



# Mad in America: Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill

By Robert Whitaker

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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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### Editorial Review

#### Amazon.com Review

Hot on the heels of an optimistic film about Nobelist John Nash's schizophrenic journey comes medical journalist Robert Whitaker's disturbing exposé of the cruel and corrupt business of treating mental illness in America. *Mad in America* begins by surveying three centuries of mental health treatments to discover why positive outcomes for schizophrenics in the U.S. for the last 25 years have decreased--making them lower than those in developing countries. Whitaker asks, "Why should living in a country with such rich resources and advanced medical treatments for disorders of every kind, be so toxic to those who are severely mentally ill?"

One of Whitaker's answers draws upon the historic and current assumptions of a physical cause for schizophrenia. This resulted in cruel and unusual physical treatments--from ice-water immersion and bloodletting to the more contemporary electroshock, lobotomy, and drug therapies with dangerous side effects. This physical cause model leads to Whitaker's more provocative explanation: that mental illness has become a profit center. He offers disturbing details about how good business for drug companies makes for bad medicine in treating schizophrenia. From drug companies skewing their studies and patient/subjects kept in the dark about experiments to the cozy relationship between the American Psychiatric Association and drug companies, Whitaker underlines the mistreatment of the mentally ill. This courageous and compelling book succeeds as both a history of our attitudes toward mental illness and a manifesto for changing them. --*Barbara Mackoff*

#### From Publishers Weekly

Tooth removal. Bloodletting. Spinning. Ice-water baths. Electroshock therapy. These are only a few of the horrifying treatments for mental illness readers encounter in this accessible history of Western attitudes toward insanity. Whitaker, a medical writer and Pulitzer Prize finalist, argues that mental asylums in the U.S. have been run largely as "places of confinement facilities that served to segregate the misfits from society rather than as hospitals that provided medical care." His evidence is at times frightening, especially when he compares U.S. physicians' treatments of the mentally ill to medical experiments and sterilizations in Nazi Germany. Eugenicist attitudes, Whitaker argues, profoundly shaped American medicine in the first half of the 20th century, resulting in forced sterilization and other cruel treatments. Between 1907 and 1927, roughly 8,000 eugenic sterilizations were performed, while 10,000 mentally ill Americans were lobotomized in the years 1950 and 1951 alone. As late as 1933, there were no states in which insane people could legally get married. Though it covers some of the same territory as Sander Gilman's *Seeing the Insane* and Elaine Showalter's *The Female Malady*, Whitaker's richer, more detailed book will appeal to those interested in medical history, as well as anyone fascinated by Western culture's obsessive need to define and subdue the mentally ill. Agent, Kevin Lang.

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#### From The New England Journal of Medicine

This book is more of an indictment than a historical account, in keeping with its subtitle. The author, a medical journalist, virtually equates mental illness with schizophrenia; depression and other psychiatric disorders are mentioned only parenthetically. The story starts on a positive note, with the establishment of proper medical wards for the insane in Pennsylvania Hospital, around 1800. This occurred in the wake of the

work of Pinel, who in 1793 was the first to free psychiatric patients from their chains, in Paris. The medical approach, sometimes still harsh, was followed by the heyday of "moral treatment," between the 1840s and the 1880s, in Pennsylvania Hospital and elsewhere in the United States. It was modeled on the Quakers' retreat in York, England (in 1796), where patients were treated with compassion and respect. Alas, from there the road only went downward. The overcrowding of psychiatric hospitals with persons with syphilis, alcoholism, and dementia, as well as the lack of dedicated personnel, led to the departure of philanthropists and the restoration of the medical model, under the leadership of neurologists. Subsequently, the eugenics movement led to inhumane measures. The first was prohibition of marriage among the insane (in more than 20 states, between 1896 and 1914); the next was compulsory sterilization, performed in thousands of U.S. citizens between 1907 and World War II. Until the 1930s, psychotic behavior was most often treated with "hydrotherapy" (in fact, old-fashioned forms of restraint combined with the use of cold baths or wet packs). Other physicians acted on idiosyncratic theories and removed female organs, parts of the gut, or teeth, or they induced malarial fever. In the 1930s, new treatments followed each other in rapid succession: coma induced by insulin, seizures induced by pentylenetetrazol, electroshock treatment, and finally, prefrontal lobotomy. Moniz took the lead with this operation (in Lisbon, Portugal, in 1935) and was followed the next year by Freeman and Watts in the United States. It was especially in the decade after the war, after Freeman had introduced the transorbital technique, that more and more patients were regarded as candidates for prefrontal lobotomy. The state of lethargy in which most patients were left after this "minor operation" did not detract from its popularity. The fact that outcome assessment was so biased can be attributed not only to naive optimism; in addition, discharge from an institution was regarded as a success in itself. State asylums encouraged any measure that removed patients from their care, and reports of success would bring in new research money, especially from the Rockefeller Foundation. When the popularity of lobotomy waned, in the mid-1950s, more than 20,000 patients had undergone this procedure. One might think that the advent of antipsychotic drugs (starting with chlorpromazine, in 1954) would have marked the beginning of a more positive chapter in the history of American psychiatry. Not so, at least in the author's eyes. He regards American treatment regimens involving the use of antipsychotic drugs as no less disabling and brutal than the methods used in earlier times. Although there may be truth in the notion that dosages of antipsychotic drugs in the United States are higher than necessary, the author weakens his position by issuing continuous and unrelenting condemnations (for instance, "The Nuremberg Code doesn't apply here"), despite a dearth of evidence to support them. How can he be so certain that persons with Kraepelin's schizophrenia in fact suffered from encephalitis lethargica and that therefore today the outcome of the disease is seen in an unnecessarily gloomy light? Indeed, finding normal levels of dopamine in the cerebrospinal fluid of persons with unmedicated schizophrenia does not support the "dopamine hypothesis," but to call it "a bald-faced lie" is simplistic reasoning. It is true that blocking dopamine receptors often leads to akathisia (an irresistible urge to move), but what is proved by citing (without naming the authors) a study in which 79 percent of mentally ill patients who had tried to kill themselves suffered from akathisia? Or by citing one in which 50 percent of all fights on a psychiatric ward involved patients who suffered from akathisia? And what point is made by telling the sad story of a female patient who was eventually found murdered in Central Park? Or by recounting the story of fraudulent psychiatrists who made money by entering nonexistent patients into well-funded pharmaceutical trials? Such criminal behavior has occurred in other specialties and does not by definition disprove the efficacy of the drugs being studied. Similarly, the author tries to prove his point that neuroleptic drugs make patients worse, rather than better, by repeatedly comparing series of treated and untreated patients from different institutions, with inherent differences in referral patterns and severity of illness. It is precisely for such weaknesses of design that he chides the industry-driven clinical trials that introduced "atypical" antipsychotic agents such as risperidone and olanzapine. Rightly so, but by this time critical readers will have lost faith in the author's arguments. Although the author is widely read on the subject, the facts are largely arranged to suit his prejudice, especially in the chapters on drug treatment. American psychiatric institutions may have their failings in the current management of patients with schizophrenia, but they deserve better critics. *J. van Gijn, M.D.*

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#### **Ruth Vigue:**

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boring as well as can't see colorful images on there. Yeah, it is being complicated. Book is very important to suit your needs. As we know that on this period of time, many ways to get whatever we really wish for. Likewise word says, ways to reach Chinese's country. Therefore , this Mad in America: Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill can make you really feel more interested to read.

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