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The Philosophy that Mental Health does not Really Exist

According to Thomas Szasz, mental problems cannot reasonably be classified as diseases. Szasz rejected psychiatry's misappropriation of the concept of illness which according to him is only relevant to medicine but does not concerns matters pertaining to human conduct and mind (Benning 292). Szasz also views physical illnesses as real while mental diseases are metaphorical and counterfeit illnesses (Benning 292). The existential challenges in modern medicine put the legitimacy of mental illness into question. The unholy alliance between psychiatry and pharma disputes the legitimacy of mental diseases; thus, this paper aims to prove the illegitimacy of mental illnesses by critiquing the apparatuses of the modern psychiatry.

What usually counts as mental health problems seem to be generally dependent on cultural and political factors (Danaher para 8). For instance, DSM-2 classified homosexuality as a mental health problem. DSM-2 had followed the long tradition of psychiatry and medicine whereby the ancient psychiatrists usurped homosexuality from the church and transformed it from sin to mental health disease (Burton para 2). In 1973, the American Psychiatric Association politically influenced its members to vote on whether they perceived homosexuality as a mental disorder. Those voted for homosexuality removal from DSM were 5,854 against 3,810 who voted to retain it (Burton para 3). The same influence cannot happen in physical illnesses such as cancer, polio or TB. It's odd for mental health disorders to be politically constructed. For mental health problems to be legitimate, they must be objective and not politically or culturally relative.

Furthermore, there are mutual vested interests of the mental health sector cahoots with larger pharma. Most of the mental health conditions are just inventions to benefit pharmaceutical giants (Doward para 4). For instance, the APA's DSM-5 could soon categorize millions of people to be suffering from mental disorders. Affective mood disorder which involves rapidly changing moods or persistent feelings of sadness is categorized as mental health disorder. However, a person may develop sadness due to negative experiences such as the loss of the loved one. Psychiatric diagnoses including conduct disorders, attention deficit hyperactivity disorder, personality disorder, bipolar and schizophrenia involve questionable validity and limited reliability (Doward para 11). Psychiatric diagnoses present fundamental problems because mental disorders are not related to biological causes. Due to this, clinical judgment is usually based on observation and interpretation of self-report and behavior which is subject to variation and bias thus putting the legitimacy of mental disorders into question.

The reliability and validity of treatment methods for mental disorders are also questionable. Psychiatrists are not aware whether mental disorders affect the brain or mind leading to the indiscriminate use of psychoactive drugs. The central problem with all editions of DSM is the fact that they based on writers' opinions thus lack scientifically proven evidence. For instance, DSM-3 contains opinions of Robert Spitzer. Spitzer could only pick individuals he was comfortable with leading to complaints from other psychiatrists that he conducted few meetings and ran the process of writing DSM-3 haphazardly (Angell). DSM-3, therefore, contained a series of choices based on prejudice and guess work making the reasonably illegitimate document for treating mental disorders. To ensure the legitimacy of psychiatric problems, there is the need for cutting-edge neuroscience research on brain and mind to understand the effects of mental disorders and how they can be effectively treated without the pharma influence.

Works Cited

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