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It's Not Just a Chemical Imbalance

Thinking of my mental illness as preordained missed many of the causes of — and solutions to — my emotional suffering.

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The antidepressant Prozac came on the market in 1986; coincidentally, it was the year I was born. By the time I saw my first psychiatrist, as an early-2000s teenager, another half-dozen antidepressants belonging to the same class of drugs, selective serotonin reuptake inhibitors, or S.S.R.I.s, had joined it on the market — and in the public consciousness.

The despondent cartoon blob from a memorable series of TV ads for the S.S.R.I. drug Zoloft became a near-instant piece of pop culture iconography after its May 2001 debut. It was commonplace through much of my childhood to find ads for other S.S.R.I.s tucked into the pages of the women's magazines I'd leaf through at the salon where my mother had her hair cut, outlining criteria for determining whether Paxil "may be right for you." In my depressed, anxious, eating disordered adolescence, I knew by name the pills that promised to help me.

The mainstreaming of S.S.R.I.s and other psychopharmaceuticals didn't eradicate stigmas against mental illness, but it certainly normalized a sense of their prevalence. (A 2003 study concluded that child and adolescent psychotropic prescription rates alone had nearly tripled since the late 1980s.) It also shaped the tone of conversation.

No longer were mental illnesses necessarily discussed as a shameful aberration, but rather as chemically preordained sicknesses: functions of what became known as a "chemical imbalance."

As a teenager entering the psychiatric care system, I found this logic tremendously reassuring. I came from an extended family of medical providers and had been raised to trust in the hard, scientific grounding of modern medicine.

Internalizing my diagnoses as inscriptions of emotional destiny also alleviated my sense of personal blame for the inability to will away my black dogs. When the drugs failed to deliver the cure I'd been promised, I didn't dare reveal my shameful secret: that maybe the issue wasn't just with chemicals in my brain, but a bad and broken me.

Nearly two decades later, I quake with anger at the wholesale failure of mental health care in America — a rigid and restrictive system that leaves even the reasonably privileged, like me, with little to work with, and so many others with nothing.

The primacy of the chemical imbalance theory of mental and neurological disorders may be at the root of the problem. It is an oversimplification at best. A new book by the Harvard Medical historian Anne Harrington, "Mind Fixers: Psychiatry's Troubled Search for the Biology of Mental Illness," argues that the "tunnel vision" of modern psychiatry, with its fixation on wiring and fixed diagnoses, cannot adequately address what has yet to be understood about the human psyche.

Psychiatrists are full doctors with the ability to issue diagnoses and prescribe medication. But these days, many of them spend much less time than they did in the past practicing psychotherapy, or what we might call "talk therapy." Instead, they tend to meet with patients briefly and write prescriptions. As a result, "psychiatry" has more or less become shorthand for an industry of medication management.

When, in my early 20s, I asked a new psychiatrist — one of the only mental health providers I could find who would accept my insurance and had openings for new patients — if we could try discussing some of the problems I'd been having, she looked at me as though I'd proposed a joint mission to Mars. "Ohhhhh," she said, nodding, as my meaning dawned on her. "You want to see a *counselor*."

What I wanted, and still want, were options.

The jury is out on the extent to which mental illness is hard-wired, but black-and-white narratives of psychopathology neglect the tremendous psychological impacts of social and material circumstance: access to the basics of survival; the burdens of intergenerational trauma and insufficient social support systems; the existential gut punch of pervasive injustice.

A more realistic, nuanced approach to the way we conceive of mental illness would go a long way toward validating the myriad potential causes for human suffering and clearing paths for many more in need.

To be sure, many people need medication, and greatly benefit from it. The right drugs have made my life better too. But I fantasize about a future in which mental illness is understood less in terms of static diagnoses and psychopharmaceutical stopgaps than each individual's symptoms and the circumstances that might inform them.

I don't mean to say that the current system doesn't offer some hope — at least for those with the means to pursue it. Now in my early 30s, I remain firmly entangled in the American mental health care apparatus, albeit on my own terms. I see a therapist (which I'm now in the fortunate position to be able to pay for, out of pocket) who helps me contextualize and work through problems. I manage medications with a psychiatrist, and purchase pills with some coverage from insurance.

I also make it a daily priority to get at least some light exercise, whether a walk or a jog or a bicycle commute. I maintain a regular yoga practice, try to eat a balanced diet and get enough sleep, read constantly, and work to nurture social connections and build community. All of these, I've learned, I can do to maintain my emotional and psychological well-being, and the key word here is "maintain." It's about process, not prognosis.

Rather than view my psychological experience as a biologically fated roller coaster, I've come to think of my mental health as a reflection of the complex ebbs and flows of life; accordingly, I've developed tools to better mitigate that which I can't control, an agency I once wouldn't have imagined possible. I feel, for the first time, like a person who belongs to the world.

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