

ADBUSTERS



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POST NORMAL

I'm Bipolar, You're Bipolar

Your mental illness is their financial gain.

29 comments

Mikkel Borch-Jacobsen, 02 Mar 2011

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bipolar disorder depression mental health prescription drugs



Jim Hogshire (Feral House 1999).



Audio version read by George Atherton – [Right-click to download](#)

Early in the morning of December 13, 2006, police officers from the small town of Hull, MA, near Boston, arrived at the home of Michael and Carolyn Riley in response to an emergency call. Their four-year-old daughter, Rebecca, had been diagnosed with bipolar disorder two years earlier. When the officers reached the house, they found Rebecca sprawled out on the floor next to her teddy bear. She had died from an overdose of the medication cocktail prescribed to her by her psychiatrist, Dr. Kayoko Kifuji. At the time of her death, Rebecca was taking Seroquel®, a powerful antipsychotic drug, Depakote®, a no less powerful anticonvulsant and mood-stabilizing drug, and clonidine, a hypotensive drug used as a sedative.

Rebecca's parents were charged with first-degree murder, but her doctor's role must also be questioned. How could she have prescribed psychotropic medications normally intended for adults suffering from psychotic mania to a two-year-old? Yet the medical center where Rebecca had been treated issued a statement describing Dr. Kifuji's treatment as "appropriate and within responsible professional standards." In an interview with the *Boston Globe*, Dr. Janet Wozniak, director of the Pediatric Bipolar Program at Massachusetts General Hospital, went even further: "We support early diagnosis and treatment because the symptoms of [bipolar] disorder are extremely debilitating and impairing. [...] It's incumbent on us as a field to understand more which preschoolers need to be identified and treated in an aggressive way." On July 1, 2009, a Plymouth County Grand Jury dropped all criminal charges against Dr. Kifuji.

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Adbusters #91: The Revolution Issue



Blackspot V2

An experiment in grassroots capitalism.

How did we come to this? As the psychiatrist and historian David Healy points out in his latest book, *Mania: A Short History of Bipolar Disorder* (Johns Hopkins University Press, 2008), very few people had heard of bipolar disorder before 1980, when it was introduced in the DSM-III – the diagnostic manual of the American Psychiatric Association – and it was only in 1996 that a group of doctors from Massachusetts General Hospital, led by Joseph Biederman and Janet Wozniak, first proposed that some children diagnosed with attention-deficit/hyperactivity disorder (ADHD) might in fact suffer from bipolar disorder. But whoever googles “bipolar disorder” today is likely to learn that the illness has always been with us. It’s just a new name, we are told, for what used to be called manic depression, a severe mood disorder characterized by oscillations between states of manic hyperactivity and deep depression.

Healy has no trouble demonstrating that this is a retrospective illusion. “Manic-depressive insanity” (a term coined in 1899 by Emil Kraepelin) was a relatively rare illness – ten cases per one million people each year, Healy claims, or 0.001 percent of the general population. By contrast, the prevalence of bipolar disorder is supposed to be much higher. In 1994, the US National Comorbidity survey estimated that 1.3 percent of the American population suffered from bipolar disorder. Four years later, the psychiatrist Jules Angst upped the figure to 5 percent: 5,000 times higher than the figure suggested by Healy. Are we really talking about the same thing? Or did the name create a new thing?



Healy favors the second hypothesis. The term bipolar disorder, he explains, was simultaneously introduced in 1966 by Jules Angst and Carlo Perris, who proposed cleanly separating unipolar depressions from bipolar disorders (they were contradicting Kraepelin, who believed that both sets of disorders were presentations of one and the same manic-depressive illness). While their conceptual move has been hailed as a breakthrough, it is hard to understand what the point is – it muddles the diagnosis instead of clarifying it. In practice, how are we to distinguish a unipolar depression from a bipolar disorder in a patient who has yet to experience a manic episode? Nonetheless, instead of seeing this incoherence as a reason for rejecting the new paradigm, psychiatrists have since done their utmost to patch it up with all sorts of ad hoc innovations.

