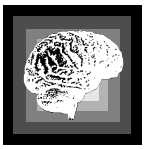

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Psychotropic drugs and mental health care

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Edward Shorter, *Before Prozac: The Troubled History of Mood Disorders in Psychiatry*, Oxford University Press: Oxford, 2009; xvi + 304 pp.: 9780195368741.

Erika Dyck, *Psychedelic Psychiatry: LSD from Clinic to Campus*, The Johns Hopkins University Press: Baltimore, 2008; xiii + 199 pp.: 9780801889943.

Bram Enning, *De oorlog van Bastiaans. De LSD-behandeling van het kampsyndroom*, Augustus: Amsterdam, 2009; 348 pp.: 9789046701998.

What can history teach us? It is a question that many academic historians are hesitant to answer. The concept of learning from history is rather in disrepute. Not so, however, for the noted medical historian Edward Shorter. For him, history has a very clear lesson to teach us. In his latest book *Before Prozac*, which deals with the use of psychotropic drugs in the treatment of mood (affective) disorders since the so-called 'psychopharmacological revolution' of the 1950s, Shorter takes the modern and present-day anti-psychiatric critique of authors such as David Healy a step further. Psychiatry at the beginning of the twenty-first century is depicted by Shorter as a 'barren tundra' where diseases that do not exist are treated with drugs that do not work.

What has history to do with this? The answer, to Shorter, is clear. According to his historical analysis there was a time when psychiatry *could* and *did* treat mood disorders with greater degrees of success. Before the rise of the new and now prominent nosological and diagnostic systems (DSM-III and its successors), before the coming of the new miracle wonder drugs (the SSRIs such as Prozac in the 1990s) and before the triumphal entry of evidence-based medicine, medicine had drugs that actually worked for endogenous and exogenous mood disorders (Shorter, incidentally, prefers to write of melancholic and non-melancholic mood disorders). Even before the so-called era of psychopharmacology starting in the 1950s there were barbiturates and amphetamines available as medication – drugs, it is true, with a great abuse potential, but drugs that in medical practice 'worked in ways that later generations of drugs have not been able to replicate' (p. 33).

It is, of course, refreshing that a medical historian does not subscribe to the idea of progress in psychiatry and even claims that a deterioration has taken place. For Shorter, this is more than an 'exercise in nostalgia' (p. 5). He praises the period of the 1950s, when a number of psychopharmaceuticals such as chlorpromazine were developed, the efficacy of which we have forgotten; after

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1959, only 'debasement' followed. Shorter accords an essential role in this debasement to the growing power of the US Food and Drugs Administration (FDA) since around 1955, and to a growing American public hysteria over the dangers of addiction. Miltown became the target drug of this hysteria and was described by its opponents as more dangerous than cannabis, cocaine and amphetamine. Then another 'disaster for public health' occurred: the FDA began a struggle against the benzodiazepines. Through the Drug Efficacy Study (DES) procedures the FDA extended its power and forced the pharmaceutical industry to eliminate most combination drugs from the market. Its activities and public unrest also had an effect on medical professionals, who became over-anxious to prescribe 'safe' drugs. Towards the 1980s, something even more fundamental took place: the replacement of a nosological system based on 'real', biological disorders by one consisting of 'non-existent' disorders.

The FDA, in its drive for control and safety, then forced the industry to develop drugs that targeted specific disorders. The new diagnostic criteria moved from 'anxiety' to 'depression', which enabled the industry to develop 'antidepressant' drugs. To do this, however, one has to have a diagnosis of depression. Here, the psychiatric professionals, headed by Robert Spitzer, stepped in. In constructing the new diagnostic manual *DSM-III* (first published in 1980), they they did not use as a basis existing and proven nosology but focused on creating a consensus and compromise between different views among psychiatrists. In this process, a 'real existing' biological disorder – melancholic (or endogenous) depression – got lumped together with all other non-melancholic (or exogenous) types of depression. This meant that patients, especially women aged between 18 and 35 who would previously have been diagnosed as 'neurotic', were now pathologized and classified according to the new overall concept of 'major depression'.

Between 1991 and 2002 the prevalence of major depression among the population of the USA rose from 3.3 to 7.1%. The antidepressant SSRIs such as Prozac became the second most prescribed drugs in medicine. But, argues Shorter, major depression does not exist in nature, so all these people who had non-melancholic forms of depression were treated with more so-called 'specific' drugs for disorders that do not exist, and therefore with drugs that did not work. This was made possible because of the key role of Paul Leber, the director of the Neuropharmacology Division of the FDA between 1981 and 1999. Leber decided which drugs were given FDA approval, and for which indication, and which drugs were not. Leber supported the *DSM-III* and was in favour of a positive cooperation with the industry. In DES-procedures, a new drug did not have to prove its superiority over other competing drugs, only over placebos. The end result: the decline of psychiatry to its present state.

