The Battle Between Biopsychiatry and Psychology

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There's a battle going on in the world of mental illness and mental health. It's over this question: what is the best way to understand the states of being and behaviors that are associated with the diagnoses of mental illnesses and what is good treatment for them?

On one side are those who see mental illnesses as essentially physiological, caused by chemical imbalances in the brain and central nervous system, or other brain disorders and genetic anomalies. They believe the best treatment is psychiatric drugs, electroshock and similar interventions at the level of the brain.

On the other side are those who see mental illnesses as being essentially psychological, reactions to life experience and life circumstances and to concerns that people have about their lives and themselves, i.e. emotional distress, life crises, difficult dilemmas, spiritual emergencies, various forms of fear, terror and overwhelm. They believe the best treatment is psychotherapy, i.e. intervening at the level of the mind to help people use their thoughts, emotions, intentions, perceptions and behavior in healthier ways. Let's call the former group Biopsychiatrists and the latter group Psychologists.

The Biopsychiatric camp includes the American Psychiatric Association, pharmaceutical companies, the National Institute for Mental Health, the Centers for Disease Control and the National Alliance on Mental Illness. The Psychologist camp includes some parts of the American Psychological Association, an unknown percentage of psychotherapists, groups of mental health professionals who are passionately opposed to Biopsychiatry, families of persons who have been hurt by the mental health system, and psychiatric survivors, i.e. persons who have recovered from serious mental illness and who believe they have been harmed by the mental health system.

The battle is being fought under the radar. The general public is largely unaware of it. The mainstream media doesn't seem interested in it. There is an element of phantom battle in it. But it is important. It determines how people understand themselves and the treatment they seek and receive when they are going through hard times. And that makes a big difference in the health of Americans.

As evidence of the rightness of their position, the Biopsychiatrists submit the following (among many other arguments):

+ Brain scans demonstrate that the brains of persons diagnosed with mental illnesses are different from the brains of persons not so diagnosed.

+ The concordance rate of schizophrenia is significantly higher among monozygotic twins (the exact same genetic component) than it is among dizygotic twins (only half of the same genetic component)

+ Persons diagnosed with major depressive disorder who take antidepressant medication report fewer of the symptoms of major depressive disorder.

The Psychologists counter as follows:

+ The finding of differences in the brains of people diagnosed with mental illnesses is a correlation and does not prove causation or importance. Given what we know about other mind-body dynamics such as the stress response, it is more likely that the brain changes are a result of psychological factors, i.e., a perception of threat and an intention to defend against it, than the other way around.

+ Even with all the brain scanning being done, no mental illnesses are diagnosed through the use of any laboratory or other physiological factors.

+ The conclusion that a higher concordance rate of schizophrenia among monozygotic than among dizygotic twins is only valid if both kinds of twins grow up in equal environments. In fact, they don't. Monozygotic twins are treated much more alike and are much closer than are dizygotic twins.

+ A review of all the antidepressant trials submitted to the Food and Drug Administration by pharmaceutical companies reveal that the reduction in symptoms of major depressive disorder is due to the placebo effect rather than antidepressant medication.

As evidence for their position, the Psychologists present the following:

+ Diagnoses of mental illnesses are associated with certain personality characteristics and life experiences. Thus, they are psychological in nature.

+ Persons who derive their sense of self-worth from social relationships are more vulnerable to depression after interpersonal loss than those who obtain self-esteem from other domains.

+ Persons who score low on self-esteem and high on stress on psychological tests are more likely to be depressed.

+ Persons who are lower in self-complexity and have more difficulty with realistic goal-setting are more likely to be diagnosed with bipolar disorder.

+ Persons who have lost the esteem of a loved person are more likely to be diagnosed with bipolar disorder.

+ Persons who have suffered trauma and adverse childhood experiences are more likely to be diagnosed with schizophrenia.

+ Treatment with psychotherapy is just as effective as treatment with drugs and has a much lower relapse rate. The benefit-risk ratio of treatment with psychotherapy is much better than that of treatment with drugs or electroshock.

