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Philosophy – a viable alternative to medication for mental health

Submitted for consideration by Pauline Enright 14th March 2014

ABSTRACT

Consideration of the state of mental health in Australia reveals several areas of concern. First, there is a growing tendency to pathologise 'life conditions' as mental illnesses. This is evidenced in the publication in 2013 of the latest version of the mental health profession's reference guide to mental health conditions, the **Diagnostics and Statistics Manual**, commonly the **DSM,** currently version 5. Second, government statistics reveal that in recent years, there has been a steadily increasing number of prescriptions for mental health medications written by general practitioners and mental health practitioners. Third, many of these medications have undesirable and often harmful side-effects.

In this paper, I shall argue that the net result of the above situation is problematic for 'sufferers' of mental ill-health. I believe that the current conceptions of mental health, outlined above, do not give them the best chance of achieving and maintaining sound mental health, and that better ways of understanding and achieving mental health are available. I shall argue that the art and practice of Philosophy, offered by trained and qualified Philosophical Counsellors, has much to offer to the restoration of mental health, and is a better option for clients experiencing mental distress.

My argument will address the following points that I believe are of concern: (i) the progressive increase in the number of 'life conditions' that are listed as diagnosable mental health conditions in each publication of the DSM, especially in the latest version; (ii) the prevalence of and increasing tendency of general practitioners and mental health practitioners in Australia to prescribe medication for mental health problems; (iii) the alarming increase in the number of psychopharmaceutical medications prescribed each year in Australia, especially in comparison to the total Australian population; (iv) the role that Philosophy could play in not only alleviating a client's current mental distress, but also in promoting and teaching life skills to maintain on going good health when future threats to mental wellbeing occur; (v) and that in view of the above, Philosophical Counselling, delivered by appropriately trained practitioners, should be considered and promoted by the mental health profession as viable option for the treatment of mental health problems, both serious and non-serious.

This Paper was submitted for consideration but was not delivered

P A P E R

Introduction

The aim of my talk today is twofold: first, to argue that the current increase in the use of psychopharmaceutical medications to treat mental illness is disturbing and often harmful, and second, to argue that Philosophy can play a vital role in decreasing the dependence on medication by offering a viable alternative to managing mental illness, and that Philosophy, when offered by appropriately trained practitioners, should therefore be encouraged as such an option. My talk will proceed in the following way:

First, I will explore the concepts of mental health and mental illness, arguing that the prevalent increase in the number of diagnosable conditions is questionable. Second, I will present current statistics of prescribed mental illness medications, showing that they too are escalating. Third, I will discuss some of the harmful side effects of these medications. Fourth, I will describe how Philosophy could play a role in easing mental health problems. Finally, I will conclude that Philosophy is an effective alternative to medication, and therefore, should be considered as a viable treatment option for mental health conditions.

Mental Health and Mental Ill Health

Mental health is the state of modifying our emotions and behaviours appropriately to our environment, or 'the psychological state of someone who is functioning at a satisfactory level of emotional and behavioural adjustment'.[i] Simply put, we are coping well or at least adequately with life. Mental *ill health*, by contrast, is the state of *not* coping well with life, behaviourally or emotionally. Mental ill health can be serious or non-serious. Serious mental ill health is generally referred to as 'mental illness'. Non-serious mental ill health is a 'mental health problem'.

If not addressed and managed effectively, mental health problems could develop into mental illness. Both types of mental ill health involve disordered feelings, thoughts and behaviours to a more or less degree. Within the mental health profession, mental illness is diagnosable according to 'standardised criteria'.[ii]

The 'standard criteria' referred to is set out the *Diagnostic and Statistical Manual of Mental Disorders*, commonly the *DSM*. Since first published in 1994, the DSM has become the bible for the mental health profession around the world. It has been revised and enlarged every few years. The latest version, DSM-5 was published in 2013. Because the full publication of the DSM has become so large, we also have a plethora of publications to help us understand and navigate it, including pocket guides, clinicians' guides, desk references, study guides, handbooks and even the 'intelligent clinicians guide.' Both the DSM and its guides are getting larger. For example, the 'Quick Reference guide to DSM-1V-TR' was 370 pages,[iii] while the latest full version of the DSM, version 5, is said to contain 947 pages.[iv]

Evident from the above is that each time a new version the DSM is published, the number of behaviour clusters deemed as 'mental disorders' increases. Either we are discovering new mental illnesses, or behaviours previously accepted as 'normal' are now defined as 'disorders.' One of DSM's editors suggests that the latter is at least part of what is occurring.

