

The Limits of Biological Psychiatry

In “The Mind and the Moon,” Daniel Bergner explores how much we know — and how much we don’t — about mental health.

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THE MIND AND THE MOON: My Brother’s Story, the Science of Our Brains, and the Search for Our Psyches, by Daniel Bergner

In a workshop run by the Hearing Voices Network, the journalist Daniel Bergner — a contributing writer at The New York Times Magazine — participated in a mock job interview. He sat across from a pretend employer who asked all the usual questions: What was Bergner’s work experience? What were his hobbies? All the while, another participant whispered down a long tube made of wrapping paper into Bergner’s ear: *Careful what you say. Careful what you say about your background.* Bergner couldn’t think straight. The interviewer continued: Was Bergner a team player? The whispery voice kept on: *Careful what you say about your background.* The exercise didn’t last long. For Bergner, the dark warnings went from incredibly distracting to totally irresistible, and he gave up, rather than yell “Shut up” at the voice that only he could hear.

It’s a small but significant moment in “The Mind and the Moon.” Hearing voices — for those of us who don’t — seems like an alien, almost otherworldly experience. But Bergner normalizes it, demonstrating the way that people who experience intrusive voices face practical challenges as well as emotional ones. The scene elicits a deep empathy for voice hearers, and for everyone who experiences mental health issues. It is characteristic of many of the examples in the book, which is a profound and powerful work of essential reporting.

Inspired in part by his brother’s lifelong struggle with mental health, Bergner follows three individuals, who variously experience overwhelming depression, anxiety and other kinds of distress, including symptoms of psychosis. He explores the history of drug development, modes of treatment and the marketing of psycho-pharmaceuticals. He poses questions about the ethical challenges, complex social issues and other problems of modern biological psychiatry, and he makes a strong case that radical examination and change are urgently required.

Caroline, one of the individuals Bergner follows, first heard voices when she was in day care. Some of them were friendly, but others were cruel, not just to her but to one another. In elementary school, she played Sorry with one voice (she moved his pieces) who told her that her parents were going to die. Caroline was prescribed a suite of pharmaceuticals in childhood, and later, drugs like Abilify, Risperdal, Depakote, lithium and Seroquel. The drugs sometimes quieted her voices, but they brought on obesity, uncontrollable trembling of hands and arms, hair loss and other side effects. These led

to more troubled behaviors, like punitive exercising (an attempt to lose weight), hair-pulling and narcotic use. All the effects changed the way Caroline lived and the way people reacted to her. Whatever alienation and misery she had experienced dealing with the voices was amplified again and again by the consequences of her treatment.

It is with great skill that Bergner places Caroline's story in context of the history of modern psychiatry. It's hard to do justice to the sweep of the larger story he tells, but probably the most shocking part is the utter randomness that has characterized so much of the modern search for psycho-pharmaceuticals, combined with the utterly devastating side effects they can have. Bergner tracks the history of treatments like lithium, S.S.R.I.s and antipsychotics. In many cases, researchers only stumbled across the drugs' potential to ameliorate symptoms. Of lithium, he writes that 19th-century doctors used it to treat kidney stones. Later it was among the ingredients in 7-Up. Even though lithium was approved by the F.D.A. for psychiatric use in 1970, "no one had more than a vague concept of how the drug worked neurologically," Bergner notes, and they still don't.

Bergner interviews a group of researchers who, despite the accidental origins of numerous pharmaceuticals, strive today to develop them into substances that will truly improve people's lives. This is an interesting set of interviewees, all dedicated, hardworking, highly knowledgeable scientists, who frankly acknowledge how poor the efficacy of many drugs is, how much of a toll they can take on people who use them and how little we know about how the brain actually works.

Bergner's subjects, as well as the scientists and clinicians he interviews, also attest to the fuzziness of many diagnostic and behavioral boundaries. Standard diagnoses often collapse what some scientists believe are different conditions into one, whereas other diagnoses wall off conditions that are perhaps not so different at all. It's possible that psychosis, for example, is not really one disorder but dozens of them.

Where the history of drug development has been astonishingly haphazard, and our grasp of brain function is disturbingly low-level, the history of psycho-pharmaceutical marketing has been clever and effective. I still recall when an undergraduate friend confidently told me that her recent bout with depression had resulted from a chemical imbalance in her brain. I was dazzled by the explanation. It made her sadness cleaner, more easily resolved, less unglamorous.

It turns out that we had both signed on to the "chemical imbalance theory," which proposed, in the 1960s, that depression could result from a deficiency of neurotransmitters. This ultimately evolved into the idea that too many or too few neurochemicals could cause different kinds of mental illness, such as psychosis. Biology became ascendant in our understanding of psychiatric conditions, which led to a vision of medicalized mental health that one of Bergner's scientists calls "a house of cards." The idea that S.S.R.I.s, for example, could further our understanding of disorders, the scientist observed, was like saying, "I have pain so I must have an aspirin deficiency."

Fortunately, Bergner reports, alternatives to biological psychiatry are being developed all over the world. Caroline, the woman whose story Bergner tells, now works in one such program, providing peer support to others. She has learned to listen to her own voices, too. When Bergner sat down with her for the first time, she said, “I’ve told them that you’re not here to hurt them.” In programs like Caroline’s, medication may be included, but the spirit of treatment is “person-centered.” The phrase doesn’t do justice to the extraordinary, intimate and wise interactions that Bergner describes in these places. Their goal is to listen to all voices, external and internal, with “ceaseless empathy,” with “deep and true interest.”