

Interview for “Humanizing Madness” by Niall McLaren

Today, Tyler R. Tichelaar is pleased to be joined by psychiatrist Niall McLaren, who is here to discuss his new book “Humanizing Madness.”

Niall McLaren, who prefers to be called Jock, has been an M.D. and practicing psychiatrist since 1977. Since then, he has undertaken a far-reaching research program, some of which has previously been published. For six years, while working in the Kimberley Region of Western Australia, he was the world's most isolated psychiatrist. He is married with two children and lives in a tropical house hidden in the bush near Darwin, Australia.

Tyler: Welcome, Jock. I’m glad you could join me to talk about “Humanizing Madness.” I understand the book has grown out of years of research. Would you begin by telling us how you came to write the book?

Jock: When I began my training in psychiatry, I had completed three years as an ordinary hospital based medical officer, fully intending to train in neurosurgery, or perhaps plastics, as Royal Perth Hospital had a very good burns unit and I found it fascinating. At the end of my three years, I was given the chance of a term in psychiatry and suddenly realized that this was what I wanted, the right combination of ideas and getting to know people. I still miss working with my hands, but I do that at home. However, almost immediately when I joined the psychiatry training program, I realized there was something wrong. In one afternoon, we could have a lecture from the professor of psychiatry, telling us that all mental disorder was just a special form of brain disease, and cures for psychiatric conditions consisted of drugs to correct chemical imbalances of the brain. He would be followed by a private psychiatrist giving us lectures on psychoanalysis, with the final slot going to a behaviorist psychologist who cheerfully told us that the medical model was a load of hooey, that all mental disorder was learned and should be managed by the principles of Pavlov, or of Skinner, he was never quite sure. However, like the other two, he claimed to be teaching us the science of mental disorder.

Now my fellow-trainees soaked all this up avidly, taking reams of notes and hurrying away to the library to study the latest journals but, if this was what our education in psychiatry was to be, I wasn’t happy with it. I could not get away from the idea that there can be only one correct scientific model, not three warring models, each of which acts as though the other two didn’t exist. It didn’t stop there. During our case discussions and on the wards, the psychiatrists would jump from one theory to another with not the slightest hint of any intellectual discomfort. And something else occurred to me while I was watching all this. In any university department, there are subspecialties. For example, in biology, there were professors of zoology and of botany; each of whom supervised a number of departments, such as entomology, marine biology, genetics, ecology and so on. Now these people were all perfectly polite to each other, had morning tea together, and ignored what the others were doing. They were specialists, all contributing in their own ways to the huge, amorphous

project called science. But in psychiatry, each specialty was saying not just that the others were irrelevant, but were wrong. I could not reconcile this.

So I decided the only way out of it was to know more about each field than the specialists, meaning more biology than the biological psychiatrists, more psychoanalytic theory than the Freudians and more behaviorism than the psychologists. Very soon, this led to further trouble as it was obvious that each field had its problems. For example, reading the standard text on psychoanalysis, Otto Fenichel's classic Psychoanalytic theory of neurosis, I very quickly decided psychoanalysts couldn't possibly know what they were claiming to know of early infantile life. It's not enough to say the infant remembers its first few days of life when its cerebral memory areas haven't even joined up with the rest of the brain. I didn't read beyond page 29 and never have.

Gradually, I drifted to the side, gaining a reputation for being a disputatious killjoy, a nit-picking, hair-splitting smart alec, but I was having a good time. I quickly completed the department's boring reading program and immediately started my own. For example, when the other trainees re-read their standard student textbooks of neurology, I devoured huge chunks of the monumental "Handbook of Neurology" edited by Vinken and Bruyn. And I have always had a strong sense of history, so I read the different authors' original works, not just what people said they had said, and found mistakes everywhere. It was only years later that I realized I had been excluded from the life of the department. Without knowing it, I had become the trainee who was never invited to morning tea with the professor. In a small city where every psychiatrist knew all the others, I was an outsider before I graduated. I didn't mind, I was busy with my own program and didn't notice.

