



Heretic of the Psychiatric Gospel:  
An Interview with Dr. Paula Caplan  
By Pierre Loisel

Edited excerpt:

**The Diagnostic and Statistical Manual of Mental Disorders (DSM) is the psychiatric bible, the most widely used sourcebook for psychiatrists across the world. If you were ever given a psychiatric label, the DSM was likely the source.**

**An activist against the harm caused by these labels, Dr. Paula J. Caplan is an activist against the harm caused by psychiatric labels. She is the author of several books, including *They Say You're Crazy: How Psychiatrists Decide Who's Normal* about her involvement with the DSM authors as a consultant during the preparations of the fourth edition of the manual. We spoke about the DSM and the politics of psychiatric labels:**

**The American Psychiatric Association is the publisher of the DSM. Could you explain the extent of the influence and wealth generated by this book?**

Well, it's in the millions. When the DSM-III-R came out in 1987, it had been translated into at least 17 different languages and was being sold in many countries. I'm sure it has been translated into more now. You're now hearing about many children in China being diagnosed with Attention Deficit Disorder. Nobody in China ever knew "ADD" existed before. What's happening is that there's a kind of simultaneous creep of the DSM's and the drug companies' influence into countries all over the world. It's the globalization of psychiatric diagnosis and of the psychiatrizing of everything.

The American Psychiatric Association (APA) is a lobby group - lots of people don't know that. People have the impression that the APA is there to care about us. Unfortunately, they're not. They're there to protect the business interests and the territory of their members, the psychiatrists. One of the most appalling aspects of the DSM as far as I'm concerned is that they market it as a scientifically-grounded document.

**As a long time specialist in research methods, you were able to assess and monitor the extent to which scientific methods and evidence are used as the DSM is developed and revised. The DSM authors claim that it is a scientific tome, but how do diagnoses get in there?**

The process is far from scientific. I used to teach the DSM as an advocate when I was teaching graduate students. I used to say "This is a wonderful, scientifically grounded, psychiatric diagnostic document." That's what my teachers had taught me, and I didn't have any reason to think otherwise. It was only when I was on two of the committees to write DSM-IV that I saw that it could not be further from scientific. Almost anything that gets proposed as a new category gets in, as far as I can tell because it means more money and more territory for them. I resigned in horror, saying the process should be called "Diagnosisgate". Look what they do with the research - if the relevant science suits their purposes, then they will talk about it. If it doesn't, they will ignore it, distort it, or lie about it. I used the word "lie" in that context in my book "They Say You're Crazy," which was published a decade ago. Nobody's ever hinted at trying to sue me because they know that it's true and that I've documented it all. The fact that they keep doing it anyway is appalling.

**In "They Say You're Crazy" you wrote, "I believe that far too many people who are badly treated because of their race, sex, age, class, sexual orientation, mental or physical condition, physical appearance, and so on end up seeking psychotherapy because they mistakenly believe that their unhappiness stems from something within themselves." You go on to say that "too much contemporary treatment influenced by the DSM maintains this almost exclusive focus on individuals' psyches, as if the major sources of their troubles come from within them." Could you elaborate on that?**

People don't even consider that maybe if you got a psychiatric label, something happened to you other than this sort of craziness with an individual, internal origin. For example, suppose you were the target of all kinds of racist epithets. Of course that's depressing, it's frightening, and it makes you agitated. If you're suffering, and you want to feel better, and you go to a therapist about this, they'll almost definitely give you a psychiatric label, certainly if insurance is going to cover the therapy. Getting just about any diagnostic label perpetuates the notion that the problem comes from within you. It masks all sorts of social and economic problems that need to be looked at if we're going to reduce a lot of people's pain.

### **Could you tell us about the political power that the DSM wields?**

It has terrifying political power. There are so many ways in which people's lives can be destroyed, and have been destroyed, *just* because of getting a psychiatric diagnosis. You can't put somebody on psychiatric medication unless you've given them a psychiatric diagnosis. You can't proscribe electroshock unless you've given them a diagnosis. You can't have them committed against their will unless you've given them a psychiatric diagnosis.

On a large political scale, one of the effects of the DSM is that it takes so many major social problems and leads us to look at the people who are harmed by these terrible social problems - like violence, poverty, homophobia, racism, ageism, sexism, ableism and so on - and then say "oh look, he's depressed, she's anxious." We diagnose you as having "Major Depressive Disorder" and her as having "Generalized Anxiety Disorder" and so on. This grand political scale is very powerful in pushing us to ignore major social problems. Instead, we say "these persons have psychiatric illnesses." We medicalize them. There are things in the DSM that by no stretch of the imagination are mental disorders, such as stuttering. Stuttering is in there with one of the category numbers like they all have, Math Disability is in there as a mental disorder too. So are Nicotine Dependence and Caffeine-induced Sleep Disorder.

