



Book review

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Critical psychiatry: the limits of madness

Duncan Double

Palgrave Macmillan, Basingstoke, Hampshire

2006, 251 pages, £53

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Critical Psychiatry comes at a welcome time for mental health nursing. Psychiatry (in its modern guise) has only been around for 200 years, and nursing, as a semi-professional discipline, has been around for at least half that time. What *exactly* psychiatric/mental health nursing is remains very much in doubt. Indeed, so dubious is this branch of nursing that it seems likely that dedicated education will disappear shortly in the UK, as has happened in most other Western countries, to be replaced by a 'generalist' medical nurse, with a tagged-on 'psychiatric' training. No better time, therefore, to critically examine the field of psychiatry, its motives and methods, in search of a clearer understanding of its purpose and overarching philosophy. If we could clarify any of these issues, then the proper focus of 'psychiatric' or 'mental health nursing' might become clearer.

However, I am getting ahead of myself. Indeed, I am presuming that nurses – of whatever ilk – have much to offer psychiatry: critical or otherwise. Duncan Double's edited text runs to 251 pages, but, surprisingly, nurses were mentioned only *once* – in passing. Psychiatrists, psychologists, a social worker and psychotherapist are among the assembled authors – but no nurses. Surprise, surprise!

Wilde observed that 'to lose one parent may be regarded as a misfortune: to lose both looks like carelessness'. Few psychiatrists can function without expressing their 'work' through the medium of nursing; Double and his supporting authors were reckless, therefore, rather than simply careless, in 'losing' nursing from this book's frame

of reference. But nurses are used to exclusion and ignorance, so let me describe what *Critical Psychiatry* might have to offer.

The term 'critical psychiatry' was first used by David Ingleby, almost 30 years ago, in a plea for critical thinking about the conceptual basis of psychiatry, its social role and issues of power surrounding mental illness. The present text extends his original proposal, in part to establish how the concept of 'critical psychiatry' has developed, but also to assess its impact on contemporary psychiatric practice.

The book begins with Double's introductory overview of 'anti-psychiatry'. However, given that most of the well-known 'anti-psychiatrists' have rejected the label, the usefulness of the concept fades somewhat. What becomes crystal clear is that the adoption of almost any critical stance in relation to mainstream psychiatry has long engendered fierce hostility from all those with vested interests in maintaining the institutional power base. That much has not changed over the past 40 years. Double's brief account (described in detail elsewhere) of the punitive treatment he received from his Trust, for alleged 'unsafe' practice, in pursuing the 'critical psychiatry' line, is a sober illustration of such institutional resistance. In that sense, Double's publication of this text is little short of heroism.

Ultimately, however, I was disappointed by the revisionist thread of the book. Despite the presence of some radical voices, most of the authors appeared content to tweak the traditional notions of psychiatry. Yes, there was a lot of 'post-modern playfulness', especially with the use of the term 'madness'. Ultimately, however, most of the authors comforted themselves with vague traditional notions of 'mental illness' or 'mental disorder', especially where it affects '*my patients*'. Paternalism appears to be a human condition that ably survives even the most radical deconstruction.

The book includes powerful challenges to biomedical models of distress, from the psychologist

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Lucy Johnstone, and an exploration of psychiatry's resistance to change by the Irish GP turned psychotherapist, Terry Lynch. These are, without a doubt, the most readable, radical and helpful chapters in the book.

Shula Ramon's chapter, which examines the development of British mental health social work, deserves a mention, not least for its sole reference to 'nurses'. This chapter was disappointing, however, in focusing largely on the preparation of social workers to become approved social workers, delivering the mental health act: hardly the kind of subject matter for a 'critical' text.

Most surprising of all was that Ramon managed to ignore any reference to her late colleague, David Brandon, undoubtedly the most radical (and critical) social worker in recent memory. Brandon was infamous for his near-fanatical interest in *people* – whether homeless, suicidal or disabled. Were he still alive, Brandon would doubtless have savaged the legalistic leanings of Ramon's chapter and would have traded punches with most of the other authors in this book.

However, Ramon did at least mention nurses, albeit briefly, noting that 'the work carried out by nurses and social workers is becoming more similar' even to the extent of adopting and implementing 'some typical social work responses, albeit invariably without acknowledging that this is the case'. Maybe this explains why nursing is not included in this book, given the assumption that nurses are little more than scavengers of social work.

Arguably, the most important chapter in the book is Duncan Double's advocacy of psychobiology first articulated by Adolf Meyer in 1930s America. Double proves to be quite a Meyerian scholar, drawing from Meyer's correspondence and other archival material to build up a comprehensive picture of his clinical philosophy. However, the choice of Meyer as an icon for critical psychiatry is unsettling, not least for Meyer's support of Freeman's radical lobotomy programme. Meyer also was instrumental in covering up Henry Cotton's ludicrous 'focal sepsis' surgery at Trenton State Hospital, New Jersey, which led to the deaths of at least 100 people. Meyer realized too late that

the man he had supported had massaged his statistics, which were 'preposterously out of accord with the facts'. However, as others have noted, Meyer covered up the scandal, but Cotton continued with his maniacal dental programme, for at least 20 years. On his death, Cotton was widely eulogized and Meyer publicly saluted him for his 'extraordinary record of achievement'. Truly extraordinary!

Double skates over this part of Meyer's history, acknowledging only that Meyer did not always practice what he preached. He also fails to mention Meyer's role in the American Eugenics Society, dedicated to the elimination of 'weak links', all of which makes Meyer an embarrassing choice of inspiration. How many of the other authors would support Double's respect for Meyer is not made clear. I suspect that some would be appalled by the suggestion that Meyer's ghost might contribute to the furtherance of 'critical psychiatry'.

Several references are made to the fact that many of the contributors to the book are members of the 'critical psychiatry network', which seems to be club limited to a few psychiatrists. Details of the membership on the identified web site are vague in the extreme. Double also refers the reader to a web site for the 'critical mental health forum', whose address takes one to a domain registering company!

Despite these reservations, this is an interesting book, which is, however, massively overpriced at £53.00. It makes a useful contribution to the 'critical' discourse in the contemporary mental health field, but sadly confirms the longstanding assumption that psychiatrists (critical or otherwise) are highly protective of their professional territory. Double's book suggests that his critical psychiatry network has little interest in building bridges with other mental health workers, least of all the nurses they have so long relied upon to offer direct, interpersonal support to *their* 'patients'.

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