The Antipsychiatry Movement: Dead, Diminishing, or Developing?

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It has been argued recently that the antipsychiatry movement has transmogrified into a patient-based consumer movement. Instead, the author suggests, various activities and ideas that legitimately could be described as antipsychiatry, or, at least, as highly critical of psychiatry, are burgeoning. These activities include the works of intellectual scholars, such as disgruntled psychiatrists, critical social scientists, and humanistic psychologists; the analyses and writings of high-profile and prominent investigative journalists; blogs, Web sites, and social media that communicate a disdain for psychiatry among citizen Internet activists; and the ongoing, well-documented critique of followers of Scientology. The author concludes that a renewed yet amorphous critique of psychiatry is emerging, even though the tarnished name of antipsychiatry is studiously avoided by all. This critique may intensify, given the likely media and public interest surrounding the upcoming release of *DSM-5*. (*Psychiatric Services* 63:1039–1041, 2012; doi: 10.1176/appi.ps.201100484)

The term "antipsychiatry" originated in the 1960s to describe a broad-based movement that questioned the legitimacy of standard psychiatric theory and practice. The movement specifically challenged the validity of psychiatric categories, diagnostic practices, and common forms of treatment (1).

The antipsychiatry movement was motivated by anger at the perceived arbitrariness of psychiatric diagnostic practice as well as outrage at the apparent inhumanity of certain treatments, such as electroconvulsive therapy and long-term involuntary hospitalization (2). Specific parts of the critique propelled reform, including rapid deinstitutionalization and attempts to improve the codification and reliability of psychiatric categories and diagnostic practices embodied in *DSM-III* and standardized clinical interviews.

Nevertheless, mainstream psychiatry —the body of accredited personnel working in psychiatry and the common practices, treatments, theories, and categorizations they employ— rejected the underlying critique that psychiatry was little more than a pseudoscientific agent of social control. Mainstream psychiatry perpetuated its theories and practices in officially endorsed training programs, educational curriculums, diagnostic manuals, and professional journals sanctioned by the American Psychiatric Association and other organizations.

A 2006 article in this journal argued that the antipsychiatry movement has dramatically diminished and has transmogrified into "a patient-based consumerist movement" (3). This Open Forum presents evidence from various sources that antipsychiatric sentiment and action are experiencing a resurgence beyond the patient-based consumer movement.

Key players in the antipsychiatry movement

Psychiatry

The original antipsychiatry movement was led by psychiatrists, many of whom resented the label "antipsychiatry" and insisted they wanted reform rather than revolution within the discipline. The best known of these individuals are R. D. Laing, Thomas Szasz, David Cooper, and Franco Basaglia (4,5). Are there still psychiatrists who would consider themselves radical reformers in the same vein? Although they would shun this precise term, there are still many academic psychiatrists whose corpus of work remains highly critical of mainstream psychiatry and predominant modes of psychiatric practice. Examples include Peter Breggin, a well-known American psychiatrist, author, blogger, and media commentator. He continues to attack psychiatry's relationship with the pharmaceutical industry and the reliance on its products as a primary mode of treatment (6).

Others include Daniel Carlat, also an American, whose recent book *Unhinged* similarly lambastes psychiatry's all-too-cozy relationship with the pharmaceutical industry (7). Carlat emphasizes that psychiatry lacks biomarkers or pathognomonic tests and questions the current enthusiasm for seductive new technologies, such as transcranial magnetic stimulation. Across the world, colleagues are similarly skeptical. For example, the International Critical Psychiatry Network (www.criticalpsychiatry.net) aims to "support critical thinking and alternative approaches to psychiatry."

Social science

Social scientists, such as Foucault and Goffman, are also considered the intellectual vanguard of the antipsychiatry movement, weaving together sociology, anthropology, and history to critically examine psychiatry as an institution. This tradition of applying critical social science to psychiatry

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remains. For example, Jonathan Metzl's *The Protest Psychosis* (8) indicates that trends in psychiatric diagnosis and treatment depend to a large degree on historical and political context. On the basis of historical data, he argues that before the civil rights era, individuals who received a diagnosis of schizophrenia and were subsequently hospitalized were predominantly from the white middle class. However, during the civil rights era, Metzl argues, schizophrenia was increasingly diagnosed and treated among African Americans, particularly those who were poor and perceived as "angry."

Other books written by social scientists make similar points. For example, Horwitz and Wakefield (9) argue that the psychiatric profession has pathologized normal human sadness, erroneously reclassifying it as clinical depression. They contend that the *DSM* diagnosis of depression is considerably flawed.

Psychology

Some "fellow travelers" within the discipline of psychology have also engaged in a stark critique of current psychiatric practice. For example, in a recent book, *The Emperor's New Drugs: Exploding the Antidepressant Myth* (10), experimental psychologist Irving Kirsch documents how meta-analyses indicate that antidepressant medication is not significantly more effective than placebo. He also debunks the theory of depression as a chemical imbalance, stating there is little evidence to support such a theory. Elsewhere, elements of the American Psychological Association, together with the British Psychological Society, have banded together to express serious concern about the proposed changes in *DSM-5*. Various American Psychological Association groups and divisions have sponsored an open letter to the *DSM-5* task force expressing concern about the lowering of diagnostic thresholds and the introduction of new disorders.

For example, the letter criticizes the proposal to introduce a new concept of attenuated psychosis syndrome, to remove the bereavement exclusion from major depression, and to reduce the number of criteria necessary for the diagnosis of attention-deficit hyperactivity disorder. This letter is available at www.ipetitions.com/petition/dsm5. The tone of these critiques is measured and lacks the scathing ferocity of the 1960s antipsychiatry assault. Still, the critiques indicate a level of disquiet and unease within psychology about the current direction of psychiatry.

