

Breaking Barriers: **Rethinking** madness

*Exploring addiction, mental illness
and the search for oneself*

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A relentless search for meaning...

- Addiction as a “meager substitute” for psychosocial integration
- Perspectives and treatment of mental illness as a confounding factor to recovery
- Attachment vs. authenticity

Psychosocial Integration

A profound interdependence between individual and society that normally grows and develops throughout each person's lifespan.

Reconciles people's vital needs for social belonging with their equally vital needs for individual autonomy.



Latin American study

- 5 populations
 - Mexicans (Mexico City)
 - Immigrants (Fresno County < 13 yrs)
 - Immigrants (Fresno County > 13 yrs)
 - Mexican-Americans (Fresno County)
 - General population

“Dislocation, more than poverty, is a precursor of addiction and mental illness”

Family Dynamics

- Multigenerational trauma
- Pre-natal / ante-natal exposure and effects
- Consequences

<http://www.youtube.com/watch?v=oTMm4NEQc1Q>

Acceptable (?) addictions

“Most feelings, specifically those that are automatic and compulsives, are the result of holes. Where there are no holes, there are no such emotions. Sadness, hurt, jealousy, anger, hatred, fear – all of these are the result of holes.”

<http://www.youtube.com/watch?v=bJgXlwUb9GA>



Addictions provide a meager
substitute for psychosocial
integration (“wholeness”)

Addiction $\leftarrow \rightarrow$ “Mental Illness”

- Emotional dysregulation often precedes addiction:
 - Depression, hyperactivity, chronic pain, reduced attention span, heightened emotionality, alienation, personal insecurity, anxiety, conflict with parents, a sense of meaninglessness, perceived loss of control
- 50-80% of individuals suffering with mental illness struggle with comorbid addiction

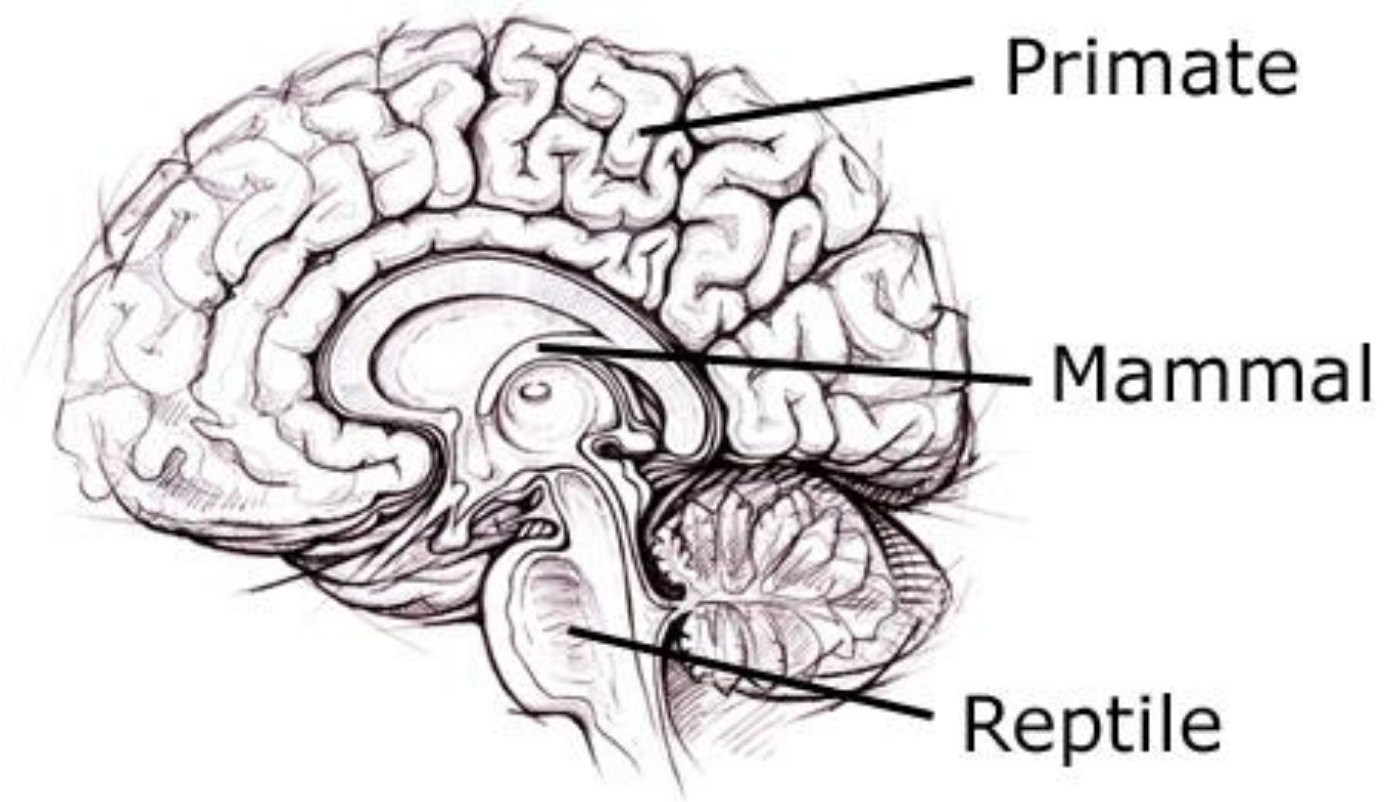
Addiction: Self-soothing

“Mental Illness”: Coping with *overwhelming emotional distress*

Source: Alexander, B. *The globalization of addiction: A study in the poverty of the spirit* (2008)

Source: American Psychological Association “Mental illness and drug addiction may co-occur due to disturbance in part of the brain” (2007, Dec 3)

Neurobiology



Neurobiology

- Trauma
 - amygdala enlarges, hippocampus shrinks
- Limbic activation
 - freeze, flight, fight, fright, faint
- PTSD
- Self-soothing vs. self-regulation

