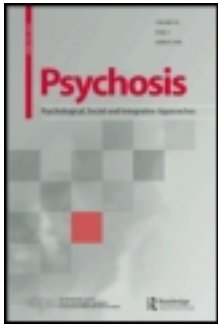


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### Saving normal: an insider's revolt against out-of-control psychiatric diagnosis, DSM-5, big pharma, and the medicalization of ordinary life

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## BOOK REVIEW

**Saving normal: an insider's revolt against out-of-control psychiatric diagnosis, DSM-5, big pharma, and the medicalization of ordinary life**, by Allen Frances, New York, William Morrow, 2013, 314 pp., \$22 (hardback), ISBN 978-0-06-222925-0

It is perhaps unsurprising that the development and release of the DSM-5 was surrounded by controversy. After all, more people are apparently directly affected by mental illness now than at any other time in history, and even small changes in diagnostic criteria might dramatically impact on people's entitlements to health and welfare services, special needs assistance in classrooms or eligibility for insurance. What is surprising is that the loudest and most sustained critique has emerged not from the fringes of the anti-psychiatry or psychiatric survivor movements, but from exceptionally authoritative voices within psychiatry. Allen Frances is one such person, who as chair of the DSM-IV task force literally wrote the book on diagnosis. In his new book "*Saving normal*" he provides a scathing critique of the development of the DSM-5 and the consequences of the fairly loose criteria based psychiatric nosology. Those that may have a sense of déjà vu when reading the text can be reassured that they may indeed have read parts of the text before, as much is lifted from the voluminous commentary that Frances has contributed to in both the lay and professional press in the lead up to the release of the DSM-5. This is forgivable, as the book was released almost simultaneously with the much delayed and anticipated revised psychiatric "bible".

The text reads as part confessional, with Frances noting that despite good intentions even minor changes and amendments in previous iterations of the DSM had unforeseen and far-reaching consequences. In particular, he focuses on diagnostic inflation and the creation of false epidemics of mental health problems. Such changes as there were to the DSM, he argues, might have been innocuous except for the malevolent self-interest of the pharmaceutical industry wishing to maximise profits by extending the boundaries of diagnosis and the reach of pharmaceutical treatments to those that do not need or benefit from either. Frances advocated for a conservative approach to revision of the DSM rather than the promised "paradigm shift" (neither eventuated).

The book is structured into three parts. The first deals primarily with the vexatious and far from settled question of what is normal and the shifting boundaries between the normal and abnormal. For Frances, the clear-cut cases of abnormality are not particularly problematic and psychiatry has a valuable role in providing treatment to this group who might not get better without the judicious use of treatment. A key problem he outlines is how the DSM has been misused by powerful interest groups to profit from extending diagnosis to

all manner of people who would be better off being left alone. In part two, Frances illustrates this with reference to psychiatric fads from the past, the present and ones we might anticipate as a consequence of revisions to the manual.

Diagnostic fads are nothing new. They flourish briefly and dramatically and then tend to disappear. They tend to be championed by authoritative and charismatic “thought leaders” and accompanied by good publicity. Relatively recent examples include multiple personality disorder, recovered memory syndromes and hysteria. Given the marketing budget of pharmaceutical companies and their capacity to directly market to consumers in some countries, it is not surprising that there are many more current fads including attention deficit disorder, childhood bipolar disorder, bipolar II, social phobia and the conflation of major depression to include mild and moderate problems of mood. Frances suggests that many fads will arise from the DSM-5 in which people who are now considered normal will be diagnosed despite there being no proven or effective treatment for the invented problem. Frances suggest that childhood temper tantrums, behavioural addictions, grief, adult attention-deficit disorder and psychosis risk are likely candidates for new diagnostic fads. All are likely to be over-diagnosed, lead to unnecessary stigma, overtreatment, a misallocation of resources and impact on the way people see themselves.

The last section of the book attempts to address how to tame diagnostic inflation and reclaim the notion that most people are entirely normal and their problems are self-limiting. Frances outlines something of a manifesto to minimise diagnostic inflation, unnecessary treatment and the influence of the pharmaceutical industry. There is little that is particularly novel in this section; indeed, it is mostly common sense: regulate the influence of pharmaceutical companies, encourage responsible prescribing, and ban drugs that do not appear to be useful for any serious problem. Frances is particularly critical of primary care physicians and non-specialists making most psychiatric diagnosis and prescribing most drugs. Encouraging the deferral of diagnosis for some time and after a lengthy period of supportive measures, self-help and minimal active treatment might go some way to address this problem. Frances also encourages consumers to be more savvy and active in the way they engage with medicine and collectively reign in tendencies to inflate their numbers and overstate the extent to which people are affected by problems.

The book finishes with a few vignettes of psychiatric diagnosis and intervention being unhelpful and others which illustrate psychiatry being helpful. The examples demonstrating the danger of poor diagnosis and subsequent treatment were fairly potent and sadly familiar. The more positive cases did not particularly illustrate the importance of getting diagnosis right or even that it was pivotal to successful helping. However, perhaps it is not and should not be considered so important and that is a part of the sub-text.

This book is not an academic one, although Frances supports all assertions beyond those which are his expressed opinion with sound references. It is not a systematic review, does not present an exhaustive critique of diagnosis, and skirts around more radical critique of psychiatry. However, Frances expresses

viewpoints that make sense, are pragmatic, and grounded in experience. To the extent that psychiatric diagnosis affects most people, this book ought to be read by everyone and is written in a style which ought to make it accessible and interesting to all.

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