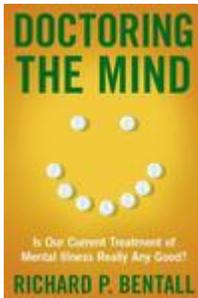


Understanding and Treating Madness: Biology or Relationships?

A review of



Doctoring the Mind: Is Our Current Treatment of Mental Illness Really Any Good?

by Richard P. Bentall

New York, NY: New York University Press, 2009. 364 pp. ISBN

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Reviewed by

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Richard Bentall's thesis can be stated simply. He says at the end of *Doctoring the Mind: Is Our Current Treatment of Mental Illness Really Any Good?*:

In this book I have argued that, by any reasonable standard, the dominant paradigm in psychiatry, which assumes that mental illnesses are genetically influenced brain diseases, has been a spectacular failure. Despite enormous expense, its benefits for those suffering from the most severe forms of mental disorder have been slight. . . . [Psychiatry's] failures have been the consequence of tenaciously held but erroneous assumptions about the nature of mental illness. They reflect a kind of intellectual myopia, which has blinded professionals to the fact that the distress in human beings is usually caused by unsatisfactory relationships with other human beings. They are the consequence of

ignoring what has been obvious to most ordinary people, that warmth and kindness are necessary to promote psychological healing. . . . What is needed is a more compassionate approach that places the therapeutic relationship at the center of clinical practice. (pp. 264–265)

Bentall espouses a position that some might call antipsychiatric, and he has been lumped into that grouping. However, he denies that he is an antipsychiatrist. Indeed, he is distinctly different from the critics of psychiatry of the 1960s such as R. D. Laing and Thomas Szasz. For one thing, while their critiques were largely philosophical, Bentall draws conclusions primarily from data. He notes, “I am committed to the scientific world-view” (p. 265).

Doctoring the Mind is an examination of the history of how we have come to adopt a biological model of etiology and treatment of the psychoses, followed by a careful look at the data relevant to the validity of that point of view. It is part of a collection of recent books that question aspects of the way the current mental health establishment looks at mental disorders.

Books that fall into this general group include the following: Robert Whitaker’s (2002) *Mad in America*; Christopher Lane’s (2007) *Shyness: How Normal Behavior Became a Sickness*; *Soteria* (2004) by Loren Mosher, Joyce Hendrix, and Deborah Fort; Peter Conrad’s (2007) *The Medicalization of Society*; Allan Horwitz’s (2002) *Creating Mental Illness*; Allan Horwitz and Jerome Wakefield’s (2007) *The Loss of Sadness: How Psychiatry Transformed Normal Sorrow Into Depressive Disorder*; and Peter Breggin’s (2007) *Brain-Disabling Treatments in Psychiatry: Drugs, Electroshock, and the Psychopharmaceutical Complex*.

Also included in this group are other books by Bentall himself, including *Madness Explained: Psychosis and Human Nature* (2005), as well as *Models of Madness* (2004), edited by John Read, Loren Mosher, and Bentall. I should also mention, particularly in regard to criticisms of the *Diagnostic and Statistical Manual of Mental Disorders*, Larry Beutler and Mary Malik’s (2002) *Rethinking the DSM*.

The critiques in these books focus, in varying degrees and in different ways, on three issues. First, questions are raised about the usefulness, legitimacy, and validity of the *DSM*’s diagnostic system and its categories, such as of schizophrenia and social anxiety disorder. Questions raised have to do with how meaningful and useful various *DSM* categories are, as well as to what degree some of them are social constructions that may exist more for political and economic reasons rather than because they deal with real entities. Bentall, for instance, questions the utility and meaningfulness of the concept of schizophrenia, arguing that it might be better to focus on understanding and treating the different symptoms that supposedly make it up.

A second critique has to do with whether various disorders such as schizophrenia are biologically caused; whether, in its rush to “biologize” mental disorders, the field has moved

in a direction of neglecting or minimizing psychosocial causes such as poverty, child abuse, or trauma. Bentall looks at the evidence for biological causes of schizophrenia and finds problems with it. Early studies on genetics, for instance, were flawed. They used loose definitions of schizophrenia, and ratings of twins were not done in a blind fashion. Bentall notes that when one considers only more recent studies, the concordance rate for monozygotic twins is merely 22.4 percent, considerably lower than earlier results. In contrast to biological causes, Bentall reviews evidence showing that trauma, victimization, powerlessness, and other psychosocial factors play a role.

