BEST: International Journal of Humanities, Arts, Medicine and Sciences (BEST: IJHAMS)
ISSN (P): 2348-0521, ISSN (E): 2454-4728
Vol. 6, Issue 6, Jun 2018, 1-8

PSYCHOLOGY NOW A SHADOW OF PSYCHIATRY: A CRITICAL REFLECTION OF PSYCHIATRY IN PSYCHOLOGICAL SETTINGS

MUSHAURI PROSPER KUDZANAI
Senior Teacher, Ministry of Education, Mutoko, Zimbabwe

ABSTRACT

As psychology is the science of behavior and mental process, as a hub-science it is heavily informed by various practices and or disciplines which helps it in its praxis as a profession. It is in this stance that it is informed, and has been solipsistic becoming one of its informers which is psychiatry, a branch of medicine which deals with mental, emotional and behavioral disorders. The DSM is heavily influenced by psychiatrists and it forms the basis of diagnosis in the psychological praxis and research. It is also noteworthy to highlight that psychiatry has an intricate relationship with pharmaceutical companies 'Big Pharm' which has its financial fortunes rising in leaps and bounds to over $40 billionUSDin the millennium. The paradox is that drug therapy has become a trap to clients working in cohorts with psychiatrists prescribing drugs and psychologists giving adjunct therapies which support drug use, though some of the drugs have been viewed as more dangerous than the said 'diseases' they seek to cure. In the same vein, psychologists have proved in some instances that clients perform better with psychological therapy than drug therapy which has eroded the psychological praxis. Hence the thrust of this paper is to recall psychology to psychological principles and avoid traps proffered by psychiatry and its ally the 'Big Pharm', in so doing it will uphold the ethical standards of psychology as a helping science. The paper via a theoretical review literature will show how psychology has been captured by psychiatry instead of just being informed by it as a hub science.

KEYWORDS: Diagnostic Statistical Manual of Mental Disorders, Nosology, Pharmaceutical Companies, Psychiatry, Psychosis, Psychotherapy & Psychotropic Drugs

INTRODUCTION

In our age, there is nothing as "keeping out of politics". All issues are political issues, and politics itself is a mass of lies, evasions, folly, hatred and schizophrenia (Thomas Szasz 1978).

Drugs being offered to people with challenges such as schizophrenia, bipolar, ADHD among others in a psychological setting by psychiatrists are of little or of no use but causing great harm. Williams (2012) is of the view that psychotropic drugs are causing complications and a likelihood that transient psychotic episodes will harden into a chronic psychotic condition (Whitaker 2002). The model is generally symptom management via the use of highly debilitating anti-psychotic drugs (Stabenau, Creveling and Daly 1970). These drugs are said to cause tardive psychosis or supersensitivity psychosis (Woodruff and Lewis 1996), akathisia. They make the individual taking them more vulnerable to psychosis (Read 2004). They also increase rates of suicide (Breggin 2008, Joseph 2004, Read 2004). Joseph (2004) cites the FDA (Food and Drugs Administration) stating that the atypical drugs are for the worse specifically citing risperdal.

IATROGENIC INJURY BY PSYCHIATRIC DRUG THERAPY

All psychiatric drugs, even new generational drugs known as atypical drugs are dangerous to the mental wellbeing of individuals who use them. Prescription drugs have become a leading cause of illness, hospitalization and death (Light 2010). Healy (2012) contends that the number of breakthrough compounds dropped down dramatically, since then about fifty out of every sixty "new drugs" marketed have offered few or no advantages over the previous ones to offset their risks of harm. Light (2012) states that looking for cures is out for pharmaceutical companies because that would end sales. Whitaker (2002) cites that the rise in medical approaches, the disability rate due to mental illness, as measured by adults under governmental care has risen from one in every 468 Americans in 1955 since the introduction of Thorazine, to one in 76 today. Some antidepressants are even without short term benefits Whitaker (2002). Szasz(2010) is of the view that mental illness is a myth and that it is foolishness to look for causes and cure of such fictitious ailments. Barker and Barker (2010) state that chlorpromazine is a veritable medicinal lobotomy and that all side effects associated with such drugs in truth are the intended efforts, there is no disease to be treated, only persons to be managed and muted. The sheer mendacity is the scientific folly of talking of illness in the absence of physical pathology (Barker and Barker, 2010).

