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Book Review

Critical Psychiatry: The Politics of Mental Health edited by David Ingleby. Originally published in 1980 in the UK by Penguin Books, Ltd. Published with a new Introduction in 2004 by Free Association Books (www.fabooks.com). ISBN 185343793X

Reviewed by

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The occasion of the republication of *Critical Psychiatry*, edited by David Ingleby, nearly a quarter of a century after its original appearance, merits some reflection on the status of the project. Psychiatry has not changed fundamentally in this period, but the use of psychotropic medication has increased dramatically and the professionals who prescribe the medication also tend to have little or no connection with those who help people with mental illnesses through psychological or social means. Judging from the major psychiatric journals, nearly all research focuses on neurobiology and genetics, and what research there is on psychotherapy tends to employ time-limited cognitive-behavioral approaches. Among both experts and the general public, schizophrenia, manic depression and unipolar depression are firmly established as medical disorders, while twenty five years ago, there was probably more readiness for some to countenance the idea that those conditions might be understood as personal crises, existential problems, or simply different ways of living. Today, conditions such as alcoholism, attention deficit hyperactivity disorder, and personality disorders are sometimes challenged as diseases, not just by patient advocates protesting the use of psychiatric power over individuals, but also by right-wing critics who worry about such labels being used as excuses, thus enabling people to avoid moral responsibility for their actions.

Critical Psychiatry contains seven articles by scholars from a variety of backgrounds, including psychology, history, sociology, and psychoanalysis. They cover their subject geographically, with chapters on the American Mental Health Industry (Joel Kovel), French Antipsychiatry (Sherri Turkle), a discussion of the

dominance of psychiatry in mental health treatment in the UK (Andy Treacher and Geoff Baruch), and a survey of mental health treatment in Norway (Svein Haugsgjerd). The chapter on the medicalization of deviance by Peter Conrad is based primarily on trends in the USA, and the short piece by Franco Basaglia provides a history of events leading to the closure of a hospital in Italy. Only Ingleby's opening paper on "Understanding Mental Illness" is primarily theoretical, examining the philosophical underpinnings of psychiatry and the ways that mental illnesses can be seen as social or political phenomena.

It is hard to say what influence Ingleby's book had when it was originally published, although one might note that of the writers in the book, arguably only Conrad has gone on to have influence in general thinking about psychiatry, with his important work on the medicalization of hyperactivity. However, one can see the tradition continue (mainly in the UK) with the Critical Psychiatry Network. Furthermore, given that publications in the tradition of critical psychiatry are relatively sparse, *Critical Psychiatry* remains an important source, even though most of the works its authors reference are now out of print.

The is probably no single empirical or ethical claim that all the authors in Ingleby's collection would all endorse that would help to characterize the nature of the project. It is more productive to conceive of the movement historically, rejecting the often crude and simplistic views associated with antipsychiatry, yet sharing with antipsychiatry a great suspicion of a fully medicalized biological psychiatry that overlooks the social and even interpersonal dimensions of mental illness and is fueled by a desire to bolster its own status as a medical specialty. Furthermore, those in the tradition of critical psychiatry are uncomfortable with the alliance between biological psychiatry and capitalism, where the aims of providing clinical care are molded or even undermined by the need for corporations to maximize their profits. In recent years, the managed care and pharmaceutical industries have come under particular criticism. While these developments are not much included in *Critical Psychiatry*, it is easy to see how the basic approach of the book's authors can be expanded to apply to them.

Rereading Ingleby's chapter on "Understanding 'Mental Illness,'" two related aspects stand out. First, it is a brilliant paper, arguing that all theories or mental illness are loaded with assumptions of value, and that psychiatry is loaded with fundamentally conservative assumptions. He contrasts different the positivist approach to mental illness with interpretive approaches, arguing in favor of the latter. He argues that the difference between these approaches, and especially between biological and humanist theories, is not just a question of epistemology, but also of ideology and politics. The paper is as relevant now as it was when it was written. Second, the paper is highly interdisciplinary, bringing together philosophy of science, psychiatric theory, social psychology, sociology of psychiatry, sociological theory, antipsychiatric literature, continental

philosophy, and psychoanalysis. It refers to the work of, among others, Thomas Kuhn, Martin Roth, Jurgen Habermas, Richard Bernstein, Anthony Giddens, R.D. Laing, Anthony Clare, Emile Durkheim, Thomas Szasz, Michel Foucault, Charles Taylor, Michael Balint, Mary Hesse, Juliet Mitchell, Hans Eysenck, Jacques Lacan, Paul Ricoeur, Karl Popper, and Deleuze and Guattari. Many of these writers are still considered important in philosophy and the social sciences, and the current debate over the objectivity of theories of mental illness still refers to them. Nevertheless, one wonders how many people in these areas would actually be familiar with the writings with most or all of these authors. It almost goes without saying that very few people within the mental health professions would have heard of most of these authors, let alone be familiar with their work. This raises questions about who might be able to follow Ingleby's argument, and what readership is appropriate for *Critical Psychiatry*.

Similar remarks apply to several of the other papers in the book, although Ingleby's stands out for its breadth and depth. The others, being more historical, are a little less relevant now than they were a quarter of a century ago, but of course the whole point of republishing the book is that the information and ideas they contain have powerful implications for our understanding of current psychiatry. Most of the contributions are conceptually rich and demand that the reader have a good understanding of the history and sociology of mental health treatment. Those readers with enough background will learn a great deal from the book, but it could be bewildering for readers with only a bare acquaintance with the field. Should one want to use it as an educational resource, it would probably be best for specialized upper-level undergraduate and graduate-level courses. Most readers will probably restrict their attention to just a few of the articles in the book, and will just browse through the others.

A more specialized selection of readers will be especially pleased with the republication of Ingleby's book: those who are already sympathetic with the project of critical psychiatry. Many people, especially professionals in clinical psychology and former patients who characterize themselves as "psychiatric survivors" are highly critical of the new biological psychiatry and are often drawn to the antipsychiatric writings of Thomas Szasz and even the attention-grabbing work of the well-known critic of psychotropic drugs, Peter Breggin. Yet Breggin's writings lack subtlety and Szasz's work is based on the highly questionable joint foundations of a positivistic conception of science and political libertarianism. Similarly, the writings of R.D. Laing, also often identified as part of the antipsychiatric movement, gained a wide audience in the 1960s and 1970s. For a number of reasons, including Laing's personal quirks and failings and his apparent loss of interest in his own project, despite the conceptual and theoretical complexity of his work, it did not gain many long-term followers. The collection *Critical Psychiatry* was important in the early 1980s and remains important now

because it provides a model of how to engage in a critique of psychiatry with conceptual and theoretical sophistication that builds on and improves on the older antipsychiatric approach. It is a work that reflects the era in which it was written, which for those who remember that time may carry its own charm. But, as pointed out at the start, there have not been any fundamental changes in psychiatry since then, so the need for a sophisticated and well-argued critique of psychiatry is, if anything, greater now than it was then. *Critical Psychiatry* should still have the power to inspire those who are sympathetic to its project.

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