



A P.O.P. CULTURE REPORT

THE ARCHITECTURE OF DIAGNOSIS

Integrated Edition – Thesis, the Ten Equations, and the Violence Behind the
Diagnosis

This edition merges the original governance thesis (how the diagnosis of women as mentally ill functions as an administrative and economic mechanism, not only a clinical one) with the ten fully sourced system equations, and adds a new section connecting documented rates of sexual and physical violence to the diagnoses that follow them. All figures are USA-specific except where explicitly flagged. Working draft – built for expansion into images and a full report.

SEPTEMBER 2026

PARADISE OVER POWER

Part I — What This Report Is Doing

A governance report normally asks a narrow question: how does a given system allocate resources, assign authority, and hold itself accountable? This report asks that question of a target that is usually treated as pre-political — the diagnosis of women as mentally ill. The working thesis is that “mental illness,” as it is applied to women in the United States, is not only a clinical category. It is also an administrative one: a classification that moves money, transfers custody of children, determines eligibility for income, justifies confinement, and manufactures consumer markets. Ten major systems that govern American life touch this classification at some point in their own revenue or control logic. None of them coordinate with one another directly. The net effect is coherent anyway — which is what makes it worth mapping as a system of systems, and, as of this edition, worth pricing out system by system.

Framing note: this is an analytic argument being built, not a finished empirical claim. Some of what follows rests on well-documented history and federal data (the DSM’s expansion, CMS and BJS figures, the marketing history of benzodiazepines and SSRIs). Other parts are the connective argument — the claim that these documented pieces function together. Figures needing primary-source confirmation before print are flagged throughout, and consolidated in the Source Sheet.

Part I — The Throughline, in Brief

The vocabulary changes every generation — hysteria, neurasthenia, nerves, frigidity, borderline personality, “just anxious,” “just hormonal” — but the structural move repeats: a woman’s noncompliance with an expected role gets redescribed as a symptom located inside her body or mind, rather than as a response to conditions outside it. American psychiatric history carries this throughline directly: Barbara Ehrenreich and Deirdre English’s work on the medicalization of American women’s lives, and Phyllis Chesler’s writing on psychiatric diagnosis as social control in the U.S., both document it inside the American system specifically. Elaine Showalter’s history of hysteria and asylums is British scholarship, included here only because it shaped the Anglo-American psychiatric thinking that produced the DSM — itself an American document, published by the American Psychiatric Association. This report’s contribution is not to re-argue that history but to update it, and — new in this edition — to connect it to documented rates of the specific violence that history has always pointed back to.

Part II — The Ten Equations

Ten governing systems set the terms of American wellness, happiness, and finances more than almost anything an individual decides on their own. Each one runs on a business model, not a mission statement. Every figure below is USA-specific except where flagged, and each entry breaks out taxpayer-funded spending from private spending – because who actually pays changes what the equation means.

HEALTH INSURANCE

THE EQUATION

21% initial denial → 3% final denial = 18 points recovered only by appealing.

THE MECHANISM

Only 1 in 500 denied claims is ever appealed (KFF/PBS). A denial costs the insurer nothing up front; it costs the patient or provider the full amount unless they do the unpaid work of contesting it.

THE FIGURES (USA)

- 1** Total US health spending (2024, CMS) – \$5.3 trillion
- 2** Initial denial rate, ACA marketplace claims (2023) – 20%
- 3** Industry profit margin, private insurers, H1 2025 – 1.8%

THE SPLIT — TAXPAYER VS. PRIVATE

- Medicare + Medicaid + VA/DOD/CHIP (taxpayer) – ~42% of every health dollar
- Private insurance premiums (private) – ~31%
- Out-of-pocket (private) – ~11%

Source: CMS “Nation’s Health Dollar”, CY2024.

TOTAL SCALE

Total US health expenditure (2024) – \$5.3 trillion

ALSO WORTH KNOWING

Nearly half the health-insurance dollar is already taxpayer money – before anyone buys a private plan or pays a deductible.

The denial costs the insurer nothing. The appeal costs the patient everything.

PHARMACEUTICAL INDUSTRY

THE EQUATION

DSM-I (1952): 106 diagnoses → DSM-5 (2013): 541 diagnoses

Diagnosis counts vary by source – commonly cited DSM-5 range is 297–541. [confirm before print]

THE MECHANISM

Every expansion of the diagnostic manual is also, functionally, a market-expansion event: a wider net of qualifying symptoms means a wider pool of prescribable patients.

