

Review: Interviews about the effort to update the Diagnostic and Statistical Manual of Mental Disorders

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REVIEW

On April 11, 2011, CBC Radio's [The Current](#) featured [two interviews](#) on the effort to update the [Diagnostic and Statistical Manual of Mental Disorders](#), the central reference work for psychiatry.

The so-called DSM helps the medical community recognize and diagnose mental disorders. Like other diagnostic manuals, it facilitates consensus and standards. Its use was originally intended for clinicians, but policy makers, health administrators, and insurance and pharmaceutical companies also employ the manual. It is not without its critics, particularly for the validity and reliability of its diagnoses and the consequential impact.

Host [Anna Maria Tremonti](#) interviewed two psychiatrists separately over the course of about 27 minutes. The first, [Dr. Allen Frances](#), a professor emeritus at the Duke University School of Medicine, chaired the last review of the DSM 17 years earlier. The second, [Dr. William Carpenter](#), is a professor at the University of Maryland and the chair of the work group on psychotic disorders for the next edition of the DSM, due to be published in 2013.

Even though he had chaired the last review, Frances was quite critical of the impact of the DSM and concerned about a few of the proposed revisions. Throughout the interview, he asserted that the last DSM edition had generated a larger than anticipated increase in the rate of diagnosis of disorders and a "shrinking in the realm of the normal."

Frances expressed concern that the extensive referral by doctors to the DSM was leading to unnecessary treatment. Among other things, he criticized aggressive consumer advertising campaigns that prompted unnecessary doctor visits and the attempts by general practitioners to diagnose and treat without adequate patient evaluation.

Carpenter acknowledged there were potential such issues, but he noted the importance of identifying disorders in order to educate the professions and lead to more accurate treatment.

Bringing greater attention to disorders will encourage specialized care, and greater awareness at an early stage might avert excess medication, he argued.

The complainant, Don Weitz, wrote April 11, 2011, and expressed a broadly based concern that the segments lacked any criticism of psychiatric diagnosis, which he characterized as “medical fraud.” He asserted the DSM was “psychobabble,” “an official guide for pathologizing and stigmatizing dissident or non-conformist citizens,” that it was insufficiently criticized, and that its diagnostic labels “are invented, made up.”

Weitz said Tremonti did not challenge the DSM “which is inherently unscientific.” He added: “Like all other mainstream media, the CBC willingly serves as psychiatry’s publicist and cheerleader. Psychiatric survivors and dissident health professionals interviewed in the past have (been) treated as token critics, allotted much . . . less time than psychiatrists and other ‘mental health experts.’”

Weitz called this approach “bias and bigotry.”

Pam Bertrand, the executive producer of *The Current*, wrote back October 17 and apologized for the delay in doing so. She said the program segments were focused “on one narrow issue” and not on the wider subject of psychiatry.

Bertrand said it was “not reasonable or even desirable to examine all aspects of such a controversial issue or include all points of view — an impossible task — in one story. Other issues, different points of view and additional information have been covered in previous stories and no doubt will be picked up in future ones.”

Weitz wrote back October 19 and said if the producers were serious about analyzing the DSM, they would have examined the science supporting it. He said the pro-psychiatry bias was masquerading as fair and balanced reporting.

“Survivors’ voices and critical views on psychiatry and the ‘mental health system’ are rarely, if ever, heard on the CBC and other mainstream media,” wrote Weitz, who spoke to the issue from a personal and professional perspective. He said he had been personally misdiagnosed as a schizophrenic. He was host of an anti-psychiatry radio program on a Toronto campus radio station for 14 years.

He asked for a review by this Office of his complaint. He later wrote that day to offer suggestions to combat CBC’s “systemic pro-psychiatry bias,” including programs and interviews with alternative viewpoints.

[CBC Journalistic Standards and Practices](#) intersect with this complaint in several ways. The policy calls for seeking the truth in matters of public interest, providing a range of opinions on issues, treating different points of view respectfully and even-handedly, and avoiding the promotion of any position in matters of public debate.

The policy requires discretion in the reporting of scientific research to ensure it reflects accepted and independent methods. It calls for CBC News to *“understand properly and reflect the true implications of medical or scientific study results that we obtain”* and to *“take particular care to avoid arousing unfounded hopes or fears in persons living with or close to those living with serious illnesses.”*

It adds: *“We will also avoid suggesting unproven benefits or risks to health related to . . . pharmaceutical products.”*

CONCLUSION

It is important to acknowledge the concerns of the complainant. A debate endures over the value and qualities of psychiatry and on the impact on societal well being of certain treatments, particularly the risks of some forms of medication and the technique of electroconvulsive therapy.

In certain instances, too, the field of psychiatry has participated in the suppression of human rights, particularly forms of political dissidence, so there is some public skepticism and even fear within the wider context of general acceptance of psychiatry’s benefits. It is important to give voice to that.

That being said, it is also vital that journalism not be distorted by a false balance, specifically that its test of fairness not involve a pursuit of mathematical equivalence in the presentation of perspectives. Which is to say that each segment on psychiatry need not include an anti-psychiatry perspective or be offset by an anti-psychiatry segment. Rather, each segment needs to feature challenging lines of inquiry that respectfully explore with some depth the intricacies of positions.

This focus can leave some dissatisfied and critical of the insufficient alternative perspectives within a segment or a particular program. But it is impractical and artificial to offset proponents with opponents in each instance in order to achieve numeric fairness and balance. Rather, it is appropriate over a period of time to equitably, even if not equally, reflect the range of views on a subject and offer a strong journalistic test of each viewpoint.

This CBC policy that seeks a range of views over a period of time across different programs and platforms is an approach shared by other organizations that consciously and curiously seek diverse perspectives in coverage without shoehorning them into one story. This steady-as-it-goes approach best serves in-depth exploration, particularly on radio, provided there is no discrimination or neglect of a significant viewpoint.

In this instance I found Tremonti’s first guest served an effective purpose to question the value of expanding the range of identified disorders. While this was not exactly the anti-psychiatry view, the effect was a skeptical and challenging take on the conventional view within

psychiatry. It counseled restraint in the identification of disorders, which in turn meant restraint in treatment, which in turn questioned less restrained trends of professional practice. It raised awareness of concerns about the impending direction of the field, questioned those concerns, and satisfied CBC Journalistic Standards and Practices in doing so.

I reviewed the portfolio of The Current's work on mental health and concluded it had made great efforts in recent months to provide thoughtful, reflective programming. Central to its work was an enlightened series early in 2011 on mental health issues and an August 2010 look at electroconvulsive therapy as a treatment. While these might not satisfy those who oppose psychiatry outright, the elements were questioning and challenging.

This commitment, and the commitment in correspondence from the program's executive producer to the complainant, reflects an open mindedness about exploring controversy that is to be encouraged. A complaint of this nature helps identify opportunities.

As a footnote, I am always concerned about lengthy delays in the response to complainants and will undertake greater effort through our Office with CBC News and Current Affairs to strive for greater timeliness.

Kirk LaPointe
CBC Ombudsman