

Psychiatry in descent

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'The following article is another in a series of critical essays examining the current status of Psychiatry in the NHS'

In therapy

"Good advice is often a doubtful remedy but generally not dangerous since it has so little effect." Carl Jung (1875-1961)

The word 'therapy', as defined by the Oxford Dictionary as 'to treat medically', is derived from the Greek *therapeuein*, meaning to minister. Nowadays it can denote any treatment from massage therapy to music therapy. In mental health it has become synonymous with counselling or psychotherapy. Drug therapy, believe it or not, is included in the definition, though is frowned upon by many in the mental health industry, and is often the subject of derisory and ill-informed comments from both medical and non-medical practitioners. Many medical doctors who decide to embark on a career in psychotherapy generally forfeit all their knowledge of physiology, biochemistry, anatomy, pharmacology and many other subjects, in the pursuit of an ideal that somehow all life's problems can be resolved through a particular brand of talking therapy. One wonders why they spend many years in medical school and in postgraduate teaching. Why devote all that time studying subjects, which have no relevance to common or garden psychotherapy? Would it not be more practical for those who specifically want to pursue such a career in psychotherapy to enrol in a psychotherapy training college, and then 'specialise' in whatever form of psychotherapy they aspire to? Such individuals, instead of wasting years training as medical doctors, could receive a diploma or certificate to practise psychotherapy. Likewise, you do not need to be a neurosurgeon to become a neuroscientist, or a physician to study virology. For some reason, however, scientists, including innovators in the fields of medicine and surgery, seem to be disparaged by both medical and non-medical psychotherapists, and seen as persons who can only conceptualise individuals as molecules, or objects to be examined with sophisticated machinery. Psychotherapy seems to induce a state of delusional intellectualism among some of its members, it would seem. Such intellectualism, if it be described as such, portrays an affected and misguided arrogance towards matters scientific. Yet curiously, published papers in mental health journals or in the press, when written by 'experts' are often interspersed with the words 'science' or 'scientific' even when they are little more than observations,

studies, or comparisons between populations receiving a particular mode of this therapy or that therapy. We are not talking about advances in the treatment of neuroblastoma or other cancers here or a cure for dementia. It is one thing to describe Addison's disease; it is another to discover the cause.

The panacea

'Nice people are those who have nasty minds.' Bertrand Russell (1872-1970)

The necessity for 'therapy' now seems to be deeply ingrained in our culture and the army of pop psychologists and psychiatrists, non-biological therapists, and agony aunts increases, it seems, by the day. In the media what is quoted as 'research' and passed off as science, is often no more than a street survey, or opinion poll on a current fad or passing headline grabber, rather like those 'we asked a hundred people' questions posed on popular family quiz shows. The therapy bandwagon rolls on and is quite lucrative if you are fortunate enough to capture the market with your own brand of snake oil cure to life's woes. Admission is free to the Mind Industry and furthermore, there are no compulsory, nationally agreed standards for the conduct and competence of non-medical psychotherapists and counsellors. Even if removed from the membership of their professional body for inappropriate conduct say, therapists can continue to practise, there being no legal means to prevent them from doing so. Most members of the public are unaware of this lack of statutory regulation. It is not surprising then that many 'therapists' flagrantly sell their product and any attempt to question the authenticity of a particular 'cure' is met with vitriol and feigned disbelief. After all, one has to guard one's source of income. The author Richard Dawkins was subject to such venom and hostility when he dared to question the reasons and need for religion in his book *The God Delusion*. Woe betide any practitioner who dares to criticise the favourable results of 'carefully conducted positive outcome studies' on, say, cognitive therapy, even when one's own clinical experience attests to the opposite. Of course, some therapies work, some of the time, but not because of the outlandish claims made for them; rather, they work best when a 'client' harnesses the energy and motivation to get better and 'chooses' one brand of therapy over

another, or feels at ease with a therapist who is empathic and understanding, much as one might confide in a best friend, rather than any inherent benefit from the 'therapy' itself. Certain therapies work because they have an intrinsic behavioural component to them, for example, dialectic therapy for 'borderline personality' disorder (as real a condition as 'sociopathic' disorder), or cognitive behaviour therapy for obsessive-compulsive disorder and phobic disorders. With other therapies one would almost have to admit feeling better given the enormous sums of money involved say, for a one-week course in a therapeutic healing centre. After all, it would be painful to admit an expensive holiday being a waste of time when a lot of hard-earned money has been spent.

