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Diagnostic Cultures: A cultural approach to the pathologisation of modern life, by Svend Brinkmann, Abingdon UK: Routledge, 2016, 153pp, £ 110 (Hbk), £28 (E-book). ISBN 978-1-4724-1319-2

Book review by Anne Cooke in the European Journal of Psychotherapy and Counselling. Published online 23 February 2018. <https://doi.org/10.1080/13642537.2018.1424603>

I got some funny looks when reading this book. I was on holiday at the time in the Greek islands, sitting by the Aegean, and should probably have been reading Joanna Trollope instead. Surprisingly, though, and although by no means intellectually lightweight, 'Diagnostic Cultures' made excellent holiday reading.

The first chapter, entitled 'the spread of diagnostic culture', starts with the provocative statement that each year in Western countries, around a quarter of the population will suffer with a mental disorder. Should we interpret this as evidence for the progress of psychiatry in identifying and treating mental illnesses that have always existed? Alternatively, might it be the case that modern life somehow creates new conditions, or social pathologies? Brinkmann argues that a third, more fundamental explanation is needed: the development over recent years of what he calls 'diagnostic cultures'. Increasingly, psychiatric diagnoses have become the lens through which people in Western societies understand ourselves and our suffering. They have substantially displaced religious and moral conceptions, and have also come to play an important role in our bureaucracies and our broader social arrangements. Partly, Brinkmann argues, this has been driven from above by those with a vested interest in these explanations, for example psychiatrists and drug companies. However, he also contends that citizens themselves are increasingly pushing for 'pathologisation from below', seeking diagnostic explanations for the various problems that we encounter in our lives.

The second chapter expands on this, documenting how our ideas about distress are changing. The third explains how cultural psychology - psychological analysis informed by cultural studies and sociology - may be a useful tool in understanding why psychiatric explanations are in the ascendant.

Brinkmann then explores the 'semiotic mediation' functions of diagnosis. Semiotics refers to the way we use signs and symbols to regulate aspects of our lives, for example explaining events, affirming ourselves, claiming or disclaiming responsibility. By way of example, he details some of his research with 'Adult ADHD' (attention deficit and hyperactivity disorder) self-help groups, sharing his observations of how members draw on the idea of an underlying brain disorder, an 'entity' of ADHD - to understand and account for their emotions and actions. For example, members in the groups he attended used the idea as an explanation ("I finally got an explanation of why I snap"), as a form of self-affirmation (one member had 'ADHD' tattooed on his chest and explained his extreme orderliness as "an attempt to avoid the chaos") and as a way of disclaiming responsibility ("The worst thing my psychiatrist could say was that there was nothing wrong with me - in that case I was simply lazy").

The fifth chapter, entitled 'the ideal subject in a diagnostic culture', explores the implications of living in such a culture for the age-old question, originally seen as a religious one, (see e.g. 2 Peter 3, 11) 'How then should we live?' Brinkmann suggests that a clue to the answer may lie in the GlaxoSmithKline slogan 'Do more, feel better, live longer'. This turns the question into a quantitative one, begging the issue of why it is always good to do more, for example, or who is the judge of what is 'better'. He asks whether in transforming existential, moral and political concerns into individual, decontextualised psychiatric disorders, we risk not only losing sight of the larger historical and social forces that affect our lives, but also of vital resources that people have historically used to understand ourselves and to help each other.

Chapter 6 outlines a philosophical analysis of suffering and of the current 'epidemic of mental health problems'. Brinkmann suggests that it is best understood as a result of the dual forces of, on the one hand, the 'psychiatrisation' of suffering, explained above, and on the other, changed diagnostic practices. He argues that human suffering requires a much broader analysis than the currently popular lens of 'health', one that also encompasses political, moral and existential questions.

The seventh chapter, 'Towards a comprehensive understanding of mental disorder' summarises the argument so far and asks the question, 'What are disorders?' It outlines the framework of cultural psychology, a discipline which examines how our personal and our cultural lives are woven together, drawing not only on psychology but also on history, sociology and cultural theory. The emphasis is on studying *people* rather than focusing narrowly on the mind or brain.

The final chapter looks into the future, forecasting that things could go two ways. On the one hand we could see the 'end of pathologisation'. Alternatively, diagnostic cultures could expand still further, using brain scans and genetic tests to 'diagnose' even those people who are not currently experiencing problems, based on calculations of risk and genetic vulnerability. Sadly, given the financial dependence of not only psychiatry and the powerful pharmaceutical companies but also (within our current system at least) millions of psychologists and therapists on the diagnostic approach, I personally think the second is more likely.

I really enjoyed this book. I loved the way it provides an overarching framework to help us understand not only the ongoing debates about diagnosis, but the various interests driving them and why conversations about this issue are often so heated. Reading it on holiday in between checking my Twitter feed, it felt in some ways like a refuge from the strong feelings and widely differing views expressed there and elsewhere on this issue: a place where they could be reflected on, understood and put into context.

I also loved the way it bridged disciplines, reminding me of some of the useful interdisciplinary conversations in my own institution, where psychology is in a [joint department with sociology and politics](#). Many psychologists and psychiatrists are relatively ignorant about other, hugely relevant disciplines such as philosophy, history and anthropology.

My one point of disagreement with Brinkmann would probably be the issue of schizophrenia. As the editor of the British Psychological Society's '[Understanding Psychosis and Schizophrenia](#)' (Cooke, 2016; 2017) I was surprised to read on page 109:

'Some diagnostic categories may refer to genuine illnesses that are best understood as brain disorders... schizophrenia and bipolar disorder come to mind.'

Brinkmann's position here appears similar to that of Psychiatrist Allen Frances who is concerned that 'overdiagnosis' leads to confusion between 'normal' people who have been inappropriately labelled and the 'genuinely mentally ill' (see e.g. Frances and Cooke, 2015), therefore misdirecting resources.

This is not the position of many scholars, predominantly but not exclusively in the UK, who have been working to develop and articulate a psychosocial alternative to psychiatric diagnosis which specifically includes those experiences traditionally thought of as 'serious mental illness' (see e.g. Bentall, 2013; Boyle, 2014; Cooke, 2014; 2016; Cooke & Kinderman, in press; Johnstone, 2014; 2017; Johnstone, Longden & Dillon, 2012; Kinderman, 2014; Pilgrim, 2014). Many of these authors were also contributors to the recent British Psychological Society report 'Understanding Psychosis and Schizophrenia' (Cooke, 2014) which has been widely discussed in the UK (e.g. Allen, 2014) and in the USA (Frances & Cooke, 2015; Lieberman, 2015; Luhrmann, 2015) and which concludes that 'the problems we think of as 'psychosis' – hearing voices, believing things that others find strange, or appearing out of touch with reality – can be understood in the same way as other psychological problems such as anxiety or shyness'. Indeed the framework that Brinkmann outlines in his last chapter, which sees mental distress as a confluence of a number of interacting factors, including societal as well as individual variables and cultural as well as individual sense-making, fits well with these recent accounts of psychosis developed in the UK.

(1238 words)

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