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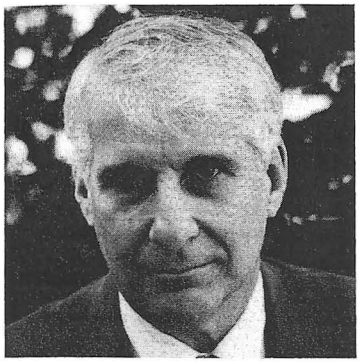
Psychotherapy in the Shadow of the Psycho-Pharmaceutical Complex



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Every psychotherapist in America lives and works in the shadow of the Psycho-Pharmaceutical Complex. It affects how we view ourselves and our clients, and how our clients view themselves and us. Even when we don't realize it, the Psycho-Pharmaceutical Complex can influence some of our most basic therapeutic decisions. For many psychotherapists, it has created an atmosphere of fear around using conversation as the only form of therapy with more difficult or disturbed patients. It has generated confusion and doubt about the origins of moral and psychosocial problems.

The more "professional" we are, the more we are vulnerable to the Psycho-Pharmaceutical Complex. As psychologists, psychiatrists, and social workers, for example, we can be held to "professional standards" in the conduct of our talking therapies. More and more, these standards are being controlled by the Psycho-Pharmaceutical Complex—the multibillion dollar collusion between organized psychiatry and the drug industry, including the National Institute of Mental Health (NIMH), the Federal Drug Administration (FDA), the American Psychiatric Association (APA), and the drug manufacturers. More recently, the so-called family movement, led by the National Alliance for the Mentally Ill (NAMI), has lent its grassroots support to the Psycho-Pharmaceutical Complex. NAMI seeks and takes money from the drug companies, and promotes their values and products. Even the American *Psychological* Association is debating joining the megabuck combine by supporting the right of psychologists to prescribe psychiatric drugs.

WHAT IS THE PSYCHO-PHARMACEUTICAL COMPLEX

The most obvious manifestation of the Psycho-Pharmaceutical Complex is modern biopsychiatry. Unfortunately, biopsychiatry has so taken over the

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profession, we might as well simply speak of psychiatry. In the 1970s, psychiatry ran into serious trouble. Insurance companies severely cut back coverage for psychotherapy, forcing psychiatry into competition with less expensive and often better trained nonmedical psychotherapists. One result was empty office hours for psychiatrists. At the same time, inflation pushed the government to make cutbacks, and one expendable area turned out to be NIMH. NIMH's funding of psychiatric research and education fell dramatically. Meanwhile, the American Psychiatric Association had trouble holding onto its membership; psychiatrists couldn't or wouldn't pay the fees.

In desperation, organized psychiatry, led by NIMH and the APA, decided to medicalize its image. Within APA and NIMH, the influence of psychologically oriented professionals was eradicated and genetically and biochemically oriented druggers and shockers took over. Then the Board of Directors of APA voted to court the drug companies to give more support to APA and its various self-serving activities. At the same time, APA set up special divisions within itself to lobby Congress and to coax the media with the dual theme that human unhappiness is medical in origin and that psychiatry should stay on the top of the mental health pyramid. These lobbying efforts culminated a few months ago in President Bush signing a Congressional Declaration naming the 1990s the Decade of the Brain. Needless to say, the Director of NIMH stood by grinning at the signing ceremony.

At present, organized psychiatry is wholly dependent on the drug companies (Breggin, 1991). Its journals and newspapers are not only financed by drug company ads, but enough drug revenues are left over to fund other psychiatric endeavors. Similarly, the multimillion dollar annual meetings of various psychiatric organizations have turned into drug-funded extravaganzas. The American Psychiatric Association, as one example, used drug money to fund its lobbying efforts, its media PR, its campaign for patient referrals from other medical specialties, its membership drives, and its seminars for continuing medical education credits. APA even has an in-house "fellow" paid for by drug companies. Nor are Departments of Psychiatry around the country immune. Drug companies fund their activities as well, including professorships, honorariums for speakers, and grants for researchers. Biopsychiatry, its principles and practices, is wholly tied to support from the billion dollar pharmaceutical industry. Without this funding, modern psychiatry as we know it would collapse.

The FDA joins in by downplaying the dangers of drugs and by putting its imprimatur on the fake notion that medications can "treat" moral, psychological, spiritual, and political problems. More recently, in scandals that have rocked the nation's capital, we've found that FDA officials are directly on the take from the drug companies.

The result of all this: Psychiatrists have become salesmen for the drug companies and psychiatry itself has become an extension of the pharmaceutical industry.

HOW THE PSYCHO-PHARMACEUTICAL COMPLEX AFFECTS OUR PATIENTS

For a year or more, I worked with a chronically depressed man, Mr. Z., who characteristically related to each new challenge in life by feeling very helpless. He had little strong feeling about anything, just a pervasive sense of passivity, bolstered with an intellectualized philosophy of despair. Where this came from was not difficult to ascertain; it had been with him since early childhood in an authoritarian Middle Eastern family and had been made worse by an unsuccessful transition into American society in his early teens. Mr. Z. came to me for help after failing, in his own judgment, at years of therapy with other psychiatrists. He read a great deal in the general and scientific media, and was convinced that he had a "biochemical imbalance." He wanted a "magic bullet" to cure him, and easily found a couple of earlier psychiatrists to prescribe him antidepressants, which did nothing more than "zonk" him out.

