that the *Diagnostic and Statistical Manual of Mental Disorders*[2] is an arbitrary and harmful construct, is entirely correct. The third and final negative video on the authors' list follows in this vein.

It is notable that some speakers in these videos doubt the existence of, say, schizophrenia, by virtue of the fact that it is listed in the same book as nonsensical diseases such as conduct disorder or compulsive buying disorder. Who can blame them? Similarly, others might doubt that bipolar affective disorder exists at all because the diagnostic criteria for one of its forms are so wide they have no face validity. When the public's intelligence is insulted by the psychiatric establishment in such a manner, how can it be expected to believe the basic facts about what we really do know?

Psychiatry has become the slave of its pharmaceutical masters, with diseases and pathophysiologies invented and widened to create a market for drugs.[3,4] Psychiatrists have been complicit in this. Yet Gordon *et al* refer to people like me, who endeavour to expose this truth and make positive changes to practice in the interests of our patients, as 'disgruntled psychiatrists'; they suggest waging a media war by posting more positive videos. But this will get us nowhere.

If we want the outside world to be kind to us, we need to get our own house in order first. We need to dispense with absurd disorders from our classifications, narrow our definitions of serious illness, focus on those endogenous diseases for which we have clear meta-analytic evidence of effective treatment and restrict provision of pharmacological treatment to patients who are actually ill.

Richard Braithwaite, consultant psychiatrist, Isle of Wight NHS Trust, Newport, UK, email: richard.braithwaite@iow.nhs.uk

1 Gordon R, Miller J, Collins N. YouTube and 'psychiatry'. *BJPsych Bull* 2015; **39**: 285–7.

2 American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders (5th edn) (DSM-5)*. APA, 2013.

3 Healy, D. Serotonin and depression. *BMJ* 2015; **350**: h1771.

4 Spence, D. Are antidepressants overprescribed? Yes. *BMJ* 2013; **346**: f191.

doi: 10.1192/pb.40.2.107b

Projection prevention and control

Although I was delighted to see him referred to in a recent cover of *BJPsych Bulletin*, Robert Burns was not at his most ambitious when he asked: 'O wad some Power the giftie gie us/ To see oursels as ithers see us!' To see ourselves as others see us is not really the fundamental problem. The difficulty is rather in seeing what of ourselves we see mirrored in others, yet cannot own.[1]

In the multidisciplinary ward round, I usually see an overwhelmed person. It feels slightly irritating when they are too overwhelmed to make the interview lead to decisions. That may be telling. Perhaps we are the overwhelmed ones. After all, it is often plain that our efforts will not be enough to make things go just the way we and they would prefer them to.

And so, we treat what is really a rich, stressful small group interaction as though it were an individual interview – a forum for demonstrating psychopathology then coming to decisions.

Perhaps Dr Black's suggestion[2] of a closed-circuit televising of the individual interview to the multidisciplinary team offers just the right level of projection prevention and control to make the interview work for patient and team.

Alasdair D. Forrest, CT3 in psychiatry, Royal Cornhill Hospital, Aberdeen, UK, email: alasdair.forrest@nhs.net

1 Zinkin L. Malignant mirroring. *Group Analysis* 1983; **16**: 113–26.

2 Black TJ. Plus ça change. *BJPsych Bull* 2015; **39**: 315.

doi: 10.1192/pb.40.2.108