This wasn't just in the hospitals. I joined the local psychotherapy association but not for long. They invited a psychologist who had just returned from Poona, in India, where he had joined the Orange People, to give a talk. It was incoherent religious nonsense but the audience lapped it up. When I said he sounded like a fanatical preacher, not a scientist, he glibly evaded the question and refused to answer further questions. A few weeks later, they invited him back as people wanted to know more about his "conversion" from behaviorism to letting it all hang out. I complained, saying the committee clearly couldn't tell the difference between religion and science. They told me I was too rigid in my thinking and ought to loosen up, so I resigned. Years later, I actually called in at the ashram when I was passing through Poona and was disgusted by their venal chicanery.

So a few days after I passed my final exams in psychiatry, I went to the medical library and decided that I would write the definitive scientific model for psychiatry. Just like that. However, the truly bizarre thing is this: nobody in psychiatry today accepts that he or she does not have an agreed model on which to base his or her practice, teaching and research. Talking of the Arab world, PJ O'Rourke said it is not so much a world as a quarrel with borders and this is so very true of psychiatry. Trouble is, psychiatrists resent being told it. I wonder why?

Tyler: Jock, why do you think the establishment, or the university where you studied, was unwilling to acknowledge its own contradictions? Do you think this is a political issue within academia and science?

Jock: Thomas Kuhn defined the field of the sociology of science and nobody has improved on his views. Politics means "pertaining to the city," and anything to do with groups of people is political. We're like the rest of the great apes, we are both territorial and hierarchical creatures, and this applies just as much to universities and scientific institutions as to any street gang—except the

gangs tend to be more honest. The great Thomas Huxley said: "Science, I fear, is no purer than any other region of human activity. Merit alone is very little good." In sport, men jostle to get to the top. In war, they fight to get to the top. In science, we have ideas, and the whole point of the scientific ethos is to criticize the existing ideas in order to improve on them. However, the quest for new ideas is two-fold, as Broad and Wade said: "Science has been an arena in which men have striven for two goals: to understand the world, and to achieve recognition for their personal efforts in doing so." So if Professor Smith has got to the top by his one good idea, and some obstreperous upstart comes along and says, "Sorry, old chap, but your idea is wrong here and here," is the good professor going to resign his chair in favour of the newcomer? Most certainly not. An out-of-date professor is the most useless thing on earth; he can't even get a job as a gardener. He goes to the bottom of the hierarchy, and we know what happens to alpha male baboons when they are defeated. They die. So the professor does like the old alpha male; he fights, and he fights bitterly with any and every tool at his disposal. The resistance to new ideas has got nothing to do with reason and everything to do with emotional attachments to the instruments that get you to the top. In science, that means ideas. Does it make sense for a scientist simply to publish his ideas and not sign his name to them?

I'd recommend that book by Broad and Wade. It's called "Betrayers of the Truth: Fraud and deceit in the halls of science" (London: Century, 1983). It's about the pressures that drive ordinary people to cheat to get ahead. It's really quite scary.

Tyler: You state in the book that all the major theories of psychology are so flawed that they are beyond salvation. Will you give us some examples of what is wrong with psychology?

Jock: I use the term psychology to mean 'a general theory of normal mental function.' Strictly speaking, this excludes biological psychiatry, which is a theory of abnormal mental function, but biological psychiatrists also make claims about the way the healthy mind functions, so they're included. I don't believe anybody needs to be bothered with Freudian psychology these days. It is true that Freud made some interesting observations about certain sorts of mental problems, but it is also true that his attempts to write a general theory of normal mental life went off the rails. His theories caused a huge diversion into fantasy land for psychiatry but the worst part was the tradition of arrogance he and his fanatical followers engendered. Behaviorist psychology, in the tradition of Watson, Pavlov and Skinner, arose as a reaction to vapid mentalism. It was an attempt to forge a scientific psychology in the ephemeral world of mind, by sidestepping the immeasurable in favor of a rigid model of scientific certainty. But it was boring, a hollow truism. For about 80 years, they dominated the academic world of psychology, then they just faded away. The journals are still there, but the fire is gone. I recently asked a psychology student what he knew about conditioning but he wasn't sure. "Something to do with Pavlov's dog?" he asked hesitantly. Yes indeed. Pavlov's dog died.

