

The Journal of Critical Psychology, Counselling and Psychotherapy

Volume 16, Number 4, December 2016

Professional and Lay Scepticism Concerning the Validity of Current Psychology <i>Joseph J Avery</i>	241
I'm Half Turkish – Dancing Bears and Marble Stairs <i>Cemil Egeli</i>	245
Schizophrenia's Etiology: Behavioural geneticists' research and the research they ignore <i>Jonathan Sederati</i>	257
Corporations, the Empire of Trash and a Psychology of Business and Environmental Risk <i>Brian Davey</i>	267
Operational and Theoretical Issues in Mental Health. Time for Challenges? <i>Gian Piero Turchi, Filippo Maria Sposini, Guido Pasquale and Michele Romanelli</i>	282
Book Reviews	288

Edited by Craig Newnes

Editorial Board

Jacob van Belzen, Amsterdam, Holland	Nimisha Patel, London, UK
Abigail Bray, Perth, Australia	Dave Pilgrim, Southampton, UK
Erica Burman, Manchester, UK	Dorothy Rowe, Sydney, Australia
Jan Burns, Southborough, UK	Janet Sayers, Canterbury, UK
Sue Holland, Ross-on-Wye, UK	Biza Stenfert Kroese, Birmingham, UK
Lucy Johnstone, Bristol, UK	Keith Tudor, Auckland, New Zealand
Peter Lehmann, Berlin, Germany	Carl Walker, Brighton, UK

Book Review Editor

Anne Cooke, Clinical Psychology Training Scheme, Salomons Centre, Broomhill Road, Southborough, Tunbridge Wells, Kent, TN3 0TG, UK. Please contact Anne if you wish to review books. Books for review should be sent directly to Anne.

Aims and Scope

JCPCP is a peer-reviewed journal which values personal experience above professional boundaries and doctrinal jargon. It provides a forum for ideas, experience and views of people working in the psychological world and those who use psychotherapy or receive psychiatric services. The journal encourages a critical, reflexive view of psychology and counselling and is a constant challenge to orthodoxy. Our contributors reflect on their work and experiences in therapy, in relationships and in institutions. The journal embraces philosophical, radical and scientific perspectives in its analysis of psychological, psychiatric and psychotherapeutic systems. With a following wind, it will sometimes make you laugh out loud.

Contributions

Critiques, in the form of short articles and letters on any aspect of psychological or psychotherapeutic theory or practice, are always welcome. They will be peer reviewed.

Articles should not normally exceed 4000 words. Brief author details, key words and a 25-word summary should be included. Full guidelines are available from the Editor. Please submit material to the Editor via email; also include tel/fax and email addresses where possible.

Anyone wishing to review books is invited to contact the Book Review Editor. All contributors can be contacted by readers through the Editor: Craig Newnes, The Spinney, 11 Myddlewood, Myddle, Shrewsbury, SY4 3RY, UK; email: craignewnes76@gmail.com

The views expressed in *JCPCP* are those of the individual contributors and do not necessarily reflect those of the editor or publisher.

***JCPCP* is covered by the following abstracting, indexing and citations service: ASSIA**

How to subscribe

Rates for Volume 16, 2016, 4 issues

Institutional	UK £145.00
	W. Europe £155.00
	Rest of World £160.00
Individuals	UK £45.00
	W. Europe £50.00
	Rest of the world £55.00

Subscribe at www.pccs-books.co.uk. Please note subscriptions for personal use should be paid for by personal cheque or credit card for delivery to a personal address.

Contact for all queries

Diane English
Journals Manager

PCCS Books
Wyastone Business Park
Wyastone Leys
Monmouth
NP25 3SR
Tel +44 (0)1600 891509
di@pccs-books.co.uk
www.pccs-books.co.uk

Sample copies

If you are interested in subscribing, you may obtain a free sample copy by contacting PCCS Books.

Abstracting and indexing

JCPCP is covered by the following abstracting and indexing service: ASSIA.

Production information

Typeset by Raven Books
Printed and bound by Lightning Source UK Ltd, Milton Keynes.
Cover by Raven Books
Font: Minion Pro

Advertising

To advertise in *JCPCP* contact Diane English: di@pccs-books.co.uk

Reprints

If you wish to purchase reprints of any articles from *Changes* or *JCPCP* you may do so by contacting PCCS Books. For a small fee you may also have articles sent as PDF file attachments to your email address.

Copyright

The copyright for articles and reviews lies with the authors. Should you wish to use text from these please contact the author via the editor:

Craig Newnes
The Spinney
11 Myddlewood
Myddle
Shrewsbury
SY4 3RY, UK

Disclaimer

Statements and opinions expressed in the articles and communications are those of the individual contributors and not the statements and opinions of PCCS Books. PCCS Books expressly disclaims any implied warranties of merchant-ability or fitness for a particular purpose. If expert assistance is required, the services of a competent professional, or a good friend, should be sought.

JCPCP (ISSN 1471-7646) is published in the UK by PCCS Books Ltd.

Subscribe to JCPCP

PCCS Books
Wyastone Business Park
Wyastone Leys
Monmouth
NP25 3SR
UK

+ 44 (0)1600 891 509

www.pccs-books.co.uk

Apology

Due to an editorial error the September issue of JCPCP included an article on Rob Riley by Pat Dudgeon, Abigail Bray & Dawn Darlaston-Jones. The next article replicated Dawn Darlaston-Jones' reaction to Rob Riley's work already published in the previous article. I should like to apologise to the guest editors' of the September issue, Pat Dudgeon and Abigail Bray. Rob Riley's keynote address at the Australian Psychological Society (APS) annual conference will appear in the March, 2017 issue.

Craig Newnes, Editor

Professional and Lay Scepticism Concerning the Validity of Current Psychology

Joseph J Avery

SUMMARY: This article explores professional and lay scepticism about the validity of contemporary psychology.

KEY WORDS: Hope, regality, abuse, problematic science.

The field of psychology stands accused of suffering from two problematic trends. On one side, the charge comes that psychology studies are largely unreplicable, failing at this most basic of scientific mandates (see the much discussed results published by the Open Science Collaboration¹). From the other front comes the charge that psychologists, exploiting the authority that accompanies their perceived aptitude for understanding human behavior, are pursuing immoral ends (see the much ballyhooed and maligned essay by Tamsin Shaw²). While these offensives are not necessarily causally linked, there is interplay in how, once legitimacy has been questioned, it feels natural to question motivations as well. A rather ominous two-step manoeuvre can be adumbrated: authority is gained through faulty science, and that very authority informs and is put to use for morally questionable projects. If this is the current state of psychology, we must hope for change in the field. In fact, consideration of hope, the thing itself, might serve us well as we explore these problematic trends and consider if change can be achieved.

Joseph J Avery, JD is a Columbia University-trained lawyer who, after researching issues of involuntary commitment and mental health law, joined the New York State Psychiatric Institute in an experimental psychology/psychiatry capacity. At present, he is commencing work on a PhD in psychology at Princeton University, Princeton, NJ. He can be reached at javery@princeton.edu or at 646-808-6621. His mailing is 4 Lawrence Drive, #101, Princeton, NJ 08540.

© Avery 1471-7646/16/04241-4

In a recent essay³ that focused on hopes and delusions in the context of drug and alcohol addiction, I discussed how hope is a central factor in the change process. According to the canonical text on Motivational Interviewing, a form of psychotherapy, the therapist should lead the patient to overhear herself hoping that she will act differently.⁴

Particularly in the context of Substance Use Disorders (SUDs), such hopes may be more problematic than salutary. Eric Partridge has suggested that *hope* comes from German and Old English words signifying ‘to hop; if rightly, the basic idea would be “a leaping, or to leap, with expectation”’⁵ If Partridge is right, hoping is a way of remaining physically immobile while one’s mind hops towards that which is desired. To hope is to fantasize movement.

An addicted individual has reasons to stop abusing substances, and she has reasons to continue abusing them. Hoping may allow her to come close to achieving the feat of inhabiting both worlds. She can act on her reasons to stop using by hoping to stop using, while simultaneously she can act on her reasons to continue using by actually continuing to use. Hoping may be a sly (and unconscious) attempt at maintaining the status quo. It may be a fantasy that tells lies about progress being made.

It is not a coincidence that Shaw’s jeremiad against psychology is a hopeful document. She concludes her fractious exchange with the psychologist Martin Seligman hoping for understanding and change. ‘Such public questioning will inevitably make deliberate avoidance harder,’ writes Shaw, ‘and we can hope that it might even elicit valuable insights and explanations.’^{6,7}

All of which is to say, in psychology today, a bevy of psychologists has affirmed the difficulty of replicating many psychology studies, including ones published in the most reputable of journals; the most august of psychological organizations, the American Psychological Association, initiated an investigation into moral failings by prominent members; and an academic has publicly speculated concerning moral failings by psychologists and has hoped for change in the field.

If what I’m identifying is a certain desire for exhibition, then it would be natural to bring to mind a remark by Sigmund Freud. ‘One can scarcely pass through a country village in our part of the world,’ wrote Freud, ‘without meeting some child of two or three who lifts up his little shirt in front of one – in one’s honour, perhaps.’⁸ The field of psychology, which has in recent years, so to say, lifted up its shirt, is as respected and well-funded as ever before.⁹

Exhibitionism is the impulse to reanimate the Edenic period when one could be naked and without shame. The adult exhibitionist finds relief¹⁰ in this return to a state that is the contrary, as Freud writes, of secrecy. In the Hans Christian

Andersen fairy tale, 'The Emperor's New Clothes,' the naked emperor is not made to feel naked by his subjects.¹¹ He is well-dressed.

The problematic trends in psychology, it turns out, may have to do with regality. A new wave of hallucinogenic researchers are being hailed¹² for their abilities in employing hallucinogens as antidepressants and anxiolytics, as cures for addiction. The results of many of these studies are difficult to evaluate given blinding impracticalities, particularly when the substance under review induces the altered states characteristic of LSD, psilocybin, and ketamine. In the case of ayahuasca¹³, administration is hard to divorce from religious imagination. The investigator functions as healer, guiding patients through medication ingestion and through the hours-long experience, and also as deliverer of commandments, such as which foods and sexual practices are to be *verboten* in the days leading up to administration. It is a small step from forbidding pork in a secular regimen, as all ayahuasca guides do, to feeling oneself engaged in religious practice, and a smaller step still from there to moral authority.

The puzzle of hope, whether it precipitates or prevents behavioral change, has been considered, with conflicting results, by various psychologists. This is, perhaps, a microcosm of the state of the field. Resolution may lie in better studies, sounder designs, ones more amenable to replication. Resolution may lie in increasing support for psychologists who function less like autocrats and priests and more like clerks. This is to elide an important complication. With hope there is work of a foundational ilk that needs doing. When one feels hopeful, what precisely is one feeling? Certainly the word itself signifies something, but it may be the case that little of what we call hope is hope. The psychologist ought to be as careful as the philosopher. There would be fewer positive experimental results, and there would be seemingly less treatment progress. This is not to say that Shaw is correct; rather, only that hopes might be diminished, hers included, and that what we're doing when we're hoping might be glimpsed.

Endnotes

- 1 Open Science Collaboration. (2015). Estimating the reproducibility of psychological science. *Science* 349: 6251, aac4716. DOI: 10.1126/science.aac4716.
- 2 Shaw T (2016). The psychologists take power. *The New York Review of Books*, February 25, 2016. See also letters in reply by the psychologists Jonathan Haidt and Steven Pinker, which can be found here: Moral psychology: an exchange. *The New York Review of Books*, April 7, 2016. A letter in reply by the psychologist Martin Seligman can be found here: 'Learned helplessness' & torture: an exchange. *The New York Review of Books*, April 21, 2016.
- 3 Avery JJ, Avery JD (2016). Hope or delusion: issues in addiction psychotherapy. *The Fix*, May 5, 2016.
- 4 Miller WR, Rollnick S (2002). *Motivational Interviewing*. New York: The Guilford Press (p49).
- 5 Partridge E (1966/1982). *Origins: a short etymological dictionary of modern English*. New York: Routledge & Kegan Paul (p295).
- 6 'Learned helplessness' & torture: an exchange. *The New York Review of Books*, April 21, 2016.
- 7 To put it in context, here Shaw is discussing a report, initiated by the American Psychological Association (APA), that explored when and to what extent APA members were party to the use by the military of psychological methods in 'enhanced interrogations.'
- 8 Freud S (1955/2010). *The Interpretation of Dreams* (J Strachey, trans.). New York: Basic Books, (p263)
- 9 The aforementioned Seligman, and numerous others, are recipients of multi-million dollar grants.
- 10 Although he may be afflicted by various degrading pathologies.
- 11 Freud S (1955/2010). *The Interpretation of Dreams* (J Strachey, trans.). New York: Basic Books (pp261–262).
- 12 For one example, see: Pollan M. The trip treatment. *The New Yorker*, February 9, 2015.
- 13 A tea containing N,N-Dimethyltryptamine, DMT, which increasingly is being studied. For just one example, see: dos Santos RG, Valle M, Bouso JC, Nomdedeu JF, Rodriguez-Espinosa JR, McIlhenny EH, ... Riba J (2011). Autonomic, neuroendocrine, and immunological effects of ayahuasca. *Journal of Clinical Psychopharmacology* 2011 31: 717–26. doi: 10.1097/JCP.0b013e31823607f6

I'm Half Turkish – Dancing Bears and Marble Stairs

Cemil Egeli

SUMMARY: This article explores some of my life experiences as a person of mixed culture.

KEY WORDS: Mixed culture, Turkish, language, appearance, name, colour, class.

My name is Cemil, you may or may not have already guessed by now that it is Turkish.

Now you may wonder how to say my name? You may know, but you may guess along the lines of Kemil or Chemil? I can tell you it is pronounced phonetically as Jemil.

Jemil? That's an Arabic name you may think. If you haven't met me try imagining what you think a 42 year old man (yes it is a male name) called Jemil looks like? What would you expect?

What assumptions have you made (if any)? What language would you expect me to speak and what religion would you guess I am?

If I tell you that my mum is English and my middle name is Roger does that change anything?

I hope this gives a sense of the questions and assumptions I face on a daily basis.

I feel blessed by the richness of my mixed experience, my dad being Turkish and my mum English. I have also felt some tensions too.

I am fair skinned in appearance and often perceived as monoculturally white-English, I may not fit within conventional stereotypes of what it might be to look Turkish. My cultures are important to me but I struggle to know how to

Cemil Egeli is a qualified counsellor and teacher. The research dissertation topic for the counselling MA was his mixed heritage.

describe or label myself. I often feel invisible but I feel part of a growing mixed demographic which is supported by census data (Jivraj, 2012). Within this census demographic there are a growing number of people who do not fit within cultural parameters as defined by it (Smith et al, 2010). Problems of self definition and census are alluded to by Fernando (2012), Crane (2013) and Flores-González et al (2014). This research suggests the complexity of capturing cultural life experiences in labels. I often wonder which box to tick on ethnicity questionnaires and opt for the 'other' category, reinforcing my invisibility. I am mindful that extreme forms of 'other' were used during apartheid in South Africa (Moodley, 2003). The growing mixed population along with issues of definition highlighted here support the relevance for the study of the mixed experience.

I recently completed my dissertation for my MA in Counselling (Egeli, 2015). It was based on my experience of coming from a Turkish-English heritage. I will share extracts of my findings from my dissertation and hope to bring awareness to some of the issues I have faced, highlighting an aspect of a mixed experience which I feel has been overlooked in counselling research. I used an autoethnographic style and adopted a creative approach to writing my study, weaving narrative and vignettes together with some analysis (Humphries, 2005). My writing is an attempt to bring my felt news from my world to you, the reader (Ellis, 2004).

Language

I remember hearing a haunting tape reel of a conversation I had with my English grandfather. I must have been about 3-4 years old and I was struck at how foreign I sounded. I had an accent. At that point I realised I was an immigrant. (Feb 2014)

I spent my early childhood growing up in Turkey, the only person I spoke English to was my mum. She had been afraid that I was going to lose my English language and I wonder if I absorbed some of those fears. Turkish was my first language but English was my mother's language.

On returning to Britain I did not continue to speak Turkish and lost my language. This gave me a sense of loss but also personal failure which was easy to forget when in England. No one spoke Turkish, there was no need, it was not seen as relevant. People would say that I was better off learning French as it was more global. That hurt. I am not French.

I feel gagged by the lack of ability to express myself in Turkish. I have a fantasy that I can argue eloquently and angrily in Turkish, but I can only make myself partially understood in broken words... (Sept 2014).

I was visiting London; a Turkish lady had a small child who was running around. I could understand every word she said to her child, things my family had said to me. The child came running over to me talking and I could not respond. She shouted at her child to leave me alone, I smiled and nodded. I wanted to say something smart or funny, a casual colloquial comment but couldn't. I wanted her to know that I knew, but I couldn't say anything. My biggest fear was being wrong, being an imposter, a failed Turk. (April 2015).

