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Abstract:
This article provides a critique of Wolfensberger's assertion that prescription psychoactive drugs are health and life destroying for socially devalued people.

Keywords: drug therapies, social role valorization, intervention, strategies

Synopsis of "Reply to Levitas et al."[1]

John O'Brien

In his reply to Levitas et al. (1994), Wolfensberger elaborated and documented (with 107 citations) his assertion that prescription psychoactive drugs are health- and life-destroying. The following summary selectively outlines Wolfensberger's arguments.

Two distinct issues are at stake in this controversy: (a) An issue of truth, namely, Is large scale, prescription mind drugging taking place and is it detrimental to health? and (b) An issue of epistemology, namely, What does this dispute over the credibility of evidence disclose about the situation of socially devalued people?

The truth about psychiatric drugs

The term psychiatric drugs refers to any drugs that are medically prescribed with the stated intent of altering feeling state, mental functioning, or conduct for the better (i.e., drugs to help people sleep, mood-control drugs, so called tranquilizers, sedatives, so called antidepressants or antipsychotics, drugs given against manias, anticonvulsants, alleged learning or intelligence enhancers, mental energizers or activators, stimulants, drugs given to control activity level, and drugs given to combat the adverse effects—often falsely labeled "side effects"—of any of these other drugs). Evidence reported between 1958 and 1994 from prescribing information and advertising materials distributed by drug manufacturers; published research studies and literature reviews; press, textbook, and specialized newsletter accounts of research studies and other reported problems resulting from the use of psychiatric drugs; published reports of investigations of abuses and deaths by advocacy organizations; and first-person accounts by both people who have been given psychiatric drugs and workers in human service settings where psychiatric drugs are typically administered support the following conclusions, which are elaborated in the full manuscript.

- Among them, psychiatric drugs affect all bodily systems and have produced almost all imaginable aberrations of sensation, mentation, and psychomotor functioning. Many symptoms are classical signs of central nervous system dysfunction or damage, such as extrapyramidal effects. For example, the manufacturers of Tegretol, mentioned by Levitas et al. (1994) as an anticonvulsant and an "antimanic," advise prescribers of "not uncommon" multiple adverse effects, which can include death. Documentation of adverse effects is easily available in prescribing information supplied by drug manufacturers, though this information must be considered minimal because things are always much worse than the manufacturers admit.
- Decrease of undesired energy, flattening of undesired affect, and other adverse effects of psychiatric drugs have been falsely interpreted as therapeutic effects. Much of the positive result of psychiatric drugging is due to placebo effects.
- Psychiatric drugs are directly implicated in the non-suicide related deaths of significant numbers of people who use them.

- Psychiatric drugs can have long-term negative effects, such as impairment of sensation and muscle control in the throat and tardive dyskinesia. These negative effects can persist even after their use is discontinued.
- The neural effects of psychiatric drugs set other deleterious effects in motion, as, for example, when elderly people lose equilibrium because of the neurotoxic effects of psychiatric drugs, fall, break bones, and die from the complications of their fractures.
- Psychiatric drugs are often administered to socially devalued people in environments that provide low quality or even abusive overall treatment. Common conditions include polypharmacy, excessive dosing to the point of unresponsiveness to danger, combination of drugs with seclusion and restraint, blanket administration of anticonvulsants, failure to supplement vitamin deficiencies caused by psychiatric drugs, and use of psychiatric drugs to suppress behavior in the interest of staff and management convenience.
- Throughout the history of their use, psychiatric drugs have been surrounded by deception, falsehood, cover-ups, and cheating. Alleged benefits are exaggerated while known or expectable adverse effects are denied or played down. Narrow or poorly designed and implemented studies, reports focused only on short-term results, and even falsified data are common, especially when use of a drug is expanded to deal with new conditions (such as the use of amphetamines with children with alleged "attention deficits"). Often, the negative effects of a much ballyhooed drug are only acknowledged when a new drug comes to market that can be promoted as superior because it has fewer adverse effects.
- The notion that much less harm is done when psychiatric drugs are properly administered fails in the face of evidence that incompetence in the administration of such drugs is normative and that, in any event, the drugs themselves are harmful.
- Because very large numbers of people take psychiatric drugs, and because vulnerable and devalued people are especially likely to be drugged for long periods of time and to be drugged involuntarily, and with multiple drugs, and because such drugging is typical in settings that deal with weak people in extreme circumstances, the estimate of 100,000 life abbreviations due to psychiatric drugs is conservative.