First a distinction was made between “bipolar disorder I,” which applied to patients hospitalized for both depressive and manic episodes, and a brand new “bipolar disorder II,” which referred to patients hospitalized solely for a depressive episode. In other words, any person hospitalized for depression could now be diagnosed as bipolar. Then the reference to hospitalization was dropped for bipolar disorder II, which meant it could now include less severe forms of depression and hyperactivity, as well as all sorts of neurotic disorders that Kraepelin would never have dreamed of calling manic-depressive insanity. One now speaks of a “bipolar spectrum,” which includes, along with bipolar disorders I and II, cyclothymia (a mild form of bipolar II) and bipolar disorder “not otherwise specified” (an all-purpose category in which practically any affective instability can be placed) – to which some add bipolar disorders II ½, III, III ½, IV, V, VI, and even a very accommodating “subthreshold bipolar disorder.”

The category has expanded so much that it would be difficult to find anyone who couldn’t be described as “bipolar,” especially now that the diagnosis is liberally applied to all ages. Conventional wisdom once had it that manic depression burns out with age, but geriatric bipolar disorder is now the talk of psychiatric congresses. Elderly people who are depressed or agitated find themselves being diagnosed with bipolar disorder for the first time in their lives and are prescribed antipsychotics or anticonvulsants that have the potential to drastically shorten their life expectancy: according to David Graham, an expert from the US Food and Drug Administration (FDA), these psychotropic medications are responsible for the deaths of some 15,000 elderly people each year in the United States. Likewise, it has been assumed since the work of Biederman and Wozniak that bipolar disorder can strike in early childhood and not just with the onset of adolescence. As a result, the prevalence of pediatric bipolar

disorder multiplied by a factor of 40 between 1994 and 2002.

How, then, did we come to apply such a serious diagnosis to vaguely depressed or irritable adults, to unruly children and to nursing home residents? Is it simply that psychiatric science has progressed and now allows us to better detect an illness that had previously been ignored or misunderstood? Healy has another, more cynical explanation: The never-ending expansion of the category of bipolar disorder benefits large pharmaceutical companies eager to sell medications marketed with the disorder in mind. Psychiatric research doesn't evolve in a vacuum. Behind the psychiatrists' constant redrawing of the map of mental illnesses in a sincere effort at better understanding, there are enormous financial and industrial interests that steer research in one direction rather than another. For researchers, mental illnesses are realities whose contours they attempt to define; for pharmaceutical companies, they are markets that can, thanks to marketing and branding techniques, be redefined, segmented and extended in order to make them ever more lucrative. The uncertainties of the psychiatric field present in this respect a magnificent commercial opportunity, since illnesses can always be tailored to better sell a particular molecule under a particular patent.



In the case of bipolar disorder, this conceptual gerrymandering has involved stretching and diluting the definition of what used to be called manic-depressive illness so that it might include depression and other mood disorders, thus creating a market for “atypical” antipsychotic medications such as Lilly's Zyprexa®, AstraZeneca's Seroquel® or Janssen's Risperdal®. Even though these medications were initially approved only for the treatment of schizophrenia and acute manic states, they were marketed for the treatment of bipolar disorder and by extension mood disorders in general. The same was done to anticonvulsant medications, which are strong sedatives prescribed for epileptic attacks. In 1995 Abbott Laboratories succeeded in obtaining a license to offer its anticonvulsant drug Depakote® for the treatment of mania. Depakote®, however, was marketed not as an anticonvulsant but as a “mood stabilizer” – a term without any clinical meaning that is misleading insofar as it suggests a preventive action against bipolar disorder that has never been established in any study.

In the wake of this brilliant terminological innovation, other anticonvulsants such as Warner Lambert/Parke Davis's Neurontin® were aggressively marketed for mood disorders when they hadn't been approved even for manic states. But what did it matter, since the meteoric success of the concept of “mood stabilization” made this step useless? The suggestion to doctors was that they prescribe anticonvulsants or atypical antipsychotics to “stabilize” the moods of depressive patients who had never before displayed any manic hyperactivity, the idea being that these people had been misdiagnosed as suffering from unipolar depression while in fact being bipolar. Anyone who knows how lucrative the market was for selective serotonin reuptake inhibitor (SSRI) antidepressants such as Prozac® or Paxil® in the 1990s will immediately see the point of the exercise. While most SSRIs are now off patent, the market for atypical antipsychotics is currently worth \$18 billion – twice as much as that of antidepressants in 2001.