Still, Mr. Z. held on to the conviction that he was biologically defective and therefore unable to take responsibility for his own growth and development. When the infamous Amish study came out, allegedly proving a genetic basis for "manic-depressive disorder," Mr. Z. was the first to tell me about it. In preparation for a forthcoming book, I reviewed the study, and found it absurdly inadequate. Mr. Z. was not phased by my analysis. Even with the recent disclosure that follow-up studies by the same researchers had invalidated their earlier findings, Mr. Z. remains devoted to the thesis that he is genetically and biochemically defective. For him, it is a religion, not only a "personal religion," for it is backed by the institutional might of the Psycho-Pharmaceutical Complex.

Mr. Z. has made some improvement. He's no longer clinically depressed, but he remains rather helpless about the pursuit of his happiness and the happiness of those around him, and continues to rationalize his psychological impotence with biopsychiatric principles. Modern psychiatry, thanks to the Psycho-Pharma-Ceutical Complex, is his worst enemy because it plays into his worst view of himself—that he's a passive reactor to his genetics and biochemistry.

Mr. and Mrs. T. came to me for a consultation about their eight-year-old son, Billy. Mr. T., a successful salesman, is seldom home, even on those occasional days when he's not traveling. Mrs. T. also has an occupation outside the home. Billy is a latch-key kid, and he doesn't like it. He needs more love and attention, and he needs more discipline and control. He needs more of everything that parents have to give. But Billy's parents don't have the time or inclination to give it, and they've read the latest PR from NIMH and APA that "hyperactivity" and ADD are genetic and biological diseases suitable for control with Ritalin. ADD is supposed to stand for "Attention Deficit Disorder," but a more accurate diagnosis is DADD,

"Dad Attention Deficit Disorder." In this case, both parents are at fault, plus a school that's too boring and regimented. But neither the parents nor the school had thus far taken responsibility for how they treat Billy, and instead Billy seemed destined to be labeled, victimized, and stigmatized for the rest of his life.

Fortunately, Mr. and Mrs. T. decided to undergo some tough self-examination, and they began to spend more time with their son, and to develop better ways of both nurturing and disciplining him. When the school proved unwilling to accommodate to Billy's special needs, the parents transferred him to another public school that's known for its devotion to the arts and its greater respect for individuality, and there Billy has found a happy, productive niche for himself.

Mr. and Mrs. W. come to see me with their daughter, Georgia, who was already labeled schizophrenic at the tender age of 17. The parents heard that I sometimes treat very disturbed people without drugs, and that's why they took her out of the psychiatric hospital to consult with me. But they had their doubts about the way I view so-called schizophrenia. To me, madness is a combination of passionate spirituality and learned helplessness. The individual invests life with enormous existential meaning, but can't take control of herself or relate effectively to her environment. The result is the intense personal chaos we call madness.

The parents challenged me. What about all the media articles stating that schizophrenia is genetic and biological and that drugs ameliorate a biochemical imbalance in the brain? I summarized my own critical analysis of biopsychiatry and then discussed my own approach. I explained that Georgia is a very sensitive, creative soul, not inherently defective but perhaps inherently more spiritual than most people. Her parents, on the other hand, had found themselves simply unable to deal with this youngster who indeed seemed "special" and "too sensitive" practically from birth. They were not tuned into the kinds of issues about love, God, and creativity that seemed to dominate Georgia's imagination, eventually in the form of hallucinations and delusions. I described how I wanted to help them learn to be more nurturing of their daughter's passionate spirituality, while also taking appropriate measures to set limits when she tried to take advantage of them. I wanted them to accept her roaring passion for life, while guiding her in taking better control of her life.

Georgia's parents did decide to take responsibility for changing their approach to her, and Georgia in turn decided to work toward mastering her soul's chaotic expression of itself. She's done well without hospitals or drugs. But the Psycho-Pharmaceutical Complex almost did her in. She nearly became a long-term psychiatric patient taking brain-damaging drugs.

Biopsychiatry plays upon the worst tendencies of people in general, and especially those who are seeking help for their personal crises and problems. At the moment in their lives when they are feeling most helpless and in need

of self-determined solutions, vulnerable clients or patients are told that they are indeed helpless and reactive, the product of their hereditary tendencies and their biochemicals. If the client is psychotic, the "delusion" of being controlled by outside forces becomes tragically ironic. The biopsychiatrist says, in effect, "Yes, you *are* controlled by outside forces, but not the ones you're telling me about. Your mind isn't controlled by radio waves from outer space or by malevolent thoughts beamed from other people. Your mind is controlled by your genes and your hormones." Thus, biopsychiatry substitutes its own myths of external control for those of the vulnerable patient. This is one reason for the relative success of biopsychiatry: it panders to the most self-destructive tendencies in human nature, especially the tendency to foresake self-determination and personal responsibility. It further undermines the fundamental values of love and human relationship, declaring problems to be caused and cured by mechanical rather than human activity.

