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## **Psychiatric drugs: On the necessity of breaking a taboo and contrasting biological reductionism in the mental health field**

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*"Once 'asylum Pandora's Box' was opened, villainesses such as malaria-therapy, insulin coma, ice - cold baths, mass electroconvulsive therapies and much more came to light; psychiatry responded homeostatically with a powerful tool, Medication, whose catalogue has rapidly widened after the first discoveries.*

*The massive use of substances and a number of comforting narrations enabled psychiatry to mitigate the social impact of the collapse of the segregationist model, as well as to stand again as credible guarantor of madness control, banishing the asylum scandal within a different, outdated story, within the 'Once Upon a Time' context." (Fiorillo, 2013)<sup>3</sup>*

A widely recognized value of Whitaker's work lies in the non-propagandistic divulgation of scientific data on the use of psychoactive substances. In our opinion, this work has at least two other and even more remarkable merits: (1) it contributes to the break of a taboo concerning the heavy use of medication to treat mental distress discussing its effects and (2) it introduces an important reflection about the consequences of the reductionist paradigm in the field of mental health.

The correlated evidences about the increase of mental disorders and the augmented use of psychiatric drugs demonstrate, that the reductionist approach

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<sup>3</sup> <http://www.alfabeta2.it/2013/02/08/gabbie-mobili/#sthash.TiZbr6jW.dpuf>

is not able to cope with the challenge of mental health, or to put it in scientific terms: *The medical approach does not dispose of the conceptual and operative tools to understand and intervene on the origin of mental distress and its cognitive as well as social mechanisms.*

We will briefly address these two issues, considering some of theoretic works<sup>4</sup> and some of our experience in the evaluation of mental health services<sup>5</sup>.

## Basaglia's Revolution and Medication

*"We must not indulge in easy euphoria. It is a temporary law, made to avoid referendums and therefore not immune from political compromises. Do not believe that the panacea for every mental illness problem has been found, to insert it in traditional hospitals. The new law tries to homologate psychiatry to medicine, that is, human behavior to body. It is like homologating dogs to bananas." (Basaglia, 1978)<sup>6</sup>*

Basaglia and his movement have definitely started a revolution, which led Italy and other countries in the world to dismantle psychiatric hospitals. However, Basaglia himself, as evidenced by the above quotation, was fully aware that it was just a beginning and the risk of considering mental distress as a "disease" was eminent. If, instead of being a medical subject, mental distress were interpreted as a psychological-, educational-, pedagogical-, anthropological- or social fact, then the story would have been probably very different. But this happened only partially and the "(...) law 180 did not prevent psychiatry to reorganize itself around the biological paradigm and to reduce all "other" practices to a subordinate role in relation to drug therapies" (Fiorillo, 2013<sup>7</sup>).

We were able to affirm this situation during a research project on the evaluation of mental health services. These services (Roman day centers) were theoretically not in charge of users' drug treatment but of their psycho-social rehabilitation. Yet,

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<sup>4</sup> C. Castelfranchi, (2009) Contro il riduzionismo biologico prossimo venturo. SISTEMI INTELLIGENTI / a. XX, n. 2, agosto 2008

<sup>5</sup> We refer to the Day Centers evaluation project, particularly to data in Pocobello (2011) "Participatory evaluation of Mental Health Day Centers in Rome: study of structural aspects, stakeholders' representations and recovery processes implications". PhD Thesis, La Sapienza University, Rome. <http://hdl.handle.net/10805/1094>

<sup>6</sup> Interview with "La Stampa" newspaper, Turin, 12 May 1978 – with reference to Law 180's entry into force

<sup>7</sup> <http://www.alfabeta2.it/2012/12/17/forme-di-vita/#sthash.4fHqu9Cc.dpuf>

most of the evaluated service users took two or three psychoactive drugs, -some of them even taking from 4 to 10 different kinds simultaneously (Pocobello, 2011<sup>8</sup>)!

