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

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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 invalid. By far, the most

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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

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.
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,

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⁶ p. 5.
⁷ p. 11.
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