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PSYCHOLOGICAL PROBLEMS ARE NOT ILLNESSES

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Confronting psychopathological orthodoxy is not a task without risk, given the degree of generalization of this orthodoxy and the enormous power of some of those who support it. Undoubtedly, if undertaking this task one must be well-armed. Firstly, with knowledge of this orthodoxy, its epistemological inconsistencies, its empirical weakness, its historical circumstances and its various determinants. But above all, one must be armed with a solid conceptual alternative to what is being criticized. In this case, this alternative, which reflects the fruits of more than a century of scientific psychology, has been forged over many years and twenty or so books (since the unforgettable *Salud Comunitaria [Community Health]* in 1986). In my opinion, the proposing of this alternative is the main virtue of the book that we are discussing here, a virtue that more than justifies the authors' choice of title which is so deliberately provocative. Let's just say, also, that this criticism is appreciated. It is appreciated by many of us who, whether we like it or not, suffer as practitioners of clinical psychology the omnipresence and imposition due to extra-scientific reasons, of an insufficient, even tautological model, and one that is undoubtedly removed from psychology.

Furthermore, the timing is most appropriate. In recent years, and especially since the birth of the new edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), various voices have arisen that are critical of the psychopathological model, its determinants and its implications. The criticism even goes as far as the refusal to use the DSM-5 (as revealed in an issue of INFOCOP[1]) on the part of institutions such as the Division of Clinical Psychology of the British Psychological Society[2] or the National Institute of Mental Health in the United States[3], although not in all cases for same reasons. We could say that the debate is in full swing. Our criticism must be organized, in order to situate ourselves, fundamentally, at different levels of radicalism.

As a minimum, the diagnostic inflation of the DSM-5 is pointed out, where phenomena such as shyness or rebellion, for example, conveniently reformulated in the terms of "psychopathological logomachy" in the words of López and Costa, appear as mental disorders. This is the position of, among others, Allan Frances, psychiatrist and the chair of the DSM-4[4,5]. Going a little further, this work denounces as the determinant the role of various pressure groups, and especially the pharmaceutical industry (see, in this respect, the book *La invención de trastornos mentales [The Invention of Mental Disorders]*, by Héctor González and Marino Pérez[6] or the article by Deacon[7] discussed in a previous issue of INFOCOP[8]) while pointing out the ineffectiveness and side effects of the pharmacological approaches (see the series of articles published in INFOCOP[9] exposing the ideas of Irving Kirsch (on the efficacy of antidepressants), Robert

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[1] INFOCOP no. 61, 2013
[2] http://dxrevisionwatch.files.wordpress.com/2013/05/position-statement-ondiagnosis-master-doc.pdf
[3] http://www.nimh.nih.gov/about/director/
[4] INFOCOP no. 62, 2013
[5] Frances, A. (2014). ¿Somos todos enfermos mentales? [Are we all mentally ill?] Ariel
[6] González, H. and Pérez, M. (2007). La invención de trastornos mentales [The invention of mental disorders]. Alianza Psicología
[7] Deacon, B.J. (2013). The biomedical model of mental disorder: A critical analysis of its validity, utility, and effects on psychotherapy research. Clinical Psychology Review: http://dx.doi.org/10.1016/j.cpr.2012.09.007
[8] Mitos y realidades sobre el modelo biomédico en salud mental [Myths and realities regarding the biomedical model in mental health]. INFOCOP, 2014, nº 65
[9] La caída del imperialismo farmacológico en salud mental [The fall of pharmacological imperialism in mental health]. INFOCOP, 2012, nº 57

Whitaker (on the harmful effects of psychoactive drugs) and Daniel Carlat (on the alliance between psychiatry and the pharmaceutical industry).

But beyond these arguments, the underlying issue is epistemological and even ontological, because it has to do with the very nature of behaviour and what some people insist on calling "mental illnesses". The question here is to what extent is it possible to explain the problem behaviours as based on simple brain imbalances and, therefore, to simply extend the application of the medical model to behaviour problems ("mental" disorders would the disorders of the "organ of the mind", i.e., the brain). This criticism obviously implies the defence of the consideration of "psychosocial" variables (formulated in different terms that are more or less equivocal and occupy a more or less central location). This issue is developed wonderfully in the aforementioned book by Héctor González and Marino Pérez, and also in an article by López and Costa themselves[10], published in *Papeles del Psicólogo*, which may be considered a preview of the book that we are discussing here.

Certainly, the lack of evidence regarding the cerebral causes of behaviour problems has never stood in the way of the process of pathologizing them. The process is much simpler. In their book, López and Costa describe the pseudo-explanatory pirouette upon which the illness model is based. It begins with a constellation of behaviours that commonly coexist (e.g., staying in bed, abandoning activities, crying, complaining about oneself or others, etc.) and a name is allocated (e.g., "depression") which in principle is just a label that we use to describe or name this set of behaviours. From there the name is "objectified"; it is assumed that this label means something that really exists and has its own entity ("depression") and finally, this entity becomes the "cause" of the same behaviours with which we began. We say then that Joe Bloggs suffers from depression because he manifests certain behaviours, and we say that he manifests these behaviours because he suffers from depression. The circularity is obvious and, if we wish to break it down and thus make the argument more palatable, we could always say "the causes are not yet known" or we could simply invent one drawn from neuroscience research (which is "neuro" and "scientific") and funded by the same pharmaceutical industry that manufactures the drug to "cure" the "disease" (other lines of research do not find funding so easily).

