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**PSYCHOTHERAPY, PSYCHIATRY
AND THE DRUG INDUSTRY**

Robert Maxwell Young

Abstract: Drawing on personal and professional experience, this article explores the debate around the relative efficacies of drugs and psychotherapy. It charts the demise of psychotherapy as a preferred psychological intervention in the medical setting and provides extensive evidence of the ideological motivations underpinning the entrenchment of a pharmaceutical-based model in the treatment of mental health issues. It spells out the benefits of psychotherapy and advocates resistance to the drug-based policies that currently dominate.

The question of the relative efficacies of drugs vs psychotherapy has been for me a very personal one, so I want to write first about the effect of these issues in my family, though I have been asked not to write about some members of it. My mother was mentally ill – depressed – throughout my childhood and beyond. She kept being taken to hospital for unexplained reasons. When I was ten she went to a state mental hospital in Galveston, Texas and was given a dramatic treatment then in vogue, electroshock, a deliberately induced brain seizure. It seemed to help for a time, though her affect was flattened. But the depression returned. I recall her saying that it must be sad for me to spend my thirteenth birthday visiting her in hospital.

Until she was in her late sixties she made several unsuccessful suicide attempts by taking pills. I was only dimly aware of what was going on, since she often apparently went in for somatic medical reasons, but, of course, I knew she was very ill every time she was taken off to hospital. In between hospitalizations she was mostly bedridden with undiagnosed disorders that had the effect of making her anaemic, cadaverously thin and a very sad, though loving, person.

My father, though devoted to her, did not believe in health insurance plans (because he was a very conservative Alabaman and thought that they were ‘socialistic’) and did not seem able to think of her as mentally ill. He was always in debt to the doctors, hospitals and the drug store. Though he had a good job and was admired in the community we had to live very frugally in a modest bungalow in an affluent suburb (currently in the top dozen in America), so our relative poverty was uncomfortable for the whole family. You could say that my mother’s mental ill health – the doctor bills, the hospital bills and the many prescriptions – impoverished us as compared with our neighbours. The fact that my mother was largely bedridden meant – we lived in racist Texas – a servant was required to keep the household going. Mrs Lucy Wilkerson was a devoted person with a remarkably generous spirit who loyally cared for us for many decades. She also snapped smartly out of her servile way of thinking when the civil rights movement came along.

Medical science did not really hold out much hope for people like my mother until the appearance of tranquillisers – Thorazine (the first and the prototype of the phenothiazine class of drugs) and Reserpine (the first effective antidepressant) – in the mid-1950s when, as it happens, I was working in a state mental hospital and experienced their dramatic effects, leading to unlocking the wards and transforming the atmosphere of those baleful institutions.

As I said, my mother got better, but her depression and suicide attempts did not fully abate. However, she was up and about in her later years, give or take a few overdoses and one self-wounding with a carving knife plunged into her abdomen when she madly and mistakenly believed that my sister had cleared out her bank account. In spite of all this she lived a long life, longer than my father, finally killing herself with lung cancer from cigarettes (as did my sister, predeceasing my mother). She would never accept anything but the most cursory, supportive psychotherapy.

You may think this a self-preoccupied and wordy account. My motive in writing it is to convey, as in a case study, just how profoundly personal to me from an early age have been the questions surrounding mental illness and its treatment. I am assuming that many people could provide similar, though perhaps less baleful, accounts.

I wanted to get away from the gloomy homestead. I won a scholarship to Yale University (1749 miles from my home) where I majored in philosophy but was also very involved with psychotherapy. This was the period that saw the high tide of prestige of Freudian psychoanalysis.

I was lucky to obtain a part-time ('bursary') job tape recording and proofreading the texts of psychotherapy sessions conducted by Professors John Dollard and Frank Auld in a research project (1959) aimed at attempting to quantify the variables in psychotherapy. I learned a lot there.

As I said, in the summer between my last two years at Yale I also worked as a member of a Quaker project in a state mental hospital in Phoenix, Arizona, where I was thrown in at the deep end into the suffering of psychotic people for whom, up until that very summer, there was little hope of successful treatment. Indeed, I assisted in the provision of the most dramatic of the existing therapies, electroshock treatment, in which patients experienced electrically induced epileptic seizures while the staff held them down. (This was the treatment my mother had experienced.)

Once again, Thorazine and Reserpine were certainly effective in bringing about hope and transformed the hospital, leading to unlocking most of the wards and to marked improvement of the condition of many patients. Since that time these and subsequent 'ataraxic' drugs have increasingly become the treatments of choice for severe mental disorders (though Reserpine is rarely used now and electroshock has been cautiously brought back into use), while milder drugs are prescribed for less severe conditions, *e.g.*, neuroses.

We live in a culture of popping pills. As time went on drugs increasingly replaced psychotherapy and other treatments for the mentally ill, most of them prescribed by general practitioners. This move toward drugs was a slow process and was not more or less complete until recent years, to the point that psychiatrists rarely give or prescribe psychotherapy, with or without combining it with drug treatment, even though the combination can be very effective.

This process has, to put it mildly, been promoted – indeed financed – by the drug industry, to the point that there has recently arisen an outcry by critics accusing the drug companies of behaving improperly and frequently illegally (see below for information about very large fines). This chorus of criticism has reached a crescendo in the last couple of years around the appearance of the fifth edition of the *Diagnostic and Statistical Manual of Mental Disorders – DSM-5*, regarded as the bible of psychiatry. I want to consider this debate at some length, but first I want to bring up to date my personal story, since it intersects with the critique of the drug companies and those who care for mentally ill people.

I went back to Yale determined to become a psychoanalyst which, at that time (though no longer), required one first to become a psychiatrist. I completed my degree and applied to various medical schools and was fortunate to win a prize scholarship to the University of Rochester Medical School. It was particularly remarkable for having a large and distinguished cohort of psychoanalysts in various departments, *e.g.*, Internal Medicine, where they worked on psychosomatics. Psychiatry was taught in all four years of the programme, and training in medical interviewing was also conducted by psychoanalysts.

This bias in the school meant that I could devote more time to psychiatric issues than I would have been able to do in any other American medical school, *e.g.*, devoting less time to parasitology and instead reading Freud and thinking more about brain function. That is exactly what I did. In addition to a strong bias toward psychiatry the school had as a Professor of Neuroanatomy, Wilbur K. Smith, one of the pioneers of the experimental neurophysiology of the brain, in particular, the physiological basis of emotions. He became one of my mentors. I worked with him in the first and second summers, during which I observed neurophysiological experiments and attended neurology rounds, but, more importantly, I devoured the literature on emotions and brain functions.

At that time the US Public Health Service wanted to increase the number of doctors who also have a PhD in a basic medical science, biochemistry or physiology, for example. I had the bright idea that if I was doing a doctorate instead of immediately entering the utterly demanding clinical programme I could pursue my historical and conceptual researches full time for a period. I approached the dean with the idea that the program that sought more basic scientists with doctorates might also support a medical historian looking into conceptual issues. They thought about it and said, 'Why not?'