A third critique has to do with treatment. Criticisms of the usefulness of medication are widespread. Several reviews by Irving Kirsch (e.g., Kirsch et al., 2008) have questioned whether antidepressants are more effective than placebos. While not denying the usefulness of antipsychotics under appropriate circumstances, Bentall is concerned about their overuse. He suggests that the data support that antipsychotics are often not helpful with people experiencing first-time psychotic episodes, that extensive and prolonged use may actually create psychotic symptoms when a person stops using them, that they are often overprescribed in terms of dosage, and that their use with children is of concern. In contrast, he cites data suggesting that an empathic and supportive human relationship may be the most healing thing we can provide.

The strength of Bentall's book is that he draws his conclusions from a dispassionate scientific perspective. While I liked Robert Whitaker's *Mad in America*, which bears some loose similarity to *Doctoring the Mind*, Whitaker is a journalist and comes across less as an objective scientist and more as an advocate. Bentall certainly ends up advocating for a perspective similar to Whitaker's, but the path by which he reaches his conclusions is different. He does not appear to have a philosophical ax to grind, as do some other writers in this area. I had the feeling reading Bentall that, were the evidence to point in a different direction, he would go in that direction.

Although Bentall does not explicitly identify a theoretical point of view, he appears to favor a cognitive-behavioral one. He argues that it would be better to focus on understanding specific symptoms rather than on assuming that they all band together into the somewhat nebulous entity we call "schizophrenia." Studies have been done showing that attributional processes, for instance, may play a role in psychotic symptoms. Bentall reviews evidence on the effectiveness of cognitive behavior therapy with schizophrenia and cites a meta-analysis of 34 randomized controlled trials showing a modest effect size of .40 over treatment as usual. While this is not strong, it suggests that therapy can work with psychosis.

In keeping with his theme of focusing on symptoms, he notes that how people react to their symptoms is important. Many individuals hear voices or have unusual beliefs and yet are able to function perfectly well. He favorably cites the approach developed by Stephen Hayes and colleagues (Hayes, Strosahl, & Wilson, 1999), which he observes goes by the "horribly Californian-sounding name of Acceptance and Commitment Therapy" (p. 258).

Acceptance and commitment therapy works by helping individuals deal productively with symptoms, rather than by trying to treat underlying “schizophrenic” disorder. It has been found to significantly reduce the likelihood of hospital readmittance (Bach & Hayes, 2002). Bentall notes that, for patients, getting rid of symptoms is not their primary goal. Rather, “Patients more often highlight the importance of improved quality of life, the sense of being empowered to rebuild their relationships and careers, improved self-esteem, and hope for the future” (p. 265).

Bentall cites evidence supporting the importance of human caring in treating psychosis. In particular, he reports on one of the studies he was involved in. In this study, patients experiencing their first or second episodes of psychosis received either no psychotherapy, cognitive-behavioral therapy, or Rogerian therapy, in addition to medication. It was found that “the extent to which the therapists could relate effectively with the patients, rather than specific psychotherapeutic techniques, seemed to completely explain the positive effects of treatment” (p. 260).

I have made Bentall sound like a dispassionate scientist. However, he is also a compassionate practicing psychologist. He shows a genuine concern for the people whose lives his work affects. He is deeply concerned that they be treated with respect, listened to, and given the best possible chance to have fulfilling lives. The book is enlivened by concrete clinical examples that illustrate both the points Bentall makes and his sensitivity toward the people he works with.

I came to Bentall’s book favorably disposed to his point of view. I found his presentation and analysis of evidence to be balanced and convincing. I cannot say how someone who is a strong advocate of the biological point of view might react to it. However, I believe he or she would at least find it challenging and thought provoking. For those disposed to the biological model, I believe this is one of the best books available if they are interested in reading a serious critique. For those disposed to Bentall’s point of view, I believe this book is important because it deals carefully with the evidence.

As far as audiences go, this book should be of interest to anyone who works with psychosis. I particularly think that students in all graduate programs should read it, in addition to their study of the current dominant perspective. They may or may not end up agreeing with it, but they should be aware of the position it advocates.

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