

## Drugs or Therapy?

In an era of biological reductionism, it has been easy to assume that mental health problems are biologically caused, requiring a biological solution: medication. But there is a price when a patient's problems are viewed as a biological disorder he will suffer from forever, rather than as a psychological problem which he can overcome. It is dangerous to view the patient as a chemical bucket to be filled with medications rather than as a person to be healed.

Why has biological reductionism become so widespread? The pharmaceutical industry has promoted the hypothesis that psychological problems result from chemical imbalances in the brain. When we believed this hypothesis, we bought more drugs, and the industry made more money. But this hypothesis has not been proven (Angell, 2011; Kirsch, 2008).

In fact, research shows that the effectiveness of psychotropic medications is far lower than advertisements would suggest. Psychotherapy alone has effect sizes ranging from .68 to 1.51 (Lambert & Ogles, 2004; Shedler, 2010; Wampold, 2001, 2007, 2013). Psychotropic medication alone has an effect size of .3. Now consider this: the placebo effect is .25! According to Kirsch and Sapirstein (1998) and Kirsch (2008), the *placebo effect accounts for 75% of the response to antidepressants*.

In spite of this research, medication has often been offered as a viable alternative for psychotherapy. So, again, let's look at the comparative effectiveness of treatment models (Shedler 2010). Notice what the numbers tell us.

### *Effect Sizes for Treatments*

ISTDP	.97
Dynamic psychotherapy	.86
CBT	.68
Medication	.3
Placebo	.25

Therapy is clearly more effective than medication alone. In addition, patients who have

received dynamic psychotherapy or ISTDP continue to improve after treatment (Abbass, 2012; 2015; Shedler, 2010). [*Note to readers: while the therapy models consistently outperform medication, these statistics do not allow us yet to compare relative effectiveness between psychotherapy models. These meta-analyses compare different patient groups and populations, so we cannot yet make comparative claims.*]

Now let's go on a point discussed by Patricia Coughlin in her recent book: *Maximizing Effectiveness in Psychotherapy*. Research shows that the effectiveness of psychotropic medication is accounted for primarily by the placebo effect. Coughlin points out that the relationship with the psychiatrist accounts for more change than the medication itself (Ankarberg & Falkenstrom, 2008). "The most effective psychiatrists obtained better results when prescribing a placebo than the least effective practitioners obtained when prescribing the active drug" (Coughlin 2016). I'm reminded of a former supervisor of mine who had a psychotic patient. This patient said, "Doctor, I'm afraid of getting addicted to the medication." The psychiatrist replied, "Oh you don't have to worry about that. *I'm* the most addictive medication known to man."

The relationship is more powerful than the medication. This makes sense from the bio-psychosocial perspective. Social and psychological factors are more important than biological factors when treating mental illness (Angell; 2011; McKay, et al, 2006). We have all seen cases where medication is incredibly helpful. But psychotropic medication alone is not the treatment of choice. When patients need medication, medication and psychotherapy together is much more effective (Hollon, DeRubeis & Evans, 1992; Hollon, et al, 2014; Shedler, 2010).

When someone thinks that all they need is psychotropic medication, turn them toward the research: psychotherapy is more powerful than medication. When patients need medication, they will improve much more if they have medication and therapy together.

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