



CORRESPONDENCE

I APPLAUD GAIL HORNSTEIN'S CALL for us to understand those labeled "mentally ill" in a more holistic way, on their own terms, "as they understand themselves" ["The Voices inside Their Heads," interview by Tracy Frisch, July 2011]. Among other things, that means listening to the content of an emotionally distressed person's "voices." My fourteen-year-old daughter has been hearing voices for several years, and I have found it appalling that most mental-health professionals coolly avoid asking what these voices actually say, other than to inquire, "Do these voices command you to hurt yourself or others?"

Hornstein beautifully articulates the power of peer support groups to relieve voice hearers' isolation, promote healing through empathy, and teach them better ways to cope with stress.

*Patricia Stafford
Hatboro, Pennsylvania*

GAIL HORNSTEIN'S INTERVIEW ON mental illness was a revelation. My husband has obsessive-compulsive disorder. It is difficult to live with him. His illness makes it almost impossible for him to keep a job, have friends, or even maintain a healthy lifestyle. He is brilliant, but the world is unlikely to profit from his genius.

What I learned from Hornstein is that my approach to his mental illness is wrong, and perhaps destructive. Whenever we've had a problem directly related to my husband's condition, I have berated him to get medications and seek treatment, telling him that his behavior is ruining our lives. My words have never changed anything, and I now realize that they are not only unhelpful but counterproductive.

*Carla Y.
Tucson, Arizona*

AS A DIAGNOSED PARANOID SCHIZO-phrenic, I applaud Gail Hornstein's open-mindedness and attempts to change public perceptions of mental illness. The stigma is strong in these postmodern, big-pharma days. It is shameful that the U.S. is far behind some other countries in understanding the need to eliminate that

stigma altogether. My sister once told me that we all have "mind chatter." We must be taught, with compassion, to listen to only one voice: that of our inner self. And this is no easy proposition, whether we are diagnosed with schizophrenia or not.

*Jeffrey DeMann
Holland, Michigan*

AS A LIFELONG SELF-INJURER WHO HAS recently been diagnosed with obsessive-compulsive disorder, related anxiety, and major depression, I was thrilled to read Gail Hornstein's cogent, empathic argument for communal story exchange as a viable tool for treating mental illness. I have strong objections — political, theological, artistic, and personal — to the overuse of pharmacology in the field of mental health, but my general physician still pressures me to start a course of antidepressants every time I am in her office.

I have been fortunate enough to find a psychologist who comes closer to sharing my views on this issue, but others are not so lucky. It enrages me to think that many people in the U.S. are unaware of potential alternatives to medication and hierarchical therapy. As both a writer and a mental patient, I applaud Hornstein — and *The Sun* — for spreading the word about the saving power of shared self-narrative.

*Tina Louise Blevins
Wytheville, Virginia*

THOUGH I ENJOYED TRACY FRISCH'S interview with Gail Hornstein, I feel the conversation could have included current shifts in public health that emphasize precisely the kind of supportive, holistic recovery methods and peer engagement that Hornstein advocates. The Wellness Recovery Action Plan (WRAP) is a nationwide peer movement, and Trauma-Informed Care is another movement that is growing rapidly. The Affordable Care Act also creates tremendous opportunity to provide integrated, person-centered care. And Mental Health First Aid is a national initiative to educate citizens about emotional or psychological crises so anyone can offer respectful and

compassionate help.

I appreciate that the names of these initiatives may sound bureaucratic, and that it takes a while to make lasting change in the messy real world of public and nonprofit agencies, but these efforts represent a paradigm shift. After twenty-five years in this field, I've never been more enthusiastic about the possibilities.

*Jeanne Supin
Boone, North Carolina*

FOR GAIL HORNSTEIN TO DESCRIBE children with attention-deficit hyperactivity disorder (ADHD) as just needing more recess time, or to claim that adult ADHD is invented by drug companies, shows how little she knows about the disorder.

I have ADHD, as do my youngest brother and my father. Hornstein's words dismiss the experiences of many people with ADHD who feel relief when they realize they're not just failures who lack discipline. ADHD can be seen in PET scans and is as inheritable as height. Yet many smart people refuse to believe in its existence.

Hornstein might not be a fan of psychiatric medications, but outside of the love of my family and friends, and my bicycle, nothing has improved my quality of life as much as ADHD medications. The first time I took the right dose of the right medication was similar to when I got my first pair of glasses: *Is this what*

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the world looks like to everyone else?

