

The following is extracted from my various writings on the “McDonaldization of American psychiatry” contained in my “Political Correctness as Culture Industry and Revolt of the Masses” (2016) and “The Causal Connection between Rationalization, McDonaldization, and Increasing Stupidity of Human Beings” (2017). The pieces are converted into a paper in its own right, a shortened version of which is then submitted to Humboldt University in Berlin in May, 2017.

THE “DUMMIFICATION” OF AMERICAN PSYCHIATRY THROUGH RATIONALIZATION

Lawrence C. Chin

The critique of psychiatry in the anti-psychiatry movement¹ is usually either that mental illness is merely a construct imposed on reality and does not exist as a disease or that the biological model (chemical imbalance) on the basis of which psychiatrists treat the disease (with medication) is a wrong model or that medication's effectiveness is a fabricated myth. Here I would like to outline how American psychiatry has died simply as a consequence of its rationalization – that, even granted that mental illness exists and that earlier generations of psychiatrist have correctly diagnosed them, the later generations can no longer diagnose them. In other words, how psychiatrists have been “dummified” by psychiatry's own standard due to the rationalization of its procedures. I mean to apply here the *Verdinglichungskritik* common in critical theory to American psychiatry, hopefully to add another aspect to the anti-psychiatry movement's conclusion that psychiatry is but a big scam.

I have personally known somebody, a certain “Joseph K”, who was for a while under Secret Service's surveillance as part of the investigation on him. He noticed it and, when he reported to his psychiatrist that he was “under police surveillance”, the psychiatrist automatically diagnosed him as suffering from paranoid schizophrenia. He went from doctor to doctor and could never convince them that the police surveillance was not his delusion. He had no way of proving it to his doctors because, for obvious reason, he couldn't get a confirmation from the Secret Service. Every doctor gave the same diagnosis of paranoid schizophrenia within one minute of hearing his story and without talking to him for more than a few minutes. We, his acquaintances, all knew that he wasn't delusional because we were all recruited as informants against him by the Secret Service. Yet his doctors seemed so dumb as to have entirely lost touch with reality, declaring what was real to be unreal. None of them ever made any attempt to verify whether what Joseph K said could possibly be true, nor conducted any test on him to discover that he was completely normal in everything else he said or did. They seem to have assumed that government's running surveillance on citizens is something which *never* happens in reality. Anyone familiar with the American psychiatric establishment (anyone who has been its victims) is aware that psychiatry in America nowadays is so corrupt as to be devoid of reality in all its pronouncements about the sanity of people subjected to its judgments.²

1 The anti-psychiatry movement I have in mind ranges from the earliest work of Thomas Szasz, David Copper, and R. D. Laing to the more recent works of John Mirowsky, Bonnie Burstow, Colin Ross, Irving Kirsch, and Joanna Moncrieff.

2 In case you do not approve of an anecdotal account about an anonymous personage but prefer a documented case about psychiatric mis-diagnosis of such kind – about psychiatric “experts” who are so dumb as to entirely lose contact with reality – I can mention here as supplement the curious case of Susan Lindauer which I have once discovered in the vast literature on espionage (as she has described in her 2010 autobiographical *Extreme Prejudice*). In the 1990s, Lindauer was recruited by the CIA and the Defense Intelligence as an asset, specifically as a go-between between the CIA on the one hand and the Libyan and Iraqi government on the other in order to unofficially negotiate deals through back door channels when these two nations were under sanction and had no official relations with the US. Her work continued after 911 attacks and until the US invasion of Iraq. Just prior to the invasion of Iraq, the Iraqi government informed Lindauer that it fully agreed to cooperate with the international community about letting in weapon inspectors and with the United States about 911 investigations. The Bush administration, meanwhile, got on TV to lie that Iraq was uncooperative. When Lindauer requested to testify in Congress about what she knew about Iraq's willingness to cooperate in order to lift sanction and avoid being invaded, the authority decided to remove her. The FBI sent an

