

***Saving Normal: An Insider's Revolt against Out-of-control Psychiatric Diagnoses, DSM-5, Big Pharma, and the Medicalization of Ordinary Life* by Allen Frances. New York, NY: William Morrow, 2013, 304 pp. ISBN 978-0-06-222925-0 (hbk)**

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From a critical disability studies perspective, there is a glaring need to challenge the current state of psychiatry, the overzealous and unnecessary distribution of psychiatric medications, and the dominance of Big Pharma. For those who have not been exposed to critical perspectives, who believe that they should never question their doctors, can trust pharmaceutical advertisements, and have been encouraged to seek pharmacological solutions to distress, *Saving Normal* might serve as an approachable introduction to some of the problems with psychiatry as it is currently practiced, and provide readers with practical advice about resisting the unchecked expansion of psychiatric labelling. Frances has decades of experience as a psychiatrist and professor, and was the leader of the American Psychiatric Association task force that was responsible for the creation of the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), so those who may be resistant to critical perspectives on psychiatry would likely regard Frances' "insider" perspective as credible.

Saving Normal takes readers through the history of psychiatry, highlighting what Frances regards as its great successes as well as its tremendous pitfalls. Throughout the book, Frances claims that although psychiatry can be a life-changing resource for some people, it has recently taken an unnecessary and perilous turn to focus on people Frances calls "the worried well" – individuals who are experiencing the full spectrum of human emotion, but whose thoughts and feelings are in fact "normal," not pathological. This turn, according to Frances, is attributable to several factors, including problematic perspectives that have been entrenched in the most recent edition of the DSM (DSM-5, published in 2013), the greed and questionable competence of the

American Psychological Association, the sprawling influence and unfathomable financial capabilities of Big Pharma, the over-prescription of psychiatric medications and misappropriation of diagnostic labels by ill-qualified general practitioners, and a sudden glut of psychiatrists in major cities. These factors have created the perfect conditions for rampant diagnostic inflation, resulting in an increasingly narrow definition of “normal.”

DSM-5 has undoubtedly widened the floodgates of unnecessary psychiatric diagnoses. Under DSM-5, a bereaved person’s feelings of sadness and lethargy can now be labeled as depression after only two weeks, children who experience moments of distress and anger could be diagnosed with Disruptive Mood Dysregulation Disorder and prescribed powerful and unnecessary anti-psychotic medications, and older adults who begin to experience bouts of forgetfulness may receive the diagnosis of Mild Neurocognitive Disorder, which, at present, has no associated treatment plan. Throughout *Saving Normal*, Frances warns that eagerness to diagnose and medicate may very well do more harm than good.

Refreshingly, Frances admits to his own role in creating the diagnostic firestorm that professionals and the public are currently facing as a result of the changes to DSM-5. As the team lead for DSM-IV, Frances acknowledges that he could have done more to tame diagnostic inflation and restrain psychiatrists’ overzealous application of diagnoses. He expresses regret for his failure to create less expansive diagnostic criteria, even stating in the preface that *Saving Normal* is “part mea culpa, part j’accuse, and part cri de coeur,” (p. xviii).

Unfortunately, although Frances acknowledges his role in the over- and misuse of psychiatric labeling, he also uses this book to establish himself as a current leader in the fight against excessive psychiatrizing, along with his friend and colleague Robert Spitzer, who had previously lead the DSM-III taskforce. Frances does not acknowledge the tremendous,

challenging work that has been done by the consumer, survivor, ex-patient (c/s/x) community over the last number of decades as they have worked to bring forward these very same words of caution. He does briefly mention consumer advocacy groups, but informs readers that although consumer groups have done “enormous good in furthering parity for mental health care [they have unfortunately] become loyal but unwitting (and more believable) lobbyists for drug company positions” (p. 224). By ignoring the tremendous ongoing and historical work by c/s/x advocates, and by positioning consumer advocacy groups as shills for Big Pharma, Frances not only reaffirms his position as a “trustworthy source,” but positions grassroots organizers as untrustworthy and misled.

Although he attempts to illustrate the downside of unrestrained psychiatric diagnosis, Frances’ position is by no means radical. He advocates for “saving normal,” but his definition of “normal,” although exhaustively discussed, is rooted in ableist notions of normativity. He is undoubtedly pro-psychiatry, so although he expounds upon the need to carefully guard against diagnostic inflation and protect a certain amount of human psychological variety, he advocates for the application of psychiatric diagnosis and treatment for people who are further outside of the boundaries of “normal” he constructs. Interestingly, the language that Frances uses when referring to “abnormal” individuals is often derogatory – phrases like “ranting psychotic” (p. 8) appear throughout the book, illustrating Frances’ bias against people labeled as “seriously mentally ill,” and his strong desire to keep the status quo generally intact. Frances seeks to expand the boundaries of normality, but only so far.

That being said, *Saving Normal* is an accessible introduction to novice readers seeking information about some of the problems with psychiatric practice and Big Pharma. It is not only easy to read, but overall is well-researched and cited, with an extensive (though not expansive)

list of references for further reading. Due to Frances' entrenched position within the medical complex, the bulk of the cited works are journals from various medical texts, but thankfully also include some seminal critical readings, like Thomas Szasz' *The Myth of Mental Illness*. For readers who do not have the time or inclination to read the entire book but who want to learn more about how to protect themselves against unnecessary diagnosis, Frances offers a chapter devoted to being a "smart consumer" (p. 228). Here Frances encourages mental health service consumers to take a more critical stance when facing psychiatric diagnosis, warning against some of the negative personal consequences of having a superfluous diagnosis and consuming unnecessary and potentially harmful medications. He warns against Big Pharma's direct-to-consumer advertising, citing it as a major contributor to diagnostic inflation, and cautions readers to be wary of doctors who diagnose and dispense too readily.

There are undoubtedly critical parts of the story of psychiatry and psychiatric labeling that are either entirely missed or generally glossed over in *Saving Normal*. Frances takes little time to acknowledge the impact of the social determinants of health, does not employ critical race theory, and ignores the colonial behaviours of the medical industrial complex. That being said, *Saving Normal* offers an interesting insight into the way that even a relatively non-critical psychiatrist regards aspects of current biopsychiatric practice as problematic. The advice it offers to consumers who seek to arm themselves against the current diagnostic deluge taking place across North America is also helpful and welcome. Overall, although Frances' book falls short for Critical Disability Studies scholars, I believe that it will serve as a palatable (and not too radical) introduction into critiquing psychiatry for readers in the general public.