

Bringing order to mental disorders

Making Us Crazy: DSM – The Psychiatric Bible and the Creation of Mental Disorders

by Herb Kutchins and Stuart A. Kirk
The Free Press: 1997. Pp. 293. \$27.50

Roy Porter

Thanks to its air of high farce, one episode in modern psychiatry has assumed legendary status. In a postal ballot in 1974, members of the American Psychiatric Association (APA) voted, by a rather slim margin, to delete homosexuality from its catalogue of mental disorders.

The poll followed frenzied and sometimes violent lobbying; the association's conventions had been stormed by Gay Lib activists — they should be shot, one participant demanded. And a conference had been addressed by a cloaked and hooded 'Dr Anonymous', who declared himself gay and proceeded to disclose that more than 200 fellow members of the association were also homosexual, thereby in effect threatening to 'out' the closet gays.

This notorious affair so smacks of pantomime — the abolition of a major 'psychiatric disorder' by majority vote — that it is tempting to assume it must have been a one-off event, uniquely scandalous in its implications. But the message of *Making Us Crazy* is the reverse: the whole history of the *Diagnostic and Statistical Manual (DSM)*, published by the APA since 1952, has been one of non-stop wheeling and dealing, the only difference being that the diagnostic horse-trading has usually taken place not in the full glare of publicity but behind closed doors. Herb Kutchins and Stuart Kirk bring the politics of disease-naming out into the open.

DSM started small — the first edition was a bare hundred pages — but it just grew and grew, the latest version, *DSM-IV*, issued in 1994, running to 900 pages and 300 disorders. *DSM* became the professional bible because it proved a godsend. To a profession deeply factionalized and hopelessly incapable of agreeing on either theories or therapies, descriptive diagnostic categories offered at least the appearance of scientific objectivity and hence consensus. Moreover a disease labelled looks like a disease half-conquered.

And over the years the business of diagnosis took on greater practical consequence: a patient with an authorized *DSM*-coded diagnosis is one whose treatment can be billed to insurers, health maintenance organizations or federal bodies. Moreover, it was found that two could play the diagnostics game, with user lobbies learning to demand the right to a disease tag to legitimize misery and file claims for compensation.

With the stakes thus raised, much hinged upon the inclusion or exclusion of a particular label in the next *DSM*. It is this 'gatekeeper politics' that Kutchins and Kirk explore, concentrating on half a dozen syndromes. At the centre of their story is the Columbia University psychiatrist Robert Spitzer, for long the impresario and diplomat of the *Manual*, seeing it through successive editions on the basis of an unswerving insistence that *DSM* stands for rigorous scientific objectivity.

Yet diagnostic terms have come and gone like summer fashions. The most spectacular exit was homosexuality — though not without the concoction of spurious diagnostic categories such as "ego-dystonic homosexuality" as a compromise patched up between radicals and conservatives.

The most striking new arrival has been post-traumatic stress disorder (PTSD). Framed in the wake of the Vietnam war, PTSD made a bashful first appearance in *DSM-III* in 1980 and then enjoyed quite unanticipated popularity, spreading from battle victims to all manner of alleged victims of family emotional and sexual abuse, after it was hijacked by users' groups with the collusion of sympathetic or opportunistic practitioners.

In some cases the fate of a candidate diagnostic category has hung in the balance. In drafts for the revised *DSM-III* a new entity called "masochistic personality disorder" was given an airing. Sufferers were said to display personalities disposed to make people angry and to forgo pleasures in a quite

abnormal manner. Rightly suspecting that the APA committee identified this as a woman's complaint, feminists exposed the diagnosis as a none-too-subtle way of transferring blame to the victims of abusive husbands and lovers.

Feminist psychiatrists then turned the tables by coming up with a mirror-image diagnosis for men: "delusional dominating personality disorder". The committee — almost all male, with the exception of Spitzer's wife! — found this riposte hard to stomach. After various shifty expedients, including renaming it "self-defeating personality disorder", the masochist label was binned.

