

Duncan Double is a UK psychiatrist and director of the Institute of Critical Psychiatry. He is a founding member of the [Critical Psychiatry Network](#). He runs a [critical psychiatry blog](#), which provides a forum for critical comment and debate about psychiatry. He is the editor of [Critical psychiatry: The limits of madness](#) (2006).

His position in psychiatry is that psychiatry can be practiced without taking the step of faith of believing that mental illness is brain disease. This is not a denial of the biological dimension in mental illness. All thought, emotion and behaviour of course involve brain changes, and this is true for “normal” experience as much as for abnormal experience such as mental illness. The problem is that the view that mental illness is brain disease reduces mind to brain. This belief does not sufficiently acknowledge that minds are enabled but not reducible to brains.

Career

Dr Double was first appointed consultant psychiatrist in Sheffield in 1992. He has worked at [Norfolk & Suffolk NHS Foundation Trust](#) since 1996 and has been a staff governor. He trained in Cambridge and was lecturer in psychiatry in Sheffield 1989-92. He was also honorary senior lecturer at the University of East Anglia, where the [Norwich Medical School](#) started in 2002. He is a member of both the [Royal College of Psychiatrists](#) and the [British Psychological Society](#).

Publications

Dr Double's [publications](#) on critical psychiatry, although recognising the links with what was called anti-psychiatry,[1] note that there has always been a split in the conceptual understanding of mental illness since the origins of modern psychiatry. The nineteenth century saw the development of the anatomoclinical method in medicine, linking clinical signs with physical pathology. This approach produced remarkable progress in medicine in general and we now try to explain physical illness as caused by its pathology. Its success with psychiatry was more limited. For example, dementia paralytica was recognised as a late consequence of syphilis and senile dementia was accepted as having a physical cause such as Alzheimer's disease. However, most psychopathology is functional in the sense that there are no structural abnormalities in the brain. The biomedical view that mental illness is a yet to be discovered brain disease has become even more dominant because of brain scanning studies over recent years that have made claims about brain abnormalities associated with mental illness. However, these studies are plagued by so many inconsistencies and confounders that it has not been possible to make any firm inferences about the biology of mental illness. This should not be surprising, as what is important is understanding the psychosocial reasons for people's mental health problems. Biology cannot tell us anything about the meaning of mental phenomena.

Some critics of psychiatry have argued that mental health services should be non-medical. However, Dr Double believes it is still important to see psychiatry as a medical specialty. Patients commonly present to their doctors with psychological symptoms and with physical symptoms that may have a psychological origin. Medicine does not always focus enough on patients' rather than doctors' interests and over recent years there has been an attempt to transform the clinical method in medical training and practice to make it more patient-centred.[2] Dr Double sees critical psychiatry as properly patient-centred mental health practice. Even in treating physical disease, medicine should always seek an integrated,

wholistic understanding of the person, including emotional needs and life issues. There is, however, a bias in medical practice towards the physical rather than psychosocial.[3] This is even more of an issue for psychiatry when there is no physical pathology for the doctor to detect in functional mental illness.

In particular, Dr Double links critical psychiatry with the work of Ernst von Feuchtersleben, Adolf Meyer and George Engel, who all acknowledged this state of affairs in psychiatry.[4,5] Von Feuchtersleben's *Lehrbuch der ärztlichen Seelenkunde*, first published in German in 1845, can be seen as the first attempt to provide an interpretivist rather than positivist account of modern psychiatry. The positivist attempt to apply physical scientific methods to a social science, like psychiatry, is misguided, as it suggests the only valid knowledge is related to the brain. Adolf Meyer instead focused on the person in assessment and treatment in psychiatry. His approach, which was called Psychobiology, sought a pragmatic integration of mind and brain that avoided the philosophical dilemma of their relationship. George Engel promoted the biopsychosocial model as an explicit challenge to biomedical dogmatism to avoid the tendency to reduce people to objects. However, the biopsychosocial model has been interpreted in an eclectic way over recent years, evading its full ideological impact.[6] Engel was not merely proposing a combining of the biological and psychosocial so that they essentially remain separate, but a thoroughgoing integration of mind and brain that acknowledges the inherent uncertainty of medicine and psychiatry. A fully scientific medicine requires a paradigm that encompasses the human domain. Dr Double deliberately uses the term 'sociopsychobiological' rather than 'biopsychosocial' to attempt to reverse the atheoretical use of the latter term. The primary aetiology of functional mental illness, including psychosis, is psychosocial. Critical psychiatry promotes a sociopsychobiological approach, which has always been a minority viewpoint in psychiatry, rather than a biomedical approach to mental illness.

Dr Double has also emphasised the methodological difficulties in determining the effectiveness of clinical treatment through double-blind randomized controlled trials.[7] The efficacy of psychiatric treatment is uncertain particularly because clinical trials cannot be conducted double-blind and their interpretation is therefore biased. Psychiatry should be as much a values-based as evidence-based practice. There are moral implications of the critical psychiatry position for both diagnosis and treatment, including the use of the Mental Health Act.[8] Dr Double has argued that critical psychiatry has implications for our understanding of risk in mental health practice.[9] He has also highlighted the psychological nature of discontinuation problems from psychotropic medication.[10]

[1] [Historical perspectives on anti-psychiatry](#). In: Double DB (ed) (2006) *Critical psychiatry: The limits of madness*. Basingstoke: Palgrave Macmillan

[2] Stewart, M., Brown, J.B., Weston, W.W., McWhinney, I.R., McWilliam, C.L. & Freeman, T.R. (2003) *Patient-centred medicine. Transforming the clinical method*. (Second edition) Abingdon: Radcliffe Medical Press

[3] [Clinician bias in diagnosis and treatment](#). In: Halligan P & Aylward M. (eds) (2006) *The power of belief: Psychosocial influence on illness, disability and medicine*. OUP

[4] The biopsychological approach in psychiatry: The Meyerian legacy. In: Double DB (ed) (2006) *Critical psychiatry: The limits of madness*. Basingstoke: Palgrave Macmillan

[5] [Adolf Meyer's psychobiology and the challenge for biomedicine](#). *Philosophy, Psychiatry and Psychology* 2007; **14**: 331-9

[6] [Eclecticism and Adolf Meyer's functional understanding of mental illness](#). *Philosophy, Psychiatry and Psychology* 2007; **14**: 356-8

[7] [Double blind random bluff](#). *Mental Health Today* 2003; **Nov**: 24-26 (with Moncrieff J) [[Medline](#)]

[8] [The professional context: The psychiatrist](#) In: Barker P (ed) (2011) *Mental health ethics: The human context*. Abingdon: [Routledge](#)

[9] [Challenging risk: A critique of defensive practice](#). In: Cohen C & Timimi S (eds) (2008) *Liberatory psychiatry: Philosophy, politics and mental health*. Cambridge: CUP

[10] [Why were doctors so slow to recognise antidepressant discontinuation problems?](#) In: Rapley M, Moncrieff J & Dillon J (eds) (2011) *Demedicalizing misery: Psychiatry, psychology and the human condition*. Basingstoke: Palgrave Macmillan