I have over the years diagnosed the cause for the corruption of psychiatry in this regard to be the literalist understanding and application of DSM diagnostic criteria. Psychiatrists nowadays are simply practicing literal interpretation with their DSM-IV in the same way in which evangelicals practice literal interpretation with their Bible. If a person's surface behavior and words fit the literal description of a mental illness in DSM-IV, then the person is considered to suffer that mental illness and there is no need to explore further to see if, behind his or her words and behavior, the cause might be something else. The result is the development of simple "check-listing" of symptoms as the standard procedure in American psychiatry – the cause for so much mis-diagnosis in American mental health system. Return to the example of my friend Joseph K and consider the diagnosis of schizophrenia according to DSM-IV. One of the criteria for the diagnosis of schizophrenia is the patient's display of "delusion":

"Delusions... are *erroneous* beliefs that usually involve a misinterpretation of perceptions or experiences. Their content may include a variety of themes (e.g., persecutory, referential, somatic, religious, or grandiose). Persecutory delusions are most common; the person believes he or she is being tormented, followed, tricked, spied on, or ridiculed."

The psychiatric authorities have further analyzed delusions into bizarre and non-bizarre types.

"Delusions are deemed bizarre if they are clearly implausible and not understandable and do not derive from ordinary life experiences. An example of a bizarre delusion is a person's belief that a stranger has removed his or her internal organs and has replaced them with someone else's organs without leaving any wounds or scars. An example of a nonbizarre delusion is a person's *false* belief that he or she is under surveillance by the police."³

If you have any experience with somebody suffering schizophrenia, you will know that these words are meant to describe a whole thicket of experience which the patient is undergoing, i.e. the patient is undergoing a certain subjective experience ("paranoia" or "hallucination") of which his or her belief that he or she is under police surveillance is the symptom. In the case of Joseph K, he is under Secret Service's surveillance and investigation and has noticed it. His doctor diagnoses him as suffering from schizophrenia because: "he believes law enforcement is spying on him, this is (nonbizarre, persecutory) 'delusion' when checked against DSM, it is a symptom of schizophrenia." All psychiatrists agree that

informant to pretend to be a Libyan agent wanting certain documents from her. (A sting operation.) When she provided them the FBI arrested her under the Patriot Act and the Justice Department charged her with "working as an unregistered Iraqi agent". Then followed her impossible struggle with the Patriot Act – where the evidences for her "crime" were kept secret from her and her attorney and where her own attorney was required to collude with the prosecutor to work for her destruction – and with the abuse of psychiatry in the name of justice – where a stream of psychiatrists, supposed experts on what is reality and what is not, colluded with the government to declare reality "delusion" and non-reality "reality". The climax came when Lindauer was at last brought before judge Mukasey in federal court and a psychiatrist was called in to offer an assessment of Lindauer. The charge against Lindauer as an "Iraqi agent" hinged on her contacts with Iraqi diplomats in the United Nations, and, yet, when the psychiatrist read Lindauer's testimony about the contacts, he automatically diagnosed her as suffering from "delusion of grandiosity": "believing that one is possessed of special talents or is engaged in activities of special significance." He had simply assumed, without ever investigating the matter, that Lindauer had imagined up the whole episode where she worked as a CIA and Defense Intelligence asset. Judge Mukasey was stunned and asked the doctor: "What's your understanding of Ms Lindauer's case? Are you aware that *she is accused by the Justice Department of engaging in these activities?*"

3 *Diagnostic and Statistical Manual of Mental Disorders, IV*; emphasis added.

Joseph K suffers from schizophrenia because one of the principal criteria for diagnosis has been “check-listed” – even though none of them has ever interacted with him in any way beyond hearing him saying, “Law enforcement is investigating me and running surveillance on me.” Just like how the Creationists read the first few pages of the Book of Genesis, i.e. *literally*, the psychiatrist is supposed to focus on the patient's *literal* fulfillment of the diagnostic criteria, ignoring the circumstances under which he has produced the statement (the “symptom of delusional disorder”). When the thicket of meaning (the subjective experience of the patient) is ignored in such literalist procedure, the fact is overlooked that the patient has in fact *not* satisfied the diagnostic criterion because his belief about being spied on is *not false*. But all of that has long been forgotten in American psychiatry.