Then there are other categories that are non-pathological reactions to painful parts of life but treat them as psychiatric problems instead. For example, if you lose somebody close to you and are still grieving two months later, you have Major Depressive Disorder, according to the DSM. So there is no such thing as normal feelings and normal reactions anymore. If you go to see a therapist because you're grieving, and you've been grieving for two and a half months, you walk in there with one problem, which is that you're profoundly sad. You walk out with a second one: you're mentally ill - "oh gee, I didn't know that. I've got that, too, now." The message is very clearly, "You have Major Depressive Disorder. You should've been over this by now; otherwise, why would we have this two-month cut-off point?" I've sat in meetings with these members of these DSM committees and heard them have discussions that go like this: "how long should they have been experiencing these symptoms before we say they've got the disorder." Somebody will say, "I think six weeks." And somebody else will say, "I'd say ten weeks." They look around: "call it eight." That's the way these so-called scientific decisions are being made.

Now, if the title were not *Diagnostic and Statistical Manual of Mental Disorders*, if it didn't have this whole aura of scientific precision that surrounds it, with all of the numbers of the categories and the lists of criteria, if they just called it a book with a bunch of labels thrown together by about a dozen, mostly white, mostly male, mostly American psychiatrists in order to have a common language - if that were the title - I would say okay. That's accurate. But that's not the title, and so you've got entire mental health systems and entire countries operating on the assumption that we're dealing here with science, that we're dealing with therapists who are "objectively" diagnosing people. Meanwhile, people are often suffering harm because of being diagnosed. The drug companies are making billions and billions of dollars and gigantic profit margins, and meanwhile, maybe what the person needs is not even addressed.

### **You mentioned the role of diagnoses in justifying psychiatric treatment. What are the implications of pharmaceutical drugs having become the most prevalent form of intervention for people seeking help?**

If you are given a DSM diagnosis, you are much more likely to be put on medication than if you are not diagnosed. Now, some people are helped by medication, and others are hurt by it, but the point is that there is not a lot of variety in what's likely to be recommended to you if you go to see a therapist these days.

There's this mistaken cause-and-effect reasoning that goes like this: "I was feeling depressed. I took an antidepressant. I feel better. Antidepressants change your brain chemistry. Therefore, since I feel better now, something must have been wrong with my brain." Let's say your partner cheated on you, so you go out and get roaring drunk, and you feel better. Does that mean that your upset over being jilted had a biological basis? No, of course not. It's wrong-headed, and it can be dangerous to assume that if a pill makes you feel better, temporarily or over the longer term, therefore the cause of the problem was necessarily biological.

I remember the first time I ever had a friend who was on Zoloft, and I said to her, "how come you're taking Zoloft?" She said her husband did not want her to have the job she wanted to have, which was in the arts and which she dearly

loved. He had said, "we can't make enough money that way. We need the money." She said to me, "Paula, we have so much money we couldn't possibly spend it all in the rest of our lives if we tried." But he was determined that she would not keep the job that she loved. I asked her, "so what does that have to do with the Zoloft?" She said, "well, as long as we have young children, I can't leave him." I said, "so you took the Zoloft and..." And she looked at me and said, "it didn't get rid of my problems, but it allows me to experience them as from a distance."

**So, would you say that one of the political ramifications of psychiatric drugs is making people tolerate the intolerable?**

Absolutely. My friend should be able, for instance, to have some supportive people come in and say to her husband, "it's not rational, it's not fair, it's not necessary, and it's emotionally abusive. It's not a good model for your children to see because they know what their mom enjoys doing and what she hates doing." That's what should happen. But that's never going to happen if we keep saying, "honey, you just keep taking your drugs." Of course, there are times when an individual may feel for whatever reason, "I am in such excruciating emotional pain right now. I cannot do anything about it myself. I have to get through the work day and support my kids, and I can't afford to get fired. I just can't bear it. I'm just going to take some medication temporarily to get through this." Those people should have the option of taking drugs if the drugs' pros and cons are fully disclosed *and* they are offered other options, too. I know people who have been on these drugs, especially antidepressants and every single one of them has said to me, "it distanced me from my feelings, and that was okay for a little while, but then I wanted to start getting rid of the underlying problem. I wanted to work it through, get beyond it. And I found that as long as I was on this drug, I didn't have access to my feelings. They were not very present for me, and only when I went off the medication was I able to make some progress in working out the problems or working through the feelings."

I can't sit here and tell you that I'm sure that there was never anything wrong with anyone's central nervous system that led to them being upset, terrified, or imagining scary things that weren't there, because of course, that has happened. I have people close to me who've had brain damage from accidents, for instance, and they have become tormented people. *Of course* changes in the brain can lead to serious emotional states and problems, but that's much more unusual than you would think if you just look at the DSM.