PSYCHIATRY MONETARY HEGEMONY AND ILLICIT DEALS

Pharmaceutical industry (Big Pharma) with psychiatry have amassed huge fortunes in monetary gain via psychotropic drugs. Read (2004) opines that financial incentives and managed care have contributed to the notion of a quick fix by taking a pill, Loren Mosher 's resignation in 1998 from American Psychiatry Association(APA) attested that psychiatry has been completely bought out by drug companies. Psychiatrists have become the minions of drug companies. Steven Sharfstein, the then APA President also stated that drug company representatives bearing gifts are frequent visitors to psychiatric offices and consulting rooms. We should have the wisdom and distance to call these gifts what they are kickbacks and bribes (Read, 2004). Bauer (2015) echoes that drug company conglomerates are concerned with profit first and foremost and above all. They invent and market illness to match their drugs Social Anxiety Disoders(SAD),Attention Deficit Hyperactive Disoder (ADHD) (Bauer, 2012). The New York Times and US senator revealed that as much as 75% of NAMI 's (National Alliance on Mentally Illness) funding around 23million came from pharmaceutical companies(Harris 2009).

Monetary gains have also come with a quick fix approach to therapy by psychiatrists and also from drug marketing activities creating a disease mongering society. Carlatt(2010) cites that psychiatrists have noted that any kind of talk therapy takes time, whereas a fifteen-minute MED check allows doctors to see more patients and gain more insurance company reimbursement. Psychiatrists receive substantial sponsorship from drug companies and academic papers or articles are sandwiched between gloss advertisements for drug related products (Barker and Barker, 2012). Williams (2012) states that pharmaceuticals have had a monetary achievement of 15 billion per year from 2008 from antipsychotic drugs. Gagnon and Lexchin (2008:5) states that 57 billion has been spent on marketing to get doctors to prescribe the resulting drugs. Szasz (2010) clearly states that psychiatry is thoroughly medicated and politicized. Politicization and medicalization is mainly for monetary gains for both Big Pharma and psychiatry within psychological settings.

RESEARCH MANIPULATION

Psychiatry and pharmaceutical companies have via their intricate relationship manipulated research to portray a picture that drugs are the only help in mental disorders. They have reduced emphasis on psychotherapy psychosocial treatments (Read, 2004). Psychologists have been reduced to mere pill pushers and employees of the pharmaceutical industry via adherence therapy and psycho-education programs to families. In so doing the credibility of the profession is compromised (Read, 2004). Read (2004) further states that the colonization has involved the ignoring or vilification of research showing the role of contextual factors.

Research has been done to reify psychiatry, sidelining psychotherapies. Increasing in recent years, many insiders and observers have delineated the damage done by present day drug-based medical practice (Bauer 2014). Pharmaceutical companies hide data about harmful 'side' effects, they mislead doctors and the media and the public, and use financial incentives to buy favor from medical journals, researchers, practicing physicians, universities, politicians. Outright fraud is now prevalent through the deliberate biasing of clinical trials and the hiding of unfavorable data (Healy 2012). Joseph (2004) pointed out that attempts to isolate genes for schizophrenia is contingent upon a small handful of twin and adoption studies, all of which have validity problems. Williams (2012) states that the brain disease theory is a scam which lacks empiricism and facts. It is such that clients are defrauded and harmed by treatment which so claims to "treat" based on invalid research.

Research explanations have given an understanding that psycho-pharmacology is ultimately essential in psychosis. Musaleck et al (2010) states that psychopathology as a as a field of basic research, expected to provide the foundation for etiology and pathogenic research, has hence increasingly been consigned to the margins of psychiatric interest hence bringing into psychological setting phamaco-centricism. This has also tainted the public understanding of mental disorders. Pescolido et al (2010) opines that public opinion about mental disorders has become biological. Such explanations appear to lead to certain forms of so called biological essentialism and neuro-essentialism in which mental disorders are seen as having a unique immutable essences located in the brain or DNA (Lebowitz and Woo-Kyoung 2014). Pharmaco-centrism ignores other forms of research that have given only credence to drug pointing researches as the all in all in psychological settings. Within this biasis giant pharmaceutical companies do their random sampling for clinical trial from patient populations that exclude the most likely to experience adverse reactions.

NOSOLOGIES AS CONTROL TOOLS

The DSM use and other classification systems tend to favor a biological explanation as more articulate and have through their nomenclature medicated mental disorders fighting in the same corner with psychiatry. Anh, Proctor and Flanagan (2009) state that biological explanations of patients' symptoms tend to lead clinicians to more strongly endorse medication and believe less strongly in the potential for psychotherapy to be effective. It is also noted by Meyer et al (2002) that such gloomy stance affect patient improvement in psychotherapy.

