



Mental Health on Trial

A Review of

Mad Science: Psychiatric Coercion, Diagnosis, and Drugs

by Stuart A. Kirk, Tomi Gomory, and David Cohen

Piscataway, NJ: Transaction Publishers, 2013. 346 pp. ISBN 978-1-4128-4976-0. \$39.95

<http://dx.doi.org/10.1037/a0034542>

Reviewed by

Richard Frank

The authors of *Mad Science: Psychiatric Coercion, Diagnosis, and Drugs* are distressed by many well-documented excesses of the mental health system. These include the coercive ways in which people with mental disorders have sometimes been treated by professionals and the larger society, the conflicts of interests between commercial interests and clinical investigations, and weaknesses in diagnostic systems. The authors react to the troubling observations by writing a book that puts U.S. mental health care and research on trial. In this trial they question the premise that mental disorders fit the scientific disease model at all. They accuse modern mental health treatments of being no better than past quackery and suggest that much of it serves as coercive social control mechanisms for what they term as “misbehavior.”

The authors accuse the nation’s mental health research enterprise that lies alongside new approaches to treatment as having been poorly conceived and incompetently executed, and as serving the economic interests of drug companies, some professions, and the research establishment. Most fundamental is the charge that mental health research and what has come to be known as evidence-based treatment are not really science. These are serious charges that should be considered carefully by those interested in mental health care in the United States.

I liken the book to a trial in part because the authors go to great lengths to establish a distinction between science as it should be pursued and science related to mental health that is conducted by the National Institute of Mental Health, medical schools, and drug companies. In the very first chapter of the book, there is a section that asks, What is science? The book, despite its claims, does not use a scientific approach. Instead, it makes its arguments in the way of lawyers. It advances a conjecture and then assembles the evidence that supports that point of view.

The result is that the authors consistently overlook evidence that departs from the established story line of the book. Take, for example, a key assertion that modern treatments have not made a difference. The authors offer as evidence data showing that the rates of diagnosable mental disorders have increased, not decreased, in recent years. Although such statistics exist, there are also carefully conducted research studies showing that rates of illness have not changed much over time (Frank & Glied, 2006; Kessler et al., 2005).

The authors also do not acknowledge the vast amount of research showing that people classified as having mental disorders according to the systems (e.g., *Diagnostic and Statistical Manual of Mental Disorders*) that they claim have no validity typically suffer from significant functional impairments (work, social functioning, marital stability, ability to maintain relationships, ability to appropriately parent children, etc.), compared with similar individuals not so classified. Finally, the authors suggest that coercion has largely persisted unabated. This ignores the dramatic decline in the rate of involuntary hospitalizations, reductions in the use of seclusion and restraints, and expansion of the availability of independent living options and use of peer supports for people with illnesses like schizophrenia and bipolar disorder. These changes have come about because of consumer self-advocacy, shifts in public policy, and changes in professional practice.

For this reason readers new to this field must recognize that what is being offered is a passionate argument about institutions that are believed to have resulted in unnecessary coercion of individuals who display disturbed and/or disturbing behavior, in misdirection of money toward unproductive uses, and in a disregard for institutions that offer compassion and a human touch to troubled people. The approach taken in *Mad Science* is one that scrutinizes mental health care and research and notes the many ways in which the institutions and the conduct of participants in the field fall short of the authors’ standards.

The authors highlight negative findings of new treatments, undesirable conduct by those with commercial ties to the research that they conduct and the treatments that they propose, and instances of coercion that are disrespectful. They do so in part by offering a history of madness in Chapter 2. Again, the history is structured as a legal-type recitation of facts that back the book's basic assertions.

It is only in the very last chapter that there is recognition of a fundamental set of tensions that have been critical to the evolution of mental health care, policy, and research. That is, there are several competing impulses that are at work in guiding participants in the mental health arena. These are a desire to promote independence, autonomy, and dignity in people with mental disorders; a duty to protect vulnerable individuals and the larger society from consequences of mental illnesses; and the need to wisely use public funds.

These impulses conflict with one another, creating a dilemma. As in all dilemmas, there can be no happy resolution. Because of these tensions, institutions and participants in the mental health system (both those delivering and those receiving services) are constantly trying to balance these forces; how they do it depends on the people and communities they serve, the illnesses they encounter, and the resources at their disposal.

The failure to confront these tensions leads one to lose the sense that there may be specific sets of conditions and circumstances that cause the mental health system to behave badly. This, of course, makes it easier to offer a wholesale condemnation of the enterprise but may result in less understanding and fewer opportunities to make matters better.

References

Frank, R. G., & Glied, S. A. (2006). *Better but not well: Mental health policy in the United States since 1950*. Baltimore, MD: Johns Hopkins University Press.

Kessler, R. C., Demler, O., Frank, R. G., Olfson, M., Pincus, J. A., Walters, E. E., . . . Zaslavsky, A. M. (2005). Prevalence and treatment of mental disorders, 1990–2003. *The New England Journal of Medicine*, *352*, 2515–2523. <http://dx.doi.org/10.1056/NEJMsa043266>

