

## BOOK REVIEW

## Numbing social distress is not mental health

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**James Davies, *Sedated: How Modern Capitalism Created our Mental Health Crisis*. London: Atlantic Books; June 2021, INR 927 (paperback), INR 1583 (hard cover), INR 419 (Kindle), 333 pgs, ISBN-10: 1786499843, ASIN: B08Q3MLH77**

*...mankind is perfectly capable of tranquilizing itself into oblivion.*[1]

Nathan S. Kline (regarded as the "father of psychopharmacology")

In a recent encounter with a patient struggling with anxiety, it became obvious that the patient had been experiencing significant stressors at work and had limited supports. Due diligence as a mental healthcare provider means the patient would have been screened for an anxiety disorder, and having been duly diagnosed, would have been offered first-line "treatment" in the form of cognitive behavioural therapy and a Selective Serotonin Reuptake Inhibitor (SSRI) drug. This might have helped alleviate some of the patient's anxiety, or "symptoms," to enable them to tolerate their work conditions.

In fact, an ever increasing number of workplaces have developed initiatives aimed at alleviating emotional difficulties. However, these have received mixed reactions from employees. A particularly notable example is that of a major Canadian telecommunications company's national campaign, ostensibly in support of mental health, whose employees have complained of physical and emotional suffering under significant pressure to perform "created by the top, down" [2]. Indeed, numerous employees from across all major Canadian telecommunications companies have complained of the high pressure to carry out aggressive sales practices that include misleading customers [3]. Health

campaigns by such companies have been criticised as being more about marketing than mental wellbeing, and the reliance on such campaigns by private corporations has been described as consistent with neoliberal policy [4].

An endless stream of publications about widespread mental health struggles deal in particular with anxiety and sadness. Given the current dominant paradigm that such struggles may be indicative of mental illness, many of those struggling will seek out care in the medical system. This has resulted in increasing pressures on the mental health system, leading to the narrative that access to care needs to be increased [5]. With the focus on the struggling individual as being mentally ill, scant attention has been given by the psychiatric system to understanding — much less addressing — the socioeconomic conditions underlying prevalent complaints of emotional difficulties in society.

Medical and social anthropologist and psychotherapist Dr James Davies is one of the leading critics of mainstream psychiatry. In *Sedated: How Modern Capitalism Created Our Mental Health Crisis*, he discusses numerous interrelated issues: a) the overuse of medications to address emotional problems; b) the problem of treating individuals with psychiatric treatments for problems probably arising from social, political and environmental issues; and c) stigmatising emotional experience as an illness. He argues that mainstream psychiatry serves to sedate people and to depoliticise their problems in order to serve the interests of capitalism. This is not just a philosophical argument. A common yet underappreciated effect of psychiatric medications, in particular the SSRI antidepressant drugs, is an emotional blunting or apathy [6, 7].

In the words of psychiatrist, Dr Joanna Moncrieff, psychiatry in a "marriage of convenience" [8], assists large multinational corporations and the neoliberal governments that support them, by labelling social and political problems, eg, climate destruction, political and economic inequality, as problems arising from within the individual that can be cured with individual treatments. Despite extensive evidence for the association between socioeconomic inequality and various mental health measures in society [9], there has been little interest in this issue within psychiatry. Thus, with the help of mainstream psychiatry, society avoids addressing the root causes of distress.

Dr Davies ties this dynamic to the neoliberal style of capitalism that arose in the late twentieth century. He argues that there has been an "unholy alliance" between psychiatry

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To cite: Ghebrehariat L, Abi-Jaoude E. Numbing social distress is not mental health. *Indian J Med Ethics*. 2023 Jul-Sep; 8(3) NS: 241-243. DOI: 10.20529/IJME.2022.082

Published online first on November 5, 2022.

Manuscript Editor: Sanjay A Pai

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and pharmaceutical companies generating great profits through the marketing of mental health treatments. This is a problem because capitalism has limited concern for human well-being, as long as people are able to serve as workers and consumers. He points to research that suggests that materialism, the way of being that prioritises owning and consuming objects, is the outcome of living in a society that does not meet our emotional needs. Beyond this, he argues that the public's understanding of the nature and meaning of human suffering has been distorted by these influences.

Dr Davies highlights these dynamics in various areas. He argues that mainstream mental health interventions serve the interests of neoliberal governments and employers that aim to maximise the productivity of workers, rather than their wellbeing. He discusses how the neoliberal policy of austerity, whereby drastically reduced investment in services such as public education and public healthcare, have impacted the mental health of students and others. He shows how reduced regulation of industry has led to the rise of psychopharmaceutical marketing and profits without necessarily benefitting the public.

