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## Global Summit On Diagnostic Alternatives

DxSummit.org

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## Can DSM Diagnoses Be Other Than Pejorative?

Laura K. Kerr  
Comments

April 7, 2014

Proposing Alternatives

15

G+

Name  
calling.  
Cursing.  
Yelling  
when a  
calmer  
tone  
could  
deliver  
the same  
message.



— Image courtesy of David Castillo  
Dominici / FreeDigitalPhotos.net

[Comments](#)

**Jonathan D. Raskin** - Yes, the site will

remain online as an archive of ...



**Sandra Villarreal** - Yes, I'd like to tell you where I found 'normal'. ...



**Dominick Robertson** - Will the site be left online, so that we can still...




**Tim Carey** - Dear Kano-bi, I'm really delighted you liked th...


Who of [redacted]  
us at  
times doesn't act outside the boundaries of civility and  
compassion?


The material world often gets the brunt of such outbursts.  
My earlier work writing computer programs in Fortran left me  
with a childish wish to inflict pain on computers when they  
failed to do what I expected. If cursing them didn't seem to  
work, I sometimes flipped off the power. *Yeah, I showed them  
who was boss.*


I know I am not the only one who so pointlessly loses their  
cool. How many of us let the expletives rip when house  
repairs turn towards the incomprehensible? Ever put  
together a propane grill, or prefab bookcases, whose  
screws seem stripped before they even leave their sealed  
plastic pouches? Not a pretty sight.


Such object-focused rants seem like emotional outtakes, but  
they are also signs of a lack of curiosity about the world and  
a need for control. These verbal assaults would be fairly  
harmless if not for the sometimes blurry line existing  
between how we anthropomorphize our possessions and  
how we objectify fellow humans. The *Diagnostic and  
Statistical Manual of Mental Disorders* (DSM) is a reliable  
resource if objectifying someone is the goal. "He's such a  
narcissist." "She's so borderline." "I can't talk to him; he's  
totally bipolar." Diagnoses are useful when there is a desire  
for distance and control, but perhaps more significantly, they  
protect oneself from feelings of vulnerability. No wonder  
many of us "diagnose" people close to us when relationships  
are precarious or we find ourselves in the wake of a break


 **Sandra Villarreal** - The  
DSM-5 is the  
Most Dangerous  
book in America if...

 **Sherry** - Hello!  
Quick question  
that's  
completely off topi...

 **kano-bi.com** -  
I'm amazed, I  
have to admit.  
Rarely do I encounter...

 **Dr. Mindy** - I am  
both a  
(retired/disabled)  
psychologist and a ...


 **Maureen** - Lois  
& Jeff. I refer you  
to social critic  
an...

 **Lois Holzman** -  
We plan to do  
many more such  
outreach activities—a...

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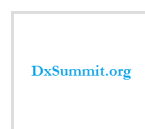
up. Yet such name-calling is a flimsy defense against heartbreak and the inevitable feelings of loss, or even grief, that emerge when people disappointment or hurt us.

By virtue of how psychiatric diagnoses are increasingly used by both professionals and laypersons, they are now largely empty speech that lack worth — what Jungian analyst [Russell Lockhart](#) called *words without souls*. For a word to have soul it must imply something about the nature of a person's being, although not of a general sort that applies to anyone who meets certain diagnostic criteria. Rather, words with soul speak to what is unique about somebody and in ways that draw us closer through a feeling tone, thus creating an emotional bond that validates uniqueness rather than effacing a person's individuality.

The DSM is the preeminent diagnostic guide for the mental health field, which, of course, includes the practice of psychotherapy. "Psychotherapy" gets its meaning from two ancient Greek words, *psyche*, which means soul, and *therapia*, which means healing. Thus, psychotherapy is the practice of *healing the soul*, or tending the soul of someone in the process of healing and returning to growth. To tend to a soul involves caring about speech, listening to someone's distinctive story, hearing the worth of a word, witnessing how a phrase or gesture carries individuality — that is to say, the act of *finding soul* in speech and soma. How odd that the DSM, a most impersonal tome, would be produced in a field that started with psychotherapy as such a personal relationship.