I proposed to do research on the history of ideas on brain function, in particular, the localization of functions. This idea grew out of a project I had been pursuing: a study of Freud's neurological reflections in the 1890s. I had read all his early writings and wrote for my own edification a dissertation on 'Freud and Psychoanalysis in a Physiological Perspective', hoping, as he did, that mental - especially emotional - functions might be put on a firm neurophysiological basis. Freud had given up this 'Project for a Scientific Psychology', because the state of knowledge of the functions of the brain was too undeveloped in 1895, and he needed to earn more than a researcher could. In 1959 things looked more promising.

By coincidence, the head of the psychiatry department, Professor John Romano, had recently met an eminent student of cerebral localization, Oliver Zangwill, Professor of Experimental Psychology at Cambridge, who was also a consultant at the world's most highly regarded neurological hospital which was in London's Queen Square. Romano's colleague, Professor George Engel, a prolific researcher in psychosomatics, had kindly assessed my dissertation on Freud and brain science and dubbed it 'a staggering undertaking, etc ...' and sang my praises to Romano and the people who decided on the fellowships, and I was away.

I pursued my research on the history of ideas of brain function in Cambridge for four years. When the dissertation was examined it received high praise, and I was offered a job in the Department of History and Philosophy of Science at Cambridge and a prestigious fellowship at King's College. The dissertation was published by Oxford University Press as *Mind, Brain and Adaptation: Cerebral localization and its biological context from Gall to Ferrier* (Young 1970) and was well reviewed.

I should admit that I did not write my dissertation from a psychoanalytic perspective, although it can be read so that it connects with the history of psychoanalysis. I wrote it as I did, because I was craven in the face of anti-psychoanalytic mentors in Cambridge. I only got back into touch with psychoanalysis, because some years later I became acutely depressed as the result of having the plug suddenly pulled on an ambitious project (a series of television documentaries on science and society). The bottom fell out of my self-esteem, and I (finally) entered a full psychoanalysis (five times a week) that lasted six and a half years and was very beneficial, indeed. The same can be said for some members of my family.

Many years passed, and by this time I had decided to leave Cambridge and move to London. This allowed me to do research on conceptual issues in psychoanalysis that led to two other changes in my life. First, my new research and reading led me to become established as a scholar in the field, and, second, I trained as a psychoanalytic psychotherapist and ended up as Professor of Psychoanalytic Psychotherapy and Psychoanalytic Studies at the Medical School of the University of Sheffield. Aside from my clinical practice I founded and edited a journal: *Free Associations*, subtitled *Psychoanalysis, Groups, Politics, Culture*, which is still appearing after more than thirty years: (http://freeassociations.org.uk/FA_New/OJS/index.php/fa). I also founded a press, Free Association Books, which, while I owned it, brought out numerous books on psychoanalysis, radical science, cultural studies and related topics.

I would like to think that the reader might have a sense of several issues coming together. The context in which they do so is my writings on psychoanalysis and psychotherapy (nearly all of which are all on-line at <http://human-nature.com/rmyoung/papers/>), the profession of psychoanalytic therapist and my on-going commitment to history of ideas. I came to approach these things from a radical perspective that was nurtured during the Vietnam War, a time when I was active in the radical science movement, specifically the British Society for Social Responsibility in Science (BSSRS), one strand of which was criticisms of orthodox medicine and the drug industry. This political motive was another reason for migrating from Cambridge to London. In case you have been left wondering about the physiological basis for psychoanalysis, I must say that although this has lately become a fashionable issue for research and writing, I am not persuaded that anything of use to clinicians has yet come of it.

I think that this is the place to add a missing link to my account of mental illness in my family that has hitherto been present as a silence in my account and can only be added as a ‘what if?’ If my mother had had access to intensive psychotherapy and, crucially, if she had accepted it and benefitted from it, think of the secondary gains that may well have accrued to her, my father and their children (me and my sister) and our children and theirs (25 in all), as well as to innumerable people around them. I wish I thought it proper or permissible to write about the mental problems of other members of my family, particularly the baleful effects on some people of not having psychotherapy and the life-enhancing benefits of others having it.

Mental illness that is not appropriately and successfully treated wreaks untold distress that creates ripples of psychic pain all around the primary patients. I know this well from my own life and from my own analysis and the lives and treatment (or lack of it) of loved ones. I also know it because of my work as a therapist to innumerable patients of my own and of my supervisees and because of the teaching and supervision I have done over several decades.

The role of the drug industry

Turning now to the critique I want to make of the drug industry, I should begin by acknowledging that for much of my life I have been as beguiled by it as I am now critical. My parental home was awash with my mother’s drugs, some of them life-saving, some of them addictive. When I was a medical student each of us was given by a drug company a lovely old-

fashioned black doctor's bag, which I still have. It made me feel like a real doctor. The Wellcome Trust, a charity financed by a drug company, Burroughs Wellcome, paid for my family to sail from America to England to take up my USPHS fellowship at Cambridge. The same trust paid me a stipend for a year at a point in my career when there was a delay in my finding a job, and they later created in Cambridge the Wellcome Unit for the History of Medicine, of which I was appointed the first Director (the research equivalent of a Readership). I thought then and do now that these people are generous mentors, though they have diminished their support for the history of medicine. However, as I shall show, there are other ways of thinking about *largesse* from drug companies. Put bluntly, a main motive of many drug companies is to purchase good will with the ultimate goal of selling more pills.

In my career as a psychoanalytic psychotherapist I have become aware, initially dimly, of a baleful and sometimes corrupting influence of many drug companies on medicine as a whole and most especially on psychiatry – and therefore psychotherapy, in particular. I was aware in a general way that drug companies were being criticised for bribing doctors, sometimes lavishly, to prescribe certain drugs. Doctors were sometimes paid a fee for every prescription they wrote, and I heard when I was a medical student that you could even get a fancy car given to you if you wrote enough scripts. People were taken on lavish junkets to grand destinations, sometimes to London or New York, sometimes to Caribbean islands, for 'conferences' that were big on entertainment and grand settings. They were also sometimes paid to sign, deliver and publish papers they did not write. (This practice is waning.) My department head in Sheffield was given a fund by a drug company that allowed him to buy nice food and drink for all of us whenever there was a visiting speaker. And so on. As I said, I had been aware of such practices when I was a medical student, but I later came to take a very dim view of them.

All of this was going on in my radical science days. The BSSRS shared a building with a very active charity, Social Audit, a one-man band, but a loud one, run by Charles Medawar (the son of a Nobel Prize winner in medicine and brother of an eminent psychoanalyst, Caroline Garland). Charles Medawar is author of a number of books and pamphlets that are critical of medicine and, in particular, the drug industry (Medawar 1980; Medawar and Hardon 2004; see references below).

