

BOOK REVIEW

Against reductive explanations for human conditions

KS JACOB

Patrick D Hahn, *Prescription for Sorrow: Antidepressants, suicide and violence* Samizdat Health Writer's Cooperative Inc, Paperback \$18.95 (on Amazon), 297 pgs, ISBN: 978-1-989963-09-8

Psychiatric labels of depression and anxiety have been increasingly employed to explain mental distress and illness over the past century. They have also been recognised as among the leading causes of disability. Psychiatry postulates neurochemical etiology and pathology, identifies clinical symptoms, suggests diagnostic criteria and often prescribes medication-based solutions for these conditions. Nevertheless, the discipline has been criticised for medicalising all personal and social distress.

The book, *Prescription for Sorrow*, discusses the widespread use of antidepressant medication and their association with suicide and violence. It reiterates the development of antidepressant medication, from iproniazid and imipramine to the newer drugs like Prozac and Paxil. It delves into the lives of people on these drugs and the violence wrought against themselves and others. It highlights the origins and the inadequacy of the simplistic theory of neurochemical imbalance to explain depression. It emphasises the toxicity of older antidepressants like amitriptyline, particularly in overdose, which have resulted in many deaths. It focuses on suicide and violence among people on newer antidepressant medication.

The author has studied information from diverse sources, examined scientific literature, transcripts of trials, government records, accounts in the mass media and listened to mental health professionals, patients, and their family members in order to piece together the stories of people, their lives and lived experience and the possible impact of the medication on their subsequent actions. He argues for a nexus between

the pharmaceutical industry, health professionals, academia and news organisations and suggests exaggeration of the effects of antidepressants for profit and greed. The book is well written and is a page turner.

The author, Patrick D Hahn, has been described as "a freelance writer and independent scholar with a long-standing interest in iatrogenic harm and the medicalization of everyday life." He has authored many articles in the lay press, which have been extremely critical of psychiatric research and its conclusions. He has also written a book (*Madness and Genetic Determinism: Is Mental Illness in our Genes?*), which argues against the genetic basis of mental disorders, while highlighting the role of adverse childhood experience including sexual abuse.

The strength of the book is the fact that it brings together information, often not highlighted in psychiatric literature, about doubtful indications for antidepressant use, placebo response and overestimates of their usefulness, their adverse side effects and impact on people, and the "discontinuation syndrome". It emphasises the motivations of pharmaceutical companies in developing, testing and marketing antidepressants, the creation of niche areas of expertise for academia and their collusion with neoliberal thought, which expands the business interests of industry. The book reviews research data and systematic reviews. It also discusses the black box warning for antidepressant use in children and adolescents.

Nevertheless, human decision-making tends to combine unrelated information, prioritise issues based on our biases, sifts through complex data, and ignores contradictory findings while confirming our expectations, to present unifying themes. The author wades into a complicated debate, seems to cherry pick his facts, highlights issues that seem to fit his biases and confirm his expectations to present a single and simple narrative about the human condition and about psychiatry's antidepressant solutions. However, the arguments lack nuance and do not delve into the complexities of the issues related to mental health, distress, illness, and disease. Complex behaviours like depression, suicide, violence and homicide have multifactorial etiology with complicated interactions between genetic and environmental contributions. Teasing the effects of a heterogeneous mental condition (major depression), the social and cultural environment and the impact of antidepressants, whose use is confounded by their indication, is difficult. Consequently, suggesting single

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To cite: Jacob KS. Against reductive explanations for human conditions. *Indian J Med Ethics*. 2022 Jan-Mar; 7(1) NS: 79-80. DOI: 10.20529/IJME.2021.045.

Published online on June 8, 2021.

Manuscript Editor: Sanjay A Pai

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explanations for diverse and complex phenomena in diverse contexts is simplistic.

The author presents compelling arguments, albeit confirming his points of view, highlighting the complexity of the human condition and the failure of psychiatric attempts at reductive explanations and medication-based solutions. His perspectives and arguments, while applicable to some mental distress and illness, fail to appreciate the diversity of mental conditions particularly diseases of the brain and those influenced by genetics and biology.

Most people seriously studying mental health, distress, illness, and disease will agree that current symptom-based psychiatric classification and diagnostic criteria, sans context, are inadequate for the task of understanding the diversity of mental health and illness. For example, major depression is caused by a variety of factors including acute and chronic

psychological and social stress, lack of emotional supports, poverty, and structural violence and due to medical, endocrine, and neurological conditions, working individually and in combination. The heterogeneity within diagnostic heads argues against single necessary and sufficient cause(s) and against simple and particular solutions. Pure biological etiology does not explain many mental health states; neither do exclusive environmental explanations. Similarly, antidepressants are not the answer to all mental distress; neither are psychological and social interventions sole effective treatments for all those with depression and anxiety. Most researchers studying mental health and illness will agree that our current understanding of mental health, distress, illness, and disease is inadequate and our solutions superficial. Psychiatry awaits its paradigm shift and its true revolution.