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The Return of Antipsychiatry
Notes on Richard Bentall's *Doctoring the Mind*

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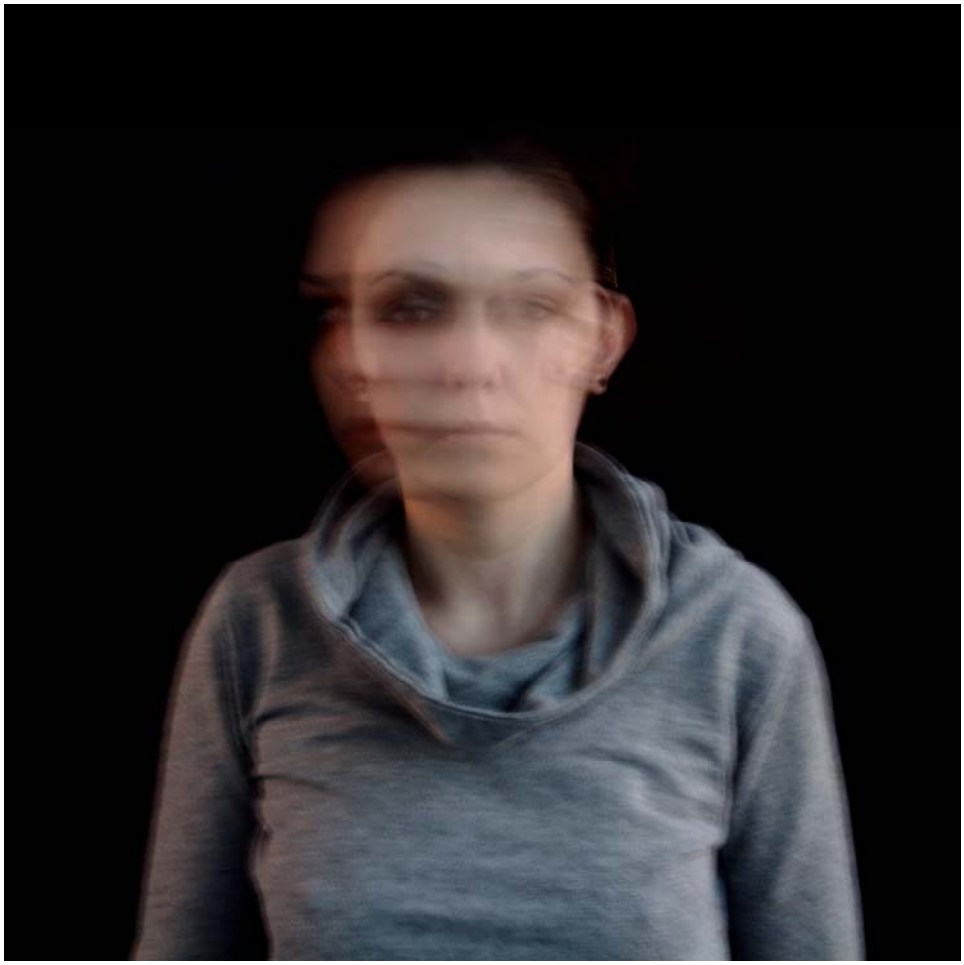
In 2004, the British Psychological Society gave its Book Award to Richard Bentall for *Madness Explained*[1], a volume which argued, with considerable vigor, for detaching our views of mental illness from the predominant biological paradigm of neo-Kraepelinian psychiatry. Calling for a return of the mental health professions to the softer conceptual habitat of clinical psychology, as opposed to that of brain biochemistry, *Madness Explained* was nonetheless quite the opposite of softness. True to the abruptness of his title, Bentall mounted a direct attack on the classification and diagnosis system of current psychiatry and suggested a thorough reconsideration of the nature of mental illness and the logic of the terms used to describe and explain it. Not only that the Borges-que catalogue of clinical entities exemplified by the DSM (*Diagnostic and Statistics Manual of Mental Disorders*) and the ICD (*International Classification of Diseases*) systems was seen as without fundament, being sculpted by largely arbitrary syndromes, but the very possibility of drawing a stable distinction between mental health and mental illness was also called into question. With the clustering of symptoms, as with the issue of being or not being well, it was mostly a question of continua and degrees.

