

THE IMPACT OF MODERN PSYCHIATRY ON THE SELF CONCEPT

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All over the world, people are suffering from the human condition. There are people withdrawing from social contact for fear of being disappointed by another failed love affair. There are people feeling anxious about being anxious, beginning to panic about their inability to predict what might happen to them. There are people getting addicted to drugs and sex and power games, through trying to inject some excitement into their unhappy lives. There are people afraid of becoming dependent on others and considering suicide.

The human condition is dealt with in different cultures by different types of experts. Imams, priests, seers, rabbis, monks and shamans have their methods of advising people, often referring to the holy books of their culture.

In our society, however, psychiatrists insist that the human condition be described as a collection of medical disorders. Using terminology similar to that used when describing an artery blocking up or a microorganism invading the body, the human condition is described in such terms as generalized anxiety disorder, dysthymic disorder, affective disorder, obsessive-compulsive disorder, personality disorder and so on.

Not unexpectedly, modern psychiatry in promoting the ridiculous notion that the human condition is a group of medical disorders, regards drug therapy as of prime importance in the management of emotional suffering. But despite the development of increasingly more effective drugs, modern psychiatry's track record in dealing with the human condition has been less than impressive. Why? A common explanation by psychiatrists is that of compliance. The psychiatrists claim the drugs work, but the patients don't want to take them.

By contrast, a commonly heard complaint from patients is that psychiatrists seem to be more interested in writing out prescriptions for drugs than listening to them and finding out what the problem actually is. Clearly, these patients do not believe their suffering is caused by a medical illness or the commonly used term "a chemical imbalance". If they believed the medical illness model, they would be happy to accept medication as treatment.

The medical model of the human condition has damaged our society more than most people recognize. Those who accept it are vulnerable to a number of erroneous assumptions. These include the notion that someone in emotional pain must be suffering from some disorder, and that if we aren't actually suffering from a defined emotional disorder, we should be feeling happy.

One has an impression that more and more people enjoy playing the psychiatrist game, labeling other people's behaviour with such terms as "paranoid" and "psychotic", and making "you" statements instead of explaining themselves with "I" statements.

In converting the human condition into a number of medical disorders, modern psychiatry has weakened the value of folk wisdom and religious concepts in explaining and dealing with issues such as self-destructiveness, evil, and suicide. It is common to hear people describing self-destructive and evil behaviour as "sick". Unfortunately, however, while modern psychiatry scorns religious explanations of evil, it has failed to provide any satisfactory alternative medical explanation.

By sneering at traditional explanations, but failing to provide an alternative, modern psychiatry leaves us worried and vulnerable, unsure of how to prevent and deal with evil destructive behaviour in our community.

Furthermore, at an individual level, modern psychiatry's medical model has caused widespread damage to personal self-confidence and has actively encouraged the elaboration of false ideas of self.

THE TRUE AND THE FALSE SELF

Christianity teaches us that the real identity of each human being is a spirit. If we search sincerely for who we really are, we will come to find that deep down we seem to be connected up with every other living being, and whoever or whatever God is, the true self appears to be part of God.

Genesis 1:26 – Then God said, "And now we will make human beings; they will be like us and resemble us."

Because human beings are created in the image of God, our individual selves are known to God:

Psalm 139 Lord...You know everything I do; from far away you understand all my thoughts...When my bones were being formed, carefully put together in my mother's womb, when I was growing there in secret, you knew that I was there- you saw me before I was born..

Each human being has an ego, the nervous system's way of trying to make sense of the world. The ego is a self-centering system that tells us the sun is moving across the sky, when in fact we are rolling towards the sun all day. The ego tells us that the railway platform is moving when the train leaves the station. When you walk into a room and someone says something nasty, the ego asks "What did I do, for this person to speak like that?" A more appropriate response would be, "Why did this person speak like that?"

We can see the individual ego developing in children. By the age of four years, most children are beginning to see the world as though they are central to everything taking place around them.

As well as an ego, most people have at least one false self or false identity, the person we would like the world to think we are, invented and maintained by the ego. The true self or true identity is part of God and known to God, but the false self is an invented entity, a work in progress. The characteristics of the false self are largely determined by the expectations and assumptions of the family and the community we grow up in.

Modern psychiatry's negative labeling and its obligatory atheism are responsible for some of the expectations and assumptions that the ego uses in building up and maintaining the false self.

It is not difficult to appreciate the instantaneous effect of being labeled with a personality disorder or a mental illness such as schizophrenia or bipolar disorder. "Whistleblowers" who create discomfort for their employers by reporting the truth about their activities can be easily discredited once a psychiatrist has labeled the whistleblower with a personality disorder. Such a label represents a serious, often permanent blow to a person's self-esteem.

