

STREET SPIRIT INTERVIEW WITH ROBERT WHITAKER (6/03)

Printed below is Terry Messman's **INTRODUCTION** and **INTERVIEW** with Robert Whitaker (11,300 words in all) published in the June 2003 issue of Street Spirit (1515 Webster #303, Oakland, CA 94612; spirit@afsc.org), a publication of the American Friends Service Committee distributed in the San Francisco's East Bay region.

INTRODUCTION

Mad in America: Bad Science and Bad Medicine

by Terry Messman
Street Spirit, June 2003

Robert Whitaker's book, *Mad In America*, is a towering achievement that stands shoulder to shoulder with the best investigative reporting in U.S. history. His book invites comparison with other momentous examples of muckraking journalism, such as Rachel Carson's prophetic environmental exposé, *The Silent Spring*, or William Lloyd Garrison's liberating reporting on the fight to abolish slavery.

Whitaker's revelation of two centuries of psychiatric mistreatment serves to unlock the locked wards that for too long have hidden nightmarish abuses from the public. *Mad In America* also tears away the shroud of silence that has prevented the public from hearing how psychiatric patients themselves have described the untold suffering caused by electroshock, lobotomy, insulin coma therapy, and mind-numbing doses of neuroleptic drugs.

Mad In America is one of those rare works of journalism that truly gives voice to the voiceless. Through Whitaker's compassionate writing, we now can hear the cries of patients locked away in the permanent silence of asylums; and we can see that they were never really asylums at all, but warehouses of anguish where frightened and traumatized human beings were locked away from the larger society, unseen and undefended in their torment.

Perhaps even more impressive than the insights he has unearthed, however, is the sheer bravery of Whitaker's full-scale dissent from the accepted wisdom of psychiatry. The boldness of Whitaker's indictment of the psychiatric establishment is as stirring as Chief Bromden's unforgettable act of defiance in Ken Kesey's novel, *One Flew Over the Cuckoo's Nest*.

After Randle McMurphy has been lobotomized for instigating an uprising in the mental hospital, Chief Bromden, who has silently endured endless cruelty and dehumanization as an inmate, finally finds the strength to rebel against the spirit-crushing psychiatric overseers. The Chief jerks an impossibly heavy steel-and-cement control panel out of the floor and throws it with all his might through the wire-mesh windows of the locked-down ward, then runs away to his freedom.

In writing *Mad In America*, Whitaker gathered armloads of scientific research, as weighty as a steel control panel, and hurled it all right through the locked wards of every dehumanizing psychiatric institution in the country. His book is a massive blow against the legacy of psychiatric abuses he has so carefully documented.

In a fascinating twist, when Whitaker began his research into the history of psychiatric abuses, he was a believer in the story of progress that psychiatry has been telling the public for decades. When he began his series for the Boston Globe, Whitaker said, "I absolutely believed the common wisdom that these antipsychotic drugs actually had improved things and that they had totally revolutionized how we treated schizophrenia. People used to be locked away forever, and now maybe things weren't great, but they were a lot better. It was a story of progress."

That story of progress was fraudulent, as Whitaker soon found out when he gained new insight from his research into psychiatric practices such as electroshock, lobotomy, insulin coma, metrazol convulsive therapy, and neuroleptic drugs.

Psychiatrists told the public that these techniques "cured" psychosis or balanced the chemistry of the brain. But, in reality, the common thread in all these different treatments was the attempt to suppress "mental illness" by deliberately damaging the higher functions of the brain.

The stunning truth is that, behind closed doors, the psychiatric establishment labeled these treatments, "brain-damaging therapeutics." It may seem self-evident now that electroshock and lobotomy purposely assault and incapacitate the brain, but the next generation of antipsychotic medications also created the same kind of brain pathology by blocking the neurotransmitter dopamine and essentially shutting down many higher brain functions.

A 'Chemical Lobotomy'

In fact, when antipsychotics such as Thorazine and Haldol were introduced, psychiatrists themselves said that these neuroleptic drugs were virtually indistinguishable from a "chemical lobotomy." That is why *Mad In America* is subtitled "Bad Science, Bad Medicine, and the Enduring Mistreatment of the Mentally Ill."

Whitaker traces a clear path from the crude use of lobotomy and electroshock to today's much-hyped neuroleptic drugs and newer "atypical" drugs, and shows that all these treatments indiscriminately disrupt higher brain functions and short-circuit patients' thoughts, emotions, memories, and even their basic personality.

Dorothy Day of the Catholic Worker newspaper said that the sacred task of the journalist is to "comfort the afflicted and afflict the comfortable." Whitaker's book is indeed full of compassion for the afflicted victims of psychiatry. But, oh, how his book afflicts the comfortable!

Whitaker reveals how Benjamin Rush, the "father of American psychiatry," theorized that insanity was caused by "morbid" qualities in the blood, leading him to conclude that as much as "four-fifths of the blood in the body" should be drawn away; Rush bled one patient 47 times, removing four gallons of blood over time. He also strapped patients horizontally to a board and spun them around at great speeds. He confined others in his "Tranquilizer Chair" that completely immobilized every part of their body for long periods and blocked their sight with a bizarre wooden shroud, while they were doused in ice-cold water.

That is how psychiatry began in our country - with practices indistinguishable from torture.

Whitaker's book uncovers a shameful history of psychiatric mistreatment, in which teeth and bodily organs (including gall bladders, colons, and the ovaries of women) were surgically removed to get rid of the "bacteria" thought to cause insanity.

Under the guise of "therapy," patients were put in coffin-like boxes and nearly drowned in ice-cold vats of water; while others were weakened by being whipped, nearly starved and given nausea-inducing agents. Silent generations of patients were penned up in psychiatric dungeons for life to keep them from ever having children.

Forced Sterilization In The U.S.

Whitaker unveils a truly frightening history of prominent psychiatrists joining with the eugenics movement to rid the gene pool of the "insanity gene" by classifying mental health clients as debased and subhuman. Eugenicists sought to cleanse America of the mentally ill by forcibly segregating them in asylums so they couldn't procreate, and then sterilizing tens of thousands of patients to prevent them from breeding.

The U.S. eugenics movement was a key inspiration for Nazi Germany's similar programs to segregate and sterilize mentally disabled people, and German scientists even traveled to California to study our program of forced sterilization.

American eugenics may have reached its apotheosis in 1935 when Alexis Carrel, a physician at Rockefeller Institute for Medical Research in New York, wrote that the mentally ill "should be humanely and economically disposed of in small euthanistic institutions supplied with proper gases."

The U.S. psychiatrists who embraced the program of compulsory sterilization directly influenced the doctors of the Third Reich, who would soon begin the "mercy killings" of mental patients.

As psychiatry advanced in the 1940s and 1950s, the scientific assault on the brains of patients became, if anything, more methodical and in some cases more terrifying. Insulin coma, metrazol convulsion therapy, electroshock and lobotomies were used to cripple the frontal lobe and the higher brain functions that separate human beings from the lower primates.