I spent many summers in Turkey listening to family and friends, understanding conversations but not being able to join in. People would look to my dad for a response. I could not speak for myself, I was embarrassed. I knew what they were saying but I couldn't say it back. I had moved from being a fluent bilingual child, to being silenced and verbally debilitated.

I remember sitting on a wall by the Izmir sea chatting to a stranger in broken Turkish. We talked about politics, philosophy and the difficulties of life (economics!). He spoke only Turkish and I could understand most of what he said. I could also make myself understood albeit in a broken way. It was a beautiful unifying moment for me. I felt linguistic acceptance. I tried to explain what happened to my Turkish family. I had to get my dad to do it. (Sept 2014).

My grandfather wanted me to learn and bought me some text books which still sit on my bookshelf. I felt I had let him down. Somehow I could speak to strangers but not to family.

I watched my two young sons using self-directed speech as they played with their toys. It became apparent to me that when I was three I was doing this in Turkish, by the time I was five it was English. I had been thrown into a new world and had to negotiate linguistic differences. Burman (2008) recognises how learning language can involve emotionally highly charged and conflictual situations recognising the emotional significance of language tied in with cultural and national identification. In my case I was transported from one place to another. I had been taken away from my Turkish home and my grandparents who were like parent figures. My dad for that period had to remain in Turkey due to military commitments. I had suffered a loss of my Turkish life and a separation from my Turkish family who I loved. Language was a big part of that loss and grief (Priven, 2008).

The way a person uses language is an observable aspect of their cultural identity (McLeod, 2009), language proficiency playing a role in identity development (Phinney et al, 2001). Aydingün & Aydingün (2004) suggest that

the links between Turkish identity and language are particularly strong and are symbolic of the culture. My own identity was tied in with my language and was gagged by my new dominant culture. I have felt attracted to and torn between two languages which have held different meanings for me, I have also faced self doubt not feeling I can speak either of my native languages well enough (Firmat, 2005).

Freely (2014) observes the Turkish language has emotional undercurrents which the words conceal. Whenever I hear Turkish, it sounds musical; I get it. I hear the inflections. I understand something beyond the words and it is that something I cannot always respond to verbally.

I took my violin to Turkey last time I went. A local bar had a crowd of people every night and a resident band that played Turkish music. I knew I could play along so I asked to play and without any rehearsal or any previous formal instruction of Turkish music I joined in... Something opened up... here I was on stage with a Turkish crowd and a Turkish band... my family were there too. I got a burst of adrenaline and language did not matter, I was communicating in Turkish music... time stood still and I was in a bubble of Turkishness, they let me have a solo, something was flowing through my fingers, I could play this, here I was connecting with an audience. I was flowing and in that moment saying everything I had ever wanted to through music. Turkish music. (April 2015).

Appearance

You don't look Turkish.

You are not what I expected.

Two phrases I am continually experiencing throughout my life.

Some people make assumptions of me based on my skin colour, my name as they hear it on the phone and as they see it written down. I always explain that I am half Turkish and half English. A lifetime of being half and not whole.

After recent surgery a nurse came to take my blood pressure..., he said to me, 'Now I am going to say to you something people have said to me all my life... You don't look Turkish.' I wanted to give him a high five and hug him. It was so refreshing to hear that. He knows, he understands. He had an Italian dad and an Italian name. He told me that throughout his life people had told him he did not look Italian. He had red hair. His comment is so healing. There is someone out there like me. (Feb 2015).

I appear outwardly fair skinned and white. This means that I do not get visibly recognised as a person with a mixed cultural heritage. It feels as if my heritage is constantly examined and questioned, when people find out about my heritage I feel them look at me for signs of difference.

'Hey white cheese, you fancy getting a tan on my boat?' shouted the Turkish tour guide at me. I felt a rage build up in me, who the fuck was he to call me that? I felt like pushing him into the sea. I swore at him in Turkish. I remember being in Turkey at the beach and a group of teenagers were laughing at my white skin, 'you look Scottish' they said. On my last visit the manager of a restaurant refused to accept that I was in any way Turkish. He was younger than me. I had trodden those streets before him. I had grown up there and he was telling me that I wasn't Turkish based on my skin tone. How could he? (Oct 2014).

People seem to form physical expectations of me based on my name.

I met a colleague for a chat about work; she had assumed I was Welsh because of the spelling of my name. She couldn't see at all that I had a Turkish background. (May 2015).

I remember working with a journalist from a national newspaper. We had spent much time on the phone. She came into the office and declared: 'I thought you were an Arab boy!' similarly when I met a famous comedian, he declared, 'I thought you were an Asian lad, I left my Asian jokes at home!' (Dec 2014).

Last night I ordered a curry from a new take away, the Asian owners did not believe I was Cemil (Jemil). They thought I was having a laugh, on the plus side they had added different spices to my curry make it more authentic. (Nov 2014).

'You are not what I imagined' said someone at work. I am angry! What does he imagine? Who did he expect? How dare he! (Dec 2014).

Being fair skinned has caused me some anger and confusion. It has rendered a part of me as being invisible and as a result I have struggled to feel valid as a person of two cultures. The assumption has been made on both sides that I don't 'look' Turkish. This may have triggered initial internal conflicts about my external

appearance (Katz, 1996). I then carried this through to my teenage years and perhaps experienced some identity diffusion, in the sense that I felt bewildered. I met a half Turkish woman at university who was envious of my fairness, to me it felt like femininity, something that was an aspiration of Turkish women but to be a real man, I needed a sun tan. Even my mum hadn't chosen to marry a pasty white English looking person like me. In my teenage years it began to irritate me more. I became more aware of my paleness and as I met more and more people who kept telling me I do not look Turkish, it was a message being reinforced. I held onto the fact that Atatürk, founder of modern Turkey, (Kinross, 1964), was blonde haired and blue eyed.

I think I feel angry about this as it is about perceptions from other people I face on a daily basis, but I wonder why I feel so angry, perhaps I believe these stereotypes myself? It's the not being enough, not living up to expectations. As I do not appear obviously foreign, that seems to give license to people to say anything they choose. As I may appear English they perhaps feel they cannot offend. I am repeatedly reminded of my ambiguity. Would people say you don't look English? (Feb 2014).

In a similar vein Fouad (2001) describes herself as an invisible minority. One of her central struggles has been negotiating the conflicting expectations of other people's attributions of cultures.

'I feel oppressed by your anti-oppressive stance!' I remember saying this clearly whilst attending counselling training on anti-discriminatory practise. Assumptions were being made by people about what it means to be from a different culture. I felt discriminated against by some forms of anti-discriminatory practise and rhetoric. I did not feel included within it. I wonder if there could be a more covert racism within the counselling profession which does not necessarily apply to visible difference? (July 2016).

Yomtoob (2014) talks of being within multiple identity locations and is hurt by misrecognitions which occur through stereotyping. Hector (2004) experiences being Latino and white, but being perceived as white which delegitimized him as an ethnic minority into having no voice other than white. I often have no voice other than an English white male whereas inside there is a Turkish person who is not validated by others. I have not consciously ever felt as fully English as many people repeatedly tell me I am.

...our visit to Turkey was coming to an end so me and my brother went to a local cafe to get some fresh lokma (doughnuts). The owner refused to serve us, making an excuse about not having change. I told my dad and he took us to see the owner. They confessed they had not wanted to serve two English youths. My dad was angry, he shouted at the owner, 'THEY ARE TURKS!' ...this was all the validation I needed. (March 2015).

Name

I have a Turkish name and whilst that was special it was also isolating. I often have to explain my name when meeting someone new. I sometimes enjoy it, it's an ice breaker but there is also predictability to it.

People have perceptions of me based on my name. When they meet me I may not live up to expectations. On paper they often see the C and believe my name to be either Welsh or Polish, on the phone they think I am Asian or Arab. In some instances my name is also seen as being female.

I remember shortly after 9/11 I was corresponding with people in New York. As the dust settled from the awful attacks, there seemed to be a new hostility. I became acutely aware of having a Muslim name. Someone asked where it was from and I joked, it's one of those silly European names. I was feeling a tension I had not felt before. (March 2015).

During my counselling placement, I felt that some potential clients couldn't see beyond my name. I felt that I was being discriminated against because of it.

People are judging me... they don't know me but are making a judgement based on a name. When I go to A&E in agony, I don't give a shit who treats me, I just need help with my pain... how much help do these people really want? Fuck counsellor/client ethnic matching, who knows who anybody is? (Sept 2014).

Khosravi (2012:66) remarks that names have strong ethnic and religious connotations and within Sweden there has been anti-Muslim sentiment. She talks of assimilation through 'performing whiteness.' These are sentiments I have felt in regards to my name, however my actual 'whiteness' has been part of my struggle.

I get an Eid card every year from my MP who has probably assumed I am Muslim.

I started my counselling training level 3 and the tutor commented... 'Is that a new name you have? You appeared hesitant saying it.' I have had difficulty saying my name. I cannot say it in England with a Turkish accent so it gets morphed or Anglicised into sounding phonetically different. (Oct 2014).

My name has given me some visibility. It has been important in constructing a cultural sense of who I am (Dion, 1983). Kim and Lee (2011) state that naming provides important information about ethnicity, kinship and gender. In my case it has not helped provide that information to people all of the time. The perceptions people have had of my name have conflicted with the perceptions of my physicality (Pilcher, 2015). On the phone some people do not believe I am English, in person they do not believe I am a Turk possibly fuelling my identity conflicts.

... I was doing temporary office work at a gas company, I often encountered prejudice on the phone, people questioned my English and the ability to fill in forms, my team leader took me to one side and said, 'Can't you get a proper name?, Why don't you call yourself Jimmy or something?' I left shortly after that. I felt I couldn't complain as I was just too English. (Feb 2015).

Class

Things were different in Turkey; I would see things that I didn't see in England such as dancing bears in the street. I remember the shock of extreme poverty and seeing children selling bubble gum, labouring and begging.

My Turkish grandparents were wealthy, they had fine things, marble stairs and palatial homes... we would spend many evenings at the tennis club in the heart of the fuar (park) in Izmir, I can smell the jasmine hanging in the cool evening air... it was where the monied people of Izmir hung out... I remember visiting my grandfather's factory and the workers treating me like royalty.

I began to realise my working class English grandparents would have been in a different social strata in Turkey. As I got older I felt more and more ill at ease with the way working people struggled in Turkey. (May 2015).

We moved to England where life was financially tougher. Conflicts between my cultural experiences and class were interconnected (Ballinger, 2010). As my countries changed, so did my class. I wasn't sure what my status was and it was confusing. Turkey was more of a developing nation yet my personal experience was one of wealth, this contrasted with my more modest, working class English situation

within a more developed country. In cultural terms my Turkishness had less cultural capital (Bourdieu, 1986) within England. Economic capital did not translate into cultural capital (Liu, 2013). This could be due to what Carter (1995) describes as the inferiority paradigm, which is the belief, rooted in colonialism, that groups other than Europeans were inferior. Modood (1997) talks about the idea that there is a British civilised norm which marginalises other groups. I felt my Turkishness was seen by some as culturally inferior (sometimes described as barbaric) and as a result assumptions were made about my class and status. I felt confusion and conflict between my English working class self and my Turkish bourgeois self. I often wonder if this has helped fuel my sense of not being English enough.

In Turkey I had been a spoilt, golden haired little prince but back in England I was a skint, ginger kid with a funny name. (April 2015).

Implications for counselling

I was recently invited to watch a movie with a mixed cultural social group in Manchester;

The lights dimmed, the room hushed and the film began. A sweet Turkish film called 'My Grandfather's People'. It had a strong resonance for me exploring ideas to do with belonging and Turkishness. It reminded me of my own family and there was something deeply nostalgic watching the Aegean landscapes from my childhood form the backdrop to the film. I felt a deep sadness but also a sense of community and belonging with strangers. I was sharing in something unspoken. An immigrant experience. (March 2016).

Within this group I felt Turkish enough. I wonder if that was in part my own ongoing resolution to myself. In being open to my own experiences (Rogers, 1961) I feel that I have a better understanding of my own diversity and what that has meant for me. Perhaps in so sharing my stories, I may be able to call a response from others (Moustakas, 1990) to explore theirs or in the case of this article, you the reader.

This paper explores some of my process. I hope it can help you remain open to the varying possibilities of cultural experience and possibly help you see beyond some of the limiting discourses and stereotypes that define people's identity and lived experiences (Diamond & Gillis, 2006). This may be helpful to your counselling or therapeutic work.

This leads me to ask questions of potential ethnic matching with clients and counsellors (Alladin, 2002; Cabral & Smith 2011). I wonder where I may fit in this

discourse. Would I be considered English or Turkish enough to work with clients? Would judgments be made on my appearance? I wonder what being culturally competent may mean in light of my mixed experience. As a counsellor I also wonder how much I need to disclose about my cultural background to clients who may be forming assumptions based on my name.

Moodley (2007) calls for multicultural counselling to be re-framed within a fluid third space where a multiplicity of cultures converge calling for the inclusion of white people as multicultural clients. Fouad (2001) wrote that we need to acknowledge there are many people who are products of multiple worlds and cultures; cultural diversity is not just about visible ethnicity. There are gaps in counselling Literature about this experience and if we are to support the growing demographic of mixed people we need to understand more about their experiences.

I may appear what some people consider to be English and that hasn't always been helpful to me. Just because I am white it does not mean I cannot have a diverse multicultural background. In essence, the way I appear (either in person, on the phone or on paper) is not necessarily a reflection of my experience. Our clients may experience this too.

Assume nothing

Guess if you want to, speculate as you might, but don't assume.

If you see my name written down; don't assume I am Welsh, Norwegian or Italian.

Don't assume I am not.

If you hear my name spoken; don't assume I am Black, Arab or a Muslim.

Don't assume I am not.

If you see me face to face; don't assume I am White British, English or a Christian.

Don't assume I am not.

Challenge your expectations, your presumptions, your assumptions.

References

- Alladin W J (2002). Ethnic matching in counselling: how important is it to ethnically match clients and counsellors? In: Palmer S (ed) (2002). *Multicultural Counselling: a reader*. London: Sage (pp175–90).
- Aydingün A, Aydingün I (2004). The role of language in the formation of Turkish national identity and Turkishness. *Nationalism and Ethnic Politics* 10(3): 415–32, DOI: 10.1080/13537110490518264 To link to this article: <http://dx.doi.org/10.1080/13537110490518264>
- Ballinger L (2010). The rise and fall and rise again of class. *Journal of Critical Psychology, Counselling and Psychotherapy* 10(1): 18–27.
- Bourdieu P (1986). The forms of capital. In: Szeman I, Kaposy T (eds) (2011). *Cultural Theory an Anthology*. Chichester: John Wiley & Sons Ltd.
- Burman E (2008). *Deconstructing Developmental Psychology* (2nd ed). London: Routledge.
- Cabral RR, Smith TB (2011). Racial/ethnic matching of clients and therapists in mental health services: a meta-analytic review of preferences, perceptions, and outcomes. *Journal of Counseling Psychology* 58(4): 537–54. DOI: 10.1037/a0025266
- Carter RT (1995). *The Influence of Race and Racial Identity in Psychotherapy: toward a racially inclusive model*. New York: John Wiley & Sons.
- Crane SL (2013). Multiracial daughters of Asian immigrants: identity and Agency. *Women & Therapy* 36: 3–4. 268-85. DOI: 10.1080/02703149.2013.797776
- Diamond SL, Gillis JR (2006). Approaching multiple diversity: addressing the intersections of class, gender, sexual orientation and different abilities. In: Lago C (2006). *Race, Culture and Counselling: the ongoing challenge* (2nd ed). Berkshire: Open University Press (pp217–28).
- Dion K (1983). Names, identity and self. *Names: A Journal of Onomastics* 31(4): 245–57 DOI: <http://dx.doi.org/10.1179/nam.1983.31.4.245>
- Egeli C (2015). An individual experience of the impact of a mixed cultural heritage, an autoethnographic study. MA dissertation. University of Manchester.
- Ellis C (2004). *The Ethnographic I: a methodological novel about autoethnography*. Walnut Creek, CA: AltaMira Press.
- Fernando S (2012). Race and culture issues in mental health and some thoughts on ethnic identity. *Counselling Psychology Quarterly* 25(2): 113–23. DOI:10.1080/09515070.2012.674299
- Firmat GP (2005). On Bilingualism & its Discontents. *Daedalus* 134(3): 89–92. Posted Online March 13, 2006. doi:10.1162/0011526054622114
- Flores-González N, Aranda E, Vaquera E (2014). 'Doing Race': Latino youth's identities and the politics of racial exclusion. *American Behavioral Scientist* 1–18 DOI: 10.1177/0002764214550287 abs.sagepub.com
- Fouad NA (2001). Reflections of a nonvisible racial/ethnic minority. In: Ponterotto JG, Casas JM, Suzuki LA, Alexander CM (eds) (2001). *Handbook of Multicultural Counselling* (2nd ed). London: Sage (pp55–63).
- Freely M (2014). *Angry in Piraeus*. Paris: Sylph Editions in collaboration with Centre for Writers & Translators, The American University of Paris.

