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Correspondence

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PSYCHIATRY AND THE CONCEPT OF DISEASE

DEAR SIR,

While we welcome Professor Kendell's attempt to redress the balance of academic debate about the logical status of mental illness, certain flaws in his argument demand attention (*Journal*, October 1975, **127**, pp 305-15). Professor Kendell quite rightly points out that the anti-psychiatrists often attack a straw man: the model of disease which refers to organic lesion is one long since abandoned by progressive medicine. Instead, Professor Kendell proposes to view disease as individual biological disadvantage which he defines in terms of increased mortality and decreased fertility. He then asks whether 'mental illnesses possess the essential attributes of illness' and proceeds to demonstrate the reduced fertility and increased mortality rates of certain groups of mental patients. Leaving to one side the question of the validity and usefulness of his redefinition of illness, there is a central weakness in the argument. This emerges most clearly by presenting it in skeletal form.

1. Illness places the individual at a biological disadvantage.
2. Mental illness places the individual at a biological disadvantage.
3. Therefore, mental illness is illness.

If his argument is to stand, what Professor Kendell needs to show, of course, is that illness, and only illness, places the individual at a biological disadvantage. But how would Professor Kendell's definition handle the problem of motor cyclists for example? It is well known that there is a grossly increased mortality rate (and hence a lowered fertility rate) associated with riding a motor cycle, so, according to Kendell, we must attach the label of disease to motor cycling.

Kendell refers to the problem of distinguishing between a biological and social disadvantage but does not resolve it. He claims that the disadvantages of the mentally ill are essentially biological, though he concedes that additional social disadvantages may accrue to the individual through such mechanisms as labelling. The example he cites of an undiagnosed socially accepted schizophrenic who is nevertheless at a biological disadvantage, is speculation. According to his argument, in which social disadvantage occupies such a subservient position, Kendell would have to explain the massive rise in asylum deaths during the First World War as due to increased severity of illness rather than to poor diet and overcrowding.

In fact, despite the seeming progression of his argument, Professor Kendell has a firm grasp of his conclusions from the outset. He writes: 'We have adequate evidence that schizophrenia and manic-depressive illness, and also some sexual disorders and some forms of drug dependence carry with them an intrinsic biological disadvantage and on these grounds are justifiably regarded as illnesses; but it is not yet clear whether the same is true of neurotic illness and the ill-defined territory of personality disorder.' On what basis then does Kendell talk of neuroticism as illness or subsume personality disorders under the general rubric of mental illness, if his definitional criterion is a biological one? The above statement indicates that Professor Kendell is operating with a firmly entrenched medical model of illness implicitly applied to a wide variety of conditions but for which as yet he has found only a questionable relevance in a few cases. It is saddening to find one of the few attacks on the 'anti-psychiatrists' expressed in the nineteenth-century language of the non-survival of the unfittest.

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DEAR SIR,

We would like to offer some comments about Professor Kendell's erudite paper 'The Concepts of Disease and Its Implications for Psychiatry'.

Obesity offers both social and biological disadvantages—the latter by increased morbidity due to predisposition to suffer from hypertensions, diabetes, or atherosclerosis. By Scadding's definition, would