**Reading Top Ten #3**

*Mad in America:* Chapters 1-4

Name

Date

**Author’s Idea 1: Bedlam in Medicine (Page 2)**

Whitaker's idea of Bedlam in medicine addressed early treatment on the mentally ill in America and Europe. Individuals with mental disorders in the 7th and 18th centuries were considered brutes. Therapies at this time included bleeding patients, dunking them in water, spinning them, and even holding them underwater until they lost consciousness.

**My Thoughts**

I think Whitaker uncovered the secrets in the care provided in the past to people with mental health problems. The author's investigations demonstrate that schizophrenia patients have fared worse over the past decades, despite the introduction of a wide range of drugs. The management of these patients during the 1800s had a series of inhuman and cruel practices that ranged from chemical prosecution through harsh medication.

The poor treatment of the mentally ill gave rise to psychiatry. Individuals with mental health conditions during the 1700s were chained and institutionalized in unheated dingy cells ad displayed for the public's amusement. The patients were punished and forced to fear their keepers. The 1774's act of regulating madhouses, inspection, and licensing made physicians the sole arbitrators in determining individuals diagnosed with mental illness, and the practice of treating the condition flourished.

**Class Discussion Question**

How were mentally ill patients treated in the past?

**Author’s Idea 2: The Healing Hand of Kindness (Page 19)**

Whitaker describes the moral treatment that arose in the early 1800s in France and England as a form of care. The treatment emphasized focused on treating the mentally ill individuals with empathy and kindness and avoiding medical remedies that functioned by weakening individuals. The moral treatment worked effectively for more than 30 years.

**My Thoughts**

I think the moral treatment as a new approach to the treatment and care of the mentally ill was a humane alternative. The approach provided a nurturing environment believed to heal the mentally ill. The approach was different from the punitive interventions because it premised on the notion that the mentally ill could regain self-control and their recovery chances law within them rather than on the external powers of medicine.

Moral treatment was efficient based on the existing belief that depressions ad delusions in patients resulted from stressors and life and that a compassionate and nurturing environment could heal. I think the York Quakers did their best in developing a conducive environment for healing by keeping patients limited to small numbers, constructing facilities with architecturally pleasing aesthetics, locating patients in calm of the countryside, and governing them by empathetic, humane, and reasonable superintendents.

**Class Discussion Question**

What was the emphasis of moral treatment?

**Author’s Idea 3: Unfit to Breed (Page 40)**

Whitaker describes the early 20th-century eugenic movements in the United States. The movements viewed mental illness as a genetic disorder, with the insanity gene spreading at alarming rates through the US population. The mentally ill were viewed as a threat to US general wellbeing, and the eugenicists recommended their segregation in asylums and forcible sterilization.

**My Thoughts**

The era of eugenics and forced sterilization is a sad history. However, I think the treatment approaches were desperation measures in a desperate era. The US overcrowded psychiatric wards encountered a continuously increasing number of critically ill psychiatric patients for whom an effective treatment option was not available.

I associate the forced treatment provided to individuals with mental health issues with torture. Torture focuses on breaking a victim’s will and intimidating others who fear infliction to torture. The mentally ill continue to encounter torture through the limitation of their freedom and activities, threats, isolation and physical restraints, and inflicting electroshocks and drugs that render them helpless. Through the ordeals of the beliefs of heredity of intelligence, American society by the end of 1920 embraced involuntary sterilization of individuals with a mental disorder as a progressive health measure, with support from the media. All the medical therapies in this era reflected societal values for the mentally ill. The desperation forced the implementation of medical therapies that were barbaric remedies, forced on patients.

**Class Discussion Question**

What promoted the idea of forced sterilization in the management of mental illness in the early 20th century?

**Author’s Idea 4:** **Too Much Intelligence (page 73)**

Whitakers describes how the US psychiatry once again devoted itself after the late 1800s fall of moral treatment to finding psychological remedies for mental illness. A wide range of therapies, such as gastrointestinal surgery and water therapies as well as sleep, fever, and refrigeration therapies, were tried. Finally, doctors discovered a trio of therapies that worked, such as insulin coma therapy, electroshock, and metrazole convulsive therapy.