Psychiatrist Allen Frances, chairman of the DSM-1V task force, criticised DSM-5 in the December 2012 edition of *Psychology Today.*[v] In his article entitled: *DSM 5 is Guide Not Bible – Ignore its Ten Worst Changes,* Francis challenges ten additional diagnoses added to the latest version of the manual:

1. Disruptive Mood Dysregulation Disorder, for temper tantrums.
2. Major Depressive Disorder, includes normal grief.
3. Minor Neurocognitive Disorder, for normal forgetting in old age.
4. Adult Attention Deficit Disorder, encouraging psychiatric prescriptions of stimulants.
5. Binge Eating Disorder, for excessive eating.
6. Autism change, classifying "introversion" as a form of autism.
7. First time drug users will be lumped in with addicts.
8. Behavioural Addictions, making a "mental disorder of everything we like to do a lot."
9. Generalized Anxiety Disorder, includes everyday worries.
10. Post-traumatic stress disorder: changes in the DSM5 make it more likely that this condition will be misdiagnosed in “forensic settings."

Frances and others offer further criticism, including the suggestion that ‘an entirely different diagnostic system is required.’ Frances’ criticism of DSM-5 is also reported in the Autumn 2013 edition of *Counselling Australia*. Connecticut psychotherapist Garry Greenberg reports Frances as saying: ‘There is no definition of a mental disorder. It’s bu….it. I mean, you just can’t define it … these concepts are virtually impossible to define precisely with bright lines at the boundaries.’[vi] Greenberg goes on to say that the APA’s (American Psychological Association) criticism that Frances’ comments stems from ‘pride of authorship’ do not stand. As lead editor of the DSM-1V, Frances readily admits that that too was flawed. He says the version’s editors made mistakes with ‘terrible consequences.’ The inclusion of certain diagnostic criteria led to a phenomenal increase in diagnoses of autism, attention-deficit hyperactivity disorder and bipolar disorder. Frances’ *Ten Worst Changes* show that the diagnostic criteria for mental illness is flooding into areas previously understood as problematic, but not illness.

For example, 'temper tantrums' is now a mental disorder, and so is excessive eating. What about 'introversion?' As a very shy child, there is no doubt that I would have been diagnosed as having that 'mental disorder.' Grief is a normal reaction to a serious loss. It needs to be experienced and worked through. For equilibrium to be restored, the loss needs to be integrated into the person's life. Categorising grief as a major depressive disorder is neither realistic nor helpful to the bereaved. The problem with this, as with the other items on the list, is that medicalising conditions by diagnosing them as 'mental disorders' leaves them vulnerable to treatment with medication, rather than by the acquisition of skills to effectively manage them. Not unsurprisingly, the increase in the number of diagnosable mental disorders is mirrored in an increase in prescribed mental health medications.

In summary, the number of conditions qualifying as mental disorders has increased and continues to increase each time a new DSM is produced. Including conditions previously understood to be (and still so by most people) at the margins of normal behaviour opens the way for them to be treated by medication, rather than by more appropriate means. The very idea of being able to specify diagnostic criteria for mental illness is also claimed to be questionable by one of the experts previously involved in the DSM.

Mental Health Statistics

The Australian government's Bureau of Sensis and Statistics' records show that in 2011-2012, a total 33 million mental health related prescriptions were dispensed.[vii] Of these, 23 million or 72.3% were government subsidised, representing 11.2% of all government subsidised prescriptions. Practitioners writing these prescriptions included GPs 86.1%, psychiatrists 8.1%, and non-psychiatrist specialists 5.8%. From 2007 to 2013, prescribed mental health related medications increased at the rate of 3% per year.

Given that the population of Australia is 23.25 million[viii], the figures indicate that the total number of prescriptions written in any one year exceeds the total population by almost ten million, and is rising. It seems that we are a mentally sick nation and getting progressively worse, not better. Even members of the medical profession have expressed concern at these facts.

For example, concern at the increasing use in Australia of anti-depressant medications was expressed in a recent ABC radio interview[ix]. Reporting on the morning current affairs program 'AM' on the 22nd November 2013, journalist Tony Eastley stated that of the 33 OECD nations (Organisation for Economic Co-operation and Development), Australia is the 'second highest prescriber of anti-depressant medications,[x]' topped only by Iceland. Use of anti-depressant medications has doubled over the last ten years. Whereas ten years ago, 4.5% of Australians were using anti-depressants daily, the figure has risen to 8.9%. Two leading advocates of mental health were invited to comment on these figures.