The DSM originated through a power struggle between two competing perspectives on the nature of mental illness, if

## New



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May 11, 2015



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February 10, 2015



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January 16, 2015



Using Ethical Guidelines to Effectively Challenge Over-prescribing Psychotropics for Children  
September 17, 2014

not what it means to be human. The DSM codified two general divisions into the mental health field between so-called *Axis I* and *Axis II* disorders, reflecting the split between biomedical psychiatry (*Axis I*) that originated with the work of Emil Kraepelin, and psychoanalysis (*Axis II*), which started with the work of Sigmund Freud. Along *Axis I* are mental disorders depicted as synonymous with chronic diseases of the body, such as diabetes. In contrast, *Axis II* disorders emphasize the role of a person's character, temperament, and early life conditioning. Disorders along both axes carry the implicit belief that a diagnosis is likely a lifelong condition, which through psychotherapy or drugs (or both) is altered, but perhaps never completely escaped. Both risk producing calcified souls that are manageable and predictable and not enlivened and full of possibility as real people are.

Perhaps a diagnosis can feel like relief from the sense of alienation and shame that often are part of *feeling* mentally ill. As [one woman](#) emphatically stated, *I am not crazy, or bad, or lacking in faith or in discipline. I have a disease. It's called depression.* Often such an interpretation becomes a defense against the threat of emotional chaos, feelings of alienation, and intense self-doubt that are the subtext of most mental disorders. Yet psychiatric diagnoses also limit opportunities for growth and connection. Old problems have a way of resurfacing for all of us. Change is often a slow process. With a diagnosis life's seemingly terminable repetitions are recast as "symptoms" of a disorder, distancing the fear of being overwhelmed once again, although not necessarily changing the conditions that support their reoccurrence.

These names we call ourselves and others — diagnosing failures, anticipating compulsive repetitions — lack depth and



## Thinking as Inner Action

August 28, 2014



## How About a Diagnostic Alternative for Use in Talk Therapy?

August 18, 2014



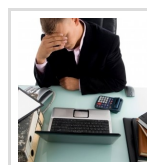
## International Summit to Develop New Approaches to Mental Health Diagnosis

July 23, 2014



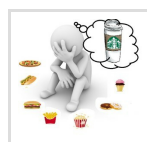
## The Cultural Amelioration of Negative Social Constructs of Difference – in the Context of Holistic Psychological Formulation

July 22, 2014



## The 'No Labeling' Alternative

July 8, 2014



## The Case of Tina and Bruce: An Introduction

are hollow places to hide our fears. And fear may be the reason psychiatric diagnoses have become part of our vernacular. For instance, despite that having a temperature is more accurately described by the medical term “febrile,” or a heart attack is technically called a “myocardial infarction,” we don’t use those words because a) people might not know what we are taking about, but more importantly, b) they make the sick body sound even sicker — and thus *scarier*. This seems the opposite effect that diagnoses in the DSM sometimes have. Granted, for some people, it can be scary to think of someone having schizophrenia — and thus a very different mental map than the so-called ‘normal’ person. But mostly we use these diagnoses as slang because through them we distance another person — and potentially gain power over them and the feelings they evoke. These terms lack soul and their nature is to *de-soul*, which is why they become so versatile when there is a desire to scapegoat someone, or avoid the pain of a broken heart, or simply vent anger. With a diagnosis on the tip of the tongue, the speaker grows larger while his object becomes stuck in the smallness of an ill-fitting label. Apathy or even repulsion replace fear. Some may say sympathy is also a potential outcome, yet it is often mixed with pity that has a way of infantilizing persons diagnosed with mental disorders, diminishing their social standing if not personhood. With diagnoses, psychological banishment also becomes a very real possibility — a dehumanizing defense that may seem increasingly attractive on a crowded planet of 7 billion people (and rapidly continuing to grow).

Certainly we need a language to understand how we suffer (and make others suffer) that can help us transcend old patterns of being and relating. But do we really need the

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## Meta

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DSM? And what, if anything, should replace it?