This assault on the brain then came fully into the present with the widespread use of neuroleptic drugs such as Thorazine and Haldol, and the current use of the new "atypical" antipsychotic drugs Zyprexa, Clozaril and Risperdal.

Both the neuroleptics and the atypicals create brain pathology by blocking the flow of neurotransmitters, leaving patients dulled, lethargic and vegetative. The neuroleptics unleashed a devastating epidemic of "persistent Parkinson's" symptoms and the terribly disfiguring neurological dysfunction called tardive dyskinesia. The new atypicals have already been linked with immense weight gain, diabetes, and the dangerous depletion of white blood cells.

A Stirring Act Of Resistance

The publication of *Mad In America* is a watershed in the history of human rights. I was not the same after I read it. It is a searing historical exposé that has an impact comparable to reading the stories of Holocaust survivors. It is a song of lamentation for the human beings we have lost. It is an act of compassion that reclaims the humanity of psychiatric survivors.

Finally, it is a stirring act of resistance in which one lone author bears moral witness to the suffering of hundreds of thousands, and names the names that deserve to live in infamy: the inventors of lobotomy and electroshock and tardive dyskinesia.

For over 30 years, patients rights groups have been speaking out against psychiatric abuses - the torturous treatments, the loss of freedom and dignity, the misuse of seclusion and restraints, the neurological damage caused by "antipsychotic" drugs. But these groups have been condemned and dismissed by the psychiatric establishment, and their truths censured and denied.

Perhaps it takes a book by an outside journalist who fully believed in the widely parroted story of "progress" being peddled by the giant pharmaceutical corporations that utterly dominate the practice of psychiatry today. Through his historical and scientific research, Robert Whitaker has shattered that myth of progress and has shown that antipsychotic drugs are nothing more than the latest, most trendy form of "brain-damaging therapeutics."

Mad In America is an astonishing indictment of 250 years of psychiatric mistreatment, dehumanization, torture, and the deliberate infliction of brain damage. One only wishes that it could be prescribed as a form of "forced treatment" and made mandatory reading for every psychiatrist and corporate drug pusher in the land.

INTERVIEW

The Street Spirit Interview with Robert Whitaker

Interview by Terry Messman
Street Spirit

STREET SPIRIT: What led you to write a book about the history of psychiatric mistreatment? I've heard you began working on a story for the Boston Globe that opened up in an unexpected way.

ROBERT WHITAKER: Yes, there was a particular story; but it was sort of a back-door entry, actually. In 1998, I started writing about the problems in psychiatric drug trials. At that point, I decided to do a series for the Boston Globe on problems in psychiatric research. While I was doing that series, I kept coming upon outcome studies that I found mind-boggling. One was the World Health Organization studies which showed that outcomes for people with mental health problems were much, much better in the poor countries of the world. By the way, the results of their first report was so startling, they repeated the study, and they came up with the same results. When I asked people why that was, no one could give me a good answer. They would just say, "Oh, well, families are nicer over there," or "societies are nicer." It didn't really ring true.

SPIRIT: In the developed countries, supposedly we have more advanced therapies and drugs; and yet the outcomes are worse here, with far more people locked into lifelong, chronic mental illness?

WHITAKER: Exactly. So that really opened an interesting question that no one was answering. One other thing caught my attention as I started looking at those World Health Organization studies. What no one, and I mean no one, mentioned was that the use of antipsychotic drugs was much less in those poor countries where people were infrequently kept on the drugs.

So here you had this disparity. You have our medical paradigm here in this country, which says continual drug treatment for those diagnosed with schizophrenia is absolutely essential. And yet outcomes and recovery rates were much, much higher in poor countries where they didn't follow that paradigm. That obviously raises the question: Is there something wrong with our paradigm?

The other study that dovetails with this is by the Harvard Medical School researchers who, in 1994, had looked at outcomes over the centuries for schizophrenia patients, and concluded that outcomes hadn't really improved since 1900, when the therapies of the day were water therapies. Again, that was contrary to the story we tell ourselves. The story we tell ourselves is that we're getting ever better drugs and we're getting ever better at understanding the "biology" of the disease of schizophrenia.

SPIRIT: You are one of the few writers who has dared to challenge the medically accepted story that antipsychotic drugs and the newer-generation drugs are the only way to treat so-called schizophrenia.

WHITAKER: That's what really attracted me to the whole story, was that there was that belief system out there - and by the way, I shared that belief system when I began this book. When I was doing that series for the Boston Globe on psychiatric research, I absolutely believed the common wisdom that these antipsychotic drugs actually had improved things and that they had totally revolutionized how we treated schizophrenia. People used to be locked away forever, and now maybe things weren't great, but they were a lot better. It was a story of progress. I believed that, and I believed that the drugs were essential and were "like insulin for diabetes," because that's what I had been told.

SPIRIT: What led you, then, to develop such a comprehensive critique of the entire history of psychiatry?

WHITAKER: I did the series for the Boston Globe, and I really wasn't content with what I understood at that point because there was this mystery out there that needed to be explored, and that's why I did the book.

SPIRIT: One of the revelations of your book is the way it gives voice to the truly voiceless. Patients testify about the devastating effects of electroshock, lobotomy, insulin coma and neuroleptic drugs. Their voices are startlingly different from what the psychiatric establishment has reported about those therapies.

WHITAKER: Oh, that's a great point. When I was doing that first series in the Globe, that all started coming out - that the story of how great the therapies were, how essential the drugs were, was not shared by the clients themselves. So there you immediately understood that there was a different perspective, a different understanding and a different story to be told.

You talk about giving voice to the voiceless. When I started reading histories of psychiatry, the voices of those so treated was absolutely missing. It was just not there, which is stunning. You ask people why their voice is not there, and they say, "Well, they're unreliable witnesses." Or,

"They don't know they're sick." You know the whole story. But that's obviously just ridiculous. It's actually obscene.

SPIRIT: Why do you find it "obscene" that those voices were left out of the histories you were researching?

WHITAKER: Because it's like making them non-persons. They don't count. Their experience doesn't count. We know when you do that to someone, that is an obscene act, whether it be done to Jews or slaves or whatever oppressed people. We have come to an understanding that to negate someone's experience, to deny it, is an obscene thing to do. And yet, this is one group that, as a society, we still don't allow them to speak for themselves.

Think about who speaks today for the mentally ill in this country. Not the so-called mentally ill themselves very much. When they do an article in the newspaper it will be NAMI [the National Alliance for the Mentally Ill] quoted for the family point of view, and then there will be the drug companies and the doctors. But how often do you really get the client point of view? Not very often.

That was one of the things I set out to do, is to look at the official story as we go through history, but then see what the patients themselves are saying about these therapies. And let's also see, with the perspective of history, which group seemed to be more accurate, more truthful - in other words, which story held up over time. For example, if you remember patients getting electroshocked in the 1940s and having to be dragged off to the table. Well, at the time, of course, the story was that it was good for them, right? But what do we know today? We know it was as abusive as hell. It was horrible.

