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**THE EVENING NEWS AND THE BEHAVIORAL BLUES:  
COMMENTS ON JOSEPH WYATT AND DONNA MIDKIFF'S  
BIOLOGICAL PSYCHIATRY: A PRACTICE IN SEARCH OF A SCIENCE,  
AND STEPHEN WONG'S BEHAVIOR ANALYSIS OF PSYCHOTIC  
DISORDERS—SCIENTIFIC DEAD END OR CASUALTY OF THE  
MENTAL HEALTH POLITICAL ECONOMY?**

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**THE EVENING NEWS: WYATT AND MIDKIFF'S BIOLOGICAL PSYCHIATRY**

Today's network evening news programs, ABC, CBS, NBC, present thirty minute parades of drug commercials interrupted by segments of news. The floats in the parade, each a commercial that promotes a drug treating such conditions as sleep difficulties, sexual dysfunction, anxiety, and depression, 30-second dramas of positive life changes brought about by drugs. Then, like unreadable banners with small print flying behind each float, come rapidly spoken disclaimers about each drug's limits and side effects. Listen carefully. The rapidly disclaimer tag lines reference many of the problems addressed in Wyatt and Midkiff's article. Caveat emptor.

Thirty years ago psychiatry faced sharp declines in the number of medical school graduates and the intrusion of psychologists and social workers into therapeutic practice. Finding evidence to support medical foundations of psychological difficulties became a priority among psychiatric researchers, the authors report. When drug companies who shared an interest, including a large economic interest, in securing a biological-medical foundation for problems in living, joined the fray, the battle turned. Biological causation, drug companies asserted in media, office visits and advertising, warranted biological treatment. From 1985 to 1994 prescriptions of stimulants tripled and prescriptions of mood elevators doubled. The pharmaceutical industry initiated and continued intensive marketing of psychopharmaceutical products. As recently as 2001, the authors note, the industry spent \$19 billion on marketing and \$200 million on lobbying and campaign contributions. By 2003, the drug industry underwrote 70% of all clinical drug trials in the USA. And "off-label" drug prescriptions, prescriptions of medications not yet approved by the FDA, have soared.

Where's the evidence? Wyatt and Midkiff review oft-cited identical twin studies, a bedrock method in research on the relative importance of genetics and biological causation due to the appearance of psychiatric disorders in twins reared apart. They point to false assumptions and methodological problems that significantly weaken biological causation conclusions based on these studies. Similarly, the authors identify statistical

flaws in autopsy-based evidence as well as problems in the logic of causality in brain-imaging research. Wyatt and Midkiff also point to methodological issues in the culling of patients from placebo-receiving groups in controlled studies, even though these methods receive FDA review and approval, a problem that warrants further attention by both the authors and the FDA. Moreover, these are not problems with single studies. Rather, Wyatt and Midkiff present a strong case that they represent patterns of research practices that have been only partially examined, too often unchallenged, and then lost in the flood of dollars poured into drug marketing.

In a culture deluged with fast-food and instant electronic communication, the success of drug-based quick-fixes for anxiety and problem behaviors should not surprise us. But the real surprise, as Wyatt and Midkiff point out, is the failure of the scientific community to take a hard look at the economic interests that bend scientific findings for private gain.

#### **THE BEHAVIORAL BLUES: WONG'S BEHAVIOR ANALYSIS AT A DEAD END OR A CASUALTY OF THE MENTAL HEALTH POLITICAL ECONOMY?**

In 2003 the sales of only a single antipsychotic drug, Zyprexa, totaled \$4.28 billion, Wong reports. Further, he adds, for two decades manufacturers of drugs have had had the highest profits of any American industry.

Fifty years ago state hospital administrators and medical staff faced overcrowded conditions. In 1954, armed with inconclusive and relatively small-sample research on the effectiveness and value of Thorazine, Smith Kline & French sent fifty representatives into the field to work with legislatures to develop drug budgets for state hospitals. Fourteen months later four million patients were under treatment with Thorazine.

About the same time Skinner and Lindsley had demonstrated the effectiveness of operant techniques in strengthening adaptive behavior among long-term mental hospital patients. Salzinger and later researchers researched and shaped the verbal behavior of schizophrenic patients. Pioneering work by Ayllon and Michael applied operant techniques to a wide range of problem behaviors and produced positive outcomes. By the 1970s Ayllon and Azrin's token economy had been demonstrated to be a replicable and effective method to bring about positive changes in the behavior of long-term psychiatric patients.

A half-century later it is tempting to look back, as Wong does, and lament, sing the blues, for the loss of a promising approach to treatment that did not rely on drug-based intervention. Wong picks up many of the themes mentioned in the Wyatt and Midkiff article and deepens them. He identifies significant problems with the reliability and validity of the DSM-IV, psychiatry's standard diagnostic nomenclature, including the fact that no laboratory finding has been identified that is diagnostic of schizophrenia. Nevertheless, "As psychiatry shifted to biomedical models of mental illness—requiring somatic treatments that only medical practitioners could legally administer—psychiatry regained its standing as the premier mental health profession." And, Wong notes, the profession gained "...a rich and powerful ally: The pharmaceutical industry."

Wong details the shortcomings of drug-based research on the effectiveness of psychotropic medications, including important cross-cultural differences that should not appear if, as drug companies and the medical profession would have us believe, psychoses were biologically based. In addition he describes the debilitating suppressive and enervating effects of antipsychotic medications, as well as their harmful side effects in producing extrapyramidal symptoms, tardive dyskinesia, and neuroleptic malignant syndrome. Perhaps most troubling is the evidence Wong cites of the symbiotic relationship between the FDA and the industry it is designed to regulate through the appointment of drug industry executives to top FDA positions.

When the billions spent by drug companies on marketing, sponsorship of research, and funding of both physician education and citizen organizations, are contrasted to the modest efforts to publicize, principally through journals, behavioral treatment programs including token economies, it is no contest.

However, Wong neglects to examine the ecology of token economies; they originated and thrived in large institutions, institutions that over a half-century declined in size and frequency. The ecology of support for token economies changed. At the same time community mental health centers, group homes, outpatient services, sheltered work, and many other treatment alternatives grew and offered hope to people who historically would have entered state hospitals. Although he cites the research biases that have placed roadblocks in the community-based treatment of former state hospital patients, including the work of Gordon Paul, many community mental health centers routinely use behavior-based treatment, often in conjunction with psychotropic medication, in both outpatient and residential care programs.

In addition, there are positive stories that need to be told in order to complete the picture of behavioral community-based treatment in the United States, among them the rapid increase in behavior-based treatment for people with diagnoses of autism, principally young children. Not long ago these and other children with serious developmental disabilities would have been placed almost exclusively under drug-based behavior controls and most likely would be on a life trajectory to enter and remain in institutions. Residential and day-treatment organizations are today pioneering effective treatment for developmentally disabled people. Moreover, they are hiring thousands of behaviorally trained professionals. And jobs remain unfilled.

Wong's article complements Wyatt and Midkiff's observations on the flawed foundation for drug-based claims of biological causation and effective treatment. But the behavioral blues is a lament, not the song of a permanent condition. Like the rousing jazz that replaces the mournful music of a New Orleans funeral procession, there is hope. It is found in community-based behavioral treatment, including the growing voices of parents who speak to the effectiveness of behavior-based for developmentally disabled children. Decades from now those voices will include large numbers of adults who as children received diagnoses of developmental disabilities, including autism, and have come to lead normal lives. In an earlier time they would have faced life on the back wards of state institutions. Today, through behavior-based programs, many of them are entering mainstream society.