Neurobiology

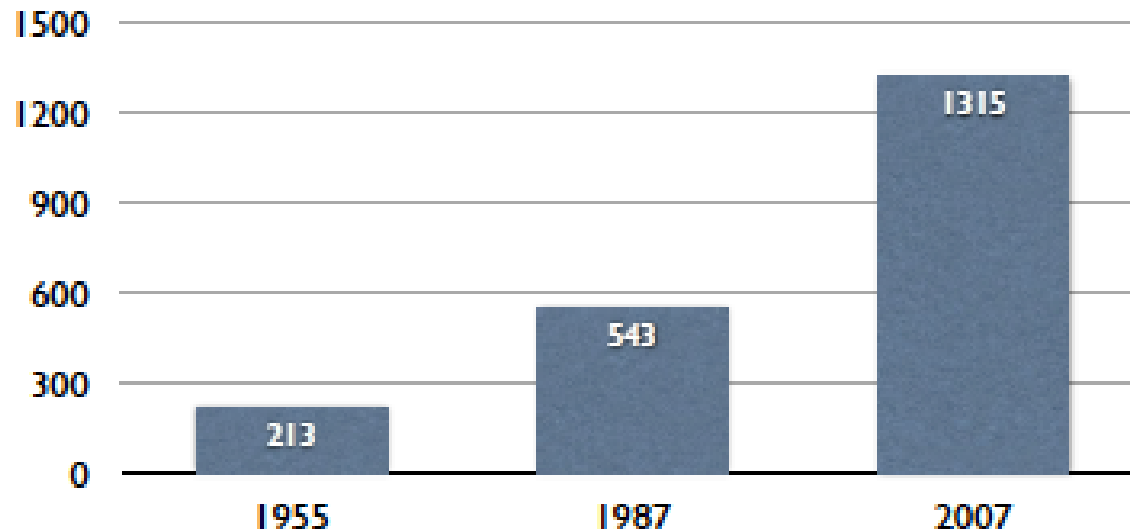
- Addiction – activation of neural pathways
 - Craving / compulsion
 - Temporary relief
 - Negative consequence
 - Unable to stop
- Rat Park
 - Addiction based on “physical, mental, social setting”

“If you've seen a doctor about emotional problems some time over the past 20 years, you've probably been told that you had a chemical imbalance, and that you needed tablets to correct it.”

The Disabled Mentally Ill in the United States, 1955-2007

(under government care)

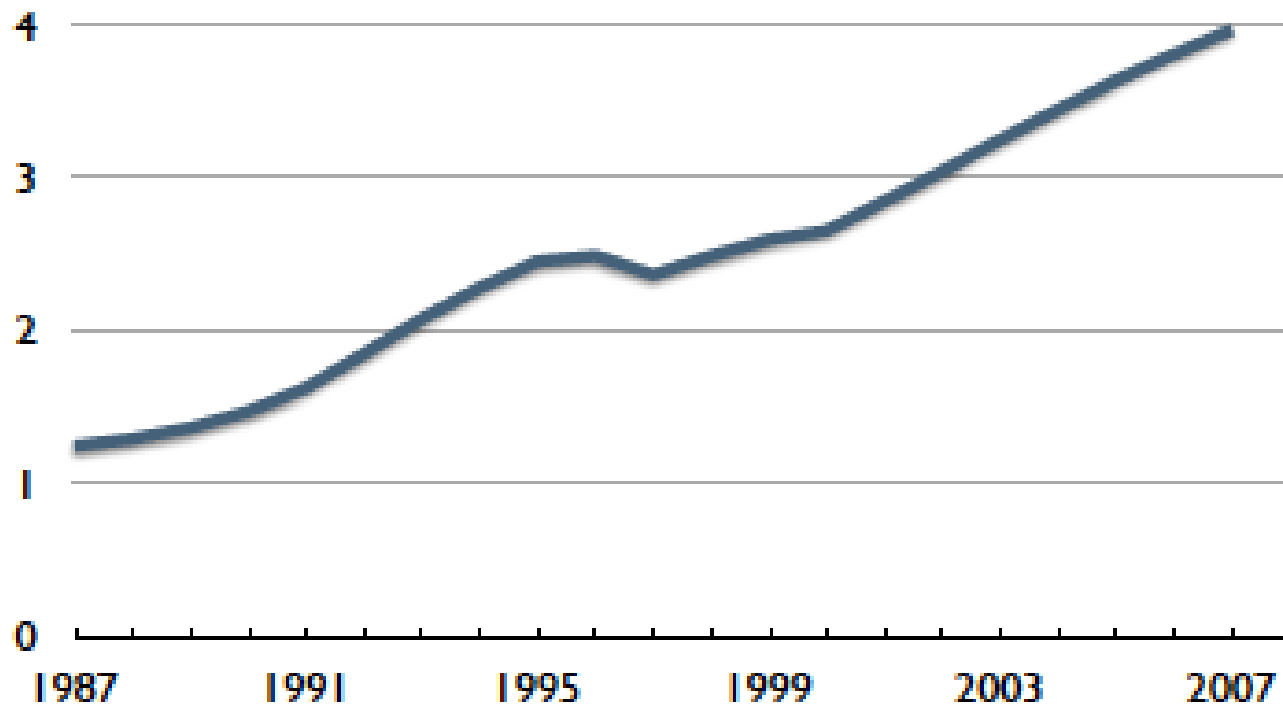
■ Per 100,000 population



Source: Silverman, C. *The Epidemiology of Depression* (1968): 139. U.S. Social Security Administration Reports, 1987-2007.

