Still Crazy after All These Years

Psychiatry and Its Discontents

Andrew Scull


Review by Richard W. Bloom

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This book’s title—*Psychiatry and Its Discontents*—is reminiscent of Sigmund Freud’s *Civilization and Its Discontents*, first published in German as *Das Unbehagen in der Kultur* in 1930. *Unbehagen* usually denotes unease, discomfort, as well as discontent. Freud wrote that civilization with all its positive consequences comes at a cost—significant constraints on our happiness and expression of desires. The behaviors of humans as social animals are compromise formations that can lead to sublime cultural achievement but also to the sordid depths of mass killing and atrocity. Freud was writing in the aftermath of World War I with trench warfare, chemical weapons, machine guns, and close to 40 million military and civilian casualties. His conclusions foreshadowed the atrocities of World War II and already were foreshadowed by his construction of the death instinct (*Todestrieb* in German, Thanatos or θάνατος in Greek) in *Beyond the Pleasure Principle* (1920).

Andrew Scull, an eminent sociologist and social historian at the University of California, San Diego, addresses a component of Western civilization—psychiatry—and its last 170 years of unease, discomfort, and discontent from within and towards it. If he is to be believed, the history contains little of sublime cultural achievement. There’s much of wishful even magical thinking, the best of intentions dashed, medicine as politics by other means, malign ideology, unethical behavior, and outright corruption. And while the associated psychological and physical injuries at the hands of putative healers are of a much smaller magnitude than the World Wars, they are still heartbreaking.

According to Scull, the key unmet challenge has been the development, application, and evaluation of valid diagnostic, assessment, and therapeutic techniques. Concurrently unmet have been the needs of too many people whose thoughts, emotions, motivations, and behaviors significantly hurt themselves and others and impede achieving meaningful and satisfying goals.
Scull covers the unmet challenge and needs not through a book-length narrative, but through a selection from his previously published articles and book reviews. The good news is that these works—especially the book reviews—are fact- and analysis-based along with entertaining polemics when warranted. Even in today’s online world at one’s fingertips and with another significant contribution just published (Harrington, 2019), a hard copy gathering together some of Scull’s essays on psychiatry is worth the purchase and read by mental health professionals, students, policymakers, and those in the general public who have come face-to-face with psychiatry in their own personal lives. In fact, as someone who has written many book reviews, I confess to what Yale professor of comparative literature Harold Bloom (no relation) would term an anxiety of influence in reviewing a master (Bloom, 1973).

However, the bad news is that facts, analyses, and opinions which work fine in a stand-alone article or review is subverted by repetitions throughout the book. Just some examples include the outstanding political skills of psychiatrist, Robert Spitzer, primarily responsible for the *Diagnostic and Statistical Manual (DSM)-III* (American Psychiatric Association, 1980); the watershed of the DSM-III jettisoning psychoanalytically based diagnoses for those that could facilitate reliability even if with unknown validity; the problems in applying nomothetic data to idiographic prediction; listing of the common selective serotonin reuptake inhibitors (SSRIs); Silas Weir Mitchell’s speech to the American Medico-Psychological Association [which became the American Psychiatric Association (APA)] in 1894 on asylum inhabitants losing even the memory of hope; the meaning of ‘alienists’ [today’s psychiatric hospital directors and psychiatrists]; that psychiatry gate keepers and university administrators can be “shocked, shocked to find that” often huge amounts of dollars affect what is researched and how it’s
communicated [Scull’s sense, but my use of *Casablanca’s* Captain Renault’s immortal words (1942)].

Having expressed my discontent with this one matter, and also that Scull seems to accept a fable attributed to the German philosopher Nietzsche that is probably apocryphal (p. 266), I’d like to share my content with Scull’s unease, discomfort, and discontents with psychiatry. Part I focuses on the rise and fall of asylums—instutions often segregated by socio-economic class housing ever larger numbers of ‘the mad’. These institutions were to serve multiple purposes including “un-maddening” the mad (unachieved), providing shelter from the mental storm (partially achieved), a service to society-at-large and families unable and/or unwilling to manage the mad (partially achieved), and providing money and professional status to alienists (achieved) and a mad person’s money and property to family members, competitors, and litigants (often achieved).