Joseph K's situation gets more complicated when he, knowing that he was under investigation and at times was followed by surveillance agents, mistook an ordinary stranger around him for surveillance agent. He said so and so was a surveillance agent sent here to watch over him, and it turned out that he was wrong. Now, if any psychiatrist were around, he would again diagnose Joseph K as suffering from delusional disorder because he had again fulfilled literally the diagnostic criterion of “delusion” – this time his belief was really *false*. But he was in fact not delusional; he was just *wrong*. He had made a mistake. The literal application of the diagnostic criteria conflates incorrect inference and wrong judgment with delusion. In conclusion, when the psychiatrist ignores the subjective experience which the patient undergoes while uttering what appears to be delusional statements, he or she can no longer distinguish between correct description of reality which merely sounds bizarre, an incorrect inference or judgment, and “true” delusional disorder.

Literalism – the literal understanding of any text, including DSM – is prevalent because it is easier than actually using one's head. Because the literal reading of DSM is now standard in American mental health professions, most of the mental health professionals who come out of their “education” and “training” have no understanding of human psychology or mental illness; they are only capable of remembering, and repeating, the literal descriptions of mental illnesses which the earlier generation of mental health experts have laid down in the DSM – much like the ancient Hindus who, the Sanskrit language having already died as a spoken language, memorized, and repeated, every word of the sacred Vedas, but without any understanding of what the rhythmic words meant at all.

This problem – the “fossilization of tradition”, namely that, after a while, the substance of a tradition (its experiential content) is no longer understood by the next generations, who could only mindlessly repeat its words and formulas without understanding their meaning – has been commented upon by many thinkers. The cause on which they have usually focused is the inability of the mediocre followers to become equal to the wisdom of the original founder of the tradition. I want to propose here that the “death” of American psychiatry – the degeneration of DSM descriptions of mental disorders as originally manifested in the intersubjective experience between the doctor and the patient to mere propositions about outward appearances – can be comprehensively explained by the “rationalization thesis” (Weber) and the “colonization thesis” (Habermas) common in critical theory. I hope to demonstrate that the ancestors of the psychiatric tradition, by rationalizing their diagnostic procedures, have created a condition whereby the subsequent generations of practitioners are “de-skilled” to such a point as to be unable to render correct diagnoses of mental diseases – that *the psychiatric tradition has defeated its own goal by rationalizing*.

Since space does not permit me to conduct a detailed analysis, I shall simplify Weber's original rationalization thesis in this way:

(1) Rationalization means that one is getting more *methodical* when it comes to attaining, and define, one's goals.

(2) Rationalization means that one is becoming more *explicit* and *precise* in representing reality, situations, and goals (formulating them explicitly and precisely in *words*, whether as procedures, categories, or criteria).

The desire for rationalization is natural. When human beings learn to do something, they will eventually want to make explicit their intuitive sense (the unspeakable “skills”) by thematizing them and reducing them to a series of rules and procedures. When the unspeakable “know-how” (skills) are distilled, and *systematized*, as a series of procedures – the *explicit*, and *precise*, formulation of how business is to be conducted – one can then accomplish the goal faster and with greater accuracy – more *methodically*. *Efficiency* is the key here. In Habermas' words, the rational (methodical) conducting of business has now been differentiated as “system” – where knowledge exists in explicit and precise formulations – from its original life-world context (*Lebenswelt*) – where knowledge exists as intuitive know-how. This rationalization process however creates the possibility of its own subversion, in two manners. (1) The formulas, codes, protocols, and “check-lists” into which the intuitive know-how has been systematized enable efficiency because they are “fool-proof”, namely, because they enable the bureaucrat to quickly accomplish the task without using his or her brain but simply by “following instructions” like a robot. One can then expect that, over time, the intelligence of the “expert” recruited to perform the “expert task” will decline because, given the rationalized procedures, any idiot without skill and knowledge can do expert works simply by “following instructions”. Soon, the new generations of “experts” (who are in fact idiots) will only *look like* they are doing the expert task – which is now indistinguishable from *really* doing the expert task in any case.