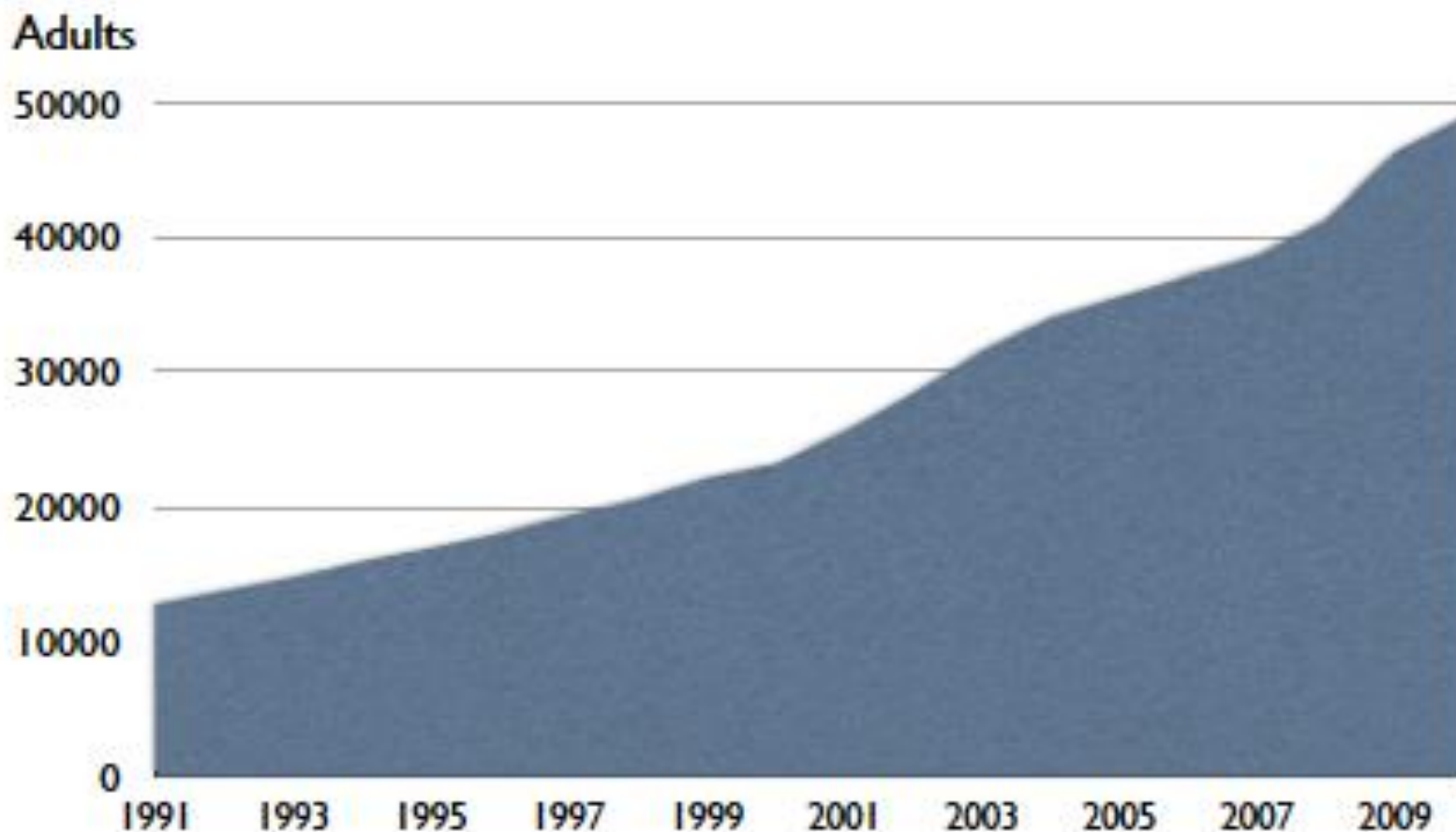
U.S. Disability in the Prozac Era

Millions of adults, 18 to 66 years old



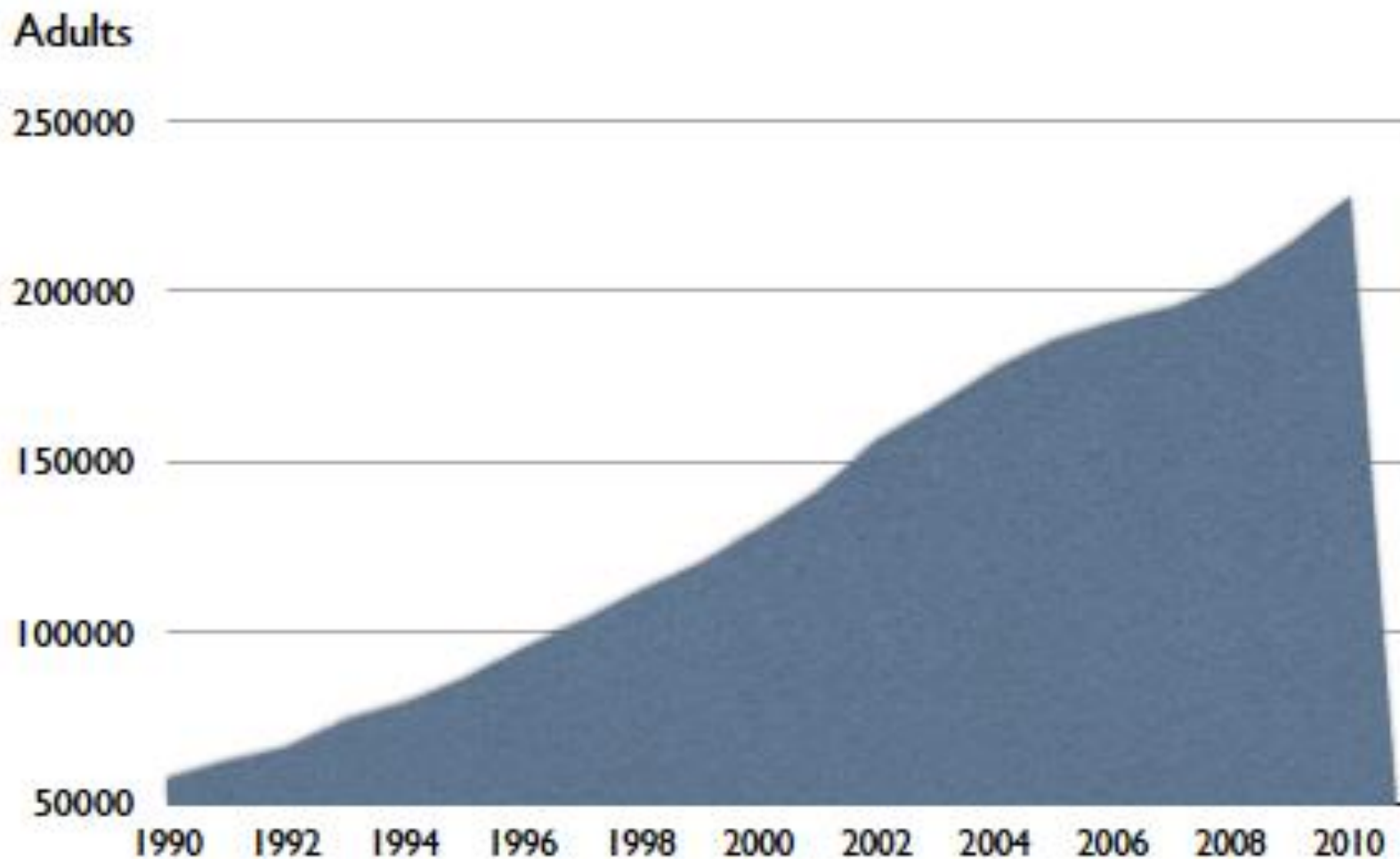
Source: U.S. Social Security Administration Reports, 1987-2007