Part I might have benefited by a summary of Ian Hacking’s work on making up people, i.e., the interaction among social authorities creating labels, those to whom they’re ascribed, and the labels themselves in iterative loops (Hacking, 2006). Scull finds that being labelled as mad could be as shape-shifting for an individual as it was too often irrevocable. In addition, Scull’s critique of Scientology promising miracles similar to those promised by early asylums might also have noted the validity of Scientology’s critique of asylums and contemporary psychiatry. Finally, a critique of French philosopher Michel Foucault’s scholarship on asylums might conflate objective errors of asylum sizes and numbers with the subjective accuracy of what Foucault called *epistemes* as the asylum’s precursor.

Part II focuses on unflattering portraits of actors in psychiatry’s (and psychology’s) history strutting and fretting their hour upon the stage. It often reads like opposition research on
political candidates. Adolf Meyer was the most politically powerful psychiatrist in the United States who formally created academic psychiatry at Johns Hopkins University and through his students the first generation of academic psychiatry departments nationwide. Administratively successful, he is described by Scull as contributing little of scientific merit and as displaying a patriarchal and sexist management style impeding women success. Curt Richter, who worked under Meyer, is described as a great experimental psychobiologist, nominated for the Nobel Prize, with seminal work on biological clocks, biological substrates of self-regulation, and behavioral adaptation including endocrine control and electrical skin resistance. Scull describes Richter’s deteriorating marital relationship with Phyllis Greenacre, a professional laboratory associate at Johns Hopkins, and at least one of Richter’s adulteries at a time such matters were professionally scandalous. Richter then goes on to manipulate both Meyer and Greenacre so that she, the victim, leaves Hopkins, not Richter, the transgressor. [The father of behaviorism, John B Watson, had previously worked with Meyer at Hopkins, but after Watson’s sexual affair with a graduate student and proving less adept than Richter at applying behaviorism to Meyer and the graduate student, Watson left Hopkins. He proved more adept later applying behaviorism to Little Albert (Watson & Rayner, 1920).]. Phyllis Greenacre, to her great credit, has a victorious second act after leaving Hopkins and taking the kids from Richter. She becomes a major psychoanalytic figure after her lab, clinical, and other professional opportunities were stifled by Meyer and challenged by recurrent episodes of depression. Scull describes gross unethical behavior by William Beecher Scoville, professor of neurosurgery at Yale, and psychologists like Suzanne Corkin, professor of neuroscience at MIT. They are coupled here due to their noxious effects on the same patient. Through lobotomy/lobectomy procedures, Scoville is described as intentionally destroying bilateral regions of the patient’s temporal lobes in a failed attempt to
treating epilepsy and leaving the patient with significant memory dysfunction. Corkin is described as zealously hoarding data on these memory dysfunctions for her own professional advancement. Alan Gregg, physician and prime mover of the Rockefeller Foundation’s funding of psychiatric research, bet that with such a low baseline of prior accomplishment, psychiatric research would show significant progress. It didn’t. I’ll end with Scull on Sigmund Freud who seems to have hidden from others and, perhaps, himself a lack of therapeutic success with patients within his published case histories. The Freud Wars go on (Appignanesi, 2017), as do those about alleged fraud and Cyril Burt in the field of intelligence, heritability, and genetics (Fletcher, 2014). Beyond exposing luminaries’ feet of clay, Scull might have noted the quite troubling ['problematic' is the term often used] psychological research practices finally coming to light via the Open Science movement (cf. Center for Open Science, 2019).