SPIRIT: At the time, psychiatrists reassured the public that it was absolutely painless and provided great relief from their symptoms; whereas the patients often had to be dragged kicking and screaming to the electroshock room.

WHITAKER: Exactly. And there's a lesson to be learned here: If you ignore the voice of those so treated, you do so at great peril of doing real harm. In fact, as we go forward in history, the perspective that's going to bear out as true, is almost inevitably that of those so treated. The patients' own stories, time and time again, has seemed right and accurate as we get some perspective from history. You asked this question about giving a voice to the voiceless. You cannot accurately tell the history of psychiatry, the history of treatment for the mentally ill in this country, without listening to those who were so treated. It's just incomplete without it.

SPIRIT: One of your startling insights is how many psychiatric treatments deliberately utilize "brain-damaging therapeutics." That's a common thread linking electroshock, insulin coma, lobotomy and neuroleptic drugs. These therapies are purposely designed to damage higher brain functioning, and the public doesn't know this. Yet in private, psychiatrists admit that these treatments "work" by deliberately incapacitating higher brain functions.

WHITAKER: Yes, and again, this was so surprising. There is a common thread to treatment and medical interventions throughout the past 200 years that, during their time, are said to work. If you're a doctor and you're giving one of these therapies - let's say it's blood-letting or you're putting someone in a tranquilizer chair or you're shocking them 50 times or you're poisoning them with metrazol convulsive therapy - you've got to believe that works. So the common thread you start to discover is how they define what works in dealing with the mentally ill: it's eliminating the symptoms. Knocking out the symptoms so you don't see these kinds of wild fancies, and at least they're not exhibiting the hallucinations and the behavior that may be disturbing to others.

So how do they do that? Well, it turns out that you can knock down those hallucinations, paranoia, wild thoughts, hearing voices, etc. You can knock those down by diminishing brain function, which makes sense because the brain's got to be operating in order to be thinking in this way. And that's what you see time and time again in psychiatry - things that sort of weaken people, things that knock down higher cognitive processes. That really came to fruition in the first half of the 20th century when we had the eugenics movement flourishing in this country which totally devalued the mentally ill as people, which viewed them as threats to the health of society.

SPIRIT: Psychiatry tried to "advance" by assaulting the brain with electroshock or lobotomy, and now with the newer generation of neuroleptic and atypical drugs - which is still a major chemical assault on higher brain functioning and the dopamine transmission system.

WHITAKER: No question about it. And it really gets going as we learn more about the brain in the early part of the 20th century. Now you see the assault, let's say in the 1940s, becoming much more explicit. If you go back and read the medical journals at that time when they were more honest, you will see people writing about "brain-damaging therapeutics." That's what they called them.

SPIRIT: That's an amazingly inhumane phrase.

WHITAKER: But that's their words, not my words. And they would talk about how they had this progression from electroshock. What they would say about electroshock is it knocked down the higher functions of the brain for a brief period; but then as people recovered from this trauma, the delusions and hallucinations returned. So they would say you have to do repetitive electroshock 30, 40, 50 times so this brain damage, in essence, would stick and become more permanent.

Then we get lobotomy which, of course, is disconnecting the very part of the brain that makes us most human, that distinguishes us from lower primates. We disconnected that and we know that's brain damage, but what did they say at that time? It was treated as a miracle brain therapy and the guy that invented it [Portuguese neurologist Egas Moniz] got the Nobel Prize in medicine. But it was really curious how they talked about it at that time. They would talk about knocking people down to a "lower level of being." That was considered a good outcome.

SPIRIT: Even though they were wiping out much of their personality, their emotions, their memory - even their ability sometimes to physically function. Ending up in a vegetative state was rationalized as a good outcome?

WHITAKER: Absolutely.

SPIRIT: How did psychiatry claim that this was an improvement? Because people were quieter on the psych wards?

WHITAKER: Basically, that's the answer. They were quieter on the wards, easier to manage, and that's really the answer. Bottom line, that's the answer.

SPIRIT: And after lobotomy, maybe they didn't have as many hallucinations because it takes an intellect and it takes an imagination and emotions to go into that inner fantasy world in the first place.

WHITAKER: Exactly. Actually, you'd see Walter Freeman, who was the foremost promoter of lobotomy in this country, make exactly that statement. They'd say, okay, there was some loss here and people became less creative; they wouldn't be interested in playing the piano anymore, suddenly. He'd talk about how some of his patients, prior to lobotomy, loved to play the piano, or loved to fantasize about what history would be like if, say, the Indians in America had

won. In other words, wild thoughts, interesting thoughts, creative thoughts, poetic thoughts.

And they would say, okay, you lose all that; but in return, we get a more easily managed person. Freeman would say they don't have strong emotions anymore. They like to eat and they get fat. But they don't care, and they don't really care about having social interactions so they're not real sad anymore, and that was seen as good. They were easier for others running the wards and asylums to take care of, and maybe cheaper too.

SPIRIT: The antipsychotic drugs were perhaps a more precise way to damage the brain by disrupting the dopamine transmission system. But, basically, it was the same outcome in that the higher brain functions were subdued so the person became more vegetative. That is the common thread and that's why some patients liken these drugs to chemical lobotomies.

WHITAKER: That was a common thread, and it wasn't just patients who called the drugs chemical lobotomies. In the 1950s, when the drugs came in, surgical lobotomy was still seen as a good thing. That was the value system in place, remember? The inventor of lobotomy had just won the Nobel Prize in the early 1950s when we introduced these drugs. We were still using repetitive electroshock. We were still grabbing patients, chasing them down the hall, throwing them on the gurney, and forcibly electroshocking them.

Then the drugs come in and it's really fascinating to read the medical literature at that time, because they do talk about how the drugs like Thorazine, Haldol and other neuroleptics created a change in being - a change similar to what you got with lobotomy. And that was seen as good. Did people become quieter, less emotionally engaged with their environment? Yes, and that was seen as good. Did they become more lethargic in their movements? Yes, and that was seen as good. Did they care less about themselves, which is a function of the frontal lobes? Yes, and that was seen as good..

Physiologically, to carry this forward, we know that, in fact, that's exactly what the neuroleptic drugs do. They profoundly block dopamine transmission. For example, If you take a monkey and give it a lobotomy, and watch how it behaves; then if we give another monkey Thorazine and block the dopamine transmission to the frontal lobe, you'll get very similar behavior. The main difference is that the lobotomy didn't damage the motor control, whereas the drugs did. That's why these drugs result in Parkinson's symptoms, tardive dyskinesia, and all these other motor dysfunctions over time. In a way, the standard neuroleptics were more comprehensive in their diminishment of mental activity in the brain than frontal lobotomies.

SPIRIT: Unbelievable. The much-praised neuroleptics were more destructive of motor movements than lobotomies?