This evidence convincingly demonstrates that psychiatric drugging is one of the common mechanisms of deathmaking for socially devalued people.

What does this dispute reveal about the situation of devalued people?

This dispute is not just about the harms done by psychiatric drugs. It is also a dispute over truth: what evidence is credible in establishing the presence of harmful, even evil, practices promoting deathmaking and calling for moral action? The presence of such fundamental moral issues is obscured by the fact that when people's strongly held or important beliefs are challenged, their definitions of what even constitutes relevant evidence are apt to become so flexible as to accommodate or refute any amount of any kind of evidence. Levitas et al. (1994) seem to have read—or ideologically embraced—the top-down line of the imperial powers, the privileged professions, the drug industry, imperial medicine, psychiatry, the publicly supported formal service system. They appear oblivious to, or unbelieving of, the bottom-up realities experienced by devalued or oppressed people, to say nothing of hard evidence contrary to the top-down party line.

The negative effects of psychiatric drugging challenge widespread and important beliefs.

- People may not want to know that vast numbers of individuals have been put on dangerous drugs primarily because their

devalued identities and resultant life realities have been interpreted as clinical mental conditions.

- People may not want to face the hollowness of their belief that humans can master the material domain and thus win victory over human afflictions and imperfections.
- People may not want to know that psychiatric drugs are a major tool of violence exercised profitably by the drug industry and the mental professions, especially against society's devalued people, and like any violence, this is drenched in deception.
- People may not want to know that without reliance on these drugs, the moral, ideological, and competency bankruptcy of psychiatry would be obvious because psychiatry has so little else to offer that is either (a) valid or (b) unique to itself and not offered by other professions.

Therefore, instead of thinking simply of "getting the facts," one must think in terms of ascertaining, apprehending, or discerning the truth. In order to do this, one must be open not only to "research evidence," but to experience and empiricism broadly. However, persons with a deep passion in their hearts for truth and justice (not merely for evidence), and who are willing to accept whatever truth is, are always few. The majority of people fail to be seekers of truth because that always puts one at odds with powerful parties and their social structures and results in serious negative consequences to oneself. Although grave evils are in progress, they will have to be identified by truth-seeking processes other than, or in addition to, the "scientific method."

We are, in fact, dealing with an epistemological issue that is obscured precisely because it involves both sensitive turf issues and one of the gravest of all moral issues: Deathmaking, and especially deathmaking of devalued people.

Editor's note. As a rejoinder to the response by Levitas et al. (1994) to his February 1994 article in *MR*, Wolfensberger submitted a 52-page manuscript, including a reference list containing over 100 sources. Because space limitations precluded the publication of this manuscript in full, I asked John O'Brien, an associate editor of *MR*, to prepare a short synopsis summarizing Wolfensberger's views and documentation. Although Wolfensberger reviewed this synopsis, readers who are interested in his complete and formal response to Levitas et al. should contact him directly: Wolf Wolfensberger, Professor, Training Institute for Human Service Planning, Leadership and Change Agentry, c/o 800 South Wilbur Ave., Suite 3B1, Syracuse, NY 13204. (The author asks that requests for copies of the full manuscript from within the United States be accompanied by a 6-1/2" x 9" self-addressed envelope stamped in the amount of $1.67.-S.J.T.)

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Original reference:

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Endnote

1- Our thanks to *Mental Retardation* for allowing *ISRVJ* to republish this article.