However, until recently I had not grasped the huge impact of the drug industry on my profession. I can summarise it succinctly, though the telling of it will take more space: many

drug companies will do anything to push their products, and psychotherapists do not sell any marketable product – *no things, e.g., tablets* – just their time and thoughts, especially including their insights and interpretations. This is no use to the drug industry so, ruthless people that they are, they will go to great lengths to promote their products and (implicitly or explicitly) discredit the efficacy of psychotherapy and psychoanalysis. Until this simple formulation dawned on me I was not properly aware of the direct and indirect effects of the drug industry on my profession and therefore me. It is worth adding that the drug industry is part of the health care industry which in America is the largest industry by far, employs a sixth of the country's workforce and is the average American family's largest expense. It is a system that is widely regarded as no longer supportable. For an overview see Marcia Angell, 'Health: The Right Diagnosis and the Wrong Treatment', *New York Review of Books*, 6 May 2015, pp. 44-47, quoting p. 44. Her review provides a clear description of the mess called the US Health Care System. (For more of her views, see below.)

Diagnoses

What are psychiatric concepts? Are they natural kinds? Let's return to the question: Where do psychotherapeutic and psychiatric concepts come from? The answer, a profound one, takes us back to the history of philosophy – to the 17th century and Cartesian dualism. Rene Descartes' dualistic conception of human nature strictly separated our concept of persons into minds and bodies. Bodies were characterised as material and were deemed the subject of science. The other side of the dualism was not characterised. There was no language for mind. It came to be conceptualised in terms drawn by analogy from the language of bodies, *e.g.*, mental structures and functions, mental energies and forces. Beginning in the nineteenth century and continuing up to the present other analogies have been drawn from biology for psychology and the social sciences: structure, function, adaptation, development, evolution. Most recently cybernetics has supplied analogies, *e.g.*, feedback, negative feedback.

Strange as it may seem, Cartesian dualism still dominates almost all of psychology and, indeed, our basic world-view. Here are some of the concepts with which we characterize human nature:

- Structures: id, ego, superego, ego ideal
- Cathexis – investing an idea or object with mental energy
- Mental levels: Conscious, preconscious, unconscious
- Primary and secondary processes
- Projective identification – unconsciously placing of part of the self into another
- paranoid-schizoid – depressive – two basic emotional stances.

There are two main dictionaries in which the language of mind is spelled out: *The Language of Psychoanalysis* (Laplace and Pontalis 1988) and *A Dictionary of Kleinian Thought* (Hinshelwood, 1989; 2nd ed., 1991). Post-Freud there are a number of modified psychoanalytic schools of thought: Anna Freud's *The Ego and the Mechanisms of Defence* (1936; 2nd ed. 1968) is a key text for orthodox Freudians. While a medical student, I memorised this like any other list of truths. She and a colleague, Professor Joseph Sandler, later wrote a book including thoughts about how the list might well be considerably expanded, making it clear that their original list might not be definitive (Freud and Sandler 1985). Donald Winnicott's (1970) work on transitional objects and phenomena is also crucial, as is that of Melanie Klein with its development of a psychoanalytic theory centred on deep unconscious processes.

When I was a psychiatric aide we learned the following diagnoses:

- Schizophrenia – four types: paranoia, catatonic, simple, hebephrenic
- Other diagnoses:
- Manic-depressive psychosis
- Depression
- Nymphomania

Returning to the broader topic of this section, it was many years before I learned that, since the 1940s, diagnoses have come *from debates among experts sitting on committees hammering out in discussions the categories of mental illness* for the *Diagnostic and Statistical Manual of Mental Diseases, DSM*. The *DSM* evolved from systems for collecting censuses from psychiatric hospitals, and from a United States Army manual. Revisions since its first publication have incrementally added substantially to the total number of mental disorders,

although also removing those no longer considered to be valid. The *DSM* is now in its fifth edition, *DSM-5*, published on May 18, 2013. There have been various previous imprints of this manual (1952, 1968, 1980, 1987, 1994, 2000) and, in each of its new guises, *the number of diagnoses has grown until it has about trebled* from 106 in *DSM-I* to 297 in *DSM-IV*. The structure of *DSM-5* does not allow for such enumeration.

Robert Spitzer, a professor of Psychiatry at Columbia University Medical School in New York, was made head of *DSM-III* (a post decidedly not competed for) and brought about a sweeping revolution, abetted by colleagues from St. Louis, *expunging psychoanalytic concepts in favour of descriptive concepts that eschew the inner world*. The replacements were drawn from the approach of the Continental tradition inspired by Emil Kraepelin (though he disputes this lineage). I cannot emphasize sufficiently what this change entailed. In *DSM-III*, there are:

- No more subjective concepts.
- No more psychodynamic or psychological terms or concepts.
- No more inner world or interpretation of dreams or phantasies or unconscious processes.
- Niente.

Once again, the prevailing psychodynamic approach was banished. This utterly reactionary but almost wholly successful coup is described by Kirk and Kutchins (1992), Shorter (1997) and, most thoroughly, by Decker (2013).

I am chagrined to admit that when I first bought and read *DSM-III*, in order to get some help teaching a course on psychopathology, it did not occur to me, a trained philosopher, to question the framework and underlying theoretical basis of this manual. It felt unfamiliar, but I had to be told why this was so. Henceforward orthodox psychiatry was not only not psychoanalytic, it was utterly silent about subjective matters.

The DSM-V debate

DSM-V has caused a great deal of controversy, much of which has attracted extensive media coverage. As Daniel Carlat writes in his thoughtful memoir, ‘Over the past two decades psychiatry has gone astray. We have allowed our treatment decisions to be influenced by the

promise of riches from drug companies, rather than by what our patients most need.’ (2010 p. 222). He goes on to suggest that ‘One reason so few psychiatrists spend significant time doing therapy is that they will earn less by doing so’ (p. 194). He explains candidly that if he sees one patient per hour for psychotherapy his income will be a fraction of what it is when he sees up to five per hour just to check how they are getting along on their medications. If he feels that they truly need psychotherapy he will refer the patient to a lower paid doctor or social worker in his employ (p. 194). He also spells out how psychiatrists are besieged by drug company representatives, wined and dined, cultivated and charmed. There is a whole chapter (five) on how drug companies sell their drugs to doctors, in which the colossal profits of the drug companies are spelled out. One drug company rep may have under ten doctors to look after.

Pharmaceuticals have for some time remained the highest earners in the US or occasionally second or third. This means that the colossal fines levied on them for illegal practices are *flea bites*, even the thirteen billion pounds they had to pay in a recent year.¹

There is also the matter of the character of pharmaceutical companies’ salesmen, researchers and executives, the people who oversee the values pursued by the companies and embodied in their products, their uses and abuses, for example, discarding negative results and promoting overprescribing. They provide leadership and corporate examples and the interface between the companies and their customers.

I am here about to embark on several case studies of corruption and sexual malpractice in the drug industry. I first learned about them by studying Wikipedia. However, the Editor of *Free Associations* commented that it is widely felt that data obtained from Wikipedia often changes (from updating – hence the notations about date of sourcing) or are otherwise thought unreliable. (You have been warned...)

