CORRESPONDENCE

I APPLAUD GAIL HORNSTON’S CALL for us to understand those labeled “men- tally ill” in a more holistic way, on their own terms. “As they understand them- selves” (“The Voices Inside Their Heads,” interview by Tracy Frisch, July 2011). Among other things, that means listening to the content of the voices, especially to the personally described person’s “voices.” My fourteen-year-old daughter has been hearing voices for several years, and I have found it appall- ing that most mental-health profes- sionals coolly avoid asking what these voices actually say, other than to inquire, “Do these voices demand you harm yourself or others?” Hornston beautifully articulates the power of peer support groups to relieve voice hearers’ isolation, promote healing through empathy, and teach better ways to cope with stress.

Patricia Stafford
Hatboro, Pennsylvania

GAIL HORNSTON’S INTERVIEW on mental health is an important reminder. My hus- band 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 have learned from Hornston’s approach to his mental illness is worth, and perhaps destructive. Whenever we’ve had a problem directly related to my hus- band’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 SCHIZOPHRENIC, I applaud Gail Hornston’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.” To 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 DeMoor
Holland, Michigan

FOR GAIL HORNSTON TO DESCRIBE children with attention-deficit hyperac- tivity 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. Hornston’s words dismiss the experiences of many people with ADHD who feel relief when they real- ize they’re not just failures who lack dis- cipline. ADHD can be seen in pets scans and is even measurable in height. Yet many smart people refuse to believe in its ex- istence.

Hornston might not be a fan of psychi- atric medications, but outside of the love of my family and friends, and my bicycle, nothing has improved my qual- ity of life as much as a zero nautical.

Tina Louise Blevins
Wytheville, Virginia

THOUGH I ENJOYED TRACY FRISCH’S interview with Gail Hornston, I feel the conversation could have included current shifts in public health which emphasize precisely the kind of supportive, holistic recovery methods and peer engagement that Hornston advocates. The Wellness Recovery Action Plan (WRAP) is a nation- wide peer movement, and Trauma- Informed Care is another movement that is growing rapidly. The Affordable Care Act also creates tremendous op- portunity to provide integrated, person- centered care. And Mental Health First Aid is a national initiative to educate citi- zens about emotions, mental and psychologic 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 pub- lic and nonprofit agencies, but these ef- forts represent a paradigm shift. After twenty-five years in this field, I’ve never been more enthusiastic about the possi- bilities.

Joanne Supin
Boone, North Carolina

GAIL HORNSTON TAKES ISSUE with the biological basis of mental illness, a stand that is both unscientific and dan- gerous. She claims that true diseases such as diabetes can be detected by medical tests, but not mental illness. In fact, functional MRI and EEG studies have shown different types of activity in the brains of subjects with depression, anxiety dis- orders, and mood disorders. And there is abundant, strong evidence for ge- netic predisposition to mental illnesses. Rejection of the biology of mental ill- ness 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 painful memories? No biological failures, I must conclude that I have caused myself to feel this way— a difficult, if 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 Horn- ston’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.

Hornston’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 patho- logical state: dependence is a physiologi- cal response taking any medicine for a significant period of time.

Hornston says that in the U.S., “a psychi- atrist break downs is just a chemical im- balance 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 much as medication can. Because of this, well-trained mental- health practitioners will employ both psychopharmacological techniques and pre- scriptions 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 con- scious 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 psychia- trist would be comfortable putting his or her patients in the position of hav- ing 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 Hornston 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 dis- order, anxiety, some personality disorders, sleep disturbances, phobias, panic disor- der, and even some psychoses respond well to today’s psychiatric therapies.

August Piper
Seattle, Washington

GAIL HORNSTON responds: A number of empowering approaches to understanding and coping with seri- ous emotional distress share the Hearing Voices Network’s focus on peer support and trauma-informed care, and Joanne 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 caregivers 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. Psychi- atric drugs have very serious physical and cognitive side effects and are ineffective for many patients. The fact that tech- nology now allows us to visualize brain activity does not, unfortunately, mean that we understand it more clearly what causes any of us to think, feel, or act as we do. (For an excellent discussion of this issue, see Paolo Lucertini’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 can so early-childhood trauma and countless other experiences. But I challenge his claims about current treatment in psy- chiatry. According to a study published in 2008 in the leading journal Archives of General Psychiatry, only 1 percent of psychiatrists in the U.S. currently pro- vide psychotherapy to their patients; the overwhelming majority rely solely on medication. And, as psychiatrist Daniel Carlat writes in his disturbingly un- hinged: The Trouble with Psychiatry, “when psychiatrists start using what I call neurohubbub, beware, because we rarely know what we are doing.” We have convinced ourselves that we have developed cures for mental illnesses, when in fact we know little about the underly- ing biological processes and most of 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.gailhornston.com.


Ed.
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 them selves” (“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 four-year-old daughter has been hearing voices for several years, and I have found it appalling that most mental-health professionals cooly 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 personal groups to reframe 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 eye-opening. The band 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 counterproductive. Whenever we’ve had a problem directly related to my husband’s condition, I have been hesitant to get medications and seek treatment, tending 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. Tunes, Attleboro

As a diagnosed paranoid schizophrenic, I applaud Gail Hornstein’s open-mindedness and attempt to change public perceptions of mental illness. The stigma is strong in this postmodern, big-pharma days. It is shameful that the U.S. lags 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.

J. Jeffrey DeMenn 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, empathetic argument for communal story exchange as a viable tool for treating mental illness. I have strong objections to the political, theological, artistic, and personal — to the overreach of pharmacology in the field of mental health, but my general physici-

 Jeanne Sagin Boona, North Carolina

For Gail Hornstein to describe children with attention-deficit hyperactiv-

ity 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 metal detectable as brain 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 my medication.

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 proactively thinking of supportive, holistic recovery methods and peer engagement that Hornstein advocates. The Wellness Recovery Action Plan (WRAP) is a nation-

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 psychiatric medications are “chronic disease treatment” (a “necessary evil”). The medical model is not the only model of medicine. Second, she attempts to separate psychiatric medication from “the necessary evil” that she believes to be “necessary” in treating mental illness. In my view, psychiatric medicines have a role in the treatment of mental illness and in the prevention of suicide. Third, Hornstein’s statement that psychiatric medications are “psychologically addictive” is not entirely true, but it also ignores the critical distinction between addiction and dependence. Addiction is a pathological state; dependence is a physiological state. Hornstein is not alone in perpetuating this erroneous view of psychiatric medicines. While it is true that psychiatric medicines can produce adverse effects, these side effects are not as severe as the side effects of addiction and dependence. Hornstein is right to point out the importance of understanding the role of psychiatric medicines in the treatment of mental illness. However, she also needs to recognize the importance of defining terms and understanding the possible side effects of psychiatric medicines.

Gail Hornstein responds:

A number of encouraging 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 Sugis’ 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. Psychia-

Dr. Peter B. Rice is right that psychiatry can change brain chemistry, and so can early-childhood trauma and countless other experiences. But I challenge his claims about current treatment in psychopharmacology. What he presents as fact was largely unknown in 2004 in the leading journal Archives of General Psychiatry, only 12 percent of psychiatrists in the U.S. currently provide psychotherapy to their patients; the overwhelming majority rely solely on medication. And, as psychiatrist Daniel Callan describes in his book The Unhealed: The Trouble with Psychiatry, “when psychiatrists start using what I call research-informed, beware, 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.

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Sy Safarisky’s Notepad is on hold while he finishes work on a book-length collection of Note-

Ed.