



ARE WE ALL MENTALLY ILL? A MANIFESTO AGAINST THE ABUSE OF PSYCHIATRY

Frances, A.
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Since the classic works *The Myth of Mental Illness* and *The Manufacture of Madness*, by Thomas Szasz, to the more recent ones such as *Doctoring the Mind*, by Richard Bentall, *La invención de trastornos mentales* [The Invention of Mental Disorders] by Héctor González and Marino Pérez, or our latest work, *Los problemas psicológicos no son enfermedades. Una crítica radical de la psicopatología*, [Psychological problems are not diseases. A radical critique of psychopathology] there have been many people who have criticised psychopathological orthodoxy. Recently, the Division of Clinical Psychology of the British Psychological Society denounced the limitations of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) of the American Psychiatric Association, and called for a conceptual system based on the psychological formulation of problems and not on the psychopathological model of diseases. Recently a group of British psychiatrists also proposed the abolition of the DSM and demanded an alternative paradigm.

The American psychiatrist Allen Frances has now joined the critical chorus with his book *¿Somos todos enfermos mentales?* [Are we all mentally ill?]. Frances's criticism has a special significance because he is the Chair of the Task Force that published the DSM-IV.

SAVE ORDINARY PEOPLE AND SAVE PSYCHIATRY

The aim of his criticism is "to help save normal people" from being diagnosed as sick and being subjected to unnecessary medical treatments, which is turning us into a "society addicted to pills" and "to help save psychiatry" protecting it from excess. Frances's criticism is an alarm bell that warns of the commercialisation of disease, which "sells psychiatric illnesses as the most effective way of

trafficking highly lucrative pills", diagnostic inflation and the "false epidemic of mental illness" which, according to Frances, has reached an exorbitant magnitude with the appearance of the DSM-5. It is at the same time a confession of his disillusionment, because he believes that his criticism may be a "losing battle" in "a civil war within psychiatry" which at the moment is being won by diagnostic inflation and the pharmaceutical companies, as the market of psychoactive drugs and the number of people addicted to psychoactive drugs continue to grow and prescription drug abuse has become a "serious public health problem".

THE UNCERTAIN BORDER BETWEEN NORMALITY AND ABNORMALITY

In the first part of the book, Frances attempts the difficult task of establishing a boundary between what he calls "typical perturbations that are part of life" and "a true psychiatric disorder", between what is "mentally normal" and "mentally abnormal". But Frances himself confesses that he has not found a definition of "mental disorder" that could be used to determine which experiences should be considered mental disorders and which should not, i.e. how to decide "who is sick and who is not".

Of course for Frances, it would not be a real disease, a distinct condition with a unitary cause, as in the case of a brain tumour, which for him would be "biological reductionism". Perhaps that is what led him to differentiate between "medical illness" and "psychiatric illness", although he says that the distinction between the two "is often confusing and difficult to determine". Despite this ambivalence, he recognises, however, that to draw the line between normality and mental disorder, advances in the study of brain functioning (which he considers "the basic science of psychiatry") confirm that "the hope of finding a simple explanation to any mental disorder based on genes, neurotransmitters or circuits has turned out to be naive and illusory". In this, Frances may

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coincide with Germán Berrios, who acknowledges, in *Hacia una nueva epistemología de la psiquiatría* [Towards a new epistemology of psychiatry], that "biomarkers are not available" while Frances believes that "the absence of biological tests is a huge disadvantage of psychiatry".

UTILITARIAN PRAGMATISM

Despite the difficulty of finding a basis for the declaration of "mental illness", as scientific medicine must find in its anatomoclinical, pathophysiological and etiopathogenic models to demonstrate the "seat and cause" of the "medical illness", Frances gives the concept of "mental disorder" a practical utility, according to a "utilitarian pragmatism". Thus, schizophrenia "is clearly real, the patterns in which it occurs are clearly recognisable" and therefore it would be a "useful concept, the description of a certain number of psychiatric problems", although "not an explanation of their causes". If we declare that this person has a liver tumour, obstructive lung disease, or tonsillitis, we must provide evidence of the declaration. In the utilitarian pragmatism of Frances, it is enough to make the declaration that this person has a "mental disorder".

Although, according to Frances, it is difficult to define the general concept of mental disorder, a "true psychiatric disorder" would be "symptoms and behaviours that are not self-correcting, a breakdown in the normal homeostatic healing process". In any case, Frances says "we can quite easily define each of the specific mental disorders" through a series of criteria that determine "the symptoms that define it, how many have to be present and how long they must last". It is the conception of "syndrome" of the DSM-IV itself, although "the dividing lines that define the different disorders are always much more blurred in real life than on paper", and although Frances recognises the reliability problems, and especially the validity problems, that affect these syndromes.

THE CAUSES OF THE DIAGNOSTIC INFLATION

Frances believes that in the development of the DSM-IV a rigorous effort was made to mitigate diagnostic inflation and to ensure that psychiatry did not expand its boundaries to include normal people. He does not avoid self-criticism, however, and he acknowledges that the DSM-IV was not able to predict or prevent the three false epidemics of childhood mental disorders to which it would lead – autism, attention deficit disorder and child bipolar

disorder – and that diagnostic inflation had already taken off alarmingly with the DSM-III.