WHITAKER: Well, they were absolutely destructive of motor movements. When Thorazine and Haldol were introduced, they actually said that you know you have a good dosage when you start getting Parkinson's symptoms.

SPIRIT: So Parkinson's symptoms were the desired outcome?

WHITAKER: Exactly. You dosed them up until the person was getting tremors and was having trouble initiating motor movements. At that point, they said, "Aha, we have an effective dose." There was a famous psychiatric conference in 1956 when they said that's the sign - we dose up until we get Parkinson's.

Now why do we get Parkinson's? You get Parkinson's because you're creating with the drugs the same deficiency in dopamine transmission that you get with the disease itself. So it's not really only a side effect. The problem with motor movement is a direct effect. The Parkinsonian symptoms are absolutely a direct effect of knocking down dopamine transmission. And we know how

profound that was. The drugs block anywhere from 70 to 90 percent of a particular type of dopamine receptor, the D2 receptor.

So the drugs block about 80 percent of your normal dopamine level. And you get symptoms of Parkinson's disease when you've lost about 80 percent of the dopaminergic neurons in the brain. So you're creating the same deficiency. Not a side effect - a direct effect.

SPIRIT: So Parkinson's symptoms are a deliberately intended effect, since they know it's inevitable.

WHITAKER: Well, not only is it inevitable, it's part of the treatment! Really, here's the way to look at standard neuroleptics. We have a drug that, as a direct effect, diminishes your capacity to control movements. Second, as a direct effect, it knocks down activity in the brain's limbic system in which we mount emotional responses to the world. That's why people on Thorazine and Haldol are not very engaged.

SPIRIT: They're very flat emotionally, often very withdrawn.

WHITAKER: Yes, because you're knocking down that part of the brain. Then finally, by knocking down the frontal lobes, you have people who aren't very motivated, because it's in the frontal lobes that we care about ourselves and worry about the future. Now, those are direct effects. So the question is, as a side effect, do we get some diminishment of psychotic symptoms, hallucinations and voices?

We've got all these losses: diminishment of motor movement, diminishment of emotional affect, diminishment of the ability to care for oneself. That's why a lot of patients hated these drugs, absolutely hated Thorazine and Haldol. Here's the next surprise. You would at least think that over time, you'd get a diminishment of the targeted symptoms of psychosis, especially since we've got all these effects on the negative side. But the most amazing thing is that, over time, rather than seeing a diminishment in psychosis in people treated with these drugs and under this paradigm, you actually see an increase compared to placebo-treated groups.

So, even on the target symptom that supposedly we're knocking down with these drugs, over time you see more chronic illness. That completes this picture of how stunningly wrong this paradigm was. We had all these negative effects being caused to people who had the misfortune to be so diagnosed; and yet, even on the target symptom, you see greater chronicity of psychosis. You see failure every way you look at it.

SPIRIT: Do you think that's one reason why the WHO studies showed that U.S. patients are more prone to long-term schizophrenia than patients in poor countries that aren't prescribing neuroleptics for the duration of someone's life?

WHITAKER: I think that's absolutely the answer. What happens is that in the natural course of those so diagnosed with schizophrenia, a good percentage, if not treated with the drugs, will improve or recover. During the WHO studies, only 16 percent of patients in underdeveloped countries are kept on the drugs, yet they had roughly 65 percent in the best outcomes category. Even in our own studies, if you looked at times when they did try to treat with non-drug alternatives, you'd see over 50 percent doing pretty well at two-year and three-year follow-ups.

If you look at the natural spectrum of people diagnosed with schizophrenia or schizoaffective disorder, and if you didn't treat them with drugs, somewhere around at least 50 percent, after a period of six months to a year, would recover and get on with their lives. But what happens once you put them on these drugs, and keep them on these drugs, you push them into this lifelong chronicity. I believe there's overwhelming evidence to show that's indeed what

happens. That's why the World Health Organization found this difference in outcomes - chronic across the United States versus many people recovering in the poor countries.

SPIRIT: Your book documents how these drugs work to induce brain pathology by disrupting the neurotransmitter, dopamine. Yet the picture psychiatry presented to the public was that antipsychotic drugs actually worked to "cure" psychosis, or worked to harmonize disorganized brain chemistry. Were you surprised at the extent of their fabrications?

WHITAKER: When I was doing the research, there would be these constant surprises, where I couldn't believe what I was finding. This is one of those findings, and it's absolutely haunting. It still haunts me. It's medical fraud - that's the only way to say it.

The story, as you said, was that they knew that the drugs blocked dopamine activity, and profoundly so. So then they hypothesized that people with schizophrenia must have too much dopamine in their brain to begin with; and therefore by blocking it, we're helping to "balance" the chemistry in the brain. That is the story that's still being told, that neuroleptics are "like insulin for diabetes." This became such a story, you can read it in medical textbooks in the 1980s. Interestingly, though, by the time that was being said, in the '80s, all the evidence said exactly the opposite. The evidence showed that prior to medication, people with schizophrenia did not have abnormal dopamine chemistry.

So neuroleptic drugs block the dopamine system - in other words, they're creating an abnormality in this important neurotransmitter. In response, the brain tries to cope with that blockage in two ways. Initially, it tries to pump out more dopamine, and then the brain starts burning out in its ability to do that. Then it actually sprouts more dopamine receptors. So if you look at the brain of a person who has been on neuroleptics, they have many more dopamine receptors than normal.

You're actually creating the very problem - too many dopamine receptors - that you said created schizophrenia in the first place. Their brain now becomes hypersensitive to dopamine - in other words, becomes abnormal. We even found by 1979 that as their brain sprouts these extra dopamine receptors, they actually do become more vulnerable to psychosis.

So by 1979 we actually had a good idea, in the research literature, that this whole story that the drugs normalized brain chemistry was a lie; and we also knew that we were knocking the brain off its normal mode of working, and that led to greater vulnerability to psychosis.

SPIRIT: But they didn't tell the public?

WHITAKER: You know, at that moment, the moral obligation of medicine is to tell that to patients. At the very least you have to be honest about that, and you have to investigate that. Are you ready for this? In 1998, this is the final piece of this puzzle, the University of Pennsylvania did an MRI study in which they studied people placed on neuroleptics. They found that indeed the brains of those people so treated started showing changes in brain volumes. So you start seeing a shrinkage of the frontal lobes and an enlargement of the basal ganglia.

So now we're seeing morphological changes in the brain. And here's the clincher: They found that those volume changes in the brain were associated with a worsening of the target symptoms. So the puzzle now all comes together, doesn't it? It fits with the World Health Organization's study. It tells you why people are becoming chronic - because you're giving them an agent that causes an abnormality in brain function, that causes changes in the brain that lend themselves to greater psychosis.

SPIRIT: And it locks people in for the long term to what can be called "medicated schizophrenia."