In *Before Prozac*, Shorter has presented us with a clear and concise story that offers the reader challenging ideas and fruitful insights into some of the processes attending the major changes within psychiatry over the past 50 years. But what are we to make of his analysis, both as a historical study and as a critique of present-day psychiatry?

There are some problems with Shorter's analysis that complicate his rather straightforward judgements. To start with, he insists on the fundamental difference between mental disorders with a 'proven' biological substratum (melancholia) and those without (non-melancholic disorders). Let us skip over the question of whether this really is the case and whether a historian should use a specific state of biological and medical knowledge as a reference point for his analysis – apart from pointing out that this reference point adds little to Shorter's analysis. That the older, more unspecific, drugs (amphetamines, barbiturates and, earlier, the opiates) have their efficacy in a broad range of afflictions is without doubt, although it is impossible to give exact figures of successful treatment; and these drugs were not 'magic bullets' but could have harmful side-effects. The same holds true for the highly praised antipsychotic drugs of the 1950s. To relate this to a retrospectively

held theory of biological mechanisms – a theory that accounts only for the drug's efficacy in some of the patients for whom they were prescribed – seems not very enlightening, in the context of a historical analysis of why these drugs were replaced by other drugs. Why did psychiatrists abandon drugs that worked? Did the newer drugs not have some benefits of their own? If not, who are the villains in the piece? The industry? The pharmaceutical companies hardly seem to have driven the whole process, and were mostly very adroit in adjusting to circumstances in order to do what they had always done: make drugs for profits. The FDA? In Shorter's account the FDA only acted on its idea of what was in the best interest of the people.

We are presented with a game between the FDA, psychiatrists and industry that reshapes and standardizes the careers of psychopharmaceutical drugs. But only now and then is there reference to the roles of the people whom this really concerns, those who actually take the drugs. Are they merely passive figures, waiting for their diagnosis and prescription? This is hard to believe. It does not accord with some of the glimpses Shorter gives of the role of a broader public. The strengthened power of the FDA is related to growing worries among the public about the dangers of drugs. In fact, they nicely combine with the countercultural critique of the 1960s that, unlike Shorter now, did not have a very high regard for the antipsychotics and the tranquillizers of the day: 'mother's little helpers', drugs that did not solve problems but only sedated. What was the role of the public in the changing configurations of the 1980s and 1990s? Shorter mentions the 'overwhelming volume of patient demand' for the new drugs (p. 206). At the same time he describes how outside academic psychiatry a 'wild west' existed in which all kinds of combination drugs were routinely prescribed and consumed, regardless of any drug efficacy studies. Clearly there was something else going on besides the strategies and policies of the FDA, psychiatrists and companies.

If the drugs of the 1950s and even the 1960s were so good, why have we always wanted new and better drugs? The claim that psychiatry has degenerated enables Shorter critically to adjust the self-image of psychiatry and the pharmaceutical industry. This is good work indeed, but it limits our view of the landscape of mental health. Has mankind not always sought the magical potions that would bring an end to their mental and physical afflictions? And is the story of the changes in psychiatry in the last fifty years not a peculiar instance of how, again and again, people search for new potions, medicine that will finally deliver the promise of release and salvation? It is time to study how new drugs are developed and disseminated, not only on a 'push from above' level but on the 'demand from below' as well. Only in this way can we truly understand the developments as described by Shorter: not as a fall from a golden age, but as a search for it.

The search for a miracle drug is also central to the study of Erika Dyck's *Psychedelic Psychiatry*. She focuses on another popular medication of the 1950s – LSD – to many, the real miracle wonder drug, though it is absent from Shorter's history. Dyck attempts to recover the 'untold story' of LSD's medical use in Canada, where from 1953 onwards in Saskatchewan Mental Hospital, British psychiatrist Humphry Osmond and his Canadian colleague Abram ('Al') Hoffer had found the cure for chronic alcoholism: LSD-therapy. Or at least they thought so, claiming sensational recovery rates of 40% or more. (In fact, Hoffer is quoted in Peter Stafford's *Psychedelics Encyclopedia* (1992) as claiming that LSD therapy benefited at least 50% of all patients in *all* reported studies, not only his own.) LSD seemed to deliver, once again, the promise of all new drugs in psychiatry: better and faster treatment, making possible a quicker turnover in the use of hospital beds. Dyck positions the activities at Saskatchewan within the framework of the close relations of the psychiatrists and the social-democratic government of the province of Saskatchewan: 'Their close relationship with the provincial government provided opportunities to test their theories that did not exist elsewhere.' (pp. 28–9). She gives a most interesting description of the history of psychedelic therapy in the hospital, based largely on archival sources.

