British Journal of Psychiatry (1995), **167**, 555–556

Books Reconsidered

Psychiatry in Dissent:

Anthony Clare

There is a *New Yorker* cartoon that shows a beatnik confessing to his girlfriend that he has never actually *been* to Europe, and in the same spirit I have to admit that until now I had never read *Psychiatry in Dissent*. This is no small confession. After all, it is a book that plunges into the social controversies that have at times surrounded psychiatry, and that only the most blinkered clinician is happy to ignore. But it was published twenty years ago, several years before I took up psychiatry, and I never went back to see what it actually said. For me then it is not a book to reconsider but one to compare with its reputation.

So the first striking thing about Anthony Clare's best known written work is how conservative it is. It is not a radical re-think of psychiatry's values, it is a re-statement of its more traditional viewpoints. There is hardly an opinion in it that would not be minuted without comment at any departmental meeting in the country; there is nothing to offend even the stuffiest College dinner. It is mainstream, middle-of-the-road and played off the straightest of bats. Yet it is also a polemic, an eloquent, scorching counter-attack on psychiatry's most bitter critics, and on top of that a pretty good page-turner.

From one look at the chapter list, you can estimate the date of the book's publication. Two chapters tackle the concept of mental illness, another the tenets of diagnosis: it must be the mid-seventies. Most modern psychiatrists, seeing themselves as overworked and understaffed, would see these topics as passé; they too have been overworked. If the existence of mental illness as we know it was once controversial, the arguments it provokes now seem more suited to the dinner party than the clinic; they are a diversion from the real business of treating people who suffer from it. The busy clinician would be in more sympathy with the American novelist Peter De Vries who in *Comfort Me With Apples* allows one of his characters to speculate that there is no such thing as death. Maybe not, says another, but there certainly are funerals.

But Anthony Clare tackles these arguments head-on, fighting on his opponents' home territory, carefully setting up their opinions before knocking them down, describing them in his opening salvo as "deceptive and meretricious". As you read what he has to say, you realise that here are convincing answers to profound questions about the psychiatric view of human deviance. Contemporary questions too, because a mistrustful public is still asking them – and that includes patients.

But it is not popular opinion that is being dismantled in *Psychiatry in Dissent*. It is Thomas Szasz who looms over the book and for much of the time is its main target. Now as a target some of what Szasz has to say is in the barn door category – you couldn't miss it if you tried. Take his comments on suicide, for example. Clare quotes Szasz to the effect that killing oneself is an expression of freedom, comparable to setting off for a new country, which makes psychiatrists the equivalent of border guards in the old Eastern bloc. In fact they are worse than that because the medical profession has itself a high rate of suicide – so it retains a privilege it tries to deny everyone else. So says Szasz, though it is hard to recognise the desperate, deluded, lonely, tortured, miserable would-be suicides that fill our hospital beds in this romantic image of self-destruction. And that in essence is Clare's riposte, though he illustrates his point with research findings, some of them recent at the time, on the close relationship between suicide and mental illness.

There this particular argument ends, although Szasz would presumably see it as having come full circle. You can hardly expect someone who disputes the concept of mental illness to accept it as justifying anything. To him suicide and social deviance have both been hijacked by psychiatrists, who do society's oppressive dirty work while masquerading as medics. So to use a person's mental illness as a

https://doi.org/10.1192/S0007125000065843 Published online by Cambridge University Press

reason for stopping his suicide is pure tautology, and emphasises the lack of any empirical reasoning. Not that Szasz gets the chance to say any of this. Clare already knows, as does any broadcaster, that whoever is holding the microphone has the advantage.

So the dispute between the two of them always returns to the same divide. To Szasz, so-called mental disorder can not be separated from its social and moral context – 'symptoms' such as delusions are considered abnormal only if society says so. Consequently mental illness can not be seen as analogous to physical illness. In fact, having no physical basis, it is not illness at all except in the same way that jokes can be 'sick'. The term is a metaphor.

Clare quotes carefully chosen excerpts from Szasz's many books (he also refers to his published output as 'prolific', a word he manages to imbue with a sense of 'nothing better to do') to illustrate how little lies behind the verbal wizardry. A person who says he is Napoleon has a delusion only if someone else decides that he isn't, therefore his illness is socially determined. Sending for a doctor to cure a mental illness is like calling out a television repair man when you dislike the programme. Entertaining stuff but hardly philosophy; yet by parading it Clare keeps his own book lively, undermines his opponent and gives himself the final, comparatively sober word. He can't lose. Szasz brandishes a dictionary that defines disease as a malfunction of the body. So what? says Clare, my dictionary says it's a deranged state of mind. "Lo! Mental disease exists again!" he mocks, before adding that the complexities of the disease concept are hardly resolved by dictionaries.

Instead he traces the history of disease, drawing on Thomas Sydenham, Rudolf Virchow, Michel Foucault and Aubrey Lewis, recounting the evolution of both concept and knowledge. Contemporary psychiatry is portrayed as comparable to physical medicine but more primitive. The pathophysiology of mental disorders is often unknown and there is no lesion to point to or cut out. But that does not mean, as Szasz implies, that mental illness is for ever in a category of its own, one where malfunction is defined along ethical lines. "What was epilepsy before the EEG?" Clare asks Szasz. "What was tuberculosis before the discovery of the bacillus? . . . What is migraine now?"

But where Clare rebukes Szasz most effectively is on his attitude not to mental illness but to the mentally ill. Someone with schizophrenia is a person "disrespectful of the rights of others", paranoia is "the expression of a lack of courage" and mental illness is "self-enhancing deception, self-promotive strategy". Throughout the book it is evident that R.D. Laing, whose writings are often bracketed with those of Szasz, is treated more gently than his American counterpart, and this passage may partly explain why. Laing's depiction of the schizophrenic as insightful, individual and imaginative is closer to the nineteenth century image of the consumptive than Szasz's model of psychosis. Laing may be misguided but he is not sinister. Clare accuses Szasz of having "not a shred of worthwhile evidence" for what he says, and lambastes him for his "singularly unhelpful, uninformative, and inappropriate declaration".

It is clear from the start that there can be only one winner in this contest but that does not spoil the pleasure of witnessing a heartfelt row. Twenty years on, the chapters dealing with concepts of disease and related matters such as responsibility seem to have hung on to their vitality. Surprisingly, perhaps, it is the sections reviewing research findings – on the aetiology of schizophrenia or the effectiveness of ECT and psychosurgery – that have faded a little. I don't think this is just because research has moved on since *Psychiatry in Dissent* was published, leading well-known studies to be omitted. I think these are nowadays the wrong controversies.

Which prompts the question: where can you find dissent in modern psychiatry? What are the issues that stir up debate within the profession and with people outside it? Here is one suggestion:

"What about the argument that this is a dreadful confession, that the hopes and aspirations of the latter part of the 20th century have become dust. If you remember the sixties and seventies, we were going to pull down the asylums, we were going to put psychiatric illness on a par with physical illness . . . and we were going to destigmatise mental illness . . . What do you think has gone wrong that we are discussing the association of mental illness with violence and [putting] people on a special register?"

Who said this? Anthony Clare, to Virginia Bottomley, in a Radio 4 interview. There's a sequel there, if anyone cares to write it.

LOUIS APPLEBY, *School of Psychiatry and Behavioural Sciences, University of Manchester, Withington Hospital, Manchester M20 8LR*

https://doi.org/10.1192/S0007125000065843 Published online by Cambridge University Press