

If You Seek a Bio-chemical Cause for Mental Health Disorders, You will become the “Little Train that Couldn’t”

By Linda J. Gottlieb, LMFT, LCSW-r

My opinion on the origin of mental illness is controversial to many in my profession. I maintain that emotional disturbances are situationally and not bio-chemically caused. But this position did not originate with me. It originated with my mentor, Salvador Minuchin, the world-renowned, highly respected child psychiatrist. Dr. Minuchin (as with his contemporaneous psychiatrists who founded the family therapy movement, such as Murray Bowen, Don Jackson, Jay Haley, Carl Whitaker, Nathan Ackerman, John Weakland, et al.) does not accept an intra-psychic or biochemical cause of mental disorders. Resulting from 65 years of practice, Dr. Minuchin affirms that traumatic situations; unhealthy relationships; and dysfunctional family dynamics, such as the PAS, cause mental health disorders. Diagnosis of mental health is not a science! There is no empirical evidence for any mental health disorder. You cannot inject the brain, withdraw serum, and have it analyzed. Any psychiatrist or mental health diagnostician worth his/her salt (and even those who are not worth their salt) must acknowledge that diagnosis of emotional disorders is based merely upon “impressions.”

Mental health patients are guinea pigs when they are prescribed an array of psychotropic medications and subjected to a host of invasive procedures, such as ECT. At least Dr. Minuchin’s assessment for the cause of mental disorders offers optimism while remedy is benign and unintrusive: if you discard unhealthy relationships and situations, you will be symptom-free. A symptom free life is therefore possible without being subjected to invasive medications and procedures. Dr. Minuchin has recognized that he is a salmon swimming upstream when he articulates this; but think about it: if his analysis was to become the norm, then 90% of the psychiatric community would need to become educated about relationship therapy. And it would also be more costly for the health insurance industry, which would then have to incur the expenses of reimbursing for more protracted relationship therapy instead of for the quick fixes of drug therapy. No wonder there is such resistance to accepting this not so novel assessment of mental health diagnosis----in spite of 60+ years of empirical evidence and

scientific support for this perspective.

Although this may come as a shock to many readers, our current state of psychiatric diagnosis is NOT science. If it were, then psychotropic medications would not need to be persistently adjusted up or down in dosage, completely changed, and/or supplemented with other medications. The simple explanation for why medications so frequently fail to achieve a reduction in symptoms is because symptoms do not result from a chemical imbalance. Just compare the administration of medications for medical disorders: when, for example, an antibiotic is given for an infection, it is highly probable to be effective in resolving the symptoms. And if Dr. Minuchin was to be asked, he would likely explain that it is a patient's history of having taken psychotropic medications that subsequently caused her/his chemical imbalance: in essence, such medications had upset a NORMAL chemical balance. Do not take my word for it: read the many books by Dr. Minuchin and the previously referred- to psychiatrists----all of whose writings are listed in the reference at the conclusion of this article.

Dr. Minuchin's opinion is supported by the recent research of Dr. Irving Kirsch, psychologist at Harvard University, who discovered that a placebo was equally as effective as were antidepressants in treating mild to moderately depressed patients. It was only the small percentage of highly depressed patients who responded better to antidepressants.

I have found that Dr. Minuchin's wisdom applies to the patients whom I treated for more than 40 years. I would be happy to debate this not so novel perspective with any therapist who perceives things differently. Indeed, a 5/12 article in Scientific American exposed the inconsistency and inaccuracy that occurs in mental health diagnosis, especially when it relates to depression and anxiety. This article pointed out that depression and anxiety only reached the threshold of the "could be accepted" standard for a diagnosis to be accepted into the DSM----this being the bare minimum for acceptance. Think about that: we are medicating half the world with medications with serious side effects on the minimally accepted standard of "could be accepted." Would anyone consider having an operation if the doctor stated that the diagnosis upon which the operation was based reached only a reliability level

of “could be accepted?”

If the diagnosis of anxiety and depression is so imprecise, why should one believe that any other diagnosis in the DSM is reliable--such as that of ADD and ADHD? There is unequivocally no reason to believe this.

In my 2012 book, *The Parental Alienation Syndrome: A Family Therapy and Collaborative Systems Approach to Amelioration*, I documented a number of children who were placed on psychotropic medications for alleged ADHD and/or for bipolar disorder but whose symptoms completely mitigated when the PAS was reversed and eliminated. Amazing! There is---all too frequently---a rush to judgment when diagnosing children. Who can dispute the immense influence of parents on children and the depth that parental conflict adversely affects children? The unforgiveable failure of the psychiatric community is that input from both parents is generally not sought, thus resulting in that dysfunctional family dynamics cannot be ruled out as being the cause of the child's symptoms. When, for example, parents are pulling in opposite directions or when one parent requests the child's allegiance in that parent's battle with the other parent, the child will undoubtedly exhibit irritability, anxiety, depression, impulsivity, inattention, and a myriad of other symptoms. The child is like a rope and a tug war between her/his parents, and just like the rope, the child will unravel.

I wrote about a sibling group of 3 children ranging in age from 10-15, all of whom were diagnosed with ADHD and bi-polar disorder. They were living with their narcissistic mother who repeatedly cursed them and deprecated their father. Without seeking any input from the father or assessing the dysfunctional family dynamics, the psychiatrist placed each child on a strong regime of the most potent psychotropic medications. It was no surprise to me that there was no mitigation of any of the symptoms. The children were subsequently transferred to the custody of their father, and he took them off all the medications. All three children were soon functioning within normal limits emotionally, cognitively and behaviorally.