Such an account invited, predictably, accusations of antipsychiatry. Bentall retorted that only the superficial would mistake his views for those made popular in the 1960s and 1970s by controversial figures like Szasz and Laing. And, arguably, *Madness Explained* put forward a case that was both critical and constructive, a case of sufficient scope to block curt labelling. It is harder to recommend a similarly nuanced appraisal of Bentall's latest book.

Doctoring the Mind. Why Psychiatric Treatments Fail[2], first published in 2009 and republished by Penguin in 2010, is, beginning from its title, a polemic text. Bentall seems decided to follow all the dark connotations of the verb 'to doctor'. Psychiatry, it turns out, counterfeits and poisons, forges and castrates. And with such a collection of sins exposed, psychiatry, both as a way of thinking about

[1] Richard P. Bentall, *Madness Explained. Psychosis and Human Nature* (London: Allen Lane – Penguin Books, 2003).
[2] Richard P. Bentall, *Doctoring the Mind. Why Psychiatric Treatments Fail* (London: Penguin Books, 2010).

the mind and mental illness, and as a way of organizing the treatment of the mentally ill, can only be seen as a fake healer. This is Bentall's thesis – not surprising or new, given the *Madness Explained* prelude, but decidedly blunt. One should perhaps ask oneself – even if one has certainly done it before – whether this claim is true. Time, then, to renew one's acquaintance with antipsychiatry.



Irina Dumitraşcu, *Confused 3*
Photography print, 50x50 cm, 2010
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In truth, antipsychiatry never really went away. It peaked in the 1960s and 1970s with the iconic figures of R.D. Laing and Thomas Szasz (or, in different perspective, Foucault) and it managed to establish a certain level of suspicion with psychiatry as an almost unavoidable intellectual ritual. Since then, this particular front of the culture wars has been somewhat less spectacular, but far from inactive. It is not, however, completely gratuitous to speak of a return of antipsychiatry. There is, I think, a perceivable new wave of antipsychiatric writing and of writing

that touches upon antipsychiatric themes. We can include here direct and general attacks, of which Bentall's books are an example, suggestions to reconceptualize the field of psychiatric care,[1] partial critiques that question the medicalization of normal psychic suffering,[2] or the implications of paediatric psychiatry, and also memoirs[3] and fiction. The dispute, to be sure, is not only medical and ethical. For example, the unjustified medicalization of everyday life for the profit of the pharmaceutical and medical establishments would be scandalous if proven. But the clash is also about funding, positions and prestige. For all of these, it matters who dominates the increasingly profitable field of treating the mentally ill – it matters, that is, how the division of labour between psychiatrists and other providers, notably clinical psychologists, is negotiated.

Yet another reason to talk about a resurgence of antipsychiatry is that its target, psychiatry, has changed significantly in the last decades, and criticism has had to follow suit. Most people are now treated on an outpatient basis, and 'confinement' has become the exception. Then, the diagnosis system seems to work better, at least in terms of consistency, and treatment has benefited from the discovery of a few classes of effective medication. It is harder to accuse psychiatrists of policing the community, when the majority of those undergoing psychiatric treatment remain in the community, and fewer people would equate an encounter with psychiatry with torture. This does not mean, however, that there are no issues left open to discussion and scepticism. Psychiatry continues to struggle with problems of conceptual and practical nature.

This makes for a bit of a paradox for the new antipsychiatry. Psychiatry is in a better position to defend itself, and this makes antipsychiatry itself more lucid – less tributary to the *Zeitgeist* of the 1960s and more focused on an agenda of truly important issues. Bentall's *Doctoring the Mind* is certainly in possession of a good selection of problems. Here, I will discuss three of them – the nature of mental illness, the medicalization of care, and the psychiatry – clinical psychology dispute – and I will gesture briefly towards a fourth problem, the education of the public.