- Hector (2004), in Ellis C (2004). *The Ethnographic I: a methodological novel about autoethnography*. Walnut Creek, CA: AltaMira Press (pp240–4).
- Humphries M (2005). Getting personal: reflexivity and autoethnographic vignettes. *Qualitative Inquiry* 11: 840.
- Jivraj S (2012). *Dynamics of Diversity (Evidence from the 2011 Census)* – Manchester University prepared by ESRC as part of CoDE.
- Katz I (1996). *The Construction of Racial Identity in Children of Mixed Parentage: mixed metaphors*. London: Jessica Kingsley Publishers.
- Khosravi S (2012). White masks/Muslim names: immigrants and name-changing in Sweden. *Race & Class* 53(3): 65–80. DOI: 10.1177/0306396811425986 <http://rac.sagepub.com>
- Kim J, Lee K (2011). 'What's Your Name?' names, naming practices, and contextualized selves of young Korean American children. *Journal of Research in Childhood Education* 25(3): 211–27. DOI: 10.1080/02568543.2011.579854 To link to this article: <http://dx.doi.org/10.1080/02568543.2011.579854>
- Kinross L (1964). *Atatürk: the Rebirth of a Nation*. Nicosea: Rustem & Brother.
- Liu WM (2013). *The Oxford Handbook of Social Class in Counselling*. Oxford: Oxford University Press.
- McLeod J (2009). *An Introduction to Counselling (4th ed)*. Berkshire: McGraw Hill.
- Modood T, Werner N (eds) (1997). *Debating Cultural Hybridity: multi-cultural identities and the politics of anti-racism*. London: Zed Books.
- Moodley R (2003). Matrices in black and white: implications of cultural multiplicity for research in counselling and psychotherapy. *Counselling and Psychotherapy Research: Linking research with practice* 3(2): 115–21. DOI: 10.1080/14733140312331384482
- Moodley R (2007). (Re)placing multiculturalism in counselling and psychotherapy. *British Journal of Guidance & Counselling* 35(1): 1–22. DOI:10.1080/03069880601106740
- Moustakas C (1990). *Heuristic Research: design, methodology and applications*. London: Sage.
- Phinney JS, Romero I, Nava M, Huang D (2001). The role of language, parents, and peers in ethnic identity among adolescents in immigrant families. *Journal of Youth and Adolescence* 30(2).
- Priven D (2008). Grievability of first language loss: towards a reconceptualisation of European minority language education practices. *International Journal of Bilingual Education and Bilingualism* 11(1): 95–106. DOI: 10.2167/beb414.0 To link to this article: <http://dx.doi.org/10.2167/beb414.0>
- Rogers CR (1961). *On Becoming A Person: a therapist's view of psychotherapy*. London: Constable and Robinson Ltd.
- Smith FD, Woo M, Austin SB (2010). 'I didn't feel like any of those things were me': results of a qualitative pilot study of race/ethnicity survey items with minority ethnic adolescents in the USA. *Ethnicity & Health* 15(6): 621–38.
- Yomtoob D (2014). Caught in Code. In: Boylorne R, Orbe M (eds). *Critical Autoethnography – Intersecting Cultural Identities in Everyday Life*. Walnut Creek, CA: Left Coast Press (pp144–58).

Schizophrenia's Etiology: behavioural geneticists' research and the research they ignore

Jonathan Sederati

SUMMARY: This article evaluates the evidence in favour of a strong genetic component to so called schizophrenia, with reference to alternative perspectives.

Keywords: schizophrenia, mental health, behavioural genetics, etiology.

Schizophrenia involves a range of cognitive, behavioural, and emotional problems including hallucinations, delusions, disorganised speech and behaviour, and negative symptoms: eg. avolition (APA, 2013). However, no single symptom is pathognomonic. Lifetime prevalence of schizophrenia is approximately 0.3 per cent to 0.7 per cent, although reports vary based on several factors including race and sex. The current acritical consensus is that genes play a large role in the etiology of schizophrenia (Plomin, Defries, Knopik, & Neiderhiser, 2013; Ripke et al, 2014; Kendler, 1983; Torrey, 1992), however, a substantial body of evidence opposes this view (BPS, 2014; Alemany et al, 2013; Read & Dillon, 2013; Joseph, 1999, 2004b, 2015b; Jackson, 1960). This paper evaluates the evidence in support of a genetic role and argues that family, twin, and adoption studies are plagued by environmental confounds and methodological inconsistencies and thus, cannot be considered strong evidence for a genetic conception of schizophrenia. Furthermore, a discussion of molecular genetic research highlights a consistent inability to replicate findings, with studies of childhood adversity providing support for alternative explanations.

Jonathan is currently studying for an MSc. in psychology at the University of Derby, UK and has a strong interest in mental health.

© Sederati 1471-7646/16/04257-10

Establishing schizophrenia's genetic etiology

Researchers have developed several methods for understanding genetic contributions to schizophrenia including; family, twin, and adoption studies, and more recently, molecular genetic studies (Rhee & Ronald, 2014). Schizophrenia tends to run in families (Kendler, 1983), however, it's now widely recognised that family studies are unable to disentangle genetic and environmental factors. This is because family members share both a common environment and common genes (Joseph, 2015b). Accepting this, researchers now cite studies of pairs of monozygotic (MZ) and same-sex dizygotic (DZ) twins, or adoptees. The basic rationale behind the study of MZ and DZ twins is that because MZ twins share 100 per cent of their DNA and DZ twins only share 50 per cent (on average), then if a particular disorder such as schizophrenia is more frequently observed (ie. concordant) in pairs of MZ twins compared to DZ twins, twin researchers conclude that the MZ twins' more similar genes are responsible for the disparity. Based on their results, twin researchers then calculate heritability estimates for a particular trait or disorder.

Twin studies

Joseph (2004a) pooled the concordance rates of all twin studies up until mid-2001 and calculated MZ pairwise concordance at 40.4 per cent and DZ pairwise concordance at 7.4 per cent. Pre-1962 twin studies are often distinguished from post-1962 studies because of their inferior research methods (eg. non-blinded diagnoses and potentially biased samples). The pre-1962 studies reported, in general, much higher concordance rates compared to the post-1962 studies whose pooled pairwise concordance rates are only 22.4 per cent (MZ) and 4.6 per cent (DZ). Torrey (1992) aggregated the concordance rates for eight twin studies that met minimal criteria for sampling and zygosity ascertainment and reported a pairwise concordance rate of 28 per cent for MZ twins and 6 per cent for DZ twins. These figures are significantly lower than the 50 per cent concordance estimate for MZ twins provided in modern textbooks (eg. Kalat, 2016) and the pooled rates, discussed above. Despite the differences in concordance rates, a common trend among each estimate is that MZ concordance rates are significantly higher than DZ rates. Large heritability estimates for schizophrenia (eg. 81 per cent, Sullivan, Kendler, & Neale, 2003; 60–80 per cent, Rhee & Ronald, 2014) have also been derived from twin research. These data have led many researchers (eg. Kendler, 1983) to maintain the position that genetic factors play a key role in the etiology of schizophrenia.

Twin studies are praised for playing a 'pivotal role... in establishing a genetic contribution to the etiology of schizophrenia' (Cardno & Gottesman, 2000, p12),

but despite their popularity, there are several methodological problems with this approach (Joseph, 2004a, 2004b). The 'equal environment assumption' (EEA) forms the bedrock of the twin method and maintains that pairs of MZ and DZ twins experience roughly equal environments; ergo any differences between them are attributed to genes. However, it is now understood that MZ twins *do* experience more similar environments, are treated more similarly by parents (eg., they are dressed more alike), and experience greater identity confusion, compared to DZ twins (Joseph, 2004b). The invalidity of the EEA means that the disparity between MZ and DZ concordance rates for schizophrenia may not be due to the MZ twins' more similar genetics, but rather, their more similar environments.

Proponents of the twin method (eg. Kendler, 1983) argue that MZ twins' more similar environments and experiences are the *result of*, rather than the cause, of their more similar phenotypes. This argument has been labelled 'circular' (Fosse, Joseph, & Richardson, 2015, p4), as it presumes a genetic basis before observations have even been made. Bouchard (1997) accepts that MZ and DZ twins' environments are unequal, but argues that the differences are 'trivial' (p134). He states that critics haven't demonstrated that MZ twins' more similar experiences are relevant to a particular trait (eg. schizophrenia). The 'trait-relevant' defense is another attempt to subtly redefine the EEA. One which Joseph (2004b) argues devolves the twin method into a glorified family study; a method already acknowledged as unable to disentangle genetic and environmental influences. Regarding Bouchard's notion of trait-relevance, research by Alemany et al (2013) is instructive. The authors reasoned that if disparities in the presence of psychotic experiences in MZ twins are associated with childhood adversity, this would provide support for the view that environmental influences are relevant to particular traits. Their assessment of 226 Spanish adult twins found that within-pair MZ differences in exposure to childhood adversity (eg. physical, sexual, emotional abuse) were significantly associated with subsequent symptoms of psychosis.

Another point of contention regarding twin studies pertains to the concordance rates of same- and opposite-sex DZ twins. Based on the fact that all DZ twins, regardless of sex, share roughly the same proportion of genes, genetic theory would suggest that both types of twins would be equally concordant for schizophrenia (Jackson, 1960). However, pooled schizophrenia concordance rates in studies that assessed both types of DZ pairs are 11.3 per cent for same and 4.7 per cent for opposite-sex DZ twins (Joseph, 1999). Data from Gottesman (1991, cited in Kalat, 2016) also show disparities in the probability of developing schizophrenia between siblings (9%) and DZ twins (17%). These data contradict one of the basic expectations of twin research: that genetically homogenous individuals will be (on average) equally likely to develop schizophrenia.

Adoption studies

Inherent confounds in twin studies have led some researchers to conduct adoption studies. In theory, adoption studies enable researchers to separate biological and environmental factors by studying individuals who were raised by genetically unrelated caregivers and comparing them to a control group. If an adopted child resembles their biological parents for a particular trait (despite not being raised by them), it is inferred that genes influence the development of that trait. The first schizophrenia adoption study (Heston, 1966) compared adults born to mothers diagnosed with schizophrenia, where mother and infant (2 weeks old) were separated permanently, with a control group. Schizophrenia diagnoses were reported in 5/47 of the offspring. No cases of schizophrenia were found among the control group adoptees and the difference was statistically significant. Despite being consistently cited in support of a genetic etiology of schizophrenia, Heston's study is rife with flaws (see Joseph 2004b), including poorly defined diagnostic criteria, lack of blinding, and the decision not to assess the psychiatric status of the adoptees' fathers (ie. half of the experimental group's gene pool was ignored). Other high profile adoption studies such as the Danish-American studies (Kety et al, 1994; Rosenthal, Wender, Kety, & Schulsinger, 1971; Rosenthal et al, 1968; Wender, Rosenthal, Kety, Schulsinger, & Welner, 1974, cited in Plomin et al, 2013) purport to have established schizophrenia as a highly heritable disorder but these studies contain a plethora of limiting factors (see Joseph, 2004b, chapter 7). Importantly, none of these studies was able to provide an adequate definition of schizophrenia.

Diagnosis and environmental factors

There are no biological markers or laboratory tests for schizophrenia (Frances, 2014). In fact, 'We still do not have a single laboratory test in psychiatry.' (p10). Despite Frances' criticisms of psychiatry, he and others (Flaum and Andreasen, 1990, cited in Carlson, 2012) argue that schizophrenia can be reliably diagnosed. Frances' assertion is put forward without a source and directly contradicts his earlier admission that 'all of our diagnoses are now based on subjective judgments that are inherently fallible and prey to capricious change.' (p12). Research by Kirk and Kutchins (1994, cited in BPS, 2014), reported that clinicians who had received additional training in the application of diagnostic criteria could only agree on a broad diagnostic category about 50 per cent of the time, contradicting claims of diagnostic reliability. Evidence also suggests that, since the advent of the DSM-III, the inter-rater reliability of schizophrenia has steadily declined (Carney, 2013). Barnes (2004) reported that compared with Whites, African Americans admitted to state psychiatric hospitals were almost five times more likely to

receive a diagnosis of schizophrenia rather than mood disorder. Frances (2014) acknowledges these findings and blames the discrepancies on bias and cultural ignorance rather than racial differences, further confusing his position that current diagnostic methods are reliable. Kinderman (2014) acknowledges that in the realm of physical health, diagnostic reliability is often also poor, however, the fundamental difference between physical and psychiatric diagnoses is that, with respect to physical ailments, objective tests and post-mortem examinations can correct mistakes made by diagnosticians; the same cannot be said for the field of psychiatry. It is unscientific to claim knowledge (eg., via twin studies) about the etiology of schizophrenia *if reliable methods of diagnosis do not exist*. Thus, research that does attempt to search for 'causes' is inherently confounded based on this lack of objectivity.

Previous sections suggested that the methodologies and findings of twin and adoption studies are largely untenable. Despite this, Torrey (1992) asserted that genetics remains 'the only clearly defined etiological factor' (p168) for schizophrenia. Evidence associating psychosis with adverse childhood experiences suggests otherwise (Read & Dillon, 2013). In addition to Alemany et al (2013, discussed above), Varese and colleagues (2012) conducted a meta-analysis of 41 studies published from 1980 to 2011 to investigate the association between childhood adversity and psychotic symptoms. They reported significant associations between adversity (eg. physical, sexual, emotional abuse) and psychosis across all research designs. The findings suggest that upon eliminating factors of abuse, psychosis prevalence could be reduced by one third. Despite garnering little attention from behavioural geneticists, these and other data (eg. Janssen, et al, 2004; Shevlin, Dorahy, & Adamson, 2007) imply that adversity is an important determinant of psychosis.

The multi-decade search for genes

Replication, replication, replication

For decades, researchers have been in search of 'genes for' schizophrenia. Originally, psychiatrists anticipated identifying single genes for a range of traits and disorders, but this has not occurred (Frances, 2014). In 1988, Sherrington and colleagues studied seven British and Icelandic families ($N = 104$) and published findings supporting a genetic link between two DNA polymorphisms on the long arm of chromosome five and schizophrenia. Sherrington et al claimed the results provided 'the first concrete evidence for a genetic basis to schizophrenia' (p167). However, in the same year, a similar study using a Swedish kindred ($N = 81$) was unable to replicate their findings (Kennedy et al, 1988). Other failed attempts to replicate the genetic linkage were documented by Owen (1992).

More recently, Faraone and colleagues (2008) admitted that after the publication of thousands of gene association studies, few findings have been replicated (see Joseph, 2013). In 2014, Ripke et al published the largest ever molecular genetic study of schizophrenia. The genome-wide association study (GWAS) examined the genes of approximately 150,000 people and identified 108 genetic loci where schizophrenia patients' DNA sequences differed from controls. However, the researchers concluded that these loci only explained a small fraction (3.4%) of the total variance. This is not an unusual finding. Thus far, genes have only been able to explain 1–5 per cent of the variation in psychiatric inscriptions such as depression, anxiety disorders, and schizophrenia (Plomin & Simon, 2013, cited in James, 2014). Also, the majority of the 108 loci had not previously been identified. Therefore, it is possible that the findings will not be replicated, as has been the general trend for 50 years (Joseph, 2013, 2015a).

Genetic dogmatism

'We're still waiting' (Kupfer, 2013, para 1), admitted the Chair of the American Psychiatric Association's DSM-5 Task Force with regards to the multi-decade search for biomarkers and genes for so called mental illnesses including schizophrenia. Despite the failure to find consistent genetic linkages (Frances, 2014), the DSM-5 (APA, 2013) claims there *is* 'a strong contribution for genetic factors in determining schizophrenia' (p103) and that there are a number of risk alleles that each contribute a small proportion to the total population variance. The 'disappointingly small' (Maher, 2008, p18) proportions in reported variance relative to the large heritability estimates derived from twin studies has been dubbed 'the missing heritability' problem. In opposition to their negative results, geneticists remain steadfast in their beliefs about the high heritability of psychological traits. The fact that thousands of failed replications and critical reviews of methodologically unsound research have not led the genetics community to re-evaluate its stance regarding the importance of genes in relation to schizophrenia and other mental disorders (Joseph, 2015a) should be of concern to any 'scientific' community.

