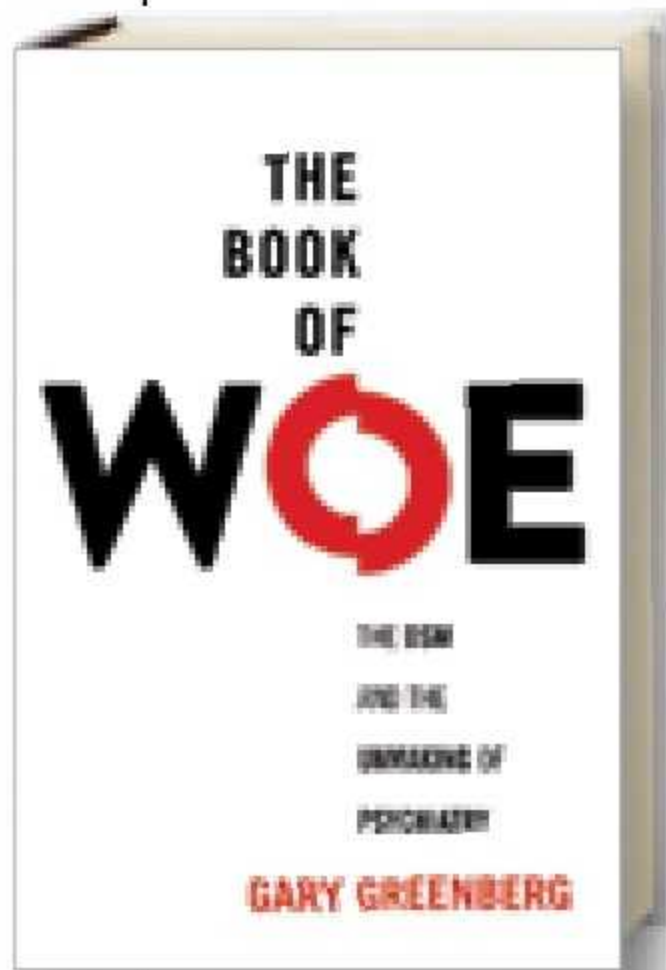


books



> WOE IS US

The Book of Woe: The DSM and the Unmaking of Psychiatry

by Gary Greenberg. Blue Rider Press, 2013 (\$27.95)

This is a landmark book about a landmark book. Psychotherapist and author Greenberg first took on the *Diagnostic and Statistical Manual (DSM)* in a blistering article in *Wired* in 2010. *The Book of Woe* is the nearly 400-page update, whose release coincided with the May 2013 release of the *DSM-5*, the fifth edition of the bible of mental health, which first appeared in 1952.

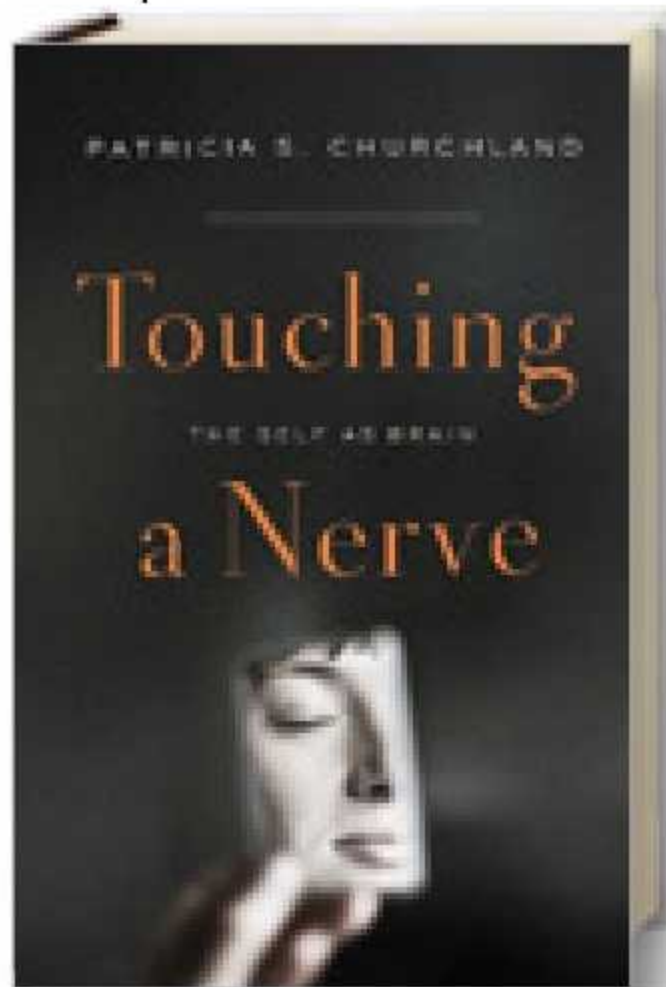
Relying heavily on interviews with distinguished insiders in the psychiatric establishment, Greenberg paints a picture so compelling and bleak that it could easily send the vulnerable reader into therapy. The basic message is this: *everyone* in the mental health profession knows full well that the *DSM* is a work of fiction—that the hundreds of “disorders” described therein are just labels for fuzzy, overlapping clusters of symptoms and that we have never found a definitive biological marker for even *one* of those disor-

ders. Mental health professionals pretend that the disorders are real, but they’re not, period.

And then there’s the money. The American Psychiatric Association, a shrinking and financially strapped organization of 36,000 psychiatrists, has made \$100 million off sales of the fourth edition of the *DSM*, Greenberg says. More than 400,000 licensed mental health professionals in the U.S. alone depend on the diagnostic codes in the *DSM* for insurance income. Prominent research psychiatrists who misused *DSM* diagnostic categories to open up the prescription drug market for children received more than \$1 million each in kickbacks from pharmaceutical companies for their efforts.