It is easy to see that the redefinition of manic depression into the much wider concept of mood disorders neatly mirrors the marketing of anticonvulsants and atypical antipsychotics as mood stabilizers. The question, of course, is whether the pharmaceutical industry's marketers actually created bipolar disorder or merely exploited tentative psychiatric research. Strictly speaking, we must grant it was opportunism: The research of Angst and Perris on bipolar disorder dates from 1966, well before the development of atypical antipsychotics and “mood stabilizers.” But the reality of the contemporary medical-industrial complex is that their hypothesis would not have survived, let alone prospered, had it not been “recruited” at a particular moment by the pharmaceutical industry and thrust forcefully on the public with the help of the most sophisticated marketing and advertising techniques.

This is what Healy calls the “manufacture of consensus”: By subsidizing one research program instead of another, one conference or symposium, one journal, one publication, one learned society and so on, the pharmaceutical industry doesn't just make precious allies among the “key opinion leaders” of the medical establishment, it also gains a very efficient means of steering the academic discussion toward the illnesses that interest it at any given moment. Healy provides a detailed description of how bipolar disorder was launched at the end of the 1990s, from the avalanche of publications ghostwritten by specialized PR agencies to the sponsoring of bipolar patient advocacy groups and the creation of websites where people could fill out “mood assessment questionnaires” that inevitably dispatched them to the nearest doctor. Following this marketing blitz, no one could ignore bipolar disorder any longer. As a Practical Guide to Medical Education intended for industry marketers explains, “It is essentially like setting a snowball rolling down a hill. It starts with a small core of support: maybe a few abstracts presented at meetings, articles in key journals, focuses for discussion amongst ‘leading experts’ [...] and by the time it reaches the bottom of the hill the noise should be coming from all sides and sources.” Pharmaceutical companies today launch diseases in the way fashion companies launch a new brand of jeans: creating needs that align with industrial strategies and the duration of patents.



The techniques Healy describes are the same as those used by the pharmaceutical industry to sell, or oversell, conditions as diverse as depression, osteoporosis, hypertension, social phobia, metabolic syndrome, high cholesterol, attention-deficit/hyperactivity disorder, fibromyalgia, premenstrual dysphoric disorder, panic attacks, restless leg syndrome and so forth. In each case the existence and risks of one condition or another are amplified in order to better persuade us to swallow chemical products that may be either useless or, often, potentially toxic.

In the case of bipolar disorder, the medications on offer come with significant risks. Anticonvulsants are liable to cause kidney failure, obesity, diabetes and polycystic ovary syndrome, and they are among the most teratogenic drugs. Atypical antipsychotics, once reputed to be less toxic than first-generation “typical” antipsychotics, are now known to have very serious side effects: significant weight gain, diabetes, pancreatitis, stroke, heart disease and tardive dyskinesia (a condition involving incapacitating involuntary movements of the mouth, lips and tongue). They can, in some circumstances, cause neuroleptic malignant syndrome, a life-threatening neurological disorder, and akathisia, whose sufferers experience extreme internal restlessness and suicidal thoughts. Prescribing such toxic medications to patients suffering acute mania may be unavoidable, but as a prophylactic to be given to depressed pensioners and hyperactive kids?

A series of prominent lawsuits has been brought over the past few years in the United States against the manufacturers of anticonvulsants and atypical antipsychotics for having hidden their side effects and for having marketed them “off label” to patient populations not approved by the FDA. The sums paid out in fines or settlements by the companies involved are staggering (a total of \$2.6 billion for the illegal marketing of Zyprexa® by Lilly, for example), and they give an idea of how disastrous the effects of the medications actually have been. In a related development, Dr. Joseph Biederman, director of the Johnson & Johnson Center for Pediatric Psychopathology Research at Massachusetts General Hospital and the main academic advocate of pediatric bipolar disorder, has been subpoenaed in a federal investigation to account for the \$1.6 million he received between 2000 and 2007 from Johnson & Johnson and other pharmaceutical companies likely to benefit directly from his research.