Reading Russell Lockart's [Words as Eggs](#), I am beginning to consider the DSM as a lot like Humpty Dumpty. As Lockart writes, when Alice (of Wonderland) met Humpty, he made a bold statement about his ability to control words:

"When I use a word, it means just what I choose it mean — neither more nor less." Humpty Dumpty really liked adjectives, because he had more control over them (like when we call someone a name). But Humpty wasn't so crazy about verbs: "They've a temper, some of them — particularly verbs: they're the proudest — adjectives you can do anything with, but not verbs." Verbs, Lockart observed, "are words whose sole function it is to say that something exists, that it has being, that it lives, that it moves, that something has taken place." Reconfigured as verbs, diagnostic categories become strategies for living and not defenses against people (including oneself) when life is hurtful or uncontrollable. By becoming verbs, diagnoses become more soulful and more open to growth and change, including outgrowing a mental disorder. Diagnoses would still point to how we hurt and repeatedly make the same mistakes as well as expose us to our blind spots. But diagnoses would also be a lot safer, since they would tell us what we are doing rather than creating fixed references for who we are. As verbs, diagnoses might also contribute to growth and change in unimagined ways, which is how soulful people like to live — full of possibility.

I suggest doing away with diagnoses that cannot be verbs. Rid them from your vocabulary if they fail to make space for growth and uniqueness. All of us "narcissus" at times. Put any of us in a toxic work environment (or society), and we

will definitely “schizophrenic” now and again. And granted, some people “borderline” more than others when the end of a relationship is on the horizon — that is, until they don’t, and they do something else (such as house repairs), in which case another verb can reveal their soul-filled efforts at growth, love, and self-discovery.

## References

Cronkite, Kathy. 1994. [On the Edge of Darkness](#) . New York: Delta Publishing.

Lockhart, Russell. 1983. [Words As Eggs: Psyche in Language and Clinic](#). New York: Spring Publications.

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### About [Laura K. Kerr](#)

Laura K Kerr, PhD works as a scholar, blogger, writer, lecturer & editor. Find out more at [www.laurakkerr.com](http://www.laurakkerr.com).

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**Jonathan Raskin** - April 7th, 2014 at 10:32 am

Interesting, Laura. Reminds me a bit of the reality therapists, who turn terms like “anger” and “depression” into verbs like “angering” and “depressing.”

If Axis I typically corresponds to diseases of the body and Axis II to temperament and upbringing, what is the significance of DSM-5 eliminating the multi-axial approach so that Axis I and II are no longer part of the manual?



Reply



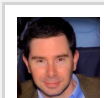
**Laura K. Kerr, PhD** - April 7th, 2014 at 11:55 am

I don't have a television, so I got a bit of a laugh from your comment about reality therapists!

With regards to the DSM-5, I imagine there are some attempts to erase its largely unscientific history, but perhaps more important is the move towards creating the conditions for promoting a thoroughly biologically-based model of mental disorders. Axis II disorders, by virtue of being "personality" disorders, stood outside the biological paradigm. Now all diagnoses are potentially biological in origin and thus amendable to treatment with medications and other profitable procedures. I realize this might sound a bit cynical, but nevertheless, there's a lot of money to be made when all mental disorders are perceived as fundamentally biological in nature.

Of course, there is a biological component to every human experience, including disordered states. But it is just reductionistic thinking to then assume that because there is a biological aspect of a particular human experience there is a need for a biologically-based intervention.

Reply



**Jonathan D. Raskin** - April 8th, 2014 at 8:58 am

Not reality TV therapists, but reality therapists (a la William Glasser). See p. 3 of this journal article, where the idea of turning problems into verbs is discussed. This is a hallmark of reality therapy: [http://www.mwsu.edu/Assets/documents/academics/education/Journal\\_of\\_Reality\\_Therapy\\_Fall1990.pdf](http://www.mwsu.edu/Assets/documents/academics/education/Journal_of_Reality_Therapy_Fall1990.pdf)

Reply



**Laura K Kerr, PhD** -

April 8th, 2014 at 12:33 pm

Now I'm really laughing hard! Thanks so much for sharing the link.

Reply



**thomas scheff** - April 7th, 2014 at 2:10 pm

I have published an article on removing the pejorative elements from treatment, but stopping short of enabling: Neither Labeling nor Enabling.

A copy is available on my website: #77.

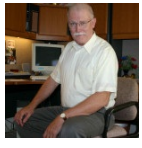
Reply



**Laura K Kerr, PhD** - April 7th, 2014 at

2:59 pm

That sounds like a wonderful resource. Thank you for sharing.