The enemy within

'Sorrow and silence are strong, and patient endurance is godlike.' Henry W Longfellow (1807-1882)

Why does one who is vehemently opposed to psychiatry want to become a psychiatrist? Do as many medically qualified psychotherapists as non-medical therapists dismiss the role of biology in the causation of mental health disorders? Why do we speak of anti-psychiatrists and not anti-cardiologists? What about the claims for psychotherapy itself? Is it possible truthfully to scientifically evaluate whether or not it works? Criticism comes from within its own camp. To paraphrase one well-known psychologist, 'Psychotherapy may be good for people, but I wish to question how far it changes them, and I strongly cast doubt on any assumption that it cures them'.¹ The irony now is that the therapies themselves are being 'dumbed down', sometimes aimed at a younger audience to court popular appeal. Trite and stultifying sound bites such as 'getting in touch with your feelings', 'it's good to cry', 'promote your self-esteem', 'search for your inner child', and many other inane phrases flourish. Failure to display distress or intense emotional turmoil outwardly (say, after a bereavement), is seen as weak, maladaptive, and abnormal, instead of being viewed as a strength, a mark of dignity, and an important way of coping. The corollary of course, is the spectacle of some psychiatrists, because of their medical training, endeavouring to explain every aspect of mental health psychopathology in terms of neurotransmitters and synapses. And then there is the scenario of non-medical 'scientists' critically evaluating and expounding on subjects completely outside their remit, for example, uttering pronouncements say, on the neuropharmacology of depression, or the reputed reduction in hippocampal volume caused by posttraumatic stress disorder, when they are not qualified to do so, having only a superficial knowledge of pharmacology and/or neuroimaging respectively. Instead of asking the engineer's advice on the safety strength of a steel column supporting a bridge, why not ask the carpenter! The absurdity knows no bounds.

It seems that all life's problems are self-inflicted or caused by 'society' or faulty upbringing. Back to the schizophrenogenic mother then. It is up to the client to seek the therapist's help and advice by way of talking cures to set him/her on the road to recovery. To be fair to non-medical therapists and lay counsellors, some psychiatrists do not believe in the genetics of, or neurobiological contribution to, mental health. Some even believe mental illness to be a myth! Imagine an electrician who does not believe in electricity, or to compare like with like, an oncologist who does not believe in cancer. Many decades ago the psychiatrist Thomas Szasz described psychology as *pseudoscience* and psychiatry as *pseudomedicine*.² Since then others have reinforced Szasz's conclusions. Who can blame them? To illustrate by one example, many court cases (particularly in the forensic field) involve a psychiatrist/psychologist giving 'expert' testimony for the defence with the prosecution in turn calling for a psychiatrist/psychologist to offer a contradictory opinion on say, the defendant's fitness to plead. The prosecution says the defendant is acting, the defence argues the defendant is suffering from a mental disorder. No surprises there as to why psychiatry has descended into farce.

Psychotherapy is all talk

'There is no art to find the mind's construction in the face.' William Shakespeare (1564-1616)

One outspoken critic has had the courage, some might say the audacity, to assert that the psychology/psychiatry therapy hoax is still as widespread and dangerous as it was when the neurologist Sigmund Freud first invented what she describes as 'the moneymaking scam of psychoanalysis'.³ Briefly, at the core of psychoanalysis lies the principle that the id, ego and superego (not originally Freud's terms) are considered to be the forces underlying the roots of psychological turmoil. The id, or pleasure principle, is in conflict with the superego or conscience (the conscious part of the superego) and the resultant outcome is mediated by the ego. Any interference with this delicate balance results in symptoms. However, this simplistic theory has come in for much criticism over the years and many scholars now consider the claims of psychoanalysis as having little credibility. It is not philosophy and it is certainly not science. Research in this area is fraught with even more methodological problems than say, with cognitive therapy studies. There is no way of testing analysts' reports or interpretations reliably, and their conclusions are speculative and subjective. One eminent psychotherapist pronounced 'as far as psychoanalysis is concerned, the logistical problems of mounting a full-scale outcome study are probably insurmountable'.⁴ It is impossible to develop a truly valid research protocol in either cognitive or psychoanalytic treatments to account for all the subtle, different variables that make individuals so unique. How can one research the mind? There are no specific blood tests and brain investigations that diagnose mental illness in the same way one might

diagnose neuroleptic malignant syndrome or Parkinson's disease respectively, at least not yet. Measuring scales are a very crude way of conducting research into mental health, and are not always objective, particularly when researchers are keen to have a favourable result. This applies also to drug trials, I hasten to add.