But the marketing of bipolar disorder itself has not been put on trial, and probably never will be. This is the perfect crime. Bipolar disorder I, II, III, etc., remain on the books and doctors continue to exercise their freedom of judgment in prescribing Zyprexa® and Seroquel® off label to their “bipolar” patients. An extended release version of Seroquel®, Seroquel XR®, was approved in December 2009 by the FDA for the treatment of depression. As for sales of

Zyprexa®, they are up 2 percent compared to 2007, when the medication generated \$4.8 billion in sales.

Who remembers Rebecca Riley now?

Mikkel Borch-Jacobsen teaches comparative literature at the University of Washington. His latest book is *Making Minds and Madness: From Hysteria to Depression* (Cambridge University Press). A longer version of this article was published on October 7, 2010 in the *London Review of Books*.

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Adbusters #94 MAR/APR 2011

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I am a practicing

by AndrewBall on March 08 2011, @01:53 am

I am a practicing psychiatrist and I agree with this article wholeheartedly. Bipolar disorder is over-diagnosed and driven by pharmaceutical industry profits. In 2008 atypical anti-psychotics led all drug classes in total sales- 14.6 billion dollars. The diagnosis of bipolar disorder continues to be stretched to include more people. I feel like I spend half of my working time trying to explain to patients what bipolar disorder is, as I dissuade them from thinking they have the disorder. That being said, when you see the real thing, you know the difference. For the 1% of the population that has bipolar disorder good medical treatment is very helpful. Remember this is approximately the same percentage of people who have schizophrenia. Both diagnoses are rare. If someone is able to manage their illness on little or no medication, more power to them. The pharmaceutical industry has one motive only-profit.

Sometimes anecdotal evidence

by Anonymous on March 07 2011, @05:34 pm

Sometimes anecdotal evidence is the best evidence.

I remember earlier in my relationship with my husband, he would talk about hearing someone call his name from time to time, but he would turn around and no one was talking to him. I majored in psychology and heard of schizophrenia, but this didn't sound like him. I figured he was just stressed. Our relationship was on and off over the years, I was really sick of his instability. I couldn't figure out why he would be so loving one minute and a total asshole the next...it was a 180, and it freaked me out. We split without the intention of getting back together, and that's when he was diagnosed with type 2 bipolar disorder (the depressions supposedly aren't as low, and the mania isn't as high). I also found out bipolar disorder is related to schizophrenia, which would explain some of his other

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symptoms. He tried various treatments, and nothing worked well (or it "worked" too well). He's now untreated and has learned to recognize certain changes in how he feels physically and emotionally (precursors to the mood changes) and deals with these changes as they come. He still experiences some audio and visual hallucinations, but they aren't too disruptive to him.

I'm not trying to discount the research in this article. Drug companies are and have always been up to no good. Maybe I'm reading it wrong, but it seems to me this article is implying that bipolar disorder doesn't exist. Let's assume I have a headache, but the word "headache" hasn't been made up, so I have no label to give it. Does that mean I don't have a headache? Of course not. I have no doubts that numerous people are being "treated" for mental illnesses they don't even have. This doesn't mean these illnesses don't exist. There are plenty of *studies* that discuss a real biological basis for different mental disorders. It helps to look at these types of issues in less black and white terms...let's face it, the world isn't that simple.

I'm not Bi-Polar, I'm

by Charlie Sheen on March 07 2011, @05:31 pm

I'm not Bi-Polar, I'm Bi-Winning!!!

Thanks for the inspiration,

by Anonymous on March 07 2011, @04:19 pm

Thanks for the inspiration, time to make a few changes.

Smoke pot

by Anonymous on March 07 2011, @10:55 am

Smoke pot

Good job guys. Keep it up.

by Anonymous on March 06 2011, @05:43 am

Good job guys. Keep it up.

"The contemporary

by Anonymous on March 05 2011, @02:45 pm

"The contemporary medical-industrial complex"! That's great. Thanks for this article. But Healy's term "manufacture of consensus" sounds like a rip-off of Walter Lippmann's "manufacture of consent." It's essentially the same propaganda system.

