Politics and mental illness

KEN LIVINGSTON

If life becomes difficult or confused, a visit to a psychiatrist or psychologist may seem in order, largely because we assume these professionals operate like other doctors. By listening to a description of symptoms, asking astute questions, and sometimes performing various tests, a medical specialist arrives at a diagnosis. More often than not, this diagnosis reflects an understanding of why things have gone wrong, not just what is amiss, because it is based on a chain of sound scientific research into the etiology of the disorder. For that reason, modern physicians can tailor a treatment that is specific to the illness, or, at worst, can inform the patient that there is nothing to be done. But Herb Kutchins and Stuart A. Kirk, authors of Making Us Crazy: DSM: The Psychiatric Bible and the Creation of Mental Disorders, suggest that in the case of the mental-health professions, the situation may be quite different from what we expect.

Making Us Crazy is the latest in a long series of attempts by these two authors to shine the light of day into the murky places where psychiatric diagnosticians ply their trade. The DSM to which their title refers is the Diagnostic and Statistical Manual of Mental Disorders, a weighty tome currently in its fourth incarnation and therefore known as DSM-IV for short. Produced and published by the American Psychiatric Association, it is supposed to bring some order to the bewildering variety of ways in which the human mind can cease to function normally. It catalogues dozens of major categories of mental disorder, most with many subtypes and variants, that range from dysfunctional personality to full blown psychosis. Most people, including many clinicians themselves, believe that it will guide them to the same kind of useful diagnosis available to other medical specialties. Kutchins and Kirk are of the

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opinion that any such belief is ill-founded at best.

Their argument in this book is built around a careful analysis of several telling episodes in the history of the construction of DSM since its first appearance in 1952. For example, they recount the story of how homosexuality was transformed from its pre-DSM status of moral blight to a medical condition classified as a "Personality Disorder." In later versions of the manual, it was reclassified as a "Sexual Orientation Disorder." Still later, diagnostic labels were restricted to homosexuals who were unhappy about their homosexuality ("Ego Dystonic Homosexuality"). Finally, in 1987, homosexuality was expunged from the manual altogether. Far from being a story of careful and cumulative scientific research, Kutchins and Kirk expose, in fascinating detail, the fundamentally political nature of these decisions. The public rhetoric may have appealed to science as justification for the changes, but, behind the scene, it was all power politics.

This theme—that politics often outweighs science in the construction of DSM—is one of the book’s most disturbing revelations. An entire chapter is devoted to the fascinating tale of how feminists derailed the attempt to introduce "Masochistic Personality Disorder" to the list of ills in DSM-III. They did so by arguing that the pattern of behavior supposed to characterize this mental illness—a tendency to avoid or undermine pleasurable experiences and personal achievement, a tendency to seek out situations and relationships that cause suffering, a tendency to reject assistance from others—was a role into which women had been traditionally socialized. It was argued that to consider this pattern pathological would have been to add insult to injury by labeling as sick a personality profile encouraged by the same culture that proposed the label. It helped that the so-called science supposed to support the masochistic diagnosis was weak, but, according to the authors, the real battle was political.

Indeed, Kutchins and Kirk are convinced that DSM often functions as a tool for political and cultural defense of the established order at the expense of the weak and powerless. Revisions to DSM tend to increase the probability that such people will be diagnosed as mentally ill, while protecting those in power, especially those who happen to be in the psychiatric professions. This is possible, they argue, because the use of poorly researched and inconsistent criteria for diagnosis leaves
the door open for abuse by unscrupulous or merely incompetent clinicians.

Examples of such abuse are to be found in two chapters at the end of the book, one on racism in psychiatric diagnosis and the other on the troublesome diagnosis of "Borderline Personality Disorder" (BPD). Tales of the role of race in psychiatric diagnosis have been often told, but the story of BPD is an insider's story. Like most diagnostic categories in DSM-IV, BPD is identified by checking off items in a Chinese menu of symptoms; it doesn't actually matter which subset of symptoms is present, so long as there are enough of them. The list includes self-damaging impulsivity, intolerance of being alone, chronic feelings of boredom, a pattern of unstable relationships, emotional instability, recurrent accidents, and physical fights. The fuzzy, but clearly negative, nature of the BPD classification makes it a useful wastebasket category for troublesome or obnoxious patients.