Users joining the research showed serious signs of iatrogenic deterioration – rendering the data-collection very difficult and sometimes impossible. Severe concentration difficulties, sleepiness, tremor, salivation, hiding behaviors and embarrassment were omnipresent. As Basaglia was wondering in relation to the psychiatric hospitals, we were wondering too: is what we saw really "mental illness" or an "artefact": the result of the way institutions and society react to a person under mental distress and vice versa?

Our impression –in line with Whitaker’s observations– is, that what we perceive nowadays as "mental illness" is highly related to the massive use of psychoactive medications. Their effects and the mystery of their functioning play a central role in the creation of negative expectations – which are even empirically unfounded – concerning the prognosis for severe mental disorders, an expectation so widespread even among mental health professionals.

### **Representations and meanings of Medication in mental health services**

The following is a short extract from a focus group with users on the meaning of the day center:

*U<sup>9</sup>1 : "The day center is pharmacological"*

*(...)*

*C: "What do you mean?"*

*U1: "In the sense that ..."*

*U2: "Maybe he does not know how to explain ..."*

*U3: "Perhaps for treatment ... that it treats people. (...) U1 expresses himself very concisely, as far as I know him... He cannot express himself, as if something eludes him. Therefore, in my opinion, with the word 'pharmacological' he wanted to explain a little bit whatever he feels here, the translation 'pharmacological' is not fully correct, because here medications are not given, ...In the sense that he is good from the physical viewpoint... (..)"*

*(...) U2: "Therapeutic ... so, obviously, with that word he wanted to express, in short, a little bit of everything". (Discussion between users)*

This discussion between users concerned Day Centers, which are de jure not in charge of the prescription or administration of drugs. Yet, as told by these users, the influence of "medication" is pervasive.

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<sup>8</sup> Pocobello, R. (2011)

<sup>9</sup> U is User and C is conductor (researcher conducting focus group)

Medication represents an important artefact in social relations and even more so in the hierarchy of powers. The rehabilitative and psychotherapeutic work in mental health services is considered - implicitly or explicitly - an ancillary work to what is considered the "real" treatment, the pharmacological one:

*A user's improvement, which has been confirmed by family members as well, has been attributed to the change of medications; the pharmacological therapy is very important and our job is closely related to it, isn't it? (...) All everyday activities are undertaken here and they are hard to accept, to support, to place... This is not always recognized by care providers, only by the most sensitive. (Practitioner).<sup>10</sup>*

In many cases, however, medication is also a taboo. For instance, in a couple of centers we were not authorized to conduct focus groups with users and family members because the "research methodology could interfere with drug therapy". In other cases, it was possible to speak about medications only once the recorder was turned off:

*When we asked why the day center – in their opinion – is tending towards an entertainment orientation, they asked us to turn off the recorder. We were told that it is a 'choice, in its most obvious form of shunning responsibility' and that 'unfortunately, in psychiatry, there is no longer space for clinical practice'. The latter has been almost completely replaced by a strong "pharmacological limitation that, of course, makes users inoffensive, but may also deprive them of any desire, any willpower to do." (Pocobello, 2011 pg. 89)*

Even when it was possible to overcome this taboo, people involved in the research expressed themselves with fear, difficulty, shyness or embarrassment, even because often contradictions between the therapeutic - rehabilitative project and the effects of pharmacological therapy emerged:

*"(...) these medications cause sleepiness; even though the staff is well-intentioned, it is always hard to make him stand up and join the daily activities. The nurse, Ms. XY, (Practitioner of the day center) for me is a very lovely and kind person, but there is the basic problem that (...) there is a contradiction because she gives him medications and, at the same time, she has to push him into undertaking the day center activities; so, how should we deal with this state of things? (Family member<sup>11</sup>)*

*"(...) they will never succeed in having a quite normal life. Firstly because many of them take lots of medicines and that implies physical and mental fatigue, retarded movements; in addition, we do gardening, therefore... [Medications] change their physical and mental abilities because, for example, they forget things: the name of tools, of plants. Moreover there is a motor retardation; we notice, for instance, when a client*

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<sup>10</sup> In Pocobello, 2011. pg. 88

<sup>11</sup> In Op. cit., pg. 89

*takes many drugs because their movements are slowed down as well as their way of speaking." (Practitioners<sup>12</sup>)*

The main motivation in favour of pharmacological intervention is avoiding crisis, which is never considered a potential evolutionary moment, as argued in many stories of recovery (for instance in Romme et al., 2001<sup>13</sup>).