Disability Due to Psychiatric Disorders in New Zealand, 1991-2010



Source: Statistics New Zealand, Annual reports, 1999-2010

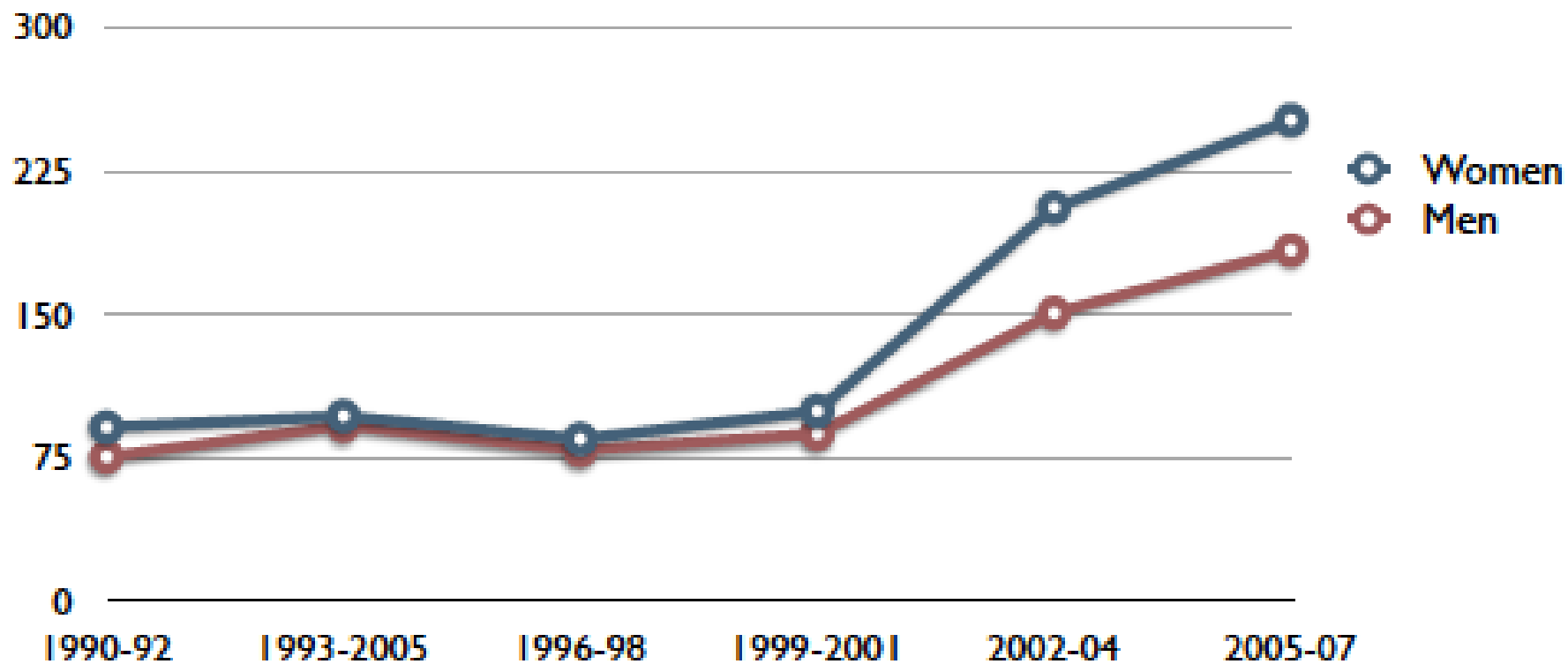
Disability Due to Psychiatric Disorders in Australia, 1990-2010



Source: Australian Government, "Characteristics of Disability Support Pension Recipients, June 2011."