A 'firestorm' (Kirk, Gomory, & Cohen, 2013, p29) of criticism has been directed at the field of psychiatry for its attitude towards mental health (Kinderman, 2014; Frances, 2014; Szasz, 1988). Schizophrenia patients and other individuals deemed 'mentally ill' have been routinely institutionalised and medicated against their will, despite there being 'no demonstrable histopathological or pathophysiological evidence to support the claim that schizophrenia is a disease' (Szasz, 1988, p105). The 'disease-model' approach to mental health (Kinderman, 2014) is fueled by a multi-billion dollar pharmaceutical industry financially incentivised to convince patients that 'abnormal' or distressing experiences are the result of innate traits which only pills can alleviate (Whitaker, 2010). It is also embraced by patients and

families who wish to absolve themselves of responsibility for the consequences of their actions. Schizophrenia may run in families, but James (2016) points out that sexual abuse does too. Promoting biogenetic explanations may also induce pessimism in patients (Kvaale, Haslam, & Gottdiener, 2013) and evoke significantly less empathy in clinicians by exacerbating perceptions of patients as abnormal (Lebowitz & Ahn, 2014). Joseph (2004b) argues that even if a substantial genetic predisposition for schizophrenia was discovered, it would have 'little meaning' (p345) because researchers and clinicians could better serve patients by understanding how to minimise or eliminate environmental factors (eg. intra-familial assault).

Frances (2014) has admitted that schizophrenia is 'not [a] disease' but rather 'a useful construct' (p21). This 'construct' includes a variety of experiences and behaviours which are only considered symptoms of schizophrenia when they negatively impact an individual's personal and professional functioning (Boyle, 2004). As there are no objective tests for schizophrenia and no symptom pathognomonic of the disorder, searching for a specific 'cause' for 'the behaviours and experiences from which schizophrenia has misleadingly been inferred' (Boyle, p455) makes little sense. Rather than accepting the reductionist notion that schizophrenia represents a distinct psychopathology resulting from a biological affliction, researchers should be aware that a variety of stressors have been implicated in experiences related to schizophrenia. For example, Read and colleagues (2003) reported a 'particularly strong relationship between CA [child abuse] and hallucinations' (p14). Specifically, child physical abuse survivors were 2.5 times, child sexual abuse survivors 3 times, and survivors of both forms of abuse 4 times more likely to experience hallucinations, compared to non-abused patients. Abuse takes many forms and Boyle (2004) reasoned that the behaviours and experiences categorised as 'schizophrenic' 'are amongst the most extreme ways in which people react to or attempt to manage the distress caused by very aversive and threatening circumstances' (p460). Focusing on experiences and behaviours rather than a categorisation inevitably demands an individualised approach to the treatment of people diagnosed with schizophrenia, which few members of the behavioural genetics field or pharmaceutical industry are interested in promoting.

The future?

Evidence supporting a genetic component to schizophrenia was evaluated. Twin studies do not provide valid evidence for the high heritability estimates their proponents claim are the primary 'cause' of schizophrenia. Reasons for this include; the false assumptions (eg. EEA) twin studies make, biased researchers, and the disparity in concordance rates between same- and opposite-sex DZ twins (Joseph,

2004b, 1999). Furthermore, adoption studies have been unable to apply adequate research methods to justify acceptance of their dubious findings (see Joseph, 2004b, chapter 7). Critics have been largely ignored by behavioural geneticists, who used high heritability estimates to justify searching for specific genes. After thousands of gene studies, few findings have been reproduced (Frances, 2014; Joseph 2013, 2015a). Moreover, the identified gene associations have, at best, only explained a small fraction of variance (Plomin & Simon, 2013, cited James, 2014). All of these attempts to understand the genetic etiology of schizophrenia ignore the inconvenient fact that there are still no objective tests to distinguish a 'normal' individual from one with schizophrenia (Frances, 2014). Finally, strong evidence suggests childhood adversity plays a key role in the distress that individuals labelled 'schizophrenic' experience (Alemany, et al, 2013; Read & Dillon, 2013; Varese, et al, 2012). Researchers would better serve psychologically distressed individuals by understanding the environmental conditions that give rise to their distress, and learning how to minimise or even eliminate them.

References

- Alemany S, Goldberg X, van Winkel R, Gasto C, Peralta V, Fananas L (2013). Childhood adversity and psychosis: examining whether the association is due to genetic confounding using a monozygotic twin differences approach. *European Psychiatry* 28(4): 207–12.
- American Psychiatric Association (2013). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed). Washington, DC: APA.
- Barnes A (2004). Race, schizophrenia, and admission to state psychiatric hospitals. *Administration and Policy in Mental Health* 31(3): 241–52.
- Bouchard TJ (1997). IQ similarity in twins reared apart: findings and responses to critics. In: Sternberg R, Grigorenko E eds). *Intelligence, Heredity, and Environment*. New York: Cambridge University Press (pp126–60).
- Boyle M (2004). Preventing a non-existent illness?: some issues in the prevention of 'schizophrenia'. *The Journal of Primary Prevention* 445–69.
- British Psychological Society (2014). *Understanding Psychosis and Schizophrenia*. Leicester: BPS Publications.
- Cardno AG, Gottesman II (2000). Twin studies of schizophrenia: from bow-and-arrow concordance to Star Wars Mx and functional genomics. *American Journal of Medical Genetics* 97: 12–17.
- Carlson NR (2012). *Physiology of Behavior* (11th ed). New York: Pearson.
- Carney J (2013, March 26). *The DSM-5 Field Trials: inter-rater reliability ratings take a nose dive*. Retrieved July 11, 2016, from Mad in America: <http://www.madinamerica.com/2013/03/the-dsm-5-field-trials-inter-rater-reliability-ratings-take-a-nose-dive/>

- Faraone SV, Smoller JW, Pato CN, Sullivan P, Tsuang MT (2008). The new neuropsychiatric genetics. *American Journal of Medical Genetics Part B: Neuropsychiatric Genetics*, 147B: 1–2.
- Fosse R, Joseph J, Richardson K (2015). A critical assessment of the equal-environment assumption of the twin method for schizophrenia. *Frontiers in Psychiatry* 6(62): 1–10.
- Frances A (2014). *Saving Normal: an insider's revolt against out-of-control psychiatric diagnosis, DSM-5, big pharma and the medicalization of ordinary life*. New York: William Morrow.
- Heston LL (1966). Psychiatric disorders in foster home reared children of schizophrenic mothers. *British Journal of Psychiatry* 112: 819–25.
- Jackson DD (1960). A critique of the literature on the genetics of schizophrenia. In: Jackson DD. *The Etiology of Schizophrenia*. Oxford: Basic Books (pp37–87).
- James O (2014). Not in your genes – time to accept the null hypothesis of the human genome project? *Attachment* 8(3): 281–296.
- James O (2016). *Not in your genes: the real reasons children are like their parents*. London: Vermilion.
- Janssen I, Krabbendam L, Bak M, Hanssen M, Vollebergh W, Graaf RD, Os JV (2004). Childhood abuse as a risk factor for psychotic experiences. *Acta Psychiatrica Scandinavica* 109(1): 38–45.
- Joseph J (1999). The genetic theory of schizophrenia: a critical overview. *Ethical Human Sciences and Services* 1(2): 119–145.
- Joseph J (2004a). Schizophrenia and heredity. In: Read J, Mosher LR, Bentall RP (eds). *Models of madness: psychological, social and biological approaches to psychosis*. Hove & New York: Brunner-Routledge (pp67–83).
- Joseph J (2004b). *The Gene Illusion*. New York: Algora.
- Joseph J (2013, February 15). *Five decades of gene finding failures in psychiatry*. Retrieved August 23, 2016, from Mad in America: <https://www.madinamerica.com/2013/02/five-decades-of-gene-finding-failures-in-psychiatry/>
- Joseph J (2015a, January 5). *Quotations from the genetics 'graveyard': nearly half a century of false positive gene discovery claims in psychiatry*. Retrieved July 11, 2016, from Mad in America: <http://www.madinamerica.com/2015/01/quotations-genetics-graveyard-nearly-half-century-false-positive-gene-discovery-claims-psychiatry/>
- Joseph J (2015b). *The Trouble with Twin Studies*. New York: Routledge.
- Kalat JW (2016). *Biological Psychology* (12th ed). Boston: Cengage Learning.
- Kendler KS (1983). Overview: a current perspective on twin studies of schizophrenia. *The American Journal of Psychiatry* 140(11): 1413–25.
- Kennedy JL, Giuffra LA, Moises HW, Cavalli-Sforza LL, Pakstis AJ, Kidd JR, . . . Kidd KK (1988). Evidence against linkage of schizophrenia to markers on chromosome 5 in a northern Swedish pedigree. *Nature* 336(6195): 167–70.
- Kinderman P (2014). *A Prescription for Psychiatry*. Basingstoke, Hampshire: Palgrave Macmillan.
- Kirk SA, Gomory T, Cohen, D (2013). *Mad Science: the disorders of American psychiatry*. New Brunswick, NJ: Transaction.

- Kupfer D (2013, May 3). *Statement from DSM Chair David Kupfer*. Retrieved July 11, 2016, from Mad in America: www.madinamerica.com/wp-content/uploads/2013/05/Statement-from-dsm-chair-david-kupfer-md.pdf
- Kvaale EP, Haslam N, Gottdiener WH (2013). The 'side effects' of medicalization: a meta-analytic review of how biogenetic explanations affect stigma. *Clinical Psychology Review* 33(6): 782–94.
- Lebowitz MS, Ahn WK (2014). Effects of biological explanations for mental disorders on clinicians' empathy. *Proceedings of the National Academy of Sciences* 111(50): 17786–90.
- Maher B (2008). The case of the missing heritability. *Nature* 456(6): 18–21.
- Owen MJ (1992). Will schizophrenia become a graveyard for molecular geneticists? *Psychological Medicine* 22(2): 289–293.
- Plomin R, Defries JC, Knopik VS, Neiderhiser JM. (2013). *Behavioral genetics* (6th ed). New York: Worth.
- Read J, Dillon J (eds) (2013). *Models of Madness: psychological, social, and biological approaches to psychosis* (2nd ed). Hove: Routledge.
- Read J, Agar K, Argyle N, Aderhold V (2003). Sexual and physical abuse during childhood and adulthood as predictors of hallucinations, delusions and thought disorder. *Psychology and Psychotherapy: theory, research and practice* 76: 1–22.
- Rhee SH, Ronald A (eds) (2014). *Behavior Genetics of Psychopathology*. New York: Springer.
- Ripke S, Neale BM, Corvin A, Walters JT, Farh KH, Holmans PA, ... Pers TH (2014). Biological Insights from 108 schizophrenia-associated genetic loci. *Nature* 511(7510): 421–27.
- Sherrington R, Brynjolfsson J, Petursson H, Potter M, Dudleston K, Barraclough B, . . . Gurling H (1988). Localization of a susceptibility locus for schizophrenia on chromosome 5. *Nature* 336(10): 164–7.
- Shevlin M, Dorahy MJ, Adamson G (2007). Trauma and psychosis: an analysis of the national comorbidity survey. *American Journal of Psychiatry* 164: 166–9.
- Sullivan PF, Kendler KS, Neale MC (2003). Schizophrenia as a complex trait: evidence from a meta-analysis of twin studies. *Archives of General Psychiatry* 60(12): 1187–92.
- Szasz T (1988). *Schizophrenia: the sacred symbol of psychiatry*. Syracuse, NY: Syracuse University Press.
- Torrey EF (1992). Are we overestimating the genetic contribution to schizophrenia? *Schizophrenia Bulletin* 18(2): 159–70.
- Varese F, Smeets F, Drukker M, Lieveerse, R, Lataster T, Viechtbauer W, . . . Bentall RP (2012). Childhood adversities increase the risk of psychosis: a meta-analysis of patient-control, prospective- and cross-sectional cohort studies. *Schizophrenia Bulletin* 1–11. doi:10.1093/schbul/sbs050
- Whitaker R (2010). *Anatomy of an Epidemic*. New York: Crown.
- Wilby P (2014, February 18). *Psychologist on a mission to give every child a learning chip*. Retrieved July 13, 2016, from The Guardian: <https://www.theguardian.com/education/2014/feb/18/psychologist-robert-plomin-says-genes-crucial-education>

Corporations, the Empire of Trash and a Psychology of Business and Environmental Risk

Brian Davey

SUMMARY: This article explores the ways in which corporations develop groupthink and business strategies to increase market share with particular reference to the potential harm to the human and ecosystem.

KEY WORDS: Groupthink, fracking, risk, pollution, ecocide and profit.

Base Fortune, now I see, that in thy wheel
There is a point, to which when men aspire,
They tumble headlong down.

Christopher Marlowe – from his play 'Edward the Second'

Let's start with the BIG STORY. Any PR or advertising agency will tell their clients that they have to have a story. The story can amuse, stimulate or inspire. The aim of this is to emotionally engage with the public or a market segment. They are invited to identify with the story, to become a part of it, to share in the action.

For example, here's a story in just two letters and two words: 'BP' meaning 'Beyond Petroleum'. It explained how that company saw its future. OK, the story went, we are a fossil fuel company – but we are trying to move in the right direction – so fill up at a BP station before we've got the solar panels in place. OK?

Then, in 2010, disaster struck the Beyond Petroleum story in the Gulf of Mexico. A vast marine eco-system was trashed by a leaking well drilled from a BP Platform called 'Deepwater Horizon'. A huge media storm focused on the shoddy reality behind the slogan 'Beyond Petroleum'. BP was now perceived as a

Brian Davey is an economist and works with Frack Free Notts., Nottingham, UK. His most recent book is *Credo: economic beliefs in a world in crisis*. Feasta.

© Davey 1471-7646/16/04267-15

reckless and aggressive company that played little heed to safety or environment. In this media storm Tony Hayward, the Chief Executive of BP, made it worse for the company and himself. Someone leaked that in a private meeting he had asked his fellow executives: 'What the hell did we do to deserve this?' He was thereafter repeatedly asked how he could ask such a stupid question.

PR, if based on a flawed story, or on a lie, has a way of turning against those who attempt to make use of it.

The Ineos saga

So what is the inspiring story for Ineos – the company 2/3 owned by the Manchester Grammar School Boy made good, long distant runner, team leader, international business magnate Jim Ratcliffe? Some will remember Ineos as the company that moved its HQ to Switzerland to avoid paying UK taxes so it has struggled with its PR – however, nowadays Ratcliffe and Ineos want to be associated with another story and this article is about having a critical look at it. This is the narrative in which, by supporting the fracking of shale, Britain will gain a cheap new energy source that will revive manufacturing, leading to the regeneration of large parts of the north of England and of Scotland.

By combining £600 million of Ineos money with the fracking expertise that they have bought in from the USA, added together with the 'understanding of extractive industries' that communities in the North of England possess after coal mining ... great things can happen. Jobs. Industry. Ineos will pay some tax too.

But what's really going to happen? Every good story has high stakes and an uncertain ending. There's no dramatic tension otherwise. As the Hero embarks on the great journey there are challenges and doubts over whether they will succeed. To add tension the tests and challenges, the rewards and risks get bigger. In the Ineos saga it started as an innovating entrepreneur creating a new company. The name of Ineos is derived from Greek words conveying innovation and newness. Now, many years later, the story is whether the company will go bust – or whether it will become the saviour of Northern Britain's industrial legacy.

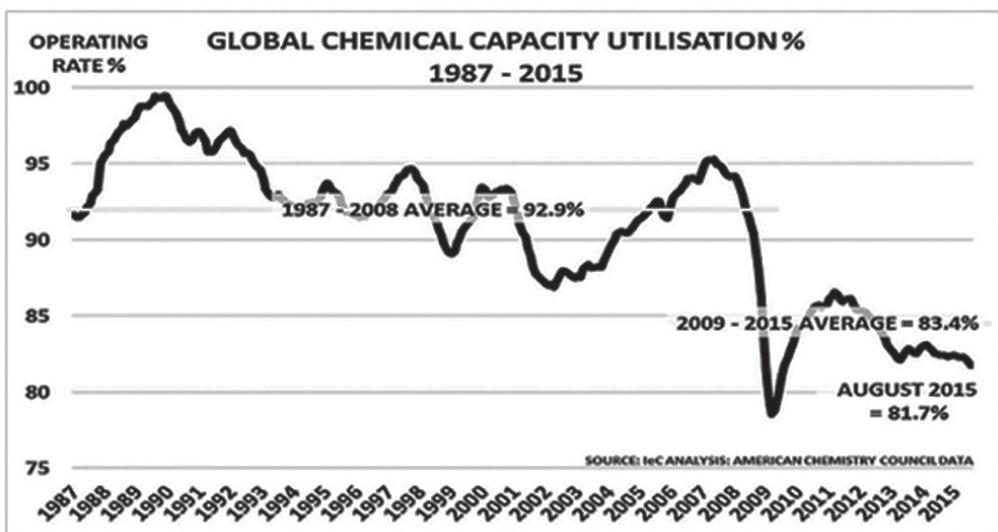
There are different kinds of stories. In one kind the apparent hero is found wanting. Some stories are about hubris – about people who overestimate themselves, discover limits that they did not know existed, find themselves in a spot of difficulty, perhaps gambling to escape their predicament – and it all ends unhappily. To be a really good tragedy the chief protagonist does not just make practical and strategic mistakes. The story ends badly because ethical or moral tests are failed too.