The way I see it, we all have

by Anonymous on March 05 2011, @12:33 pm

The way I see it, we all have what can be called "mental illnesses", just in varying degrees. The human mind is far too complex to be 100% sane, there's gotta be some kinks in there. It's what makes human existence fascinating. As long as the insanity is at a tolerable level, both to society and to family/friends. Of course.

(My father is a manic depressive / bi-polar / part-time psychotic – call it what you want – and I know the trauma that having a psychotic family member can cause.)

But the curse of the diagnose – putting people into neat boxes – is that you rob people of what sanity they do have.

People who not so long ago were seen as "characters", are now often diagnosed, drugged and basically ousted from society.

There are many cases where it is a good thing to administer a diagnosis. But in the last few decades, the pharmaceutical industry has made sure no symptom can go undiagnosed, and the suffering caused by this unneeded administering of diagnoses is often far worse than the original symptoms they are pretending to treat.

It should be a huge scandal, but the stinking rich pharmaceutical industry has all the influence it needs to get what it wants.

On a more general level, I think the curse of the diagnoses is down to a Freud-like fear that can be found in mass society: a fear of our own selves, that drives us to want to control and, if possible, remove any signs of insanity.

But why don't we trust ourselves more?

I strongly believe that if we did trust ourselves more, and learned to live with insanity, many of the symptoms would go away and there wouldn't be a need for most diagnoses with their drug prescriptions!

What I find truly

by Anonymous on March 04 2011, @11:55 pm

What I find truly discouraging is that the medical community is willing to settle for whatever the drug companies provide to treat mental disorders instead of doing some real research into the affects of these drugs, both positive & negative. Much of the time, it's a matter of trading one set of issues for another, sometimes more serious than the original problem. My sister, son-in-law, & at least three close friends have all experienced seriously negative affects from being exposed to a multitude of drugs, sometimes cocktails of them, in an effort to find the magic mix that will do a bit of good. I myself have been treated for depression with at least 3 of these drugs. For me, they started out helpful, but over time, became problematic due to side affects & even amplify the emotional issues that people seek help for in the first place. The burning question is this. Why isn't anybody doing research to develop drugs that actually help without harming? Wouldn't that be even more profitable? Patients are being permanently damaged-some are dying. There HAS to be a better way. Improved MENTAL health care coverage with emphasis on verbal therapies instead of pharmaceuticals would also be highly beneficial. Why is the FDA approving this poison? Should we have another watchdog group to police the first one that doesn't do their job, or should we abolish the FDA & start over? Where there is money, corruption is soon to follow....and the innocent continue to suffer....

i have tried over 25 drugs to

by Anonymous on March 05 2011, @06:04 am

i have tried over 25 drugs to trdifferent eat bipolar one, anxiety, and depression, none of them had any positive effect whatsoever. I beleive what was diagnosed as mania was simply side effects from the meds. starting insomnia, either direct, or caused when sleeping for eighteen hours after taking certian drugs for the first time. ie. geodon. I was said to have some symptoms that showed manic episodes before the meds, but those symptoms would coincide with the lifestyle of any twenty year old with a social agenda. I feel i have wasted years of my life with the trial and error method of medicating the disorder. At one point in my life i spent the better part of a year in bed trying diffrent meds, for the recomended time. 4-6 weeks for most of them. I was incapable of working, actually lost my job in this process, almost went to jail for child support, and lost touch with any social agenda i might have had. I even lost touch with most freinds and family because they did not understand what was happening. I always told

the doctor it was making everything worse but he convinced myself and my family i couldnt survive without medication. I was irresponsible in my early twenties i struggled to pay bills and things like that, but i did support myself. at twenty seven i could not even hold a part time job because of side effects. I quit taking all of the bipolar and anxiety medication, i used prescription pain killers to handle the anxiety, which is not a good thing, but they release serotonin, which is known to be the cause of anxiety and depression. All of the medication i was prescribed, works based on an unknown effect. Thats right there is not any test or anything that can tell us what atypical antipsychotics do. I do not currently take any medication, and after a ten year battle with an imaginary illness, thousands of dollars later, 3 relationships later, 5 jobs later.....ive held a job for about 4 years, and make about 75,000 a year, and have anxiety when im anxious and get depressed when things dont go my way.Out of ten or more doctors that i seen during this time, never, even when my family or myself suggested it, did any of them consider that i wasnt bipolar, because of there ridiculous broad spectrum of diagnosis. Male, thirty two, living a great life, because i stopped using bipolar as an excuse, and allowing a doc to tell me its a reason.

