

how naive and traditional Alec could be at times. He freely admitted that he found some of the more recent critiques of gender and sexuality hard to stomach, or even understand. I vividly remember him giving me a poor grade for a paper I wrote about trans-sexuality. Yet although I don't think he really 'got' the gender politics of it all, a lot of his feedback was spot on.

Most of all, Alec was open minded, and always prepared to try and understand different views and perspectives. He tried to reflect and understand the world as he encountered it – in all its contradictions – through his research and practice. In that sense he was an empiricist, a scientist, in the best sense of the world. Unfortunately, both of these are often dirty words nowadays. He didn't just surround himself with people he agreed with, who would buttress his own view of the world. He purposefully tried to create a space for alternative and marginalized views, whether he agreed with them or not.

Both myself and Terence McLaughlin (editor of *Asylum* magazine from 2000 to 2007) tried to convince Alec to write an autobiography, or let us write his biography. In typical modesty he declined. Yet he remained ever generous in recounting his experiences to the many people over the years who sought his advice, and lending out his books from his vast library – many of which I'm sure he never got back! A biography would have made for fascinating reading, as

he was closely involved in some of the best and the worst aspects of modern psychiatry, as well as resistance to it. He sat on both sides, and was never overly defensive or unnecessarily attacking of either. Indeed, he rarely saw them as opposing sides. Whilst people could be hyper-critical of Alec – he was either not radical enough, or too radical for some – he seemed to take criticism in good heart, and his door remained open. If we need psychiatrists (and that's another debate that still needs to be had), then I believe Alec was the kind of consultant you'd want to see – he genuinely saw his role as being someone people could 'consult', rather than a medical expert.

I admired and respected Alec enormously. I experienced him as warm, kind and generous with his time. He had a calm humility that continues to inspire me and drive my vision for *Asylum* magazine – to truly offer a space where contentious ideas can be aired and discussed openly and honestly, without pre-judgement or dogma. *Asylum* is still going strong, and is now published and distributed by PCCS Books.

**A version of this, and other reflections about Alec, can be found at the *Asylum* magazine website <http://www.asylumonline.net/alec/>**

**Helen Spandler** is a Reader in Mental Health at the University of Central Lancashire, and a member of the *Asylum* magazine collective.

---

# A Dialogue Arising from the Book *Deconstructing Psychopathology*<sup>1</sup>

---

**Alec Jenner (AJ) and Richard House (RH)**

---

## Introduction

In the autumn of 1996, S&S co-editor Richard House entered into an email dialogue with psychiatrist Alec Jenner about the book *Deconstructing Psychopathology* (Sage, 1995). Never published before in its entirety, with Alec's passing we thought it a fitting tribute to Professor Jenner to republish this dialogue here – not least because

the issue of the arguably inappropriate medicalization of human experience just doesn't go away.

Some context is necessary. I (RH) had written a very favourable review article on *Deconstructing Psychopathology* for *Asylum* magazine,<sup>2</sup> and Alec wanted to take issue with some of my arguments; and the results of the ensuing dialogue are reproduced below. We have

also invited a contemporary response to this 1996 dialogue from one of the book's authors, Dave Harper, which we're delighted also to present below.

When reading this text, written some 18 years ago, there were inevitably places where I would have liked to change the wording (or even the argument) in my own part of the dialogue! (especially in relation to my more recent engagements with post-structuralist thinking); but with Alec not having the same retrospective opportunity, I've resisted this temptation, and so have rendered the dialogue exactly as written by Alec and myself all those years ago. In this sense, it's certainly in part an historical document; but hopefully it does also touch on arguments that are still important for us today.

To the dialogue...

**Richard House**

## The Dialogue

**AJ:** I guess that as a professional I feel you and the book (*Deconstructing Psychopathology*) go too far, in an intriguing way. That pathology in general is a value judgement is obvious, so psychopathology must be likewise. Most classifications of things – diagnoses – in the world are significantly discriminations for our purposes. There is no description of the world completely independent of the observer. However, some delusions disappear when treated with major tranquillizers. You must use the correct pharmacology – there are laws of nature that technology must follow.