When questioned, Professor Philip Mitchell, Head of School of Psychiatry, University of New South Wales, indicated that overprescribing might be occurring. He said that GPs feel they need to do something for their patients within the limited consultation time frame. The allotted consultation time of ten minutes is clearly insufficient to discuss mental health issues. While recognising the pressure that doctors are under, Professor Mitchell suggests that the option of the prescribing medication happens all to readily. A better option, he claims, would be for patients to talk to their doctors. How this could happen under the present system, he does not elaborate.

Also interviewed was well-known mental health advocate, Patrick McGorry, who also expressed concern at the escalating use of mental health medications.

He wondered why, given that patients have increased access to funding for psychology consultations. When quizzed, he admitted that the recent decrease in the number of available funded sessions from 18 to 10 may have had an influence, as well as the limited time allowed for GP consultations. He agreed that taking a pill could be an 'easy option'. The interview noted that both experts claimed the Australian mental health system seriously needs a review.

In summary, the escalating use of mental health medications indicates possible overprescribing, due to doctors' lack of time to talk through patients' problems.

Harmful Side Effects

Mental health medications can also have harmful side effects. Psychiatrist Dr Peter Breggin (New York) is a recognised medical expert and consultant in the effects of mental health medications. Dr Breggin has acted as a medical expert in court cases concerning the harmful effects of these medications. He advocates a more 'empathic approach' to mental health problems, as these drugs have been implicated in cases of suicide, violence, brain injury and death.[xi] When you think about it, mental health drugs affect the brain. The step to take them should not be taken lightly. The brain is a delicate instrument, and the most important part of our anatomy when it comes to managing life, making good decisions and living well. So we do not mess with it unless we really have to. It does not make good sense to medicate the brain as a first option to manage mental difficulties when other methods are available.

There are currently large numbers of people in the population 'hooked' on antidepressant medications. It is likely there are one or more persons in the circle of most people's acquaintances in this situation. Probably someone you know is one of them, but you might never be aware of this.

I personally know at least 2 people who were prescribed antidepressant medications over 20 years ago to deal with life-issues when counselling would have been a better option – they now realise. But their efforts to stop taking the medication create such severe anxiety that they are now resigned to taking it for the rest of their lives. I have had this story repeated to me numerous times by friends and clients. Side effects, such as constipation, add to the burden of most people taking these medications, often requiring the regular use of further medications to manage.

In summary, mental health medications affect the brain. They have side effects, which can cause serious problems, such as brain injury, violence and death. Withdrawal from these medications is problematic, and sometimes, virtually impossible.

Interim Summary

To conclude my case against the routine practice of prescribing medication to deal with psychological and emotional difficulties, I bring together my previous summaries:

- The number of so-called 'mental disorders' listed in the DSM open to the prescription of medication, rather than other management strategies, is increasing.
- There is an escalation in the use of medication in Australia to deal with mental health issues.
- Many of these medications have undesirable and sometimes tragic side-effects. In worst-case scenarios, they can be a life sentence.

In view of these disturbing conclusions, I suggest that we should be open to considering alternative ways of thinking about mental illness and importantly, alternative ways of dealing with it. To support this view, I suggest that Philosophy has much to offer the treatment of many mental health conditions, both serious and non-serious. In the remainder of my talk, I will outline the role I believe that Philosophy could play.

Philosophy and Philosophical Counselling

The art of counselling can be understood as a cooperative process between a qualified counsellor and a client, aimed at healing. Counsellors explore with clients problems such as anxiety, depression, grief and stress. These problems have three aspects: feelings, thoughts, and actions. Effective healing requires an integrated approach to managing all three. Hence, counsellors discuss, teach and recommend activities. They assist clients to manage their problems and maintain ongoing psychological health. Importantly, they leave clients with strategies to not only manage their current problems, but also with the ability to apply their skills to managing future ones.

Effective healing requires two things - having the right information (if you don't know what is happening, how do you know what to do?), and determining how to best respond to that information. Because of its thoroughness and scope, Philosophy ideally meets both these requirements.

