

COMMENTARY ON WONG, WYATT AND MIDKIFF

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Drs. Wong (2006), and Wyatt and Midkiff (2006) have made important contributions to our understanding of mental disorders and to the sociology/politics of knowledge. In particular, their papers underscore the nature-nurture controversy that persists in scholarly discourse and clinical practice. They remind us of how sociobehavioral forces and political economic realities can be reduced erroneously to "biology."

As I read these papers two themes emerged for me: 1) the conceptualization of biological and genetic factors, and 2) the efficacy of drug therapies for serious and persistent mental disorders like schizophrenia.

IS IT NATURE, OR IS IT NURTURE?

Much of what is considered "biological" in social science research is actually a social construction. The most basic of "genetic/biological" constructs—race/ethnicity—has been shown by many authors to be a cultural construct masking as biology. At the very least biology in the form of race/ethnicity has profound social consequences (Barkley, 2006) that must be addressed through sociobehavioral means. William Dressler (Dressler, Oths, & Gravlee, 2005) and others (Keita et al., 2004; Kittles & Weiss, 2003) have argued cogently that a narrow genetic understanding of race not only does not help us understand the development of disease, but also does not explain widespread health disparities. Dressler, and colleagues (cited in Dressler et al.), for example, studied blood pressure levels among Blacks in the United States and Afro-Brazilians and white Brazilians in Brazil. They found that in both countries people who were able to approximate the valued lifestyle in their behavior had lower blood pressure. Further, they discovered an interaction effect between cultural consonance, skin color, and blood pressure levels in Brazil, such that people having darker skin color and higher cultural consonance had lower blood pressure than white Brazilians at any level of cultural consonance. They argue that the results suggest that race is malleable, and that the biosocial significance of skin color can recede as a consequence of social interactions. That is, the social label, not the "biological" trait, predicts the physical consequence.

Other research adds to the conclusions of Kessler and his colleagues. Gehlert (2005) cites studies that suggest that even among nonhuman mammals (e.g., rats) social conditions and, more specifically environmental fit, can explain the development of cancerous tumors. Among rats that were genetically equivalent litter mates, social isolation was associated with a heightened stress response. The heightened stress response was associated with genetic mutations such that there was a failure of DNA

repair and a more rapid growth of cancerous tumors among socially isolated rats (McClintock, Conzen, Gehlert, Masi, & Olopade, 2005).

Research like that of Dressler and Gehlert along with the insightful analyses of Wong, Wyatt, and Midkiff illustrate that biology cannot be separated from cultural and social contexts. Reductionistic thinking that is apparent among many proponents of biological psychiatry (as well as many radical social constructionists) interferes with the development of knowledge and does a disservice to society, especially its most vulnerable citizens.

THE EFFICACY OF DRUG THERAPIES FOR MENTAL DISORDERS

The results of a recent study of the effectiveness of antipsychotic drugs in patients with chronic schizophrenia (CATIE) raise many serious questions about the over-reliance on drug therapy for the treatment of schizophrenic disorders. The multi-site clinical trial, which sought to replicate “real-world” prescribing practices, found virtually no substantial differences in the effectiveness of first and second generation antipsychotic medications and limited benefits overall (Lieberman et al., 2005). Reviewing the results, Ragins (2005) reported among other things, “Overall, 64 to 82 percent of patients ... dropped out of treatment in an average of 3.5 to 9.2 months [and] the hospitalization risk rate ranged from 11 to 20 percent over the study period” (p. 1489). He asserted, “If patients in our program did this poorly, I’d decide that our treatment was in shambles and in need of total transformation” (p. 1489).

While the results of the CATIE study must be treated cautiously due to design and methodological limitations noted by the authors, a close reading of the study illustrates what social workers, behavior analysts, and other mental health and health care professionals have known for a long time: Medications and other biological treatments usually have limited impact for most people unless they are accompanied by psychosocial interventions and other service supports that address personal and environmental factors that affect patients’ ability and willingness to adhere to the medical treatments. In some situations, as with adults who have newly diagnosed psychosis, an emerging body of research suggests that a “relationally focused therapeutic milieu” with minimal use of antipsychotic medication may be more beneficial than hospitalization and heavier doses of medication (Bola & Mosher, 2003; Bola, Mosher, & Cohen, 2005).

CONCLUSION

Taken together, Wong, Wyatt, and Midkiff’s analyses and the research cited draw our attention to the dangers of biological (and other forms) of reductionism. It is a truism that human behavior is complex. Efforts to re-conceptualize many behavioral and mental disorders as “brain diseases” characterized by biochemical imbalances that must be addressed pharmaceutically may minimize psychosocial and other contextual factors that must be addressed not only to prevent a “mental disorder” from developing, but also to limit its aversive consequences. Behavior analysts and social workers are particularly

well placed to bear witness to the dangers in these trends and to engage in corrective action. The person-environment perspective espoused by social workers, as well as clinical frameworks like the eco-systemic and ecobehavioral perspectives (e. g., Mattaini, Lowery, and Meyer, 2002) help us to combat reductionism. To be accountable and responsive socially active scholars and clinicians, we must understand and appreciate the confluence of the biological and the social, as well as the “public” and the “private,” in our patients’ lives. To ignore one domain is to ignore the other. To ignore both is socially unjust practice and science.

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