The Ineos gamble

In the Ineos story there is no certainty about the ending either. The desire to frack in the UK is an expensive gamble and it could go wrong in lots of different ways. Here are a few of those ways:

There could be insufficient gas for fracking to be commercially viable. In Poland in 2011 there was an idea that there was about to be a shale gas bonanza. 75 exploratory wells were sunk. 25 were fracked and although gas was found the flow was between 10 per cent and 33 per cent of what would be needed for commercial viability. So the gas exploration companies lost interest. If that were to happen to Ineos in the UK it would be a disaster for them in this country. Instead of Ineos making northern Britain Great Again it could easily go bust like it nearly did shortly after the financial crisis of 2008.

Ineos is a business empire constructed out of the pieces that other petro-chemical companies didn't want – where the pieces for the construction were paid for by borrowing. That's why their company propoganda is not only full of stuff about their technological prowess but about their skill at handling their finances. They are proud of their ability to juggle with their debt arrangements. It's also why they are so keen to get cheap UK feedstock and cheap energy for their chemical operations at Grangemouth and Runcorn. Cheap gas in the USA extracted by fracking has been useful to them in their operations there. They are trying to survive in a global market and want cheap gas, extracted on the spot, for their UK operations too. They are prepared to gamble money in this gamble. If they don't get that cheap gas they not only lose that investment, they are stuck with the problem of how to find cheap energy and ethane as North Sea gas fields decline.



There is massive overcapacity in the chemicals industry as the chart shows. When there is overcapacity in an industry there is fierce competition. Each company tries to ensure that it is their business rivals that suffer from idle production facilities while they succeed in keeping busy. A glut of products pushes down prices, which, in this case, means a glut of plastics. The name of the game is not expansion – it is survival – so that other companies go out of business and not the one that you are running.

While Ineos are telling us about regeneration, expansion and jobs, in their private business discussions they will probably be talking about how to deal with an ageing population and stagnant markets for generic products, about how to deal with competitors in other countries producing the same products but with lower energy costs, about Chinese competition and about what to do in a recession. They will also be discussing what to do if, as looks increasingly likely, there is another credit crunch like 2007–2008. Ineos are still dependent on debt finance.

Ineos may want to frack to reduce their costs of production because they are in a corner. Ratcliffe may want to believe himself the regenerator of the North of Britain – that he will win through against the odds, that he will prove wrong any people who doubted him along the way but some chemical companies are likely to go out of business. The way it's going it could be his.

Where the Ineos fantasy comes from

The international chemicals industry in general and plastics in particular are in a hyper competitive state. In a hyper competitive state Ineos are disadvantaged by energy prices in Europe that are higher than elsewhere in the world. In 2011 Ineos testified to the House of Commons Environmental Audit Committee that there was a problem with a high carbon price in the European Union's Emissions Trading Scheme. It would make British and European companies that use a lot of energy uncompetitive with places like China. There was a danger, they argued, that their competitors outside Europe would win. The emissions would occur in China rather than Britain and Europe and they might be driven out of business. We have an important role in 'the Green Economy' they claimed, pointing at their development of technological processes to develop fuel and electricity from municipal waste. However there had to be a way of squaring the circle on European climate policy – because all that was happening was that European policy was driving high energy (= high carbon) industrial operations like chemicals and plastics to China where the greenhouse gas emissions of production were even higher than in Britain and Europe. The chemicals, plastics and industrial products were being exported back to Europe and companies like Ineos were losing markets.

That was in 2011 and the story moved on. Companies in the USA were finding their costs lowered by using gas from fracking and the Ineos management team were looking to import that gas into the UK by building ships especially designed to carry liquefied gas. But this was only an imperfect interim solution for the Ineos UK operations. While cheap in America the gas is not so cheap for Ineos over here after paying the toll for liquefying it and the costs of transporting it. For the UK to develop its own fracking industry seemed to be, for the needs of Ineos, a far better solution. The North Sea as the major UK source for natural gas is in decline but the big idea now was that onshore gas from fracking would not only revive the fortunes of Ineos but of all energy intensive economic sectors. That has been the apparent epiphany – a grandiose vision of industrial regeneration was born. However, to be missionaries for shale and fracking, you have to brush the problems under a carpet.

Ratcliffe, quoted in the Guardian, claims, ‘a lot of the opposition to fracking is based on hearsay and rumour’. In fact there are now nearly 700 academic articles published between 2009 and the end of 2015 about fracking, public health and the environment. The overwhelming majority of the studies that contain field data show potential or actual contamination of water or air. 31 of the studies assess the dangers to public health – 26 of them indicate public health hazards, elevated risks or adverse health outcomes. (<http://www.psehealthyenergy.org/site/view/1233>)

Decision making under conditions of uncertainty

It is difficult to be sure without knowing him a lot better how Ratcliffe came to say and apparently believe that opposition to fracking is based on hearsay. It brings to mind the comment of BP’s Tony Hayward mentioned earlier. It raises interesting questions about how aware and self-aware are many ‘captains of industry’. One of the most interesting sides of economic theory which overlaps with human psychology is decision-making under conditions of uncertainty. That’s decision making where you know some things, where you think you know some things and where there are a lot of things that you don’t know. Daniel Kahneman, who won the Nobel Prize for Economics, has focused on this. For Kahneman a crucial feature of good decision making is not to overestimate the importance and significance of what you think that you know – while at the same time underestimating what you don’t know. This is very difficult because people construct their interpretation of the world from what they know. Indeed they may feel particularly proud of their specialist and professional knowledge. They may feel that it gives them unique and special insights, giving an expertise that other people lack that makes them *the* industry experts on a particular matter. In the anti-fracking struggle one sees this all the time from some rather arrogant engineers and geologists who feel that

they are uniquely qualified to opine on fracking (or indeed other topics too) – not acknowledging that environmental scientists, public health professionals, economists, climate scientists and many others each have professional and scientific angles also worthy of consideration and respect. In Germany there is even a special name for this kind of person – a Fachidiot – where Fach means a specialist subject discipline and idiot means idiot – a Greek word for someone who focused exclusively on their private interests and did not take an interest in wider politics and public affairs.

Of course everyone tends to underestimate what they don't know in favour of what they do know (or think they know). It is not just a problem among frackademics. In his book, *Thinking Fast and Slow*, Kahneman labels the common fallacy that underpins most of how we interpret and decide about things – he calls it the WYSIATI fallacy - What You See Is All There Is. It is related to 'optimism bias' and 'planning fallacy' – assuming things will work as we plan them, on time and on budget, because of not realising that there will always be unknown unknowns to drive us off track. This 'optimism bias' is a feature too of expectations for health and safety and environmental consequences. Other people call this Murphy's Law. If things can go wrong then eventually they will.

Of course what we see is not all there is – the German philosopher Heidegger describes our experience of being in the world with the metaphor of being in a clearing in a forest – what we see is what's in the clearing but beyond that things remain unknown to us. ('Die Lichtung des Seins' in German – where Lichtung means clearing and Sein means 'being'. It is helpful perhaps to notice that in German the word Lichtung contains the word Licht – light, that which illuminates). Others speak of a 'cloud of unknowing'. In different circumstances politicians and military types speak of the 'fog of war.' To get a proper sense of where we are really, it helps to realise that we are lost. Yet there are some kinds of people who have to give the appearance of knowing just where they are, and exactly what they are doing all the time otherwise these wizards would freak the markets and scare away the people who follow their leadership and lend them money. Then there is a certain kind of stupid economist who claims that, while each individual only has a partial view, all market actors together have the complete view and thus hypothesize the existence of perfect markets. And in perfect markets entrepreneurs collectively make the right decisions. Everything is for the best in the best of all possible worlds in this world view – earlier mocked by Voltaire in the philosophy of his character Dr Pangloss. The problem with this view is that when you give people the idea that they could be infallible then, after a run of luck, they start overestimating themselves, ignore their critics and set themselves and other people up for some disastrous mistakes. This is the hubris story by the way – the ones that the leaders of BP set themselves up for.

Groupthink – why corporate leaders and politicians ignore evidence once they have made up their minds

Managers spending their time trying to work out how to develop their business, and how to survive in a competitive market, are of course aware that they must devote some of their attention to health and safety and environmental issues. What a shame then that devoting attention to such matters competes for their time with many other things to be resolved and strategies that need to be worked on. Of course business strategies must embrace as much information as possible – but once you are embarked on a strategy, and above all, once you have made public declarations and started to raise and commit millions in investment, then you cannot easily change your mind. You cannot keep chopping and changing. This is even more the case if you have borrowed a lot of money to advance your strategy. For your own peace of mind too it will not do to start doubting decisions that involve a lot of money, a lot of creditors. These decisions also underpin your relationships with your management team who are pursuing the same plan, not to mention your relationships with the rest of the workforce.

Academics and activists can chop and change and try to get to the bottom of things – but for the captains of industry there are powerful pressures to retain their focus even if real life reveals a host of issues that they did not know at first – indeed that could not know at first. That's why, as they plough ahead with their business strategies, resisting the temptation to pull down blinkers must be sometimes hard. The more that you have at stake and already committed the greater the psychological pressure to refuse to acknowledge inconvenient new information that is telling you a mistake has been made.

In this regard one of the psychological insights of Kahneman is that trapped decision makers start gambling. When all options seem bad the attempt to escape seems to justify taking great risks that would otherwise not be taken. In current circumstances Ineos operations in Europe are trapped by high energy and feedstock costs and the shale gas 'solution' to their problems is a big commitment of resources that is part of a gamble to try to break free and restore their ability to compete internationally. The relevant insight from this is that they are likely to want to play this all the way through, despite the low chances of success because there are no other options. In this situation, their willingness to accept any new information about health and environment risks to anyone else might be reduced.

The ability to sustain gambles like this will be buttressed when supported by a wider network of interests. A vested interest coalition is involved too. The larger group has also refused to review its earlier decisions and to admit that they were wrong too or to take in new information. The prospect of losing credibility and making a humiliating U turn is very off-putting. Politicians, many engineering

and geologist academics, as well as specialist officials often have long standing collegiate relationships. It is not surprising that this wider circle is still trotting out the message from the Royal Society and Royal Academy of Engineering. Ineos PR use the Royal Academy and RAE's report as well as a very partial report by Public Health England on the limited topic of 'fracking emissions'. These reports were written very early and before most of the peer reviewed academic articles about public health, environmental and climate concerns started flooding out of other departments of the universities. The later studies have not matched up with the earlier group think that geologists and engineers had said about safety. However these earlier reports by specialist academics writing partly out of their subject areas are still cited as evidence for the faith that holds the frackers together. These reports still 'prove' safety and they are clearly too complacent. They are still too focused on what geologists assume might be the problems – deep underground, underplaying a host of problems on the surface, issues of scale and wider gas field development, in addition to a long standing problem of well integrity. This has made it necessary for anti-fracking campaigners to fight a group think that now appears dangerous.

It is thus interesting to compare what is happening with what happened earlier in the organisation that embraced the empty rhetoric of 'Beyond Petroleum' under the leadership of CEO John Browne and then of Tony Hayward. According to Jonah Sachs:

As John Browne rose to the zenith of his global esteem, groupthink descended upon BP's core leadership team like a thick fog. Red flags about safety concerns flew everywhere in the form of external and internal investigations and even massive government fines. Browne and his men, including Hayward, optimistically responded with superficial fixes, believing their measures could address deeper safety issues while keeping oil flowing at maximum rates. Whistleblowers tried desperately to get executives to maintain safety equipment and top talent resigned in protest when they did. When Hayward took over, the leadership team spent countless hours discussing plans to reorient its approach to safety even as they increased the riskiness of the projects that they undertook. From the inside, it all looked perfectly normal. (Sachs, 2012)

Cohesive groups with a strong leader will often ignore or punish dissenting opinions. They can do it because they have the backing of government and are given cover by frackademics and are able to place fast and loose with reality. In fact in the media and in their PR they create a fantasy world for everyone else that suits them. There are psychological mechanisms available to keep the deeper and threatening reality out of the centre of their consciousness. Freud called it

‘Verdraengung’ which means pushing an idea or truth away, not bringing it into the centre of consciousness to get an appropriate amount of attention. (Verdraengung is usually wrongly translated as ‘repressing’ in psychoanalytical literature). Yet when Ratcliffe tells a major national newspaper that the opposition to fracking is based on hearsay there is probably some level at which he is uneasily aware that what he is saying can be challenged. Is he unaware that the US company with which he has a 15 year contract for the supply shale gas, Range Resource, has been accused of causing a number of environmental incidents? It seems implausible that he does not know that Range Resource have paid nearly \$15 million in pollution fines in recent years. This included an \$8.9 million fine which was the biggest ever for a shale gas drilling related environmental violation in Pennsylvania as well as a \$4.15 million fine for violations at 6 waste water impoundments. (See a long list at:

- <http://stateimpact.npr.org/pennsylvania/tag/range-resources/>
- [http://powersource.post-gazette.com/powersource/policy-powersource/...](http://powersource.post-gazette.com/powersource/policy-powersource/)
- <https://stateimpact.npr.org/pennsylvania/2014/09/18/range-resources-to-p...>)

When Ratcliffe claims that opposition to fracking is based on hearsay, he may be unaware that one reason that more information and evidence against fracking does not exist are the gagging orders imposed on victims after financial settlements? In August 2013 this included a gagging order on two children by Range Resource – the children were banned from talking about fracking for the rest of their lives. (<http://www.theguardian.com/environment/2013/aug/05/children-ban-talking-...>)

Ratcliffe ought to be sensitised to issues of children’s health because in Ohio in 2009 his company was obliged to share a \$1.3 million fine for multiple violations at the Ineos chemical facility at Addyston. It was a case associated with hazardous air pollutants like acrylonitrile, butadiene and styrene and an elementary school had to be relocated because of the air pollution risk to school children.

Instrumentalising children’s health to pursue a corporate agenda that will damage children’s health

At the time of writing Ineos is sponsoring long distance running by schoolchildren in a Go Run for Fun initiative. Ratcliffe is a keen long distance runner but if he and his company are keen on public health they would not be accusing opponents of fracking of basing themselves on hearsay. The dangers are well documented. It is not rumour or hearsay that 40 of 46 peer reviewed scientific studies between 2009 and 2015 show actual or potential negative effects to air quality. It is unlikely to help children’s health to run through an Ineos gasfield.

The effect of fracking derived air pollution on the health of pregnant women and their babies should give cause for concern too. In June of 2015 a peer reviewed University of Pittsburgh study linked fracking to low birthweight in three heavily

drilled Pennsylvania counties. The more wells, and the closer the wells to where the pregnant mother lived, the greater the risk. The study did not investigate mechanisms but its authors thought air pollution was the likely route of exposure – as evidenced by another West Pennsylvania study (Shaina, et al, 2015; Preidt, 2015).

The company appears to champion the health of children while simultaneously making partnerships with companies that gag children while promoting an industry that is a threat to their health? What kind of corporate ethics are we dealing with that denies the evidence, claims opposition is based on hearsay and spends a vast amount on corporate propaganda?

Plastic pollution – is ethical bankruptcy worse than financial bankruptcy?

If Ineos goes ahead it could impose public health and environmental risks on local communities and on the climate system. The products that they intend to make with the ethane and methane that they want to extract would be disastrous too. For example they want to make plastic; plastic is not the innocent stuff that most people unwittingly think of it as being.

Far worse than bankruptcy would be to go down in history as having produced a stream of toxins that play a significant role in destroying the global ecological system. It is one of the boasts of Ineos that it is the third largest player among the global chemicals companies. One could argue that it has the third largest responsibility for what is currently an unfolding ecological catastrophe whose source is oil and gas and the many chemicals and plastics made from them. The Ineos Bio subsidiary is developing ways of recycling municipal waste into fuel and electricity. That can be testified in their defence.