If the conceptual pirouette upon which psychopathological orthodoxy is based cannot be justified from the (admittedly tenuous) epistemological point of view, the existence and prevalence of this orthodoxy can only be substantiated from the historical point of view, identifying its circumstances, its process of birth and consolidation, always in close relation to the philosophical or religious contexts within which it is being constructed. Chapter 1 is dedicated to this task. It is a well-documented text, the kind that you want to savour and reread, in which we are shown the equivalence between the old "humoral" model of psychopathology, mixing naturalism, magic and theology ("black bile", the cause of melancholy), and the current psychopathological model, where the "imbalance of moods" is replaced by the "imbalance of brain neurotransmitters" with the same lack of empirical justification. So, there's nothing new under the sun. A little later (Chapter 2), the process of pathologizing psychological problems is shown through the process of "explaining" behaviour problems by applying the new models of medical pathology (anatomoclinical, pathophysiological and etiopathological) which began to emerge in the Renaissance and were consolidated mainly in the nineteenth and twentieth centuries, and which have reported many benefits in the development of medicine. Thus was born the present-day "neuromythology" (or "cerebrocentrism" in the words of Marino Pérez), which places the "mind", and therefore the explanation of behaviours and by extension all human matters including behaviours that are considered problematic, "inside" the brain.

This search for the causes of the "psychopathology" in the brain is useless; how could it be otherwise, since the phenomena under investigation (behaviours) are of another nature. It is like looking for a lost object not where it has been lost, but where there is better light in which to search for it or where there is more interest in finding it. However, the search continues; remember that Thomas Insel, director of the National Institute of Mental Health in the USA, based his rejection of the DSM-5 on the need for the psychopathological taxonomy to be based on biological markers of the "mental disease", research into which is considered a priority. Or the recent statements by

[10] López Méndez, E. and Costa Cabanillas, M. (2012). Revealing the secret of enigmas. Non-pathological clinical psychology. Papeles del Psicólogo, vol. 33

Nora Volkow, director of the National Institute on Drug Abuse in the USA (NIDA), who, on a recent visit to the city of Madrid, congratulated the City Council for its "pioneering work –of an international nature- on the treatment of brain diseases as dual pathology". (Let's say, in passing, that the concept of "dual pathology", such a pompous name, is a great example of how the problems of explaining what is hard to explain are resolved from the psychopathological perspective: more labels are added and that's it. It's as though assigning more names helps us to understand better what we wish to understand. Later, Volkow made it clear that the cerebral base of this dual pathology "is not yet known". Problem solved).

After revealing the foundation of the psychopathological model, the authors move on (in Chapter 3) to the exposure and criticism of the practical implications derived from it: the tautology and irrefutability of diagnosis, the exemption from responsibility involved and therefore the powerlessness and passivity of the "sick person" which this leads to, the associated social stigma, the therapeutic chimera derived from the model and, beyond the clinical setting, the role of social control exercised by the model of mental illness. Two questions (at least) stand out for their interest, and also for the sharpness of the authors' critical scalpel. First, the issue of pharmacological treatments: their lack of empirical foundation and therefore their character of pseudo-treatment, their self-confirming strategy (if I administer drug X and the patient improves, it means that this is a disease and that this disease is caused by an imbalance of the neurotransmitter upon which drug X acts), their support in the interests of the pharmaceutical industry and their not insignificant side effects. On the other hand, the strongly ideological (conservative) character of psychopathological orthodoxy, to the extent that it dissociates the people's problems in living from the contexts in which people live, considering them to be a strictly individual matter, so the suffering that could be attributed to, for example, the consequences of the economic crisis (instability, unemployment, insecurity), which we see daily, would actually be a matter of brain imbalances.

As I said above, criticism is always incomplete if it does not offer a better alternative. In this case, the criticism being more than enough to justify the book in itself, it serves as a necessary prelude to delve into what, in my opinion, is the work's core and its genuine "gem": the development, throughout chapters 4, 5, 6, 7 and 8, of an alternative model which from the paradigms of psychology, reveals the meaning and significance of the behaviours which due to their apparent incomprehensibility are considered diseased by the psychopathological model.