Having worked in the Medical

by Anonymous on March 04 2011, @07:24 pm

Having worked in the Medical field for over 15 years, I have seen the rapid increase of people being diagnosed with Bipolar disease. I feel the drug companies are largely to blame. They are providing Family Practice Physicians and Internal Medicine physicians with endless supplies of "sample" medications used to treat Bipolar disease. These physicians give them to their patients who present with complaints of anxiety or depression, never having been evaluated by a Psychiatrist to see if they are truly Bipolar. While these physicians are knowledgeable and want the best for their patients, they can be easily convinced by the drug representatives to "try" it and see if it works. While these drugs can help some patients, I feel they do more harm than good when given to patients who are not truly Bipolar. Having lived with someone who has a bipolar disorder, I can tell you first hand these drugs do have their benefits, however, they also have many negative aspects and need to be monitored by a physician who is specifically trained in this disorder and the drugs to treat it. cb

amazing, but some of the

by friends of Aristotle on March 04 2011, @08:02 am

amazing, but some of the responses are worrisome in how the posters cite anecdotal experience to explain validation of mental disorders as a disease. I think that has to do with American academia reducing mental illness into a disease in the US for the sake of clinical psychology.. ultimately the base rejection of any of Freuds studies in the US, possibly co-opted by academia under the influence of the pharmaceutical industry.

Recent studies are providing evidence that mental disorders to be a condition of society rather a spontaneous disease of genetic origin within the individual. However if you ask anyone on streets of any us city many would make these talking points without any a priori knowledge of such studies.

The US has an extreme number of reported cases of mental illness in comparison to the rest of the world and yet few of its citizens have even asked if the environment that we live our lives has any affect on our mental health. People must question their own logic before coming to such plebeian conclusions. Of course such questions force each of us to challenge the very fabric of our societal structure

I would like to add that the

by Anonymous on March 03 2011, @10:57 pm

I would like to add that the parents of Rebecca Riley were not only charged with murder, but, convicted. How is this girl's death an indictment of her medication? If anything this article should be about her parents' mental illness.

I would like to know how the

by Anonymous on March 03 2011, @09:35 pm

I would like to know how the condition was diagnosed in the two year old.?? As a parent, I think I would rather live with the bi-polarism until the child was at least a teenager. I live with a intermittently psychotic person, and have every sympathy with the sufferers and there families. It is a very different many times more populated world, so comparing to the 1900's is not much use.

DR MUM

+1

by Anonymous on March 05 2011, @11:41 am

+1

me ex recitly od on seriquill

by Anonymous on March 03 2011, @06:47 pm

me ex recitly od on seriquill

Translation: My former

by Anonymous on March 04 2011, @01:27 pm

Translation: My former (boyfriend/girlfriend) recently overdosed on Seroquel.

Although an admirer of

by Anonymous2 on March 03 2011, @04:46 pm

Although an admirer of adbusters, I have to add this:

My father suffers from bipolar disorder. It is a very serious illness that can destroy the the social environment and the livelihood not only of the person concerned, but of an entire family.

I can tell you, if a family member of yours is in an acute manic phase, you wish nothing more than this person is administered with the necessary drugs. Even if it happens coersively.

Probably, one has to have to see with your own eyes how terrible and destructive this disease can be.

My father also has bipolar

by sschnarr1 on March 03 2011, @10:45 pm

My father also has bipolar disorder and I've lived with it for years. And yes, it has affected our entire family.

He's only recently been put on powerful "mood-stabilizing" drugs, and it has made things settle down a bit.

But I've seen him become emotionally distant and confused. He sometimes mumbles incoherent phrases and is becoming more withdrawn.

Honestly, I'm losing connection with him as my dad. I don't really recognize him anymore, and he seems to have lost the drive that he used to have and I respected him for.

