

Dr Bob Johnson is a consultant psychiatrist based on the Isle of Wight. He has written two books questioning psychiatry's current focus on medication, and runs the website www.TruthTrustConsent.com. Here, he argues that psychiatry in its current form is not working.

PSYCHIATRY - A NIHILISTIC DISCIPLINE



“Psychiatry today is a dismal **medical** failure”. This is the conclusion I reached when writing my book on the scientifically proven impact of psychiatric drugs. I eventually titled the book “Unsafe at any dose”, because that is what the published evidence proves beyond a peradventure.

But of course, if you embark on such a radical departure from psychiatric orthodoxy, there’s a price to be paid – in my case, it cost me my psychiatric career. So taste what follows carefully, before you swallow. Being out on a limb can be hair-raising – evidence for it must therefore be so obvious, it can stand on its own. And naturally, there are many sensible psychiatrists who will agree with what I write here, who practise excellent psychiatry, but who keep their heads down, in case the Establishment chops them, as it did me.

To examine where psychiatry currently goes wrong, we need to scrutinise three fundamentals of any medical practice, viz: 1, what causes the disease; 2, what’s the best diagnostic framework; and 3, which treatments work best. Get one of these wrong,

arise from a whole host of factors, especially family and social stresses. By 1994, the DSM-IV had emasculated this sensible view of human nature. What’s left – apart from PTSD (Post Traumatic Stress Disorder) – is, in my considered professional opinion, prime medical garbage.

Back to the three fundamentals. Firstly, causative factors – who can seriously doubt that stress plays a central role in mental breakdown? Well, the DSM-IV for one. Even ‘death of a loved one’ is explicitly excluded from any connection with mental disease [DSM-IV p xxi]. How unreal can you get? A vague ‘bio-genetics’ is wafted about in lieu, for which there has never been a scrap of objective evidence – nor is there likely to be. Psychiatry likes its mental disease hardwired –

...if you embark on such a radical departure from psychiatric orthodoxy, there’s a price to be paid – in my case, it cost me my psychiatric career.

and you invite medical disasters. Get them all wrong, and the outcome is a foregone conclusion.

But before we get to the pyrotechnics, let’s briefly review the recent past. In 1952 the first of “the DSMs” was published – this was the first edition of the Diagnostic and Statistical Manual of Mental Disorders. The current version is the 4th Edition, DSM-IV, 1994, with DSM-V about to hatch.

However, the first edition is far superior – since in 1952, it acknowledged that mental disorders could

thereby permitting any number of bizarre physical interventions, all immune to scientific evidence.

Secondly, diagnosis. This is the medical blue print the clinician imposes on the hodge-podge of symptoms triggered by disease. If you still think that malaria, for example, is caused by bad-air (which is how it got its name) then your diagnostic structures and treatments, being less real, are going to be less efficacious.

[continued over](#)

[continued from previous page](#)

The more realistic the diagnostic pattern, the more effective any treatment will be. Conversely, get the diagnosis wrong, and your treatment is likely to harm. Take a garage diagnosis – if your car won't start, you could diagnose either a flat battery or an empty fuel tank. Get this wrong, and over-filling the tank is both ineffective and dangerous. In my view, this mirrors today's psychiatry.

Thirdly, and finally, the question of treatment opens a whole new disaster area. But what is really puzzling is that the profession as a whole turns a consistent blind eye to irrefutable evidence. So desperate is the current psychiatric profession to cling to its hardware model, that manifest and repeatable evidence that its drugs inflict damage

time, this discomforting result is suppressed. Be aware that every psychiatric drug now prescribed entails serious side-effects. Benzodiazepines (Diazepam, Valium etc, as also Ritalin) are addictive and corrosive to brain tissue, as are the so-called anti-psychotics which actually prolong disease. Anti-depressants exacerbate suicide and other violence – you name it, it's unviable. All are designed to impact the mind – and therefore to dull it. But the established psychiatric profession cannot get out of the habit of shooting the messenger, because it doesn't want to hear the message.

Where should we go now? When I trained in 1963, I was given a superb grounding in the Therapeutic Community approach. This emphasised that the

Even 'death of a loved one' is explicitly excluded from any connection with mental disease. How unreal can you get?

is ignored. Quite remarkable. The best source for this is *Mad in America* by Robert Whitaker. Take chlorpromazine (Largactil) – when this drug was introduced in the late 1950s, a nine-hospital trial was arranged to see if it worked. Almost 400 patients were divided into two groups – half with the drug, half with placebo. After 6 weeks the drugged half were calmer, with fewer hallucinations and less paranoia. 12 months later, the non-drugged group were twice as healthy. No prizes for guessing which result the psychiatric profession has fervently embraced ever since. Such a crucial issue, as you might expect, has been researched over and over. Every time the outcome is the same. And each

mind is the organ of socialising – even ward cleaning staff were included in ward meetings, since they had multiple social contacts with the sufferers. That was my beginning in psychiatry, and it remains my approach today – all mental disorders arise, unsurprisingly, from mental factors – it's software, not hardware. Sadly Therapeutic Communities are now few and far between, and hanging on by their proverbial fingernails. Yet there is abundant evidence that this approach cures mental disease (also in *Mad in America*). If it could once again become mainstream, psychiatric nihilism would evaporate, bringing benefits to all.