The greatest novel about medical research? p 539

REVIEW OF THE WEEK

Making sense of madness

A book that challenges the whole spectrum of psychiatric thinking and practice offers some fresh and modern criticism but falls down on alternative approaches, finds **Iain McClure**

"Let wisdom guide"—what message did the Royal College of Psychiatrists intend by choosing this motto for its coat of arms? "Wisdom" means the ability to make the right use of knowledge, and what constitutes genuine psychiatric knowledge is the main subject of this disturbing (in the positive sense) and edifying little book.

In 12 chapters, 10 contributors challenge the whole spectrum of current psychiatric thinking and practice. The dominance of biomedical psychiatry (which has solidified over the last 50 years) as well as (at the other end of the spectrum) the evolutionary stages of psychotherapy are equally scrutinised. In so doing, *Critical Psychiatry* claims to expose a lack of evidence justifying biological psychiatry's predominance, rolls in big guns like Kant and Foucault to rough up psychotherapy, and explores the increasing influence of the pharmaceutical industry on psychiatry's development. Bracken and Thomas's chapter, explaining how the psychiatric profession was initially reluctant to respond to the overtures of the British government (when the latter sought to develop a new Mental Health Act in the early 20th century) is particularly enlightening. Ensuing decades have witnessed increasing interdependence of government and psychiatry, regarding the management of severe mental illness (the difficult birth of England's new Mental Health Act), and this chapter alone is essential reading for any trainee psychiatrist.

The book makes several points. It argues that mental illness is a psychological, not a biological, process and that biological psychiatry is excessively reductionist (thereby removing a patient's free will). It is critical of psychotherapy, describing it as "an exercise of power" whose theories erase all possible differences between people, while elevating its practitioners into the sole arbiters of internal human experience. It then propounds the stimulating argument that psychiatry is a byproduct of Enlightenment thinking—that reason is all—and that we need to adjust such thinking for our emerging, post-Enlightenment era. It also argues that psychiatry's prevalent subscription to the evidence based rationale needs to be countered by an equal and opposing "values based" approach and that the social dynamics of care (such as the user perspective) must have priority in psychiatric management.

My main criticism of this book is that none of its contributors clearly define what they mean by "psychological." At least biopsychiatry attempts to explain what mental illness is (in the—admittedly flawed—DSM-IV and ICD-10 diagnostic systems) and what may cause its manifestations (for example, its claim to have discovered evidence that patients with schizophrenia have associated brain atrophy). Psychotherapies (from psychoanalysis to cognitive behavioural therapy) have ample theoretical foundations, some of which are based on valid scientific observation. *Critical Psychiatry* provides arguments that claim to refute such evidence and approaches, but then fails to offer anything convincing enough to replace them. Simply stating that mental illness is a psychological process seems insufficient.

In view of the arguments that the book puts forward, a key question inevitably arises—what does a "critical psychiatrist" do differently from the non-critical psychiatrist? Would critical psychiatric assessment and management of someone with autism, or significant intellectual disability (psychiatric conditions that are commonly regarded as being brain based), or a psychotic patient, be different? Taking things to an extreme, imagine that a psychotic patient has, while mad, murdered her mother and later recovers. How would the critical psychiatrist explain this patient's aberrant behaviour that was totally out of her (pre-morbid) character? As he presumably couldn't reassure her, due to his convictions, that her behaviour was caused, in some way, by brain disorder, what explanation could he give that would possibly salve her conscience?

These questions reflect mainstream psychiatry at its most challenging, and critical psychiatry needs to address such issues meaningfully, if it wants to take professional consensus with it; however, such issues are not explored by this book.

Despite these reservations, I recommend *Critical Psychiatry* as a challenging read for anyone interested in mental disorder, even as a reminder of our ethical obligation to clearly define the knowledge that we claim for our discipline and its scientific basis.

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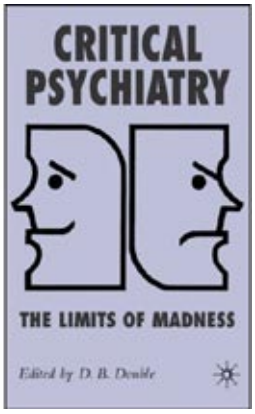

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