Let me state at the outset that I am neither a clinician nor a social scientist. I'm not in the business of diagnosing patients OR developing critical theories on the concept of mental illness as a social construct. As a neuroscientist, I believe that learning about human brain function is essential to learning about "the mind," that the latter can be reduced to the former, and that "psychiatric disorders" are indeed caused by faulty brain function. This is not to say that society, culture, environment, and personal experiences play no role in the manifestation of "psychopathology".

**What Is Mental Illness?** Who gets to define it? Who gets to apply a label to another human being, and what does this mean? An ongoing debate over revisions to the [American Psychiatric Association's Diagnostic and Statistical Manual (DSM-5)](https://www.psychcentral.com/dsm5) has been covered extensively elsewhere, so I won't discuss that here. Another classification system, the [ICD-10](https://www.who.int/classifications/mcs/), is also used to define a whole host of mental illnesses.

The ability to label and categorize something (or someone) implies a certain degree of power and mastery over them. In the domain of psychiatry, several groups or movements have rebelled against not only labels, but against current treatments designed to "normalize" the problematic thoughts and behaviors. Below is my non-expert attempt to understand a few of these groups, which (by necessity) requires an effort to label them.

**Antipsychiatry**

Classic grassroots [anti-psychiatry](https://en.wikipedia.org/wiki/Anti-psychiatry) has its origins in the consumer survivor movement and is largely based on perceived (or real) abuses and negative side effects of psychotropic medications. It is anti-[medical model](https://en.wikipedia.org/wiki/Pharmacological_model), anti-label, anti-diagnosis, and anti-stigma. [The Antipsychiatry Coalition](http://www.antipsychiatry.org) is one example. [The Icarus Project](http://www.thecarousel.com) might be another:

The Icarus Project envisions a new culture and language that resonates with our actual experiences of 'mental illness' rather than trying to fit our lives into a conventional framework. We are a network of people living with and/or affected by experiences that are commonly diagnosed and labeled as psychiatric conditions.

The [Citizen's Commission on Human Rights](http://www.cchr.org) (CCHR), run by the Church of Scientology, could be considered an extremist fringe member. [Dr. Dave Touretzky](https://www.sfsu.edu/~touretz) maintains an excellent site on [The Secrets of Scientology](http://www.sfsu.edu/~touretz/i98sfln.html), and his [1998 SfN Poster](http://www.sfsu.edu/~touretz/poster.pdf) is required reading for neuroscientists:

In a pamphlet called *Psychiatry: Education's Ruin*, CCHR urges concerned parents to write their elected representatives to demand:

- a) that the practice of psychology or psychiatry be declared illegal in schools or colleges;
- b) that the funding for all mental health programs, tests, research or administrative costs in schools be cut, and re-appropriated towards proven non-psychological/psychiatric teaching methods; and
- c) that the government funding to mental health research institutes such as the U.S. National Institute of Mental Health be cut.

In the distant (and [not-so-distant](https://en.wikipedia.org/wiki/Not_so_distant)) past, I've been accused of lumping together various adherents of anti-psychiatric thought, from the academics to the quacks to the loons. Part of this stemmed from a [foul-mouthed troll](https://en.wikipedia.org/wiki/Foul-mouthed_troll) who used to haunt my blog, but those days are over [hopefully!]. Below is more nuanced look.
Critical Psychiatry

Critical Psychiatry is a professional movement started in the UK:

The Critical Psychiatry Network is a group of psychiatrists who first got together in 1998 to discuss changes to the Mental Health Act proposed at that time. The group consists of about 80 psychiatrists, mostly based in the UK, but there is also an international Critical Psychiatry Network of psychiatrists from around the world...  

Many members believe that mental disorder is fundamentally different from physical or bodily disease, and that trying to approach mental disorder in a medical framework strips it of its meaning, and dehumanises attempts at treatment.

Personally, I do not think that the act of defining mental disorders as diseases of the brain strips these illnesses of their meaning or necessarily dehumanizes treatment. I have disagreed with the views of Dr Joanna Moncrieff, one of the chairs of CPN, about whether depression can be considered a biologically-based brain disease (see The Pseudoscience of Anti-Psychiatry in PLOS Medicine). There are humane ways of improving the functioning of perturbed brains, which of course exist in bodies, which move around in society and are shaped by cultural and other influences. These ideas are highly interdisciplinary in nature (see Appendix 1) but may not be especially practical yet in terms of everyday clinical implementation.

An interesting combination of Critical Psychiatry and grassroots Antipsychiatry is Mad in America:

The site is designed to serve as a resource and a community for those interested in rethinking psychiatric care in the United States and abroad. We want to provide readers with news, stories of recovery, access to source documents, and the informed writings of bloggers that will further this enterprise. The bloggers on this site include people with lived experience, peer specialists, psychiatrists, psychologists, social workers, program managers, social activists, attorneys, and journalists. While their opinions naturally vary, they share a belief that our current system of psychiatric care needs to be vastly improved, and, many would argue, transformed.

