

EDITORIAL

Continuing the Mission

Critical psychiatry is a worldwide movement based largely on ideas first articulated in the mid-twentieth century by such writers as Thomas Szasz, Irving Goffman, Michel Foucault, and R.D. Laing. Critical psychiatry challenges psychiatry's commitment to the beliefs that biology underpins psychological distress and the proper response to such distress must therefore entail biological intervention. Critical psychiatry, instead, proposes that relationship, social context, and meaning-making offer more appropriate and health-promoting frameworks for understanding human experiences called depression, anxiety, or other DSM monikers.

Today, global scholars, researchers, and grassroots advocates continue the mission of critical psychiatry's early pioneers. *Ethical Human Psychology and Psychiatry (EHPP)*, the flagship publication of the International Society of Ethical Psychiatry and Psychology (<https://psychintegrity.org/>), aligns with this mission. *EHPP* features research that challenges claims made by industry-embedded media promoting the biological "origin story" of psychological distress. *EHPP* also offers scholarly commentaries that question the harmful consequences of a biology metaphor and generate new ways of conceptualizing "mental illness." Drawing on the seminal work of the past, we (*EHPP* Editors and Board) value critique not just for its power to unsettle, but as a steppingstone to research-informed change—change in the directions of scientific inquiry and services in psychiatry and related disciplines.

This issue furthers *EHPP*'s critical objectives. The first article, "How Accurate Are ECT Patient Information Leaflets Provided by Mental Health Services in England and the Royal College of Psychiatrists?: An Independent Audit," examines how professional media can mislead the public. Harrop, Read, Geekie, and Renton methodically examine claims made in widely distributed information leaflets in the United Kingdom on the risks and efficacy of electroconvulsive therapy (ECT). They found that the leaflets misrepresented, exaggerated, or omitted crucial information, including the risks of persistent memory loss and mortality, significant placebo effects, and high rates of relapse associated with ECT. The authors conclude by recommending that the British Government initiate independent audits of all published ECT material. Harrop et al. typifies how critical research can promote change—in this case, change that ensures the public's right of access to unbiased, accurate evidence to inform important life decisions.

In the next article, González-Pando and coauthors look at ECT through a bioethics framework. "Ethical Implications of Electroconvulsive Therapy: A Review" examines the degree to which ECT complies with bioethics' four ethical principles: non-maleficence, beneficence, justice, and autonomy. The authors conduct an extensive review of the literature, concluding that the controversy surrounding the ethics of prescribing ECT clearly

remains unresolved. They emphasize in particular that recipients of ECT are not adequately informed prior to treatment of ECT's significant risks, high placebo response rates, and the option of empirically supported psychological treatments. In doing so, informed consent, a centerpiece of ethical psychological and medical practice, is compromised. The article closes by reaffirming the call to halt all ECT prescription (e.g., see Read et al., 2019) until a more favorable risk/benefit profile can be established.

Ethics is also a central theme in the next article, "Cultural Differences in the Use of Covert Coercion Among Mental Health Professionals of Latin Culture: A Focus Group Study." Formal (compulsory) and informal (covert) coercion have been regular parts of psychiatry dating back to its institutional origins. García-Cabeza and his team conducted a qualitative analysis of use of covert coercion by mental health professionals in four Latin-culture countries. A previous study by these same researchers found that covert coercion in psychiatric services is widespread; the current study's findings indicate that coercive practices are mediated by sociocultural and socioeconomic contexts. These findings shine a spotlight on routine coercive practices in mental health that likely pass under the radar, not only for the Latin countries studied but for Western societies as well.

"Szasz Under Friendly Fire: Damned with Faint Praise," the final entry of this issue, takes a fresh look at the writings of Thomas Szasz. In their essay, Robert Spillane and Paul Counter construct a fascinating response to recent critiques by Szasz's friends and colleagues of some of his most famous propositions. As Spillane and Counter point out, "damned by faint praise" and the more outright hostile criticisms aimed at his work were part of what makes his legacy so powerful. Szasz was noted for staying true to his central themes throughout his life, despite the barrage of caustic attacks. For Szasz fans and those less familiar with his arguments, "Friendly Fire" offers a novel reflection on the thinking of one of critical psychiatry's most controversial and influential figures. This essay provides a fitting bookend to this issue that we believe Szasz would say carries on the mantle, or the mission, of his most contested and revered ideas that helped to inspire a movement that continues today.

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REFERENCE

- Read, J., Kirsch, I., & McGrath, L. (2019). Electroconvulsive therapy for depression: A review of the quality of ECT versus sham ECT trials and meta-analyses. *Ethical Human Psychology and Psychiatry*, 21, 64–100. <https://doi.org/10.1891/EHPP-D-19-00014>