

ROBERT WHITAKER AND PHARMACOTHERAPY: THE CURE IS WORSE THAN  
THE CONDITION

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## ROBERT WHITAKER AND PHARMACOTHERAPY: THE CURE IS WORSE THAN THE CONDITION

Robert Whitaker is a journalist. He is not a mental health professional. Despite this he may have done more to publicize problems with the use of medication to treat psychological conditions than any other author. To date he has published two books about the appalling treatment of those suffering from mental problems (Whitaker, 2010a, 2010b). As a journalist his function is to tell a story. The brief version of Whitaker's story is that the mentally ill in America have been consistently mistreated. His first book (Whitaker, 2010a) is a history of treatment for psychotic conditions from 1800 through the twentieth century. The first major drugs to treat psychosis arrived in the 1950s. His newer book summarizes its predecessor and goes on to investigate the use of medication in the treatment of more common disorders such as anxiety and depression. It also devotes a major section to the use of medication for mental disorders in children.

A brief summary such as this can only highlight the many problems Whitaker discusses. A few of his theses stand out. One, that despite a huge increase in the use of drugs to treat mental illness, the incidence of mental illness has risen dramatically. Two, the long-term outcomes for those treated with medication is worse than those treated with placebo. Three, those treated with pharmacotherapy become dependant on it and actually are worse when it is withdrawn than they were before treatment was begun. Four, that this has occurred through the corruption of the medical profession by the pharmaceutical manufacturers who make enormous profits from the sale of psychiatric medications. In sum, pharmacotherapy does more harm than good.

Why has this information not led to a huge uproar and public demand for change? In a recent video Whitaker offers the opinion that the pharmaceutical industry's financial clout is

such that major newspapers ignore a great deal of this information (Whitaker, 2013a). Whitaker recently addressed the National Alliance on Mental Illness (NAMI), a non-profit group of the mentally ill and their families. It would seem that the quality of the treatment for mental problems would be of great importance to the members. The speech created a furor (Early, 2013). The information Whitaker presented was unknown. According to the article and the comments about the article the audience reactions ranged from outrage to astonishment, to disbelief. One young man who believed Whitaker and suffered from depression was so distraught he committed suicide. In his video Whitaker (2013a) tells us that major newspapers devote little space to the problems he points out. I have read about the uproar caused by the speech at NAMI in many places. However a full text search in the “National Newspapers Core” with no date limitations shows that Robert Whitaker has not appeared in any of the major papers in the US. However, this does not mean the topic has totally been ignored. An article by a psychiatrist appeared in the New York Times about a year ago (Friedman, 2012). Dr. Friedman discusses the use and misuse of the newer generation of atypical anti-psychotic drugs, specifically Seroquel and Abilify. Among other things he notes that psychiatrists are astonished they actually are no more effective than older medications and that their side effects, while different, are equally harmful. He also goes on to express grave concern that these drugs are now being used to treat other conditions including things like mild anxiety. Further they are now being prescribed to children. Another more recent article in the Times (Rabin, 2013) discusses the use of Transcranial Magnetic Stimulation in the treatment of depression but notes it is only used with those who do not respond to or cannot tolerate pharmacotherapy. Whitaker seems to be fundamentally correct in noting the national coverage of the problems, except stories about lawsuits that generally involve false advertising, has been minimal. In general, except for

lawsuits, there seems to be little mention in the national press. This may be changing. The two articles I found are recent. And this month the New York Times published an article about the dangers of buprenorphine, an opiate with the trade name Suboxone (Sontag, 2013). The drug is used to treat opiate addiction. Annual sales now exceed sales of Viagra and Adderall among well-known drugs. Suboxone is being used as a replacement for those addicted to opiates both painkillers and illegal substances such as heroin. The expectation is lifelong use. The article discusses many problems and abuses. Oddly the article still ignores the fundamental question whether substituting one opiate for another with the expectation of lifelong addiction is, for the individual, changing deck chairs on the Titanic while creating huge profit for psychiatrists and the drug manufacturer! Based on the nature of the articles some of the issues Whitaker raises are starting to be publicized but others still seem to be ignored.