Not to notice the impact and 'correctness' of what is called science, and I prefer to call technology, to avoid pretence of greater ontological insight than is justified is not philosophical sophistication, it is ignorance. Whether being able to change beliefs chemically is a good thing is another matter. I am increasingly finding myself seeing technology as the basis for reliable knowledge. The psychopharmacologist does tend to know more than the man in the street.

**RH:** I'm not sure whether Ian Parker, his colleagues and myself 'go too far' or not; but if we do, then maybe it's necessary to do that in order to shift the centre of gravity of the 'clinical field' a bit nearer to where we believe it rightly should be!

Delusions may well 'disappear when treated with major tranquillizers'; but if the delusions are somehow necessary for the 'deluded' person as part of their unfolding (and ultimately mysterious) life process, then

to 'take them away' *artificially* may well have unintended, totally unpredictable and *unmeasurable* consequences or side-effects that actually do more harm to the *whole* person than did the delusions which they were experiencing in the first place. This is, I feel, the nub of it – do we 'treat' people/*whole persons* in accordance with an assumption of an underlying malfunctioning-machine metaphor, or as souls/spirits struggling towards growth, meaning and actualization?

Of course my own view is that it is in no way 'a good thing' to be able to change people's beliefs chemically. And if (along with Damasio) we conceptualize 'beliefs' as an *irreducible* aspect of the whole person which are not explicable in terms of a crude materialist mind/brain identity thesis, then even to talk in terms of discretely 'changing' beliefs chemically starts to make very little philosophical sense.

To come to technology: The problem with technology is that as a species, we possess nothing like the *emotional* maturity to handle it healthily – and in the hands of 'children' who are 'deluded' in believing that they are adults (and this, I believe, applies to all of us), technology becomes an extremely dangerous thing. And for me, this argument alone, let alone all the other possible ones, is sufficient to make 'neo-Luddism' a very respectable and healthy position to adopt in relation to the scientific mentality and so-called scientific 'progress'.

Thus, knowledge must in my view start from the *inner* 'emotional' world; to fetishize and reify technological knowledge before we've begun to sort out our inner worlds is surely to get things the wrong way round – which in turn can only lead to hopeless confusion and a messed-up outer world (or environment) – and the evidence for *that* is just everywhere for us to see.

**AJ:** Although accepting an enormous influence of language and ideology on 'science', there remains a sense in which technology at least depends on a real world. To use a computer or an aeroplane and deny 'progress' seems to me to be perverse. (This is not to argue against there being pseudoscience.) Technology does represent *what we happen to know* even as you rightly imply being technically clever enough to explode nuclear bombs may be bad for morally limited human beings.

You talk about things 'having little philosophical sense'. I do not think the word 'philosophical' adds anything to the meaning of such an expression and would want to argue the two and a half millennia of 'philosophy' have not produced one agreed sentence! 'Phenothiazines

change some beliefs' seems a securer and undeniable statement. I accept that delusions are helpful to many people and taking them away chemically can do more harm than good. And while looking for meaning to the person is paramount, sometimes – for example, in the paranoid person – their beliefs are ruining their lives, and sometimes threatening others.

I do not like changing human views chemically. I do not like the materialistic fact that it seems difficult to imagine how beliefs are represented in brains in a way that could be currently studied outside the field of electronics or chemistry. I do want to get out of the straight-jacket of a twentieth-century materialistic outlook. I think quantum mechanics shows that there is something wrong with the persisting concepts of the sciences of the nineteenth century. I just have not got the genius to grasp what is a sensible answer. I can only know what I can do, like treat manic-depressive illness successfully with Lithium Carbonate.

I had a hatred of prescribing, but at times didn't know what else to do, and sometimes I felt I had harmed more than helped people by avoiding drug treatments. Attempting as I did to run a comprehensive industrial city centre service presented sometimes desperate and urgent issues that many external critics see less often, and maybe that allows them to say '*Never*' to using drugs.

I tend to believe that there are various levels of the urge to make the illusory ego important, failure to achieve a niche which satisfies can lead to an attempt to contract out of the restraints that society imposes on the individual, while necessarily living in the socially created reality of the times. Going it really alone is precarious and they attempt to do the impossible, and destroy themselves. The attempt is to some extent, and often, what is termed 'schizophrenia'.