According to Bentall, the view of mental illness prevalent in psychiatry is mistaken. The core of this conception is the idea "that psychiatric disorders are brain diseases which can be easily distinguished from the ordinary miseries of life by means of the diagnostic framework developed by Kraepelin".[4] Or, in a slightly different version, the crooked backbone of current psychiatry is "the neo-Kraepelinian's assumption that psychiatric disorders are genetically determined

[1] See, e.g., Man Cheung Chung, K.W.M. (Bill) Fulford, and George Graham eds., *Reconceiving Schizophrenia* (Oxford: Oxford University Press, 2007); Bradley Lewis, *Narrative Psychiatry. How Stories Can Shape Clinical Practice* (Baltimore: The Johns Hopkins University Press, 2011).

[2] See, e.g., Allan V. Horwitz and Jerome C. Wakefield, *The Loss of Sadness. How Psychiatry Transformed Normal Sorrow into Depressive Disorder* (Oxford: Oxford University Press, 2007); David Healy, *The Creation of Psychopharmacology* (Cambridge, Massachusetts: Harvard University Press, 2002).

[3] See, e.g., Norah Vincent, *Voluntary Madness. My Year Lost and Found in the Loony Bin* (London: Viking – Penguin Group, 2008).

[4] Bentall, *Doctoring...*, 40.

diseases that are little influenced by the trials of life".[1] The first part of *Doctoring the Mind* offers a sketch of the historical development of psychiatry and, implicitly, of its view about the nature of mental illness. The second part of the book denounces this conception as mythology, while the third consists in an attempt to present an alternative to the present state of affairs.

The historical chapters are perhaps the weakest in the book. The style is often journalistic, even for pop-scientific standards, and the narrative succumbs at points in transparent parti-pris and impressionistic rhetoric. We are invited twice, for example, to imagine the horrors of psychiatric treatments using Bentall's commentary about a series of photographs as a guide. It is not that this kind of evidence is inherently objectionable, but a degree of subtlety is required to use it, and Bentall refuses his reader such a luxury. This reader could compare this kind of history writing with one that has an opposite agenda, but which manages nonetheless to be solid – Edward Shorter's *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*[2]. The reader will then also notice, incidentally, how Bentall uses this landmark work ambiguously, both as source for his own claims, and as a target for criticism. Since the illumination of historical issues is not the main purpose of *Doctoring the Mind*, one can focus one's attention on the deconstructivist agenda of the second part of the book.

First to come under attack is the diagnostic system inspired by the successive editions of Kraepelin's textbook and currently embodied by the *Diagnostic and Statistical Manual of Mental Disorders* (DSM – the 5th edition is due to be published in 2013) of the American Psychiatric Association, and by the psychiatric arm of the *International Classification of Diseases and Related Health Problems* (ICD – the 11th edition is due to be published in 2015) of the World Health Organization. Bentall argues that this nosological family does not cut the symptoms experienced by the ill into genuine clinical entities. Psychiatrists mistake for diagnosis a series of labels which are kept alive by institutional inertia and which have little or no explanatory force. In philosophical parlance, these concepts fail to designate natural kinds.

This argument is not – and is not intended to be – original. It has often been claimed that psychiatric symptoms have been more or less arbitrarily clustered in the wake of Kraepelin's fundamental distinction between syndromes marked by affective deterioration (depressions and manias), and the more serious ones have been defined by complex sensory and cognitive malfunction (dementia praecox – schizophrenia). One need not be very skeptical of psychiatry to consider that signs and symptoms are 'more real' than the diagnostic labels into which they are coagulated, and to prefer to use the former as the primary evidential basis for one's theory.[3] Bentall's own earlier criticism of the concept of schizophrenia (in *Madness*

[1] Ibid., 116.
[2] Edward Shorter, *A History of Psychiatry. From the Era of the Asylum to the Age of Prozac* (New York: John Wiley & Sons, Inc., 1997).
[3] See, e.g., Christopher D. Frith, *The Cognitive Neuropsychology of Schizophrenia* (Hove: Lawrence Erlbaum Associates, Publishers, 1992).

Explained, but see also in his contributions from *Models of Madness*[1] and *Reconstructing Schizophrenia*[2] – volumes which he (co)edited) uses this kind of argumentation. But in *Doctoring the Mind* two different lines of attack are mixed, and this mélange severely erodes the force of Bentall's criticism.