The next movement consists of localized, interdisciplinary academic groups and departments, many of which are based in Canada. They share with antipsychiatry a strong belief against labelling and stigma, then combine it with critical theory and identity politics.

Mad Studies

Mad Studies is a recent academic offshoot of Disability Studies, akin to Women's Studies and Queer Studies [aka LGBT Studies] before it. An interdisciplinary field that incorporates social science methodologies, historical analysis and a keen political awareness, its goals are to question and critique societal norms of mental illness, insanity, and "madness." Major themes include discrimination and social inequality, the participation of mental health peers in research projects, concern with language and semantics, and of course Michel Foucault and The History of Madness.

The blog Ruminations on Madness has posted a Mad Studies Bibliography, as well as a co-authored chapter [PDF] on user/survivor led research. Here’s a brief excerpt from the chapter's concluding remarks:

User/survivors can only speak with authority if traditional researchers, policy makers and members of the general public come to agree that systems change must be guided both by the lived experience of disability and recovery and through the ongoing critical questioning of often unspoken assumptions about power, truth, and science.

Ryerson University in Toronto recently hosted an international conference on Mad Studies.
According to York University professor Geoffrey Reaume:

“Throughout mad people’s history, the academic elite have literally organized against mad people through a multitude of oppressive practices and ideas,” he says. Through their medical faculties, universities conferred “power and legitimacy to enforce imposed practices ranging from lobotomy, ECT insulin-coma shock, excessive drug treatments, discriminatory labels.” “Now that some of us are in these elite positions within academia, it is essential to ensure we use this power and privilege to organize, to promote, research, write and engage the public about a topic that has too often in our history been interpreted through the views of medical-model academics.”

You can see some overlap with the Antipsychiatry/survivor movement, as the quote above indicates. People diagnosed with mental disorders are not ill, they're just different. The psychiatric/industrial complex is a coercive force designed to oppress and abuse the mad. Also note the re-appropriation of the stigmatizing word "mad", much as some members of the LGBT community have taken back slurs like "queer" and "faggot". Although there is a focus on language and terminology, Mad Studies is against labels. This is somewhat ironic, because impenetrable postmodern academic jargon is typical of the field.


We are consistently told that women are more “mad” than men, evidenced by women’s higher rates of psychiatric diagnosis, often attributed to the reproductive body. Competing bio-medical, psychological and socio-cultural models adopt a realist epistemology and a discourse of medical naturalism, to position madness as a naturally occurring pathology within the woman, caused by biology, cognitions, or life stress. Feminist critics argue that this medicalises women’s misery, legitimises expert intervention, and negates the political, economic and discursive aspects of experience. However, the alternative model of social constructionism may appear to dismiss the “real” of women’s distress, and deny its intersubjective concomitants. In this paper, we argue that a critical-realist epistemology allows us to acknowledge the material-discursive-intrapsychic concomitants of experiences constructed as madness, and the relational context of women’s distress, without privileging one level of analysis above the other, in order to understand women’s greater propensity to be diagnosed as “mad”. ...

The Mad Studies adherents are not going to start a movement for change by presenting at intellectually elite conferences and publishing obscure, difficult to understand articles in academic journals alone. I would even argue that the academic language makes it a fundamentally exclusionary movement, unless there is another running discourse for the "mad masses." In addition, others have noted that most of the academic work is not interested in the accessibility of services. At first glance the field appears to exclude a major segment of its constituency, namely those who are impoverished and undereducated, who are likely to be the most severely ill [or alienated].

HOWEVER, many of these same academics are engaged in the community and lobby for systemic change. Some participate in more inclusive events such as PsychOUT: A Conference for Organizing Resistance Against Psychiatry. Although I do not agree with the mandate of CAPA, presentations such as A Supportive Housing Model provide concrete real world counterweights to How a counter-discourse to the psychopathology of ‘obsessions’ departs from the trope of ‘Mad genius’: An.
autoethnographic study of relationality from ‘local to universal’. This stark contrast raises an important issue that has arisen recently in the science blogosphere (see Appendix 2).

**Concluding Thoughts**

"Antipsychiatry is behind us!" This quote from the *Critical Inquiries 2012* workshop was texted to me by an attendee. I found it very ambiguous. Does it mean that grassroots Antipsychiatry supports the academic field of Mad Studies? Or that the old guard of Antipsychiatry is over, replaced by the vanguard of Mad Studies? [The intended meaning was the latter.] Is Critical Psychiatry an elitist and esoteric professional organization with little impact on the everyday practice of psychiatry? Is the CAPA goal of dismantling the psychiatric system much different from that of Scientology’s CCHR? As an outsider at odds with many of the views espoused there, I don't pretend to have any answers. But I have come away with a better understanding of those who basically oppose the paradigm of biological psychiatry (and more broadly, the entire research program of my field).

