

Psychiatrist: Not Everything is a Mental Disease

Some readers might recognize the name “Theodore Dalrymple.” It’s the pen name of the iconoclastic British psychiatrist Anthony Daniels, who in semi-retirement keeps on writing books. His twenty-third is [*Admirable Evasions: How Psychology Undermines Morality*](#) (2015).

An [interview](#) he gave soon after the book’s publication sums up his thesis, which is rather unconventional even if, given the course of his long career, not all that surprising. It’s a thesis thoughtful Americans would do well to ponder.

Here’s how the piece introduces it:

“Q: You lead with Shakespeare’s King Lear saying mental illness is ‘the excellent foppery of the world, that when we are sick in fortune...we (blame) the sun, the moon and the stars.’

A: Four hundred years later, it’s still true, but we blame psychology instead of astrology. We call it progress. Literature is far more illuminating into the human condition than psychology could ever hope to be.”

As presented, of course, that’s a bit of an exaggeration. But most of us know people who blame everything and everybody but themselves for their faults—when they recognize those faults at all. Thus:

“Our genes, evolution, our neurochemistry, our brain scans, chemical imbalances, our childhoods. I have a friend who goes up to people at parties and says, ‘I hate my parents; don’t you?’ People always go on about how their parents caused all their problems.”

Dr. Daniels even thinks that regular recourse to medication and psychotherapy can itself encourage evasion of reality. In many cases, what used to be called simple “unhappiness” gets medicalized as “depression” so that a significant portion of the population of the Anglosphere is on anti-depressant medications. He sees much of that as superstition: “Using antidepressants is the modern-day equivalent of exorcising alien spirits.” With each new edition, the mental-health profession’s *Diagnostic and Statistical Manual* defines more and more behavioral eccentricities as “disorders” so that psychotherapists can get paid, by insurance companies or the government, for “treating” them. For similar profit motives, affluent people are encouraged to stay in talk therapy for years on end with little result.

Well, there is often a result: “It’s a journey from which we don’t return. The most minor utterance is potentially the profoundest significance. Thus criteria of importance are lost.”

Dr. Daniels does not deny, indeed makes clear, that there are genuine cases of mental illness requiring treatment. His jeremiad is against overtreatment. Aside from its usually paltry results, overtreatment allows people to see as diseases, for which they bear no personal responsibility, what are really character faults and/or natural results of bad choices that need not have been made. I suspect we all know people of whom that is likely to be true.

Americans traditionally like to emphasize individual responsibility for one’s life. But the direction that the mental-health profession has taken does seem to have undermined that emphasis, along with economic trends. That cannot bode well for our future.