

BOOK REVIEW

Psychiatry and the Business of Madness: An Ethical and Epistemological Accounting. Bonnie Burstow. London, United Kingdom: Palgrave Macmillan, 2015, 316 pp., \$40.00 (paperback) \$95.00 (hardcover).

This book 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." Bonnie Burstow's book is absolutely awesome in its 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" (p. 18). With this powerful intellectual probe, she deconstructs "boss texts" and takes us on an incredible journey into psychiatry, its alarming methods of social control, its intrusive brain-damaging drugs and electroshock. Burstow ends this awesome 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 people with mental illness 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 Psychiatric Association's logo; he invented the traumatic "tranquilizer chair" and advocated fear as therapeutic; he also labeled black slaves with the disease of "drapetomania," running away to be free; he also committed his son to an insane asylum. The gentler "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—What? Whither? How? Which?"), Burstow brilliantly 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-5* (the current edition) are not only subjective and unscientific but also frequently lead to serious life-changing consequences such as loss of freedom (involuntary commitment), psychiatric drugging, and/or electroshock (electroconvulsive

therapy [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" (pp. 94–95). 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 "attention deficit/hyperactivity disorder (ADHD)," all allegedly types of "brain disease" caused by the discredited "chemical imbalance" theory. What's going on here is irrationally *medicalizing nonconformist behavior*, in fact virtually any intense emotional state—for example, 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" (pp. 89–90); "problems are located exclusively within the individual . . . something that conflicts with Aboriginal experience, not to mention that of most of the world" (p. 92). 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; Chapter 5, "The Beast/Inside the Belly of the Beast: Pinioned by Paper"). 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. (p. 107)

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, because 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 1. 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 (pp. 123–124). 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

of electrodes, age, and gender; as prime targets, women and the elderly suffer the greatest damage, reflecting sexist and ageist biases in ECT (pp. 212–213). 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 (pp. 216–222).

As organizational-systemic analysis, Burstow's graphic illustrations of the "The ECT Empire" (p. 204) and "Rule by ECT Scholar/Capitalists" (p. 208) are original, accurate, and chilling in their details. They clearly show the interconnections and conflicts of interest among shock promoters such as Richard Abrams, Max Fink, and Richard Weiner with the American Psychiatric Association's task force reports, close links to journals, textbooks, shock machine manufacturers (e.g., somatics owned by proshock psychiatrist Richard Abrams), hospitals, and government regulators such as the FDA and Health Canada. Near the end of this chapter, these conclusions are worth quoting and remembering: "People's lives are essentially obliterated—erased" (p. 217).

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. (p. 224)

Although no province, state, or country 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 6 or more countries including the United States, Canada, United Kingdom, New Zealand, Scotland, Ireland, Uruguay, and Chile.

The antishock 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? (p. 258)

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.

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