

**AN OPEN LETTER:
Ethical Guidance Regarding the Diagnostic and Statistical Manual of Mental Disorders**

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Antonio E. Puente, Ph.D.
President, American Psychological Association
750 First St. NE
Washington, DC 20002-4242
Via postal mail and governance@apa.org

Anita Everett, M.D.
President, American Psychiatric Association
1000 Wilson Boulevard, Suite 1825
Arlington, VA 22209-3901
Via postal mail and apa@psych.org

Gerard Lawson, Ph.D., LPC, NCC, ACS
President, American Counseling Association
6101 Stevenson Ave., Suite 600
Alexandria, VA 22304
Via postal mail and fax 800-473-2329

Kathryn Conley Wehrmann, Ph.D., MSW, LCSW
President, National Association of Social Workers
750 First St., NE, Suite 800
Washington, DC 20002
Via postal mail and president@naswdc.org

Christopher Habben, Ph.D.
President, American Association for Marriage and Family Therapy
112 South Alfred St.
Alexandria, VA 22314-3061
Via postal mail and fax 703-838-9805

The undersigned organizations join with the International Society for Ethical Psychology and Psychiatry (ISEPP) in petitioning the above leading mental health professional member associations for ethical guidance in the face of substantial and growing concern that the Diagnostic and Statistical Manual of Mental Disorders (5th Edition) (DSM) is invalid¹. By far, the most

¹For reviews of this problem, see: The "Limitations of Traditional Taxonomies" section of Kotov, R., Krueger, R. F., Watson, D., Achenbach, T. M., Althoff, R. R., Bagby, R. M., Brown, T. A., Carpenter, W. T., Caspi, A., Clark, L. A., Eaton, N. R., Forbes, M. K., Forbush, K. T., Goldberg, D., Hasin, D., Hyman, S. E., Ivanova, M. Y., Lynam, D. R., Markon, K., Miller, J. D., Moffitt, T. E., Morey, L. C., Mullins-Sweatt, S. N., Ormel, J., Patrick, C. J., Regier, D. A., Rescorla, L., Ruggero, C. J., Samuel, D. B., Sellbom, M., Simms, L. J., Skodol, A. E., Slade, T., South, S. C., Tackett, J. L., Waldman, I. D., Waszczuk, M. A., Widiger, T. A., Wright, A. G. C., & Zimmerman, M. (2017, March 23). The Hierarchical Taxonomy of Psychopathology (HiTOP): A Dimensional Alternative to Traditional Nosologies. *Journal of Abnormal Psychology*. Advance online publication. <http://dx.doi.org/10.1037/abn0000258>;

British Psychological Society. (2013). Division of Clinical Psychology position statement on the classification of behaviour and experience in relation to functional psychiatric diagnoses: Time for a paradigm shift. Retrieved from <https://dxrevisionwatch.files.wordpress.com/2013/05/position-statement-on-diagnosis-master-doc.pdf>; Ghaemi, S. (October 14, 2013). Why DSM-III, IV, and 5 are Unscientific. *Psychiatric Times*. Retrieved from

significant threat to the DSM's validity is the lack of scientific evidence that would demonstrate a neurobiological pathology basis of mental disorders. Using an invalid tool is contrary to our codes of ethics.²

Of particular note was the alarming declaration in 2013 by the Director of the National Institute of Mental Health (NIMH), the leading figure in mental health research and services for the United States government, that the DSM's "weakness is its lack of validity."³ The Director called for a new system of diagnoses based on real diagnostic biomarkers of real neurological defects. The significance of the Director's pronouncement cannot be overstated.

More recently, this problem has even gained the attention of the United Nations General Assembly Human Rights Council.⁴ In a Special Rapporteur report on human rights and mental health, that international body warned how the DSM continues "to expand the parameters of individual diagnosis, often without a solid scientific basis."⁵

Yet despite its lack of validity, the DSM remains the official diagnostic manual and those of us who are in the professions of helping must continue to use it if we agree to provide services to individuals who choose to take advantage of their health insurance benefits. How are we to provide ethical services to vulnerable populations in the face of this demand to perpetuate false information and negate informed consent?