**RH:** Phew! – that's a lot to respond to!... and I have a lot to say! I think I must be 'perverse', then, because I do truly question whether using a computer or an aeroplane necessarily represents 'progress'. We are all so terrified of the primitive rawness of the uninhibited emotional world that, as a species, we latch on to anything that will satisfy the need for the illusion of a world stripped of the emotional – hence the obsession with technological rationality ('As man becomes machine...'). For me, Janet Street-Porter's recent withering Channel 4 attack on the computer revolution and Mark Slouka's devastating critique of the virtual-reality obsession and its threat to our sanity<sup>3</sup> do an excellent job at exposing the dangers of

disembodied, ungrounded technology run rampant.

Technology implies mechanism, and mechanism is necessarily emotionless. Yet if, as existential philosopher Robert Solomon so forcefully argues,<sup>4</sup> life can only take on meaning *through the emotions*, then the future of meaning itself starts to look pretty bleak – and the existential crisis (or Stan Grof's 'spiritual emergency') that is mounting apace is testimony to the malaise that accompanies the hegemony of the ideologies of scientific 'progress' and technological rationality.

Many decades ago the great psychoanalyst-cum-healer Georg Groddeck wrote, 'Everything important happens outside our knowledge and control.... It is absurd to suppose that one can ever understand life.'<sup>5</sup> And here is psychoanalytic therapist Marie Maguire: 'Man develops a capacity for mastering the universe and a compulsive preoccupation with what can be predicted, possessed, piled up and counted in order to deny the strength of their early physical and emotional link with the mother.'<sup>6</sup> Ouuucch!

The preoccupation with controlling, and the desire to *take away*, pain and suffering is surely just one more variation on Maguire's theme. For in reality the experience of pain and suffering is fundamentally paradoxical. I believe that the very act of trying to *take away* someone's (emotional) suffering ipso facto and necessarily must fail; and concomitantly, that it is in the gaining in the capacity to contain, bear and face up to one's own pain that one can, in that healing moment, transcend it. Unlike psychiatrists, humanistic and dynamic counsellors simply don't believe that it's possible to take another's suffering away; and to pretend that one can, even if it does give some kind of short-term reassurance and relief to the 'patient', must in the longer run fail.

That it is currently difficult to 'imagine how beliefs are represented in brains in a way that could be currently studied outside the field of electronics or chemistry' surely says much more about our severely limited worldview than it does about the 'truth' of the materialist conception of 'mind'. Whether it will take genius, or analytic insight, or mystical wisdom, or some combination thereof, remains to be seen; but I can only follow my 'gut' feeling (and the body never lies) that materialistic objectified ontologies are not merely soul-less but are just plain wrong – and I trust my passion in this far more than any amount of logical reasoning (though Ian Parker et al. have done a wonderful job in developing the strictly logical case for a non-technocratic conception of 'mental'/emotional distress).

**AJ:** My glib use of the word 'progress' has made you assume that I think of technological progress as moral progress. I used the word 'technology' to avoid any ontological mechanistic views one might assume from science. I do however assert that the knowledge involved is peculiarly secure. To deny that aeroplanes fly would be to suggest you do not understand English or live in our current era. There is some sense in which aerodynamics at a practical level contains truths about possibilities. Like you, I do not wish to conclude from that fact that the nineteenth-century type of materialistic explanation of everything in the universe is demonstrated. I do however need to confess that for what I considered genuinely ethical reasons in terms of my own limited outlook, I felt that I

did sometimes help people by using the technology of psychopharmacology. As someone who has consistently supported *Asylum*, I would like to feel that I can claim, as demonstrated in the later years of my clinical practice, a humanistic and anti-materialistic approach. It would be hypocritical though now to deny the use I did sometimes make of psychopharmacological technology. My resistance to your position is in the dogma that that is never justifiable, if that is what you are urging.

I suspect that our views are not really miles apart, and perhaps with more time and space a rapprochement would be possible.

October 1996

---

# Invited Commentary

---

Response to the dialogue, by **Dave Harper**

---

I met Alec Jenner only once, briefly, but have, for a long time, admired his support both of progressive movements within psychiatry and of the magazine *Asylum: The Magazine for Democratic Psychiatry* which he, with Lynne Bigwood, Phil Virden and others, collaboratively published with mental health service users in 1986 well before service user involvement became fashionable. It is a testament to his support that the magazine is still going strong after nearly 30 years (<http://www.asylumonline.net/>). I've not really had contact with Richard House either apart from an email exchange about this response, so I hope it's not too presumptuous to refer to them as Alec and Richard throughout.

