factors as well. Psychopharmacology is an important aspect of our work but so too is our understanding of the physical body and its diseases and our skills in relating this knowledge appropriately. We do not seek a psychiatry that has abandoned biology but a discipline that is more engaged with the humanities and the social sciences.

We do not accept the accusation that we failed to acknowledge 'the existence of clinical psychology', given the number of direct references to psychological research in our paper. Most of our discussion of the literature on counselling and psychotherapy is based on research by psychologists and our discussion of the 'recovery approach' points directly to the work of Professor Mike Slade (a psychologist).

We seek a different, not an expanded, psychiatry. We are not colonisers but neither do we believe that the answer is simply to replace psychiatrists with psychologists. Indeed, much of contemporary academic and clinical psychology is also guided by a technological paradigm.

The change we seek is not a replacement of one group of professionals with another. It is about a different 'way of seeing' what mental health work is about. Moving beyond the technological paradigm does not involve a rejection of everything we do now. It offers a different way of understanding why some of the things that we do work well, while at the same time appreciating the fact that some people are damaged by the way in which psychiatry frames their problems and intervenes in their lives. Crucially, it involves a rethinking of the nature of mental health expertise and, with this, a commitment to rethinking the power structures of our field.

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