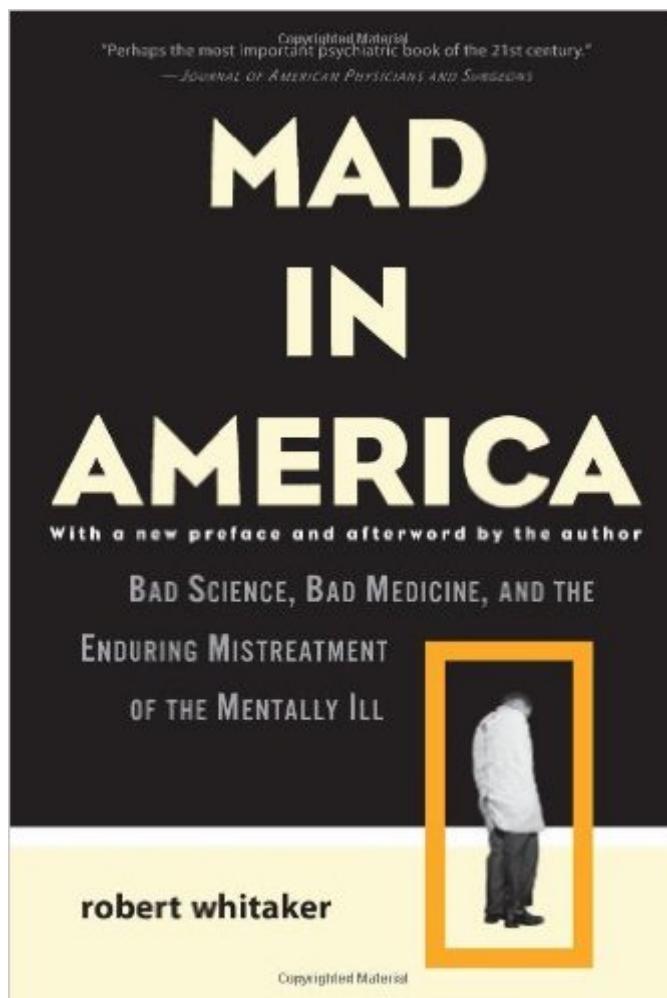


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Mad In America: Bad Science, Bad Medicine, And The Enduring Mistreatment Of The Mentally Ill



Synopsis

Schizophrenics in the United States currently fare worse than patients in the worldâ™s poorest countries. In *Mad in America*, medical journalist Robert Whitaker argues that modern treatments for the severely mentally ill are just old medicine in new bottles, and that we as a society are deeply deluded about their efficacy. The widespread use of lobotomies in the 1920s and 1930s gave way in the 1950s to electroshock and a wave of new drugs. In what is perhaps Whitakerâ™s most damning revelation, *Mad in America* examines how drug companies in the 1980s and 1990s skewed their studies to prove that new antipsychotic drugs were more effective than the old, while keeping patients in the dark about dangerous side effects. A haunting, deeply compassionate book—now revised with a new introduction—*Mad in America* raises important questions about our obligations to the mad, the meaning of “insanity,• and what we value most about the human mind.

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Customer Reviews

I normally never write review but feel as though this book is worthy of one. What the author does in this book is what journalists fail to do. He investigates the people in charge of taking care of the mentally ill in a way that makes the reader wonder who is the one that is really ill. He starts out with a brief history of how mentally ill people have been treated throughout history. From hydrotherapy to metrazol, insulin coma, draining of blood, "tranquilizer chairs", etc. This progresses to the more recent introduction of neuroleptics in the 1950's and how they induce a sort of parkinsonism. What's

most revealing about these drugs is how he points out that people who never take them are more likely to recover. In this part of the book, he also talks about Freeman's disgusting lobotomy procedures in which he pokes the patient about the eye and places a stick in their head and wiggles it to destroy the frontal lobes. Patients then go on to act like children and even continue eating after vomiting in their own food. With all that said, the most revealing aspect is the fact that people in less developed countries fare a lot better with schizophrenia than people in more developed countries. The introduction of atypical neuroleptics also reveal how "dirty" these drugs really are in that they target so many different neurotransmitters. He goes on to point so many conflicts of interest in regards to the reviews of drugs that it left me shocked. The saddest part of the book is the story of various individuals. A young woman was taken off venlafaxine and given amphetamines to induce her psychosis to the point where they could experiment on her using brain scans.

Imagine a doctor wearing the traditionally authoritative white coat walking into the local asylum with a baseball bat. He finds a couple of hyperactive patient-residents, clobbers them over the head with the bat and notices that they grow noticeably calmer when unconscious. The company that makes the bats funds the Doctor's subsequent research (which of course corroborates the earlier findings) and the bat is marketed to other psychiatrists as the "mood stabilizer." N years later the therapy of choice might be a stun-gun, a.k.a., the bio-consciousness transformer. *Mad in America*, as the title suggests, chronicles the history of a dysfunctional field, psychiatry, and the way it variously classified, misunderstood, mistreated and misled the most vulnerable of its patients, the schizophrenic. Psychiatry either failed to see what was happening to its patients or fabricated what it saw. Lobotomies, the so-called neuroleptics and the "atypicals" are all here on display in Whitaker's book as hyped and ineffective at best and, at worst, downright fraudulent therapies. Taking a cue from Watergate's deepthroat, Whitaker almost always can explain why psychiatry went astray by "following the money." This is a powerful book, but a problematic one as well. At least some of the drugs described by Whitaker remain in the standard PDR. Some fraction of patients may benefit from them, and benefit for reasons that psychiatry may not adequately understand. It's also valid that some fraction of patients benefit from placebos. Whitaker is surely right to put all of us on our guard, but few are willing to abandon entirely the hypothesis that bio-chemical imbalances may be involved at some level as a causal agent in the overall manifestation of "madness."

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