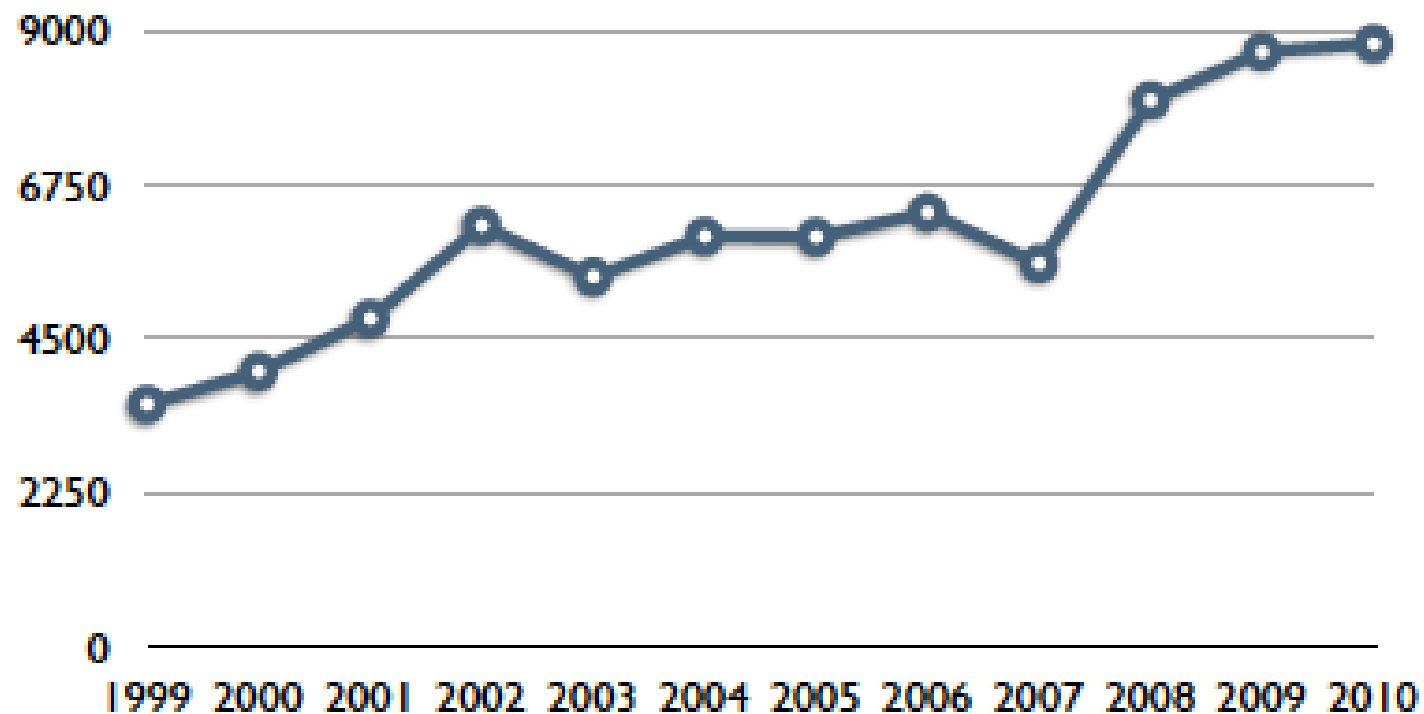
Disability Due to Mental and Behavioural Disorders in Iceland, 1990-2007

Number of New Cases Annually per 100,000 Population



Source: Thoriacius, S. "Increased incidence of disability due to mental and behavioural disorders in Iceland, 1990-2007." *J Ment Health* (2010) 19: 176-83.

New Cases of Disability in Denmark Due to Mental Illness



Source: Danish government, The Appeals Board, Statistics on Early Retirement.

WHO Cross-Cultural Studies, 1970s/1980s

- In both studies, which measured outcomes at the end of two years and five years, the patients in the three developing countries, India, Nigeria, and Colombia, had a “considerably better course and outcome” than in the U.S. and six other developed countries.
- The WHO researchers concluded that “being in a developed country was a strong predictor of not attaining a complete remission.”
- They also found that “an exceptionally good social outcome characterized the patients” in developing countries.

Source: Jablensky, A. “Schizophrenia, manifestations, incidence and course in different cultures.” *Psychological Medicine* 20, monograph (1992):1-95.

WHO Findings, Continued

Medication usage:

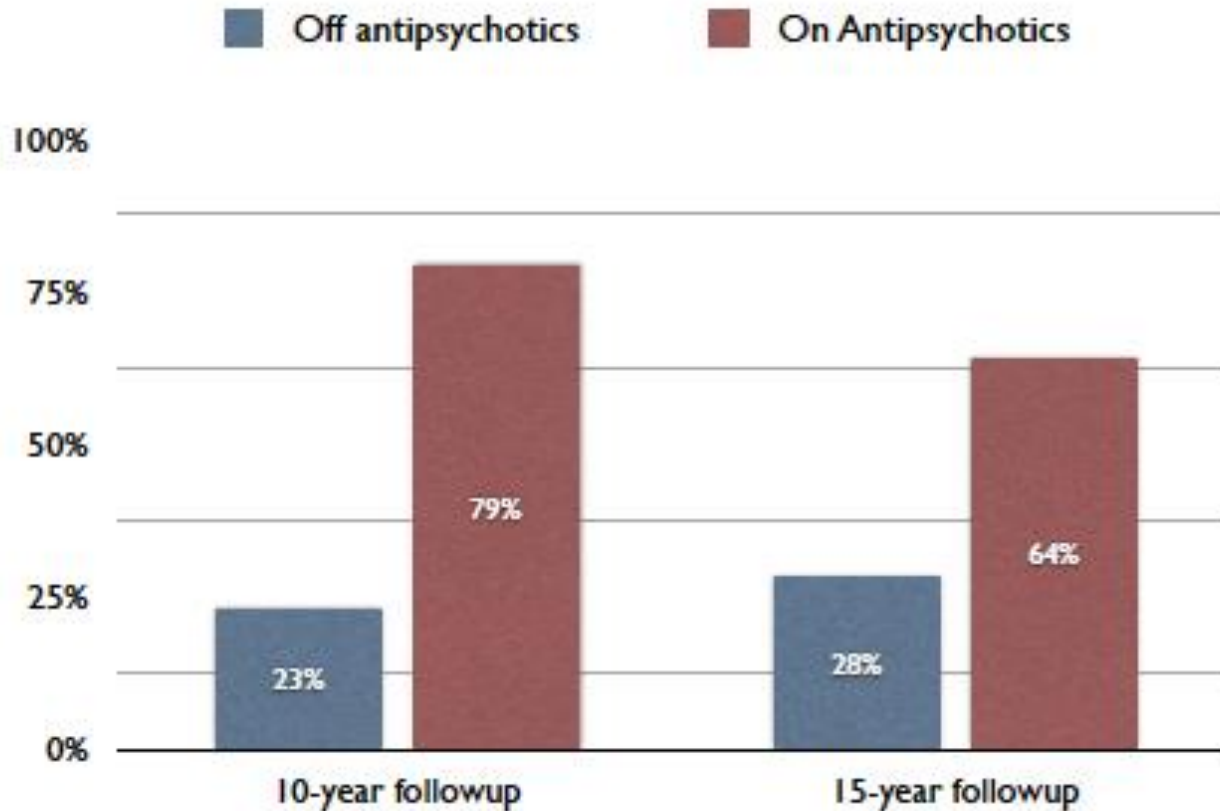
16% of patients in the developing countries were regularly maintained on antipsychotics, versus 61% of the patients in rich countries.