Nevertheless, as Kutchins and Kirk note, one doesn't have to look far in the latest *DSM* to find signs of abiding gender and race bias, and other tell-tale prejudices.

Making Us Crazy challenges the APA's claim that *DSM*'s diagnostics simply reflect the facts. On the contrary, its categories have been 'constructed', through the exercise of professional influence. The conclusion reached by the Cambridge psychiatrist G. E. Berrios in his magisterial *History of Mental Symptoms* (Cambridge University Press, 1996) — that there is no such thing as an

Masked Baule

The striking masks made by the Baule people of the Ivory Coast are increasingly familiar objects in Western art galleries and museums. In *Baule: African Art, Western Eyes* (Yale University Press, \$60, £30), Susan Mullin Vogel uses 25-years' experience of living and working with the Baule to explore both the Western perception of the art and the use of the sculptures by the Baule people themselves. The book, containing many stunning photographs of both art and everyday life in West Africa, shows that the masks are part of a wider sculpture tradition embracing artefacts of many kinds. And though some examples of the art, such as this Mblo rabbit mask, now in a Belgian collection, are everyday items in Baule life, others have a darker significance in which display plays no part.



atheoretical diagnostic language — is thus given further support.

While denying that they are ‘anti-psychiatry’, Kutchins and Kirk do deplore the proliferation of psychiatric labelling, facilitated by *DSM*’s ever-lengthening diagnostic list. Nowadays many groups, and not just psychiatrists, patently have an interest in translating everyday behaviours into psychiatric diseases — worry for example becomes “generalized anxiety disorder”.

In this medicalization process, the wretched and the powerless are all too easily further victimized by labels that carry a lasting stigma. One solution, of course, would be for the public acceptance, without shame, of mental disorder. But that would be crying for the moon.

This is a serious and well-documented study, which casts serious doubt on the touted scientific status of *DSM* categories. It is also readable, although Kutchins and Kirk’s preoccupation with the day-to-day minutiae of the politics of naming may dispose some psychiatrists to see in this a case of ancient obsessional disorder. It is certainly sobering to discover just how the terms we take for truth have come into currency. □

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Where has the billion trillion gone?

The Conscious Universe: The Scientific Truth of Psychic Phenomena
by Dean I. Radin

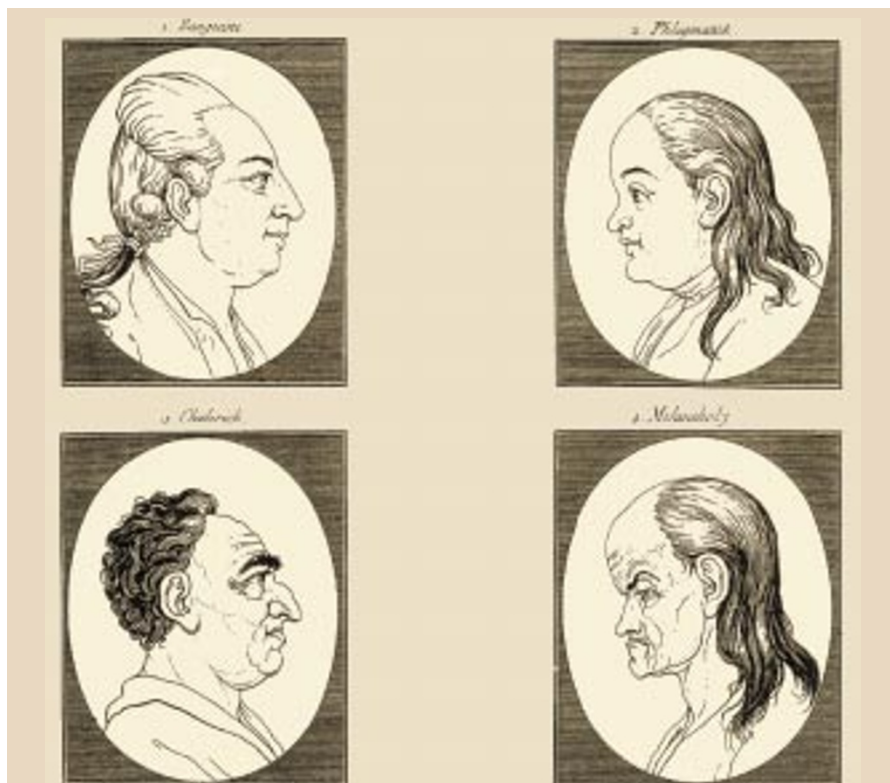
HarperEdge: 1997. Pp. 320. \$25.

