

BOOK REVIEW

DSM: A History of Psychiatry's Bible

by Allan V. Horwitz

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This is a brief but readable and thought-provoking history of the 5 main versions of the American Psychiatric Association's (APA's) Diagnostic Statistical Manual. It is written by a sociologist who has written previously on various historical aspects of mental health diagnoses. It is well researched and referenced, underlining the authors knowledge of the protagonists.

The DSM was created in 1952 by the APA to describe their practice, reconciling the long-standing Hospital Statistical Manual with the psychoanalytically dominated work of community psychiatrists. The DSM1 and 1968 DSM2 had little national impact - most community patients paid for their own care, and physical treatments were limited.

The DSM started to enter the public mind with the 70's campaign to remove homosexuality as a disorder, and with the U.S. Food and Drug Administration insisting the new massively prescribed anxiolytics were limited to treating named mental disorders and not life in general. In addition, the growth of an insurance led payment health system required more clear diagnoses.

The revolution was Spitzer's DSM3 which increased the diagnoses but also gave each diagnosis a clear list of criteria. It was beloved by insurance and pharmaceutical companies.

The 2013 DSM5 was meant to be a clinically led revision that regrouped mental diagnoses, for which there was now ample data, into groups that had a biological and clinical reliability. Horwitz argues it was a professional disaster, with secret deliberations, little evidence for changes made and denial that the field trials' reliability was worse than previous versions. Eventually the National Institute for Health repudiated it.

This is an account of what happens when a profession decides whom it should be paid to treat. Horwitz fluently argues and illustrates how each edition demonstrates the intra-professional battles of the time, and how new editions and their conditions often generated large financial rewards for involved parties. The DSM emerges as a socially and financially determined instrument that has now entered the culture of the States.

This book has little to say about the relationship of the DSMs with the World Health Organisation's mental disorder chapters in the International Classification of Disease. However, as a thought provoking read for psychiatrists and others thinking about how illness is categorised, this is worth obtaining.

Peter Carpenter

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