Her claim of the uniqueness of what happened at Saskatchewan is, however, unconvincing. In fact, what strikes the reader are the similarities with the worldwide experimentation with LSD-therapy that took place in psychiatry until the mid-1960s, from the USA to Czechoslovakia. There is a similar global dynamic here: from the early 1950s, experiments with LSD-therapy were made on all kinds of mental disorders, and by 1966 in all these countries, including Canada, psychedelic therapy fell into disrepute because of the moral panic associated with LSD use outside medicine.

From this perspective, local political contexts seem to have been less important in shaping the career of LSD. More important was its flexibility in adapting to different psychiatric traditions. In the overall worldwide context of the development of different forms of therapy with LSD and other hallucinogens such as mescaline (both as an adjunct to forms of psychoanalysis, and in its use for the provocation of transcendent experiences in a therapeutic tradition going back at least to the ideas of William James in *The Varieties of Religious Experience*, 1902), what happened at Saskatchewan was not unique. Though Dyck's study makes a positive contribution to our understanding of the specificities of the Canadian experiments and treatments, she could have focused more on this adaptability of LSD to different methods and trains of thought. She rightly points out that LSD could, at the same time, be seen as useful in both biological and psychosocial approaches to mental disorders; in fact, the history of LSD shows how these differences in approach existed more on the level of theory than that of practice.

Furthermore, it seems to this reviewer that the story of psychedelic therapy in Canada is still not completely told. The work of Osmond and Hoffer, with their US non-medical collaborator and inspirer Al Hubbard ('Captain Trips'), took place within a wider context: that of an international network of psychedelic enthusiasts, intellectuals, doctors and artists, trying to create a better world. Osmond was an important figure in this network, and a close friend of Aldous Huxley, who now hardly figures in the story but who was essential in the dissemination of psychedelic therapy and the ideas behind it. Glimpses of Osmond's role can, for instance, be gathered from the memoirs of people such as Timothy Leary (1990). Certainly, as Dyck points out, Osmond rejected the popularization of LSD use advocated by Leary and others. But this did not mean that he rejected the use of psychedelics outside medical settings, only that it should be limited to an elite (including himself). Public pronouncements of people such as Osmond and Hoffer on the use of drugs were often of a tactical and strategic nature, and should not be taken at face value. One hopes that we can look forward to a second study by Dyck in which she more fully explores the position of Canada within this international attempt at a psychedelic revolution.

Psychotropic drugs – LSD and others – are more than simply medication and also have powerful cultural symbolic meanings in the public imagination and in public debate. It is exactly for this reason that we have to study their use within broader social, cultural and political contexts. Shorter shows how dependent developments in psychiatric drug use were on developments among the public at large, and points for instance to the American panic over side effects and addiction since the 1950s. Dyck shows how LSD, despite all its promises, disappeared from psychiatry because of a moral panic, and she comments that, as in other countries and as with other drugs: 'The connection between LSD and danger emerged in the medical literature after it appeared in the popular press.' (p. 124). But the movement of LSD to a small psychiatric niche was not only related to moral panic. Putting LSD in the context of Shorter's analysis, it is obvious that the non-specificity of its effects had no place in psychiatry after the 1970s. Due to specific circumstances, in some local contexts LSD could for a while keep its place within psychiatric treatment.

We see this, for instance, with Jan Bastiaans, the Dutch psychiatrist, prominent psychoanalyst and professor at the University of Leiden. He is the subject of the PhD thesis of psychologist Bram Enning, *De oorlog van Bastiaans* (Bastiaans' War). The interesting point of Bastiaans' work with

LSD is that it continued after 1966, quite unrelated to the moral panic in Dutch society over the use of psychedelic drugs by young people. Enning analyses how this was connected to the specific group of patients that Bastiaans treated with LSD: victims of World War II, including former inmates of German and Japanese concentration and prisoner-of-war camps who were severely traumatized. In Bastiaans' terminology, they suffered from a *KZ-syndroom* ('concentration camp syndrome'). Enning describes the feelings of guilt in Dutch society over the neglect of these people's sufferings, and the close relationship and identification of Bastiaans with his patients; he gave their suffering a scientific and medical legitimacy. He continued his work until his retirement in 1987. But even here the local context was ultimately of less importance than more general developments within psychiatry and mental health care. LSD was no longer a wonder drug, but a non-specific drug, and no one within current psychiatric thought could or can even now fathom how it worked. Despite Bastiaans' attempts, his work was discontinued and derided as unscientific.

To conclude, we can read the stories of LSD as presented in the works of Dyck and Enning as a confirmation of Shorter's general thesis: that drugs which undoubtedly had some effect have lost their place in mental health care over the past half-century to drugs of which the effects are in doubt. However, the effects of the older drugs were not so controllable as we now require in our medication. It is this shift in our coping with psychopharmaceuticals that we, as historians, have to understand better. The studies discussed here are helpful contributions to furthering this understanding.

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