Part III focuses on mis-histories of psychiatry and the rise of political contention and dissension especially among guilds of psychiatry, psychology, and neurology. Scull critiques *Shrinks: The Untold Story of Psychiatry* by former APA president, Jeffrey Lieberman, concluding that the story should be untold because it never happened. According to Scull and contrary to Lieberman, there has never been a golden age; in an era of biological psychiatry no biological causes of mental disorders save for a very few examples like general paresis; an evidence-based approach is an evidence-biased approach conforming to an ideology of brain-based psychopathology. Scull takes a similar myth-busting approach with Michael Trimble, for many years a Professor of Behavioural Neurology at National Hospital Queen Square London, and Trimble’s attempt at a history of neuropsychiatry in *The Intentional Brain: Motion, Emotion, and the Development of Modern Neuropsychiatry*. And with the battle for recognition, responsibility, and resources being among psychiatry and cognate disciplines including
psychology, guild interests too often take precedence over human welfare. The various professional advocacies might encourage memory of George H. W. Bush’s term “voodoo economics” applied to theories of the suffering, dysfunctional mind.

With Part IV, Scull closes out a remarkably consistent tale of applied scientific failure. In reviewing The Evil Hour: A Biography of Post-Traumatic Stress Disorder by US Marine Corps veteran David Morris (2014), Scull describes insensitive and obtuse purveyors of ‘flooding’ and ‘cognitive processing’ therapies who miss the mind, heart and soul of patients in the quest to comply with research protocols. Scull highlights basic problems in logic when applying brain-based phenomena captured by the fMRI to explaining, understanding, and attributing causality for empathy in work by Simon Baron-Cohen, clinical psychologist and professor of developmental psychopathology at the University of Cambridge (cf. Baron-Cohen, 2011) and by popularizers of his work (Bazalgette, 2017). The same applies to employing brain-based data as a font for developing optimal tents of (natural) law, society, and culture (cf. Zeki & Goodenough, 2006) and as elucidating the comparative psychologies of right and left cerebral hemispheres (cf. McGilchrist, 2012) without privileging the brain as a holistic system. Scull ends the book by describing professional scandals induced by the global pharmaceutical industry (Big Pharma) and willing research accomplices who take the money and run while blithely subverting scientific ethics.

And so a summation for the prosecution. Biology as prime mover of most of what has been considered mad and disordered has not yet been supported. The significant plasticity of human behavior via social and cultural innovation and intervention—even with significant biological constraints—has not been duly noted. Diagnosis based on symptoms is problematic not just because it may discount underlying problems, but because there is unfounded validity that the
symptoms capture any natural entities, biological or otherwise. (This last is only reinforced by Big Pharma’s influence to ever broaden the number of diagnoses and their criteria as opportunity to market more drugs). There are unwarranted practical and statistical differences among different countries—viz., the United States and the United Kingdom—as to incidence and prevalence of major diagnostic categories such as schizophrenia and affective disorders. Many decisions about diagnostic criteria in iterations of the DSM at least since 1980 have occurred through administrative vote, Machiavellian politics, and research violating best practices of open science—e.g., digitally shareable data and materials, open-access repositories; preregistration of experimental design and analysis plans. Some horrors of physical intervention—inhumane incarceration in asylums, lobotomies and lobectomies, seizure and fever induction, surgical excision of focal sepsis—may less often be with us, but specific drugs are prescribed for unknown biological pathologies; side effects can be debilitating; drugs with opposite biological effects can be equivalently effective for the same diagnosis; newer generations of drugs often are no more effective than previous ones; and drugs are prescribed “off-label” (for diagnoses without supporting research suggesting efficacy) and often concurrently with other drugs (polypharmacy) with poorly researched unknown interactions.

What is inarguable is that there are real people with real problems, some of whom have benefited from what we now call psychiatry and cognate professions. Psychiatry and its cognates have been the victim of great expectations. Many competent leaders of psychiatry and its cognates know something is radically wrong and are looking for a new way with basic and applied research. And willfully compromising the trust of people in the service of fame, lucre, and power is heartbreaking. I’ll close with a quote attributed to Columbia University child psychiatrist David Shaffer taken from Greenberg (2013) and interspersed with Scull’s words
about Harvard child psychiatrist Joseph Biederman. “Biederman was a crook. He borrowed a
disease and applied it in a chaotic fashion. He came up with ridiculous data that none of us
believed” ‘—but that was swallowed wholesale by many in the media and by desperate parents.’
“It brought child psychiatry into disrepute and was a terrible burden on the families of the
children who got that label” (p. 291). So we have the unease, discomfort, and discontents. We
need to rebuild the civilization.
References


