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# The Creation Of Psychopharmacology



## Synopsis

David Healy follows his widely praised study, *The Antidepressant Era*, with an even more ambitious and dramatic story: the discovery and development of antipsychotic medication. Healy argues that the discovery of chlorpromazine (more generally known as Thorazine) is as significant in the history of medicine as the discovery of penicillin, reminding readers of the worldwide prevalence of insanity within living memory. But Healy tells not of the triumph of science but of a stream of fruitful accidents, of technological discovery leading neuroscientific research, of fierce professional competition and the backlash of the antipsychiatry movement of the 1960s. A chemical treatment was developed for one purpose, and as long as some theoretical rationale could be found, doctors administered it to the insane patients in their care to see if it would help. Sometimes it did, dramatically. Why these treatments worked, Healy argues provocatively, was, and often still is, a mystery. Nonetheless, such discoveries made and unmade academic reputations and inspired intense politicking for the Nobel Prize. Once pharmaceutical companies recognized the commercial potential of antipsychotic medications, financial as well as clinical pressures drove the development of ever more aggressively marketed medications. With verve and immense learning, Healy tells a story with surprising implications in a book that will become the leading scholarly work on its compelling subject.

## Book Information

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## Customer Reviews

David Healy is probably the top historian of psychopharmacology in the last three years. He tells the

story of the use of neuroleptics in treating schizophrenia that shows how the interests of certain parties (ie pharmaceutical companies and psychiatrists desperate to do something about horrendous and overcrowded conditions in state mental hospitals) came to define the nature of psychopharmaceuticals and even the nature of schizophrenia - a pretty vaguely-defined illness - itself. Somehow, chlorpromazine went from being looked at as pretty similar as lobotomy, insulin therapy, or many of the other treatments previously used for schizophrenia, in the early 1950s, to being a magic bullet, saving schizophrenics from a lifetime of insanity without side effects, which is simply not the case. As the previous reviewer notes, Healy seems to give short shrift to some evidence. However, Healy's coming from the perspective of a historian of science - a discipline that tends to begin with a critical analysis and without starting from the viewpoint that science is king, but the viewpoint of a skeptic. To use the example of the previous reviewer, Healy's point when he talks about the withdrawal symptoms of SSRIs is partially to note that, when we talk about mental illness and that fuzzy boundary between the mental and the physical, there's a lot of flexibility in where that boundary is placed in the mind of the public. The concept of withdrawal itself \*is\* a very fluid, unscientific one: why some classes of drugs are considered to exhibit withdrawal effects while others don't is a highly politicized question - one whose answer lies more on the side of special interests and the state of American politics than real scientific evidence.

You may remember David Healy's rise to headlines when a Canadian University fired him on his first day. He had committed the academic error of biting the hand that fed him by criticizing the pharmaceutical industry that funded his chair. This book is a critique of that industry regarding psychotropic drugs, and in particular the role of marketing and government regulations in that industry. Fascinating to read, though the chemical details were often a bit above my head, was the description of how copy-cat drugs are developed, and why claims for specificity are laughable hoaxes. The choice for calling some of these drugs antipsychotics and others antidepressants he calls a matter of historical accident. In fact, he says, in Japan, depression is treated with atypical antipsychotics, not SSRIs. Healy isn't coy about the horrific damage these drugs do, and the fact that doctors knew, or could have known, about it all along. It seems that doctors today are less, not more, aware of this harmfulness. The book includes interesting historical notes, though I was occasionally dismayed by Healy's naive acceptance of unlikely case scenarios recorded by early psychiatrists. For instance, he uncritically quotes that people were cured by chlorpromazine after having been in catatonic states, "frozen into several positions" for years. How is it likely, in the days before medical heroics, that someone survived such a condition? Healy does not question it. What

caused catatonia, how did chlorpromazine relieve it, and why is the condition unknown today? Healy does not say. Yet he acknowledges the fraud of psychiatric diagnoses in more recent times, as well as the deception in drug company testing.

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