

PEOPLE ARE MORE IMPORTANT THAN PILLS IN RECOVERY FROM MENTAL DISORDER



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Summary

Long-term research has shown that many people diagnosed with schizophrenia fully recover. Helping relationships, including psychotherapy, play a much more important role than medications in recovery. This vital information, which could bring hope to countless millions, is routinely suppressed by the pharmaceutical industry. The industry's control of psychiatric research, publications, and training has insured the dominance of the unfounded assertion that all mental illnesses are due to biological brain disorder. Instead, research conducted at the National Empowerment Center (NEC) has emphasized the importance of hope, self-determination, and assistance from people who believe in you. Recovery is facilitated by helping relationships based on trust, understanding, and safety. NEC has developed a new training program, Personal Assistance in Community Existence (PACE), which is based on these principles. PACE is designed to shift the culture of mental health care from an overreliance on pills. People, not pills, are crucial to recovery.

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I have recovered from schizophrenia. If that statement surprises you, it's likely you think schizophrenia is a lifelong brain disease from which people never fully recover. You have been misled by a

cultural misapprehension that needlessly imprisons millions in the label of “mental illness.”

Our culture has been misinformed by the pharmaceutical industry that has a strong stake in convincing society that people labeled with “mental illness” need to take medications for the rest of their lives. That same industry has convinced policy makers that psychotherapy need not be funded.

Despite recent definitive research by Dr. Bertram Karon (Karon & VandenBos, 1981) and others showing the positive effects of psychotherapy for people with schizophrenia, psychiatric trainees are still told, “You can’t talk to a disease.” This is why psychiatrists spend more time prescribing medications than getting to know the person taking them.

In the past 20 years, the pharmaceutical industry has become the major cultural force behind the belief that mental illness is a brain disorder. This belief increases their drug sales. When people believe mental illness is biological, they will only treat it with a pill. These companies have virtually bought the psychiatric profession. Their profits fund the research, the journals, and the departments of psychiatry. Not surprisingly, these researchers have concluded that medication alone is best for the treatment of mental disorders. Little money is available to research how people fully recover.

Recently I was reminded of how tightly psychiatric training is controlled. I contacted a colleague on the faculty of a major medical school who had shown that people could recover from schizophrenia through psychotherapy without medication. I asked if he could get me an invitation to conduct one of their teaching rounds. He apologetically told me that because of his critique of the biological model of mental illness, even he was not allowed to speak to the residents in training.

The pharmaceutical companies equally control the public’s education. Who can avoid the image on TV of the phobic man who needs Paxil to socialize? In turn, those advertisers color the editorial policies of media. Finally, the drug companies have manipulated well-intentioned advocacy groups into supporting their biological model in return for much-needed financial support.

The belief in the permanence of schizophrenia is so deep-seated that people who hear I recovered and became a psychiatrist say that I must have been misdiagnosed. A board of six Navy psychiatrists, however, confirmed my diagnosis after my 4-month inpatient stay at Bethesda Naval Hospital. I felt devastated when I was

handed my discharge papers with schizophrenia branded on them. My life seemed over. During the next 6 years, I defied their predictions and recovered.

The most important elements in my recovery were a therapist who believed in me, the support of my family, steadfast friends, and meaningful work. My therapist responded to my dream of becoming a psychiatrist by saying, "I will go to your graduation." I felt confirmed. Once again I could dream and have a life. Several years later he came to my graduation from George Washington University Medical School.

Medication was a tool that I used during crises, but I have been off medication for 25 years. Prior to my diagnosis with schizophrenia, I, too, believed in the biological model of mental illness. I used my Ph.D. in biochemistry to do research and write papers on neurotransmitters at NIMH. My personal experience with mental illness, however, has taught me that our feelings and dreams cannot be analyzed under a microscope.

I am not an anomaly. Thousands of others have recovered but are afraid to disclose due to the stigma of mental illness. These people occasionally come to public attention when they achieve celebrity status, such as Dr. John Nash, who earned a Nobel Prize. In addition, long-term studies by Courtenay Harding (1987) in Vermont showed that 34% of 269 persons diagnosed with schizophrenia who had averaged 5 years of inpatient care showed complete recovery with no further need of medication. Another 34% were able to live independently in the community with minimal symptoms.

Manfred Bleuler (1978), whose father Eugene coined the term "schizophrenia" in 1908, obtained similar results. His father had mistakenly concluded that people did not recover from schizophrenia because he rarely saw his patients after discharge.

Our own recovery research at the National Empowerment Center (NEC), funded by the Center for Mental Health Services, has shown that patients' recovery is facilitated by people who believe in them, who give them hope, who can be trusted by them, who make them feel safe, and who understand their feelings. Medications were cited as a less important factor.

Those of us who have been through mental illness most wanted someone who could fearlessly reach out a helping hand across the chasm of chaos. We wanted to know that we could dream again. Schizophrenia is more often due to a loss of dreams than a loss of dopamine.

At the NEC, we have used our research and personal experience to develop an approach to helping people recover that we call Personal Assistance in Community Existence (PACE) (Ahern & Fisher, 2001). Our approach is to nurture the people who can reach out across the chasm of chaos. Many will be people who have themselves recovered, so they can engender hope from their firsthand experience. This will require a large-scale *un*training and retraining of mental health workers, decision makers, families, and the public to understand that every interaction with a person in severe emotional distress can assist in their recovery.

We need to conduct more research into the ways that people recover. We need more jobs, housing, peer support, and self-help because these are the pathways for people to lead lives of self-determination and independence. Our culture needs to make a shift to people rather than pills for human suffering. We who have been labeled with “mental illness” are forming an advocacy movement and are joining people with other disabilities to have a voice in society. For further information, contact us at 1-800-POWER2U or via the Internet at www.power2u.org.

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