

Review: Dr Paula J. Caplan, *They Say You're Crazy: How the World's Most Powerful Psychiatrists Decide who's Normal*, Addison-Wesley Publishing Co., Reading, MA, 1995

Pages: 355

Unmasks the Fraud of Psychiatry

Psychiatry is an unassailable power in the West, having replaced Christianity as the prime caregiver for disturbed souls. One would therefore think it was based on solid science, and treatments led to cures for said souls. Nothing could be more false.

The author debunks the craft's holy book, the DSM, which relies on being able to objectively define "normal", something it cannot do. From this fact, it follows every single diagnosis is null and void.

The process behind creating the 'illnesses' is also shocking; independent assessments from uncontrolled, and non-random surveys, voted on by APA members!

As usual, the motive behind the industry is money, both from repeating consultations and drugs prescriptions. Psychiatry is also incredibly sinister, as the legal system has been brainwashed into seeing crimes as "faults", and criminals as "mentally ill". As a result, they are sent for "treatment" and so escape justice.

Preface (pp. xv-xxiv)

Mental health authorities often refer to the DSM as though it were scientifically proven gospel.

For any diagnosis, a person must meet six of nine criteria.

I) *How Do They Decide Who Is Normal?* (pp. 1-32)

“Giving a sad person a drug that can cause depression ought to be considered a certifiably insane act!” [18]

Once one intervenes to study therapy, he has already changed it.

The open secret amongst psychiatrists is patients don't usually get better.

Clinic directors on assigning a DSM diagnosis: “it really doesn't matter which one you choose. No one cares anyway.” [p26]

II) Whose Normality Is It, Anyway? (pp. 33-58)

Ordinary feelings and behaviour are often renamed as “signs of mental illness”.

Defining “normality” has always been more art than science. There are many models: Infrequency [analyses variance from an ‘average’]; Fixation [exhibiting ‘appropriate’ behaviour for one's age]; Reality-Testing [knowing what is ‘real’]; Disproportion [‘too much’ or ‘to little’ of a characteristic]. The problem with all these is they are 100% circular.

Notwithstanding the above, DSM authors claim to have found the truth about normality.

“Mental disorders are a subset of medical disorders” is an unsubstantiated claim.

“Mental illness” was not coined till the 1960s.

III) Do Mental Health Professionals Think Anyone Is Normal? (pp. 59-82)

Workers often opine that the patient ‘looked normal’ but this was false since normal people don't come into clinics.

Therapy itself can cause ‘mental illness’.

IV) How the American Psychiatric Association Decides Who Is Not Normal -Part I (pp. 83-121)

Defence lawyers use a rapist's rape fixation in court to argue their client should go into psychiatric treatment rather than to jail.

Becoming a doctor's wife is the pinnacle of achievement for many women.

V) How the American Psychiatric Association Decides Who Is Not Normal -Part II (pp. 122-167)

VI) Delusional Dominating Personality Disorder [DDPD]: "If This Sounds Discouraging, I'm Afraid It Is Meant To" (pp. 168-184)

VII) How Gatekeeping Replaces Scientific Precision (pp. 185-225)

There were about a thousand contributors to DSM-IV.

DSM-III research as described by Kirk and Kutchins: "Field trials were uncontrolled, nonrandom surveys in which several hundred self-selected and unsupervised pairs of clinicians attempted to diagnose non-randomly selected patients ... [then] made 'independent' assessments of these patients." [pp201-2]

AD, ODD, or OCD cannot be derived from any scientific work.

Depression is "major" if it lasts longer than two months.

VIII) What Motivates the DSM Authors? (pp. 226-239)

Psychiatrists are trapped in their dogma, and are disconcerted that they may not actually be helping their patients.

"The drug companies provide the backbone of financial support for APA." [p233]

IX) Media: The Good and the Bad (pp. 240-271)

X) Where's the Harm, and What Will Help? (pp. 272-289)

"The act of naming is an act of power."

Diagnostic label assignment is often a prerequisite for social security payments, which drives malingering.

While Prozac studies show a 75% improvement from the drug, a placebo helped in 30% of cases too.

Appendices (pp. 290-292)