This is a beautiful text on the border between psychology and philosophical anthropology. Behaviour, any behaviour, cannot be understood if it is stripped of its character of transaction with the context, an ongoing transaction, which we can only artificially dissect, and which the context influences, "leaves its mark", conditions, transforms the subject and on which the subject, through its capacity to act, also produces effects, changes in the previous situation, which in turn modify both the morphology and the probability of different types of behaviours; thus the biographical heritage is constructed, the unique and unrepeatable biography chiselled through innumerable transactions. The subject is never pure subject, it is primarily biography, unique and always unfinished, an "inhabitant of the border", (Heidegger's "being-in-the-world", Ortega's "circumstantial self" or Sartre's "being-for-itself") which creates itself to the extent that it is turned "outwards", to the extent that it is modified by the context but, in turn, it modifies the context through its work and therefore it constructs itself. Chapter 6, in particular, includes an overwhelming and even poetic defence of the executive capacity, the capacity to act, to activate changes in the context, as a primordial element of human nature, compared to the idealistic vision of the human being as a thinking being. All behaviour, therefore, including behaviours considered pathological by the medical model, is always, at the same time, biographical, contextual and transactional. It is incomprehensible only if stripped of these three dimensions. To unravel this web, to build an explanatory hypothesis to fit the case that guides professional intervention (if this is the field in which we work) may be complex, but this difficulty does not justify the behaviour in question being considered as irrational or pathological nor does it justify that we easily close the matter, inventing an entity that is "inside" the individual, although no one has ever seen it, and one that works as the "cause" of the behaviour to be explained. Chapter 4 is devoted to exposing this thesis and its implications.

This radical unity between biography and context, introduced in Chapter 4, is broken down brilliantly in the subsequent chapters (5, 6, 7 and 8), dedicated to the basic paradigms of psychology and their application in the

explanation of behaviours, both "normal" ones and particularly those that the psychopathological logomachy considers "pathological", which now, seen from the perspective of their biographical and transactional nature, are revealed as full of meaning. This text brings to the present and retrieves (in case someone had misplaced it) the paradigm of classical conditioning, operant conditioning, vicarious learning and the relational frame, but it provokes in the reader a very different flavour from that caused, in our student days, by the reading of the basic texts of the psychology of learning, which rarely went beyond salivating dogs and lever-pressing rats. How poorly the paradigms of psychology have been explained to us! In the text by López and Costa, we go from the laboratory experiments of classic authors such as Pavlov, Watson and Skinner to the explanation of the most complex and seemingly "incomprehensible" behaviours, with multiple examples (Chapter 7) being shown the role of the observation of models, negative reinforcement, intermittent reinforcement programs (whether interval or ratio, fixed or variable) or stimulus control, among other processes, regarding the origin and maintenance of behaviours. Along the way, the authors point out the application of these same processes to the treatment of psychological problems, a treatment that should be equally radical (going to the root) and, therefore, based on the experience of new corrective transactions. On this matter, the authors also allude critically to some versions of the "cognitive-behavioural" model and therapy, which are nothing but a form of Cartesian dualism to the extent that they separate the cognitive dimension of behaviour and consider it a world apart, an unexplained "independent variable" which is postulated as the "cause" of the behaviours. Chapter 8 is dedicated specifically to the behaviour conditioned by verbal rules, the role of the substitutive and mediating function of language (Pavlov's "second signal system") to which the paradigm of the relational frame refers, which is an equally transactional phenomenon -linked to action- that does not "spring from the brain".

The final chapter of the book is devoted to the "inner world, the mind and consciousness," and it denounces the search in the "mind" or in the "mental illness" for the explanation of behaviour, ignoring the biographical transactions that are its first root and which give it meaning. This logomachy is rooted in the dualism that pervades not only religion (where, after all, it makes sense) but also everyday language, psychopathological orthodoxy (replacing "mind" with "brain" but the dualism is essentially the same) and also cognitive behavioural psychology. Against this dualistic conception that considers all that is to do with the "mind" or the "brain" as an unexplained independent variable, the work shows, based on evolutionary psychology and also on the phylogeny of behaviour, how "thinking" is also a behaviour that has its origin in operant action.

What can we expect the effect of the publication of this book to be? "Actions speak louder than words," the authors say. A "work" is more of a "work" the more it "works" (the more significant the change that occurs with regards to the previous situation) and this is its meaning. Obviously, at this point, I do not know what the impact will be. But I believe that some things can already be said. Firstly, that it is the intention of the authors to generate questioning and debate. This book is not meant to be simply, as in the words of a well-known poem by the Basque poet Gabriel Celaya, "a beautiful product" or "a perfect fruit". The title says it clearly, in my opinion. Secondly, the debate to which the book aims to contribute is necessary because it is necessary to change the sad situation of clinical practice derived from psychopathological orthodoxy. And thirdly, as we said earlier, it will be a welcome impact for many of us who practise clinical psychology always playing "in the opposition's half of the field."

Finally, I will venture to say that this is a book of synthesis and maturity. It is a book that could only have been written by those who, having completed a long and beneficial journey through many of the applied fields that deal with behaviour, return home to their beloved clinical Ithaca, and, taking advantage of the criticism of psychopathological orthodoxy (just as all roads lead to Rome, all human affairs lead to the same point), end up at the radical question regarding the nature of human beings, that they beautifully, synthesize in the concept of "being operative, an inhabitant of the border," a condition that makes understandable and explainable what otherwise may seem incomprehensible and inexplicable.