Many people feel better simply by seeing and discussing their troubles with a friend, their physician, a member of the clergy, or their next-door neighbour for that matter. Such individuals are usually more than prepared to give considerable time to listening sympathetically and offering possible solutions to often intricate and personal problems. Nonetheless, talking about a negative experience or trauma does not necessarily alleviate the distress or pain felt by that event. One wonders then why a 'client' would be expected to get better simply by insisting changing his/her 'negative set', for instance, by doing homework exercises for the teacher/therapist. No doubt countless individuals move in and out of therapy and support groups; some may even benefit from self-help books. However, it is the earnest fatuity in such books that is so tragically funny, and that people take them so seriously is even more worrying.⁵ Some 'clients' find therapy a waste of time, but since they do not return for their follow-up sessions it is assumed they are well, or have moved on, or are simply unsuitable. On the other hand, there are countless individuals who find an inner resilience to withstand and improve themselves through their own volition, with a few prompts on the way, rather like finding one's way through unfamiliar territory with the aid of a street map. Likewise, drug treatment is of very little value if one's relationships are in disarray, or an individual is in great debt, for instance. The 'worried well' simply require practical help from appropriate advisors, not health care professionals and should they wish to spend money on counsellors and therapists, that is for them to decide.

Common sense and nonsense

'He who exercises his reason and cultivates it seems to be both in the best state of mind and dear to the gods.' Aristotle (384 -322 BC)

We have now reached a point where minor setbacks and irritations are seen as obstacles to be treated. By adopting this attitude we are succumbing to the might of the Therapies and Mind Industry, eliminating those experiences that define what it is to be human. Individuals freed from moral duty are now patients or victims. This abnegation, abdication and suffocation of individual responsibility for the sake of self-esteem is creating a society which needs only to be placated and made content.³ Anything that causes dismay or alarm is a trauma, and therefore needs therapy. Any crime or misdemeanour is not our fault. We have a psychological condition that absolves us from every sin or ailment. The opposite scenario is whether through scientific ignorance or a refusal to acknowledge that the human genome may play a part, perhaps both, some therapists accuse organic theorists of being 'too ready' to favour biological

models, believing that dysfunctions in neuronal circuits have no part to play in 'disorders of the psyche'. We are not all at the mercy of our neurotransmitters, they cry. Neither view is accurate. Psychoanalytic psychotherapy is no exception either. The nub of psychoanalysis is the therapist's analysis of transference and resistance, which distinguishes this form of psychotherapy from all other types. With this brand of therapy absurd interpretations abound, leading one psychotherapist to openly admit that 'jargon is often used to lend a spurious air of profundity to utterances which are nothing of the kind'.⁶ The author Frederick Crews writes: 'I pause to wonder at the curious eagerness of some people to glorify Freud as the discoverer of vague general truths about human deviousness. It is hard to dispute any of these statements about "humans", but it is also hard to see why they couldn't be credited as easily to Shakespeare, Dostoevsky, or Nietzsche - if not indeed to Jesus or Saint Paul - as to Freud'.⁷

One particular concept that is difficult to sustain is that repressed memories of traumatic events lead to psychiatric disorders. That such repressed memories in some instances encompass sexual preferences towards one or other parent, is even more perplexing to most people. The Oedipus and Electra complexes, expounded by Freud and Jung respectively, were founded on Greek mythology, hardly the basis for scientific study. Psychoanalysis set out to cure a disorder by uncovering repressed memories. However, traumatic memories by their very nature are actually difficult to 'repress'. Of course individuals do forget. This is a normal part of the human condition. Memories are recollected or resurrected by association of ideas; multiple-choice format questionnaires work on the same principle. Familiar sights, smells and sounds, as famously depicted in Marcel Proust's *A La Recherche de Temps Perdu* ('and suddenly the memory revealed itself. The taste was that of the little piece of madeleine cake') often conjure up previously 'forgotten' memories, what used to be described as involuntary memory. Forgetting does not always equate with psychopathology; forgetfulness is common and becomes more common with age. In psychiatric treatment electroconvulsive therapy (ECT) is associated with a high prevalence of memory disturbances, often irreparable. With organic disorders, memory channels or traces are damaged, for example, through alcohol, or subcortical injury.⁸ However, even in Alzheimer's disease, at least in the early stages, memories are often not totally erased, a fact utilised in *reminiscence therapy*. Memories in healthy people are not suppressed or repressed. Not wanting to talk about some painful issue is not necessarily 'denial', nor does it denote a fear of unleashing repressed/suppressed memories.

