the United States, supports the profession by offering continuing education and research opportunities, keeping members informed about new research and public policy issues, helping to educate the public about mental health issues, and serving as an advocate for people affected by mental illness.

Traditional psychiatry has been challenged in a variety of ways since the end of World War II. The most widespread and significant change has been the removal of the psychiatric hospital from its central role in the practice of psychiatry. This development resulted from a number of factors: the financial inability of state governments to remedy the deteriorating condition of many institutions; the discovery of new, more effective drugs enabling patients to medicate themselves at home; social activists’ charges of abuse and neglect in state mental facilities; and activism by former mental patients protesting institutionalization and treatment. In addition, a growing movement, led by Karl Menninger, sought to replace state mental hospitals with community mental health centers. The Community Mental Health Centers Act of 1963 allotted federal funds for the establishment of community treatment centers, which provide a variety of services, including short-term and partial hospitalization. The establishment of these centers has contributed to the growing trend toward the deinstitutionalization of mental patients.

In the 1960s and 1970s radical critics within the profession, such as Thomas Szasz and R. D. Laing, challenged basic assumptions about psychiatric treatment and about the medical model of mental illness itself. Sociologists, including Erving Goffman and Thomas Scheff, produced critiques of mental institutions as a form of social control, and the anti-psychiatry ideas of French philosopher Michel Foucault gained currency among American intellectuals. Psychiatry also came under fire from the feminist movement, which saw it as a vehicle for controlling women. Feminist authors Kate Millett and Shulamith Firestone have portrayed psychoanalysis as instrumental in suppressing the original feminist movement of the late 19th and early 20th centuries by labeling women’s legitimate dissatisfaction and agitation as hysteria and providing an intellectual theory that aided in legitimizing society’s continuing subordination of women. Published in 1972, Phyllis Chesler’s Women and Madness was a landmark in feminist criticism.

Advances in neuroscience, endocrinology, and immunology have had a major effect on the way psychiatry is practiced today. The study of neurotransmitters—chemicals in the brain that are related to anxiety, depression, and other disorders—have been significant both in the development of new medications and in the way psychiatrists think about mood, personality, and behavior. Currently, a major (and highly publicized) issue in psychiatry is the use of Prozac and other specialized serotonin reuptake inhibitors (SSRIs), a new class of antidepressants that has fewer side effects than drugs previously used to treat depression. These drugs have become controversial because of their potential use for “cosmetic psychopharmacology,” the transformation of mood and personality in persons with no diagnosable mental disorder. Both psychiatrists and others in the medical and mental health professions must confront the issue of using psychoactive drugs as “mood brighteners” to make clinically healthy individuals more energetic, assertive, and resilient.

Another contemporary development with widespread implications for psychiatry is the growth of health maintenance organizations (HMOs) and managed care programs, whose cost-containment policies have already had a significant effect on the way psychiatry is practiced. Expensive long-term psychotherapy is discouraged by such organizations, and medication is generally favored over therapy. Recently, concern has been expressed over the practice of promoting cheaper medications over more expensive ones, even when those that cost more offer greater benefits.

Further Reading

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**Psychoactive drugs**

Medications used to treat mental illness and brain disorders.

**Overview and use**

The role of psychoactive drugs, also called psychotherapeutic agents or psychotropic drugs, in the treatment of mental illness is dependent on the disorder for which they are prescribed. In cases where mental illness is considered biological in nature, such as with a diagnosis of bipolar disorder or schizophrenia, pharmaceutical therapy with psychotherapeutic drugs is recommended as a primary method of treatment. In other cases, such as in personality disorder or dissociative disorder, psychoactive medications are usually considered a secondary, companion treatment (or adjunct) to a type of psychotherapy, such as cognitive-behavioral therapy. In
these situations, medication is used to provide temporary symptom relief while the patient works on the issues leading to his illness with a therapist or other mental health professional.