But Frances points out that the causes of the inflation were the DSM-5 and the pressure from the pharmaceutical industry in the face of which "the DSM-IV proved to be too weak a dam to stop the flood". Undoubtedly it is the pharmaceutical companies that manufacture the pills, but we must recognise that it is the practitioners who prescribe them and, as we have documented in the abovementioned book, the DSM itself is a deluge of psychopathology. In fact, as Frances himself says, it is increasingly the primary care physicians who are prescribing the majority of psychoactive drugs, especially anxiolytics and antidepressants, with the explicit or implicit belief that the problems for which the people seek help are easy to "treat with a magic pill". Frances cannot but recognise that many doctors are voluntary or involuntary collaborators of pharmaceutical marketing and that "a vast legion of opinion leaders in psychiatry has been recruited to publicise the wonderful benefits that medications provide and to downplay the damage they cause". Frances himself acknowledges having once been one of those leaders, but he now repents, regretting that it was "inappropriate".

We can criticise the pharmaceutical companies for "selling diseases", but those diseases have previously been manufactured and sold by the DSM, which cannot evade responsibility. It is true, as Frances denounces, that the pharmaceutical industry is "instilling the idea that many of the normal problems of life are mental disorders caused by a biochemical imbalance that can be solved by swallowing pills", that it is expanding its market to children and that "antipsychotics sell like hotcakes in old people's homes", but is also true that the psychopathological model itself and the DSM were not created by the pharmaceutical industry, although it undoubtedly contributes to keeping them alive. Therefore, it is not easy to argue, as Frances does, that "psychiatry did not invent diagnostic inflation".

PSYCHIATRIC FASHIONS ARE HARMFUL TO HEALTH

This is Frances's affirmation in the second part of the book, where apart from the fashions of the past, it is the more current ones that alarm him most, to which the DSM-IV contributed, according to Frances "involuntarily" by failing to foresee it: the overdiagnosis of attention deficit hyperactivity disorder (ADHD), which "has spread like wildfire", autism and bipolar II disorder in adults. But



what Frances is most ashamed of is the fashion of "child bipolar disorder" that is causing children of two and three years old to be plied with drugs that have clear neurotoxic effects. The "destructive de-regulation of mood" could be, in Frances's opinion, *"the most dangerous epidemic caused by the DSM-5"*, although "somatisation disorder" would not be far behind. Frances tells us that in the process of developing the DSM-IV they discussed the possibility of including *"caffeine dependence as an official category"*. They dismissed it because *"caffeine dependence is so ubiquitous, it did not seem worthwhile to cause sixty million people to get up every day knowing that their morning pleasure was a mental disorder"*. Given this curious reasoning, one wonders why the experts who developed the DSM-IV did not apply it to so many of the other diagnoses included in the Manual.

A REAFFIRMATION OF THE PSYCHOPATHOLOGICAL MODEL

The book by Frances has the great value of the criticism, with which we side, of diagnostic inflation and abusive medication. It is, however, in our view, a reaffirmation and revindication of the psychopathological model, the critical analysis of which we have undertaken in the abovementioned book, and which turns life experiences and psychological problems into pathology, psychopathology. And although Frances prefers to use, as does the DSM, the term "disorder" or "problem", and although in accordance with the syndromic perspective advocated by the DSM-IV, he considers that these disorders are "patterns" or "behaviours" without reference to their causes, he does not hesitate to talk about "mental illnesses" as opposed to "medical conditions" and although he regrets that normal *"concerned but healthy"* people are being treated, "he believes, however, that little attention is being given to *"those who are really sick"*. If the psychopathological model and its DSM support do not comply with the criteria of scientific medicine, which requires evidence of the "seat and cause," what right has Frances to declare as "diseases" the collection of behaviours, disorders or problems that constitute the syndromes when no more evidence can be provided than the very same behaviours that make up the collection? What right does he have to

call them "symptoms" if he has not identified—and claims not to be interested in identifying—the causal pathological entity of which the symptoms would be indicators, as jaundice would indicate hepatitis or a hepatoma? Why call the effects of psychoactive drugs a "cure", as if the collection of behaviours they are aimed at changing were analogous to a case of meningitis, curable with antibiotics? And it's not about, as Frances wished to do with the DSM-IV, *"raising the bar of the disorders that seemed too easy to diagnose"* to avoid diagnostic arbitrariness, especially as Frances himself said *"the final decision about where to situate the bar is always subjective"*, or modifying the existing thresholds of diagnoses by making stricter *"the vague criteria of the DSM, requiring more symptoms and/or a longer duration and/or greater incapacity"* in order to restrain inflation, it is about the fact that the disease diagnosis applied to behaviour is, in the words of Thomas Szasz, a *"logical and epistemological error"*. In comparison with the belief in the *"disease caused by the devil"* (which Frances rightly considers to be pre-scientific) the *"disease of the mind"* would not be more scientific.

Apart from the recommendations made by Frances in the third part of the book to *"tame the beast of diagnostic inflation"* and to be an "intelligent consumer" of professional interventions, and although he asserts that *"we still do not understand the causes of mental diseases"*, which is surely because Frances is unaware of the hermeneutical and explanatory value of the paradigms of psychology, we agree with him with regards to the importance that he bestows upon (in several cases dealt with by him correctly) the role played by the psychological variables involved and the clinical and psychological preparation of the professionals, beyond the categorical diagnosis. The official journal of the World Psychiatric Association in October 2014, reviews the scientific evidence on the application of cognitive-behavioural psychological therapy in people with severe psychological disorders, which highlights the growing interest of Psychiatry towards the implementation of psychological interventions. There is undoubtedly an important meeting place and shared deliberation here between psychiatry and clinical psychology.