(2) When the original expert systematizes his or her wisdom from the life-world context, he or she assumes that the rules, the procedures, and the laws which result could comprehensively represent the original life-world reality. And yet they simply do not. The underlying problem is that the life-world is composed of a seemingly inexhaustible fountain of intuitive and implicit knowledge. As Habermas has explained:

Der Modus des Vorverständnisses oder der intuitiven Kenntnis der Lebenswelt, aus der heraus wir zusammen leben, miteinander handeln und reden, kontrastiert... eigentümlich mit der Art des expliziten Wissen von Etwas. Das Horizontwissen, das die kommunikativen Alltagspraxis *unausgesprochen* trägt, ist paradigmatisch für die Gewißheit, mit der der lebensweltliche Hintergrund präsent ist; und doch genügt es nicht dem Kriterium eines *Wissen*, welches in einer internen Beziehung zu Geltungsansprüchen steht und deshalb kritisiert werden kann... Erst unter den Situationsdruck eines auf uns zukommenden Problems werden relevante Bestandteile eines solchen Hintergrundwissens aus dem Modus der fraglosen Vertrautheit herausgerissen und als etwas der *Vergewisserung* Bedürftiges zu Bewußtsein gebracht. Erst ein Erdbeben macht uns darauf

aufmerksam, daß wir den Boden, auf dem wir täglich stehen und gehen, für unerschütterlich gehalten hatten. Auch in solchen Situationen wird uns ein kleiner Ausschnitt des Hintergrundwissens ungewiß, aus seiner Einschließung in komplexe Überlieferungen, solidarische Beziehungen und Kompetenzen herausgelöst. Das Hintergrundwissen wird, wenn ein objektiver Anlaß gegeben ist, uns über eine problematisch gewordene Situation zu verständigen, nur Stück für Stück in explizites Wissen transformiert.⁴

The mode of pre-understanding or intuitive knowledge of the life-world, in terms of which we live together, deal and speak with one another, contrasts.... peculiarly with the kind of explicit knowledge about something. The 'horizon knowledge', which everyday communicative practice manifests *unspoken*, is paradigmatic for the certainty with which life-world background is present; and yet it is insufficient for the criterion of knowledge, which stands in internal relationship to validity claims and can therefore be criticized... Only under the pressure of a problem which confronts us will the components of such 'background knowledge' be torn out of the mode of unquestioning trust and brought to consciousness as something standing in need of *explicitation*. For the first time an earthquake makes us aware that we have been considering the ground on which we daily stand and walk as infallible. Also in such situations we can only loosen a small piece of our background knowledge out of its incorporation in complex traditions, solidarity relations and competences. When an objective occasion arises for us to come to understanding about the situation which has become problematic, our background knowledge can be transformed into explicit knowledge only piece by piece.⁵

A famous American dictum can serve as an illustration for the problem with rationalization which Habermas is talking about here: "I know it when I see it." Namely, "I know it is pornography or obscenity when I see it, although I can't define it for you beforehand."⁶ When one tries to define it, something always seems missing. The rationalization process then subverts the conducting of business when the next generation of idiots believe they can accomplish the set goal simply by mindlessly following the procedures which their ancestors have laid down. They do not possess the original intuitive know-how from the life-world from which the procedures spring and are often not even aware that there *was* once this intuitive know-how. Consequently they aren't even aware that the procedures, although explicit and precise formulations, are highly *impoverished*.

These two manners, briefly described above, in which rationalization leads to "dummification" – the replacement of the original genius who has rationalized (systematized) the conducting of business by the next generation of idiots who simply follow the rationalized procedures without using their brain – perfectly explain the current degeneration of psychiatry to a bunch of nonsenses. Let's examine the historical development which has led to the mis-diagnosis of Joseph K. Originally, the psychiatric

4 *Theorie des kommunikativen Handelns*, II, Suhrkamp Verlag, Frankfurt am Main, 1981, p 589. The same problem has been extensively discussed by Hubert Dreyfus, the famous interpreter of Heidegger in the American context. See his *Being-in-the-World: A Commentary on Heidegger's Being and Time, Division I*, The MIT Press: Cambridge, 1991.