Psychoactive drugs can be classified into seven major categories. These include:

- **Antianxiety agents.** Drugs used to treat anxiety disorders and symptoms. These include benzodiazepines such as alprazolam (Xanax), lorazepam (Ativan), diazepam (Valium), and chlordiazepoxide (Librium), and other medications including buspirone (BuSpar) and paroxetine (Paxil).

- **Antidepressants.** Drugs used to treat depression, dysthymic disorder, and bipolar disorder. Popular antidepressants include venlafaxine (Effexor), nefazodone (Serzone), bupropion (Wellbutrin), MAOI inhibitors such as phenelzine (Nardil) and tranylcypromine (Parnate); selective serotonin reuptake inhibitors (SSRIs) such as fluoxetine (Prozac), paroxetine (Paxil), and sertraline (Zoloft); tricyclic antidepressants such as amitriptyline (Elavil), doxepin hydrochloride (Sinequan), desipramine (Norpramin), and perphenazine/amitriptyline combinations (Etrafon).

- **Antimanic agents.** This category includes medications used to treat mania associated with bipolar disorder (or manic-depressive disorder) such as divalproex sodium (Depakote) and lithium carbonate (Lithium, Eskalith, Lithobid, Tegrador).

- **Antipsychotic agents.** Also known as neuroleptic agents, these medications are used to manage psychosis related to schizophrenia, delusional disorder, and other psychotic disorders. They include clozapine (Clozaril), haloperidol (Haldol), loxapine (Loxitane), melperone (Mohan), thiothixene (Navane), risperidone (Risperdal), and olanzapine (Zyprexa); also includes phenothiazines such as prochlorperazine (Compazine), trifluoperazine hydrochloride (Stelazine), and chlorpromazine (Thorazine).

- **Obsessive-compulsive disorder medications.** Drugs used to treat OCD include fluvoxamine (Luvox), paroxetine (Paxil), fluoxetine (Prozac), and sertraline (Zoloft).

- **Psychostimulants.** Also known as central nervous system stimulants, these medications are used to treat attention deficit disorders (ADD and ADHD) and narcolepsy. They include methylphenidate hydrochloride (Methyl, Ritalin) and methamphetamine (Desoxyn, Dextedrine, and DextroStat).

**Side effects**

There are a number of side-effects associated with psychotherapeutic agents. These can include, and are not limited to, dry mouth, drowsiness, disorientation, delirium, agitation, tremor, irregular heartbeat, headache, insomnia, gastrointestinal distress, nausea, menstrual irregularity, weight gain, weight loss, loss of sex drive, skin rashes, and sweating. Patients should inform their healthcare provider if they experience any of these side effects. In some cases, a dosage adjustment or change of prescription can alleviate any discomfort caused by them. Additional medications may also be prescribed to address severe side effects (e.g., anticholinergic medication may be prescribed for muscle spasms caused by antipsychotic medications).

**Tardive dyskinesia,** a condition characterized by involuntary movements of the mouth and other locations on the body, has been reported in some patients who take antipsychotic medication on a long-term basis. In some cases, the condition is permanent, although discontinuing or changing medication may halt or reverse it in some patients.

**Agranulocytosis,** a potentially serious illness in which the white blood cells that typically fight infection in the body are destroyed, is a possible side effect of clozapine, another antipsychotic. Patients taking this medication should undergo weekly blood tests to monitor their white blood cell counts.

**Precautions**

Psychotherapeutic agents can be contraindicated (not recommended for use) in patients with certain medical conditions. They may also interact with other prescription and over-the-counter medications, either magnifying or reducing the intended effects of one or both drugs. In some circumstances, they can trigger serious, even life-threatening, physical side effects. For this reason, individuals who are prescribed psychoactive medication should inform their mental healthcare provider and any other prescribing doctor of all medications they are taking, and of any medical conditions they have not yet disclosed.

Monoamine oxidase inhibitors (MAOIs) such as tranylcypromine (Parnate) and phenelzine (Nardil) block the action of monoamine oxidase (MAO), a chemical agent of the central nervous system. Patients who are prescribed MAOIs must eliminate foods high in tyramine (found in aged cheeses, red wines, and meats) from their diets to avoid potentially serious hypotensive side effects.