15-year to 20-year followup:

The “outcome differential” held up for “general clinical state, symptomatology, disability, and social functioning.” In the developing countries, 53% of schizophrenia patients were “never psychotic” anymore, and 73% were employed.

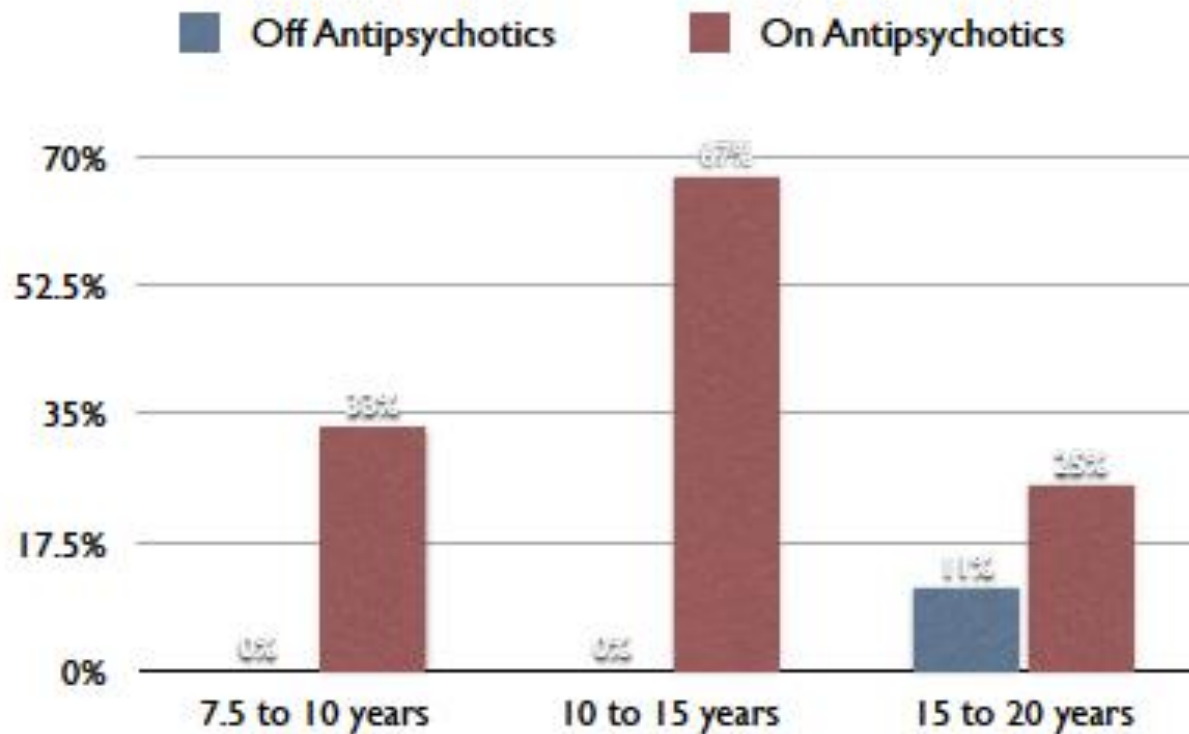
Source: Jablensky, A. “Schizophrenia, manifestations, incidence and course in different cultures.” *Psychological Medicine* 20, monograph (1992):1-95. See table on page 64 for medication usage. For followup, see Hopper, K. “Revisiting the developed versus developing country distinction in course and outcome in schizophrenia.” *Schizophrenia Bulletin* 26 (2000):835-46.

Psychotic Symptoms in Schizophrenia Patients Over the Long Term



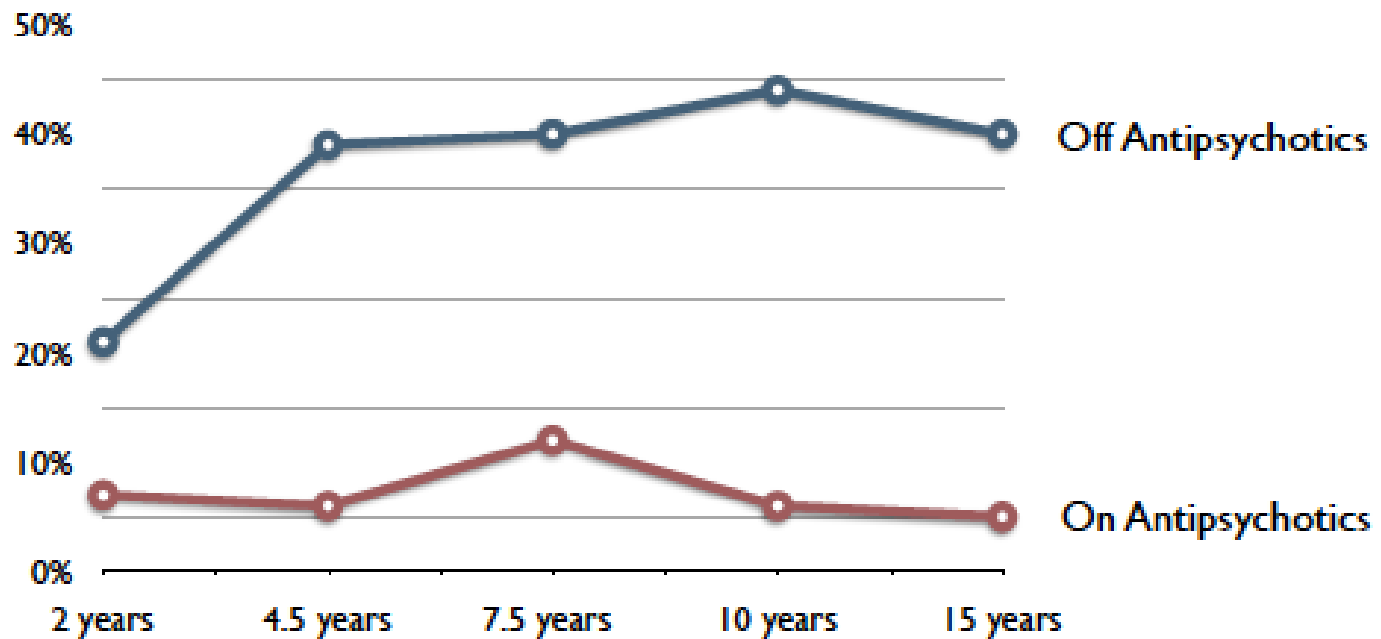
Source: Harrow M. "Factors involved in outcome and recovery in schizophrenia patients not on antipsychotic medications." *Journal of Nervous and Mental Disease* 195 (2007):406-14.

