



the PHARMA-PSYCHIATRY complex:
**HOW I COPE WITH
AN INSANE WORLD**

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In the best places, where straight jackets are abolished, doors are unlocked, leucotomies largely forgone these can be replaced by more subtle lobotomies and tranquilizers that place the bars of Bedlam and the locked doors inside the patient. Thus, I would wish to emphasize that our "normal" "adjusted" state is too often the abdication of ecstasy, the betrayal of our true potentialities that many of us are only too successful in acquiring a false self to adapt to false realities. - R.D. Laing

I have spent half of my life diagnosed with Bipolar Disorder a.k.a. Manic-Depressive Illness. I have been hospitalized eight times, spending inclusively more than a year of my life incarcerated as a mental patient, taken a wide range of psychiatric medication, and been treated by more psychiatrists, psychologists, and therapists than I care to remember. In April 2002, I spent a month in a private hospital as an involuntary patient and only narrowly avoided being committed to the state hospital for an even longer stay. Upon my release, my doctor not only prescribed drugs and counseling, but it was his expert medical opinion that I should quit my job and apply for disability benefits. Instead I chose to return to work and stop taking the medication. Here's why.

Let me begin by bringing to light a fact that the psychiatric establishment and the pharmaceutical industry do not want you to know. There is absolutely no conclusive evidence that mental illnesses are biologically based. For such prevalent conditions as schizophrenia and bipolar disorder, despite decades of research, no one is able to point to an objective, repeatable-on-demand, independently verifiable lab test and say, "Yes, there it is." A physical illness, cancer for example, is quite different. Cancer exists as a physical pathology that is characterized by abnormal cellular degeneration. It is empirically observable in a laboratory setting, and is diagnosed based on its physical presence within an individual. One can take the same biopsy to any compe-

The Mad are marginalized, stigmatized, and abused. Some of the most forward thinking people I know become bigots when confronted with madness. The social roles that we filled in hunter/gatherer societies have no place in the age of the genome. Paradoxically, our special orientation towards reality is incompatible with this era, and so is classified as disease.

The diseasing of thought and emotion is expanding to include more and more people, not just the Mad. Millions of children are taking Ritalin and eating disorders affect millions more. Are kids brain damaged, genetically programmed to overeat? Or are schools boring, coercive, institutions in a "Super-Sized" culture of television?

Prominent Psychiatrist E. Fuller Torrey published a study in 1980, *Schizophrenia and Civilization*, in which, discussing a study in New Guinea, he concludes, "Schizophrenia appears to be a disease of civilization," and "... the remarkable consensus is that insanity (in the early studies) and schizophrenia (in later studies) were comparatively uncommon prior to contact with European-American civilization ..." This is a mainstream Psychiatrist. Now, his conclusion is that it was a germ that was being spread. What do you think?

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So much of my life has been affected by “Mental Illness.” Growing up, I was constantly confronted with the possibility of my mom committing suicide. Her frequent attempts led to frequent hospitalizations, which led to foster homes for me and my sister, and eventually being permanently removed from her custody. At fourteen, I experienced my first psychosis I was unable to sleep, was convinced that everyone around me was conspiring to hurt me. Out in public, every conversation I overheard, every stranger’s gesture, was about me. Radio advertisements were coded messages telling me to give up, it was hopeless. Voices invaded my consciousness, dark and terrifying. These kinds of episodes persist for me. When I attack the concept of mental illness, it’s not the experience that I question. I know better. Rather, I question the concept of mental illness as a disease.