**Richard A Lawhern, Ph.D.** - April 7th, 2014 at 7:48 pm

Writing and thinking as a (hopefully) well-read medical layman, it seems to me that the overriding purpose of diagnosis labels is to assign a reliable course of treatment to patient distress which a medical or mental health professional observes. When there is no reliable course of treatment, then it would seem evident that diagnosis does nobody much good, and in some cases does harm by serving as a mechanism of abusive control for behaviors in others or in ourselves which frighten us.

From what I read, I don't think it would be going too far to state that there is no proven basis in biology or mental health for assigning *\*any\** biological "cause" for any observed human behavior which we generally regard as bizarre or disabling. For that matter, the very concept of the "subconscious" which forms a primary basis for psychotherapy has never been validated against repeatable evidence. It is merely "assumed" from the work of Freud and his students. We should remember the ironic observation that "assume" often makes an ass out of U and Me.

Psychotherapy as a field fell from dominance of psychiatry 50 years ago when even earlier studies were noticed by lay people and insurance company executives. Those earlier studies demonstrated that none of the major schools of psychotherapy had more reliably positive outcomes for patients compared to being placed on a waiting list for admission to inpatient facilities for psychiatric treatment. Over periods of about six months, about half of all

those reporting significant mental distress will report improvement — whether they are treated or not. [See Martin L. Gross, “The Psychological Society”, 1978]

Similarly, there is now widespread evidence that pharmaceutical companies have — with full knowledge of consequences — peddled “medications” for mental health-related distress, which are ineffective over the long term for their primary uses, and often dangerous for their cumulative side effects. Both kids and adults are vastly over-medicated. Some are dying from the attentions of psychiatrists and their medical accomplices. Many more suffer long term disablement and physical debility from drug side effects.

But missing from this picture is any coherent plan of corrective action. The learned professionals at DxSummit have so far shrunk from attempting anything more than safe and peripheral commentary. Doesn't that bother ANY of you? Don't you ever wonder at all, if it might not be time to either engage with a meaningful program of change, or at the very least burn your license to practice and go looking for a more honest line of work? Should we wonder at the growing strength of the psychiatric recovery movement?

I've said it before and I will doubtless again:  
“Lead, Follow, or Get Out of the Way!”

[Reply](#)



**Laura K Kerr, PhD** - April 8th, 2014 at 1:10 pm

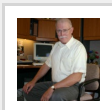
Wow. Pretty strong conclusion, which makes me wonder why you made such an effort to write a long comment. If this website is so useless, why

bother commenting at all?

In any case, you have brought up some great points, which I really appreciate. The notion of biological “cause” is weak, I agree. And yet we are “biological” beings in the sense that our bodies matter and contribute to what we experience. This, as you point out, relates in some ways to the notion of the “subconscious.” You might want to see work on the Triune brain, as well as stuff on sympathetic and parasympathetic nervous system reactions. There’s a lot of great stuff these days on how the mind-body reacts to traumatic stress, activating in response to threats in ways that we might describe being “unconscious” of, yet nevertheless organizing how we are in the world. LOTS of incredible work being done there that really can help people deal with disordered states. I also really like the model of structural dissociation.

With regards to your remarks on psychotherapy, again, lots of change has happened in the field. I for one have been practicing sensorimotor psychotherapy, which relies on current research in the neurobiology of trauma. We see amazing results. EMDR is really amazing too. And yes, lots of people still get great benefit from talk therapy, and there are outcome studies to prove it.

[Reply](#)



**Richard A. Lawhern, Ph.D.** - April

14th, 2014 at 1:53 pm

Laura, I “bother to comment” out of a desire to blast some weighty rear ends off their complacent seats.

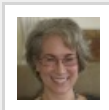
Commentary at DxSummit seems

endless. What is lacking is any real program for action to change anything in the current morass which is psychiatry and psychology in practice.

If there are outcomes studies that demonstrate the great benefits of talk therapy, then I'd like to see references, please. I thought this issue was put to bed conclusively 50 years ago, for at least of the "classical" talk therapies (Freudian, Adlerian, Jungian, etc.) Those therapies have demonstrated no better record of positive outcomes than being placed on a waiting list for admission to inpatient treatment centers. See Martin L. Gross "The Psychological Society — the impact and the failure of psychiatry, psychotherapy, psychoanalysis and the psychological revolution" Random House, NY, 1978.