THE FIGURES (USA)

- 1 US antidepressant drug market (2022–2023, two estimates) – \$4.6B–\$6.9B
- 2 US mental health & substance-use spending, total (NIMH, 2019) – \$220 billion
- 3 Mental health treatment financed by insurance, 2014 – 68% (up from 44% in 1986)

THE SPLIT — TAXPAYER VS. PRIVATE

- Medicaid alone (taxpayer, federal + state) – 24% of mental health spending
- Private insurance (private) – 28% of mental health spending

MACPAC/SAMHSA 2019; Mark et al., Health Affairs 2016.

TOTAL SCALE

US mental health & substance-use treatment spending, total – \$220 billion/yr

ALSO WORTH KNOWING

A diagnosis doesn't have to be wrong to also be profitable – which is exactly why the incentive is hard to see from inside it.

Every new criterion is also a new customer.

FAMILY COURT / CUSTODY LITIGATION

THE EQUATION

\$250/hr average evaluator rate × 8–25 hrs of work = \$2,000–\$6,250 per evaluation, before either parent's attorney.

THE MECHANISM

Custody evaluations resolve only about 5% of contested cases outright. An unresolved, high-conflict case is what the fee structure is built to sustain.

THE FIGURES (USA)

- 1** Full custody evaluation cost range (US, by complexity) – \$1,000 – \$50,000
- 2** Guardian ad litem retainer – \$5,000 – \$10,000
- 3** Contested custody cases resolved by the evaluation itself – ~5%

THE SPLIT — TAXPAYER VS. PRIVATE

- Evaluators, attorneys, GALs (private, paid by the parents) – the fees themselves
- Judge, courthouse, docket (taxpayer) – the venue that makes the fees possible

No national revenue total is published for private family-law billing.

TOTAL SCALE

No single national total exists for private family-law revenue – [gap]

ALSO WORTH KNOWING

The public pays for the courtroom. The private bar bills inside it.

Resolution ends the billing. That is the only in-system incentive to resolve.

DISABILITY / SOCIAL SECURITY (SSDI / SSI)

THE EQUATION

100 initial claims → ~65 denied → ~11 approved on reconsideration → the rest wait an average of 491 days for a hearing.

THE MECHANISM

Between 2008 and 2019, roughly 110,000 people died while waiting on an SSDI appeal (GAO). Every year of delay is a year of benefits the system does not have to pay.

THE FIGURES (USA)

- 1 Initial SSDI/SSI denial rate – 63–71%, depending on source year
- 2 Average wait for an appeals hearing – 491 days
- 3 Deaths while awaiting an appeal decision, 2008–2019 (GAO) – ~110,000

THE SPLIT — TAXPAYER VS. PRIVATE

- SSDI (worker payroll-tax trust fund) – insurance you already paid into
- SSI (general federal tax revenue, means-tested) – true taxpayer welfare spending

Social Security Administration program structure.

TOTAL SCALE

SSDI program size, ~11M beneficiaries – figure dated to 2014 – \$140 billion/yr [confirm]

ALSO WORTH KNOWING

SSDI and SSI are funded completely differently – which one you're denied changes what kind of denial it legally is.

The backlog is not a delay in paying. It is a form of not paying.

ADULT CARCERAL SYSTEM (GENERAL)

THE EQUATION

\$445 billion total annual spending – \$34.3 billion (8%) on direct care & legal defense = 92% goes to running the system, not the people inside it.

THE MECHANISM

Families of incarcerated people pay an estimated \$27.7 billion a year on top of that – fines, fees, bail, commissary, and communication costs.

THE FIGURES (USA)

- 1** Total US spending on incarceration & criminalization (2026) – \$445 billion/yr
- 2** Paid directly by families, on top of that – \$27.7 billion/yr
- 3** Companies profiting from some part of the system – ~4,000

THE SPLIT — TAXPAYER VS. PRIVATE

- Federal, state & local government (taxpayer) – \$445 billion
- Families of incarcerated people (private, additional) – \$27.7 billion

Prison Policy Initiative, “Following the Money of Mass Incarceration 2026.”

TOTAL SCALE

Taxpayer spending + family-paid, combined – over \$470 billion/yr

ALSO WORTH KNOWING

The families paying that extra \$27.7 billion are disproportionately women – covering commissary and phone accounts for someone already inside a taxpayer-funded system.

Following the money doesn’t lead to one villain. It leads to four thousand small ones.

EDUCATION SYSTEM

THE EQUATION

1 special-ed diagnosis × “bounty” funding formula = extra per-pupil revenue for the district.

THE MECHANISM

In bounty-funding states, researchers attribute roughly 390,000 extra special-education placements – and \$2.3 billion a year – to the funding structure itself.