When I set out to write this article, I wanted to expose Psychiatry as a normalizing institution, an institution that has been co-opted by drug companies that have turned it into one of the most profitable institutions in the world; and those things are true. The trouble is, I don’t have the luxury that the prominent anti-psychiatry writers have. For me these are more than theoretical issues. So I end up going back to the Lithium, the Serquel. I believe something about me, my mind, my brain, my character, whatever, prevents me from assimilating to this society as easily as other people. In order to sustain myself in this fucked up culture, I have to support wicked institutions; take dangerous drugs that damage my brain. I have tried alternative approaches with moderate success I try to maintain a healthy lifestyle, regular diet and exercise. I abstain from alcohol and drugs for the most part. I’ve tried Chinese Medicine and Acupuncture. Still, at best, my record seems to be about six months on, six months off. The medication is a crutch, and I know that. I just haven’t been able to still the mania, the paranoia, or the voices. Does that mean I have a disease? My doctor thinks so—one that is chronic and incurable. What, exactly is she saying is chronic and incurable? My thoughts, feelings and behaviors. Those are the things she is basing the diagnosis on, and those are the “symptoms” she is trying to keep in remission albeit with my cooperation half of the time. The reason I cooperate is that these things are unacceptable in society. Being Mad will quickly lose you your job, your home, and often, most disastrously, your friends and sense of self worth. Not to mention the fact that you can be locked up indefinitely in an institution with fewer legal rights than those afforded to prison inmates. The bottom line is fear.

The most debilitating mental problems I experience are the psychotic ones. That is, the paranoia and hallucinations. Fortunately for me, those periods of psychosis last approximately one month, and occur about once a year, usually in the summer. Those unfortunate souls troubled enough to have been labeled schizophrenic, generally have much longer episodes and only brief periods of remission if any. I don’t mean to be an essentialist, but I don’t think anyone who hasn’t experienced a major psychotic break can ever understand it. Negative experiences with potent hallucinogenic drugs like LSD come close, but don’t last nearly as long.

tent oncologist and get the same diagnosis. This same standard does not exist for mental illness.

The diagnosis of a mental illness is based on symptoms reported by the patient or a third party (family member, police officer, teacher, etc.) to a mental health professional who then makes a diagnosis on the basis of what someone is saying about experiences and behavior, not the physical state of the patient. This makes mental illness a social disorder, not a physical medical one. Yet doctors insist on an organic pathology to explain mental illness, and use this assertion to impose what they call the medical model on our thoughts and actions.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) which is the text used by psychiatric professionals to diagnose mental illness, has this to say about the definition of Mental Disorders:

“The term mental disorder unfortunately implies a distinction between ‘mental’ disorders and ‘physical’ disorders that is areductionistic anachronism of mind/body dualism. In DSM-IV, each of the mental disorders is conceptualized as a clinically significant behavioral or psychological syndrome and that is associated with present distress or disability, or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom. In addition, this syndrome or pattern must not be merely an expectable and culturally sanctioned response to a particular event ...”

Mind/body dualism basically is the concept that the mind is separate from the brain; and of course the term mental disorder implies this. As a matter of fact, the existence of the field of Psychiatry implies a mind distinct from the brain; otherwise, people with so called mental disorders would be treated by Neurologists, the branch of medicine concerned with disorders of the brain.

This brings up an important point. Suppose one day neuroscientists discover a biological cause for, let’s say, a Christ Complex (the belief that one is the Messiah). Would that prove that it is a disease? Absolutely not. All thought processes probably have biological causes (or do thoughts cause biological processes). Is Love simply a complex interplay of neurotransmitters and hormones, or is it something more than that? How easy is it to envision a society where love is detrimental to the state and therefore considered pathological? I hasten to remind you, 150 years ago, a slave who attempted to free herself from bondage would be diagnosed with a mental disorder. Twenty years ago homosexuality was considered a mental disorder. Merely demonstrating a causal link between a biological state and a thought says nothing about the validity of the thought itself. That would put Psychiatry right back where it already is: determining pathology on the basis of what is socially desirable. Medical authority calls mental illness disease to justify normalizing thought.

Returning to the DSM-IV for a moment:

“Important loss of freedom...?” Involuntary commitment and forced Psychiatric drug-ging certainly constitutes important loss of freedom, but are consequences of treatment, not the condition itself.

“... must not be merely an expectable and culturally sanctioned response to a particular event ...”

This statement brings up several key points. It places the judgment of what sort of response is expectable squarely in the hands of the psychiatrist. Certainly such judgment has nothing to do with medical expertise. Please tell me, what medical or scientific training pronounces psychiatrists the final arbiters of what sort of thoughts and behaviors are expectable. This has nothing to do with medicine. Let us not forget, and always remember, the Holocaust was largely justified by medical doctors. Eugenics, as practiced in this country and abroad, was brought to us by doctors. Medicine, as applied science, in many ways is anti-human. The term “culturally sanctioned” has several bizarre connotations. What exists as a mental disorder in one culture may be completely healthy in another. Also, it assumes the culture itself isn’t pathological.