The DSM from its first installation has brought about the expansion of 'mental illness', Whitaker (2002) opines that expansion of diagnostic boundaries, illicit drugs and psychiatric drugs affect an increase of bipolar boom. The nosological systems remove power from clinician. Aragon(2009) cites that diagnostic rules are not under his power considering that the authors of DSM have decided them priori and the clinician is expected only to apply them. Rosennsaville et al (2002:3) was concerned by the progressive medicalization of all problems of living in the previous

DSM versions before the publication of the DSM-5 nosology.

Classifying mental illness is a subjective praxis. The psychiatric nosology of the DSM and its nomenclature can best be described by Szasz (2010) as the medicalization of misbehaviors. Szasz (2010)opines that classifying anything as a mental illness rests on the judgments of persons and also that the history of psychiatry is the history of ever expanding list of mental disorders. Hence a group of psychiatrists make the judgement that this behavior constitutes mental illness and then name it constituting the nomenclature of the nosology which is ever expanding from its inception as DSM. Hoff (2009) opines that nosology is all about moral deviance than psychological rehabilitation. Hence it is explicit that in its quest to quest to control moral deviance or misbehaviors the DSM a nosology is a tool of politics which favor psychiatry aspirations than psychology rehabilitation in settings which are psychological.

RISE IN DISABILITY RATES

Previous approaches to psychosis and psychological challenges were much better in dealing with disorders of the mind before the introduction of psychotropic drugs. Williams (2012) states that those currently diagnosed fare badly than those diagnosed over a hundred years ago. In 1952 the DSM had a compendium included 106 broadly construed diagnostic categories (Grob 1991). Hence, with the coming in of the discovery of chlorpromazine in 1950 and Thorazine administration in 1955, the DSM 1952 nosology of mental health issues have gone for the worse as evidenced in the rise of mental disorders and disability rates as a result of mental distress. Siebert (1999) opines that the current prognosis of schizophrenia is worse than that of the 19th century.

A rise in research has seen a rise in mental distress. It's a paradox that risk in a system with advances in research is very high even in rate of suffering than those in developing nations (Robins 1974). Healy (2012) is of the view that up until the 1990's manic depression was a rare diagnosis that affected only ten people in a million, the reengineering, marketing with new nomenclature of "bipolar disorder" affects up to 50000 per million. Disability rates due to mental illness have been on a rise, Whitaker(2002)cites a rise in medical cases approaches as a rise in mental cases, the disability rate due to mental illness, as measured by adults under governmental care, has risen from one in every 468 Americans in 1955 since the introduction of Thorazine to one in 76 today. It is crystal clear in such documented evidence that drug therapy brought no improvement for people with mental challenges in psychological settings.

PSYCHOTHERAPY THE ETHICAL HOPE

Psychological therapies have brought back hope to people living with psychosis emancipating them from degenerative views offered by psychiatry on its views of psychosis. Whitaker (2012) cites Martin Harrow at the University of Illinois from an National Institute of Mental Health (NIMH) funded research when he stated that 40% of the schizophrenia patients off medication were recovered versus 5% of those on medication. Lakeman (2014)states that psychotherapy is a panacea in psychoses. Psychotherapy has always been a way to avoid iatrogenic harm according to (Whitaker 2010). Rosenbaum et al (2012) states that the is a burgeoning interest and optimism around the use of psychotherapy in psychoses.

Psychotherapy produces a good overall response from users. Whitaker (2010) states that open dialogue as a treatment system that has transformed the outcomes of those who present with psychoses. Lehtinen et al (2000) stated good overall prognosis and outcomes associated with minimal neuroleptic use in itself challenges contemporary wisdom and provides empirical support for intensive psychosocial interventions in psychosis. Seikkula (2011) cites evidence that in

western Lapland were the incidence of schizophrenia has declined during the 25 years of the open dialogue practice.

CONCLUSIONS: THE WAY FORWARD

To avoid the myth of mental illness and its foolishness to look for causes and cures of such fictitious ailments (Szasz 2010), psychotherapy is the highway to freedom for people living with psychosis from the harmful intents of pharmaco-centricism in the guise of psychiatric help which violets ethics of client beneficence and do no harm. It is at this ethical crossroad that we restate that psychological therapies on their own can deal with deepseated psychosis and help people to have profound changes in their lives free from madness.

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