I do not share this view, and, in any case, my argument does not depend on any particular list of fines. Even so, I here offer extensive alternative paths to grasping the magnitude of the fines recently imposed on major drug companies:

I would still recommend that you go to Google Chrome or your own search engine and enter ‘Drug Companies big fines’, and you will find about 38 screens of about ten items each, for example,

- *The Independent* £11bn <http://www.independent.co.uk/life-style/health-and-families/health-news/drug-giants-fined-11bn-for-criminal-wrongdoing-8157483.html>
- *Time Magazine* <http://www.independent.co.uk/life-style/health-and-families/health-news/drug-giants-fined-11bn-for-criminal-wrongdoing-8157483.html>
- Yahoo Finance <http://www.independent.co.uk/life-style/health-and-families/health-news/drug-giants-fined-11bn-for-criminal-wrongdoing-8157483.html>

Here is an admittedly extreme example: Confronted by allegations in a 13 May 1996, *Business Week* cover story, of widespread sexual harassment and other abuses, Astra USA Inc. suspended three top executives and launched an internal probe. Astra USA agreed to pay \$10 million to settle a lawsuit brought by at least 79 women and one man against the company. The suit accused Astra's former president and other executives of pressuring female employees for sex and replacing older workers with younger, more attractive women.

On 4 February 1998, Astra USA sued Lars Bildman, its former president and chief executive officer, seeking \$15 million for defrauding the company. The sum included \$2.3 million in company funds he allegedly used to fix up three of his homes, plus money the company paid as the result of the EEOC investigation. Astra's lawsuit alleged Bildman sexually harassed and intimidated employees, used company funds for yachts and prostitutes, destroyed documents and records, and concocted "tales of conspiracy involving ex-KGB agents and competitors. This was in a last-ditch effort to distract attention from the real wrongdoer, Bildman himself". Bildman had already plead guilty in US District Court for failing to report more than \$1 million in income on his tax returns; in addition, several female co-workers filed personal sexual-harassment lawsuits.

There are extensive and detailed notes about the relevant and numerous scandals available online via trusted media sources such as *Business Week*. Amongst these are various scandals around corruption at Astra Inc and full details are available online at: <http://www.bloomberg.com/bw/stories/1997-03-30/astras-ex-boss-sex-lies-and-home-improvements>. See lurid coverage of related scandals about this company's abuse of power at: <http://www.businessweek.com/1996/20/b34751.htm> and <http://www.businessweek.com/1996/20/b34752.htm>.

I do most sincerely urge you to read these two articles which, more than anything else I have

read, provide an insight into the practices and **the flavour** of the drug industry at its worst.

There are also innumerable results on Google search engine on the Lard Bindman Astra Zeneca affair:

- GlaxoSmithKline: Sex and bribery scandals: www.dailymail.co.uk/news/article-2762210/Briton-handed-suspended-jail-sentence-drug-company-GlaxoSmithKline-fined-record-300-million-China-massive-bribery-scandal.html
- GlaxoSmithKline to stop paying doctors to promote drugs: <http://www.theguardian.com/business/2013/dec/17/glaxosmithkline-stop-paying-doctors-promote-drugs>

These are highly-textured examples of the culture and activities of one major drug company. I have gone to some trouble to cite this evidence of wrongdoings that is not reliant on *Wikipedia*, although, as I have noted, I do not share the *Free Associations* editor's view that *Wikipedia* is untrustworthy. Other evidence pertains to bribing officials and hiding negative findings arising from tests on new drugs. As noted above, there have also recently been large fines levied for bribery by drug firms of doctors in China. There is a long list specifying colossal fines in recent years that are spelled out in a separate section in the Notes below.

Allen Frances, who was a professor of psychiatry at Duke University in North Carolina, who has the intriguing distinction of having been involved in three editions of *DSM* and who was the coordinator of *DSM-IV*, is a gamekeeper-turned-poacher, writing very critically, indeed, about many aspects of the process of compiling the compendium, the evil influence of the drug industry on psychiatry and its patients and what has become of psychiatry. He is particularly critical of the proliferation of diagnostic categories, which has nearly trebled over the editions of the compendium. More diagnostic categories means more drugs.

Frances aims to save us from the drug industry and from what has become of psychiatrists and general practitioners under its influence, to reclaim the concept of normality and to reclaim psychotherapy's place among treatments. In an elegant and profound passage of his recent book he says,

There is no organized psychotherapy to mount a concerted competitive push-back against the excessive use of drugs. Psychotherapy is a retail, individualized, preindustrial craft that doesn't lend itself to the wholesale industrial standardization of product and people that has been so lucrative for Pharma. The different psychotherapies and their practitioners are extremely fragmented and lack the financial resources needed to break the drug company monopoly of the airwaves. Talk doesn't pay – psychiatrists who provide psychotherapy along with medication during a forty-five minute outpatient visit earn 41 per cent less than do the psychiatrists who provide three fifteen minute management sessions. The percentage of visits to psychiatrists that included psychotherapy dropped from 44 percent in 1996 to 1997, to 24 percent in 2004 and 2005.

Psychotherapy also lacks a unified, catchy message to counter the seductively misleading drug company promo “it is all chemical imbalance.” But psychotherapy does have a much more important and truthful story to tell – that it performs as well as drugs when compared head-to-head in people with mild to moderately severe problems. Though psychotherapy takes a bit longer to work and costs more up front, it has more enduring beneficial effects, and that may make it better and cheaper in the long run than long term medication. Taking a pill is passive. In contrast, psychotherapy puts the patient in charge by installing new coping skills and attitudes toward life. (Frances, 2013 p.108)

There are many practitioners – I am one – who believe that intensive psychoanalytic psychotherapy (sometimes combined with drugs) can also be effective in treating severe mental conditions.

The demise of psychotherapy as a preferred intervention

As a result of the intense promotion of drugs and the concomitant denigration of talking therapies, psychotherapy has become relatively much less favoured. This is not because it is less effective. Sometimes, I would argue, it is more so. Psychiatrists are increasingly less likely to receive training in psychotherapy and more likely to look down on psychotherapists. I have had personal experience of this. I had a psychotic patient who was an Orthodox Jew. My patient lived in a Jewish half way house, the Medical Director of which, a man of influence in North London

psychiatry, was strongly in favour of drug therapy and opposed to psychoanalytic psychotherapy. One day, after I had been seeing this patient for a very long time, I got a call to stand by the next day to be consulted by phone during a staff meeting. The phoned never rang. My patient was told to discontinue psychotherapy, which he promptly did, and I never saw him again.

Some time later I was treating a young man who was also psychotic. At a time when his estranged and alcoholic father re-entered the maternal household, my patient, in order to attract his parents' attention, jumped out of a two-storey window, breaking some leg bones. He spent a time in hospital before being moved to a psychiatric wing and then to a half-way house. At his request I visited him throughout this period, but when he got to the half-way house his psychiatrist told him not to allow me to visit him any more. Psychoanalytic psychotherapy was not on his list of approved therapies. I am helpless in the face of this power structure.