THE FIGURES (USA)

- 1** Total district special-education spending, FY2020 – \$38.8 billion
- 2** Average cost per identified special-education student – \$13,127/yr
- 3** Extra placements attributable to bounty-funding incentive – ~390,000 students

THE SPLIT — TAXPAYER VS. PRIVATE

- Local (property tax, taxpayer) – \$24.1 billion
- State (taxpayer) – \$10.0 billion
- Federal, IDEA Part B (taxpayer) – \$4.6 billion

Bellwether/NCES, FY2020. Essentially 100% taxpayer-funded.

TOTAL SCALE

Combined federal + state dedicated special-ed revenue (FY2013–14) – \$30.5 billion

ALSO WORTH KNOWING

This system runs on almost 100% taxpayer money with no meaningful private-pay alternative – the funding formula, not a company, is the lever.

A diagnosis that pays the school is not the same thing as a diagnosis that helps the child, even when it’s both.

WELLNESS / SELF-HELP INDUSTRY

THE EQUATION

\$2.3 trillion North American wellness economy (2024) ÷ \$220 billion US mental-health spending = wellness spending outweighs formal treatment roughly 10 to 1.

A USA-only wellness figure isn't published – \$2.3T is North America. [confirm US-only estimate before print]

THE MECHANISM

Mental wellness is the second-fastest-growing of the wellness economy's eleven sectors, at 12.4% a year, with no clinical licensing requirement attached to most of that growth.

THE FIGURES (USA)

- 1** North American wellness economy (2024) – \$2.3 trillion
- 2** Mental wellness sector annual growth rate, 2019–2024 – 12.4%/yr

THE SPLIT — TAXPAYER VS. PRIVATE

- Private consumer spending – the overwhelming majority
- Taxpayer-funded component – minimal

Global Wellness Institute, 2025 Monitor.

TOTAL SCALE

North American wellness economy (2024) – \$2.3 trillion

ALSO WORTH KNOWING

The mirror image of entry 08: nearly 100% private money, almost no public oversight.

No diagnosis required. No outcome required either.

MEDIA / ADVERTISING

THE EQUATION

US ad spend, 2025: ~\$422–450 billion — revenue scales with attention, not resolution.

THE MECHANISM

Ad-impression revenue is earned on engagement, which outrage and instability narratives reliably produce.

THE FIGURES (USA)

- 1** US total advertising expenditure (2025) – \$422–450 billion
- 2** US forecast advertising spend (2026) – \$465.6 billion
- 3** US share of all global ad spend – 43.6%

THE SPLIT — TAXPAYER VS. PRIVATE

- Private commercial spending – effectively all of it
- Taxpayer-funded component – negligible

eMarketer; IBISWorld.

TOTAL SCALE

US total advertising expenditure (2025) – \$422–450 billion

ALSO WORTH KNOWING

The one system here with almost zero taxpayer money – and almost no public accountability attached to it either.

The incentive is to keep you watching the crisis, not to end it.

EMPLOYMENT / HR / WORKERS' COMPENSATION

THE EQUATION

\$39.3 billion in premium collected (2025) × 96% combined ratio = ~\$4 of every \$100 retained before investment income on the float.

THE MECHANISM

Fitness-for-duty evaluations and arbitration clauses cap what an employer can be made to pay for a psychiatric-labeling dispute.

THE FIGURES (USA)

- 1** Private workers' comp written premium (2025, record high) – \$39.3 billion
- 2** Industry combined ratio (2025) – 96%

THE SPLIT — TAXPAYER VS. PRIVATE

- Private-sector employer premiums (private) – majority of the \$39.3B
- Public-sector employer premiums (taxpayer) – a share, not broken out nationally

No national source breaks out public vs. private employer share.

TOTAL SCALE

No public national figure for arbitration/settlement caps by industry – [gap]

ALSO WORTH KNOWING

When a public agency is the employer, the premium protecting it from a claim is paid with taxpayer money – a second, less visible way taxpayers fund these systems.

Liability has a price. It is usually cheaper than the harm it insures against.

RELIGIOUS / MORAL INSTITUTIONS

THE EQUATION

\$131B/yr in private giving + \$71B/yr in taxes everyone else has to make up for = religious institutions run on ~\$200 billion/yr in combined private and public support.

THE MECHANISM

Congregations rely overwhelmingly on member donations, and report their own finances with far less external audit requirement than most nonprofits of comparable size.