There are many people who will remember a world where plastics had far fewer uses. In the living memory of millions of people it was not routinely used for wrapping food; for containers; for beverage and mineral water bottles; for shopping and other bags; for lids; for disposable cups, plates, knives forks and spoons; for straws, stirrers, balloons, party inflatables. Somehow humanity managed to survive day to day with old fashioned glass bottles, ceramics and objects that were designed to be used over and over again, rather than to be thrown away. Somehow people did not notice what they were missing before technology progressed, plastic was mass produced and business empires were developed in order to produce a stream of trash. As if climate change were not bad enough we now have in plastic pollution another slowly evolving disaster. That's because plastic may break up in the environment into smaller and smaller bits, but it mostly does not break down, it does not bio-degrade. Without major logistical efforts backed

by tight environmental standards it has accumulated in the environment in larger quantities and in smaller and smaller pieces. According to one recent estimate there are more than 5 trillion plastic pieces weighing over 250,000 tons afloat at sea. (see: <http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0111913>)

This is not hearsay either. (see: <http://www.oceanconservancy.org/our-work/marine-debris/science-paper-executive.pdf>)

The amount of plastic waste entering the oceans from land each year exceeds 4.8 million tons (Mt), and the figure may be as high as 12.7 Mt. This is nearly one to three orders of magnitude greater than the reported mass of plastic in high-concentration ocean gyres which are slowly turning marine collection points for garbage the size of Western Europe. The amount is growing rapidly – with the potential to be 250 Mt by 2025.

Impacts by plastic debris on more than 660 species have been documented, including from entanglement and ingestion. Species impacted range from the smallest of zooplankton to the largest whales, including fish destined to the seafood market. Plastics can concentrate toxic chemicals from seawater up to 1 million fold. Ingestion of these contaminated plastic particles may deliver these chemicals to the ocean animals which eat them, potentially resulting in negative effects on their health and survival.

The problem is not just in the oceans – but also the atmosphere. It was recently reported in a House of Commons Committee how, when plastics go through sewerage treatment works, much of the smaller pieces end in sludge that goes onto fields. When it dries out it is swept up by the wind into the atmosphere. At that point we breathe it in – in addition to eating it in foodstuffs like fish.

(<http://www.parliament.uk/business/committees/committees-a-z/commons-select/environmental-audit-committee/news-parliament-2015/environmental-impact-microplastics-evidence-2-15-16/>)

<http://www.independent.co.uk/environment/plastic-microplastic-microbeads-pollution-toxic-environment-house-of-commons-environmental-audit-a7011256.html>)

This prompts the question: how do Ineos and Ratcliffe see progress? How is this ecological disaster compatible with it? They want economic growth and more of this. Offering the regeneration of the north of Britain by gaining more cheap energy and more ethane feedstock is, effectively wanting a share of the plastic market. The corporation wants to remain a global player in the production of this torrent of production. But is it not also a torrent of poisonous garbage?

Of course, we cannot know what is in the minds of directors, managers and partners. We can only speculate that they think mainly in market and money terms. ‘The market for plastic’ is economics-think, in which a product and a value stream is what is being thought about. The focus is on how to make a product that people want and thus to be fully entitled to make money as a reward for entrepreneurial

zeal and risking money. In the perception of the corporate bosses all this stuff is packaging and containers and the plastic is created to be embedded in products that people are prepared to pay for – or to package these products. This is what usually gets their attention. This is the thing that they know about. The products have monetary value, people are prepared to pay, and this is their business.

But how much do such captains of industry think about what happens when the stuff that they produce is thrown away? Yes, there is clearly thought given to the topic of what money can be made out of processing garbage. We know this because of the Ineos development of waste to energy and electricity technologies. However, what about the rest of the stream of garbage? Is this not also their problem? It is certainly a problem for everyone else, and it is a problem that will not now go away for hundreds of years. In these hundreds of years those who live long enough to learn about what happened to their world may become aware of the name of one of the firms that organised the huge stream of plastic. One of the businesses whose products led to the eco-cide of the oceans.

Championing the ‘green economy’ – to head off the real solutions that would make your company lose

A lot of people don’t notice – but when corporations respond to environmental problems with which they are associated they often fund or support ‘solutions’ which direct the action for dealing with it away from themselves. Someone else becomes the people or institutions that are responsible and these others have to deal with it. ‘Beyond Petroleum’, BP, gives another example of this. When it was clear that something was going to have to be done about climate change and carbon emissions then companies like BP under Lord Browne moved to co-opt the policy design process. For a long time, the major fossil fuel suppliers had resisted any restraint on emissions but, at the end of the 1990s, some of them changed tack.

BP first experimented with an internal emissions trading scheme which was started in 1999. In 2002, the BP model was scaled up with the support of the UK government’s Department of the Environment and 34 other voluntarily participating companies. This UK scheme, in turn, became a model for the European Union’s Emissions Trading Scheme. But what was the defining characteristic of the BP scheme? If it had been a serious attempt to throttle back the supply and burning of fossil fuels it would have attempted to keep the carbon in the ground. It would have been directed at the suppliers themselves. Instead the scheme was designed around the demand. It was focused on uses and users of fossil fuels and those who bought them. It very successfully batted the solutions away from the fossil companies who were originating the problem. When the European Emissions Trading Scheme was introduced it was large companies that

bought and used fossil fuels and emitted CO₂ during their operations that were expected to buy permits. It was not the companies producing the coal, oil and gas that were expected to buy permits to sell fossil fuels in the first place. If it had been the latter it could have covered all fossil fuel based emissions. But that was something that neither BP nor the other suppliers wanted to see. They designed the scheme and wrecked it.

Now Ineos Bio is seeking to find a market by reusing plastics and waste. But the Ineos group is not seeking to restrain its production in the first place. From a profit making point of view an ideal solution is to produce a stream of trash and then make money by the need to deal with part of that same trash stream. Of course, if Ineos were promoting a system where no new plastics were allowed to be produced but only existing plastics could be re-used to make them then it would be commendable. But that's not what they are proposing and recycling alone, without further measures to throttle the flow at source will not adequately cope with the pollution stream. Like any corporate juggernaut Ineos wants to 'grow' its markets and its production. That's why the solution to plastic pollution may indeed involve some re-cycling and re-use but it has to be set in the context of reducing production. As one policy group have argued:

The reality is that the only sound strategies to stop plastic pollution are ones that prevent it in the first place. To use the bathtub analogy, in order to stop the tub from over-flowing, we can either try to make the tub drain faster, or we can just shut off the tap. (<http://upstreampolicy.org/the-solution-to-plastic-pollution/>)

That means a raft of policies – and a good place to start is to fight the further development of shale gas in the UK in order to stop it being used as feedstock for plastics and as a fuel source.

The myth of cheap energy and revived industrialism

Let's return to the story that cheap energy will return northern Britain to its industrial heritage. It will resurrect former mining communities and other industries too. It will help us develop the new industries of the future based on science – like plastics.

To many people this will seem a curiously antiquated view of the scientific and industrial future – it only rings true if you stubbornly refuse to look at a lot of evidence that the world has long ago evolved in another direction. Does Ineos still believe in 'the white heat of the technological revolution', which is how Harold Wilson, the Labour Prime Minister of the 1960s and early 1970s hyped the times he lived in?

Unfortunately there is now a mountain of evidence that fracking is deeply destructive to health and the environment. Pro-frackers see that as 'hearsay'.

There is also a mountain of evidence that says that the products of the petrochemical industry in general, products like plastics, are a profound threat and must be dramatically reduced at source. Corporate opportunists see this situation when there's a business opportunity in it for them – by selling the ability to recycling some of the tide of trash as a recycled energy source. But much more is needed to cope with it.

There is now increasing evidence that the trend to rising extraction costs for fossil fuels is inevitable. Fracking is a more expensive way of extracting oil and gas than from conventional wells because you need a lot more engineering activity to release it from impervious geological strata. It is true that there is currently a very low oil and gas price because a debt laden economy, an economy still dominated by ageing baby boomers, cannot afford to pay for expensive oil and gas or for the products made from this expensively produced oil and gas. This contradiction is creating yawning holes in the profit and loss accounts and balance sheets of the oil and gas companies, as well as in the accounts of the financiers that have lent to them.

At the core of the message is the idea of fracking giving us cheap energy. But fracking does not give cheap energy. It is not cheap to the people whose health it damages. It is not financially cheap either. What is being sold appears to be a fantasy. Unconventional gas extracted in the UK would not carry the same size of burden of having to pay for the military and security expenses, as well as the lavish corruption, of a variety of oil despotisms – the places where some conventional sources of oil and gas are extracted. But the extraction costs of fracked unconventional wells are higher than extraction costs for conventional wells. That's why, to break even, unconventionally sourced gas has to be sold at a higher price too. For the Ineos gamble to pay off it is necessary that shale in the UK would be as cheap as in the very best Pennsylvania sweet spots. There is no guarantee for this and it is likely to be wishful thinking.

There is, in fact, a Catch 22 in the heart of the Ineos regeneration fairy tale. The economic system has been built on cheap energy but it is now faced with ever rising costs of energy extraction which require higher prices for the energy companies to break even. In order to pay their rising energy bills people and companies have to economise somewhere else. They struggle to service their debts too. Rising energy prices crash the economy. They destabilise the finance sector. This puts a ceiling on how high energy prices can be and the break -even point for the oil and gas companies is above that ceiling.

Fracking has not solved this dilemma and neither will Ineos. There is virtually nowhere in the world where fracking has ever made a profit over the longer term. If

it comes off at all the cheap energy would lead, in a just a few years, to an indebted and then bankrupt exploration and production sector. The fracking road show has kept going in the USA for as long as it has only because central banks have kept interest rates down to virtually zero. There have been few other opportunities to invest in the production economy and, as the financial papers describe it, those who 'hunt for yield' have gambled their money by investing in shale. Now that mountain of debt accumulated by the fracking industry can no longer be serviced and repaid, Ponzi-style, with more borrowing. It's the end of the road.

This is a Catch 22 petrochemical companies will not be able to solve. The cheap energy and re-industrialisation idea is a mirage, a fantasy that would lead to a mountain of debt and a mountain of garbage. It will inevitably collapse. We can already see the signs of a global deflationary crisis as a result of crippling debts and sagging markets. The direction of the future is solving the problem of how to make do with less. Instead of growing the economy will have to mature – or it will collapse. You do people a favour not by producing more of anything, and certainly not more plastic wastes to poison the environment – but by setting up institutions to help them save energy, materials and money. Such institutions will help people to share more, make do, mend and get their satisfactions and pleasures without the aid of ecocidal empires built on trash. The psychology of groupthink drives the business agenda, perhaps the psychology of fear will provoke a response.

References

- Preidt R (2015, June 3). 'Fracking' linked to low birth weight babies, WebMD. Retrieved from <http://www.webmd.com/parenting/baby/news/20150603/fracking>
- Sachs J (2012). *Winning the Story Wars*. Cambridge, MA: Harvard Business Review Press (p221).
- Shaina LS, Brink LL, Larkin JD, Sadovsky Y, Goldstein BC, Pitt BR, Talbott EO (2015). Perinatal outcomes and unconventional natural gas operations in southwest Pennsylvania. *PLoS One*, 10, e0126425. doi:10.1371/journal.pone.0126425278

Operational and Theoretical Issues in Mental Health. Time for Challenges?

**Gian Piero Turchi, Filippo Maria Sposini,
Guido Pasquale and Michele Romanelli**

SUMMARY: This paper summarizes major critical issues in mental health disciplines with the aim to develop possible research directions within the scientific community.

KEY WORDS: Mental health, diagnosis and classification, models/theory of psychiatry, psychopharmacology, *DSM-5*.

Historically, mental health disciplines have been engaged in a precise project. The research goal was to build a coherent framework of knowledge assuming organic medicine as model (Bracken et al, 2012). This mission has led current mental health care to emulate the medical outlook considering certain human problems as pathologic. Although initially fruitful for research, in previous decades this approach has faced significant concerns. Recent literature clearly shows a number of critical cores that undermine the entire project. Current issues can be divided into two major groups. One can be referred as 'operational' concerns including diagnostic flaws, doubts on treatments' benefit and lack of significant research progress in previous decades. The other group covers much more profound theoretical issues such as the absence of a clear definition of mental disorder, difficulty to effectively differentiate between normality and pathology, and radical epistemological concerns.

Gian Piero Turchi, Filippo Maria Sposini, Guido Pasquale and Michele Romanelli are at the Department of Philosophy, Sociology, Pedagogy and Applied Psychology (FISPPA), University of Padua, Italy.

© Turchi, Sposini, Pasquale, Romanelli 1471-7646/16/04282-6

Operational issues in mental health

Diagnostic flaws. The actual diagnosis in mental health follows the track of the revolution made by the *DSM-III* in the psychiatric field. This system proposed a temporary descriptive nosography based on symptomatological criteria waiting for the discovery of presumed organic causes underlying each disorder (McHugh & Slavney, 2012). The introduction of the *DSM-5* in 2013, three decades later, has spotlighted the limitations of the current approach. Despite the technological advancement in neurosciences, this knowledge could not be translated in clinical practice, leaving classification with no organic validity (Alda & Hajek, 2012). Just like thirty years ago, today's diagnosis relies on a descriptive and non-etiological approach where clinicians can only collect behaviours, call them symptoms and label them as illnesses (Linden, 2013). From *DSM-III* to the current edition, the number of mental disorders listed by the manuals has steadily increased. The tremendous effect of this diagnostic expansion is revealed by the NIMH report suggesting that 26 per cent of the US population meets the criteria for at least one disorder presented in the *DSM-5*. This result translates into an astonishing 57 million people that could be diagnosed (Batstra & Frances, 2012). It is very difficult to explain this abrupt increase of illnesses if not referring to a confusing and dubious reconsideration of criteria (Angell, 2011). In the absence of clear biological evidence, disorders can be grouped and regrouped continuously in a way that would be impossible and unthinkable in other areas of medicine. The uncertain framework makes everyday practice extremely fragile where the risk of misdiagnosis and overdiagnosis is always present and around the corner (Braithwaite, 2014). Furthermore, the DSM system aims to ensure at least some degree of reliability but it lacks validity. The fact that many clinicians agree in recognizing a group of symptoms, does not mean that there is an actual pathology occurring. In mental health diagnosis there is no gold standard to evaluate validity (Ghaemi, 2016). Not forgetting that a clinical judgement can have massive consequences in people's lives. Stigma associated to mental disorders is well documented in literature indicating how diagnostic labels have the potential to cause more harm than good (The Lancet, 2016). It is not surprising that there is an ongoing credibility crisis in psychiatry where its contribution remains in dispute (Katschnig, 2010; Rose, 2015).

Benefit of treatments. A clinical evaluation of mental disorder is usually followed by pharmacotherapy. The importance of this kind of treatment in other areas of medicine is doubtless. In mental health though, there is a consistent literature questioning the effectiveness of psychotropic drugs, adverse-effects and addiction-related problems. For example, in 2010 87 per cent of children diagnosed with ADHD in the US received pharmacological treatment. From 2000 to 2011 the

prescription of ADHD medication has steadily increased in UK, Australia and US but there is no conclusive evidence about the benefit to children (Thomas, Mitchell & Batstra, 2013). Animal studies strongly suggest that these drugs can produce brain damage which is probably the case of all psychotropic drugs (Gøtzsche, Young & Crace 2015). Regarding antipsychotics, there is no doubt about their dramatic effects like shaking, infertility, obesity, frail bones, increased risk of heart attack, diabetes, and stroke (Yawar, 2009). In this kind of scenario a responsible physician would have to consider alternatives but in the mental health environment, antipsychotic treatment still constitutes the main therapeutic strategy (The Lancet, 2011). The situation is even more complicated regarding antidepressants. These drugs are by far the most prescribed in mental health care but their actual effectiveness is questionable. In a meta-analysis of 100,000 patients half of whom were diagnosed with major depression, only 10 per cent of the patients might have benefited from the treatment (Overview for December 13 Meeting of Psychopharmacologic Drugs Advisory Committee, 2006). Furthermore, antidepressants are strongly associated with addiction, trapping people into what becomes a lifelong treatment (Leo & Lacasse, 2010; Gøtzsche, 2016). There is also a publication bias that amplifies the selective appearance of positive results trials altering the effect size of the drugs (Turner Matthews, Linardatos, Tell & Rosenthal, 2008). Given the modest or low benefit of ADHD drugs, antipsychotics and antidepressants, several psychiatrists are considering a decrease in prescribing almost all psychotropic drugs (Castelnuovo, Faccio, Turchi, Salvini & Molinari, 2008).

Research idling. It can be questioned if the last 30 years of research have brought any consistent advancement for patients and clinicians in mental health (Priebe, Burns & Craig 2013). Although technological resources like neuroimaging have become increasingly precise, mental health practitioners have not benefited from these methods (Linden, 2013). The leading research field of biological psychiatry has not yet produced any clinically viable biomarkers for major psychiatric syndromes. Investigation of underlying mental disorders frequently ends up with barely significant findings and the validity of results is often challenged (Alda & Hajek, 2012). The past three decades have produced no biomarker or etiology for diagnosis, no clear knowledge of mechanisms underlying biological treatments, no new antipsychotics, antidepressants or moods stabilizers (Priebe et al, 2013). This is a glaring sign of a problem. Why has the enormous volume of well-funded and high-quality psychiatric research produced so little? Maybe psychiatric diseases are very complex and hard to study or maybe, the chosen methods of investigation are inadequate (Saraga & Stiefel, 2011).

