

# Current psychiatric practice has been exposed

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EDITOR—Bracken and Thomas have given a name to the dehumanising biological shibboleth of contemporary psychiatry.”<sup>1</sup> Electronic responses serve more to make their case than to refute it: the biologically minded provide no evidence to support their rejection but simply state that Bracken and Thomas are wrong, and recycle misleading simplifications of earlier challenges to biopsychiatry (the misreading of Laing being a case in point).<sup>2</sup> To argue that sensitive cross cultural practice is “properly funded” psychiatry<sup>2</sup> is, similarly, a form of intellectual appropriation analogous to the hijacking of Tuke—s “moral treatment” by the mad doctors of the 19th century.

To suggest that, in learning disability, postpsychiatry is the norm<sup>3</sup> overlooks the sudden emergence of “dual diagnosis,” when psychiatry—s power was threatened by clinical psychology. To believe that non-verbal people with IQs of 45-50 were displaying symptoms of psychosis strains credulity. These are familiar tactics to critics of psychiatry.

That contemporary biopsychiatry, rather than modernist psychiatry, is “bound to unproved ... theories” that fail to “bring around any significant improvement in people—s care”<sup>2</sup> is shown by the failure of biomedical research to identify any unambiguous sign of psychiatric (as opposed to neurological) disorder in the current *Diagnostic and Statistical Manual of Mental Disorders*, and also by the routine infliction of brain damage on the recipients of psychiatric “care.”<sup>4</sup> Why do neurologists attempt to control epilepsy? Because seizures inflict brain damage. Why do psychiatrists routinely recommend doctor-induced seizures for depressed people?

Bracken and Thomas have exposed current psychiatric practice. They are prepared to acknowledge that those who hear voices are not necessarily biologically disordered but, rather, are essentially indistinguishable from the “normal” population<sup>5</sup>; that the evidence for supposed brain diseases such as schizophrenia is so self evidently unscientific as to be worthless<sup>5</sup>; that the toxic effects of neuroleptics are widespread and devastating; and that self proclaimed medical texts such as the *Diagnostic and Statistical Manual of Mental Disorders* are driven more by sociopolitical concerns than by medicine. The manual is more a reflection of contemporary prejudice than it is a psychiatric analogue for *Gray—s Anatomy*.

Critical psychology also questions the pathologisation of misery that biopsychiatry proselytises.<sup>4</sup> Bracken and Thomas—s article represents a possibility for change. The biological substrate of human conduct is necessary for both ordinariness and madness, but it can never be sufficient explanation for either.<sup>4</sup>

## References

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