**My Thoughts**

Doctors focused on improving the US psychiatry to improve their professional image. The professionals had to deliver scientifically medical and cost-effective treatment methods to justify their profession as a bona fide part of scientific medicine. Therefore, they tried arsenic injections, animal hormone injections, dental extractions, metrazole, prefrontal lobotomy, and electroshock treatment, among others.

Psychiatry started reforming into an academic medical discipline through brain surgery. Doctors realized the impact of frontal lobe damages on emotional behavior in mentally ill patients. The discovery promoted the use of lobotomies to keep patients non-disruptive and quiet. The advanced treatment, such as the use of insulin-advanced coma, made patients easier to handle by making them more docile.

**Class Discussion Question**

What was the turning point in medical treatment for the mentally ill?

**Author’s Idea 5:** **Brain Damage as Miracle Therapy (page 107)**

Whitaker describes how the image of psychiatry changes and increased its profitability as a result of development in medications to treat psychosis. The author explains the safety and efficacy of prefrontal lobotomy in various trials based on the conclusions by many physicians that it could not harm the mentally ill. However, Whitaker argues that the new medications’ side effects did not get much public attention.

**My Thoughts**

I think the discovery of antipsychotic drugs to treat schizophrenia was a critical step in psychiatry. However, the author does not support the medications, calling them therapeutically neutral and harmful over the long term. He focuses on the side effects, such as patients becoming chronically ill after treatment with the profitable "miracle drugs," and their likelihood to become more violent, social withdrawal, and increased risks of brain damage and death.

I think that Whitaker exaggerated the adverse impacts of the new "miracle drugs." He ignores the WHO studies showing better patient outcomes in Nigeria, Colombia, and India due to the strong influences of pharmaceutical firms in the US psychiatry. Whitaker appears to value the early 18th-century moral treatment that emphasized the humane treatment of psychiatric patients.

**Class Discussion Question**

What were the benefits of thenew “miracle drugs” in schizophrenia treatment?

**Author’s Idea 6:** **Modern-Day Alchemy (page 140)**

Whitaker addressed the introduction of Thorazine in the early 1950s for the treatment of psychotic conditions. Physicians praised the medication initially for its production of a "chemical lobotomy,"," noting its side effect. The medication was essential in treating in quieting asylum patients, instead of curing psychosis. However, Thorazine underwent an image makeover over the next decade, and by the 1960s, it was hailed as a safe medication for schizophrenia.

**My Thoughts**

I think Whitaker failed to address the challenges encountered in testing new psychiatric medications. The challenges occur due to difficulties in identifying patients who have never taken psychiatric drugs, and to compare the results with subjects randomly assigned the control groups or test groups in double-blind studies.

Conduction of double-blind studies is challenging because of the obvious side effects of schizophrenia medication. The study cannot be "blind" because patients can tell the difference between a medication and a sugar pill. Studies that can compare no treatment and medication simply have not been done or maybe flawed. The author explains methodological challenges in the frequent comparisons between the various medications, where one is shown as more effective than the other. The methodologies cast doubts on the positive result given for new medications.

**Class Discussion Question**

What are the various challenges of testing new psychiatric medications?

**Author’s Idea 7: The Reality of Patients (Page 161)**

Whitaker explains the mechanism of how neuroleptics blocked dopamine receptors. The medication worked by occupying about 70-90% of all D2 receptors. Dopamine function provided a hindrance that made individuals lethargic, retarded movements, and reduced psychosis' visible symptoms. Patients resisted the drug claiming that it turned them into 'zombies,' and research supported that it impaired recovery and made patients chronically ill.