Theoretical issues in mental health

Definition of mental disorder. A remarkable thing in mental health research is that the primary object of study remains undefined (Summerfield, 2013). The *DSM-5*, like its predecessors, does provide a definition but it is far from unequivocal. It describes disorder as a 'clinically significant disturbance' without specifying any available measure that should be used to evaluate significance (Kecmanovic, 2013). This definition presents practitioners with the task of determining when a clinical picture has to be considered relevant and how it can be precisely assessed. At the moment, the ascertainment of an indisputable clinically significant condition is difficult or even impossible (Maj, 2007).

Normality and pathology. Setting the boundaries to separate normal from disturbed conditions, appears an extremely confused operation in mental health (Batstra & Frances, 2012). We might ask: is there any conclusive evidence that indicates the normal length of sufferance, sadness, fear, anxiety or any other dimensions used in diagnostic criteria? At the moment, there is no clear idea of how to fix the threshold for the diagnosis of mental disorders (Maj, 2007). This is not only a statistical issue, it is firstly a theoretical one. Indeed, it is not clear to which terms a pathologic condition has to be ascribed. These problems increase when new editions of the nosography pretend to add new syndromes expanding mental health influence in ordinary life (Kleinman, 2012).

Epistemological concerns. Mental health practitioners have always been faced with a central question: can mental disorders be assessed in the same way as medical diseases? Today with the introduction of the RDoC project by the NIMH it seems that a reductionist answer will lead scientific research for the next decades (Cuthbert, 2014). In this position, mental disorders are ultimately to be considered as brain diseases. This basic assumption is far from uncritically accepted. Experts from the neuroscientific field have explicitly criticized this stand arguing that the straightforward axiom 'mental illness is like any other medical illness' represents at best a *naïve* conception, at worst a major disservice to patients and professionals (Malla, Joober & Garcia, 2015). If from the medical side, it is unquestionable to conceive the body according to anatomy, physiology and genetics, in mental health we still lack a profitable and univocal theoretical frame (Kendler, 2016).

Conclusions

The points described give an idea of the state of art in mental health research. The operational issues encountered cannot be solved without consideration of the theoretical points suggested above. In mental health there is no definitive

agreement on how the mental domain is to be conceived. In this state of confusion there is no clarity about the foundation of diagnosis, organic treatments remain controversial and the entire research project shows fragmentation and uncertainty. By not addressing the inextricable epistemological problem the entire body of 'knowledge' rests on an unstable platform. It is of paramount importance to recognize and address this situation which compromises the quality of services and damages the entire scientific reputation with the only result that patients are not supported in the best way they deserve. There is an undeniable need for change that requires consideration of today's critical issues. Once informed by past errors, the future becomes clearer. Mental health disciplines are facing disputes, concerns and a major question: what future can we expect for the field?

References

- Alda M, Hajek T (2012). Loose ends of psychiatric research. *Journal of Psychiatry & Neuroscience* 37: 367–8.
- Angell M (2011). The illusions of psychiatry. (<http://www.nybooks.com/articles/archives/2011/jul/14/illusions-of-psychiatry/>). Accessed 3 August 2016.
- Batstra L, Frances A (2012). Holding the line against diagnostic inflation in psychiatry. *Psychotherapy and Psychosomatics* 81: 5–10.
- Bracken P, Thomas P, Timimi S, Asen E, Behr G, Beuster C, Bhunnoo S, Browne I, Chhina N, Double D, Downer S, Evans C, Fernando S, Garland M, Hopkins W, Huws R, Johnson B, Martindale B, Middleton H, Moldavsky D, Moncrieff J, Mullins S, Nelki J, Pizzo M, Rodger J, Smyth M, Summerfield D, Wallace J, Yeomans D (2012). Psychiatry beyond the current paradigm. *The British Journal of Psychiatry* 201: 430–4.
- Braithwaite R (2014). Evidence suggests massive overdiagnosis and, by extrapolation, overprescription of antidepressants. *British Medical Journal* 348: g1436.
- Castelnuovo G, Faccio E, Turchi GP, Salvini A, Molinari E (2008). Is it time to come back to Hippocrates' principles in the treatment of depression? (<http://www.bmj.com/rapid-response/2011/11/01/it-time-come-back-hippocrates-principles-treatment-depression>). Accessed 3 August 2016.
- Cuthbert B (2014). The RDoC framework: facilitating transition from ICD/DSM to dimensional approaches that integrate neuroscience and psychopathology. *World Psychiatry* 13: 28–35.
- Ghaemi S (2016). Utility without validity is useless. *World Psychiatry* 15: 35–7.
- Gøtzsche P (2016). Antidepressants are addictive and increase the risk of relapse. *British Medical Journal* pi574.
- Gøtzsche P, Young A, Crace J (2015). Does long term use of psychiatric drugs cause more harm than good?. *British Medical Journal* 350: h2435.

- Katschnig H (2010). Are psychiatrists an endangered species? Observations on internal and external challenges to the profession. *World Psychiatry* 9: 21–8.
- Kecmanovic D (2013). The *DSM-5* definition of mental disorder. *Australian & New Zealand Journal of Psychiatry* 47: 393–4.
- Kendler K (2016). The nature of psychiatric disorders. *World Psychiatry* 15: 5–12.
- Kleinman A (2012). Culture, bereavement, and psychiatry. *The Lancet* 379: 608–9.
- Leo J, Lacasse JR (2010). Clinical trials of therapy versus medication: even in a tie, medication wins. *Journal of Critical Psychology, Counselling and Psychotherapy*, 10(3): 154–6.
- Linden D (2013). Biological psychiatry: time for new paradigms. *The British Journal of Psychiatry* 202: 166–7.
- Maj M (2007). Are we able to differentiate between true mental disorders and homeostatic reactions to adverse life events? *Psychotherapy and Psychosomatics* 76: 257–9.
- Malla A, Joober R, Garcia A (2015). 'Mental illness is like any other medical illness': a critical examination of the statement and its impact on patient care and society. *Journal of Psychiatry & Neuroscience* 40: 147–50.
- McHugh P, Slavney P (2012). Mental Illness – Comprehensive Evaluation or Checklist? *New England Journal of Medicine* 366: 1853–5.
- Overview for December 13 Meeting of psychopharmacologic drugs advisory committee (PDAC) 2006. (<http://www.fda.gov/ohrms/dockets/ac/06/briefing/2006-4272b1-01-FDA.pdf>). Accessed 20 March 2016.
- Priebe S, Burns T, Craig T (2013). The future of academic psychiatry may be social. *The British Journal of Psychiatry* 202: 319–20.
- Rose N (2015). Neuroscience and the future for mental health? *Epidemiology and Psychiatric Sciences* 25: 95–100.
- Saraga M, Stiefel F (2011). Psychiatry and the scientific fallacy. *Acta Psychiatrica Scandinavica* 124: 70–2.
- Summerfield D (2013). 'Global mental health' is an oxymoron and medical imperialism. *British Medical Journal* 346: f3509.
- The Lancet (2011). No mental health without physical health. *The Lancet* 377: 611.
- The Lancet (2016). The health crisis of mental health stigma. *The Lancet* 387: 1027.
- Thomas R, Mitchell G, Batstra L (2013). Attention-deficit/hyperactivity disorder: are we helping or harming? *British Medical Journal* 347: f6172.
- Turner E, Matthews A, Linardatos E, Tell R, Rosenthal R (2008). Selective publication of antidepressant trials and its influence on apparent efficacy. *New England Journal of Medicine* 358: 252–60.
- Yawar A (2009). The fool on the hill. *The Lancet* 373: 621–2.

Book Reviews

**Psychiatry and the Business of Madness:
an ethical and epistemological
accounting**

Bonnie Burstow

Palgrave Macmillan, 2015, £25.00
ISBN 978 1 137503 84 8

This is arguably the most comprehensive and brilliant critique of psychiatry that I've ever read; it's a devastating expose of psychiatry's discredited medical model and institutional psychiatry, 'a regime of ruling.' Awesome in her numerous, thoroughly researched facts and original insights, and scholarship frequently voiced with passion, Burstow uses the research analytic tool of institutional ethnography – 'ruling happens through texts, particularly through the activation of texts' (p18). With this powerful intellectual probe, she deconstructs 'boss texts' and takes us on a journey into psychiatry, its alarming methods of social control, its intrusive brain-damaging drugs and electroshock. Burstow ends this work in the spirit of hope and humanity she calls 'Eutopia,' a vision of a better world of compassion, empathy, mutual caring, respect for freedom and human rights.

She begins with a short and concise history of psychiatry featuring mad doctors and 'alienists' (an apt word) during the 18th century, including Philippe Pinel who unchained poor lunatics in a Paris asylum, but instituted a reign of terror of close surveillance and control. In the

19th century, there's Benjamin Rush, the notorious 'father of American psychiatry' whose face appears on the American Psychiatry Association's logo; he invented the traumatic 'tranquilizer chair' and advocated fear as therapeutic; he also labeled black slaves with the disease of 'draepetomania,' running away to be free; he also committed his son to an insane asylum. The 'moral treatment/moral management' of country retreats in the late 18th and early 19th centuries soon died; by the late 19th and early 20th century it was replaced with eugenics/genetics-based, physically intrusive biological psychiatry which unfortunately dominates today. This is a small but telling fragment of psychiatry's dark history of social control, medical fraud, coercion, and violence.

Burstow asserts that two fundamental principles underlie psychiatry and the book: *parens patriae* and police powers. *Parens patriae* (literally 'father of the country') refers to power of the state to control, imprison and forcibly treat citizens; police powers are mainly expressed as coercion, arrest, and use of force. Psychiatry, Burstow asserts, is essentially a 'regime of ruling'; however, given psychiatry's hegemonic social control, the terms psychiatric dictatorship and psychiatric police state seem more appropriate.

In chapter. 4, 'Probing the Boss Text: DSM' Burstow analyzes the Diagnostic and Statistical Manual of Mental Disorders (DSM), psychiatry's bible of fraudulent diseases. Unlike medical diagnoses, the

approximately 350 diagnostic labels in DSM-V (the current edition) are not only subjective and unscientific, but frequently lead to serious life-changing consequences such as loss of freedom (involuntary commitment), psychiatric drugging, and/or electroshock (ECT). DSM labels, Burstow asserts, serve no medical or scientific purpose, instead they routinely marginalize and stigmatize. Burstow succinctly summarizes major problems of the DSM, 'subjectivity... masquerading as objectivity... nothing less than the essence of who the person is... constitutes a disorder.' (pp94-95). She calls this activating text a 'patient-processing system', denounces it as having absolutely no scientific validity or reliability; like the late psychiatrist Thomas Szasz and other dissident health professionals, Burstow correctly states there is 'no mental illness', because there is no biological or medical evidence of cellular disease in anybody labeled 'mentally ill'. With surgical precision, she exposes the fraudulent nature of DSM diagnoses while examining constructs such as Personality Disorder, Oppositional Defiant Disorder, 'Schizophrenia' and ADHD, all allegedly types of 'brain disease' caused by the discredited 'chemical imbalance' theory. What's going on here is medicalizing nonconformist behaviour, in fact virtually any intense emotional state – eg., sadness or grief labeled 'depression', joy labeled 'hypomania' – and most everyday problems as 'mental disorders.' The DSM is the modern equivalent of the Inquisition's *Malleus Maleficarum*, a medieval 'boss text' of written instructions ('criteria' or 'symptoms') designed to identify and demonize heretics and witches – today's 'mental patients.' In short, 'human existence itself [is]... theorized as... a

disorder.' (89-90); 'problems are located exclusively within the individual... something that conflicts with Aboriginal experience, not to mention that of most of the world.' (p92). This is not medical diagnosis or 'medical science', it's psychiatry-and-state sponsored quackery.

Another clear and important message is, 'psychiatry is an agent of the state.' In this connection, Burstow examines relevant sections of Ontario's *Mental Health Act* (MHA) (ch. 5, 'The Beast/Inside the Belly of the Beast'). Like virtually all mental health laws and regulations, the MHA, legitimizes preventive detention as involuntary committal (incarcerating citizens without charge and public hearing or trial); it also falsely assumes that psychiatrists can predict dangerousness. As an example, Burstow cites these sweeping and vague criteria for involuntary committal:

the patient is suffering from mental disorder of a nature or quality that likely will result in:

- (i) *serious bodily harm to the patient*
 - (ii) *serious bodily harm to another person, or*
 - (iii) *serious physical impairment of the patient unless the patient remains in the custody of a psychiatric facility*
- (p107)

The term 'mental disorder' is not specifically defined here or anywhere else in the Act. Also, the term 'likely will result' is a guesstimate, not medical evidence or scientific fact, since psychiatrists admit they cannot predict dangerousness; the term 'serious physical impairment' is

obviously, if not deliberately, vague and open to multiple interpretations. As ruling words, these criteria make it very easy for psychiatrists to label and lock up and chemically restrain (forcibly drug) innocent citizens for at least 72 hours under the 'Observation and Assessment' provision in Form one. The incarceration and forced drugging of Irit Shimrat, a close friend, courageous survivor, and author, is very relevant; her story is a frightening object lesson in psychiatric-and-state sponsored coercion and violence (pp123–124). Compounding this injustice, during the initial 'period of observation and assessment,' the person cannot appeal or launch any legal action. Even more alarming, Burstow points out that people can also be involuntarily committed (lose their freedom) if they refuse to 'take their meds,' or if they've 'previously received treatment or from a mental disorder... likely to suffer *substantial mental or physical deterioration or serious physical impairment*' (her emphasis, p109). Again, this major term is not defined or explained. Equally alarming, the MHA greatly expands police powers such as authorizing police officers in Ontario the power to diagnose 'mental disorder,' predict dangerousness, arrest and forcibly transport citizens to psychiatric facilities for psychiatric examination mainly based on subjective belief:

a police officer has reasonable and probable grounds to believe that a person is acting or has acted in a disorderly manner and has reasonable cause to believe that the person:

(a) has threatened or attempted or is threatening or attempting to

cause bodily harm to himself or herself

(b) has behaved or is behaving violently toward another person and has caused or is causing another person to fear bodily harm from him or her; or

(c) is showing a lack of competence to take care of himself or herself, and in addition the police officer that the person is apparently suffering from a mental disorder of a nature or quality that will likely result in,

(d) serious bodily harm to the person,

(e) serious bodily harm to another;

(f) serious physical impairment of the person

Burstow comments,

...evidence that officials are permitted to use in making their assessments includes not simply what they directly observe but also what is relayed by others. The "mentally ill person" becomes "an easy target." People can be committed against their will *simply because they are not taking their meds.*

Many survivors stop or try to stop taking antidepressants and/or neuroleptics (antipsychotics) for good reason – they can't tolerate the incredible suffering and disability the drugs cause (p110).

Once the person ends up in a psychiatric hospital or mental health centre, s/he is subjected to more violence, what Burstow calls 'cosmeticized violence... students are socialized to give

and force damaging treatments on people.' The chapter 'The Psychiatric Team,' examines psychiatric and nursing staff and the violence inherent in physical restraints, forced drugging, and 'seclusion' (solitary confinement), for example, is rationalized as self-defence from the perceived or imagined violence of patients 'in need of control.' In this environment ruled by a hierarchy of psychiatrists, psychologists, nurses, and social workers, violence serves a double purpose – control of patients and enforcement of unity among team members. In this controlled and controlling environment, whistleblowers are nonexistent; team solidarity trumps care, compassion and empathy.

'Marching to 'Pharmageddon': Polypharmacy Unmasked' (ch.7) is an important consciousness-raising object lesson on psychiatric drugs as a major method of social control. The brain-damaging effects of psychiatry's 'safe and effective' neuroleptics (antipsychotics) – eg. blunting of emotions, apathy, indifference, cognitive impairment; so are akathisia, tardive dyskinesia, neuroleptic malignant syndrome, and parkinsonism, all are clinical indications of brain damage sanitized as 'side effects' of psychiatry's 'safe and effective medication.' Burstow draws heavily on the consciousness-raising critiques of dissident psychiatrist Peter Breggin, investigative journalist Robert Whitaker and other independent researchers, as well as her own professional knowledge and experience. Although not a medical doctor, Burstow clearly and critically explains how these drugs, particularly the 'atypical' neuroleptics like Risperdal, Zyprexa, and Abilify that impact several parts of the brain; they seriously disrupt the neurotransmitter dopamine in the mesocortical and

mesolimbic systems, invariably causing brain damage or chemical lobotomy. The antidepressants have similar if not more serious brain-damaging effects in addition to causing suicidal ideas, suicide attempts, mania, and sudden violence. The biological psychiatrists, Burstow asserts, falsely claim 'chemical imbalance' or lack of dopamine in the brain as the major cause of 'schizophrenia,' for example; psychiatrists, medical doctors and researchers, largely funded by the drug companies (Big Pharma) continue ignoring the fact that psychiatric drugs cause this chemical imbalance and brain damage, including the tragic and disabling neurological disorders – an admission they're afraid to acknowledge. A person with a previous psychiatric history, can be kept on psychiatric drugs virtually indefinitely, thanks to a community treatment order (CTO), another 'boss text' that authorizes doctors, not just psychiatrists, to prescribe psychiatric drugs for years or indefinitely to patients after they're released to the community (see *Tranquil Prisons* by Erick Fabris). Under this draconian mental health law, refusal to 'take their meds' can result in people being committed for longer periods. The transnational drug companies also come in for well-deserved criticism for their unscientific research and unethical marketing practices, including mislabeling and hiding many health-threatening effects of psychiatric drugs during clinical trials; major findings are often kept secret. Also, government regulators such as the Food and Drug Administration (FDA) in the United States and Health Canada are shown to be frequently incompetent and complicit in failing to fully warn and protect the public about hi-risk drugs.