We are in an ethical double bind. On one hand, we must knowingly use an invalid manual to help people in need, as health insurance companies require a diagnosis for services to be reimbursed. On the other hand, if we refuse to use the manual, most people will not be able to afford services and will go without help.

To further intensify this problem, above and beyond the issue of validity, DSM diagnoses can be harmful. Such a diagnosis in one's record can jeopardize eligibility for employment, housing, security clearances, military service, and insurance coverage. These problems are particularly impactful on young people who have yet to transition into adulthood. And remember, these potential harms stem from invalid diagnoses.

Moreover, a DSM diagnosis can damage one's sense of self worth and human potential because it implies the diagnosed person has an innate neurobiological defect when in fact there is no scientific evidence of such a defect. Similarly, a diagnosis can stereotype, promote misunderstanding of oneself and others, and lead to maltreatment by society at large. The above-mentioned United Nations report notes: "Critics warn that the overexpansion of diagnostic categories encroaches upon human experience in a way that could lead to a narrowing acceptance

<http://www.psychiatrictimes.com/blogs/why-dsm-iii-iv-and-5-are-unscientific>; Phillips, J. (January 8, 2013). DSM-5 Field Trials: What Was Learned. *Psychiatric Times*. Retrieved from <http://www.psychiatrictimes.com/dsm-5/dsm-5-field-trials-what-was-learned>.

² Whereas the DSM's reliability has also been in question, its validity trumps reliability. A reliable but invalid system is useless at best and dangerous at worst.

³ <https://www.nimh.nih.gov/about/directors/thomas-insel/blog/2013/transforming-diagnosis.shtml>

⁴ United Nations Special Rapporteur Report. (2017). *Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health*. Retrieved from <https://documents-dds-ny.un.org/doc/UNDOC/GEN/G17/076/04/PDF/G1707604.pdf?OpenElement>.

⁵ p. 5.

of human diversity”⁶ and “Mental health diagnoses have been misused to pathologize identities and other diversities, including tendencies to medicalize human misery.”⁷

So, we are left with a dilemma. In order to serve people in need, DSM diagnoses must be used. However, these diagnoses are knowingly invalid and potentially harmful to the individual being diagnosed. Some practitioners attempt to minimize potential harm by explaining these problems and obtaining informed consent to continue. However, many practitioners either are not aware of the problems or they choose not to inform their clients. More importantly, though, does informed consent really justify the continued use of an invalid and potentially harmful tool?

By knowingly promoting a system that defies scientific principles, misleads our clients and the public, and can potentially harm people, we are directly defying the ethical principals established by the above organizations. In short, using the DSM runs contrary to our fundamental principle of “do no harm.” It is for this reason that we make this appeal for guidance.

Respectfully submitted,

Chuck Ruby, Ph.D.
Executive Director
International Society for Ethical Psychology and Psychiatry
www.psychintegrity.org
docruby@me.com

Jessica Arenella, Ph.D.
President
International Society for Psychological and Social Approaches to Psychosis, United States Chapter (ISPS-US)
www.isps-us.org
President@isps-us.org

Joanne Cacciatore, Ph.D.
Founder
Center for Loss and Trauma
<https://www.centerforlossandtrauma.com>
jcaccia@me.com

Daniel Fisher, M.D., Ph.D.
National Coalition for Mental Health Recovery
<http://www.power2u.org/>
daniefisher@gmail.com

Al Galves, Ph.D.
Board of Directors
MindFreedom International
<http://www.mindfreedom.org>
agalves2003@comcast.net

⁶ p. 5.

⁷ p. 11.

Lisa Forestell
Chair
Hearing Voices Network USA
www.hearingvoicesusa.org
Lisa@Westernmassrlc.org

Kelli Montgomery
Executive Director
MISS Foundation
<http://www.missfoundation.org/>
kelli.montgomery@missfoundation.org

Richard Shulman, Ph.D.
Director
Volunteers In Psychotherapy
www.ctvip.org
CTVIP@hotmail.com

Mary Neal Vieten, Ph.D., ABPP
Executive Director
Warfighter Advance
www.warfighteradvance.org
dr.vieten@icloud.com