Relapse Rates Once Patients Are Stable



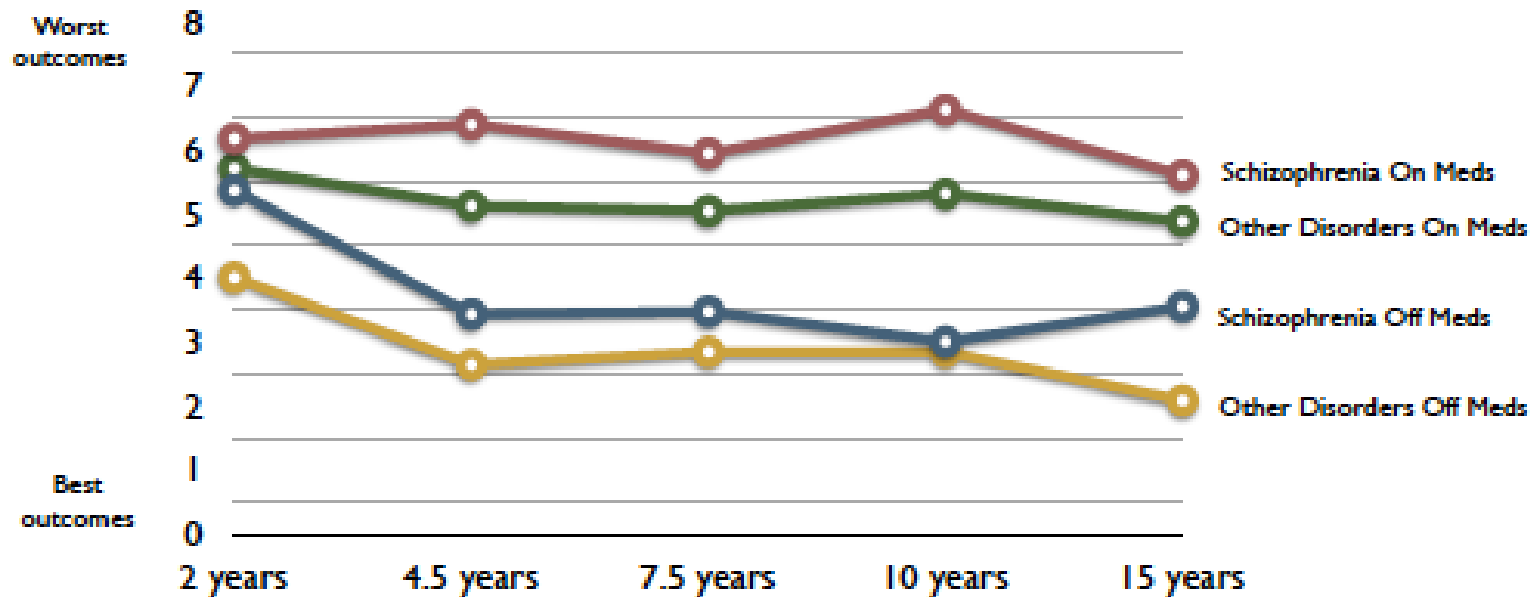
Source: Harrow M. "Do all schizophrenia patients need antipsychotic treatment continuously throughout their lifetime? A 20-year longitudinal study." *Psychological Medicine*, (2012):1-11.