On the one hand, as Bentall himself openly noted in his earlier writings, to claim that the syndromes which form the DSM system are arbitrary does not mean that the strategy of looking for 'natural' clusters of symptoms is thereby invalidated. It may very well be the case that neo-Kraepelinian psychiatry failed to identify an adequate segmentation of mental illnesses. The *possibility* of such a classification remains, of course, intact. And Bentall seems to argue on these lines in this book too when he refers to studies that have identified alternative clusters of symptoms which are intra- or transdiagnostic relative to the DSM framework.

On the other hand, however, there is a far more radical criticism in the text, which is rooted in the idea that there is a continuum of mental disorders ranging from pure depression to pure schizophrenia.[3] The implication here is that *all* classifications will verge on the arbitrary. And this means that not only the psychiatry of the day is rejected, but psychiatry *simpliciter*, since it is hard to conceive of a branch of medicine in the absence of *some* nosology.

Gentlemanly gestures aside, this is the horizon of Bentall's book. Psychiatry can be safely nailed to the cross of two continua. The one mentioned above, between kinds of illnesses, which block classification, and that between the healthy and the ill, which is supposed to render illicit the disease or medical model of mental illness. Leaving this latter continuum in the background for the time being, one has to observe that there is no logical connection between Bentall's more modest criticism, focused on the primary reality of the symptoms, and his radical one. The radical claim looks more like a rhetorical exercise than an argument, and one cannot but take note of a certain humoural continuity of antipsychiatry. "My own view – Bentall informs us – is that most psychiatric diagnoses are about as scientifically meaningful as star signs [...]."[4] And later in the book he continues:

> When trying to understand the mechanisms underlying complaints, we need not worry about whether the person who, say, hears a voice is diagnosed as suffering from 'schizophrenia' or 'bipolar disorder' and the problem of psychiatric classification can therefore be safely ignored altogether. Once complaints have been explained, there will be no 'schizophrenia' and 'bipolar disorder' left behind to explain afterwards.[5]

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[1] John Read, Loren R. Mosher, and Richard P. Bentall eds., *Models of Madness. Psychological, social and biological approaches to schizophrenia* (Hove: Taylor & Francis e-Library, 2005).
[2] Richard P. Bentall ed., *Reconstructing Schizophrenia* (New York: Routledge, 1992).
[3] E.g. Bentall, *Doctoring*..., 101.
[4] Ibid., 110.
[5] Ibid., 166.

This is unimpressive; things will, for example, be left behind. Why do symptoms occur in certain sequences, why are or why are not these sequences stable, and in what conditions? And so on. There is then little justification in Bentall's rhetoric and, in any case, he fails to demolish the idea that one needs to systematize in some manner or other one's clinical observations. Kraepelin might have been wrong in many ways, but he cannot be easily dismissed as a methodologist.

For Bentall, the bankruptcy of the DSM machinery is substantial. Its taxonomy is flawed because it originates in a defective view about the phenomena which are categorized. One could not identify kinds of mental illness if one formed the wrong idea about what mental illness *is*. Psychiatry slides into the arbitrary at the level of diagnoses essentially because, at a deeper level, it misconceives the nature of mental illness. Bentall calls this "the fundamental error of psychiatry"[1] by analogy with the social psychological notion of fundamental attribution error. This latter notion captures the fact that people are biased to explain the behaviour of others in terms of their inner characteristics as opposed to situational factors. In the case of psychiatry, the fundamental error consists in using brain biology as the focal explanatory level for mental illness. This is an *attribution* error, since the contribution of non-biological factors (personal history, socio-economic circumstances, the manner in which the ill conceptualize their difficulties, etc.) to the aetiology of psychiatric conditions is not properly considered. For Bentall, this is equal to leaving out what matters most.