THE FIGURES (USA)

- 1** Annual giving to US religious congregations (Giving USA) – \$131 billion
- 2** Estimated annual value of tax exemptions to religious institutions – \$71 billion
- 3** Of that, property-tax exemptions specifically – \$26.2 billion

THE SPLIT — TAXPAYER VS. PRIVATE

- Private donations (private) – \$131 billion/yr
- Foregone tax revenue (effectively taxpayer) – \$71 billion/yr

Cragun et al., Free Inquiry, 2012 – [dated, confirm newer study].

TOTAL SCALE

Private giving + foregone tax revenue, combined – ~\$202 billion/yr

ALSO WORTH KNOWING

The only entry where the “taxpayer-funded” share isn’t a line item anyone budgets – it’s money never collected in the first place.

The plate passes every week. The audit does not.

Part III — The Body Count: Violence, Trauma, and Diagnosis in the USA

The systems in Part II mostly pick up after a diagnosis already exists. This section asks what happens before that – how often the women moving through those systems arrive with a documented history of sexual or physical violence, and how that history relates to which diagnosis they receive. The pattern below is not a claim that trauma causes any specific diagnosis in any specific person. It is a documented, repeated finding across decades of US clinical and criminal-justice research: the population being diagnosed and the population that has survived violence overlap far more than the general population would predict.

The Baseline

Among the general US adult female population, the CDC's National Intimate Partner and Sexual Violence Survey (NISVS, 2016/2017, the most recent full survey) found that 1 in 4 women (26.8%) has experienced completed or attempted rape in her lifetime, and nearly 1 in 2 (47.3%) has experienced contact sexual violence, physical violence, and/or stalking by an intimate partner. More than 80% of female rape victims were first raped before age 25; 49% before age 18. This is the baseline every figure below should be read against.

Inside the Psychiatric System

A review of 15 studies found that 64% of female psychiatric inpatients reported a history of childhood sexual or physical abuse; 50% reported sexual abuse specifically. An earlier, frequently cited estimate (Briere and Runtz, 1990) put the range at 50%–70% of women hospitalized for psychiatric reasons having experienced physical or sexual abuse – roughly double to triple the general-population baseline above. In several of the underlying studies, hospital staff were often unaware of the abuse history even when patients disclosed it on a research questionnaire; one state hospital study found only 20% of abused patients believed they had ever been treated for the abuse itself, as distinct from the diagnosis that followed it.

The BPD Question

Borderline personality disorder (BPD) is diagnosed in women at roughly a 3-to-1 ratio to men – commonly cited as “about 75%” female in the DSM-IV-TR text itself. In a US inpatient sample, 61% of patients diagnosed with BPD reported childhood sexual abuse and 59% reported childhood physical abuse. Symptom overlap between BPD and complex PTSD (a trauma-response classification, not a personality disorder) is well documented, and researchers have described complex PTSD as being “frequently misdiagnosed as BPD, particularly in women,” because the two conditions can look similar without a careful trauma history. The two diagnoses are not treated the same way clinically or culturally: PTSD is generally met with more clinical sympathy, while the personality-disorder label carries heavier stigma and is more often read as a feature of who someone is rather than something that happened to them.

Empirical caveat: whether the 3-to-1 gender ratio reflects a true difference in prevalence or a sampling/referral bias (women are more likely to be in treatment settings where BPD gets diagnosed) remains a genuinely open empirical question in the research literature – this report states that uncertainty rather than resolving it.

Inside the Carceral System

The Vera Institute of Justice’s 2016 report on women’s incarceration found that 86% of women in jail have a documented history of abuse, and 77% have a history of intimate partner violence – what advocates have described as a “sexual abuse-to-prison pipeline.” Bureau of Justice Statistics data found 57.2% of women in state prison reported having been abused at some point before their current sentence, and 39.0% specifically reported sexual abuse – both roughly double the male rate in the same survey. This connects directly to entry 07: the \$445 billion carceral system and the \$27.7 billion families pay on top of it are, for a large share of incarcerated women, funding the aftermath of violence the system had no role in preventing.

Synthesis: Across the psychiatric, carceral, and general-population data, the pattern holds in the same direction every time: women who have survived documented violence are diagnosed, hospitalized, and incarcerated at rates well above the general population. None of the systems in Part II ask, as a matter of billing or funding, whether the diagnosis is a response to something that happened to the person or a description of who she is. The distinction changes everything about treatment – and changes nothing about which system gets paid.

This section discusses sexual and physical violence statistics for research and advocacy purposes.