The benefits of psychotherapy exemplified

Yet, as I have said, there is a considerable literature, some of which I will cite below, advocating the benefits of psychotherapy, including in severe mental conditions, as well as in milder disorders. There are also many advocates of psychotherapy combined with milder drugs in treating less serious disorders. But the professional communities are becoming increasingly polarized. In the UK the only approved psychotherapy is not insight-based, as are all psychoanalytically grounded psychotherapies. It is behavioural, focusing on the 'correction of bad mental habits'. It is called cognitive-behavioural therapy (CBT) and is currently, I believe, the only psychotherapy you can normally get in the British National Health Service.

Something similar, indeed, perhaps worse, has been occurring in American medicine. In 2000 an utterly gripping book, entitled *Of Two Minds: The Growing Disorder in American Psychiatry*, was published by an anthropologist, Tania M. Luhrmann, who did fieldwork on the enforced decline of talking therapies and the triumph of drug therapies in American medicine. She argues convincingly that it is usually better to combine psychotherapy with drug treatment 'But a combination of socio-economic forces and ideology is driving psychotherapy out of psychiatry.' (Luhrmann, 2000 p. 23; cf 284) One chapter begins with the announcement of the cancellation of the subscription to the *International Journal of Psychoanalysis* from the medical school library.

One of the great attractions of her study is the exploration of what is lost when the moral and philosophical dimensions of people that are stressed by psychoanalytic psychotherapies are replaced by the morally bereft language of pharmacology. As a Harvard psychiatrist observes in his back cover blurb for the book, it offers ‘A spirited, clear-eyed visit to the land of American psychiatry where the insurance industry drones and the drug-cowboys of psychopharmacology are taking over. This terrific book urges us to preserve what truly heals: a shared journey of mutual, compassionate, connection.’

Some psychotherapists argue for the efficacy of intensive psychotherapy on its own. There is an extraordinarily gripping film available on DVD, *Take These Broken Wings: Recovery from Schizophrenia without Medication* (Mackler, 2008) in which two patients and the therapist of one of them speak at length about successful long-term psychotherapy, while the film’s author and other therapists canvass the debate about suitable treatments for psychosis. Daniel Dorfman has written a book about his work with Catherine Penny, one of the cured women who features in Mackler’s film. The other patient is Joanne Greenberg, author of *I Never Promised You a Rose Garden* (1964), a classic fictionalised account of madness and recovery. The film consists largely of interviews with these patients, interspersed with *vox pops*, most of them casting doubt on the possibility of recovering from psychosis, along with experts who believe in such cures. It is eloquent in exemplifying the efficacy of psychotherapy on its own. One of Greenberg’s therapists was Frieda Fromm-Reichmann, who worked for fifteen years with Harold Searles at a remarkable private mental hospital in Maryland, Chesnut Lodge, where intensive psychotherapy was the treatment of choice.

With respect to treatment of psychosis by psychotherapy there is also an International Society for Psychological and Social Approaches to Psychoses (<http://www.isps.org/>) that publishes a book series and a journal and has regular conferences. There are many psychoanalysts and psychotherapists who have written at length on psychotherapeutic treatment of psychoses. I list some of them in the appendix to this article. It is important, however, to mention Harold Searles, whose *Collected Papers on Schizophrenia and Related Subjects* is in my opinion *non pareil*, as I argue in my review (Young 1995). As I proofread this article I learn that Harold Searles has died, age 97. I greatly admired him.

Criticisms of the drug industry

Marcia Angell, a pre-eminent as a critic of the drug industry, a professor at Harvard and former editor of *The New England Journal of Medicine* (the US equivalent of *The Lancet*), has tirelessly and effectively campaigned against the abuses committed by the drug industry. She has written extensively about conflicts of interest and biases in the medical establishment, has criticized the Food and Drug Administration and also the US Health Care system. As she argues,

The combined profits for the ten drug companies in the *Fortune* 500 (\$35.9 billion) were more than the profits for all the other 490 businesses put together (\$33.7 billion) [in 2002] ... [I have seen it claimed elsewhere that in one year the profits from the top four drug companies exceeded those of the next 396 companies in America. RMY] ... Over the past two decades the pharmaceutical industry has moved very far from its original high purpose of discovering and producing useful new drugs. Now primarily a marketing machine to sell drugs of dubious benefit, this industry uses its wealth and power to co-opt every institution that might stand in its way, including the US Congress, the FDA, academic medical centres, and the medical profession itself. (Most of its marketing efforts are focused on influencing doctors, since they must write the prescriptions.) If prescription drugs were like ordinary consumer goods, all this might not matter very much. But drugs are different. People depend on them for their health and even their lives. In the words of Senator Debbie Stabenow (D-Mich.), 'It's not like buying a car or tennis shoes or peanut butter'. People need to know that there are some checks and balances on this industry, so that its quest for profits doesn't push every other consideration aside. But there aren't such checks and balances. (Angell 2004)²

Some of Angell's most effective arguments have been about the testing of drugs. Until very recently drug companies could suppress the results of all failed drug trials and publish only successful ones. They have also represented as new drugs ones that have only trivial differences from existing ones with the aim of being able to compete with other companies' successful ones by circumventing their patents. She has drawn attention to their reliance on research conducted by government-supported labs, *e.g.*, at universities and national institutes. In 1997 *Time Magazine* dubbed her one of the 25 most influential Americans for that year.

There is a large and growing literature criticizing the drug industry. It has received considerable support from the debate surrounding the publication of *DSM-5*. Elsewhere (*The Guise of Solutions: Diagnosis, Therapy, Analysis*. Process Press, in press) I discuss how my writing has been catalysed by a revolt among mental health professionals occasioned by that compendium. I was impressed that a thousand of my professional colleagues could make such a stand and that the issues they raised were so near to my own heart. They issued the following statement of concern (for further discussion, see Young in press):

STATEMENT OF CONCERN

IS THE DSM-5 SAFE?

The signatories are concerned that DSM-5

- Includes many diagnostic categories with questionable reliability;
- Did not receive much-needed and widely requested external scientific review;
- May compromise patient safety through the implementation of lowered diagnostic thresholds and the introduction of new diagnostic categories that do not have sufficient empirical backing;
- Is the result of a process that gives the impression of putting institutional needs ahead of public welfare.
- Because of the above, we fear that DSM-5
- May result in the mislabelling of mental illness in people who would fare better without a psychiatric diagnosis;
- May result in unnecessary and potentially harmful treatment, particularly with psychiatric medication;
- May divert precious mental health resources away from those who most need them. (<http://dsm5response.com/statement-of-concern/>)

One of the themes that jumps out at me is that diagnostic categories are human creations that can come and go, not facts like atomic elements and their weights or biological species (which also come and go but usually over long time scales). Far from it: they are the products of extended (often not extended enough) debates by fallible humans, sitting in committees, operating among the pressures and prejudices of not-so-remarkable professionals with questionable values and

agendas. **Diagnoses are not natural kinds.** They are to a considerable extent cultural categories, some of which come and go, e.g., homosexuality, crossing and re-crossing the boundaries of mental well-being and mental disorders. Some continue to defy settled scientificity, e.g., psychopathy.

