

PSYCHIATRIC FRAUD

Diagnosis By Design

By Professor Thomas Szasz

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Using a poll surveying the nation's health, *Parade* magazine concluded that depression is "the third most common 'disease.'" Yet when the respondents were asked, "What is your greatest personal health concern for the future?" they did not even mention depression. They were concerned about cancer and heart disease.

Even though people have accepted the categorization of depression as a disease, they are not afraid of getting depression because they intuitively recognize that it is a personal problem, not a disease. They *are* afraid of getting cancer and heart disease because they know these are diseases—true medical problems—not just names.

Allen J. Frances, Professor of Psychiatry at Duke University Medical Center and Chair of the *DSM-IV* Task Force, writes: "*DSM-IV* is a manual of mental disorders, but it is by no means clear just what is a mental disorder...There could arguably not be a worse term than mental disorder to describe the conditions classified in *DSM-IV*." Why, then, does the APA continue to use this term?

The primary function and goal of the *DSM* is to lend credibility to the claim that certain behaviors, or more correctly, misbehaviors, are mental disorders and that such disorders are, therefore, medical diseases. Thus, pathological gambling enjoys the same status as myocardial infarction (blood clot in heart artery). In effect, the APA maintains that betting is something the patient cannot control; and that, generally, all psychiatric "symptoms" or "disorders" are outside the patient's control. I reject that claim as patently false.

The ostensible validity of the *DSM* is reinforced by psychiatry's claim that mental illnesses are brain diseases—a claim supposedly based on recent discoveries in neuroscience, made possible by imaging techniques for diagnosis and pharmacological agents for treatment. This is not true. There are no objective diagnostic tests to confirm or disconfirm the diagnosis of depression; the diagnosis can and must be made solely on the basis of the patient's appearance and behavior.

There is no blood or other biological test to ascertain the presence or absence of a mental

illness, as there is for most bodily diseases. If such a test were developed, then the condition would cease to be a mental illness and would be classified as a symptom of a bodily disease.

If schizophrenia, for example, turns out to have a biochemical cause and cure, schizophrenia would no longer be one of the diseases for which a person would be involuntarily committed. In fact, it would then be treated by neurologists, and psychiatrists then have no more to do with it than they do with Glioblastoma [malignant tumor], Parkinsonism, and other diseases of the brain.