5 Translation my own.

6 The phrase was famously used in 1964 by United States Supreme Court Justice Potter Stewart to describe his threshold test for obscenity in *Jacobellis v. Ohio*.

expert, after dealing with many delusional patients over a long period of time, begins to notice certain patterns emerging. By describing the patterns, he has mastered certain fundamental patterns or templates underlying all human (sick) behavior. This is the precursor to, and earliest forms of, the DSM diagnostic criteria.⁷ This is a rationalization process: before, the expert has developed some intuitive understanding of the sick behaviors according to their type. Right now he is systematizing his intuitive understanding into a classification order and is converting his intuitive understanding of each type into an explicit and precise formulation. In Weber's words, psychiatry is now a *Technik*: “Das einzige Kriterium, an dem sich die im weitesten Sinne 'technische' Rationalisierung bemißt, ist die Regelmäßigkeit eines reproduzierbaren Verhaltens, auf das sich andere berechnend einstellen können....”⁸ His original intuitive understanding counts as “wisdom” from the life-world; and he has arrived at it through (in Habermas' words) *communicative actions* – by trying to understand, and make himself understood by, his patients. It is wisdom because, back in the old days, the doctor has more time to interact with his patients, and therefore has opportunities to know them as persons (to understand their subjective experience as well as observing their outward behavior). *Back then, the doctor has time to engage himself in communicative actions.* When he systematizes his intuitive understanding into diagnostic criteria, he has differentiated psychiatric performance as a “system” from its original life-world context. What should again be noted is that, when he has codified his intuitive understanding of his patient's sick behavior into diagnostic criterion, he has not codified everything he knows. Much of the patient's subjective experience when he or she is suffering delusions, while accessible to the expert as intuitive “know how”, as a *feel* about another human being, during moments of intersubjective communicative actions, has escaped explicitation into a precise criterion. This then opens up the possibility of “convergence”: someone who has been under law enforcement surveillance and who is talking about it might be indistinguishable according to the literal wording of diagnostic criterion from a delusional lunatic who has merely imagined up being under police surveillance. Nevertheless, this might not pose a problem for the original expert because, having understood the illness beyond the mere description of its symptoms – all that its explicitation and precise formulation has amounted to – he soon recognizes that this true target of law enforcement investigation, while speaking the same words as the delusional lunatic does, seems “just a little different” (e.g., the patient is rational and non-dramatic in all his compartments). He has *wisdom* and *insights* – he can distinguish between description of bizarre, but true, experience, incorrect judgment, and “true” delusion – because he understands the *meaning* embodied in the diagnostic criterion he has devised rather than simply being familiar with its literal wording. While operating in the realm of the “system”, he has *not* forgotten about the insights and wisdom from the life-world which have not been completely encoded in the explicit and precise formulations in the system. He has *experience*. This is the psychiatric “tradition”, or “wisdom” which the ancestors have accumulated through sheer experience and which it is the duty of the later generations to do more than simply memorize and repeat verbatim.

Now since rationalization into a “system” has made it possible to conduct business in a different way – simply following the procedures – the later generations precisely cannot do more than simple memorization of the literal wording of diagnostic criteria. As noted, by systematizing his intuitive understanding of psychotic illness into explicit and precise diagnostic criteria in order to enable the

7 The history of the composition of DSM-III in particular is documented in Hannah Decker's *The Making of DSM-III: A Diagnostic Manual's Conquest of American Psychiatry*, Oxford University Press, 2013.

8 Habermas, *ibid.*, I, p. 241: “The only criterion which can serve as the measure for 'technical' rationalization in the widest sense is the regularity of a reproducible behavior, which another person can calculatively copy...”