**Footnotes**

1 However one defines them... See Christian Jarrett on *What is mental illness?*, Scicurious on *What is Psychopathology?*, and the Neurocritic on the new *Research Domain Criteria for Classifying Mental Disorders*.

2 I'm not going to discuss *Thomas Szasz* here.

3 Further reading available on the Critical Psychiatry Website: *What is Critical Psychiatry?* and *What was anti-psychiatry?*

4 That August 2006 post initiated a lively discussion. I had nearly forgotten that Dr. Vaughan Bell took me to task for lumping together various adherents of anti-psychiatric thought:

   This hardly puts the authors in the same category as Scientology. Your ad hominem attack on the authors really adds nothing to your argument.

5 Every academic field has specific jargon, so this is certainly not unique to Mad Studies and related social science disciplines. I'll be making an important point about that in Appendix 2.

6 However, one important distinction is that a stated goal of the Coalition Against Psychiatric Assault is building a better world, but Scientology is mostly concerned about money.

7 Granted, the line here is pretty thick.

**Appendix 1 - Cultural Psychiatry (etc.)**

Although not confined to critiques of psychiatry, cultural psychiatry is included as part of an interdisciplinary field exemplified by TheFPR.org:

The mission of the Foundation for Psychocultural Research (FPR) is to support and advance interdisciplinary research projects and scholarship at the intersection of psychology, culture, neuroscience, and psychiatry, with an emphasis on cultural factors as central, not peripheral.

This organization sponsors conferences, such as the 5th FPR-UCLA Interdisciplinary Conference, and funds academic centers, including the Center for Culture, Brain, and Development and the Program for Culture, Brain, Development, and Mental Health (CBDMH):

The primary objective of the CBDMH, which is co-directed by psychological anthropologist Douglas Hollan of UCLA and clinical psychologist Steven López of USC, is to establish a strong program in cultural psychiatry, with an emphasis on integrating neuroscience and social science perspectives.
The FPR also sponsored a workshop on Critical Neuroscience:

Critical Neuroscience probes the extent to which discussion of neuroscience—in ethical debates, policy texts, commercial and clinical projects—matches the achievements and potential of neuroscience itself. It examines the ways in which the new sciences and technologies of the brain lead to classifying people in new ways, and the effects this can have on social and personal life. It studies both the methods used to gain new knowledge, and the ways in which the knowledge is interpreted and used. The project aims at finding or creating a shared vocabulary for neuroscientists and social scientists in which they can talk about the potential of the tools, the analytical methods, the interpretations of the data. We also need a shared way in which to think about the barrage of media reports of all this work. Critical Neuroscience aims, more over, at drawing attention to any social or political imperatives that make certain research programs in neuroscience more attractive and better funded than others. We hope to introduce our observations into brain research itself, and to integrate them into new experimental and interpretive directions.

Since the mission of this blog has been "Deconstructing the most sensationalistic recent findings in Human Brain Imaging, Cognitive Neuroscience, and Psychopharmacology", it might informally fall under the rubric of Critical Neuroscience, although it has not specifically aspired to...

...seriously bridge the social and anthropological study of the neurosciences to the neuroscience laboratory by engaging neuroscientists and non-neuroscientists - philosophers, historians of science, anthropologists - in concrete collaborations focused on specific themes of cultural relevance.

The excellent Neuroanthropology blog is a better fit for that academic niche. Although broader in scope (with a long list of contributors), Somatosphere.net covers this ground as well.

**Appendix 2 - When is it appropriate to use academic jargon?**

Who gets to dictate a style of writing? Where is the line between use of technically precise but impenetrable academic jargon and fatuous tabloid oversimplification aimed at 9th graders? In some instances, scientists rail against churnalism and oversimplification of their results in popular media, yet want to constrain the language of other fields. Why is technical jargon necessary in biological (and harder) sciences but not in the social sciences or humanities? Those fields have their own paywalled specialty journals as well. On the one hand, science Writers should not fear jargon - "Researchers use complex language for a specific purpose." On the other, Why Don't Social Scientists Want To Be Read? You can just as easily ask Why don't neuroscientists want to be read (except by neuroscientists)?

**Audience matters.** Obviously, there's a difference between academic writing and 'popular' writing. Authors write differently for Sage Publication's Health vs. Men's Health. In my opinion, it's presumptuous to dictate the language that should be used by another academic discipline just because you don't understand it. It reveals a dangerous undercurrent of intellectual hierarchies and power (to which I am not immune).

**Global alarm mounts: "Will anyone be normal?"**