Kutchins and Kirk go beyond this common criticism, however. They document the use of the diagnosis by clinicians to defend themselves against patient claims of sexual abuse. Prominent members of the profession have argued at length in the psychiatric journals that such claims are often part of the manipulative style of the BPD patient and are thus likely to be fabrications. A diagnosis that, according to the best available research, cannot be made reliably and that is not associated with any known etiology, is thus transformed into a convenient explanation for patient claims of therapist abuse. In addition, because there is no organized pressure group calling for scrutiny of the diagnosis, as there was for homosexuality or masochistic personality disorder, the category persists in spite of the available scientific evidence that calls it into question.

The reader of this book comes away with a powerful sense of psychiatry as a profession out of control. Cut off from what ought to be its roots in the basic research community, and at the mercy of the strongest political factions of the moment, psychiatry endlessly expands the range of its diagnostic categories until most ordinary people can be fit into at least one DSM category. Thus does psychiatry seem to be in the business, as the authors contend, of making us all crazy.

The policy implications of these trends are enormous, and Kutchins and Kirk devote the last chapter of their book to a discussion of some of them. They imply, for example, that
progress toward a national mental-health policy is hindered by the expansion of diagnostic categories. Since the definition of mental illness is so pliable and expandable, the insurance industry fights legislation that would treat mental disorders on a par with physical ones. Misuse of diagnostic criteria, which is extraordinarily common, may inflate the rates of various disorders and so lead to wasteful expenditures of taxpayer dollars. At the same time, people are encouraged to seek professional help for what are in fact normal problems in living. In these situations, the clinician may be under pressure to use a false or exaggerated diagnosis in order to qualify the patient for public or private insurance coverage. This practice increases medical costs and may stigmatize the patient for life, altering job prospects and career opportunities. All of these problems are compounded by the frequent revisions to DSM (version IV will be revised in 1999-2000), which make useful research and effective education of clinicians nearly impossible.

How did we come to this terrible place where a document driven more by special-interest politics than science has become an integral part of our social fabric, shaping our view of ourselves and regulating the flow of billions of health-care dollars annually? Kutchins and Kirk suggest that part of the answer lies in the gap between the mental-health professions and basic research findings in the fields of psychology, cognitive science, and neuroscience. They also point to the increasing demand for accountability from government and private insurers as a factor in the growing influence of this obviously flawed instrument. Any attempt to revise DSM in a truly radical way steps on too many toes.

Many in the mental-health profession will no doubt find this book one-sided in its focus on the failures of their profession to the exclusion of its successes. There is some merit in this complaint, but, on balance, Making Us Crazy builds a strong case for its conclusions. Its most serious weakness is not its negativism but, rather, its failure to identify the true source of the dilemma. Neither better science education for practicing clinicians nor a revolution in health-care management will solve the underlying problem, which is philosophical. Ironically, Kutchins and Kirk themselves go astray here. Repeatedly, they endorse the idea, common in psychiatric circles, that our concepts, including our concepts of mental illness, are constructions, held together by social agreements
and not by their relationship to real categories of things and events in the world. In their own words, "The primary purpose of classification systems, such as DSM, is to structure and enhance agreements." If that is the way the world works, then the process of deciding who is mentally ill and who is not must be political, and no amount of tinkering with education or funding for health care is going to change that. Somehow, Kutchins and Kirk seem to miss this obvious implication.

Despite this serious flaw at the heart of their analysis, Kutchins and Kirk have written a gripping, informative, and useful analysis of DSM, one that should be required reading for every practicing clinician, psychiatric patient, congressional funding committee, and chief financial officer in the healthcare industry. By revealing the inner workings of the Diagnostic and Statistical Manual, they have helped us all take the first step toward making ourselves sane again.