I. J. Good

My friend Christopher R. Evans worked for a time with the well-known parapsychologist J. B. Rhine, but became a sceptic. In 1974 I invited Evans to Blacksburg, Virginia, to give a lecture on extra-sensory perception (ESP), and picked him up at Roanoke airport. He had travelled from London in a Boeing 727. The licence number of my car happened to be CRE 727. The probability of that coincidence was about $1/26^3 \times 1,000,000,000$.

I have experienced three even more remarkable coincidences, one of which changed the course of my life. But I doubt whether these coincidences were paranormal because there are more than 5 million minutes a decade. Some people must have experienced chance coincidences with probabilities of about 10^{-14} . So controlled, not anecdotal, observations are needed.

In England, for about 20 years starting in 1939, S. G. Soal was by far the most promi-



Body language

Facial features of the sanguine, phlegmatic, melancholic and choleric personality types (clockwise from top left), taken from Johann Lavater’s *Essays on Physiognomy* (1789). They are reproduced in *Believing in Magic: The Psychology of Superstition* by Stuart A. Vyse

(Oxford University Press, £18.99, \$25). Vyse argues that scientific analysis of differences in personality traits — such as sensitivity to coincidence, fear of failure, a need for control — can help us to understand why superstition and belief in the paranormal are so prevalent today.

nent parapsychologist. He did controlled card-guessing experiments resembling those of Rhine. At the suggestion of Whately Carington, Soal examined his records, looking for ‘hits’ one ahead and one behind the guess of the ‘current’ card. In one series of experiments, the tail probability, or *P* value (the probability that, by chance, the outcome would be at least as ‘extreme’ as the observed outcome), was 10^{-35} for the ‘one-aheads’, thus seeming to prove the existence of pre-cognitive telepathy.

But evidence accumulated, culminating in the ingenious detective work of Betty Markwick in 1978, showing that Soal’s studies were very probably fraudulent. Dean Radin, author of *The Conscious Universe*, avoids mentioning Soal.

Radin is firmly convinced that paranormal events happen. His conviction is based mainly on evidence from controlled experiments but is influenced also by the ‘non-local’ phenomena of quantum mechanics.

Quantum mechanics has affected many people’s metaphysical speculations about consciousness and ESP. For example, some 50 years ago, in a conversation with the prominent physicist Léon Rosenfeld about subjective experiences, I said: “A [quantum]

field theory does seem to be natural in order to understand how the activities of numerous neurons in a brain somehow summate. Perhaps psi depends on ψ [the Schrödinger wave function].”

Leaving psi aside, there are much more serious and technical speculations about the relationship between consciousness and quantum fields by Stuart Hameroff and Roger Penrose, related to microtubules — extremely small skeletal elements in neurons. One could say that microtubules update Descartes’ pineal gland. Penrose does not, however, mention ESP in his work on consciousness.

Taken at its face value, some of the evidence from controlled experiments is conclusive. But we have to allow for fraud and the ‘file-drawer’ effect. Take the first of these. Even many ‘normal’ scientists have cheated, as recorded by Alexander Kohn in *False Prophets: Fraud and Error in Science and Medicine* (Barnes and Noble, 1986). To that collection may be added the psychologists who lie to their subjects and call the lying ‘experimental dissimulation’.

Parapsychologists and psychics have more incentive to cheat because, if their research results are uninteresting, they have