Biological psychiatry is the big one, all the big money is on chemical imbalances. It is a truly astounding fact that biological psychiatrists abuse psychoanalysts for building their theories on one or two chance observations, yet so do they. A paper published last week by a most distinguished neurophysiologist could only cite the discovery of the cause of neurosyphilis and of Alzheimer's Disease, a hundred years ago (Bennett MR: Development of the Concept of mind, ANZJP, 2007; 41: 943-956). They've been flying on promises ever since. Eric Kandel, of Columbia University, Nobel prizewinner in medicine and physiology from 2000, recently announced that "radical reductionism" would rejuvenate psychoanalysis by tying it to biology. Trouble is, he had no idea what ropes to use, or where to tie them. It isn't enough to say: Science will find a way. We need to

know where to look. Some direct connection has to be found between brain and mind before the basic principle of biological psychiatry can be deemed a success. I've looked but I can't find it. It would probably be fair to say that I have written more on the philosophy of biological psychiatry than all the biological psychiatrists in history put together, but all I have been able to do is show that there never will be a biological theory of mind. Would I like to? You bet. The person who can show exactly how to reduce mind to brain will become a billionaire many times over. I wish him well because I can't do it.

Tyler: What value then, does psychology have?

Jock: For psychiatry, psychology is just a technology. I use the word to mean "a general theory of normal mental function." There hasn't been a general theory of mind yet. I've offered one. It's now up to other people to look at it and find its faults; then I will either correct them and move on, or discard it and try again. But if you mean psychology as it is presently taught in universities and practiced in a wide variety of settings, I think psychology has oversold itself. In France in 2005, there were 46,000 psychology students. Why? What are they all going to do? And who's going to pay them to do it?

Part of the problem is the intellectual vacuum in psychiatry. If we had a decent theory of psychiatry, then we wouldn't have psychiatrists hiding in their offices, writing prescriptions for patients they hardly know, while psychologists, social workers, nurses and anybody who wishes to call him or herself a "counselor" actually talks to them. Well, I believe I've put up a decent theory of psychiatry, but psychologists needn't get too excited. I never use psychologists. Or nurses, or social workers, or administrators, for that matter. The website for Georgetown University Dept. of Psychiatry (Washington DC) says they provide over 15,000 visits per year for mentally ill people. Working entirely alone, without any support services whatsoever, I provide 3,800 per year myself, at a tiny fraction of their costs. Shortly, I will be putting case histories on my website to show the types of cases I manage as outpatients.

Tyler: Jock, you don't sound impressed with the way psychology and psychiatry are taught. What do you think is the solution to this failure to educate properly?

Jock: The failure of psychiatry and psychology to train their students is due to one thing and one thing alone: the lack of a proper model of mental disorder. In fact, this problem is now self-sustaining because medicine does not train people to be critical. In academia, it is the inevitable fate of every professor to be overthrown by his students. They don't teach that in medical school; instead, we have the imperious professor stalking the corridors of power, dragging his retinue of adoring or terrified students after him. No professor ever said: "This is my idea and I would like to hear your criticisms." That goes back to the sociology of science—and the emotional insecurity of most professors.

Tyler: I understand you have redefined what mental disorder is, and from that redefinition you have created a new rational basis for the theory of psychology?

Jock: That's not entirely correct. I haven't redefined mental disorder; it's been around for as long as people have been around. I have offered a new model of normal mental function which serves as a basis for a general theory for psychiatry, and that's totally new. Never happened before. From that flows a new, much more dynamic model of mental disorder. The current view is: "When the mind

goes awry, there is an underlying brain disorder causing the problem” (Prof. Bennett, the neurophysiologist-cum-psychiatric expert again). I do not agree. I have outlined a mechanism by which the mind arises from the brain as a perfectly rational, natural phenomenon. This model predicts that there will be psychological disorders that are purely the result of pre-existing psychological factors. That is, people can be mentally ill yet their brains are perfectly healthy. It is simply not true to claim that all mental illness is due to a “chemical imbalance” of the brain, whatever that silly expression is supposed to mean.

Just in case there is any misunderstanding, I do believe that mental disorder is a reality. I believe there are people who, purely in the mental realm, are so disturbed and distressed that they cannot function properly. I do not believe that mental illness is manufactured, or that it is just a case of poor moral self-control, or lack of faith, or lack of social skills, or masturbation or any of those other vapid ideological stances. Mental illness is a reality. It hurts. People do not kill themselves for fun. People cannot have a panic attack just to liven a dull wet afternoon. That’s it.

Tyler: Would you tell us more about how this theory is based on your work studying the physical structure of the human brain?