+ Since the advent of psychiatric drugs as the primary modality of treatment for mental illness, there has been a dramatic increase in the number of Americans who are receiving Social Security Disability due to a mental illness.

The Biopsychiatrists counter as follows:

+ The personality characteristics associated with mental illness are a result of genetic dynamics, brain disorders and other physiological factors.

+ Nobody knows how psychotherapy works. Thus, it is not a scientifically valid treatment approach.

+ The increase in the number of Americans who are receiving Social Security due to a mental illness is due to improved diagnosis and appropriate increases in treatment for mental illness.

History of the Battle

This battle has been going on for more than 200 years. Prior to the late 1700's, what we would now call psychiatric care consisted of warehousing patients in unsanitary, unhealthy, and, in some cases, abominable conditions. There was no attempt at treatment or recovery. It was purely custodial care.

In the late 1700's, doctors such as Italy's Vincenzio Chiarugi, Frances's Jean Esquirol and Philippe Pinel and Germany's Johann Reil and Ernst Horn created therapeutic asylums in which patients benefitted from clean, comfortable environments in which they were able to rest, take warm baths, work with plants and agriculture, conform to strict schedules, and participate in artistic activities. This "moral treatment" used pleasant localities, progressive and dependable administrators, conscientious physicians and compassionate care to create good outcomes for patients.

But, although they were using a psychological approach to treatment, the doctors who created and ran these therapeutic communities believed that mental illnesses were caused by physiological factors. Chiarugi wrote that "insanity is a chronic and permanent affliction of the brain." Pinel spoke approvingly of Johann Greding's efforts to find structural brain lesions on autopsy. And Reil believed that mental illness was caused by irritability in the brain.

During most of the 19th century, psychiatrists were treating patients for "nervous" disorders. They were using moral treatment and an early form of psychotherapy that consisted of non-hypnotic suggestion in which the therapist would spend time listening to patients, learning about their lives and convincing them they would get better through rest, turning down their emotions and passions and using their reasoning abilities. It was believed that much of this success depended on a good doctor-patient relationship.

Most of the practitioners were neurologists such as Jules-Joseph Dejerine, Paul Dubois, Pierre Janet and Jean-Martin Charcot. They all believed that nervous problems were caused by physiological factors. But their treatment approach didn't reflect that belief. Edward Shorter, the historian of psychiatry, calls this focus on the nervous illness of patients and the willingness of psychiatrists to embrace it a deception. "While patients attributed nervous illness to overwork and disappointment," Shorter writes, "psychiatrists believed it to be constitutional in nature and possessing a heavy genetic component. But they participated in the deception because it was much easier for patients to believe they had a nervous disorder than to believe they were insane."

Throughout the 19th century, there were many people studying the brain and nervous system. They were learning how to stain brain cells and studying the histology of nerve cells. But their findings were not used in any kind of treatment of the mentally ill. The best example of this disconnect is Emil Kraepelin. Kraepelin was a neurologist who was working in the second half of the 19th century. He invented the original term for schizophrenia (dementia praecox) and believed it was a metabolic disorder. But he lost interest in the question of "cause" and turned his attention to the temporal course of mental illnesses and their prognoses. His contribution was the differentiation of distinct diseases on the basis of course and outcome.

If Kraepelin was an example of the disconnect between biology and psychology, Sigmund Freud can be seen as a bridge between the two. Freud started working in the late 19th century as a neurologist. He was working in hospitals that were treating women who were suffering from

"hysteria," sometimes presenting with symptoms as severe as paralysis. The standard treatment was hysterectomy. Freud and his colleagues began to experiment with other approaches.

They induced catharsis, extreme emotional release through yelling and screaming. They used hypnotherapy. These approaches were effective in relieving symptoms. Freud eventually developed his method of "free association" in which patients lay on the couch and said everything that came into their minds. The psychoanalyst would use interpretations to help the patient become aware of unconscious conflicts and repressed emotions that were causing the symptoms and would provide the patient with a corrective emotional experience to heal the wounds from parents.

