

withdrawal symptoms, the former being described as "counter-regulatory adjustment reactions that lead to a temporary pronounced recurrence of the original symptoms." As a result, both the psychiatrist and the patient might incorrectly conclude that the medication is not working, and the dosage might be increased. But this is only one of the hazards of psychotropic medi-

conditions or, on the other hand, produce chemical euphoria. As someone who has been diagnosed as "bipolar," I have resisted medication for years. After reading this book, I am even more convinced that I should continue to say "no" to psychiatric drugs. Lehmann has an agenda, his accounts are one-sided, and he often tends toward hyperbole. However, his perspective is refreshing in a society that tends to subscribe to the medical model when psychiatric illness strikes a member of the family.

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cation; Lehmann has compiled instances of misunderstanding (at best) and corruption (at worst) that characterize the psychiatric drug industry today. He urges readers to hesitate before accepting medication, and to seriously consider quitting medication in favor of non-drug therapies. Lehmann presents many tragic case histories, for example, families who take loved ones to psychiatrists who medicate them only to watch the patient numbed. Not only does the underlying problem remain but also chemical addiction may set in, and negative personality changes may become pronounced. Both the psychiatrist and the family might conclude that the root of the illness is the patient, not the medication; as a result, more drugs are prescribed. Specific attention is paid to neuroleptics, antidepressants, and tranquilizers. The charge is made that these treatments numb the patient, often create more serious

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By PETER LEHMANN

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This book offers a unique perspective on psychotropic medication as used in psychiatry today. Peter Lehmann, the author, contrasts rebound effects and drug