Burstow is at her most critical in powerfully exposing and denouncing

'Electroshock' (ECT), arguably psychiatry's most destructive procedure today, one that many shock survivors and activists have been protesting against for almost 40 years and want banned. (Ch.8). Contrary to popular belief following the film *One Flew Over the Cuckoo's Nest*, ECT never stopped and was never banned, but has increased worldwide. Burstow accurately and concisely describes the ECT procedure involving sedative, muscle paralyzer ('muscle relaxant'), oxygen, and electricity; 150+ volts are delivered from a shock machine to electrodes placed on one side (unilateral) or both sides (bilateral) of the brain. ECT always causes a grand mal seizure – dishonestly called 'therapeutic' by shock promoters Richard Abrams, Max Fink, the American Psychiatric Association, and Canadian Psychiatric Association. Also, every ECT causes an immediate convulsion, coma, memory loss and brain damage. Burstow bluntly and concisely comments: 'Iatrogenically created dysfunction, Diminished capacity. Lobotomy-like unawareness. anosognosia – the cognitive impairment that involves inability recognize that one is impaired Compliance itself. Euphoria caused by brain damage... after four weeks, this brain-damaging treatment is no more effective than placebo. ... people... are being brain-damaged for nothing ... The most pervasive themes... are: memory loss; cognitive impairment; loss of skills, prospects, ability to function, connections itself, with diminishment of the person emerging as an overarching theme. More psychological themes include: trauma, torture, punishment. Control is of the essence... More psychological themes: trauma, torture, and punishment.' (pp215, 224), The APA's promotional mantra that ECT is 'safe and effective treatment' is directly challenged by several

scientific studies that Burstow summarizes. For example, she succinctly explains the significance of Harold Sackeim's landmark comprehensive 2007 study in which he conclusively proves the brain-damaging and memory-destroying effects of electroshock – regardless of type or mode of ECT, placement of electrodes, age, and gender; as prime targets, women and old people suffer the greatest damage, reflecting sexist and ageist biases in ECT. (pp212–213) Electroshock's many devastating and tragic effects come to life with excerpts of Burstow's interviews with several Canadian shock survivors, and some of their personal testimony at the 2005 Enquiry into Psychiatry public hearings in Toronto. The statements by Connie, Wendy and 'C's story are particularly memorable and riveting; they courageously speak truth to power. (pp216–222).

As organizational-systemic analysis, Burstow's graphic illustrations of the 'the ECT Empire' (p204) and 'Rule by ECT scholar/capitalists' (p208) are original, accurate and chilling in their details. They clearly show the interconnections and conflicts of interest among shock promoters like Richard Abrams, Max Fink and Richard Weiner with the American Psychiatric Association's task force reports, close links to journals, textbooks, shock machine manufacturers (eg., Somatics owned by pro-shock psychiatrist Richard Abrams), hospitals, and government regulators like the Food and Drug Administration (FDA) and Health Canada. Near the end of this chapter, these conclusions are worth quoting and remembering: 'lives are essentially obliterated – erased' (p217). 'The authorities most influential in framing psychiatry's position on ECT are themselves the arch capitalists who receive the primary benefit... the treatment is

buoyed up by shoddy research and research flagrantly misrepresented... after four weeks, this brain-damaging treatment is no more effective than placebo. ... people... are being brain-damaged for nothing ... The most pervasive themes ... are: memory loss; cognitive impairment; loss of skills, prospects, ability to function, connection itself, with diminishment of the person emerging as an overarching theme. More psychological themes include: trauma, torture, and punishment. Control is of the essence. ECT... should not be paid for by our ministries of health, nor should it be offered by medical practitioners.... [ECT] should be phased out.' (p224). Although no province, state or country (other than Slovenia) has officially banned ECT, there is worldwide resistance: the first International Day of Protest Against Electroshock, organized by three shock survivors, was held on May 16, 2015 in 28 cities in six or more countries including the United States, Canada, England, New Zealand, Scotland, Ireland, Uruguay, and Chile.

The anti-shock movement is obviously a major priority action in the antipsychiatry movement, which, hopefully, will spread globally as Burstow and other activists including myself advocate. If you're a psychiatric survivor, activist, supporter or ally, Burstow urges you to ask yourself these three key questions:

1. *If successful, will the actions or campaigns that we are contemplating move us closer to the long-range goal of psychiatry abolition?*
2. *Are they likely to avoid improving or giving added legitimacy to the current system?*
3. *Do they avoid 'widening' psychiatry's net? (p258).*

Thanks to Bonnie Burstow, this book moves us closer to the day when there will be no medical model of 'mental illness', no electroshock, no psychiatry, but 'Eutopia' – a world based on mutual caring, emotional and social support, empathy, respect for our human rights and humanity.

Don Weitz is an antipsychiatry activist, co-editor of *Shrink Resistant: the struggle against psychiatry in Canada* (1988), author of the chapter 'Electroshock: Torture as Treatment' in B. LeFrancois et al (eds). *Mind Matters: a critical reader in Canadian mad studies* (2013).

A Straight Talking Introduction to The Causes of Mental Health Problems

John Read & Pete Sanders

PCCS Books, 2010, £9.50

ISBN: 978 1 906254 19 3

A foundational component of improving health outcomes and reducing the staggering climb of medical costs is the 'self-managing patient', a knowledgeable, activated, and empowered person making evidence-based healthcare decisions in the context of their self-knowledge and health goals.

However, the reality is that especially in the realm of mental health, there are formidable obstacles that include severe power imbalances, industry profit motives, and siloed episodic care. This results in patients that are often more anxious, intimidated, and disenfranchised by a healthcare industry that focuses on maximizing profit and prioritizing provider time than in achieving patient goals.

Read and Sanders provide a humorous, compassionate, and easy to read adventure

through the most significant features of the mental health terrain, using their personal insights from years of experience. They weave a rich account of various treatment approaches, the underlying philosophies, and how these approaches relate to each other from the viewpoint of somebody who is not a clinician, but may have a stake in improved mental health outcomes.

The authors explore difficult topics, such as the modern trend to medicalize what may be normal ranges of thought and behavior, and they provide a good account of the differences between the public view of mental health, and the healthcare industry perspective. The authors show how social gradients, income inequalities, and social environment play key roles in the rate of mental health issues in different countries or within a society, and therefore reason that medical approaches to the causes of mental health are incomplete.

The book is aimed particularly at providing the layperson with knowledge and tools for approaching mental distress and its causes, but may be of value to healthcare workers as a crosscheck and a reminder to think in terms of patient outcomes, and in providing support that is empowering for their patients.

Matthew H Loxton

Telling Time

Marie Adams

Karnac, 2015, £9.99

ISBN: 978 1 782202 73 8

The author, Marie Adams, is a psychotherapist; hence the story (unsurprisingly) is about a psychotherapist's inner struggle of coming to terms

with unresolved trauma from her past. Throughout this book, Adams makes connections and puts questions to the counselling profession. The narrative reveals many aspects of what people consider to be the mystery of the psychotherapist's mind: what do therapists really think? There is Transference and Countertransference going on within the pages. Jung would have loved this book!

Telling Time explores all types of important human concepts such as identity, professionalism, facing fear and the quest for understanding. It outlines significant insights into the human condition, particularly within Therapy, and also, for the Therapist role. The narrative revolves around Lisa, a psychotherapist, with her lifelong secret central to this book. *Telling Time*, is a moving and at times poignant description of a therapist at work. The narrative of this book is based around the inner conversation the therapist conducts with herself. For all those who work with therapeutic models the book may be professionally unsettling; perhaps identifying whether we, like Lisa, the main character, ever use the therapist's chair to remain safely hidden from ourselves, or the world. Both the story and the language used are full of interesting complexities. This is an interlinked narrative about love, loss, deceit and defences. You certainly don't have to be a therapist to enjoy or see the value of this novel.

Carmel Rodgers

**Psychotherapies for the Psychoses:
theoretical, cultural and
clinical integration**

*John FM Gleeson, Eoin Killackey
& Helen Krstev*

Routledge, 2016, £27.99
ISBN: 978 0 415411 92 9

This volume emerged from the 2003 ISPS conference in Melbourne and was first published in 2008. Its interest comes from the eclectic mix of chapters, written by different authors, but some of the chapters have become outdated. Chapters cover the heady days of psychological approaches to psychosis becoming more accepted and the therapeutic optimism from the advancement of the Early Intervention in Psychosis (EIP) paradigm. Chapters exploring how to integrate neuropsychological deficits and defence models or biological and psychological approaches are still relevant and show how little progress has been made in theoretical integration. Different approaches still vie for supremacy rather than seeing how they can complement each other. The chapters focusing on different cultural approaches to psychosis are still vivid and informative. The superior treatment outcomes in the developing world mean we ignore other approaches at our peril and along the way we can learn something about the Maori culture. Greater progress has been made in the field of EIP, including into the pre psychotic phase and the evidence base and some of the thinking has moved on from that discussed here. Sadly the difficulties in implementing family therapy are still very relevant even though the evidence base for this approach is so well established. Overall, this is a book in which everyone will find something

they enjoy, but will appeal most to people with an interest in integrating different theoretical perspectives and cultural approaches.

Dr Guy Dodgson

The Meaning of Madness

Neel Burton

Acherlon Press, 2015, £15.99
ISBN: 978 0 992912 73 4

The Meaning of Madness has six chapters; Personality disorders, Schizophrenia, Depression, Bipolar, Anxiety, and Suicide and Self-harm, with a closing epilogue and for each chapter the writer attempts to present a comprehensive yet slightly critical summative guide. Beginning with personality disorders, the writer wants the reader to first consider relevant topics such as defining the self, including the concept of free will. However, I found this philosophical reflection a little heavy so early on, and felt that this may have been more suitable towards the latter stages. This aside I still found the chapter a really useful summary.

Throughout the book the reader gets tastes of critical thinking, including the role of social stressors, culture, language and symbolism on mental distress, important when considering many dominant societal representations. An example is his discussion of Schizophrenia and the circular nature of this diagnosis, by saying how Schizophrenia as a concept is defined by its symptoms, which in turn are then defined by the concept again. He also suggests that this circularity is reflected in other mental health diagnosis, highlighting how this makes diagnosis a

poor predictor of a condition as well as giving poor reliability and validity. I did wonder whether there may have been space here for a tougher criticism on the medical model of psychiatric illness as a whole given its reliance on these diagnosis. The writer did make it clear that Psychiatry has over focussed on diagnosis and neglected the exploration of meaning.

To summarise, the book's comprehensiveness makes it great value for money. I did find that the writer often shied away from a personal opinion and think the book may have had more of a punch. I also found that given the broadness of the topics covered I was left wanting more, particularly around some of the critical overtures. The book does make a useful and expansive reference guide to some of the main conceptions of mental distress.

Matthew Fish

The Dog in the Dickensian Imagination

Beryl Gray

Routledge, 2014, £70

ISBN: 978 1 472435 29 3

In 'Gone Astray' (1853) Charles Dickens recounts a childhood adventure in which he finds himself lost in the City of London and is briefly be-friended by a 'dog with his ears cocked'. Watching the dog cavorting and performing tricks (with the sole purpose, it turns out, of enticing the child to part with his 'small German' sausage), Dickens names the dog 'Merrychance' and imagines himself as Whittington, 'satisfied that he was to be my dog for ever afterwards, and that he would help me to seek my fortune.'

He is 'cruelly' disappointed by the dog's desertion, and yet neither child nor dog remain astray forever: In *The Dog in the Dickensian Imagination*, Beryl Gray notes how Merrychance is reincarnated and redeemed as the considerably more loyal circus-dog Merrylegs in Dickens's 1854 novel *Hard Times*.

In support of the claim that 'Dickens was fascinated by dogs', Gray leaves no canine-related anecdote untold, combining wider discussion on the treatment and relative standing of dogs in nineteenth-century Britain with biographical details, and a discussion of Dickens's chief fictional dogs – from *Oliver Twist's* 'out-and-out Christian' Bull's-eye to the companionable Jip in *David Copperfield*. While the literary readings are informative and add weight to the claim that Dickens was 'imaginatively stimulated' by dogs – always, Gray emphasises, considering their individual characters – it is the biographical sections of the book, where Dickens and his dogs take centre-stage, that make for the most compelling reading. Focusing on the dogs in Dickens's life provides an illuminating pin-point perspective. Familiar events and recognisable character traits are given a fresh exposition and endowed with new significance: Having possessed a series of ravens – 'he kept an eagle for a while' Gray remarks – it was Dickens's disintegrating marriage that led the way to dedicated dog-ownership. Throwing himself into 'the processes of equipping' Gad's Hill Place in Kent, Dickens installed two guard dogs, Turk and Linda, who became his 'constant companions' and the subjects of much letter-writing. Much to Dickens's irritation, they would often be accompanied on their walks by a pack of local curs: the villagers would "talk about Mr Dickens with his *roost* of dogs".

Dickens favoured strong breeds, especially Newfoundlands, and a series of enormous dogs followed, including Don, Bumble, and Sultan, 'as big as an average lioness', who had to be shot after mauling a child. Gray notes the gratuitous beating that a furious Dickens inflicted on the doomed dog, but also his stoic acceptance: the signs had been there he concluded, dryly recalling to Percy Fitzgerald an occasion where Sultan had eaten 'a blue-eyed kitten' and suffered 'agonies of remorse (or indigestion)'.

Paraphrasing Claire Tomalin's 2011 biography, Gray writes that Dickens 'noticed and even celebrated the dogs living on the margins of London society'. While this is a grand claim, her own book is nevertheless a master-class in noticing and celebrating the marginal as a means to give life not only to Dickens and his dogs, but also to the country roads and city streets on which they walked.

Harriet Newnes

Books Received

Readers wishing to review these, or any other books, are encouraged to contact the Joint Book Review Editor – Anne Cooke, Clinical Psychology Training, Salomons, David Salomons Estate, Broomhill Rd, Southborough, Tunbridge Wells, Kent, TN3 0TG. Please note; reviewers keep any volume they review. It is appreciated if reviews are received within two weeks of receipt of the book. Reviewers will be sent a subscription form for the journal.

Conyne R. *The Oxford Handbook of Group Counselling*. Oxford University Press.

Duke N, Mallette, M. *Literacy Research Methodologies (2nd Ed.)* Guilford.

Franklin C. et al (eds). *Solution-Focused Brief Therapy*. Oxford University Press.

Heller M, Pollet S. *The Work of Psychoanalysis in the Public Sector*. Routledge.

Jensen M. *Hypnosis for Chronic Pain Management*. Oxford University Press.

Johnson B, Koocher G (eds). *Ethical Conundrums, Quandaries, and Predicaments in Mental Health Practice*. Oxford University Press.

Klein R, Bernard H, Schermer, V. *On Becoming a Psychotherapist: The Personal & Professional Journey*. Oxford University Press.

Kenny DT. *The Psychology of Music Performance Anxiety*. Oxford University Press.

Kottler J, Carlson J. *Duped: Lies and Deception in Psychotherapy*. Routledge.

Luiselli J. *Teaching and Behaviour Support for Children and Adults with Autistic Spectrum Disorder*. Oxford University Press.

Piechowski L. *Evaluation of Workplace Disability*. Oxford University Press.

Norcross J. *Psychotherapy Relationships that Work*. Oxford University Press.

Otto M, Smits J. *Exercise for Mood Disorder*. Oxford University Press.

Stanton M, Welsch R. *Specialty Competencies in Couple and Family Psychology*. Oxford University Press.

Thornicroft G, et al (eds). *Oxford Textbook of Community Mental Health*. Oxford University Press.

Wachtel P. *Therapeutic Communication: Knowing What to Say When*. Guilford Press.