During the first half of the 20th century, psychoanalysis took over psychiatry. By the 1940's it was the dominant practice among psychiatrists and was taking over university departments of psychiatry and government research efforts. According to Edward Shorter, "Freud's psychoanalysis offered psychiatrists a way out of the asylum. The practice of depth psychology based on Freud's views permitted psychiatrists for the first time in history to establish themselves as an office-based specialty and to wrest psychotherapy from the neurologists."

But throughout this period, biological psychiatry was also being practiced. Ugo Cerletti was experimenting with electroshock in Italy and that practice grew in both Europe and the United States. Egas Moniz developed lobotomy and Walter Freeman was performing lobotomies on thousands of patients in the United States. The dominance of psychoanalysis didn't last long. With the advent of the psychiatric drugs chlorpromazine, Haldol and Thorazine, by the 1970's biological psychiatry had come roaring back on stage, displacing psychoanalysis as the dominant paradigm and returning psychiatry to the fold of other medical specialties.

Since then there has been a dramatic increase in the prescribing of psychiatric drugs of all kinds. Antipsychotic drugs are the highest selling class of drugs in the United States. More than half of patients receive drugs with no psychotherapy. The National Institute for Mental Health spends more than 80 percent of its money on studying the brain and treatment

approaches which focus on the brain and very little on studying the mind and treatment approaches which focus on the mind, emotions, intentions and perceptions.

Psychiatric Drugs vs. Psychotherapy

This battle is not just an academic exercise. Which side wins determines how people understand themselves and how they are treated for mental illness. And that makes a big difference in both the mental and physical health of Americans. The Biopsychiatrists treat the brain with psychiatric drugs and electroshock. The Psychologists treat the mind with psychotherapy. This distinction between treating the brain and treating the mind is important.

It is tempting to think of the brain and the mind as the same thing. But they are quite different. The brain is an organ that contains neurons, neurotransmitters and glial cells. The mind is the faculty we use to do everything we do – to build civilizations, create technology, produce art, learn about the cosmos, raise our children, fall in love, help our fellows, make decisions and plans about our future, plan vacations, study the Earth and the plants and animals that live on it. The mind is the faculty we use to experience and learn from our emotions and to decide what we want to do with this one wild and precious life we have been given.

We know very little about the relationship between the brain and the mind. We know something about how neurons operate in the brain. We know something about the function and dynamics of neurotransmitters. We have some idea of the location of different functions in different parts of the brain. But we have no idea of the difference between what is going on in the brain when we are painting a picture and planning a vacation, for example. We have little understanding of how memory works, where it operates or how to improve it through intervention in the brain. We have no idea about how I am able to say I am going to move my arm at the count of three and proceed to do it – precisely at the count of three.

As William Uttal has argued in his book *Mind and Brain: A Critique of Neuroscience*, we have no idea of how the brain creates the mind.

Neuroscientists think they have such a theory but they aren't even close. The mind is so vast and powerful and we know so little about the relationship between the mind and the brain that we are a long way from having such a theory.

Here are a couple of questions that may help us understand the difference between the mind and the brain. When a woman learns through a long course of psychotherapy that she has been prematurely breaking off love relationships out of fear that she will ultimately be abandoned, is that insight being performed by the mind or the brain? When a young man decides that he is going to study cognitive neuroscience rather than music therapy, is that being done by the mind or the brain?

Here's another way of understanding the difference the brain and the mind. The brain isn't capable of performing human agency, of using intention, of making decisions about what to do and when. Only the mind is capable of doing that. In the words of David Jacobs, "The brain is a necessary but not sufficient component of mental life. The alphabet is a necessary substrate of a novel, but it would be foolish to say the alphabet is the novel or that the novel can be reduced to or found in the alphabet." In the same sense, it is foolish to say that the brain is the mind or that the mind can be reduced to or found in the brain.

Biopsychiatrists argue that, since we can't study the mind in a scientific way, we shouldn't pay attention to it. But that is not the case. We can't study the mind through the techniques of laboratory science. We can't do brain scans or blood assays of the mind. But we can study the mind by studying the experience that humans have in using their minds. We can study the mind through the methods of phenomenology. We can put people through various kinds of learning and therapy experiences and see how that affects their ability to use their minds. We can compare such experiences to see which are associated with the healthiest outcomes. We can study people who use their minds in different ways and study the associations between their life experiences and the way in which they use their minds.