It's an interesting experience to be invited to respond to an 18 year old dialogue. It is now nearly 20 years since *Deconstructing Psychopathology* was published in the mid 1990s. It is worth noting that, in the introduction to the book, we stated that our co-authored work was 'not designed to operate as a textbook, but as a polemical and accessible "counter-text" for students and practitioners' (p. vii). The book was a *balancing* rather than a balanced book.

Alec seems to be making a number of points at the beginning of the exchange. Firstly he accepts that the

notion of pathology is a value judgement and that there is no description of the world independent of the observer. Secondly, he appears to imply that the book dismisses a role for science – which he prefers to term 'technology' – giving an example: 'some delusions disappear when treated with major tranquillisers'. Thirdly he accepts that such interventions raise ethical issues. Richard House questions the ethics and philosophical meaning of such statements.

I have some sympathy with Richard's questions about what Alec meant by delusions seeming to 'disappear' with medication. I'd have been interested in unpicking this a little. For example, from some of my own research, service users often found it hard to report what was different when they said medication had been of benefit – some seemed to be thinking about unusual and distressing beliefs less or be less preoccupied with them or just less emotionally responsive to them.

As a clinical psychologist I'm generally well-disposed towards talking therapies, and feel they can be beneficial for many, and yet I'm also wary of claims by therapists for the moral high ground. Psychological therapies too can have negative effects on people, and can be abused. Moreover, whilst individual therapies are generally more benign than medication, they are also individually focused

(rather than socially focused), and they are also reactive responses to distress rather than proactive attempts to change society. As critics like the late David Smail and Edward Albee (1990) have contended in the past, psychological therapies are never going to be available to all those who experience distress, and they may distract us from making the societal changes which might prevent the development of severe forms of distress in the first place.

I think humanistic and psychodynamic therapies are very useful approaches, but similar critiques could also be made of them as we made about mainstream psychiatry in *Deconstructing Psychopathology*. For example, can therapists truly be value-free? Therapists influenced by social constructionist and post-structuralist ideas like Harlene Anderson (2001) and Michael White (2004) have identified commonalities but also differences between their work and that of Carl Rogers and the broader humanist project (see also Payne, 2006). Judging from Richard's introduction it sounds as if his thinking on some of these issues may have changed over the last two decades.

By the end of the exchange it seems that Alec is not making a strong claim for medication – rather, he seems to be arguing only against what he saw as a dismissal of the value of medication in all contexts. My own take on the use of both psychotherapeutic and psychopharmacological interventions of any kind is a fairly pragmatic one. Given the methodological limitations of the evidence base both for medication and psychotherapy (Moncrieff, 2008, 2013) and the psychotherapies (Kelly and Moloney, 2013; Moloney, 2013), I don't think a more confident position is sustainable. I believe people should be fully informed of risks and benefits, should engage in dialogue with those close to them about the criteria which they'll use to evaluate their usefulness (e.g. change in 'symptoms', quality of life, extent of side-effects etc.) and make their own decision. There is no way of predicting in advance which medication, if any, will help a particular person, and the same is true of a psychotherapeutic relationship or any other form of help. In general, then, I think mental-health professionals need to be much more modest about what they claim, be honest with service users that it is a trial-and-error process, and work collaboratively with them to evaluate whatever form of intervention is used.

Unfortunately the mental-health system we have means that the default intervention is medication, that short-term negative effects and the risks of long-term

usage of neuroleptic medication are downplayed, and that service users are subtly blamed if they do not respond in the expected way (they are 'treatment-resistant' – a tautological description which is used as if it were an explanation). Moreover, psychological therapies are only patchily available, and often only for very short periods of time. Despite all the rhetoric about services being focused on recovery, there are hardly any survivor-run crisis houses, peer-support is at risk of being co-opted by mainstream mental-health services, and innovative approaches like the Soteria model, Open Dialogue and innovations like the Hearing Voices Network and non-NHS peer-support networks in general have, to date, received little support in terms of funding in the UK.