He advocates for reform of mental health services, pointing to the work of those "calling for less medicalization, medication and depoliticization while implementing more trauma-focused, relational and community care, more humanistic, psychosocial and non-biomedical alternatives." He points to examples of how people benefit less from being diagnosed and treated as ill, and more from having "the structural roots of their suffering understood and addressed."

However, facing the reality that mental health services are integrated within the larger political, social and economic landscape, he concludes that these services cannot undergo adequate reform without there also being a reform of the larger political and social environment: "[F]undamental mental health reform is most likely to occur only once we have changed the economic approach and instituted more regulated, progressive and socially democratic arrangements throughout our economy." He points to the impact of the global Covid-19 pandemic which has laid bare the contradictions and inequalities of modern capitalism, and highlighted the social and political causes of mental distress. Indeed, the recent United States Surgeon General advisory on Protecting Youth Mental Health mentions socioeconomic inequality several times in its introduction. Yet, the term is not once mentioned during discussion of government action, with the focus instead being again on identification and "treatment" of the individual [10].

The challenge that Dr Davies raises is to embrace the vast complexity of mental health and not to retreat into comforting, narrow camps of thinking. Biological research and treatments of mental health should continue, but they must be grounded in democratic and egalitarian methods that are primarily responsive to the needs and interests of patients

and the public, as opposed to those of pharmaceutical companies and neoliberal authorities. The social, political, and environmental causes of distress must be understood and addressed by the mental health fields. As suggested by Lucy Johnston [11], the Covid-19 pandemic is an opportunity to challenge simplistic diagnoses and work to "create a fairer society that is better for everyone's emotional well-being." This will require the courage to reform mental health fields in various areas, including medical education, post-graduate training, and service provision.

Dr Davies' book is well-worth reading for anyone who has an interest in the larger political implications of mainstream mental health practice. We hope the readership will include psychiatry leaders and policy makers. Psychiatrist and former United Nations Special Rapporteur on the Right to Health, Dr Dainius Puras, has called for us to learn from the "collective failures of our past", and adopt "a rights-based approach that avoids excessive medicalization and instead follows modern public health principles which focus on addressing societal determinants, promoting autonomy and resilience through social connection, tolerance, justice, and healthy relationships" [12]. Dr Davies' book provides a clear and engaging account of criticisms of mainstream psychiatry, while also pointing to ways to make mental health services more just and humane.

#### References

1. Kline NS. Foreword. In: De Ropp RS. *Drugs and the mind*. New York: St. Martin's Press; 1957. p ix.
2. Johnson E. Bell's "Let's Talk" campaign rings hollow for employees suffering panic attacks, vomiting and anxiety | *CBC News*. 2017 Nov 25 [Cited 2022 Jul 26]. Available from: <https://www.cbc.ca/news/health/bell-employees-stressed-by-sales-targets-1.4418876>
3. Johnson E. Telecom customers face "unacceptable" harm from misleading sales tactics, CRTC says. *CBC News*. 2019 Feb 20 [Cited 2022 Jul 26]. Available from: <https://www.cbc.ca/news/business/crtc-report-aggressive-misleading-sales-tactics-1.5026205>
4. Vido J. A critical investigation of Bell Let's Talk. University of Windsor, Canada; 2019 Jan 1 [Cited 2022 Jul 26]. Available from: <https://scholar.uwindsor.ca/major-papers/74>
5. Strawbridge R, McCrone P, Ulrichsen A, Zahn R, Eberhard J, Wasserman D, et al. Care pathways for people with major depressive disorder: a European Brain Council Value of Treatment study. *Eur Psychiatry J Assoc Eur Psychiatr*. 2022 Jun 15;1–21.
6. Fava M, Graves LM, Benazzi F, Scalia MJ, Iosifescu DV, Alpert JE, et al. A cross-sectional study of the prevalence of cognitive and physical symptoms during long-term antidepressant treatment. *J Clin Psychiatry*. 2006 Nov;67(11):1754–9.
7. Read J, Williams J. Adverse Effects of Antidepressants Reported by a Large International Cohort: Emotional Blunting, Suicidality, and Withdrawal Effects. *Curr Drug Saf*. 2018;13(3):176–86.
8. Moncrieff J. Neoliberalism and biopsychiatry: a marriage of convenience. In: Cohen CI, Timimi S, editors. *Liberatory Psychiatry: Philosophy, Politics and Mental Health*. Cambridge: Cambridge University Press; 2008 [cited 2022 Jul 26]. p. 235–56. Available from: <https://www.cambridge.org/core/books/liberatory-psychiatry/neoliberalism-and-biopsychiatry-a-marriage-of-convenience/73EDE3E8FF1797F891BDF1FC36C2A739>
9. Wilkinson R, Pickett K. *The Spirit Level; Why Equality is Better for Everyone* Penguin Random House Canada; updated 2010. 400 pgs.
10. U.S. Department of Health and Human Services. U.S. Surgeon General Issues Advisory on Youth Mental Health Crisis Further Exposed by COVID-19 Pandemic | *HHS.gov* [Cited 2022 Jul 26]. Available from: <https://www.hhs.gov/about/news/2021/12/07/us-surgeon-general-issues-advisory-on-youth-mental-health-crisis-further-exposed-by-covid-19-pandemic.html>