For the past 40 years, the Biopsychiatrists have been winning the treatment battle. During that time, the prescribing of psychotropic drugs has increased dramatically. More than one-fifth of women between the ages of 20 and 45 years old are taking an antidepressant. Between 1970 and 2000 there was a 40-fold increase (from 175,000 to 7,000,000) in school age children on prescribed stimulant drugs. Between 1994 and 2003 there was a 40-fold increase in the number of people diagnosed with bipolar disorder and prescribed antipsychotic drugs. The standard treatment of persons diagnosed with serious mental disorders such as schizophrenia is the immediate prescribing of antipsychotic drugs and a life-long regimen of same. The great majority of Americans say they agree with the Biopsychiatrists' conception of mental illness. The highest money-making drug in the United States is an antipsychotic.

But there is evidence that, over those same 40 years, there has been a dramatic increase in the incidence of mental illness in the United States and in the number of Americans who are disabled due to a mental illness. In the 1950's the number of Americans who were receiving Social Security disability payments due to a mental illness was about one in 750. Today it is one in 75. Thus, since the advent of using psychotropic drugs as a primary modality of treatment for mental illness, there has been a dramatic increase in the per capita numbers of American on Social Security Disability. In his book *Anatomy of an Illness*, Robert Whitaker presents convincing evidence that this is largely due to the advent of drugs as the primary modality of treatment for mental illness.

Whitaker looked at all the studies funded by the National Institute for Mental Health and found the recovery rate from serious mental illness was significantly higher for those patients who never took the drugs or withdrew from the drugs. There is other evidence of the harm that is being done by the Biopsychiatric approach to treating people diagnosed with mental illnesses. Antidepressant drugs are associated with increased risk of suicide and violence. Antipsychotics, which are prescribed for bipolar disorder as well as for psychosis, cause tardive dyskinesia (Parkinson's disease), brain shrinkage, cognitive impairment and increased risk of diabetes. Although it may be due to other factors as well as the drugs,

people who use neuroleptic drugs die on average 25 years younger than other people and the more drugs they use the earlier they die.

The recovery rate from schizophrenia in the US has not increased since 1900. The recovery rate from schizophrenia is twice as high in Colombia, Nigeria and India, countries in which drugs are not the primary modality of treatment. Finland has developed a non-drug approach to treating first-episode psychosis which has a recovery rate of 80 percent. So, the advent of psychotropic drugs as the primary modality of treating mental illness is coexistent with a stagnant rate of recovery, a dramatic increase in Americans experiencing mental illness and significant iatrogenic illness and death caused by the mainstream treatment.

Prior to the 1950's emergence of drug treatment, the primary modality of treatment was psychotherapy. Psychotherapy has been a very effective treatment for mental illness. Studies based on self-reports routinely find that 80 percent of recipients say they have been significantly helped by it and the more they receive, the better off they are. And the downside risks of psychotherapy are much less dangerous than those of treatment with psychiatric medication. More rigorous studies find that psychotherapy is just as effective as treatment with drugs and has a much lower relapse rate. One of the largest and best studies of treatment for depression found the group doing regular exercise had the best outcomes.

Most forms of psychotherapy are based on the assumption that, in order to be mentally healthy, people have to be able to be connected to other people in satisfying ways and be able to use their abilities in satisfying ways. In the words of Sigmund Freud, they have to have the capacity to love and the capacity to work. Love includes romantic love, sexual love, collegial love, family love, and friendship love. Abilities include the ability to solve problems, build things, create art, understand the world and the things in it, develop technology, dance, play sports, and help other people in various ways. When people can't love and can't express themselves in satisfying ways and are very afraid that they may never be able to, they become agitated, manic, depressed, obsessive, anxious, terrified and psychotic. They become mentally ill.

