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BOOK REVIEW

Sandra Steingard (ed.): Two Views of *Critical Psychiatry: Controversies and Clinical Implications*

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Margaret M. Chaplin[1] · Michael Flaum[2]

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Margaret M Chaplin, MD

Readers of CMHJ will want to read *Critical Psychiatry, Controversies and Clinical Implications* cover to cover. This slim, highly readable edited volume is a thoughtfully presented collection of essays addressing all the cringe-worthy aspects of "modern" psychiatry in a frank, open and refreshing manner. The editor, Sandra Steingard, has pulled together experts to discuss the pitfalls of DSM, and its ties to the pharmaceutical industry, the disease model of psychiatry, and the use of coercion in psychiatry. Importantly, the book also provides some guidelines on how to proceed with drug centered prescribing, deprescribing and listening to those with lived experience.

The introductory chapter defines critical psychiatry as "a field that takes exception to some or all of the current dominant premises and paradigms and endeavors to explore the implications of various critiques of mainstream psychiatry for actual clinical practice…" (p. 4) Who among us in the CMHC world would not welcome such a spotlight? The second chapter focuses on DSM and how it has strayed from a purely descriptive model into the realm of defining disease. While we all recognize that mental illness is no less real than physical illness, the authors point out that mental illnesses cannot yet be understood to be diseases. By allowing ourselves to get caught up in the rush to do so, we run the risk of pathologizing human behavior and creating false markets for treatment. People suffer mental distress, for sure, and there are clear benefits to conceiving of mental illness as a brain disorder. However, without a clear understanding of the pathophysiology, we are caught in a tautological loop, which however appealing it may be, is nonsensical. Schizophrenia may well exist and might even be caused by a "chemical imbalance" but we don't in fact know that. In promoting the idea that hearing voices is the result of a disease that causes excess dopamine, we are unable to escape the paradigm in which schizophrenia is caused by dopamine imbalance. This is not the same as understanding that diabetes is caused by insulin resistance and can be treated with insulin replacement. It is a tempting jump to make, as it validates psychiatrists as "real doctors" but it is truly a deal with the devil as we are forced to view any mental distress through a narrow and clearly inadequate lens.

Chillingly, this perspective fuels the pharmaceutical industry which is quick to provide treatment, i.e. medication, for such entities as PMDD (premenstrual distress disorder and BED (Binge Eating Disorder) to say nothing of the "adjunctive" use of Abilify for depression. It is hard not to believe that Big Pharma has co-opted psychiatry when Abilify was the top selling drug of 2013.

While it is refreshing to bring these concerns into the open, the real strength of this book, are the insights into how to move forward. In her concluding chapter, the editor invites us to consider, Need Adapted Therapy, which allows for open discussion about the limitations of psychiatry. She also paradoxically invites us to restrict access to psychiatry in order to begin to delineate where distress becomes disease, erring on the side of non-treatment given the lack of convincing evidence for the benefit of psychiatric medication. Most compelling, she argues for humility over hubris, a position that is much more likely to lead to true advances both in the field and in our individual patient interactions.

Michael Flaum, MD

✉ Margaret M. Chaplin
drmegchaplin@gmail.com

Michael Flaum
Michael-flaum@uiowa.edu

[1] University of Connecticut School of Medicine, Farmington, CT, USA

[2] Professor Emeritus, Department of Psychiatry, University of Iowa, Iowa City, IA, USA

The term "critical psychiatry" has been popularized in the UK over the past two decades, largely through the Critical Psychiatry Network, one of whose founding members and leading voices, Joanna Moncrieff is a key contributor to this volume. Proponents of this term have been careful to distinguish it from "anti-psychiatry" in that they generally recognize a need and role for psychiatrists, but struggle with some of the foundational premises that currently dominate the field.

This book does not appear to be aimed at converting anyone to the ideas of critical psychiatry. Rather, its primary target audience are those of us who are already well aware of, and troubled by what we see as fundamental flaws in some of the basic tenants that drive contemporary psychiatric practice and standards of care, but who still feel that there is a need for, and value in what we are able to do as psychiatrists within the resulting systems in which we work.

For that audience, most of whom probably don't identify as critical psychiatrists and may be unclear about what that term means, this book will be useful in two major ways. First it provides a thorough grounding in the key controversies, i.e., the core areas in which critical psychiatrists differ in their views from the mainstream. Second, it provides strategies for psychiatrists sympathetic to these views to integrate them into their clinical practice in a way that may feel more true to their values. (Hence the subtitle "Controversies and clinical implications").