next generation of doctors to have an easier time in diagnosing – *in order to enable them to become more efficient* – the psychiatric ancestor has also laid the foundation for their “dummification”. The next generation can use the criteria to diagnose without any understanding of the illness itself, simply by robotically (e.g. without thinking) following the diagnostic procedure – by check-listing symptoms or by matching the literal wording of the patient's speech (e.g. “I'm under law enforcement surveillance”) with the literal wording of the diagnostic criterion. Gradually, the doctors of the later generations will forget the ancestor's *experience* altogether – the intuitive know-how which has enabled him to notice, during intersubjective situations, that there is something wrong with someone and nothing wrong with another no matter what they say on the surface – and come to believe that all that psychiatry is about is to memorize diagnostic criteria so that when the patient says “The US government is going after me” they will know with which diagnostic category they are supposed to match his words. As for a psychiatrist of the new generation, if he or she doesn't know who Julian Assange is, when Julian Assange shows up and says “The US government is going after me”, he or she will certainly diagnose Julian Assange as suffering from persecutory delusions. Thus you see the cause for the psychiatrist's blunder in the case of Joseph K.

It is thus that the cause for such bizarre mis-diagnosis is that the “know-how” wisdoms and insights from the life-world, which are only superficially and incompletely encoded (systematized) in the DSM diagnostic criteria, have been completely forgotten in the psychiatric tradition – they are not even known to exist anymore. In ancient time psychiatry was about communicative action; today it is purely *strategic action*: it's about following procedures, check-listing symptoms, and word-matching rather than about understanding and being understood by another human being. The McDonaldization of psychiatry – the pressure to process more patients in lesser time – is both the cause and the consequence of this. There is no longer enough time nowadays for the doctor to know the patient as a person; he or she is forced to check-list and match words without thinking – practice literal interpretation and application of DSM diagnostic criteria – in order to hand out a diagnosis within 5 minutes. It is part of the hallowing-out of American society – the continual disappearance of communicative action – where the “system” has to process more consumers, more patients, and more prisoners in ever shorter time in order to maximize profit or maximally save cost – in the process sacrificing all substance and quality. As the newer generations of doctors consequently forget that it is by knowing the patient during intersubjective communication that they can render a correct diagnosis – as they come to believe the business of psychiatry consists simply in “matching words” and “check-listing symptoms” – they become very “dumb” in the sense that, although they are validated by society's institutions as “experts” in human psychology, they actually have no understanding of human psychology. When they treat patients, they only *look like* they are treating patients.

The worst thing is that, when the new generation becomes teachers themselves to educate the next generation, they teach the next generation to do exactly what they have been doing themselves: simply memorizing, without comprehension of meaning, the literal wording of DSM diagnostic criteria in order to be able to check-list and match words (since it has been forgotten that words actually have meaning behind them). Again, this has enabled people of mediocre intelligence who never understand anything about human psychology to succeed in examination and join this expert field: just memorize words and repeat them on examination. (This is how mass participation has destroyed the mental health system in the United States.) The psychiatric education is in decline as the experience with the subjective experience of the mentally-ill patient is no longer transmitted in psychiatric education. By

now, all psychiatrists misunderstand the nature of “delusion” – or have a very shallow understanding of it: they think it means only the expression of certain words, like “People are going after me” or “The authority is spying on me”, which are merely the most superficial aspect of persecutory delusion. American psychiatry today is thus completely dead in the sense that all substance – intelligence and wisdom – has been drained out leaving behind an empty set of rationalized procedures.

It can be seen that this rationalization and McDonaldization has resulted in the “reification” (*Verdinglichung*) of the patient in Lukács' sense. Since the judgment as to whether a patient is delusional or not is made purely by reference to his or her audible words and visible behavior without consideration for the subjective experience behind these words and behavior – since the subjective experience is considered to be non-existent – the patient is understood on the model of an “object” of empirical reality – an object that can be seen, touched, and manipulated but which possesses no inner reality of thoughts and feelings. The erosion of communicative action and its replacement by strategic action in psychiatry thus entail experience of dehumanization for the patient. In the case of Joseph K, all the events in his life which had led up to the Secret Service investigation – his attempts to join the Republican candidate's campaign despite his questionable history – were simply ignored by his doctors, who saw him only as a machine which had gone awry due to internal “chemical imbalance”. This is of course the typical *Verdinglichungskritik*. Little has however been said about how *dumb* the doctor would have to become – how little they would have to understand human psychology – in order to believe that this dehumanizing conception of what a human being is actually corresponds to reality.