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It's not that I want my old dad back, an explosive and threatening figure at times, but the new dad I have seems empty. His manic self was replaced with something unrecognizable.

I was also diagnosed with bipolar disorder at 18 years old. After two years of medication, I stopped and moved on to a new sort of life without any medication.

I believe that cognitive behavioral therapy has helped me in my life, especially when I had the right therapist, and I wish that this would work for my father as well.

From what I've experienced and what I've seen, mood altering drugs are much more harmful and unnecessary than they are helpful.

I agree as I have been

by Anonymous on March 03 2011, @08:58 pm

I agree as I have been married to a rapid cycling Bipolar I person for 20 yrs and she is doing much better thanks to medication although she had to try quite a few before something worked and didn't cause a lot of side effects. She also has a therapist. She was very difficult to live with because she was either suicidal or manic sometimes in the same day. When she was manic she would come up with these ideas to move somewhere else but was never happy wherever she went. Also she made bad financial decisions and had to declare bankruptcy. If it wasn't for meds we would be divorced and she would more than likely be homeless.

Great and important article.

by Anonymous on March 03 2011, @02:56 pm

Great and important article. These drugs should not be taken by someone not characterized in the strictest sense as bi-polar. I know, I have taken Seroquel, but I'm, luckily, off it now.

love the image

by Anonymous on March 03 2011, @02:06 pm

love the image

I believe that a large part

by Anonymous on March 03 2011, @01:27 pm

I believe that a large part the concern is that the focus on "treatments" rather than "cures" is largely profit-oriented. There hasn't been a disease "cured" in over 50 years. That is because treatments are far more profitable than cures.

Big Pharma scares me, but I

by Anonymous on March 03 2011, @07:49 am

Big Pharma scares me, but I can't argue with results. I think we overmedicate in America, but I can't argue with results. I've tried going without the medications I'm taking for bipolar and ADD, experimented for years with diet and exercise and complementary medicine. Nothing but the meds allow me to function well.

You are a douchebag. Try

by Anonymous on March 03 2011, @03:28 am

You are a douchebag. Try living with bipolar disorder for a decade and then write this article. This is high school grade research backing up undergrad grade writing. Good luck.

Try being misdiagnosed and

by Anonymous on March 08 2011, @01:33 pm

Try being misdiagnosed and fed loads of medications which almost ruin your life.

Though there is a strong

by Anonymous on March 03 2011, @04:16 am

Though there is a strong point to be made about the over prescription of these drugs to fringe depressive individuals. The author fails to communicate how serious sufferers of bipolar disorder benefit from these drugs, when used properly.

Do some more research. Get the facts straight. Represent both sides of the story. Be a journalist.

Seriously? Adbusters had no

by Anonymous on March 03 2011, @02:09 pm

Seriously? Adbusters had no interest in "both sides of the story" or any objective journalism worthy of the name.

It's only interest is in promoting a radical agenda and a childish world view that will never benefit anyone if is it ever attempted.

Both sides of the story: I'm

by Anonymous on March 04 2011, @01:35 pm

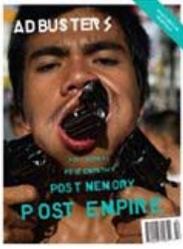
Both sides of the story:

I'm pretty sure you're going to hear the other side of the story over and over and over again within society. Big Pharma spends billions of dollars every year telling you the other side of the story (you probably have a mental illness which could be treated with our psychotropic drugs).

Adbusters (and similar small organizations) exist to shed light on the other side of the story. Do you think Pfizer is going to mention this side of the story in their billion dollar propaganda?

You are making a very foolish demand/criticism.

our humanity has become DISLOCATED



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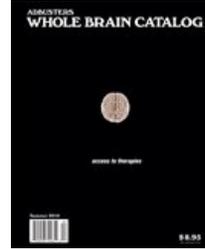
#93 Jan/Feb 2011
The Big Ideas of 2011



#92 Nov/Dec 2010
The Carnavalesque Rebellion Issue



#91 SEPT/OCT 2010
The Revolution Issue



#90 JULY/AUGUST 2010
Whole Brain Catalog



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