11. Johnstone L. Does COVID-19 pose a challenge to the diagnoses of anxiety and depression? A psychologist's view. *BJPsych Bull.* 2021 Oct [Cited 2022 Jul 26]; 45(5):278–81. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7533473/>

12. Office of the High Commissioner of Human Rights, United Nations. (OHCHR) World Mental Health Day. 2019 Oct 10. [Cited 2022 Jul 26]. Available from: <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=25117&LangID=E>

## BOOK REVIEW

### A useful guide to writing biomedical research

KP MADHU

**Samiran Nundy, Atul Kakar, Zulfiqar A Bhutta. *How to Practice Academic Medicine and Publish from Developing Countries? A Practical Guide, Springer; 2022. 465 pgs, ebook ISBN: 978-981-16-5248-6 (Open Access).***

My first question when I saw the book was: is this affordable for poor researchers in developing countries?

It turned out to be open access, though published by Springer! Since it cannot be a gesture of goodwill from Springer towards researchers in developing countries, the authors may have paid to make it open access.

The book has 48 chapters organised into ten parts, with most chapter headings and subheads formulated as questions. Some chapter headings were not really questions, but, like the title of the book, had question marks. I disregarded that. As a reader, what was more important was that the chapters and subheads were hyperlinked; so the reader can find the answer to the question that attracted them, at just a click.

After scanning the Table of Contents, spread over 22 pages, I was satisfied that it would be a treat to read the book. In the foreword by Richard Smith, an editor at the British Medical Journal from 1979 and Chief Editor from 1991 for 15 years, he cautions: “you can never learn about research from reading about it: you need to do it”.

Hence, there is need for such a book to catalyse and facilitate research in institutions involved in medical education,

especially those in developing countries. The reasons are clearly spelt out under the heading, *Why this book?*

First: 90% of the money spent annually, worldwide, on medical research targets diseases that affect only 10% of the world's population. Second: though there are 579 academic medical institutions in India, 57% have not published a single article in indexed journals between 2005 and 2014. So, the authors argue, there is indeed a need for developing countries to start researching diseases that matter most to them.

Aptly, the book starts with the link between the social determinants of health and the role of academic research. There is only one chapter in Part I of the practical guide, but it sets the tone of social commitment in the practice of medicine, in teaching and in research.

Part II, titled *Background*, deals with the need for research, the obstacles in publishing, the need for mentors to overcome the obstacles and the present status of research in Latin America, Africa and Asia. This set of five chapters is motivational and ends with a call for collaborations in research.

Part III titled ‘How to Plan a Study?’, contains the real meat of the book. For readers already convinced about the need to do research, the hyperlink to the third part will save some time.

The first chapter in this part tells you how to formulate a relevant and productive question, and warns of the pitfalls of bad research questions.

The next chapter is on types of study design: observational, descriptive, epidemiological, ecological, case control, cohort, cross sectional, experimental studies, and randomised controlled trials, as well as standards of research reporting. From this chapter onwards, serious researchers will get many important and helpful pointers.

The third chapter in this part, which is Chapter 9 as per the contents page, deals with the concept of sample size, the principles involved in selecting sample size and useful digital tools for the purpose. This is followed by a chapter on

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To cite: Madhu KP. A useful guide to writing biomedical research. *Indian J Med Ethics.* 2023 Jul-Sep; 8(3) NS: 243-245. DOI: 10.20529/IJME.2022.086

Published online first on November 19, 2022.

Manuscript Editor: Sanjay A Pai

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