April Wiza
Portland, Oregon

GAIL HORNSTEIN TAKES ISSUE WITH the biological basis of mental illness, a stand that is both unscientific and dangerous. She claims that true diseases such as diabetes can be detected by medical tests, whereas mood disorders cannot. In fact, functional MRI and EEG studies have shown different types of activity in the brains of subjects with depression, anxiety disorders, and mood disorders. And there is abundant, strong evidence for genetic predisposition to mental illnesses.

Rejecting the biology of mental illness is not only unsupported, it brings blame into the equation. Reproach may fall on some abuser or, more diffusely, on society, but failing that, it must fall on the patient. I personally experienced no childhood trauma that would explain my lifelong struggles with anxiety and depression. And if society is at fault, why are other people in my social milieu able to sleep through the night without being jolted awake by panic attacks? If I deny biological factors, I must conclude that I have caused myself to feel this way — a difficult, if not impossible, starting point for recovery.

R.K.
Upstate New York

AS A PSYCHIATRIST WHO HAS BEEN prescribing medications for more than thirty years, I am concerned that there are several inaccuracies in Gail Hornstein's otherwise thoughtful interview.

First, I am unaware of any scientific evidence that supports her assertion that "unbearable trauma" is "the most common reason" for hearing voices.

Hornstein's claim that psychiatric medications are "physically addictive" is not only false, but it also ignores the critical distinction between addiction and dependence. Addiction is a pathological state; dependence is a physiological response to taking *any* medicine for a significant period of time.

Hornstein says that in the U.S. "a psychiatric breakdown is just a chemical imbalance in the brain, treatable only with a prescription." This gross oversimplifica-

tion ignores well-documented evidence that counseling — psychotherapy — can change brain chemistry just as medicines can. Because of this, well-trained mental-health practitioners will employ both psychotherapeutic techniques and prescriptions to help their patients. Teaching patients these techniques is a vital part of modern psychiatric care.

Also, contrary to the implication in the interview, any thoughtful and conscientious psychiatrist would be gravely concerned — if not downright appalled — that a patient was taking "seven or eight different psychiatric medications." Only in an exceptionally rare case would this be necessary. Similarly, no good psychiatrist would be comfortable putting his or her patients in the position of having to choose between being distressed and being able to keep their jobs. And it is inaccurate to state that a psychiatrist would "knock [a patient] out so that he or she can't do much else."

Finally Hornstein claims that psychiatrists "have yet to come up with highly effective [treatments]" for their patients' difficulties. This is simply false. Bipolar disorder, depression, attention-deficit disorder, anxiety, some personality disorders, sleep disturbances, phobias, panic disorder, and even some psychoses respond well to today's psychiatric therapies.

August Piper
Seattle, Washington

Gail Hornstein responds:

A number of empowering approaches to understanding and coping with serious emotional distress share the Hearing Voices Network's focus on peer support and trauma-informed care, and Jeanne Supin is right that some are beginning to reshape parts of the public mental-health system. But the U.S. is still far behind the UK and Europe in offering patients and their families a comprehensive range of treatment options. Active efforts are needed if this situation is to change. When medication is effective — as many have testified — it can change lives. But no

*one is helped by making it seem as if the astonishingly shaky scientific base upon which biological psychiatry rests is more robust than the data indicate. Psychiatric drugs have very serious physical and cognitive side effects and are ineffective for many patients. The fact that technology now allows us to visualize brain activity does not, unfortunately, mean that we understand more clearly what causes any of us to think, feel, or act as we do. (For an excellent discussion of this issue, see Paolo Legrenzi's *Neuromania: On the Limits of Brain Science*, just out from Oxford University Press.)*

*Dr. Piper is right that psychotherapy can change brain chemistry, and so can early-childhood trauma and countless other experiences. But I challenge his claims about current treatment in psychiatry. According to a study published in 2008 in the leading journal *Archives of General Psychiatry*, only 11 percent of psychiatrists in the U.S. currently provide psychotherapy to their patients; the overwhelming majority rely solely on medication. And, as psychiatrist Daniel Carlat writes in his disturbing book *Unhinged: The Trouble with Psychiatry*, "when psychiatrists start using what I call neurobabble, beware, because we rarely know what we are talking about. . . . We have convinced ourselves that we have developed cures for mental illnesses, when in fact we know so little about the underlying neurobiology of their causes that our treatments are often a series of trials and errors." To learn more about these debates in psychiatry, alternative methods such as peer support, and the scientific data supporting the Hearing Voices Network's approach, visit www.gailhornstein.com.*

Sy Safransky's Notebook is on hiatus while he finishes work on a book-length collection of Notebook entries.

— Ed.

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