In the case of a 6-year-old boy living with his grandmother, he became hysterical in school and ran out of the front door after his

hamster had died earlier that day. There were no prior emotional or behavioral disturbances in the boy. Nevertheless, the school insisted that the grandmother take the boy for an immediate psychiatric evaluation lest a report to CPS would be filed. The psychiatrist who evaluated the boy failed to become curious about why he was living with grandma. Had the psychiatrist been curious, he would have discovered that the boy had previously witnessed his stepfather physically abusing his mother on a regular basis. Diagnosed by this psychiatrist with bi-polar disorder at the tender age of 6, the boy was clearly situationally and not bio-chemically depressed. It was apparent to this family therapist that the root of the boy's depression arose out of the combined losses of a protected home life with his mother prior to her marriage to the step-father and then having been removed from her altogether and that these losses were stimulated by the death of his hamster. With my support, grandma sought out another psychiatrist, who weaned the boy off of the myriad of medications. I coached grandma to help her grandson adjust to his family situation, which included contact with his mother. The boy soon became well adjusted in all areas.

In a case of an 8 year old boy, the school requested that he obtain a psychiatric evaluation for depression, and the psychiatrist predictably recommended anti-depressants upon only a 15 minute discussion (I will not even call it an evaluation.) Fortunately, the parents rejected the "prescription," and sought out family therapy with me. I was so promptly struck by the father's affect, which unmistakably conveyed his depression, that I intuitively asked him, "When was the last time your wife made you smile?" His young, allegedly chemically depressed son summarily bellowed, "Never!" The parents glared at the boy in amazement, and the mother then exclaimed, "I knew that we were the problem. My husband and I should have been in this office a long time ago." It could not be more evident how the boy's depression did not originate in a bio-chemical disorder but was, instead, symbolic of his father's situational depression resulting from an unfulfilling and emotionally detached marriage. I thanked the boy for bringing his parents in for therapy, and I expressed to him, "You can now stop sacrificing yourself for your parents and relinquish your symptoms as you achieved your goal."

I can cite multiple more, horrific misdiagnoses of young children for ADD/ADHD and for the more serious bi-polar disorder---all

because the family situation was not assessed for its impact on the child. It is no accident that ADD/ADHD is the most misdiagnosed disorder of childhood. And it is rapidly and incredibly being replaced by the diagnosis du jour---that of bi-polar disorder. Given that mental health disorders are merely impressions, it is incumbent upon the diagnostician to properly assess for family dysfunction and influence on the child before rushing to prescribe psychotropic medications, which all have serious long-term side effects.

References

Ackerman, N. W. (1958). *The psychodynamics of family life*. New York, NY: Basic Books.

Ackerman, N. W. (1961). The emergence of family psychotherapy on the present scene. In M. I. Stein, (Ed.), *Contemporary psychotherapies*. Glencoe, IL: Free Press.

Ackerman, N. W., & Franklin, P. (1965). Family dynamics and the reversibility of delusional formation: A case study in family therapy. In I. Boszormenyi-Nagy & J. Famo (Eds.), *Intensive family therapy* (Ch. 6.), New York, NY: Harper and Row.

Ackerman, N. W. (1966). *Treating the troubled family*. New York, NY: Basic Books.

Bowen, M. (1978). *Family therapy in clinical practice*. New York, NY: Jason Aronson.

Haley, J. (1963). *Strategies of psychotherapy*. (1st ed.) New York, NY: Grune & Stratton.

Haley, J., & Hoffman, L. (Eds.). (1968). *Techniques of family therapy*. New York, NY: Basic Books.

Haley, J. (1971). *Changing families*. New York, New York: Grune & Stratton.

Haley, J. (1973). *Uncommon therapy*. New York, NY: Norton.

Haley, J. (1977). Toward a theory of pathological systems. In P. Watzlawick & J. Weakland (Eds.), *The interactional view* (pp. 37-44).

New York, NY: Basic Books.

Haley, J. (1990). *Strategies of Psychotherapy*, Rockville, MD: The Triangle Press.

Minuchin, S. (1974). *Families and family therapy*. Cambridge, MA: Harvard University Press.

Minuchin, S., with Baker, L., & Rosman, B. (1978). *Psychosomatic families: Anorexia nervosa in context*. Cambridge, MA: Harvard University Press.

Minuchin, S., with Fishman, C. (1981). *Family therapy techniques*. Cambridge, MA: Harvard University Press.

Minuchin, S., with Nichols, M. (1993). *Family healing*. New York, NY: The Free Press.

Minuchin, S., with Lee, W., & Simon, G. (1996). *Mastering family therapy*. New York, NY: John Wiley & Sons.

Minuchin, S., Nichols, M., & Lee, W. (2007). *Assessing families and couples: From symptom to system*. New York, NY: Pearson.

Napier, A., & Whitaker, C. (1978). *The family crucible: The intense experience of family therapy*. New York, NY: Harper Perennial.

Whitaker, C. (1983). In M. Andolfi, C. Angelo, P. Menghi, & A. Nicolo-Corigliano.

Behind the family mask (p. vi). New York, NY: Brunner/Mazel.

Whitaker, C., & Bumberry, W. (1988). *Dancing with the family: A symbolic-experiential approach*. New York, NY: Brunner/Mazel.