Doctoring the Mind proposes to compensate for this omission by using *ad nauseam* references to the 'troubles' and 'miseries' of life. These are called in to explain almost every symptom or disorder that happens to be discussed in the text. The notable effect of this manoeuvre is a view of mental illness as *intelligible* reaction to the asperities of sublunary existence, rather than as biochemical imbalance. Be that as it may, the argument for this position is not in the best of shapes. Bentall is certainly correct in drawing attention, as one often does, to the suffering caused by economic hardship, by social disintegration, by personal crises, and by the dehumanizing aspects of medical and psychiatric care. But such a rearrangement of focus will not decide the debate about the nature of mental illness. Psychiatry may indeed be limited by failing to be not only a branch of medicine, but also a kind of psycho-social science and a form of institutionalized empathy. To be blunt, psychiatry may be less than it should since it is not at the same clinical psychology, Bentall's own discipline. But ontology too is limited by failing to be a sociology of addiction to cigarettes, or a counselling service regarding radiation exposure, or an art of dying. Admittedly, this analogy pushes things too far, but it may help to show that Bentall's criticism is missing the point. It is not that psychiatry possesses the conceptual and practical robustness of other branches of medicine; it does not. But Bentall's resuscitation of an old antipsychiatric argument cannot be decisive in these matters. Their depth is real.

The discussion concerning the medicalization of care follows from that about the nature of mental illness. If existential suffering is understood on the basis

[1] Ibid., 116.

of the disease model, then treatment too will fall under the medical umbrella. This is the typical logic of antipsychiatric criticism: start from contesting the bio-medical model of mental illness, and then move to the invalidation of psychiatric treatments. In practice, however, this structure is reversed – and *Doctoring the Mind* makes abundant use of this reversal. Since psychiatric interventions seem – and have often been – dehumanizing, the theoretical architecture which supports them must be flawed. The putative ethical scandal of psychiatric care colours Bentall's views on the issue of medicalization throughout. Two accusations are more important in this context: that of immoral conduct, and that of ineffectiveness.

One of the strengths of Bentall's book is its unrelenting denouncing of the dark coalition of medical services and big pharmaceutical firms. Even if this state of affairs is not specific to psychiatry, it is all the more worrying in this area, due to its vulnerable constituency. That we face, globally, a perpetual near-collapse of public healthcare is, in part, a result of the fraudulent substitution of a truly medical agenda with one dictated by the financial interests of Big Pharma. It takes a degree of voluntary blindness to consider that the inflation of psychiatric populations and the medicalization of grey areas – the minor adult melancholies or the atypical development in children – are simply medical phenomena, and not an expression of larger politico-economic trends in our culture. One can hope that the majority of doctors would accept the risk of fewer sponsored conferences, exotic travelling, and branded gifts, and agree that it is imperative to restore a minimal balance between public interest and various commercial agendas.

A related, but more sensitive, theme in *Doctoring the Mind*, and not only from an ethical point of view, is that concerning the autonomy of patients and its being threatened or dissolved by psychiatric interventions. This problem, and that of the supposed lack of effectiveness of psychiatric treatments, can be discussed in the context of the third and last topic that I will address – the relation between psychiatry and clinical psychology. One could start from the following two claims: "The task of psychology is to explain the mechanisms that lead from these kinds of experiences [i.e. traumatic – text added] to the kinds of beliefs [i.e. paranoid – text added] observed in the clinic."[1] And:

> The task for the clinician faced with the patient who lacks 'insight' is not to dispute the patient's explanations for his symptoms, but to understand these explanations, to explore their origins, and to respect them as genuine attempts to account for experiences that are puzzling and frightening. By a process of empathetic understanding and skilful negotiation it is usually possible to find a way forward that allows the patient to work towards his life goals without causing harm to others.[2]

The constructive part of the book rests on this kind of statements. Bentall returns to the model of psychotic disorders developed in *Madness Explained* and suggests a therapeutic mise-en-scène in which clinical psychology plays the

[1] Ibid., 167.
[2] Ibid., 180.

dominant role. This model links the subject's life experiences to his/her symptoms via a stage of conceptualization and reflection. It makes a great difference, in this light, how the subject himself/herself conceives of, and explains, his/her experience. In effect, the model *rationalizes* the symptoms by assuming that they are intelligible reactions which must be the object of understanding and empathy. Since the subject's rationality is in this sense preserved, his/her autonomy cannot be curtailed. The therapeutic intervention will follow a path that aims at intersecting rather than at avoiding the intact or functional faculties of the subject. The treatment will be delivered by the vehicle of the 'therapeutic relation' and it will aim at the subject's conceptualization, reflection and affectivity. Only in extreme situations these psychological instruments are to be supplemented with psychiatric medication.