Likewise a diagnosis of schizophrenia or bipolar disorder usually brings with it a sense of shame. The patient given such a diagnosis can expect to be regarded as less valuable to the community and less likely to be listened to.

While the immediate effects of psychiatric labeling are easy to see, there are less obvious but more pervasive assumptions and expectations inflicted by modern psychiatry.

At a psychiatry conference in Melbourne in November 2005, a professor of neuropsychiatry was speaking on recent scientific research on enhancing brain function. The professor was asked to comment on the belief that prayer, particularly group prayer, could affect events at a distance, raising the question of the geographical extent of the influence of the human mind. What might we expect from the human mind when brain function is enhanced?

The professor hastened to assure the audience that there was no such entity as the human mind, that what was called the mind was simply the function of the brain. Secondly, the professor suggested that the alleged effects from prayer were easy to fake and on close examination would be found to be non-existent.

Finally, the professor invited those in the room to indicate by a show of hands, how many people believed that the human mind actually existed. Six people in a room of about 40 psychiatrists, raised their hands.

A basic assumption of modern psychiatry is that there is no mind if there is no functioning brain. Therefore the concept of intelligence that is not embodied, is nonsense. Thus God or angels cannot exist. Furthermore, a spirit life beyond death is an impossibility.

Similarly, the idea of evil as originating in the influence of jealous and destructive angelic entities is also nonsense, according to modern psychiatry.

A second basic assumption of modern psychiatry arises from the labeling of people as suffering from personality disorders. The label of personality disorder is a relatively permanent indication that this person has been a troublemaker, is one now, and will continue to cause trouble for other people. The effect of such labeling is to consign the unhappy bearer of such a label to membership of a permanent underclass. Not unexpectedly we find doctors reluctant to apply such labels to themselves or to their medical colleagues.

In reality, people said to have personality disorders are simply demonstrating personality characteristics which may be viewed as gifts or as weaknesses depending on the context. For example, self-centred, self-seeking "psychopaths" have personality qualities that one needs in order to be an effective fighter pilot in time of war.

The alleged personality disorder is simply a description of how the person's specific gifts and weaknesses have tended to intrude on others. What is wrongly described as a disordered personality is actually the result of a series of traumatic encounters with others, where the personality characteristics have defined the battleground. For example, people with compulsive personalities are likely to have annoyed other people by trying to control them, and may suffer from post-traumatic symptoms arising from a history of failed battles over control.

But modern psychiatry does not offer the observation that gifts and weaknesses are simply the same characteristics viewed differently. Instead, modern psychiatry offers the assumption that people with alleged personality disorders are permanently inferior to others.

Understandably, people in our society avoid being labeled negatively by psychiatrists, usually by trying to deny emotional problems or vulnerabilities. In reality, of course, all human beings find life difficult, and the human condition is experienced by everyone. Failure to acknowledge this fact, and attempting to adopt a lifestyle that covers up our human frailties, simply leads to self-destructive addictions and when ultimately we fail to live up to expectations, perhaps to commit suicide.

Currently, the most effective therapeutic method for dealing with addictions is the Twelve Steps recovery method, a spiritually oriented program which began with Alcoholics Anonymous, and is now used in recovery from perhaps twenty or so different patterns of addiction. While the Twelve Steps programs are very effective and cost very little to run, they are viewed with ambivalence by modern psychiatry.

Some psychiatrists will encourage their patients to join Twelve Steps programs, but modern psychiatry usually will not acknowledge that the effectiveness of these Twelve Steps programs derives from addressing the spiritual needs of their members. Instead modern psychiatry usually wrongly ascribes their success to "group support."

Wherever modern psychiatry discourages us from admitting our weaknesses, and devalues the therapeutic programs that encourage an honest expression of personal powerlessness, it is worsening the very problems that a worried society is calling upon it to solve.

WHAT WE NEED

Our society needs to modify the psychiatric treatment we provide and allow medical and psychology students to study the spiritual aspects of human existence and emotional suffering. There is much to learn from our society's store of knowledge, but currently our medical students are not permitted to incorporate such knowledge into their practice of medicine.

Fortunately some doctors apply their own spiritual awareness towards helping to solve their patients' problems. However, they usually do so with the understanding that such an approach is officially frowned upon as politically incorrect.

However, should those who design medical undergraduate and postgraduate courses decide to continue down the same path we are traveling now, it is important they should think long and hard about the negative effects on our culture of our current medical model of mental health.