Long-term Recovery Rates for Schizophrenia Patients



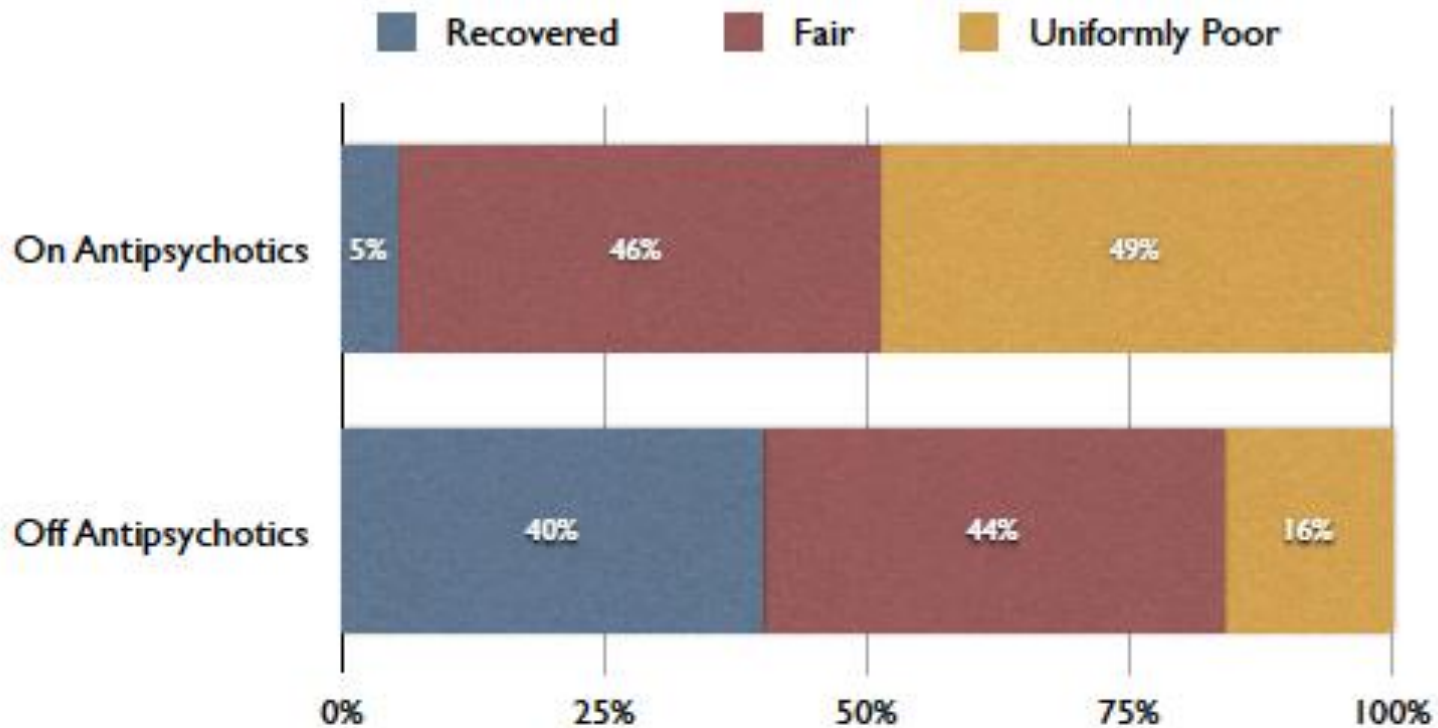
Source: Harrow M. "Factors involved in outcome and recovery in schizophrenia patients not on antipsychotic medications." *Journal of Nervous and Mental Disease* 195 (2007):406-14.

Global Adjustment of All Psychotic Patients



Source: Harrow ML. "Factors Involved in outcome and recovery in schizophrenia patients not on antipsychotic medications." *Journal of Nervous and Mental Disease* 195 (2007):406-14.

Spectrum of Outcomes in Harrow's Study



Source: Harrow M. "Factors involved in outcome and recovery in schizophrenia patients not on antipsychotic medications." *Journal of Nervous and Mental Disease* 195 (2007):406-14.

Summary of Harrow's Findings

Those who stayed on antipsychotics:

- Were much more psychotic
- Were much more anxious
- Had worse cognitive function
- Had much lower recovery rates
- Were much more likely to have a “uniformly poor” outcome
- Had worse global outcomes

And:

- Schizophrenia patients off antipsychotics had much better outcomes than patients with milder psychotic disorders who stayed on the drugs.

“I conclude that patients with schizophrenia not on antipsychotic medication for a long period of time have significantly better global functioning than those on antipsychotics.”

--Martin Harrow, American Psychiatric Association annual meeting, 2008

Antidepressant Outcomes

- Longer and more frequent episodes of MDD
- Patients do worse and are “significantly less likely to have recovered” (32.3% versus 51.4%)
- Long term use increases vulnerability to further episodes of depression
- Irreversible biochemical changes predispose chronic depression

Source: Patten, S. B. (2004) The impact of antidepressant treatment on population health: Synthesis of data from two national data sources in Canada.

Source: Patten, S. B. (2008). Confounding by severity and indication of observational studies of antidepressant effectiveness. *Canadian Journal of Clinical Pharmacology*, 15(2), e367-e471.

Source: Watson, D. (2009, June 1). Worsening of depression outcomes: Drug induced disability.

Source: Baldessarini (2005), Fava (1995, 2002)

Promises swallowed like pills

A physician's dilemma

- Ease and efficacy of delivery
- Biased information
 - Peer reviewed journals
 - Drug endorsements
- Discrepancy between clinical trials and real use
 - Duration
 - Polypharmacy

Source: Esposito, 2007

Source: Hoye et al., 2008

Source: Abramson & Starfield, 2005

For a psychiatric drug to be approved,
a drug company needs only to develop
two positive outcome studies - **no
matter how many negative outcome
studies there are.**

Promises swallowed like pills:

Case study – Antidepressants (SSRI/SNRI)

- Placebo wash-out
- Selective publication: Drugs deemed “significantly more effective” in 2/3rds of published studies
- Full analysis of the data: “placebos were as effective”

Source: Antonuccio , 1999; Breggin, 2008

Source: Kirch, 2002

Source: Thase, 1999

Promises swallowed like pills

- Direct-to-consumer advertising
- Social media
- Normalization of depression, anxiety, etc.
- Locus of control
- Limited options or alternatives

“No genetic or biological causes have as yet been discovered.”

Attachment vs. Authenticity

- Societal and Familial influence
- Addiction / “mental illness”
- Personality, Ego
- Essence

“To be yourself in a world that is constantly trying to make you something else is the greatest accomplishment.” Emerson

http://www.youtube.com/watch?v=1jv3g_Yy1zY



Recovery

“they say that alcoholics are always alcoholics
even when they're as dry as my lips for years
even when they're stranded on a small desert island
with no place in two thousand miles to buy beer”

Ani Difranco (“Fuel”)

Recovery (Discovery)

- Education
- Support
- Connection
 - Others
 - Self

“What saves a man is to take a step,
and another step. It is always the
same step, but he still must take it.”

Antoine de Saint-Exupery