

BOOK REVIEWS

Opinion vs. Opinion

**A Review of: Doctoring the mind:
Is our current treatment of mental illness really any good?**

By Richard P. Bentall
New York University, 2009

*There are in fact two things, science and
opinion; the former begets knowledge, the
latter ignorance.*

Hippocrates

Today everyone knows someone who is ‘mentally ill,’ ‘possessed,’ ‘disturbed,’ ‘unhinged,’ or just plain ‘crazy.’ While past generations have been more open to all of these expressions, we have been taught to think only in terms of the first. Working hand in hand, the psychiatric and psychopharmacology establishments have indoctrinated us into the belief that any odd behaviour or unpleasant feeling is due to an illness of either neurobiological or genetic origin. A natural corollary is that drugs are the cure.

Doctoring the Mind by Richard Bentall, a professor of clinical psychology at the University of Manchester challenges this belief.

After a cursory review of the history of psychiatry with a British slant, he systematically puts under scrutiny psychiatric diagnosis à la Kraepelin and then the DSM, psychiatric theories of genetic and brain factors, and psychiatric drugs. Pointing out methodological problems, statistical manipulations and faulty assumptions, he concludes that “the dominant paradigm in psychiatry, which assumes that mental illnesses are genetically influenced brain diseases, has been *a spectacular failure*.”(264, emphasis added) “Conventional psychiatry,” he declares, “has been profoundly unscientific and at the same time unsuccessful at helping some of the most distressed and vulnerable people in society.” (vx)

His conclusion is convincing as it follows from a critique of psychiatry that appears to be based on a good knowledge of science and the proper interpretation of research results. However, the read is so very dry and cluttered with technical detail that it seems unsuited to his intended audience - the “intelligent lay reader,” - unless, of course, his intention is not so much to engage the reader as it is to convince the reader of his own scientific prowess.

Perhaps Bentall thinks that, having demonstrated himself to be a hard-nosed scientist when discrediting psychiatry, the reader will not notice that, when he turns his focus to psychology, he maintains a mere façade of science as he abandons the rigor. From the moment he begins to “examine” what he sees as the better alternative, one based on the therapeutic notions and approaches of clinical psychology, it is as if he is transformed. Gone is the critical examination of evidence, the demand for scientific evaluation of outcome and the skepticism of claims. In fact, he makes his own outrageous claims that “the question of whether psychotherapy is helpful has been definitively answered,”(247) and that “the importance of these factors (such as ‘therapeutic alliance’) is now beyond dispute.”(249) Like an evangelical preacher he declares “the good news that psychotherapy actually works.”(248)

His claims are reminiscent of the declaration of the 1994 questionnaire on psychotherapy conducted by *Consumer Reports*, the American magazine that rates how satisfied consumers are with their vacuum cleaners and toasters. Based on members’ responses to an opinion survey, Martin Seligman, the 1998 president of the APA and the consultant to the project, described the results as sending “a message of hope for other people dealing with emotional problems” and as establishing “a new gold standard” for the evaluation of psychotherapy effectiveness.ⁱ All this was said despite an extremely low return rate, a skewed population sample, an ignored control group, and many other methodological errors that would have rendered any other study invalid, not acceptable for publication and therefore not warranting any further analysis or comment.ⁱⁱ

And on what does Bentall base his similarly exalted claims? Certainly not on studies conducted with the exactitude he demands of psychiatry. He would never allow psychiatric researchers to get away with the language he uses when commenting on psychotherapy. In one chapter focused on psychotherapy (contrasted to five directed at psychiatry) he identifies a selection of clinical studies in which, for example:

- “families,” not the patients, “*usually* report considerable *satisfaction* after (behavioural family therapy)” (italics added 251)
- “Patients...treated with just five weeks of CBT (Cognitive Behavioural Therapy) had fewer positive symptoms at the end of an eighteen-month follow-up period than patients receiving conventional treatment, although the differences observed *were not vey large.*” (italics added 254)

By the second to last chapter, it is clear that this book is not about science but rather an attempt to win a power struggle – a battle between the professions of Clinical Psychology and Psychiatry in which the victor takes the spoils.

For after championing psychotherapy, what Bentall does is describe, based on arguments such as the unfounded ones he himself has made, how clinical

psychology has been wresting some of the power (and the funding) for itself. For example,

“the economist (Lord) Richard Layard suggest(ion) that making CBT more available would probably have a positive impact on the British economy... Secretary of State for Health, Patricia Hewitt, announced a UK government-funded Increasing Access to Psychological Therapies initiative, which will involve the creation of a national network of centres providing CBT to people with depression and anxiety.”(253)

So, for Bentall, what the good news actually amounts to is that, while psychiatry has pharma-funding, it would seem that clinical psychology has the deeper coffers of the government.

If he had stopped here he might simply have presented a manifesto for the rebalancing of mental health policy and funding. But he doesn't.

In his last chapter, he makes the strange, and entirely unfounded, statement that “severe mental illness,” including that of schizophrenia and psychosis, “is an understandable reaction to the tribulations of life,” (269) and that “distress in human beings is usually caused by unsatisfactory relationships with other human beings.” (265) Then he absurdly suggests that the “goals of treatment” by which treatment is evaluated, should be “whatever the patient thinks is most important.” (269)

Back in the first chapter, Bentall introduced us to Soteria House, housing six psychotic patients overseen by staff with no formal training in psychiatry or psychology, “who used kindness, tolerance and common sense” with the residents. (24) He concluded that “it seems, (they) can do well with no psychiatry at all.” (24) Later he picks up that theme by suggesting that the effective element of psychotherapy is “kindness.” One might ask why he does not go on to conclude that these people (patients and staff) might do equally well with no psychology at all.

Near the end of the book, Bentall observes that “if we clinicians cannot agree among ourselves about such fundamental issues (of diagnosis and causality), it is difficult to see why our patients, who will suffer the consequences of our decisions, should be asked to put aside their own opinions.” (274)

Sadly, in the culture in which we live, people do think in terms of mental health and mental illness and do turn for help to these clinicians – whether they be psychologists or psychiatrists. The battle between these professions has been going on a long time with each claiming to be the more scientific. What Bentall has unintentionally, but clearly, demonstrated in his book is the extent to which the arguments of both tend toward opinion; when science vs. opinion is actually

opinion vs. opinion, it all, as Hippocrates long ago warned us, boils down to ignorance.

ⁱ Seligman, Martin E. P. “The effectiveness of psychotherapy: The *Consumer Reports* study.” *American Psychologist*, 50(12), 1995. pp. 965-974. (emphasis added)

ⁱⁱ For more on this study see: Dineen, Tana. *Manufacturing Victims: What the Psychology Industry is doing to people*. Montreal, Canada; Robert Davies Publ, 2001, 138-144.