

Richard Bentall (2009) *Doctoring the mind: why psychiatric treatments fail*.

WAPCEPC: World Journal Review

Ivan Ellingham

Richard Bentall's book *Doctoring the mind: why psychiatric treatments fail* is a disturbing book; not perhaps for person-centred practitioners, but certainly for those in Western society who consider the modern enterprise of psychiatry to be making, and have made, a positive and substantive contribution to the psychological wellbeing of the members of that society.

Confronted by the claim that 'one central intellectual reality at the end of the twentieth century... is that the [mainstream] biological approach to psychiatry—treating mental illness as a genetically influenced disorder of the brain chemistry—has been a smashing success' (Shorter, in Bentall, 2009, p. 3), Bentall, a clinical psychologist by training with a firm faith in the scientific method, forthrightly questions whether there is indeed 'any evidence that psychiatry has made a positive impact on human welfare' (p. xvii).

Investigating matters with respect to severe mental distress, or 'psychosis' ('madness' in common parlance), Bentall notes how the customary practice of the psychiatrist is to 'follow a pattern of working that is similar to that followed by her colleagues in other branches of medicine' (p. 11): namely, to assess the patient's symptoms so that a diagnosis can be made, that diagnosis then being employed as the basis for deciding a course of treatment. Bentall further notes how psychiatrists largely 'pursue a medical approach, in which social and psychological therapies, if they are used at all, are seen as secondary to drug treatment', an approach whose main assumption is that 'psychosis is a disease of the brain' (p. 13).

What then, asks Bentall, is the evidence that this biomedical approach of psychiatry really works?

Based on three sources, Bentall's disturbing conclusion is that such evidence does not exist, that modern psychiatry is not working and is a failure. First, says Bentall, examination of outcomes research for medical psychiatry reveals that 'more than a century of endeavour has not led to improvements in outcomes for patients with severe mental illness' (p. 24); second, he reports evidence that 'patients in developing countries are more likely to recover from severe mental illness than patients in the richer countries' (p. 20); third, finds Bentall, severely mentally distressed individuals denied conventional psychiatric treatment and instead experiencing a psychosocial alternative, specifically the approach of 'interpersonal phenomenology' employed at Loren Mosher's *Soteria* project, fared slightly better than others experiencing conventional treatment.

Having thus convinced himself that psychiatry hasn't worked, Bentall then devotes the bulk of *Doctoring the mind* to exploring the question 'why psychiatry has failed when other branches of medicine have been so successful' (p. xvii). To this end he not only makes use of his impressive knowledge of relevant research from the realms of psychiatry, clinical psychology, and beyond, but gives such abstract facts immediacy and personal meaning by using 'stories' of the 'lived experience' of individual sufferers, together with descriptions of his own experiences, mostly regarding his work as a CBT practitioner.

Pursuing the question 'Why?' on such a basis, Bentall begins by highlighting significant episodes in the historical development of psychiatry, starting with its establishment as a medical discipline in German speaking countries in the mid-1800s. Featured in this way are: the opening of the first university department of psychiatry in Berlin in 1863; the prominence of Emil Kraepelin in characterizing the phenomena of severe mental

distress as diagnosable symptoms of specific ‘diseases’, assumed due to a ‘tangible morbid process in the brain’ (p. 30); the development of various physical treatments such as ECT and the neuroleptic/antipsychotic drugs; the advent of clinical psychology, including discussions of the work of both Skinner and Rogers; the dissent of such ‘anti-psychiatrists’ as Laing and Szasz; the undermining of psychotherapeutic approaches; the spawning of the theories that (a) severe mental distress results from chemical imbalances in the brain, and (b) that it involves a strong genetic component; the production in 1980 of the *Diagnostic and Statistical Manual* by the American Psychiatric Association which helped create a ‘neo-Kraepelin’ revolution through giving greater specificity to the diagnostic descriptions of a rich variety of mental ‘illnesses’.

From his historical overview, Bentall concludes that the dominance of today’s biological psychiatry rests predominantly upon three presumptions: (1) psychiatric diagnoses are meaningful characterizations of disease entities; (2) such diseases are genetic; (3) they are diseases of the brain. Examining the conceptual underpinnings and research evidence buttressing all three, leads Bentall to the conclusion that it is not surprising that psychiatry is a failed enterprise because each of these presumptions is a ‘myth’. He determines, for instance, that ‘most psychiatric diagnoses are about as meaningful as star signs’ (p. 110); that ‘researchers have systematically exaggerated the extent to which serious mental illness is caused by genes, and underestimated the importance of environmental influences’ (p. 143); ‘that psychiatric disorders are not simply brain diseases’, since ‘the troubled brain cannot be considered in isolation from the social universe’ for ‘the stories patients tell are important’ (p. 182).

In the subsequent chapters of his book, Bentall’s further tracking of psychiatry’s failure leads him to look more closely at the efficacy of the psychiatric therapies mentioned in his historical overview, principally drug therapies and psychological therapies. Bentall

concludes, firstly, that largely thanks to the powerful influence of global pharmaceutical companies that the beneficial effects of anti-psychotic drugs have been exaggerated; secondly, that in the case of psychological therapies that while effective no one approach has clearly been shown superior to another. Regarding psychological therapies, Bentall therefore favours the conclusion ‘that it is the quality of the therapeutic relationship that determines outcome’ (p. xix); and that insofar as it seems ‘good relationships...are a universal human good,...[they] may yet turn out to be the single most important ingredient of effective psychiatric care’ (p. 260).

Having clarified to his satisfaction why psychiatry has failed, Bentall ends *Doctoring the Mind* by asking the personal and rather loaded question: ‘What kind of psychiatry do you want?’ He offers and outlines two contrasting visions: the ‘paternalistic-medical’ and the ‘autonomy-promoting’. The first is essentially the dominant biological approach of today’s discipline; the second, the vision intrinsic to the increasingly influential ‘Recovery’ movement, a movement deriving from the ‘users’ of psychiatry themselves, their wanting to have their views and wishes honoured in any societal system set up to help them.

Reflecting upon the import of Bentall’s book from a Rogerian viewpoint, it is salutary, in my opinion, to note that the Recovery movement describes itself as ‘person centred’, in the generic, not-Rogerian sense; salutary, too, that Bentall, in being so critical of the medical model in psychiatry, in emphasizing the superordinate efficacy of the therapeutic relationship, in highlighting Rogers’ contribution to the field of clinical psychology, flies the flag of Rogers’ ideas but yet is a convinced CBT practitioner in the UK. Salutary, that is to say, (certainly for those of us in the UK), that the truth intrinsic to Rogers’ original critique of the neither fish-nor-fowl enterprise of psychiatry has had to be carried forward by a non-Rogerian. While Rogerian person-centred practitioners might not be disturbed by Bentall’s

argument, certainly we should be disturbed that, with one or two sterling exceptions, it is not Rogerians who have been prominent in furthering it.