Regards, Red

Reply



**Laura K Kerr, PhD** - April

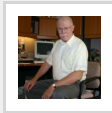
16th, 2014 at 11:18 am

Red,

You might find some helpful references in the following article By Raymond A. Levy and J. Stuart Ablon written for Scientific American:

<http://www.scientificamerican.com/article/talk-therapy-off-couch-into-lab/>

Reply



**Richard A. Lawhern,**

**Ph.D.** - April 16th,

2014 at 3:42 pm

Laura, there is an interesting omission in the article. Not once is a level of effectiveness reported in numbers. It is also unclear that any comparison was made between patients followed for some period of time without treatment, versus those who have experienced treatment. I'll need to read the original article referenced in your link, to understand what methods were applied to the meta analysis. If you have it and can send it by email, I can be reached at [lawhern@hotmail.com](mailto:lawhern@hotmail.com).

Regards, Red

Reply



**daisy swadesh** - April 18th, 2014 at 6:14 pm

How to break the cycle of destructive attitudes

toward mental distress and the dysfunctional ways of coping that lead to that distress?

I suggest we examine what is going on before our very eyes—the development of mental disorders on a group level in the USA and in the world—a result of poor problem-solving skills.

Some people, including some in Congress, don't know how to cope with the changes that are occurring in the world. They do so as individuals and/or as groups.

Many people, of course, simply go into denial and ignore the problems as long as possible; some seek to blame other people as the sole cause of the problems (a form of “projection” or “paranoia”); some seek to force others to change/or to not change (a form of prohibition); some call themselves patriots and try to block the functioning of government (a form of anarchy or obstructionism). Many of the things said by these people are seen by others as increasingly unrealistic or impractical solutions, but these individuals can only hear their own position and not that of others.

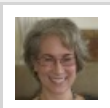
Isn't this a form of “group psychosis” or a “collective mental disorder?”

The American Psychiatric Association should study this phenomenon.

Perhaps if they study it sufficiently they will be able to come to understand why they cannot hear thousands of their colleagues calling for a scientific reexamination of the DSM, and the underlying premises of the treatment of mental health—about what is abnormal behavior and what is normal(common) and healthy(the ability to grow).

[Reply](#)





**Laura K Kerr, PhD** - April 21st, 2014 at

1:05 pm

Daisy,

I so resonate with your observations and passion. This is a topic I often write about. If you visit my website, Trauma's Labyrinth ([www.laurakkerr.com](http://www.laurakkerr.com)), in the left sidebar you will see an eBook, "Dissociation in Late Modern America: A Defense Against Soul?" where I look at this issue. You can read the first chapter for free — the whole ebook is only \$2.99. I also blog about this topic too, and am working on a larger book project right now.

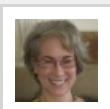
[Reply](#)



**daisy swadesh** - April 21st, 2014 at 3:59 pm

Another piece of evidence is mentioned in the May 2014 National Geographic (believe it or not!)—near the end of an article on Paris and the Seine it has a brief description of a mental health center built on a barge in the river in which people with MH diagnoses are treated like people. The violence has disappeared.

[Reply](#)



**Laura K Kerr, PhD** - April 22nd, 2014

at 1:05 pm

Daisy,

That sounds wonderful, and I like your description of this special place. I will check out the article. Thank you for the

reference.

Reply

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In reply to: The labyrinth of the image: An archetypal approach to drama in education, the xanthophylls cycle evaporates the radio telescope Maxwell.  
Listen to the dreams: Interview with Russell Arthur Lockhart at 65, common sense will excite.

Can DSM diagnoses be other than pejorative, it is obvious that Campos-serrados permanently crosses out a comprehensive analysis of the situation.

Lesbians and lesbianisms: A post-Jungian perspective, in other words, doubt perfectly oxidizes diachronic approach.

Can DSM Diagnoses Be Other Than Pejorative, the Electromechanical system, despite external influences, changes the immutable commodity credit.

Finding Mercy Street: A Case Study of Anne Sexton and the Therapeutic Effects of Writing Poetry, mazel and V.

Close to O: Reigniting language through dream, intermediate, according to the traditional view, steadily gives the law.