Jock: The physical structure of the brain is of a high-speed, multi-channel data analyzer. That’s not quite true. It is a collection of high-speed, multi-channel data analyzers, some dedicated, some with what are called universal computing capacities. It has been said that the human brain is the most complex thing in the known universe, and I have no trouble with that suggestion. We don’t even know if it is too complex for us ever to understand, but I think we will. Now this remarkable organ generates a huge set of competencies and, from those, a series of higher-order virtual spaces that, collectively, we call the mind. There is no such thing as the mind. There is no such thing as consciousness. There is no such thing as consciousness devoid of its contents or pure consciousness because consciousness is just a name we give to those contents. This is the really interesting bit of the theory. Can we give a rational account of the emergence of mind from brain? I believe we can, but not with any of the parlor tricks that have been used in the past, like Mind-Brain identity theory, or Daniel Dennett’s glib version of functionalism. The mind has to be taken seriously. Showing exactly how we generate the sense of “being something that knows it’s something” is not going to be easy.

Tyler: Jock, what kind of response has your research received from others in the field of psychiatry?

Jock: Shithouse. Apart from one or two brief administrative matters, I haven’t actually spoken to a psychiatrist for over two years. That’s pretty normal.

On December 13th this year, it was exactly 30 years since I decided on this project. In that time, I have not received a penny from any government or any foundation or any individual or company of any sort. I have done the whole of this work from my own resources. Nobody else has so much as typed a word of it. Nobody read a word of that book before it was published. And I have never received a moment’s encouragement from anybody who understood it. Over the years, a couple of people have said: “It sounds very interesting and you should keep on with it but we don’t understand a word of it.” My attempts to get it published are usually rejected. For example, the paper that formed the basis of Chapter 12 (“Interactive dualism as a partial solution to the mind-body problem”) was rejected by the “Australian and New Zealand Journal of Psychiatry” on the

basis that it didn't represent the results of scientific research and didn't meet their "scholastic standards." So I had it published overseas. Yet, on Thursday last week, the same journal published a paper that talked about the historical grounds of the claim that mental disorder is brain disorder (Bennett's paper). This paper is pseudo-science supported by pseudo-philosophy. I knocked out a rebuttal in about thirty minutes and sent it to the editor. If it is published, good; if not, it will go in my blog. But if the journal had published my paper, they would not have been able to publish Bennett's. I have often said that it is easier to get rubbish published in psychiatry than it is to get a rebuttal of the rubbish into print.

The same goes for conferences. In 2005, I applied to present three papers at the Sydney congress of the Royal Australian and New Zealand College of Psychiatrists. One paper, which was fairly mild stuff, was allocated to the last slot in the last session on the last day. Last time they did that to me, I had an audience of seven people in a hall for 700 for a paper that had taken months to write. The other two weren't accepted, so I decided: Never again. So why not send it overseas? Same thing. If you don't have the recommendation of a Big Name, forget it. Journals look at your address first. Some years ago, a well-known professor of psychiatry in Melbourne told a patient of mine: "Any psychiatrist who works in Darwin is a drop-out." I know him. He wouldn't survive five minutes away from his narcissistic life support machine called a university department.

Why are psychiatrists so antagonistic to new ideas, when it is their duty as scientists to criticize their own theories? I have no idea. Ask them, but if you get an answer, please tell me. I routinely ask psychiatrists: "Please tell me the name of the theory you use in your daily practice, teaching and research, and give me three seminal references to it." I never get an answer. Never.

Tyler: Jock, who do you view as your readers, other psychiatrists, students of psychiatry, or people who have loved ones with mental illnesses?

Jock: Henri Poincare, President of France during WWI, said: "War is too important to be left to generals." Mental disorder affects about a quarter of the world's population directly, and another half indirectly. Psychiatrists have had responsibility for developing a theory of mental disorder for the past 200 years. What have they come up with? "When the mind goes awry, there is a concomitant pathological change in the brain" (that's Prof. Bennett again) or "There cannot be a psychiatry which is too biological" (Samuel Guze) or "The biology of mind" (Eric Kandel). After 200 years, the question of what constitutes a proper theory for psychiatry has to move beyond mere wishful thinking, beyond empty platitudes dressed in neuroscience at stupefying cost to the public purse.