WHITAKER: Oh, absolutely. What happens after these changes occur is that you can't go off these drugs easily, because you've got a changed brain. Then when you go off the drugs, and you have a relapse and become psychotic again, they say, "Aha, see, you need the drugs." But in truth, what we were seeing was someone who'd had his brain changed and that's why they weren't doing well when they were abruptly withdrawn from the drugs.

SPIRIT: One of the side-effects of the neuroleptics is tardive dyskinesia, a severe form of motor dysfunction. Your research showed how a NIMH scientist, George Crane, warned about tardive dyskinesia for years but was ignored by the American Psychiatric Association, which negligently refused to pass on the warning. What does that say about informed consent?

WHITAKER: We're talking about a history in which you see a group of people not treated in any way according to the values we believe in normally. First, tardive dyskinesia is not just a motor disability. That's how it shows up; you get the rhythmic movement of the tongue constantly moving in their mouths and you'll see disfiguring facial tics and other constant tic movements of the hands and feet. So it's showing up with physical symptoms, but many studies have found that you are really getting more generalized cognitive dysfunction, a more widespread sort of permanent brain dysfunction. That's a horrible thing to happen to a human being.

Now let's talk about the history of how we warned people about this. The first signs of this came up in the 1950s. The studies and letters started coming in about this odd development. Roughly five percent of the people placed on these drugs started developing tardive dyskinesia in the course of the first year.

George Crane, a psychiatrist and researcher at the National Institute of Mental Health (NIMH), started trying to raise the alarm over this in the late 1960s. He's comparing it to diseases like Huntington's disease, which is a horrible disease, a devastating disease. Crane says we're seeing that type of dysfunction.

Well, psychiatry doesn't want to hear about it, the FDA doesn't want to hear about it. They don't even want to put a warning box on the drugs. So Crane keeps on banging the drum, and finally you start to see the FDA willing to put a warning on. But now the American Psychiatric Association is not willing to acknowledge it; because to acknowledge this is to acknowledge that one of their mainstream medications that they're so proud of, is causing this incredible harm. And, of course, you've got lawsuits waiting in the wings if they admit to this.

It takes until the 1980s until the APA decides to send out a warning letter to its own members. They study it and set up task forces but they keep delaying and dawdling. And it's not until the lawsuits start moving forward on this that the APA finally sends out its warning label.

SPIRIT: At the time, it was commonly accepted wisdom that these neuroleptic drugs were safe and very effective. Psychiatrists and the mainstream media reported that over and over for decades.

WHITAKER: Think of the betrayal you're talking about. And you know who got it the worst were kids and the elderly, who seemed to be the most vulnerable to tardive dyskinesia.

SPIRIT: And they were even giving these drugs to juvenile delinquents and developmentally disabled adolescents.

WHITAKER: Absolutely, think about that. And they were given a drug that a certain percentage would end up with a form of permanent brain dysfunction.

And you were also seeing early death with these drugs, sudden death. The betrayal of human beings here is mind-boggling.

SPIRIT: Soviet political dissidents confined in that country's psychiatric facilities described being involuntarily dosed with neuroleptics as the worst form of torture. U.S. media and government officials were horrified at their treatment and denounced it as human rights abuses, yet remained oblivious to exactly the same outcry by U.S. patients that the neuroleptics were terribly harmful. How did we fail to make the connection that the same thing was happening here?

WHITAKER: The capacity for the powers that be in any country, and for a medical group like psychiatrists, to delude themselves is endless. The ruling powers and the doctors see themselves as doing good, and it's easier to see people in a foreign country as doing harm. How do you segregate this? The New York Times, in reporting on the hearings related to the treatment of Soviet dissidents, said giving these neuroleptic drugs practically makes a person a vegetable. The New York Times said it was a form of a "spiritual gas chamber." Then they'll cover a trial about forced drug treatment of a mentally ill person in the United States and they'll talk about how the drugs are known to be widely efficacious.

How do you say it's a form of torture to give neuroleptics such as Haldol to Soviet dissidents, at the same time that people in the United States so treated are making the exact same complaints? The same drug when given to a Soviet person, we say is torture; but when that drug is given to someone in this country, we say it's efficacious.

It's mind-boggling. They would say the mentally ill "don't know what's good for them." So you render them voiceless again. We respect the dissident's subjective view of things, but we don't respect the mentally ill person's. We negate their being. We negate their subjective reality. As a society, we lie to ourselves. We delude ourselves every step of the way, and the capacity to delude ourselves is remarkable.

SPIRIT: Your book tells how psychiatrists gave mescaline, LSD, and amphetamines to unsuspecting patients, deliberately worsening their symptoms, yet not informing them of the danger. Why do you charge that these experiments violate the Nuremberg code developed in response to Nazi medical experiments?

WHITAKER: This was my entry into my whole story. I came upon these experiments designed to make people worse. I just couldn't believe it. It just made no sense. The Nuremberg code comes out of the horrors of Nazi experiments during the era of Nazi Germany. Basically, you are not supposed to harm a medical patient; but even if you're going to put them in peril, the fundamental premise is that you have to let them know what you're going to do, and honestly so, and you have to tell them the risks. You can't lie to them about the purpose of the experiments, and you can't lie to them about the risks.

SPIRIT: Yet, over and over, that's what U.S. psychiatrists did to their patients. They conducted very risky experiments with drugs and lobotomies without telling them of the risks.

WHITAKER: No question about it. They would say to themselves that they were just making their patients worse for a little while by giving them LSD, mescaline or amphetamines, and hopefully they'd learn something about the chemistry of the disease, and that's worthwhile. And they'd say these people are crazy anyway, so how can you possibly inform them what you're going to do? That's how they rationalized it in their own minds.

What it comes down to is, you're not treating those people as people. You're not giving them the same rights or applying the same value system. So it's wrong, it's horribly wrong. It violates the Nuremberg Code. So you see this

pattern of exploitation, and here's how grotesque it became. They would count up what percentage of people already psychotic became much worse when given amphetamines. Supposedly, that was teaching them something about the neurotransmitter system. It didn't ever turn out to be true, but that's what they kept telling themselves.

SPIRIT: You wrote of a man labeled as a neurotic, not psychotic, whose only symptoms were tension and inability to relax. He was given mescaline deliberately to trigger hallucinations and panic, then was lobotomized and again given mescaline. It was just heartrending.

WHITAKER: Paul Hoch [research director at the New York State Psychiatric Institute] found that you can take a neurotic person and drive them into psychosis with LSD and mescaline. Then he decided to lobotomize them to see if they would still be able to become psychotic. So he lobotomized them, and then gave them mescaline and LSD. If he couldn't make them psychotic, then he would know that psychosis may be located in whatever part of the brain he took out. Think about that.

He just sacrificed those people! Those people were just plain, outright sacrificed for research, in the same way that you'd sacrifice a cat. And no one cared. And you know what's interesting? Since the book came out, I thought there would be something in the press about that. But no one cared about that. I've done many, many interviews, and you're one of the first people to ask me about that.

