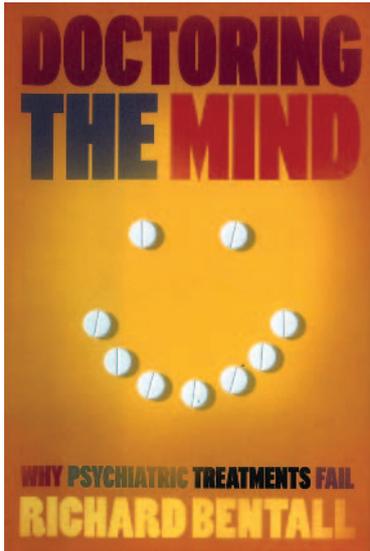


Richard P. Bentall:
“Doctoring the Mind. Why Psychiatric Treatments Fail”.
London, Allen Lane, 2009, ISBN 978-0-713-99889-4.



R. P. Bentall is Professor of Clinical Psychology at the University of Bangor in Wales (UK). He has published extensively in the field of the causes and treatment of severe mental illnesses. His previous book, “Madness Explained: Psychosis and Human Nature”, won the British Psychological Society Book Award for 2004.

In terms of his view of psychiatry Bentall is a member of a loosely tied group of psychiatrists and psychologists, mostly of British origin, who have, over the last fifteen years or so, fiercely criticized the foundations of contemporary psychiatry. Patrick Bracken and Philip Thomas, from Bradford, in the UK, are the most prominent psychiatrists in the aforesaid group. They appear to be more philosophically minded than Bentall. Bracken and Thomas maintain that in postmodern times psychiatry should also be postmodern. They dub such postmodern psychiatry *postpsychiatry*. Bentall, on his part, has named his approach *rational antipsychiatry*. (Interestingly enough, Bentall makes no reference to Bracken and Thomas in his book.)

The biomedical psychiatric model that has by and large prevailed in psychiatry for the last three to four decades, is the target of an all-out attack by postpsychiatrists and rational antipsychiatrists alike. They especially critically examine the corollaries of the biomedical model: belief that psychiatric disorders are genetic diseases (“the fundamental error of psychiatry” (p. 113); that antipsychotic drugs are successful “at helping some of the most distressed and vulnerable people in our society”; that diagnoses are of much help in providing services to the mentally ill; that symptom reduction should be the major goal of psychiatric treatment; that there is a clear boundary between severe mental illnesses and normality; and that psychological and social treatment is second-rate treatment of people with severe mental illness.

Indeed, there are a great many imperfections, contradictions and dilemmas in contemporary psychiatry, and all of them should be thoroughly scrutinized for the sake of patients, in the first place. Also, there is no doubt that the dominance of the biomedical model has had, to put it mildly, a negative impact on the overall care of people with mental illness. Furthermore, the congruity between modern day positivism and the financial interests of pharmaceutical companies in preserving the biomedical as the only valid psychiatric model, is not difficult to detect. However, it seems that recent critics of psychiatry have pushed the pendulum too far in the opposite direction. They have been too eager to challenge virtually all aspects of contemporary psychiatry, quite often failing to substantiate their allegations. For example, it is hard to lend credence to Bentall’s assertion that “severe mental illness is an understandable reaction to the tribulations of life” (p. 269). Here is another example of Bentall’s flawed way of looking at some basic aspects of today’s psychiatry. When he says “most doctors are valued members of psychiatric teams, but they have few unique skills (for example, other mental health professionals can learn to prescribe drugs)” (p. 269), he overlooks the fact that only those who are knowledgeable in neuro- and psychopharmacology, and neurophysiology and biochemistry as well, are able to prescribe drugs in a proper way. “Prescribing drugs” is not a matter of simply “learning to prescribe drugs”.

In conclusion, I would say that this book confirms the impression gained by the reader of his previous book: Bentall, along with the British postpsychiatrists, has come out from under Laing’s overcoat. This refers primarily to Bentall’s claim that each psychosis becomes understandable when one looks closely at psychotic experience, that in the treatment of psychotic people psychological methods should take precedence over biological ones, and that psychiatric diagnoses are no more than labels.

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