What can be said of diagnoses can also be said of treatments. It is now very clear to me that huge commercial pressures, from people who are far from disinterested, bring about colossal social and commercial forces in favour of drugs and at the expense of psychological treatments – which have the misfortune in the eyes of the drug industry of not involving material *things* that can be promoted as potential cure-alls and conveniently packaged. Think of the successful hyping of Prozak. Where are the Prozaks of yesteryear? One day we may wonder the same about the profligate prescription of currently prominent classes of drugs, e.g., monoamine oxidase inhibitors.

Once again, a thousand mental health professionals of considerable standing have urged us to pause and reflect and to be parsimonious with neologisms in drug nomenclature and commercially driven proliferation of psychoactive substances. As importantly, they urge sober reflection before dreaming up new diagnoses and their profligate application to troubled people. The compilers of *DSM* are also suspect in that they are likely to be influenced, consciously or unconsciously, by their affiliations with drug companies. For example, *all of the members of the DSM-5 panel on schizophrenia have important direct and financial links with the drug industry. The same is true of all the members of the panel concerned with 'mood disorders'.*

Life has problems, not all of which are appropriately approached by diagnosticians or prescribers of medications. Parenthood, friendships, counsellors and critical self-reflection should push back and resist the medicalization and 'pharmacologisation' (my neologism!) of the ordinary vicissitudes of life.

That sounds like a conclusion, doesn't it? Well, it's nearly so. This is the second time I have presented these ideas. The first time I spoke *ex tempore*, but when, some months later when I was asked to talk about these things to another audience, I asked myself how I wanted to approach it, I found myself strongly feeling that I wanted to do so in personal terms – telling how the issues impinged on my life and those near and dear to me. I have more or less done that. I have also added at the end of this paper an appendix with some further details of abuse by the drug industry, along with notes and references on various related issues.

Let me say once again that the baleful influence of the drug companies has succeeded in undermining respect for psychotherapy, especially psychoanalytic psychotherapy, both directly by competing with and by denigrating psychotherapy and indirectly via their influence on psychiatrists and medical schools curricula.

In closing, I want to repeat something I said earlier: The literatures on the efficacy for psychotic patients of psychoanalysis and of drug treatment is mixed and contradictory, as are the respective meta-analyses of them. However, it is striking how much of these literatures, contrary to public opinion, grant a lot to psychoanalysis and expresses reservations about the claims made for antipsychotic drugs. *Take These Broken Wings* makes a strong case for psychoanalysis on its own, while many argue for a combination of drugs and analysis, which is what I sometimes advocate.

Psychiatry has to a considerable extent, become applied nosology and psychopharmacology, with little or no narrative, no inner world, no interpretations, no insights. Psychiatrists are, to a large extent, looked down upon by other physicians, and all doctors, in spite of what they actually do, profess to hold the drug industry in low esteem. GPs subscribe by far the majority of psychoactive medications.

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NOTES

1. Examples of fines levied include: £1 billion between 1991-2010 (<http://www.scribd.com/doc/46692982/Penalties-Against-the-Pharmaceutical-Industry-1991-to-2010>); £11 billion between 2009-12. (<http://www.independent.co.uk/life-style/health-and-families/health-news/drug-giants-fined-11bn-for-criminal-wrongdoing-8157483.html>); \$8 billion between 2009-12 (http://en.wikipedia.org/wiki/Pharmaceutical_industry); and over \$13 billion in 2013. (<http://projects.propublica.org/graphics/bigpharma> discusses some of the largest settlements). For a summary, see <http://healthland.time.com/2012/09/17/pharma-behaving-badly-top-10-drug-company-settlements/> and <http://www.cyclopaedia.info/wiki/List-of-Largest-Pharmaceutical-Settlements>.
2. See also her other writings: *The Truth About the Drug Companies: How They Deceive Us and What to Do About It*. N.Y.: Random House. 2004; and 'Drug Companies & Doctors: A Story of Corruption', *The New York Review of Books*. Jan. 15, 2009: <http://www.nybooks.com/articles/archives/2009/jan/15/drug-companies-doctors-a-story-of-corruption/?pagination=false>

APPENDIX: NOTES, RESOURCES, REFLECTIONS

Among the many matters that *DSM* connects to is the efficacy of psychotherapy in treating serious mental disturbances versus treatment by drugs. Some of this is more relevant to American psychiatry than to British, but the issues it raises are very germane to the situation

here, in particular, the role and power of the pharmaceutical industry which, I say again, is in many years the most profitable on earth and sometimes the third most profitable. This has recently been prominent in the UK press over the unsuccessful attempt of the US firm Pfizer (manufacturer of Viagra) to buy the UK's Astra Zenica.

The industry is a ruthless and, in some respects, a fundamentally dishonest one. You can find on Wikipedia long lists of huge fines paid by many companies for various illegalities including misprescription of drugs used to treat psychosis, *e.g.*, antipsychoroquel. They have had to pay large settlements for sexual harassment, and a recent drug company president has had to retire early for this reason.

It's all a huge mess, and it is striking what sort of people run much of the drug industry, an industry into which our psychiatrists, groups' and patients' welfare has been entrusted. I am not exaggerating. Here are some helpful on-line resources:

- The expositions of Neville Symington Psychotherapy with Psychotic Patients on You-Tube: http://www.youtube.com/watch?v=nG_i_cmdsPk
- Exposition on-line of the work of Daniel Dorman, the therapist of Catherine Penney in 'Take These Broken Wings': <http://www.youtube.com/watch?v=STVqhvZwRys>
- Marcia Angell on You-tube Re: 'The Truth about the Drug Companies': <http://www.youtube.com/watch?v=uDbQNBl6aU>

I also recommend:

- John Read, Richard Bentall and Loren Mosher, eds. *Models of Madness: Psychological, Social and Biological Approaches to Schizophrenia*. London: Routledge, 2004.
- Paper 'Reading Harold Searles' by Thomas Ogden:
<http://pepweb.org/document.php?id=ijp.088.0353a&type=hitlist&num=7&query=zone1%2Cparagraphs%7Czone2%2Cparagraphs%7Cauthor%2COgden%2C+T.H.%7Cauthorexact%2C1#hit1>
- Searles is the foremost analyst of psychotic patients See my article on him:
<http://www.human-nature.com/rmyoung/papers/paper25.htm>

Three excellent books, the first two of which were written by participants in the *DSM-5* debates:

- Allen Francis, *Saving Normal*. (N.Y.: William Morrow, 2013)
- Gary Greenberg, *The Book of Woe. The DSM and the Unmaking of Psychiatry*. (Brunswick, Victoria, Australia: Scribe, 2013).
- Daniel J. Carlat, *Unhinged: The Trouble with Psychiatry. A Doctor's Revelations about a Profession in Crisis*. (N.Y. & London: Free Press, 2010).