SPIRIT: You found that those kinds of experiments continued for 50 years?

WHITAKER: In 1998, you could still find experiments where they would take people stumbling into emergency rooms, first episode. So let's say you got a kid, and he's in dire trouble, and they would do an experiment on him, rather than do something to knock down his emotional turmoil. Instead, they would give him amphetamines or Ritalin, to see if it would make him worse. Imagine that!

Then, the final thing is, when you look at the "informed consent" on this, sometimes they would tell the patients they were giving them medications. But you would never, ever see in the "informed consent" that they were giving them an agent expected to make them worse. So this research is being done in an arena of lies, is the only way to put it. It's a value system that doesn't represent this group of people as human beings.

SPIRIT: This treatment of mental health patients as subhuman leads us into your research on eugenics. The eugenics philosophy led Nazi Germany to decide that certain races or groups were biologically inferior and that led to the euthanizing of mental patients and the homeless, along with Jewish and Polish people. But didn't your research show that the eugenics movement in America played a major role in segregating the mentally disabled in institutions and forcibly sterilizing them so they couldn't procreate?

WHITAKER: The history of psychiatry leads you into an amazing social history of the United States itself, the history that we don't tell ourselves much. So if you go to an American school, and they bother to teach you about eugenics, it will be talked about in association with Nazi Germany. You just won't hear about it in association with the United States. In fact, I bet you can go up to 100 people on the streets, and very few will have any idea that the U.S. had its eugenic period.

SPIRIT: Didn't the U.S. eugenics movement deeply influence Nazi Germany?

WHITAKER: Eugenics got its start here in the United States, not in Nazi Germany. So it was here that it was nurtured as a "science." It was here where we first put in social policies based on eugenics. We started saying the

mentally ill couldn't marry. We said that the mentally ill have a defective gene, and that mental illness was a single-gene recessive disorder, like blue eyes. They said to keep that "insanity gene" from being passed on, in addition to preventing them from marrying, we need to lock them up.

So asylums changed from places that were, theoretically, shelters and refuges where people could be nursed back to health, which was the original idea in the 1800s. They became places where we would lock up the mentally ill because we didn't want them out on the street where they might have kids and pass on their quote-unquote "insane gene."

As part of that, we started putting people in asylums and not letting them out. As we did that, we started believing that you couldn't ever get better from mental illness. Whereas in the 1800s, you see over 50 percent of people going into a mental asylum being discharged within 12 months, and many never coming back. All of a sudden you see, in the first part of the 20th century, people being put into asylums and not being let out for years or decades until they passed their "reproductive age."

And who are we locking up? Well, it's immigrants who are more likely to be put in asylums, it's the poor, it's African Americans. So, in other words, it's everybody but the ruling class, basically, who is most likely to be so labeled and diagnosed and to be put into these asylums for years. Now if you follow this forward and look at how eugenics absolutely shaped and, in a way, continues to shape our treatment, it's that we devalued those people. Under eugenics policies we said, "They're a threat to us." We started talking about the mentally ill as a social cancer that needs to be cut out of the body politic. In fact, it's here, in this country, where doctors first started talking about killing the mentally ill, mercy killing.

SPIRIT: Yes. Mercy killing "with proper gases" in "euthanistic institutions" as one American doctor put it.

WHITAKER: Yeah, with appropriate gases. As early as 1921, a Connecticut legislature tours an asylum, and a man who was manacled to an iron bed is exhibited as a case for "mercy killing." And this is reported in the New York Times as absolutely understandable. There's no outrage. This is all well before Hitler came to power.

SPIRIT: And prominent psychiatrists parroted the eugenics line that mental patients were genetically deficient and argued for compulsory sterilization?

WHITAKER: Oh, absolutely! Certainly, forced sterilizations had a lot of support among mainstream psychiatrists. I will say that, as the eugenics movement started rolling in the 1920s and really got going, you did have a splinter group of psychiatrists starting to say that it was awful. So you really see psychiatry bifurcate in the late 1920s and 1930s, and some starting to protest against it. But by and large, there are certainly plenty of psychiatrists who are giving support to this idea of forced sterilization and they're doing it.

SPIRIT: Some of these practices were then emulated in Nazi Germany by their psychiatrists and carried out full force.

WHITAKER: Well yeah, exactly. You follow the dominoes forward. What happens is the Nazi movement comes to power in 1933 and the eugenicists that are part of Hitler's government have close ties to American eugenicists. They even talk about going to school on California's sterilization program and - this is fascinating - the German Nazis say that California has been doing a good job of sterilizing its mentally ill, but there's not enough protection, not enough due process with the California way of doing it!

They wanted to make sure there's some due process in Nazi Germany. They actually said they're going to make their sterilization program more just,

more legal. So they thought they were putting in place a more humane and more legal program for forced sterilization. And now they start sterilizing people in good numbers. Well, now the American eugenicists start complaining that the Germans are beating us at our own game.

SPIRIT: Our eugenicists actually envied the Nazis for outperforming them in sterilizing psychiatric clients?

WHITAKER: Absolutely. Our eugenicists here are complaining that they're getting ahead of us. So we actually sent people over there to study how Nazi Germany is ramping up their sterilization process. Who is the first group that Nazi Germany finally does kill? It's the mentally ill. That's where euthanasia got started. Then, of course, they expanded it to Jews and others, but it began with the mentally ill.

So you follow that story forward, and what you have here is an American nourishment of a belief system that horribly devalues the mentally ill. And then you see social policies arise out of that devaluation - forced sterilization and segregation from society. Then you see Nazi Germany pick up on that and implement it. And in those early years of Nazism, 1933, '34, '35, you don't see America saying that it's terrible. American eugenicists were saying we've got to keep up with the Germans!

Something else that's quite amazing. When did sterilizations peak in this country? In the 1940s and 1950s. As we fought the Nazis in the 1940s, we didn't even look into our own selves and see that our own sterilization programs were part and parcel of the same thing.

SPIRIT: Part of the same value system that looked down on mental patients as subhuman?

WHITAKER: Exactly. So we continued with our sterilizations after the Germans stopped. And, in fact, these brain-damaging therapeutics - forced electroshock, metrazol convulsive therapy and lobotomy - they definitely arise out of the eugenics era where you devalue these people. Well, the Germans, after World War II ended, were trying to come to grips with their Nazi past, and many Germans looked upon lobotomy with horror, because they saw it as consistent with that eugenic past. But meanwhile, we were treating it as a form of medical brain surgery. We were still forcibly sterilizing patients, repetitious electroshock, lobotomy - we didn't examine our own eugenic past, unfortunately.

SPIRIT: You also document how U.S. psychiatrists have a poor track record of disproportionately giving negative diagnoses of severe mental illness to very poor people and African Americans.

WHITAKER: When you talk about diagnosing someone as schizophrenic, for example, a subjective element can come into play because you have a doctor with a certain worldview, and who is white, judging someone else. It's very clear throughout the 20th century that those most like to be diagnosed as schizophrenic were the poor and African-Americans.