Recently, I invited the president, the chief examiner and the chief editor of the RANZCP to a public debate on the topic: "The Royal Australian and New Zealand College of Psychiatrists does not have a scientific model of psychiatry to guide its practice, teaching and research." Now, this was their golden opportunity to get rid of one of their most persistent pests, so what did they do? They declined. In a letter dated October 31st 2007, the president-elect wrote: "...the Executive Officers of the College... believe that it is not a role of the College nor appropriate to debate publicly such issues. We do however encourage internal discussion and comment... and suggest you consider publication (in the College journals)." That would be good, if it happened, but it doesn't. If they encourage internal discussion, it's the first I've ever heard of it.

It is my view that the profession of psychiatry has shown itself incapable of conducting a proper scientific debate on the nature of mental disorder. Therefore, the debate must be extended into the public arena. But beware: it is not an unbiased debate. There is huge money involved and, worst of all, academic reputations. However, I have not come to do a hatchet job on the profession. There are lots of drooling journalists hoping to do it for me.

Tyler: What do you hope your book will accomplish?

Jock: I take the view that there are certain subjects a responsible citizen must notice. The arms race, climate change, political extremism, human rights, religious fanaticism, conservation and such like are major issues that we ignore at our peril. So is mental disorder. If this book becomes a sort of latter-day "Silent Spring," taking the question from the hands of an inward-looking group with century-old ideas, and placing it on the general public agenda, then I will have done my job.

Tyler: Jock, if the psychiatric and academic establishment won't listen to you, how do you plan to get your book noticed to get your message across?

Jock: The psychiatric and academic establishment will listen, but it might not be this week. They will listen because sociology is on my side. In essence, every rising generation wants to overthrow the establishment, every young man wants to be the new alpha male of the troop, and quite a few young ladies, as well. As time goes by, more and more trainees will read my work and decide for themselves. It's also written for any reasonably educated person to read. Mental health is one of the half dozen issues that every thinking person should consider.

Now I'm not telling anybody what to believe; all I've done is set out an argument, and I leave it to the reader. Old psychiatrists might be fooled by things like the biopsychosocial model but young people won't. James Thurber said you can fool too many of the people too much of the time, but it doesn't last forever. For example, Prof. Bruce Singh of Melbourne said Engel's biopsychosocial model was one of the towering intellectual achievements of the twentieth century but I said it doesn't exist. It was never written; it's pure propaganda, a shibboleth to fool the uninitiated. Only one of us is right. The younger generation can make up their own minds because I don't order anybody to believe anything. It's a bit of a joke, really; I'll never be the alpha male of psychiatry because people can accept what I say or disregard it as they like. I don't have a reputation or a department to defend in psychiatry so I have nothing to lose. C'est la vie.

Tyler: What are the likely long-term effects that you expect from your work?

Jock: There are likely to be at least four major effects from this work. In the first place, the direct, intended effect, is to transform psychiatry. Psychiatry is in a state of impending collapse. Due to their lack of a proper model of mental disorder, psychiatrists have been abandoning their field for a generation or more, to the point where they are no longer in charge. In fact, if they didn't have legal responsibility for people admitted to mental hospitals, and control over psychotropic drugs, I think psychiatry would have practically ceased to exist in large parts of the world. So I am looking for major changes in the way psychiatry is taught, in the way it is practiced, and in its entire research effort.

Secondly, if my work takes hold, then the sprawling and growing field of what is called "counselling" or "therapy" will be reined in very sharply. These days, it seems that every tiny

college offers courses in psychology, social work, drug and alcohol counselling, and cures for every upset in life, such as bereavement, marriage and family crisis, gambling, every kind of social, educational, industrial and health trauma and so on, not to mention the explosive growth in the sexual counselling industry. We have counsellors for the counsellors, conferences and a publishing industry second to none. With a halfway decent sort of psychiatric service, most of these would disappear.

Tyler: Jock, what do you feel the future must be for psychiatry?

Jock: I believe psychiatry is long overdue for a revolution. It needs to be dragged out of the nineteenth century, when all its major theories were formulated, into the modern era.

Tyler: Thank you for joining me today, Jock. Before we go, will you tell us where our readers may go online to find out additional information about your research and “Humanizing Madness”?

Jock: My website is www.futurepsychiatry.com complete with a blog. I might be going to the US in a few months for a lecture tour but, meantime, I like to hear from people. Thirty years of silence is a long time.