It is the position of the International Society for Ethical Psychology and Psychiatry (ISEPP) that the Diagnostic and Statistical Manual for Mental Disorders (DSM), a publication of the American Psychiatric Association, is a political rather than scientific document, one which damages human beings. Despite the position of its authors that it is primarily descriptive, the DSM supports the perpetuation of myths about mental, emotional, and behavioral disturbances in individuals which favor pseudoscientific, biological explanations and disregard their lived context. The evolving editions of the DSM have been remarkable in expanding psychiatric labels for alleged “mental illnesses” with no scientifically substantiated biological etiologies.

The forthcoming DSM-V edition continues this process while attempting to deepen indoctrination of mental health providers, consumers, and third-party payers into the fallacy that problems in living result from problems in biology. Adherents of biopsychiatric explanations and pharmaceutical manufacturers are the primary benefactors of public acceptance of this myth. Beyond research and technical studies which repeatedly demonstrate the inherent lack of validity and reliability of the DSM as a nosological system, psychiatric labeling has real consequences in discriminating against and oppressing the disadvantaged, creating unnecessary obstacles to employment, housing, and social acceptance, lending false credibility to the concept of psychiatric disability, assaulting self-worth and self-efficacy, and undermining reestablishment of positive life-striving by inducing “behaviors to label” among people who have been so labeled.

In ISEPP’s view, conscientious and ethical provision of services to those suffering from mental, behavioral, and emotional disturbances is primarily a moral, social, political, and philosophical enterprise. ISEPP supports helpers who wish to eschew use of the DSM-V and its prior systems. ISEPP recommends public scrutiny and skepticism regarding the DSM as well as a constructive dismantling of the psychiatric-pharmaceutical complex through which it is continually supported and redeployed.