It might seem surprising that psychiatrists are startled by the realities of the medications they are disbursing (Friedman, 2012). In his second book Whitaker documents the ways in which some psychiatrists are paid by the pharmaceutical manufacturers to tout their products. He also points out that a practicing psychiatrist has little time to read academic research. Another major factor is that research studies that do not have positive results do not tend to get published. Further pharmaceutical manufacturers can run many studies and only submit the ones that support the efficacy of the drug. Those that show no benefit are silently ignored.

As Whitaker is a journalist it is appropriate to ask whether he is qualified to judge academic literature. As an example he implies there is a causal relationship between the increase in the use of pharmacotherapy and the rise in the incidence of mental illness in the US. This ignores the fundamental rule of statistics that correlation does not imply causality. However, Kirk, Gomery, and Cohen (2013) published a book that goes well beyond Whitaker and supports

his theses. Unlike Whitaker, all authors are professors in social work or social welfare at academically certified universities. Whitaker's books are trade publications, publishers whose market is the general public and who do not subject books to academic review. Kirk, Gomory, and Cohen (2013) are published by Transaction Publishers, publisher of scholarly books that has a review board of scholars and is affiliated with Rutgers University. Whitaker mentions several studies. Kirk, Gomory, and Cohen inundate us with academic research. To use an analogy Whitaker provides enough information to indict the pharmaceutical industry while Kirk, Gomory, and Cohen deliver the proof beyond a shadow of a doubt. Kirk, Gomory, and Cohen cite Whitaker's second book, agree with him though they demur at his position that the consequence of the iatrogenic effects of pharmacotherapy constitute a separate mental illness. In a recent article Whitaker (2013b) has suggested the name for this condition should be tardive dysphoria.

Commendation from three qualified academicians lends a great deal of credibility to Whitaker's arguments. At the same time, unlike academic writers, he has the luxury of speculation and inference. One of his speculations is that an effect of allowing advertising of drugs to the public is it has aided the growth of pharmacotherapy. What he does not address is the advertising is not limited to commercials and is not the only method used by pharmaceutical manufacturers to induce people to self-diagnose. Within the last week I used Google to search for depression and was shown many sites. I quickly found two who were offering online screenings for symptoms of depression. Their names were National Stress Clinic, LLC (<http://www.nationalstressclinic.com/disorders/depression-screening-test-diagnosis/?gclid=CLjR1oeM2LoCFdJ9OgodJnQAzw>) and psychcentral (<http://psychcentral.com/depquiz.htm>). I completed both quizzes. I note that my therapist does

not feel I currently suffer from depression. The National Stress Clinic notified me of the results by email. They indicated I was slightly depressed and should check back with their site regularly. Psychcentral told me I am moderately depressed and should consult my doctor. Of note is the fact that within the site psychcentral acknowledges they are part the pharmaceutical manufacturer Novartis. In media like television viewers know the advertiser is a manufacturer selling a product. There are no such protections on Internet web sites.

Whitaker does not mention another factor about pharmacotherapy. Recently I had occasion to look up bupropion, trade name Welbutrin, in the standard text I use as a reference (Julien, Advokat, & Comaty, 2011). I was told that we really do not know exactly what it does. However when some people take it their depression is relieved. It overwhelmingly struck me that the basic process for approving any of these drugs as articulated by Whitaker (2010a, 2010b) or Kirk, Gomory, and Cohen (2013) does not ask how the drugs work. You do a trial and give one group the drug and another a placebo. If the group that receives the drug improves more than the group receiving the placebo, then the drug gets approved. Think about it. Is this any better than a shaman or witch doctor? We are spending billions of dollars on pharmaceuticals with no real understanding what they do. All we know is they seem, in the short term, to relieve symptoms in some people. We have no idea why.

Robert Whitaker is a reporter and an evangelist. His story is a dramatic and compelling indictment of the treatment of those with mental problems in the United States. A brief summary can only highlight some of the issues he raises. I would love to say that anyone who routinely works with the mentally ill will see the accuracy of his theses. Unfortunately this is not the case. Essentially the profession chooses to believe in a treatment model based on pharmacotherapy. The blandishments of the pharmaceutical industry are accepted without question. It is relatively

easy to dismiss arguments made by an amateur. However the overwhelming evidence cited by Kirk, Gomory, and Comaty (2013) indicates the Robert Whitaker actually understates the abysmal and appalling state of present mental health treatment in the US. In his video (2013a) Whitaker observes that he is speaking hundreds of times a year on the subject. Hopefully his message will ultimately be heard.

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