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Charles Barber Recovered From Illness By Human Connection

The Path To Mental Health

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When you ask someone who has recovered from mental illness how they did it, medication may have been important, but often they'll talk most about a connection with other people and the discovery of a reason to get well, says Charles Barber.

The East Haddam resident, whose book "Comfortably Numb: How Psychiatry Is Medicating a Nation" (Pantheon, \$26), has just been published, has seen this professionally when working with people with severe mental illness, and also in his personal life.

As a young adult, Barber dropped out of Harvard University when he was battling obsessive thoughts and eventually found his way into therapy. He was also helped by medication, but it was his work with people with intellectual disabilities and later the homeless mentally ill that gave him purpose and a reason to get well.

"The book is derived largely from my experiences with working with people with serious mental illness in Manhattan, but it is informed by my personal experience," said Barber.

Barber grew up in Middletown and works there at the Connection, a nonprofit agency that offers human-services programs, and is a lecturer in psychiatry at Yale University School of Medicine. The title essay from his first book, "Songs From the Black Chair: A Memoir of Mental Interiors," won the Pushcart Prize in 2006.

His new book, which reflects extensive research as well as his professional experience, describes the overuse of medication for mental and emotional ailments and the lack of knowledge about non-pharmaceutical approaches.

Q: You write about a huge change that you saw in attitudes toward mental illness from the late '80s and early '90s to the present. .. when you would talk about your work.

A:

People thought it was a really noble venture, they thought it was very admirable, but they would wonder: Why was I doing this? They didn't understand what the problems were for these people.

Then 10 years later, it was not uncommon to go to a cocktail party and someone would tell me they were taking the same drugs that my severely mentally ill clients were taking ... They were asking my advice. They knew what bipolar was and what a borderline personality disorder was — things that were completely out of the mainstream before.

They had a much more enlightened view of mental illness — that it was not just poor character that was making these people ill, that it was biologically driven.

Q: That sounds like a positive development.

A: But there was also a simple-mindedness to it. They were overlooking a lot of the psychosocial approaches. .. Also there was a sort of blending or merging — a lack of distinction between the really severe conditions of the people I worked with vs. far lesser or what can be called "subsyndromal" conditions.

In our culture now, especially in January, February, everyone says they are depressed or bummed out. People are not shy about talking about the meds they are on.

But when I work with people with really severe depression, there is no comparison with being bummed out, having the blues. Severe clinical depression is a horrific illness.

Somehow (severe) clinical depression has gotten kind of confused with these lesser conditions or no conditions at all — just sort of life problems, but the meds get prescribed not only for severe illness, but for what I argue in the book are life problems and appropriate emotions.

Q: And I think this ties in to what you said about Americans feeling entitled to happiness.

A:

I would argue that there is this sense of entitlement: that we are entitled to happiness and that we should be happy and must be happy. Ironically, this leads to more unhappiness because we can't be happy all the time. This awareness about happiness — asking the question: am I happy? — is quite a recent phenomenon.

In the past, people were far too busy fighting wars, getting out of the (Great) Depression. ..During World War II, 20 percent of people still didn't have running water. Medicaid and Medicare didn't exist. There wasn't much to be entitled to. Now we feel we are entitled to a lot of things, including our emotions, but the more we talk and try to be happy, the less happy you will be.

Q: In your book, you say that 2.6 percent of Americans are severely mentally ill, while 11 percent of American women are taking anti-depressants. Are there people who are not severely ill but might still benefit from medication?

A:

Psychiatric conditions occur along a continuum and to some degree, it can be a very artificial continuum. There's no test and probably never will be a "biomarker" test for if you have depression or you don't. I'm arguing against the indiscriminate use of medication without looking at the alternatives before going to medicines.

Really, we should be looking at not fancy solutions, but diet, exercise, cognitive behavioral therapy . ..before we

look at medication.

I really do agree with the recommendations of the British (National Institute for Health and Clinical Excellence) for the treatment of mild to moderate depression.

[They suggest trying exercise, brief counseling, problem-solving therapy and other alternatives before going to antidepressants.]

Q:Do you think the high number of people diagnosed with depression is related to the availability of medication?

A:

Illnesses to a large degree follow the drugs available to treat them. In the '60s and '70s, the most popular drug in the world was Valium. It was an effective medication for anxiety. ...The diagnosis du jour was anxiety.

When Prozac was introduced in 1988, for a while it was the best-selling drug in the history of pharmaceuticals. It became the age of depression

The other critical thing is the advertising of these drugs on TV. There was a change in FDA regulations. You didn't have to list the side-effects at huge length, you could just refer to a website or to an ad in a magazine [for those details]. The ads made the drugs seem like toothpaste or cars. The tag lines on the ads would apply to everyone. I think one says: "Are you in need of a change?" or "The change you deserve."

The ads also convey a very unrealistic image of what recovery is. People go from holding their head in their hands alone to holding their grandchildren on their knee on a beautiful sunny day, or they are back on the job or walking a golden retriever in the park.

But recovery with these illnesses is very complicated. It can be very protracted. It's not just a simple linear process, you go through many cycles.

People saw the ads and often would ask their doctors for specific drugs and received them a significant amount of the time. The docs have not by and large been happy about this, but they accede quite often.

Q:You've written about a need to accept symptoms to some degree.

A:

The American way of looking at illness is that if you have symptoms, they are not a part of you and they need to be excised as quickly as possible. The drug needs to take them out — but symptoms are a part of us. There can be a value to experiencing some symptoms as long as they get better...

The point being: Symptoms are not just something to be removed. It's not uncommon to hear people say afterward, I'm glad I experienced it or I'm glad I experienced some part of it.

Sometimes you have to work with symptoms, and you have to accept them.

The true recovery process often involves not so much removal of all symptoms but learning how to live a meaningful life within the context of the illness. Often the recovery happens within a social context.

When you interview people and ask them what made them better, even if meds were effective, they rarely say the medicine. What they say is: Someone who was kind to me when I was at my worst. Or they might say, someone gave me the Bible at 3 in the morning. Often, they say, I wanted to get better for my kids. ..There has to be something they want to get better for. Often that social context is completely overlooked.

Q:What about the explosion in the numbers of college kids taking these drugs?

A: The younger generation grew up with the TV ads. ..

A big way the drugs are marketed is to give you the extra edge to function. There is the perception that taking Ritalin to keep them up at night to study is an arsenal available to them and they are entitled to it and should use it. It's a generational thing ...These drugs have been sort of part of the furniture...

In the '60s, drugs were perceived as a way to escape. Drugs have been redefined as things to help you function.

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