**My Thoughts**

Whitaker clearly explained the various cases of fraud in drug trials. I support that the cases of unethical conduct by researchers in psychiatry do not address the negative impacts of medications in their efficacy and safety. However, the researchers raise issues of insufficient safeguards to prevent scientific research breaches.

Given the lack of transparency in research trials, the testing process for psychiatric medications is flawed. The process is vulnerable to the corruption of psychiatrists ready to make money from pharmaceutical firms at any cost. The drug companies can turn a blind eye to a wide range of irregularities to increase their profits from new medications.

**Class Discussion Question**

Describe the mechanism of neuroleptics.

**Author’s Idea 8: The Story We Told Ourselves (Page 195)**

Whitaker illustrates that individuals told themselves a different story despite research demonstrating the adverse impacts of haloperidol, chlorpromazine, and other neuroleptics. Psychiatrists made the public believe that schizophrenia patients had overactive dopamine systems and that neuroleptic's role was to normalize the activity of dopamine in the brain. However, evidence indicates that falseness of the medical paradigm's every element.

**My Thoughts**

Whitaker believes that the side effects of the new schizophrenia medications failed to get much public attention. Patients treated with the medication became chronically ill compared to those who were not medicated. Researchers also downplayed the risks of the neuroleptic malignant syndrome and tardive dyskinesia.

The strong influence of pharmaceutical firms on psychiatry made the author ignore WHO studies showing better treatment outcomes in less developed nations. He focused on the outcomes of undedicated patients with schizophrenia, treated with moral approaches in small nonmedical residential settings. He claimed that pharmaceutical firms underreport the side effects and influence research protocols.

**Class Discussion Question**

What were the various side effects of neuroleptics?

**Author’s Idea 9: Shame of a Nation (Page 211)**

In the 1970s and 1960s, patient groups often protested against the use of neuroleptics and fought in courts to forego the treatments. In the US, people with a mental health condition won the right to refuse neuroleptics but often had to take them to obtain social support services. In the less-developed nations where neuroleptics were less used, patients demonstrated favorably long-term outcomes. However, patients in developed nations suffered from poor quality of life and became chronically ill.

**My Thoughts**

Whitaker wants his audience to believe that schizophrenia patients can do better without taking neuroleptics. The author’s assentation rests on the WHO’s data as well as that of Soteria. However, he fails to consider the follow-up studies that supported the WHO’s conclusion that schizophrenia outcomes were not better in developing nations.

Poverty in the less developed nations, both of individuals and services combines to produce the WHO’s conclusion, despite the supportive cultures in these nations. The author failed to consider the positive impacts of neuroleptics because he does not recommend them. He only mentioned venlafaxine and lithium anecdotally. He wanted the audience to believe that psychiatrists recommend neuroleptics only because drug manufacturers market them well.

**Class Discussion Questions**

What are the various benefits of neuroleptics?

**Author’s Idea 10: Epilogue (Page 287)**

Whitaker described the contemporary situation in Finland, where researchers report great outcomes with the care that emphasizes selective neuroleptic's use and social support. Some patients do better with low neuroleptics doses, while others do better without the drugs. Reforms on care in Finland require the willingness to explore alternatives such as the Finnish program.

**My Thoughts**

Whitaker’s positive view of social support and selective neuroleptics use shows his stand against psychiatry and neuroleptics. I also support psychiatric rehabilitation and regret the more money spend on pharmacological marketing than on research. The academic psychiatry and drug manufacturers continue to promote beliefs of the essence of antipsychotics in the treatment of psychotic disorders.

Evidence demonstrates the detrimental impacts of antipsychotics and recommends their prescriptions only in serious mental illness. However, the partnership between psychiatry and drug manufacturers managed to turn the medications into bestsellers. I think society should try something different that truly helps people to recover and improves their wellbeing.

**Class Discussion Question**

Should antipsychotic drugs remain the cornerstone of care in schizophrenia management?

**References**

Whitaker, R. (2001). *Mad in America: Bad science, bad medicine, and the enduring mistreatment of the mentally ill*. Basic Books.