Greenberg takes the reader deep inside the secretive world of the panels and personalities that have spent years arguing about which disorders and symptoms they would keep and which they would discard in the new *DSM*, focusing on one especially rancorous debate over the bereavement exclusion. Previous *DSM* editions advised therapists that people grieving over the loss of a loved one should not be labeled as clinically depressed; the *DSM-5* eliminates the exclusion, potentially bringing therapists and drug companies eight million new customers a year.

Psychiatrists are in the business of pathologizing and throwing drugs at everyday problems, and given the money at stake, perhaps nothing can stop this trend. —Robert Epstein



> MIND CONTROL

Touching a Nerve: The Self as Brain

by Patricia S. Churchland. W. W. Norton, 2013 (\$26.95)

When Galileo announced his observation of Jupiter’s moons, his discovery challenged a deeply entrenched way of thinking about our place in the universe.

Modern neuroscience has kindled a similar revolution in the way we think about the brain. In *Touching a Nerve*, neurophilosopher Churchland argues that all things that we have traditionally ascribed to a higher power—morality, free will, the soul—are in fact products of the brain. The mysterious lump of matter inside our head is responsible not only for everything that makes us human but also for what makes us unique.

This view that the brain is responsible for every aspect of our physical and mental lives has gained traction among neuroscientists, but the idea of the self as brain has also encountered resistance. It’s not hard to understand why, Churchland notes. Some research, for example, shows that patterns of brain activity can predict our choices or actions before we become consciously aware of having made a decision, and it may be hard to reconcile this evidence with the notion of free will.

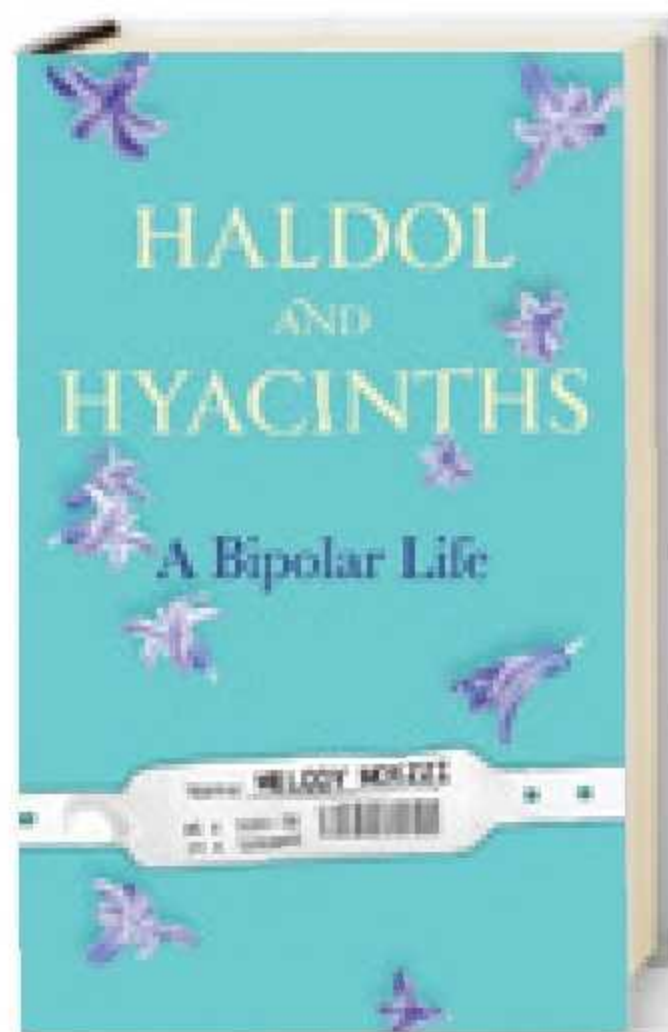
Churchland illustrates how our under-

standing of the brain is beginning to reveal the biological basis of traits such as aggression and morality. For instance, zapping the temporal lobe using deep-brain stimulation can improve spatial memory, and using a powerful magnet to alter activity in the right temporoparietal junction can make our moral compass go haywire, causing behaviors we think of as immoral to become permissible.

Brain-damaged patients provide some of the strongest evidence for how our brain makes us who we are. Injuries to various parts of the frontal lobe can leave some people unable to talk or can alter personality, yielding impulsive or antisocial behaviors, and lesions to the medial temporal lobe can erase our memories or prevent new ones from forming.

Churchland also seamlessly weaves this research with experiences from her own life. She describes, for instance, how as a child growing up on a farm in British Columbia, a friend lost awareness of her legs after injuring them in a bicycle accident and how her grandmother lost her sense of self to Alzheimer’s disease.

By drawing on personal stories and modern brain research, Churchland creates a compelling narrative to further the idea of the self as brain. Her well-supported, cautious analysis provides insights into how we evolved traits such as empathy and altruism and explores the genetic and biological factors that determine an individual’s unique sense of self. Through her examples, we can all come to understand our actions and intentions more clearly.—Moheb Costandi



> MENTAL DIVIDE

Haldol and Hyacinths: A Bipolar Life

by Melody Moezzi. Avery, 2013 (\$26)

A fine line separates creativity and madness. Bipolar disorder teeters along that line, with patients experiencing moments of impulsive thought, which can yield bold insights or quickly descend into confusion or rage.

In her new book, *Haldol and Hyacinths*, Iranian-American author and activist Moezzi presents a captivating autobiographical account of her struggle with bipolar disorder. Using a series of vignettes, she reconstructs her downward spiral into psychosis, which eventually led to a suicide attempt and multiple stays in mental health facilities. From seemingly innocuous bouts of insomnia to full-blown hallu-