They would do studies where they would have, in writing, a group of symptoms that they would show to doctors, and the only thing they would change on the paper would be the color of the person. When they did this, it's the black male who gets diagnosed schizophrenic, whereas the white male gets a milder diagnosis. Same set of symptoms, but if it's a white person they think they're judging, it becomes a milder diagnosis. There's a lot of subjective element in the diagnosis, and clearly there's a political element as well, because we tend to say those who don't share our views are crazy.

SPIRIT: And the poor, who may look and act unlike us, and who are dealing with stresses we don't understand at all, may end up looking delusional.

WHITAKER: Absolutely. Sometimes if you look at those diagnosed as schizophrenic, you see that it's sometimes a tag placed on people who maybe aren't as physically appealing. It's amazing the way you see this. And if you're poor, and you have stresses and you don't have shelter, how are you going to act? Think about this. How are you going to act if you've got a kid to care for, you've got no job, you've got no place to stay, you don't have a good relationship - you're going to be wracked by stress. Anybody's going to be not behaving very well.

SPIRIT: Stressed-out, depressed, hostile, and that's all very understandable given the conditions they face on the street, but not understandable maybe to an upper-class, white psychiatrist who is looking for signs of mental illness.

WHITAKER: Exactly, then you come in with dirty clothes or something and that adds to it. And finally on this subject, what's happening to foster kids today? You get put into foster care and you basically get a diagnosis of mental illness. In one study, 80 percent of the kids in foster care were being medicated with antidepressants, Ritalin and antipsychotics. In this country, we're almost getting to where being poor, or coming from a broken family where you have to be placed in foster care, means you're therefore mentally ill. You're getting that diagnosis hung on you. That's why we're seeing two-year-olds being diagnosed with psychosis.

SPIRIT: And then it becomes a self-fulfilling prophecy because the medication locks you into this dysfunctional pattern.

WHITAKER: Ten years ago, the drug companies said they needed to expand their market for psychiatric drugs, and who did they go after? The children, because that's an untapped market. And they've been very successful in that. If you chart psychotropic drug use in children, it's exploded. And what do we have today? We have a "crisis" in crazy kids, in psychiatric illness among children.

In other words, 10 years later, use of the drugs hasn't led to less problems among the kids, but every sign that psychiatric problems are exploding among the children. That only makes sense if you understand that the drugs indeed cause abnormalities in neurotransmitter function, and when you do that with drugs you get serious psychological and emotional problems. So we clearly are, with this widespread use of the drugs, creating an ever-expanding population of kids who are psychiatrically disturbed - but it's coming from the treatment.

SPIRIT: Let's look at the new atypical antipsychotics that are being called wonder drugs. For decades, the official story was that electroshock and lobotomy didn't cause pain to patients and improved their lives. Only after many years did the public realize the full extent of the damage they caused. Then the same kind of world-saving claims were made for neuroleptic drugs, followed by a revelation of horrible side-effects. Are you concerned that the same pattern is now being replayed with the claims that the atypicals - drugs such as Zyprexa, Clozaril and Risperdal - are wonder drugs?

WHITAKER: Absolutely, I am. Clearly they do have side-effects. A couple things to know about the new drugs, the atypicals. First of all, the clinical trials to test them were totally bogus. They were designed to make the old drugs look bad and the new drugs look good. That's coming out now, the fact that these studies painted an exaggerated picture of the atypicals. They may be no more efficacious and they may have just as many side-effects as the older neuroleptics. So that tells you there's plenty of reason to worry. Now that we've had them out for eight to ten years, we're finding out all sorts of problems.

The good story is that in some instances they're using lower dosages of these atypicals, and because they're using lower dosages, people are finding them less problematic. They don't clamp down as strongly on the dopamine system as the old drugs. So that's good and hopeful. The negative part is this: They've clearly lied about what these drugs do. They're powerful drugs and they work on a number of neurotransmitter systems. And they clearly are problematic. With olanzapine [marketed as Zyprexa], you're going to see that. Just as tardive dyskinesia was lying in wait all the time with the standard neuroleptics, diabetes is there with olanzapine, big time. And diabetes is a life-threatening, life-shortening disease. So you give that drug to a 12-year-old, a 15-year-old, an 18-year-old and they develop diabetes and 80 pounds of weight gain - that is a very harmful thing.

SPIRIT: I've heard mental health advocates say that the immense weight gain is a big problem, but I didn't realize that Zyprexa was linked to diabetes and high-blood sugar before reading your book.

WHITAKER: That's huge. Let me tell you how huge that is. You see this 80-pound weight gain and, in one recent study, in six weeks, three percent got new-onset diabetes, which is huge. This is why I say it's waiting there in the wings. First of all, to gain 80 pounds in six months or so, that's a sign of metabolic dysfunction; you've got something profoundly wrong, something in your metabolism that's gone horribly haywire. Now, diabetes developing in six weeks, that's a real problem, right?

Now, interestingly enough, who is starting to bring this out? Its competitors, people bringing new drugs to market, are now rounding doctors up and saying that with olanzapine (Zyprexa) you're getting a huge problem with diabetes (laughing). So, for example, in Boston a couple weeks ago, there was one of these fancy dinners where doctors go to be educated. Well, it was sponsored by one of the competitors to Eli Lilly, and it was on the problem of diabetes with olanzapine. But, if you talk to psychiatrists who are at all honest with this, they will say the problem with diabetes and olanzapine is huge.

Now we've got a double problem. Because we have convinced ourselves that olanzapine is such a great drug, and we're giving it to so many people, we are now exposing people to metabolic dysfunction, huge weight gains and diabetes who clearly aren't that "ill" or deep in psychic turmoil to begin with. Look at how our society is embracing olanzapine, giving it to two-year-olds. Can you imagine giving a two-year-old an antipsychotic which can cause diabetes and weight gain? Well, we're doing it!

SPIRIT: Those are side-effects that can greatly shorten their life spans.

WHITAKER: Oh, of course! Eighty pounds? Diabetes? You're talking about a death sentence. No question. There was another study that no one wants to talk about in which kids placed on olanzapine ended up with shrunken brains in the cerebral cortex. Now the researchers said that was a sign of the disease process. Well, I'd say you look at that study and what you've got is nothing less than the same thing we saw with the old neuroleptics - you've got brain changes, in this case the loss of cerebral cortex that's associated with being on the drug.

SPIRIT: Just as Zyprexa's competitors are pointing out its defects, the same thing happened earlier with the neuroleptics. Psychiatrists ignored patients' complaints about the neuroleptics for four decades, then ignored Sen. Birch Bayh's 1975 Senate hearings on their terrible effects. It took them until the 1990s to finally admit that two-thirds of patients on neuroleptics had "persistent Parkinson's symptoms." Your book charges that they only admitted

that because the new atypicals were coming out and they wanted to show how they were superior to neuroleptics.