If this sounds odd, we should remind ourselves that was from Philosophy that counselling, psychology and psychiatry originated. Early Philosophy, whether from ancient Greece, China or Asia, was concerned with the art of living. Throughout its development, Philosophy has explored the problems of life, the human condition, change, grief, love, death and more. Philosophy showed you that life was, by its very nature, changeable, unpredictable, and sometimes chaotic. Martha Nussbaum captures the role of Philosophy elegantly:

> 'The Hellenistic philosophical schools in Greece and Rome – Epicureans, Skeptics, and Stoics – all conceived of Philosophy as a way of addressing the most painful problems of human life. They saw the philosopher as a compassionate physician whose arts could heal many pervasive types of human suffering. They practiced Philosophy not as a detached intellectual technique dedicated to the display of cleverness but as an immersed and worldly art of grappling with human misery. They focused their attention, in consequence, on issues of daily and urgent human significance – the fear of death, love and sexuality, anger and aggression-issues that are sometimes avoided and embarrassingly messy and personal…' [xii]

In spite of scientific and technological developments, Philosophy still has much to offer the distressed sufferer today. Philosophy shows you how to think well, examine assumptions, appreciate different perspectives, formulate better scenarios, make decisions, plan the future, and change what is to what could be. In counselling, Philosophy helps clients explore the source of their dilemma, so they are better able to handle it. Guided by their Philosophical Counsellor, clients learn to see different ways of looking at their problems. They are prompted to consider possible courses of action and their likely consequences. When people are distressed, their capacity for sound decision-making is impaired. Talking through options with their Philosophical Counsellor helps clients to see what they would otherwise miss. Important for counselling clients, Philosophy helps you understand the past and put it into perspective. You better understand how and why we don't all view the same event in the same way. You more aware of what changes you can make and how to do this.

For example, you're having an emotional crisis after a tragedy. It may be the death of someone close, the loss of a friendship, or the end of a love relationship. Or you may have lots of jumbled thoughts and be confused about what is real and what is not. You feel distressed and are suffering emotional pain. You could take medication for a (so-called) 'quick fix.' Or you could talk things through with your Philosophical Counsellor.

She will help you to see first of all, just what the problem is. You will talk about what happened and express your feelings and thoughts. You might talk about what reality means to you and how you fit into the grand scheme of things. You discuss different perspectives, evidence, hope and the capacity for change. Talking it over relieves the pressure and you feel better.

Remember this was what the experts in the interview I mentioned earlier recommended, but admitted that doctors do not have the time to do this. Your Philosophical Counsellor has the time that the doctors do not have. She has the ability to ask the right questions. She can reflect back to you what has occurred in such a way that you gain insight into why you are distressed, and how looking at things differently can relieve your suffering.

Philosophy will bring home to you more clearly the power you have to re-create life on your own terms. Ingrained habits of reactivity can obscure from us our capacity for free will.

Does your doctor have the time to discuss free will with you? Will your medication reveal to you your own innate capacity to heal yourself and create the life that you want? This is what Philosophy offers. Through Philosophy, you will be empowered to take charge of your life.

To summarise my case:

The rising number of diagnosable mental disorders indicates that many previously 'normal' conditions are now regarded as mental disorders by the mental health profession. In addition, the escalating use of mental health medications suggests that over-prescribing is occurring. Many medications have undesirable and tragic side effects. Cumulatively, these facts caution, if not impel us to stop and take stock. As we do so, I urge that we consider that Philosophy could play a role as an effective intervention. Philosophy has much to offer, in that it helps people to think through, understand, reflect on and make sense of their difficulties. It empowers people to take charge of and manage their problems by examining their assumptions, changing perspectives and forming new, more effective and realistic beliefs. Furthermore, 'doing Philosophy' promotes resilience by developing the skills needed to manage future difficulties and the unexpected vicissitudes of life.

I therefore conclude that, in spite of the availability of so many psychopharmaceutical treatments available today, Philosophy, when used by trained, qualified Philosophical Counsellors, has a vital role to play in the management of mental health issues, and therefore, should be considered and encouraged by the mental health Profession as a viable treatment option.

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Endnotes

[i] http://wordnetweb.princeton.edu/perl/webwn?s=mental health

[ii] http://www.dhhs.tas.gov.au/__data/assets/pdf_file/0003/38442/what_is_mental_illness.pdf

[iii] Quick Reference to the Diagnostic Criteria from DSM-1V-TR.

[iv] http://answers.yahoo.com/question/index?qid=20131114084954AAvTAsl

[v] http://www.psychologytoday.com/blog/dsm5-in-distress/201212/dsm-5-is-guide-not-bible-ignore-its-ten-worst-changes

[vi] Counselling Australia, 13.1 Autumn 2013, page 15.

[vii] http://mhsa.aihw.gov.au/resources/prescriptions/

[viii]http://www.abs.gov.au/ausstats/abs%40.nsf/94713ad445ff1425ca25682000192af2/1647509ef7e25faaca2568a900154b63?OpenDocument

[ix] http://www.abc.net.au/am/content/2013/s3896630.htm

[x] http://www.abc.net.au/am/content/2013/s3896630.htm

[xi] http://www.breggin.com/

[xii] Nussbaum, 1994, p 3.

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