In many cases, unfortunately, persons' stabilization based on crisis avoidance, corresponds to the maintenance of a chronic malaise situation:

*"(...) if I would have to consider patients as people who constantly experience some form of aggressiveness and (.) for example (.) anything that might annoy and provoke a reaction (.) then it is better he takes drugs. But, again, and I speak by experience, drugs make him incapable for other functions. So even in this case, we agree to a compromise, there is no recipe to sort out the problem..." (Practitioner)<sup>14</sup>*

The fear of crisis and aggressiveness are also the reasons why family members are led to ensure that their relatives take medications. In this context, the drugs are an object of "mutual control of conflict":

*"The first time I have left him (...) he told me: "I do not take medications ..." "Well, then you are going to the hospital!"... Instead, I felt anxiety every night because of the medicines ... During those 2-3 days at the hospital I felt terrible, because for the first time, he was left alone (.) and he told me he took them. Who knows, I do not know (.) nothing happened, so I suppose he has taken them (.) it is evident that they are so full of drugs that in just 3 days nothing particular can happen." (Family member)<sup>15</sup>*

*"Currently my son [takes medications], which never happened before, because, like every 'hygienic ill'<sup>16</sup>, he has always been reluctant to take medications. For me, it has always been a big problem, my son has always rejected medications, so at the beginning, I used to give them to him in secret (.) wrong thing, and I knew it was wrong, but I did not know what to do. Then I have made it, not thanks to a psychiatrist, but with the help of the day center. (...) Now my son takes medications, even though sometimes he is awkward, let's call them tantrums (.) but, after all, the disease has this characteristic: patients refuse medications, so the center has been a salvation..." (Family member)<sup>17</sup>*

The powerful impact of a focus on medications in mental health is not limited to their effects on psyche or to side effects from the mental or physiological point of view; at the bottom of the pharmacological intervention, there is a reductionist message concerning the conceptual nature of agency and the self:

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<sup>12</sup> In Pocobello, 2011 pg. 90

<sup>13</sup> Romme M., Escher S., Dillon J., Corstens D., Morris M. (2009). *Living with Voices. 50 Stories of Recovery*, PCCS Books: Ross-on-Wye.

<sup>14</sup> In Op. cit., pg. 89

<sup>15</sup> In Op. cit., pg. 90

<sup>16</sup> The term "hygienic ill" was coined during the fascist period to designate people with mental health problems. It is a sociocultural legacy that still affects the way mental disorder is defined (Translator's note)

<sup>17</sup> In Pocobello, 2011, pg. 90

- On one hand user's *compliance* is essential for treatment success - that is, the treatment plan is not up to the person, but rather a professional's choice;
- The source of a person's pain is perceived as an uncontrollable part of the individual's physiological states: in other words, the person does not control the mind, but the body appears to be in control of it. (Pocobello and el Sehity, 2012<sup>18</sup>).

Both reductionist assumptions imply, the delegation of one's own life management to professionals and undermine the person's capacity to act as a valid autonomous agent. This "reductionist mindset" is diametrically opposed to what recovery from serious mental illness implies: the individual's will and ability to take control of one's life beyond pure symptom-remission. Consistent with the recovery literature, recovery cases – in our research – are often related to the significant reduction or the interruption of pharmacological treatment:

*Then there are few people for whom the day center represents a passage (.) sometimes even quick (.) these people are afterwards integrated in cooperatives, in - let's say - semi-protected situations (.) some of them go even (.) I know some guys who call me now and then and (.) "I've a little job, ...how should I do this thing, what plants can I put ...?" (.) But they are few and unfortunately it is a very low percentage, and however, they just take soft pharmacological therapies (.) and drug therapy affects a lot these people's recovery." (Practitioner<sup>19</sup>)*