One view, and I believe the correct one, contends that modern industrialized society, an environment of nuclear proliferation, ecological devastation, and rampant imperialism and consumerism, is itself delusional and dysfunctional. Is it expectable that people are suffering from “depression” and “social anxiety disorder” under such conditions? Of course. Is it culturally sanctioned? Absolutely not. As Americans we are expected to buy into the myth of permanent prosperity in spite of the fact that our collective lifestyle is completely unsustainable and will have devastating consequences in the future.

Rather than solve the deeper sociological problems, we are given psychiatric diagnoses that justify our consumption of market-driven consumer products known as psychotropic medication, and incarcerate those members of society that are socially undesirable, ostensibly for their own good. This approach (invent imaginary needs that can be filled by “innovative” and usually ecologically unsound products, thus opening new markets) is typical, and indeed reinforces the inherent flaws of the techno-capitalist paradigm. Statistically, you are more likely to develop a mental illness in a “first-world” country, and less likely to experience permanent remission, than in less-affluent societies. In other words, where people can afford treatment, illness is more prevalent.

I am not suggesting that people don’t suffer with emotional and mental stress. The issue here is the way the problems are being conceptualized and approached. The “medical model” of mental illness is far too convenient to coercive governments and the pharmaceutical industry. Socially (and sometimes politically) undesirable individuals can legally be incarcerated for indefinite periods of time, and treated with highly profitable medication.

I remember being shocked by the amount of pharmaceutical advertisement in my psychiatrist’s office. Pens, notebooks, a thermos, and even a clock all proudly displayed the names of products like Paxil, Prozac and Zyprexa. On the coffee table a stack of magazines published by drug companies were filled with full color glossy advertisements of drugs. It occurred to me that this advertisement was not directed at me, the patient, but at my doctor.

The pharmaceutical industry spends over 15 billion dollars annually on advertising, and roughly a quarter of their total profits come from the sale of psychiatric medication, more than any other disease or ailment (*Boston Globe* 5/28/02). The American Psychiatric Association receives much of its funding, including for research, from Pharmaceutical companies. Essentially, we have an extremely lucrative industry exerting huge financial influence over the medical field, particularly psychiatry, an area ripe for profit due to the fact that it’s not burdened by the same expectations of biological proof as other areas of medicine.

Medical diagnoses are being invented to describe nearly all aspects of unwanted thought and behavior. For example an unusually independent child who questions authority risks being diagnosed with Oppositional Defiant Disorder.

At one time, the state relied on religious authority to justify sanctions on thought and behavior. Nowadays this authority has been transferred to Psychiatrists in the name of science. Burning people at the stake as heretics gave way to frontal lobotomies for schizophrenics; Lobotomy’s have given way to tranquilizers and “quiet rooms.” (So, yes, the level of violence has decreased from murder to surgery, from surgery to drugs and captivity.) Still, the underlying purpose of the violence, whether the authority is derived from science or religion, remains the same: social hygiene and control.

Once, after being awake for several days, suffering from delusions and hallucinations and unable to sleep, I decided to try and get some drugs so I could rest. At the time I had no insurance so I went to an emergency room and explained my situation. Having an extensive history of psychiatric treatment, and because I reported to them that suicide had crossed my mind, they decided they couldn’t refuse treatment. I was taken to a room and asked to remove my clothes and wait for a doctor. After waiting for about an hour I decided to get dressed and go home. I put my clothes on and started to walk out of the E.R. Before I could get anywhere near a door I was tackled by three security guards and slammed face first into the floor. When I began yelling for them to get off of me the attending physician threatened that if I didn’t get quite he was going to give me an injection. The security guards then lifted me and strapped me down to a gurney. The justification for this violence was that they were protecting me from myself. I went to the emergency room to get something to help me sleep. I ended up spending the next week locked up in a psych ward.