After the Trauma

'We seldom confide in those who are better than ourselves.' Albert Camus(1913-1960)

Mental health care workers often speak of posttraumatic stress disorder where memories of an especially overwhelming and

upsetting event are ever-present and particularly distressing, leading to panic feelings, flashbacks, and recurrent nightmares. Such memories may be easily evoked, sometimes merely by watching a documentary, reading a news item, listening to a radio programme, and so forth. In other words, patients are all too quickly reminded of them - the memories are very vivid, not repressed. Often people simply do not want to be reminded. They are not in denial - they are simply avoiding the issue and should be allowed to do so. Whereas formerly such traumas were associated with catastrophic events such as the Holocaust or major natural disasters, nowadays the term posttraumatic has become over-inclusive. Some people have 'trauma' imposed on them in the form of invidious suggestions that they were subject to abuse of one form or another. On the contrary, there is no evidence that any of Freud's patients who came to him without memories of abuse had ever suffered from sexual abuse. Furthermore, Freud ensured that his theory of repression could not be easily tested, and in practice the theory became 'unfalsifiable'.⁹ Traumatic memories of abuse are very difficult to forget, and patients struggle to suppress them, in the author's experience.

Undoubtedly, some memories are painful, and generally speaking, there are individuals who *want* to 'forget the past' in order to 'move on', which would strike most of us as being a reasonably healthy approach in certain circumstances. Many patients, for instance, would want to 'move on' to a healthier, more satisfying relationship, change job, alter their lifestyles, and so forth. When it comes to major catastrophic events, memories are not preconscious or unconscious: they are very often disturbingly real, and very difficult to live with; in many cases time is the only 'healer'. Some traumatic memories never fade and in many cases no amount of talking will erase the painful memories. Witness the Holocaust survivors and those subject to horrendous atrocities throughout the Pol Pot regime, for example.

It is difficult to ascertain therefore whether so-called defence mechanisms such as repression or denial are truly separate entities operating in the human psyche, or merely part of a conscious natural survival instinct to ward off painful stimuli. How can such mechanisms be unconscious when it is commonplace to hear of people ironically talking about 'being in denial'? Individuals who attempt to overcome their own addictions for example, are seen as suffering from a 'perfectionist complex', and reluctant to admit their failings. In other words, acknowledge you are unable to cope and are in denial about the true nature of your affliction and you will then be offered a place in the recovery programme.⁵ Therapists see denial as a mechanism deployed to avoid the pain of acknowledging a problem and taking action to seek help. It is not medical bodies but grass roots campaigners who are foremost in demanding that every 'traumatic' or 'problematic' condition be medicalised, creating more opportunities for

counselling intervention.¹⁰ Hence the new breed of disorders to include shyness, inattentiveness, road rage, trolley rage, sex addiction, shopping addiction, internet addiction and so forth.

Beyond therapy

'We are all born mad. Some remain so.' Samuel Beckett (1906-1989)

Talking therapy is now the new religious cult and is what people have now turned to in order to find solace or answers ('discover your real self'), and even cope with often inconsequential day-to-day events. The constant, pervasive emphasis on counselling diminishes the capacity of healthy people to confront commonplace problems they encounter in ordinary day life. Normal variants in behaviour are considered pathological and 'psychologised' or 'medicalised'. Psychobabble prevails. We all need therapy or a pill. More and more 'disorders' are being invented. The endless proliferation and demand for 'expertise' in all areas of life is eroding the willingness of those who are best positioned to offer at least measured advice, accumulated from years of experience. There are no 'experts in living' and some individuals need to steer away from their excessive dependency and seeking self-approval of others who claim to be. Kierkegaard once wrote of people 'taking refuge in a depersonalized realm of ideas and doctrines rather than confronting the fact that everyone is accountable to himself for his life, character and outlook'.¹¹ In the words of John Stuart Mill, 'Ask yourself whether you are happy, and you cease to be so.'

Competing Interests

None Declared

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