Part IV — The Convergence

The systems in Part II don't operate as parallel tracks; a single diagnostic event typically activates several at once, and Part III shows what commonly precedes it. One woman's history of violence can become, in sequence: a diagnosis that unlocks insurance billing (03); a prescription that expands a pharmaceutical market (04); evidence in a custody dispute (05); a disability determination (06); a special-education placement if it happened young enough (08); raw material for a wellness brand's content calendar (09); and, if it was never treated at all, a pathway into the carceral system (07). No single office signs off on all of this. No one is coordinating it centrally. The coherence is emergent — each system pursuing its own incentive independently, compounding on the person moving through all of them at once.

Part IV — Where This Expands From Here

Current state and next steps:

- All ten system equations are built to full depth (Part II) — USA-confirmed, taxpayer/private split, sourced.
- The violence/diagnosis connection (Part III) is drafted at overview depth — each subsection (baseline, psychiatric, BPD, carceral) can expand into its own full chapter with additional studies.
- Four figures most need primary-source confirmation before print: the DSM diagnosis count, the dated SSDI figure, the 2012 religious tax-exemption study, and the North America-vs-US wellness gap.
- Next: images for each Part II entry, and a visual treatment for Part III's baseline-vs-population comparison (the kind of thing a simple bar comparison would carry better than prose).

Source Sheet

Every figure in Parts II and III, with its origin and status. All figures are USA-specific except where flagged.

PART	FIGURE	SOURCE	STATUS
II/03	\$5.3T total US health spending, 2024; taxpayer/private split	CMS National Health Expenditure Accounts / “Nation’s Health Dollar”	Published, official
II/03	20% initial denial rate, ACA marketplace claims (2023)	KFF, via HFMA reporting	Published
II/04	DSM-I 106 → DSM-5 541 diagnoses	Radiopaedia; Psychiatriki 2015	[confirm methodology]
II/04	\$4.6B–\$6.9B US antidepressant market	Insights10 (2022); dri.co.jp (2023)	Published, conflicting estimates
II/04	24% MH spending is Medicaid; 28% private insurance	MACPAC; Mark et al., Health Affairs 2016	Published
II/05	\$1,000–\$50,000 custody evaluation range	California Courts Self-Help Guide; DivorceNet	Published range
II/06	63–71% initial SSDI/SSI denial rate	SOAR Works (SAMHSA); SSA data via Pekas Smith (2026)	Published, ranges differ by year
II/06	491-day appeal wait; ~110,000 deaths 2008–2019	Allsup industry data; GAO via InvestigateTV	Published, GAO-sourced
II/07	\$445B total incarceration spending; \$27.7B family-paid	Prison Policy Initiative, “Following the Money 2026”	Published, primary research org
II/08	\$38.8B special-ed spending; taxpayer split	Bellwether / NCES data	Published
II/08	390,000 extra placements, bounty funding	Manhattan Institute research analysis	Published research finding
II/09	\$2.3T North America wellness economy, 2024	Global Wellness Institute, 2025 Monitor	Published – [North America, not US-only]
II/10	\$422–450B US ad spend, 2025	eMarketer; IBISWorld	Published, estimates vary
II/11	\$39.3B workers’ comp premium; 96% combined ratio	NCCI, “State of the Line”	Published, primary industry data
II/12	\$131B/yr congregational giving	Giving USA Foundation	Published – [confirm most current year]

PART	FIGURE	SOURCE	STATUS
II/12	\$71B/yr religious tax exemption value; \$26.2B property tax	Cragun et al., Free Inquiry, 2012	Published – [dated, confirm newer study]
III	26.8% lifetime rape, 47.3% lifetime IPV contact violence (US women)	CDC NISVS 2016/2017 Report	Published, official, most recent full survey
III	64% female psychiatric inpatients report childhood abuse; 50% sexual abuse	Review of 15 studies, Psychiatric Services	Published, peer-reviewed
III	50–70% of women hospitalized psychiatrically report abuse history	Briere & Runtz, 1990	Published, widely cited, dated – [confirm newer replication]
III	61% BPD inpatients report childhood sexual abuse; 59% physical abuse	US inpatient study, cited in Frankfurt et al./City Univ. London review	Published, peer-reviewed
III	BPD diagnosed ~75% female (3:1 ratio)	DSM-IV-TR; Skodol & Bender 2003 (bias question)	Published – gender-ratio cause remains disputed
III	C-PTSD frequently misdiagnosed as BPD, particularly in women	Multiple peer-reviewed sources (Cloitre et al. 2014; clinical reviews)	Published, established clinical literature
III	86% of women in jail have abuse history; 77% IPV history	Vera Institute of Justice, 2016 report	Published, primary research org
III	57.2% women in state prison report abuse ever; 39.0% sexual abuse	Bureau of Justice Statistics	Published, official federal data