Two other popular critiques of the pharmaceutical industry:

- Goldacre, Ben, *Bad Pharma: How Medicine is Broken and How to 'Fix It*. (London: Fourth Estate, 2012).
- Healey, David, *Pharmageddon*. (Berkeley: University of California Press, 2013).

There is also a book criticising the drug industry more broadly under the claim that 'Prescription drugs are the third leading cause of death after heart disease and cancer':

- Peter Gotzsche, *Deadly Medicines and Organized Crime*. (London & N.Y.: Radcliffe).
- See also the review of *DSM-5* by the eminent philosopher Ian Hacking, 'Lost in the Forest', *London Rev. of Books* 8 Aug. 3013, available on-line.

Relations Between Psychiatric and Psychotherapeutic Concepts

One way to look at the pressure not to use psychotherapy is – as I never tire of saying – to note that in psychotherapy there is no drug (pill/capsule) to peddle. In the battle to eliminate psychotherapy and promote drugs the industry resorts to bribery for promoting drugs. There are also, as I have said, scandals about the testing of drugs, e.g., only publishing positive results and creating 'me-too' drugs that differ a tiny bit from the one owning the patent in holder to circumvent the patent. See below for my long list of entries on bribery, corruption and other dishonesties in testing and marketing.

CBT controversy

Professor Richard Layard, an LSE economist and part-time psychotherapist, recommended a course of twelve sessions of Cognitive Behavioural Therapy (CBT) as the

preferred treatment for practically all mental disorders, in preference to longer-term psychotherapy, and the British government and the NHS accepted this norm. I'm told that at the crucial meeting the government decision-maker said that if they could not name a treatment of choice within the next few minutes, there would be no treatment supported by the government. Layard proposed CBT, and so it became the treatment of choice.

The more psychiatrists diagnose ailments and prescribe drugs, the less likely they are to have time to listen to patients and engage with their inner worlds. The average time spent by a psychiatrist with a given patient is seven minutes. This way, as I have documented twice above, he or she can make up to five times as much money as a psychotherapist who spends fifty minutes with each patient. Fitting the themes together, more drugs leads to more diagnoses and *vice versa*, leading to inflation of diagnoses and of people being diagnosed.

Despite its conservative intent and careful methodology, *DSM-IV* was not able to prevent diagnostic inflation. Rates of attention deficit disorder tripled as a result of heavy drug company marketing starting in 1997 – instigated by the introduction of new on-patent drugs and facilitated by the removal of federal prohibitions against direct-to-consumer advertising.

Rates of autism increased by more than twenty-fold, largely because the loose diagnosis followed the diagnosis becoming a prerequisite for extra school services. Rates of bipolar disorder doubled largely because of drug company marketing. And rates of bipolar disorder in children increased by forty-fold when thought leaders and drug companies convinced practitioners that temperamental kids had bipolar disorder even if they didn't have mood swings – a concept that had been rejected by *DSM-IV*. Frances later felt that *DSM-IV* should have fought more vigorously against the risks of diagnostic inflation by tightening diagnostic criteria and providing more specific warnings against over-diagnosis. Frances co-authored *Am I Okay? A Layman's Guide to the Psychiatrist's Bible* with psychiatrist Michael First.

Meanwhile, Pharma overtakes arms industry to top the league of misbehaviour:

- GlaxoSmithKline's \$3bn fine for mis-selling drugs in the US is the biggest ever handed down, but analysts say it is a drop in the ocean compared with the profits from medicines: <http://www.theguardian.com/business/2012/jul/03/glaxosmithkline-fined-bribing-doctors-pharmaceuticals> and <http://www.theguardian.com/business/2012/jul/08/pharma-misbehaviour-gsk-fine>

- GlaxoSmithKline were bribing doctors to increase drugs sales. Sales reps in the US encouraged to mis-sell antidepressants Paxil and Wellbutrin and asthma treatment Advair.
- GlaxoSmithKline's bribes are evidence that Big Pharma isn't working. The inadequacies of relying solely on market forces for our drugs are clearer than ever. This scandal should prompt a rethink: GlaxoSmithKline pays £1.9bn to settle US legal inquiries
- British pharmaceuticals firm pays \$3bn to end probes by American authorities into sale and marketing of drugs such as Avandia and Wellbutrin: <http://www.theguardian.com/business/2011/nov/03/glaxosmithkline-paysthree-billion-dollars-to-settle-us-probe>

The global pharmaceutical industry has racked up fines of more than \$11bn in the past three years for criminal wrongdoing, including withholding safety data and promoting drugs for use beyond their licensed conditions.

In all, 26 companies, including eight of the 10 top players in the global industry, have been found to be acting dishonestly. The scale of the wrongdoing, revealed for the first time, has undermined public and professional trust in the industry and is holding back clinical progress, according to two papers published in *The New England Journal of Medicine*. Leading lawyers have warned that the multibillion-dollar fines are not enough to change the industry's behaviour.

The 26 firms are under "corporate integrity agreements", which are imposed in the US when healthcare wrongdoing is detected, and place the companies on notice for good behaviour for up to five years.

The largest fine of \$3bn, imposed on the UK-based company GlaxoSmith-Kline in July after it admitted three counts of criminal behaviour in the US courts, was the largest ever. But GSK is not alone – nine other companies have had fines imposed, ranging from \$420m on Novartis to \$2.3bn on Pfizer since 2009, totalling over \$11bn.

The list of fines racked up by the global pharmaceutical industry in the past three years for criminal wrongdoing, including withholding safety data and promoting drugs for use beyond their licensed conditions has been published by Lena Groeger (*ProPublica*, 24th February 2014) as follows:

In the last few years pharmaceutical companies have agreed to pay over \$13 billion to resolve U.S. Department of Justice allegations of fraudulent marketing practices, including the promotion of medicines for uses that were not approved by the Food and Drug Administration. Here are summaries of some recent large settlements.

Pfizer

SEPT 2009

Pfizer was [fined \\$2.3 billion](#), then the largest health care fraud settlement and the largest criminal fine ever imposed in the United States. Pfizer pled guilty to misbranding the painkiller Bextra with "the intent to defraud or mislead", promoting the drug to treat acute pain at dosages the FDA had previously deemed dangerously high. Bextra was pulled from the market in 2005 due to safety concerns. The government alleged that Pfizer also promoted three other drugs illegally: the antipsychotic Geodon, an antibiotic Zyvox, and the antiepileptic drug Lyrica.

