

Psych Unit Psychiatry, The DSM, And False Mappings

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In a fascinating account on p. 31 (The chapter titled “Mapped Pictures”) in his book “Beautiful Evidence”, Edward Tufte presents 2 ideas that seem somehow compelling in the eyes of their proponents, but upon closer scrutiny, absolutely disintegrate. The first is on a ‘transcendental law of logistical growth’. The second is a theory in art proposed by Ernst Mosser, where he superimposed geometrical structures onto front pictures of works of art.

Tufte writes:

[My comments in bold.]

These mappings of nearly every sort of art by means of after-the-fact numerological symmetries have explained nothing much at all. **[And I would argue that this is what the DSM does.]** Similar pseudo-explanations arise in the statistical analysis of growth data, where one model appears to fit many varieties of data, at least in the eyes of those researchers already convinced. **[And I would argue that the DSM’s theoretical basis – that it’s the single point of bio-genetic deformity that explains away or attempts to refute the relevance of ‘all of the above’ (see my paper “Psych Unit Psychiatrists Make A Mistake”, or “Psych Unit Psychiatry Contradicts And Refutes ‘All Of The Above’”) – including natural descriptions of mental, existential, social, societal, experiential, and physical dilemma – is one of these pseudo-explanations, even to the point of using pseudo-statistics (when it’s really the case that the DSM uses an inversion of Minsky’s concept ‘uniframes’, and an inversion of uniframes is an invalid approach – see my paper “Structural Flaws To The DSM” for more, over time).]** In a devastating critique of loose mappings of evidence, the mathematician William Feller wrote:

An unbelievably large literature tried to establish a transcendental “law of logistic growth.” Lengthy tables, complete with chi-square tests, supported this thesis for human populations, for bacterial colonies, development of railroads, etc. Both height and weight of plants and animals were found to follow the logistic law even though it is theoretically clear these two variables cannot be subject to the same distribution.... The only trouble with the theory is that not only the logistic distribution, but also the normal, the Cauchy, and other distributions can be fitted to the same material with the *same or better goodness of fit*. In this competition the logistic distribution plays no distinguished role whatever; most theoretical models can be supported by the same observational material. Theories of this nature are short-lived because they open no new ways, and new confirmations of the same old thing soon grow boring. But the naive reasoning has not been superseded by common sense...

– William A. Feller, *An Introduction To Probability Theory And Its Applications*, II (New York, 1971, 2nd edition),m 52-53.

– Edward Tufte, “Beautiful Evidence”, 2006, p. 31.

I strongly recommend Tufte’s work – every single book – for those in the field ‘psych unit psychiatry’. His is excellent prose and analytical reasoning, and clarity.

Tufte further relates how this individual Mossel superimposed geometrical forms – lines and points – onto sculptures, relying on frontal photographs of the sculptures, in an attempt to prove that the artists intended these geometrical forms in their art. It is Tufte’s view that this is in most cases invalid, that the super-impositions of these geometrical frames does not rely on actually ‘what is there’ – but rely on actually indeterminant selections of curves, junctures, and features; that is, that these geometrical forms were in the mind of the Mossel only, not of the artist or the sculpture.

On this page Tufte goes on to say, of Mossel:

[My comments in bold.]

Flatland **[or in psych unit psychiatry’s case, single point-source alleged bio-genetic deformities]** cannot capture spaceland **[or realm of the mind, and mind-form-being-world]** realities. Imagine poor Mossel at the museum pacing around the actual sculpture of this stern and skeptical Anna trying to find some fit for his flatland wire-mesh. No amount of parallax, realigning, or wrapping a grid-net around Anna can save the theory of Ur-Forms. **[Nor can connecting all the dots in the DSM in all possible ways save it – falsely superimposed geometrical representations, using pseudo-statistics, of a dimension individual and situation.]**

– Edward Tufte, “Beautiful Evidence”, 2006, p. 31.

I recommend purchasing or borrowing this book and studying this page.

I would argue that the DSM needs to take actual descriptors into account, and treat symptoms as the actual dilemma-space as well as other what might be underlying issues of mental, existential, social, societal, experiential, and physical joys, centeredness, dilemma, questions, and perspectives. See my paper “Psych Unit Psychiatrists Make A Mistake”.

‘All of the above’ is required. And in the case of actual significant or part dilemma, perhaps necessary significant or partial re-orientation or correction (in thought, speech, action, or mental states, emotive states, intentional states, physical states, etc.) can be found by feedback and verbal- or awareness-bidirectional participant communication (and open dialogues would be the best) and inquiry. Perhaps indeed meds are sometimes apropos. But it has to be ‘all of the above’, including the individual as participant and including inquiry and resource.

And psych unit psychiatry has to include: philosophy; spirituality; psychology; speculation on how we think and why; the relational; diagram and description by and for the individual; narrative; questions;

perspectives; open dialogues; and material and state, agency, and organizational resource. (See my paper “Mvo-Psychiatry – More!”.)

Finally, not only does psych unit contradict and refute ‘all of the above’, but it does not talk in terms of kindness, generosity, awareness, anger, conflict, happiness, or contentment; nor ability, challenge, and meaning; nor pleasant mental sensations, neutral mental sensations, and unpleasant mental sensations; nor perceptions, reasoning, speech, and action. Yet this – and many other types of things – are what most of us deal with, day to day. But psych unit psychiatry is not the everyday, at all, even though we’re talking about the everyday.

If it’s mental, discuss the mental and mental dilemma or not and its structure and meaning with me. If it’s behavior, discuss speech, action, behavior, and context with me. But psych unit psychiatrists never do. Let us contend. Let us bring reason to the table. Let us acknowledge logic, mental states, emotive states, intentional states, and physical states, and the relational and meaning. Let us solve actual problems, and bring ‘to the light’ for and on behalf of all, problems or not; and bring better treatment, proper adjudication, deeper insight, and just outcomes – dimension, vocabulary, logic, reason, realism, inquiry, and the participant – including this very world.

That way we can work with a sound framework – one with ‘all of the above’, and one where we’re not stuck in a psych unit system where an individual is assigned identity, value, ability, dilemma, and representation by a pseudo-statistical inversion of a powerful concept ‘uniframe’, where we’re not stuck in a psych system where the psych unit psychiatrist gains only brief and narrow perception and takes quick and non-interconnected, shallow action only – a framework in which we can work realistically with the situation, crisis or not, to try and solve problems and to sort things out – and so much more (see my paper “Mvo-Psychiatry – More!”).

(See my paper “Structural Flaws To The DSM” for more on the DSM and the psych unit psychiatrist, and how I modeled these – in 2003. Or my paper “Rationale For Entering The Field ‘Psychiatry’”.)

Note: “DSM” stands for the psychiatry reference manual for disorders, called “The Diagnostic And Statistical Manual”.

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