Cultural critiques

The original antipsychiatry movement was supported by cultural critiques of psychiatry in the form of shocking fictional accounts of mental hospitals and psychiatric treatment, most notably Ken Kesey's *One Flew Over the Cuckoo's Nest* (11). Although in recent times novelists have not seized upon psychiatry with comparable rancor, investigative journalists have examined psychiatry from the vantage point of skeptical outsiders. Two recent books that are highly critical of common psychiatric practice have stirred much response by the media, the psychiatric profession, and the general public. In *Crazy Like Us* (12), Ethan Watters contends that American psychiatry might actually have erroneously exported its notions of certain mental illnesses, such as posttraumatic stress disorder, to places where they were not recognized as pathologies. Also exported, he argues, are Western modalities of treatment accompanied by Western clinicians and instructors trained in Western models. According to Watters, this process not only introduces new notions of illness to these communities but also destroys indigenous, locally effective modalities of healing.

In *Anatomy of an Epidemic* (13), Robert Whitaker introduces a different —but similarly critical—thesis tracing the history of psychopharmacology in the U.S. and focusing particularly on a comparison of long-term and short-term outcomes. He concludes that there is very little evidence of the long-term efficacy of pharmaceutical interventions for almost all major mental disorders. In fact, he argues vociferously, these interventions have serious iatrogenic effects that are deliberately overlooked or ignored by many within mainstream psychiatry. These investigative journalists have become highly sought after speakers and commentators, and their critical message reaches disparate audiences.

Grassroots voices

Most lateral, scholarly, or internal critiques of psychiatry, much like the original antipsychiatry movement, argue for reform and rational reconsideration of common practice on the basis of better empirical studies and more reasoned theorization. However, many examples of grassroots, bottom-up activity can be considered indicative of a more radical form of grassroots antipsychiatry. A notable example of this activity is the mushrooming of citizen Internet activists who devote blogs, Web sites, YouTube channels, and Facebook pages to a critique of psychiatry and psychiatric practices, particularly psychopharmacology. For example, a search of YouTube reveals videos such as "Psychiatry Exposed!" (123,000 views), "Zoloft Made Me Feel Like a Zombie" (55,000 views), and "Things You Do Not Say to a Psychiatrist" (30,000 views). Blogs, such as "Beyond Meds," have received over 1.5 million hits.

Although there has been little systematic research on this topic, a cursory glance at such blogs and videos suggests that most are vociferously critical of mainstream psychiatry. The comments left by viewers and readers are similarly critical. For example, according to two YouTube video comments, "psychiatrists are beyond brutal and have no conscience" and "the most we can hope for is that [psychiatrists] be exposed and brought to justice in our lifetime."

It is difficult to imagine similarly angry comments being said about, for example, cardiologists, pediatricians, or other medical professionals. The Internet has given a means for current and former psychiatric patients, who sometimes refer to themselves as "survivors," to widely disseminate often negative attitudes, beliefs, experiences, and opinions vis-à-vis psychiatry. Such a forum for widespread dissemination —and, indeed, organization—was unavailable to previous generations of patients.

Scientology

Members of the Church of Scientology, who were an integral part of the

original antipsychiatry movement, remain active in opposing the very institution of mainstream psychiatry. They are the driving force behind the Citizens Commission on Human Rights, which continues to produce widely disseminated documentaries that are made more readily available to the masses by YouTube and other social media. These include *Psychiatry: Industry of Death*, *How Psychiatric Drugs Can Kill Your Child*, and *Making a Killing: the Untold Story of Psychotropic Medication*. Furthermore, Scientologists continue to regularly confront aspects of psychiatry in the media, in the courtroom, and even in person, notably by organizing demonstrations at the American Psychiatric Association's annual meetings. They also bankroll a Los Angeles museum called Psychiatry: Industry of Death, probably the only museum in the world dedicated to attacking a medical specialty.

Conclusions

Together, the various disparate activities depicted in this Open Forum characterize a surge in critical thinking regarding mainstream psychiatry. Critics express widespread concern at certain aspects of mainstream psychiatry, commonly demanding significant reform in several domains. Most notably, this concern focuses on psychiatry's expansionist—some would say medicalizing or imperializing—tendencies as well as its heavy reliance on pharmacological interventions and the many adverse side effects associated with them.

The reliance on medications is also criticized because of the shadowy relationship that is perceived to exist between psychiatry and the pharmaceutical industry. This meta-observation has been shared by others outside the discipline, notably the physician Marcia Angell, a former editor of the *New England Journal of Medicine*, in supportive reviews of books by Whitaker, Carlat, and Kirsch (14,15).

The upcoming release of *DSM-5* will garner much media exposure and popular interest in psychiatry. This attention may act as a clarion call for the consolidation of the disparate islands of activity that are variously critical of mainstream psychiatry. Though the tarnished name of antipsychiatry is studiously avoided by all, a renewed yet amorphous critique of psychiatry may be developing that is quite distinct from its supposed successor, the patient-based consumer movement. Although not a resurrection of antipsychiatry per se, the critiques described earlier, while not yet a movement, share many of the original concerns raised by the antipsychiatry movement. Perhaps Rissmiller and Rissmiller (3) were premature in announcing antipsychiatry's transmogrification. Only time will tell.

Acknowledgments and disclosures

The author reports no competing interests.

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