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Correspondence

Letters for publication in the Correspondence columns should be addressed to:

The Editor, British Journal of Psychiatry, 17 Belgrave Square, London, SW1X 8PG

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

obesity be considered a disease? Or should it be hypertension? One wonders if this is the kind of 'category mistake' Gilbert Ryle (1) has warned us against.

May we gently protest that by this same definition being a native American (Indian) in the USA, puts the individual in both social and biological disadvantages and thus makes one's ethnic origin a disease. Need we remind Professor Kendell that alcoholism, as well as other social and physical illnesses, have reduced the life span of this ethnic minority. Presumably by the same definition living in an urban area would earn one the label of a 'disease'.

We are, however, pleased to note that Professor Kendell is of the opinion that the biological disadvantage criterion gives environmental influences a powerful role. Thus, '. . . albinism would rank as a disease in Delhi or Khartoum, but probably not in Newfoundland'. (p 310). Indeed, Professor Szasz reminds us that talking to God in church is acceptable, but in Piccadilly Circus would be a 'disease' which might lead to involuntary commitment to a psychiatric institution.

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Reference

1. Ryle, Gilbert (1973) *The Concept of Mind.* Harmondsworth: Penguin.

Dear Sir,

Professor Kendell would have us accept the view that illnesses are states in which the chances of (a) longevity, and/or of (b) successful reproduction, are decreased. He wants a guide to what the physician should be able to do better than others. He implies that a clear concept of disease would help psychiatrists.

Illness, though, is only a word and there is no reason to believe it must or even ought to necessarily have a clear meaning, though we could change its everyday usage if we so desire. Ill is from Old Norse and meant 'badness'. We are writing to reaffirm that doctors in fact are in part making a value judgement when using words like ill, pathological, etc. This does not matter in physical medicine: the human consensus to call the bacteria in pneumonia bad, and to be on the side of man, is almost unanimous. Further, as we cannot yet make hearts which are more effective than natural ones we all agree to call that which is 'usual' normal. In such cases, some medical concern seems very clearly in the interest of the patient.

In psychiatry, homosexuality and masturbation have been considered as diseases and the former remains one for Kendell. Consensus here is more obviously dependent on historical context, and medical concern is less obviously in the interest of the patient. If the best one can do with word-juggling leaves homosexuality as a disease, but not psoriasis or post-hepatic neuralgia, the victory seems Pyrrhic. This is especially so in our own era. Many of the left, as well as philosophers and sociologists, are challenging psychiatrists about their false objectivity, and perhaps few issues are more alive in our universities than those relating to the sociology of knowledge.

Under these circumstances its seems wiser for the psychiatrist to concede that defining the normal (which comes from the Latin for a setsquare) does represent a projection of values. But we do not need to be ashamed of being opposed to delusions, depression, anxiety etc, nor need we be concerned about the arbitrariness of the lines drawn for this purpose. We can emphasize, too, that such categories seem to differ in different societies—as does, for example, anger and other human manifestations which may be inevitable consequences of socialization. This might not therefore disappear in any Utopia. Others, of course, are as entitled as we are to define what shall be called normal. Our expertise does not lie there, nor in related ethical questions. We can only hope to have knowledge of the consequences of alternative ways of managing some problems.

Psychiatry remains an art, and we cannot be made immune from the socio-political basis of all professions simply by making new definitions of words. While psychiatry must be practical politics—in the sense of ordering priorities or being the art of the possible—psychodynamics, psychopharmacology, sociology, genetics etc can aspire to being empirical sciences describing and classifying the relationships between events objectively.

Of course if we do legislate about the meaning of the word illness, some things become illness and others are excluded, but what is then achieved? That which is undesirable and which we in particular can ameliorate, we might reasonably still be expected to treat, whatever it is called.

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