WHITAKER: Right. All of a sudden it becomes an economic incentive to admit the failure of the old drugs. And that's what's happening again. Now other doctors are being paid to tout the new drugs, and those companies clearly want to have a drug that's competitive to olanzapine, so there's an economic incentive to acknowledge that it's associated with diabetes. And I guarantee you, whatever we say the risk is today, we know it's underreported.

SPIRIT: New therapies can be heralded as wonder treatments because they don't have the same bad effects as the old; but often, it's just that the side effects are different and take years to emerge. In that period before the new side effects become evident, drug companies are free to claim they have no downside.

WHITAKER: You know something, I honestly believe that in some ways the new drugs are worse. What you're seeing is some of the benefits of lower dosages. You would think that they would be more problematic because they're acting on a greater number of neurotransmitter systems. They're knocking down serotonin transmission, dopamine transmission, they affect other neurotransmitters. They're really broad-acting drugs.

At least equally problematic is that trying to go off these new atypicals seems maybe even worse than the old drugs. Because you're talking about metabolic systems being affected, you have to ask if you're going to have even greater instances of early death.

Also, people will be on four or five drugs at once. The reason they're on four or five drugs is because the first drug is causing so many problems, so they'll prescribe others to mask or counteract this. So a common way of prescribing today is they'll prescribe an antidepressant and an atypical. So the atypical knocks down your serotonin activity and the antidepressant ups it. I mean it's bizarre. It's like pulling the person in two directions.

SPIRIT: Clozaril is another highly touted new atypical, yet I've also heard reports that it has dangerous side effects.

WHITAKER: Of course when Clozaril, or clozapine, first was developed back in the 1970s, they weren't going to bring it out because it was just seen as too dangerous. The interesting thing with clozapine is, some people say it seems to produce the best change in terms of mental alertness and mental behavior in some subgroup of people, even though it is a horribly sedating drug. You do get weight gain with clozapine, which of course is a problem.

It's densely sedating. You have the same signs as with olanzapine (Zyprexa) of metabolic dysfunction. In addition, it can cause a potentially fatal depletion of white blood cells. Ironically (laughing) - and this shows what the state of antipsychotic drug development is - you could make a case that clozapine is still the best drug, given all those problems!

SPIRIT: It seems like psychiatry is the field of study that has yet to become a real science. It hasn't produced anything except various ways to sedate and vegetate people. The real insight into the mind is just not there, the real therapies are not there. It hasn't advanced beyond the idea of damaging the brain to dampen symptoms.

WHITAKER: And finally, some bigwigs in science journals are saying exactly that. They admit that since the introduction of psychotropic drugs in the 1950s, outcomes really haven't improved; and second, that outcomes are really no better than they were 100 years ago. Third, they admit that we really don't have any idea what causes schizophrenia. That's actually refreshing, because admitting that you don't know anything is a start.

SPIRIT: You've documented how the highly profitable pharmaceutical industry has corrupted the independence of the drug testing process, even at universities.

WHITAKER: Pharmaceutical money flows to the universities, it flows to those who do the research and to those who speak about the drugs and write up the reports. Those getting the money know the game is to spin the story to reflect well on the drugs. And you spin it at every step of the process, beginning with how the trials are designed, so it has led to corruption through and through.

SPIRIT: Did your research find that drug companies tout the benefits and ignore the side effects of the drugs in their public presentations and advertisements?

WHITAKER: Yes. It leads to a false story. It leads to a story that hypes or exaggerates the drugs' effectiveness and hides the problems. So it leads to bad medicine through and through because it doesn't give an accurate picture of the medicine.

SPIRIT: One of the few bright spots in your book is the practice of "moral treatment" in humanitarian facilities operated by Quakers in England and Pennsylvania in the 1800s. What can we learn today from this kind of moral treatment?

WHITAKER: There's two lessons from moral treatment. One is simply that treating people in a humanitarian fashion, treating those we say are "mentally ill" just as we would treat anyone else, has a benefit. People respond to friendship, exercise, good food. People respond to an environment in which they are valued. So those things are therapeutic, and that should not be surprising. The moment in which you say that the "mentally ill" are simply part of humanity, they're like us, then of course you'd expect them to respond, because we all respond to those things - having a place to be, friendship and love. In fact, if you don't have those things, "normal" people start to become sick.

The second thing you learn from the moral treatment of the past is that our modern view of so-called serious mental illnesses - "once a schizophrenic, always a schizophrenic" - that it's somehow a permanent, physical disorder, is just not true. Many people can descend into psychosis and get better, and remain better their whole lives. So you get this diversity of outcomes in the 1800s which shows that the story we're telling ourselves that schizophrenia is a lifelong disorder for everyone - that's a lie. It's not true. It's a lie that removes hope needlessly from people who descend into this difficult time, and that's cruel.

SPIRIT: What's been the reaction of the psychiatric establishment to your book?

WHITAKER: The reaction of the psychiatric establishment, the powers that be, has been hostile. I've been trashed in different publications. However, they attacked me personally. They said I was a "good journalist gone bad," stuff like that. They didn't attack what I wrote, the facts, the truth. I've had no one point out a misquote or a misuse of a study - nothing of that. Zero. Zip. And when I wrote about the corrupt drug trials - nothing. No challenge to that. Zero. So the fact is that they trashed me personally, but didn't go after what I wrote itself and didn't say, "he was wrong here." That is rather revealing.

There have been some psychiatrists who are critical of psychiatry who have been encouraged by the book. But that has been a distinct minority of psychiatrists who have reacted that way (laughing). But there's been real hostility.

SPIRIT: Was it a scarring experience to be trashed by the powers that be?

WHITAKER: No, it absolutely has been the most rewarding journalistic experience of my life by far. The reason is because those who have been voiceless, so to speak, that we've talked about, have been thankful and wonderful in letting me know they appreciated someone telling their story. That's a wonderful thing to happen. It's a privilege to be able to tell this story. I feel honored by that.

It is an instance of doing journalism where you're afflicting the comfortable and comforting the afflicted.

Finally, you meet great people. The people who have been through this and come out the other side with their sanity and their dignity intact are amazing human beings -and courageous beyond belief.

SPIRIT: What has been the reaction of the mainstream press to your book?

WHITAKER: The reaction of the mainstream press was muted. The press actually comes in for some criticism in my book. The newspaper reviews were hedged, like, "He makes some good points but he goes too far."

SPIRIT: Like all prophets go too far.

WHITAKER: (laughs) What you see in these newspaper reviews generally is a defense of the status quo.

SPIRIT: Don't rock the boat.

WHITAKER: You can rock it a little bit, but don't rock it too much. And really don't rock this story, this paradigm that we have out here of progress. The reviewers wouldn't dare address the WHO studies; they just wouldn't bring them up in their reviews. It showed that they had a need to sort of hang onto the story we've told ourselves, and they did so by not even bringing up the damning evidence.