions exacerbating the sadness, just as they may easily attribute reasons for the sadness not based on reality (Maj,2011, p. 85). These are vital considerations and may well go to the need for a completely revised, clinical diagnosis of the disorder as a disorder. There exists as well the factor of cultural/social norms as encouraging ideas of sadness as unnatural. Research strongly indicates the Western, white, middle-class populations are far more likely to consider their states of sadness as disorders, whereas other cultures and ethnic populations are more inclined to accept sadness as a normative state (Karasz, 2005, p. 1626). It seems likely that popular media, and beyond drug company advertising, plays a role here as well, as talk shows tend to insist upon the myth that a consistent state of happiness should be experienced, and variations of this indicate illness. Regarding the budget, I can only assume that millions would go to properly designing, conducting, and interpreting this massive survey, yet the results are crucial in any valid reassessment of the DSM-5 in general, and of one of the most "prevalent" disorders specifically.

Assuming there are remaining funds, these would be used in a way promoting the noted governmental agency, if only for the purpose of investigating pharmaceutical industry activity and interactions with mental health professionals. This is in fact an investigation long overdue, as drug companies have traditionally done their utmost to secure patronage from clinicians, and induce them to use and purchase their products. Moreover, the APA itself and those responsible for the DSM-5 have been identified as suspiciously connected to the industry. This is supported by existing research; for

example, a study of 2006 found that over 56 percent of the 170 DSM panel members had one or more financial links to a drug company (Cosgrove *et al*, 2006, p. 156). This is clearly a critical concern, yet research is insufficient in eliminating such relationships, which are blatantly in defiance of medical ethics. What is needed is a governmental authority with the power to regulate the APA in these regards, and because any such financial connections strongly reinforce the likelihood that an increase in disorder diagnoses is desirable for the APA panel members profiting from the relationships. Consequently, remaining funds from the budget would go to establishing this authority, which would have a needed impact in discouraging invalid and/or unethical designations of mental disorders.

As to how Gary Greenberg would respond to these ideas, it is maintained that he would be greatly supportive of them. As vociferous as Greenberg is regarding the many flaws within the DSM-5, he is not committed to eradicating APA diagnosis; rather, he demands that integrity and substance be its hallmark. Nonetheless, his objections are strong. Near his book's conclusion, Greenberg reiterates that, by and large, the diagnoses of the DSM-5 are not in any way real. The public believes them to be so because the mental health community insists upon this, but they are only constructs (Greenberg, p. 340). This being his viewpoint, it seems likely that he would approve of a global survey generating evidence, as it most probably will, of Depression as often a natural state of being, rather than an illness to be treated with drugs. Greenberg would more support, I believe, the implementation of a governmental regulatory agency watching over APA functioning and serving to examine carefully each process of diagnosis development. In

plain terms and in his own words, Greenberg perceives the DSM-5 to be a woeful construction, indicating that harm rather than help is what it most offers. This being the case, he would welcome any efforts which expose its flaws further and which encourage greater integrity of action within the APA.

Conclusion

While there is no dearth of research questioning the validity of the DSM in its various forms, Greenberg's *The Book of Woe* remains an important and necessary response to how the APA functions generally, and how it specifically employs medical terminology to translate what are often normal states of feeling into actual illnesses. It is certainly arguable that, in the West, we live in an era in which the disorder is virtually desirable, and because people urgently seek an explanation or excuse for emotional states and behaviors that are both disagreeable to them and sources of poor conduct. The responsibility of the APA is to offer strong evidence of what actually constitutes a disorder, yet this august organization far more tends to promote vague diagnoses based on criteria subject to doubt or misinterpretation. This being the reality, the measures proposed in the above hypothetical scenario, involving a global survey designed to rely only on the public's impressions of Depression and the establishing of a government agency solely in place to regulate APA activity, would work to enhance the integrity of the APA, encourage a more valid process of diagnosis, and adhere to Greenberg's highly credible conviction that the DSM-5 itself demands massive revision.

References

Cosgrove, L., Krimsky, S., Vijayaraghavan, M., & Schneider, L. (2006). Financial ties between DSM-IV panel members and the pharmaceutical industry. *Psychotherapy and Psychosomatics*, *75*(3), 154-160.

Demazeux, S., & Singy, P. (2015). *The DSM-5 in Perspective: Philosophical Reflections on the Psychiatric Babel*. New York: Springer.

Greenberg, G. (2013). *The Book of Woe: The DSM and the Unmaking of Psychiatry*. New York: Penguin.

Karasz, A. (2005). Cultural differences in conceptual models of depression. *Social Science & Medicine*, *60*(7), 1625-1635.

Maj, M. (2011). When does depression become a mental disorder?. *The British Journal of Psychiatry*, *199* (2), 85-86.

Mash, E. J., & Barkley, R. A. (2014). *Child Psychopathology, 3rd Ed*. New York: Guilford Press.

Tulchinsky, T. H., & Varavikova, E. A. (2014). *The New Public Health, 3rd Ed*. New York: Elsevier.