The fundamental weakness of this view is that, quite likely, the mechanisms which modulate the commerce between phenomenology and symptoms are not psychological, if by 'psychological' one understands the classical repertoire of mental states and processes: beliefs, fears, desires, memories, feelings, etc. To take only the case of the psychoses (depression would need a separate discussion), it is clear that Bentall minimizes two known limits of the psychological approach. The first one is that in such a view the *content* of delusions and hallucinations cannot be explained. One must choose between seeing symptoms as intelligible and seeing them as bizarre. What Bentall says in response to this worry is either ambiguous or false: "[T]he fact that the most frequently observed delusional beliefs reflect almost universal worries about our social position in the social universe suggests that they must be closely related to commonplace existential concerns."[1] But, for example, the idea that one is controlled by alien beings cannot be linked, without *further* explanatory steps, to "common existential concerns". While people do have such concerns, few of them arrive at so awkward an idea. This explanatory impotence seems to suggest that one should not assimilate delusion to belief, or hallucination to perception. Without this overlap, it is not clear how clinical psychology saves the autonomy of the psychotic subject, or what exactly it saves the subject's autonomy from.

The second limit which is poorly discussed is that concerning the effectiveness of psychiatric medication. According to Bentall, because of the lack of specificity of the compounds, antidepressants are not what their name says they are,[2] while antipsychotics have the advertised effect, but are used excessively and in a reckless manner. Whatever one may think of this claim, one needs to note that there is an obvious double standard when it comes to saying what psychological methods can do to alleviate psychosis. And this is because they cannot do very much. One is thus at pains to take Bentall seriously when he claims that he does not aim at giving clinical psychologists the institutional upper hand by pushing psychiatrists out of the way.

In the concluding lines of the book we are told that "Psychiatry's greatest sin has been to crush hope in those it has claimed to care for".[3] But since there is no

[1] Ibid., 167.
[2] Ibid., 212.
[3] Ibid., 288.

antioncology to point an accusing finger to the doctors who crush the hopes of cancer patients, the substantial issue is whether psychiatry, whatever its relation to hope, speaks truly. And this is almost equally hard to settle before and after reading *Doctoring the Mind*. Acting as the polemic and popularization arm for the view of mental illness presented in *Madness Explained*, this book is too close to biased journalism to offer a credible and decisive diagnosis of psychiatry. This would have been a daunting task in any case. We do not have similar diagnoses in any of the fields which deal with the mind, clinical psychology here included. No progress is made if one plays the exaggerated vulnerabilities of one discipline against the muted weaknesses of another.

It is true that we live in a maddening world. But it is ironic that, in the wake of those who saw in the image of the asylum the spectre of repression in the name of the general good, Bentall thinks that "[T]he dominant paradigm in psychiatry [...] failed to make a measurable contribution to the well-being of society as a whole".[1] Who can claim such an achievement, one wonders. And even more than in the case of *Madness Explained*, one is reminded of what Clifford Geertz observed about the need for subtlety in psychological theorizing: "As with all such enterprises, there are a good many more ways of getting it wrong than there are of getting it right, and one of the most common ways of getting it wrong is through convincing ourselves that we have got it right – consciousness explained, how the mind works, the engine of reason, the last word".[2]

Challenges of Ethics in Contemporary Society[*] – Book review[3] –

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The ethical substance of the current period, as announced by Gilles Lipovetsky, is incessantly affirmed and confirmed by the need for challenging from an ethical perspective the increasing issues and problems raised by the development of

[1] Ibid., 264.

[2] Clifford Geertz, "Imbalancing Act: Jerome Bruner's Cultural Psychology" in *Jerome Bruner. Language, Culture, Self*, eds. David Bakhurst and Stuart G. Shanker (London: Sage Publications, 2001), 28.

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[3] Mihaela Frunză, *Expertiza etică şi bioetică. Studii de caz* (Ethical expertise and bioethics. Case Studies) (Cluj-Napoca: Limes, 2010), ISBN 978-973-726-558-6.