### **Why it is so indispensable to oppose to biological reductionism**

*"(...) It is pathology, sorry! I have read an article about schizophrenia, explaining how it arises: at the beginning, it does not seem something violent, then - as some American MRI scans prove - it gradually impairs dopamine levels. After 2 years and half it comes here (she indicates her head) and after 5 years it affects the whole brain. Indeed, my daughter, then, has completely collapsed." (Family member<sup>20</sup>)*

There is no question that mental representations and mental processes, in themselves, are IN the brain (where else, otherwise?) and are processes OF the brain. All of its operations and, all of its transformations are based on neural processes. Knowing this, however, should not prevent us from having a highly critical stance on the bio-pharmacological shortcut that psychiatry so often takes –in theory as well as in practice. Such an approach is actually very problematic from a scientific, social, and even ethical/political point of view.

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<sup>18</sup> Pocobello, R. & el Sehity, T. (2012). "The Recovered Subject - A socio-cognitive Snapshot of a new Subject in the Field of Mental Health". In F. Paglieri, L. Tummolini, R. Falcone & M. Miceli (Eds.), *The Goals of Cognition. Essay in honour of Cristiano Castelfranchi*. London: College Publications, pp. 359-378.

<sup>19</sup> In Op. cit., pg. 90

<sup>20</sup> In Op. cit., pg. 87

It has to be understood that the *lack of connection* between the (obvious) idea that the psychopathological/dysfunctional process (such as the "healthy" or "normal" one) is a brain process and

- (i) the idea that *therefore* the original problem, the cause, *must* be a cerebral "damage"; a dysfunction of basic nervous and biochemical mechanisms: the "disease" is cerebral, not mental and behavioral;
- (ii) the idea that *therefore* –even independently from (i)– the intervention must be biochemical: *directly* IN the brain and in its functioning.

To learn is to change the brain; to re-learn is to re-change the brain. Owing to internal and external, experiential and relational factors, there might have been a *dysfunctional* learning in one's personal and social past. It is a matter of renovating learned structures, representations and processes through the enthusiasm of new exciting experience and mental processing – also on an affective level.

Each and any change in behavior is/entails a change of mind; each and any change of mind is/involves a change in the brain. Our brain has been "written" by our conduct; the rehabilitative or therapeutic intervention must essentially be based in this view, counting on a non-unidirectional but dialectical approach. It is this what we mean by the term "Reductionism"<sup>21</sup> or micro-foundation: a fundamental operation of unification and progress of scientific knowledge where the different levels of organization and of description/modeling of reality do not need to be mutually "compatible", or: non-contradictory; but must be "integrated". The concepts, models, laws of a macro-level must be grounded and explainable at the micro- level (or underlying level), with its own constructs and laws. Otherwise, these levels are unsustainable and not to be distinguished. And yet, these very levels introduce emerging elements and processes, not present and not conceptualized at the lower level, like, for example, the concept of cell, gene, or the theory of biological selection and evolution.

The real reductionism, against which to fight we redeem necessary, is "eliminativist"; the idea that - once this foundation and reconduction took place - the concepts, laws and theories of the upper layer are only provisional and approximate, depending on the "true theory" (the micro-level one), and can finally be replaced and removed. Especially if the former are not natural science concepts, not belonging to 'hard', biological or physical facts; and maybe even science of constructs and intervening variables, unobservable in principle, since merely informational or functional, such as in the case of psychology.

At least in some domains, such as psychiatric (and the psychiatrization of conduct towards children, adolescents, the elderly, etc.), the problem does not concern so much professionals and services in charge of psychological or rehabilitative interventions - limited to support and entertainment -, but rather "patients", especially of the younger generations. As the outcomes on the increase in mental

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<sup>21</sup> See also Castelfranchi (2009), previously mentioned

disorders and psychiatric drugs use prove, reductionism cannot cope with it, scientifically speaking: it does not have conceptual and operative tools to understand and take action on the causes and on their mechanisms, such as relational or cognitive.

We assist and we may still have decades of bad-treatment of 'disorder' with a non-valued and limited psycho-social support. In order to contrast this situation, we have just to keep a critical, anti-reductionist scientific vision, developing integrated models of cognitive, socio-cultural and biological aspects.