As with most edited books, the chapters are somewhat uneven, but this limitation is substantially mitigated by the contributions of its editor, Dr. Sandra Steingard in four of its nine chapters. This is very much her book. Perhaps through her prolific blogging on the unfortunately named "*Mad in America*" website over the past 7 years, she has developed a clear voice and writing style, even when discussing the most complicated and nuanced issues. And in her ongoing role as a community mental health center medical director throughout that time, she has had ample opportunity to reflect on how these critical views can be integrated into the demands of a busy, real-world setting. Her chapters provide a practical guide through the book with a focus on the clinical implications while others present the major controversies.

Among the key controversies, all of which are interrelated to some extent, there are two that are most basic. One involves the centrality and reification of diagnosis, predominantly, though not exclusively through the DSM system. The other involves what Dr. Moncrieff has labeled a "disease-centered" vs. a "drug-centered" construct of psychopharmacology.

The chapter on diagnosis, written by two non-psychiatrist academics who are clearly steeped in the complexities of the issue, is likely to be the most conceptually challenging and difficult to navigate. But it is worth the effort. Most psychiatrists are likely familiar with at least some of the controversies surrounding the publication of DSM-5 (e.g., adding new diagnostic categories and broadening others, risking further pathologizing of potentially "normal" behaviors). Perhaps fewer are aware of the seemingly radical National Institute of Mental Health policy of moving away from the DSM system for their funded clinical research. The "ecological model" for thinking about diagnostic issues laid out in this chapter demonstrates how these examples are relatively minor disagreements when placed in the context of the multiple levels of potentially divergent ways of conceptualizing or describing mental functioning, most of which rarely even make it into the conversation. A sophisticated understanding of the problems and implications of any diagnostic system is required learning for the critical psychiatrist.

Dr. Moncrieff's chapter on a "drug-centered" vs. "disease centered" paradigm of psychopharmacology is more straightforward. This is something she's written extensively about for quite some time now, and she presents it here in a useful and accessible manner. In what she calls the "disease-centered model", drugs are assumed to help correct an abnormal brain state, and their therapeutic effects are derived from and evidence of their effects on an underlying disease process. In contrast, a drug-centered model postulates that psychoactive drugs, by definition, are those that have an effect on any aspect of the brain functioning. These may result in characteristic effects on arousal, behavior, emotion, cognition, etc. regardless of any underlying state or trait characteristics of the person taking them. Efficacy and side effects are two sides of the same coin, and a drug's clinical utility is merely a function of taking optimal advantage of the interaction of those effects with target symptoms or behaviors. She points out that what we now call "antipsychotics" were initially referred to as "major tranquilizers', reflecting that paradigmatic shift. Some of the factors that may have contributed to this putative shift and its broad impact are discussed in this chapter as well as in another one which focusses on the role of the pharmaceutical industry in both of the key controversies.

Dr. Steingard follows those with a thought-provoking chapter on the clinical implications of working from a drug-centered rather than disease-centered model, including its impact on how we may think about the increasingly blurry dichotomy between psychiatric medications and so-called drugs of abuse. In an era of rapidly expanding medical marijuana laws and a resurgence of interest in the potential therapeutic benefits of hallucinogens, psychiatrists will likely be called upon to work from a drug-centered paradigm, whether they think of it as such or not. Dr. Steingard argues that this should indeed be the purview of psychiatrists—we are those physicians that should work with patients to determine the appropriate use of all psychoactive drugs; focusing less on whether someone seeking stimulants does or does not

"really have" ADHD, and more on meaningfully engaging the patient and his or her supports to best understand the nature of the problem they see, the potentially contributing factors involved, alternative approaches, and together, weighing the potential risks and benefits of including psychoactive drugs in treatment.

A chapter on "deprescribing" provides some guidance and a structure around thinking about when and how to consider tapering or discontinuing medications. The chapter that reveals the most controversy *within* this book, and perhaps within the critical psychiatry world, is probably the one on the use of coercive measures, such as commitment, forced medications or seclusion and restraint. Here the psychiatric authors ultimately come down on the side of recognizing the need for "judicious use of coercion" as "the least bad alternative in certain situations", while the non-psychiatrist author of the chapter which follows entitled "Listening to those with lived experience", sees no justification under any circumstance for coercive practices within mental health care.

The ultimate message of this book is one that values transparency and most of all, humility. We need to slow down, listen more than we talk, include other voices in decision making, and be clear about the limits of our knowledge (as well as those of our field). As someone whose modal response to questions has become "I don't know", that's my kind of book. I recommend it highly.