One of the reasons people aren't able to love or to express themselves in satisfying ways is because they have suffered adverse experiences in the first 15-18 years of their lives. They may have been emotionally, physically and sexually abused. They may have suffered trauma. They may have been neglected, discounted, or made to feel inadequate. They may have grown up in chaotic, unsafe, restricting, or unstable environments. They may not have received the nurturance, support, care and affirmation that human beings need in early life in order to become healthy adults. They may have grown up in poverty with parents who are too injured or too upset to provide them with the early experiences they need.

People who grow up in such environments and who experience such early lives develop beliefs about themselves and the world and habitual responses, fixated habits that make it difficult for them to love the way they want to love and express themselves the way they want to express themselves. They defend themselves from emotional pain in ways that don't work well in the world. They disown parts of themselves that have been punished and dishonored, and so enter adulthood impaired in various ways. They are at risk of becoming mentally ill. They won't be able to adjust well to "the slings and arrows of outrageous fortune." They won't be able to manage stress well or use their emotions in healthy ways.

The psychotherapist's first job is to help patients realize that whatever is going on with them, no matter how painful and upsetting, is understandable in view of what they have gone through in their early lives and what they are facing today. S/he helps patients see their symptoms as understandable reactions to their life circumstances and to concerns they have about their lives and themselves. S/he helps patients become aware of limiting beliefs about themselves and the world, disowned parts of themselves, and habitual and fixated responses that cause problems.

S/he helps people have experiences which help them learn how to use their minds, emotions, intentions, perceptions and behaviors in healthier ways. S/he helps patients get to know themselves in accepting ways so that they can manage themselves in ways that enable them to love the way they want to love and express themselves the way they want to express

themselves. S/he helps people get along with others without giving up too much of themselves. S/he helps people resolve and integrate traumatic experiences through the use of trauma-informed therapeutic approaches.

Sometimes psychotherapy is referred to as "talk" therapy. That is a misnomer. Good psychotherapy involves much more than talk. It helps people use various experiences to know themselves better and to use their thoughts, emotions, intentions, perceptions and behavior to live more the way they want to live. It invokes bodily sensations, emotions, movement, memory and images as well as thoughts. Through helping people become mindful and aware of those dynamics, it helps them gain access to parts of themselves they haven't been in touch with. It helps them manage themselves so they can live more the way they want to live.

Following is a comparison of the benefits and risks of treatment with drugs and treatment with psychotherapy. [Full Disclosure: I work as a psychotherapist]

Treatment with drugs

Benefits:

You may feel somewhat more energetic and alive if you take an upper like Prozac, Paxil, Adderall or Ritalin or somewhat less anxious and agitated if you take a downer like Atavan, Xanax, Zyprexa or Risperdal. In the case of antidepressants, the research says that feeling better is largely due to the placebo effect but, nevertheless you may be feeling better.

Risks:

You'll suffer from serious "side effects" including increased incidence and risk of sexual dysfunction, akathisia (extremely uncomfortable and dangerous restlessness), mania, violence, suicide, emotional blunting (loss of conscience and caring), and depersonalization (a sense of loss of contact with yourself). In the case of antipsychotics like Zyprexa, Abilify, Geodon and Risperdal, "side effects" include tardive dyskinesia (a Parkinson-like loss of control over muscles and gait), cognitive impairment, brain shrinkage,

and early death. Persons who take antipsychotics die on average 25 years younger than people who don't take them and, although other factors may be at play, this effect is dose-dependent.

In addition, there are the following risks. If and when you stop taking the drug, you will suffer serious withdrawal effects. In the case of anti-anxiety drugs such as Atavan and Xanax, this can involve years of debilitating recovery. This is because the drugs have caused your brain to compensate for its changed condition, so when you stop taking the drugs, your brain will be in a dysfunctional state. Since the drugs you are taking act on the brain in the same way that cocaine, heroin and meta-amphetamines act on the brain, you will suffer the same kind of withdrawal effects as do persons who use illegal drugs. Plus, if and when you stop taking the drug, you are likely to experience a relapse of the symptoms that led you to seek treatment.