Looking at this dialogue now, it is Alec Jenner's wish to 'get out of the straitjacket of a twentieth-century materialistic outlook', and his acknowledgement that, whilst working as a psychiatrist he 'had a hatred of prescribing but at times didn't know what else to do', that strikes me. It's a position which I think characterizes many of those who work in the mental-health system now. It seems to me that many staff feel trapped within a bureaucratic juggernaut where, despite often the best of intentions, what they have to offer doesn't seem to match the wishes of service users. Ever-growing waiting-lists, rapidly changing policies, constant organizational change (in management and commissioning arrangements), combined with regular funding cuts, means that they have little chance to envision what kind of service they'd like to offer, little time to sit with service users to plan it, and little power to actually construct a collaborative approach, one characterized by choice rather than compulsion, focused on peer support (with support from professional allies in Churchill's words 'on tap' rather than 'on top') rather than expert-driven. Sadly, this state of affairs is just as, if not more, true now as it was in the mid 1990s.

---

**Alec Jenner** (1927–2014) was a practising psychiatrist who co-founded *Asylum* magazine, and co-wrote *Schizophrenia: A Disease or Some Ways of Being Human?*, Continuum International Publishing, Sheffield, 1993.

---

**Richard House** is co-editor of *Self and Society* journal.

---

**David Harper** is Reader in Clinical Psychology and Programme Director (Academic) of the Professional Doctorate in Clinical Psychology, School of Psychology, University of East London.

## References

- Albee, G.W. (1990) 'The futility of psychotherapy', *Journal of Mind and Behavior*, 11: 369–84
- Anderson, H. (2001) 'Postmodern collaborative and person-centred therapies: what would Carl Rogers say?', *Journal of Family Therapy*, 23: 339–60
- Kelly, P. and Moloney, P. (2013) 'Psychological therapies', in J. Cromby, D. Harper and P. Reavey (eds), *Psychology, Mental Health and Distress*, Basingstoke: Palgrave MacMillan
- Moloney, P. (2013) *The Therapy Industry*, London: Pluto Press
- Moncrieff, J. (2008) *The Myth of the Chemical Cure*, Basingstoke: Palgrave MacMillan
- Moncrieff, J. (2013) 'Psychiatric medication', in J. Cromby, D. Harper and P. Reavey (eds), *Psychology, Mental Health and Distress*, Basingstoke: Palgrave MacMillan
- Payne, M. (2006) *Narrative Therapy*, 2nd edn, London: Sage
- White, M. (2004) 'Folk psychology and narrative practice', in his *Narrative Practice and Exotic Lives: Resurrecting Diversity in Everyday Life*, Adelaide: Dulwich Centre Publications

## Notes

- 1 *Deconstructing Psychopathology* by Ian Parker, Eugenie Georgaca, David Harper, Terence McLaughlin and Mark Stowell-Smith, London: Sage, 1995.
- 2 Richard House, 'The unmasking of the pathologising mentality: a review essay', *Asylum: Magazine for a Democratic Psychiatry*, 10 (1) 1997, pp. 37–40 (reprinted in his *In, Against and Beyond Therapy*, Ross-on-Wye: PCCS Books, 2010, pp. 20–6).
- 3 Mark Slouka, *War of the Worlds: The Assault on Reality*, London: Abacus, 1995.
- 4 Robert C. Solomon, *The Passions: Emotions and the Meaning of Life*, Garden City, NY: Anchor Press/Doubleday, 1976.
- 5 Georg Groddeck, *The World of Man*. London: Vision, 1951 (orig. 1934), p. 84.
- 6 Marie Maguire, *Men, Women, Passion and Power: Gender Issues in*

# The Editors of *Self & Society*: 1973 to date

---

1973–1992: Vivian Milroy

1992–1993: David Jones

1993–1994: John Button and Fran Mosley

1994–1998: Fran Mosley and David Jones

1998: Fran Mosley

1998–1999: Maxine Linnell and Fran Mosley

1999–2005: Alexandra Chalfont and Maxine Linnell

2006–2008: Maxine Linnell

2008–2009: Neill Thew

2009–2010: Alexandra Chalfont

2010–2012: David Murphy and Stephen Joseph

2012–2014: Richard House, David Kalisch and Jennifer Maidman

2014– : Richard House and David Kalisch