Biopsychiatry is unique in producing what I have called *iatrogenic denial* (Breggin 1983b). The authoritarian psychiatrist actually damages the brain of the patient in order to encourage the patient to deny his or her personal problems and to submit to authoritarian control. Brain-damaged patients are well known for their tendency to deny pressing personal issues, as well as their brain damage, and to seek compulsive, limited solutions in the interest of security. Biopsychiatry uses this principle to abuse and to control people, as the brain-damaged patient more readily submits to authoritarian control and more readily denies the true psychosocial sources of his or her problems.

For the parents and the institutions that surround the person in need of help, biopsychiatry provides exoneration. The parent, the school, the mental hospital—all are absolved from self-examination as the patient gets labeled and then drugged or shocked. For the parents of young children this is a special tragedy. These parents could be taking on increased responsibility for parenthood, with its joys as well as its sorrows and hardships. They could be learning how to exert a healing influence through a proper balance of love and discipline. Instead, they abandon their roles as parents and turn instead to psychiatric authority, diagnosis, drugs, and, increasingly, mental hospitals.

HOW THE PSYCHO-PHARMACEUTICAL COMPLEX AFFECTS US

Recently in my home state of Maryland a famous private psychiatric hospital was sued for not giving antidepressants to a patient. They settled out of court, but not before the suit sent tremors through the psychotherapy community. Psychotherapists, especially those who sometimes work with disturbed people, have become increasingly wary of taking on risky clients.

In rejecting tough clients, the therapist sometimes does a disservice to himself or herself, as well as to the potential client. In referring some clients for medications, the therapist undermines the single most important lesson for the client—"You can take personal responsibility for the improvement of your own life."

At the same time, psychosocially or spiritually oriented therapists sometimes begin to doubt their own common sense and clinical experience. They don't have the time or perhaps the expertise to read the genetic, biochemical, and drug studies. They are taken in by the myths and inflated claims. They begin to distrust the power of their own human understanding, as well as the power of human interventions, such as individual or family therapy, or psychosocial rehabilitation.

Our task is to empower our clients—to help them trust in themselves and to make self-determined decisions in their own interest and in the interest of their loved ones and their ideals. Biopsychiatry disempowers patients, first through its basic tenents, and second through its inevitable authoritarianism. Biopsychiatry also disempowers us as psychotherapists with a new hocus pocus, a new mumbo jumbo, aimed at frightening us with the specter of forces greater than ourselves. It resurrects a pagan religion under the guise of science—a primitive theology that teaches us that we do not control our destiny, that forces beyond our control can take over our emotions and our conduct, and that authorities with magic potions must be hired to intervene on our behalf in the world of mystery and magic called "genetics," "biochemistry," and "psychopharmacology."

FACTS ABOUT THE BIOLOGICAL MODEL

For many years I have researched the arena of biopsychiatry. Despite all the rhetoric, there is no known genetic influence in any disorder described as a mental illness by psychiatrists, including so-called schizophrenia and manic-depressive disorder. Similarly, there is no known biochemical defect. Finally, the major physical interventions—neuroleptics, antidepressants, lithium, and electroshock—don't cure anything. They produce brain dysfunction and mental disability. At the least, they blunt the mind. At the worst, they permanently damage the mind. For example, the neuroleptics or antipsychotics, the so-called "miracle drugs" of psychiatry, produce a chemical lobotomy by disrupting nerve transmission to the frontal lobes and emotion-regulating limbic structures. They also produce a permanent movement disorder, tardive dyskinesia, in at least 10–20% of routinely treated patients and at least 40% of long-term patients. Mounting research indicates they also produce dementia or deterioration of the brain and mind in a large percentage of long-term patients.

This is not the place to document a critique of the biological model. Much of what I've said is discussed in detail in my medical books, *Psychiatric*

drugs: Hazards to the brain (1983a) and *Electroshock: Its brain-disabling effects* (1979). In 1990 in the *Journal of Mind and Behavior*, my lengthy review of brain damage from neuroleptics was published. In *Toxic Psychiatry* (1991), I review the entire field of biopsychiatry and better alternatives. What's important here is for psychotherapists to realize that there is an opposing view to biopsychiatric claims. Psychotherapists need not feel intimidated into believing there must be something to all this blustering about the biological origins and physical treatment of human problems.

THE FUTURE

If the current biopsychiatric campaign is allowed to steamroll the rest of the profession, psychotherapists and the psychosocial and spiritual approach to human problems will be in grave jeopardy. Not only will psychotherapists and their potential clients be adversely affected, but so will all of society. Our western society stands on concepts wholly consistent with ethical psychotherapy, including autonomy and personal responsibility, freedom of expression, and the diversity of human experience. Biopsychiatry, on the other hand, preaches determinism, conformity, and authoritarianism. As psychotherapists we are in a critical position to protect and promote some of the best of society's values. To do so, we are going to have to stand up to biopsychiatry.

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