Treatment with psychotherapy:

Benefits:

You may gain self-management skills and knowledge that you will be able to use for the rest of your life to stay healthy and happy; you may learn the meaning of your symptoms and how you can use them to become healthier and happier; you may learn what makes you tick, why you do what you do and don't do what you don't do, and what you want and don't want; you may develop compassion for yourself; you may become aware of the beliefs, assumptions, attitudes and habits which drive your behavior but which lie below the level of your consciousness; you may learn how to deal with the difficult dilemmas we all face from time to time; and you may become able to connect with others in satisfying ways without giving up too much of yourself

Additionally, you may learn to manage your fears so that you can avoid what you need to avoid and walk with the fears you need to walk with; you may become more accepting and comfortable with parts of yourself that are scary, painful and shameful and which have been taking lots of energy to hide from yourself and others; you may learn how to become more

aware of what you want and how to get it without threatening your relationships; you may become more able to use your strengths, talents and faculties in satisfying and contributing ways; and you may become more able to experience your emotions, learn from them and take appropriate action based on that learning.

Risks:

You might waste some time and money. You might receive some advice or messages that will get in the way of you becoming healthier and which might send you down the wrong path for a while. You might encounter an abusive, exploitive, bullying, or manipulative therapist. You might become discouraged, even despondent by a lack of progress. And/or you might become over-dependent on the therapist and use psychotherapy as a crutch.

A Pragmatic Solution

So, we find our society in a perilous situation. The primary modality of treatment of mental illness - psychiatric drugs - is associated with poor outcomes and considerable harm. The alternative, psychotherapy, which is associated with better outcomes and less harm, is undervalued and underused. What can we do about this? One thing we can do is use both treatment approaches. In fact, the conventional wisdom is that the best treatment is a combination of psychiatric drugs and psychotherapy. But there are two problems with that.

First, all psychiatric drugs numb emotions. They make it difficult for people to experience their emotions and learn from them. They take away conscience and caring. Research on psychotherapy has found that experiencing emotions is a crucial ingredient in successful psychotherapy. Second, treatment with drugs is associated with a high relapse rate and, for many people, it is very difficult to withdraw from psychiatric drugs.

Another thing we can do is use psychotherapy for less serious mental illnesses like anxiety and depression and psychiatric drugs for serious mental illnesses like schizophrenia which are thought to require the use of

drugs. But that approach doesn't square with the facts. The most effective treatments for psychosis are Soteria-type sanctuary houses and Open Dialogue and Healing Homes, none of which use drugs as the primary modality of treatment.

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A Word About Soteria, Open Dialogue, and Healing Homes

A Soteria House operated in the San Francisco Bay area from 1971 to 1983. It provided patients with a safe place in which they could go through the psychotic experience without pressure to get better or go back to the way they were. A well-done study found that patients treated at Soteria did better in terms of symptoms, social functioning and employment that patients treated in conventional mental hospitals. There is now one in Burlington, Vermont. [*Editor: our next chapter describes Soteria Vermont.*]

Open Dialogue was developed in Finland. Based on family therapy, it brings together people who care about the patient in an intensive series of therapeutic meetings in which the meaning of what has happened is explored and the patient is supported in recovery. It reports an eighty percent full recovery of patients experiencing the first episode of psychosis.

Healing Homes was developed in Sweden. It places patients in the homes of families that have been trained to provide safe, supportive environments in which they can go through the psychotic experience. Patients receive therapy and the families receive supervision.

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Perhaps the best answer to this dilemma is one suggested by Bradley Lewis in his book *Moving Beyond Prozac, DSM and the New Psychiatry: The Birth of Postpsychiatry*. When faced with research findings for which there are various interpretations, Lewis says, we should choose the interpretation which is associated with the best outcomes for patients. We should take a practical approach in the good, old tradition of American pragmatism.

If we did that, we would clearly choose to understand the states of being and behaviors associated with the diagnoses of mental illnesses as reactions to life experiences and life circumstances and concerns that people have about their lives and themselves; and we would treat them with various forms of psychotherapy. We would side with the Psychologists in the long battle between biopsychiatry and psychotherapy.