[See Pfizer in Dollars For Docs](#)

Merck

NOV 2011

Merck agreed to pay a fine of [\\$950 million](#) related to the illegal promotion of the painkiller Vioxx, which was withdrawn from the market in 2004 after studies found the drug increased the risk of heart attacks. The company pled guilty to having promoted Vioxx as a treatment for rheumatoid arthritis before it had been approved for that use. The settlement also resolved allegations that Merck made false or misleading statements about the drug's heart safety to increase sales.

[See Merck in Dollars For Docs](#)

GlaxoSmithKline

JULY 2012

GlaxoSmithKline agreed to [pay a fine of \\$3 billion](#) to resolve civil and criminal liabilities regarding its promotion of drugs, as well as its failure to report safety data. This is the largest health care fraud settlement in the United States to date. The company pled guilty to misbranding the drug Paxil for treating depression in patients under 18, even though

the drug had never been approved for that age group. GlaxoSmithKline also pled guilty to failing to disclose safety information about the diabetes drug Avandia to the FDA.

[See GlaxoSmithKline in Dollars For Docs](#)

Sanofi-Aventis

DEC 2012

Sanofi-Aventis agreed to [pay \\$109 million](#) to resolve allegations that the company gave doctors free units of Hyalgan (an injection to relieve knee pain) to encourage those doctors to buy their product. Sanofi lowered the effective price by promising these free samples to doctors, but at the same time got inflated prices from government programs by submitting false price reports, alleged the United States. Medicare and other government health care programs "paid millions of dollars in kickback-tainted claims for Hyalgan," according to the DOJ announcement.

Johnson & Johnson

NOV 2013

Johnson & Johnson agreed to [pay a \\$2.2 billion](#) fine to resolve criminal and civil allegations relating to the prescription drugs Risperdal, Invega and Natrecor. The government alleged that J&J promoted these drugs for uses not approved as safe and effective by the FDA, targeted elderly dementia patients in nursing homes, and paid kickbacks to physicians and to the nation's largest long-term care pharmacy provider, Omnicare Inc. As part of the agreement, Johnson & Johnson admitted that it promoted Risperdal for treatment of psychotic symptoms in non-schizophrenic patients, although the drug was approved only to treat schizophrenia.

[See J&J in Dollars For Docs](#)

Eli Lilly

JAN 2009

Eli Lilly was [fined \\$1.42 billion](#) to resolve a government investigation into the off-label promotion of the antipsychotic Zyprexa. Zyprexa had been approved for the treatment of certain psychotic disorders, but Lilly admitted to promoting the drug in elderly

populations to treat dementia. The government also alleged that Lilly targeted primary care physicians to promote Zyprexa for unapproved uses and “trained its sales force to disregard the law.”

[See Eli Lilly in Dollars For Docs](#)

AstraZeneca

APRIL 2010

AstraZeneca was [fined \\$520 million](#) to resolve allegations that it illegally promoted the antipsychotic drug Seroquel. The drug was approved for treating schizophrenia and later for bipolar mania, but the government alleged that AstraZeneca promoted Seroquel for a variety of unapproved uses, such as aggression, sleeplessness, anxiety, and depression. AstraZeneca denied the charges but agreed to pay the fine to end the investigation.

[See AstraZeneca in Dollars For Docs](#)

Abbott

MAY 2012

Abbott was [fined \\$1.5 billion](#) in connection to the illegal promotion of the antipsychotic drug Depakote. Abbott admitted to having trained a special sales force to target nursing homes, marketing the drug for the control of aggression and agitation in elderly dementia patients. Depakote had never been approved for that purpose, and Abbott lacked evidence that the drug was safe or effective for those uses. The company also admitted to marketing Depakote to treat schizophrenia, even though no study had found it effective for that purpose.

[See Abbott in Dollars For Docs+-](#)

Boehringer Ingelheim

OCT 2012 Boehringer Ingelheim Pharmaceuticals Inc agreed to [pay \\$95 million](#) to resolve allegations that the company promoted several drugs for non- medically accepted uses. These drugs included the stroke-prevention drug Aggrenox, the lung disease drugs Atrovent and Combivent, and Micardis, a drug to treat high blood pressure. The FDA

alleged that Boehringer improperly marketed the drugs and "caused false claims to be submitted to government health care programs."

Amgen

DEC 2012

Amgen agreed to [pay a \\$762 million](#) fine to resolve criminal and civil charges that the company illegally introduced and promoted several drugs including Aranesp, a drug to treat anemia. Amgen pleaded guilty to illegally selling Aranesp to be used at doses that the FDA had explicitly rejected, and for an off-label treatment that had never been FDA-approved.

Endo FEB 2014

Endo Health Solutions Inc. and its subsidiary Endo Pharmaceuticals Inc. agreed to [pay \\$192.7 million](#) to resolve criminal and civil liability arising from Endo's marketing of the prescription drug Lidoderm. As part of the agreement, Endo admitted that it intended that Lidoderm be used for unapproved indications and that it promoted Lidoderm to healthcare providers this way.

Source: The Department of Justice

<http://projects.propublica.org/graphics/bigpharma>

Dollars for Docs: Illegal payments from drug firms 'reach hundreds of thousands of doctors

60 articles!

<http://www.propublica.org/series/dollars-for-docs>

As I close I want also to mention that broader cultural and ideological forces have undermined the influence of psychodynamic and psychoanalytic therapies. It's not all down to the drug companies. There was and remains a profound backlash against the baleful discoveries about human nature, society and culture that were made by the broad psychodynamic movement and against the left libertarian movement loosely associated with 'the sixties'. Conventional and right-wing cultural and intellectual movements fought back – largely successfully. The drug

companies were certainly part of that backlash but they were not in its vanguard. For an incisive and brief account of these social and political dynamics here is a short article:

- Firestone, Robert (2009) 'The Death of Psychoanalysis and Depth Psychotherapy', *Psychology Today*, available online at: <https://www.psychologytoday.com/blog/the-human-experience/200901/the-death-psychoanalysis-and-depth-psychotherapy>

A list of some significant – mostly psychoanalytic – writers on psychosis:

Melanie Klein, Wilfred Bion, Harold Searles, Frida Fromm-Reichmann, Elizabeth Bott Spillius, Hanna Segal, Erich Brenman, Donald Meltzer, Sydney Klein, Robert Hinshelwood, Roger Monet-Kyrle, Henri Rey. Herbert Rosenfeld, John Steiner, Emil Kraepelin, Karl Jaspers, Frances Tustin, Betty Joseph, Ronald Britton, Isabel Menzies Lyth, Paula Heimann, Michael Eigen, Margaret Little, Ronald D. Laing, Joseph Berke, Tom Main, Henri Rey.

Among non-clinical writers on mental disease the person whose publications I have found most insightful is Peter Barham (1985) *Schizophrenia and Human Value*, reprinted Free Association Books. See also (1995) *Relocating Madness: From the Mental Patient to the Person*, reprinted Free Association Books, (1997), *Closing the Asylums: The Mental Patient in Modern Society*, Penguin, 1997; 2nd ed., 1998, and (2007) *Forgotten Lunatics of the Great War*, Yale University Press.