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*No One Cares About Crazy People: The Chaos and Heartbreak of Mental Health in America*, by Ron Powers

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## Book Reviews

Ron Powers, *No One Cares About Crazy People: The Chaos and Heartbreak of Mental Health in America*. Hachette Book Group (2018), 384 pages, \$16.99 (paperback).

*Too many of the mentally ill in our country live under conditions of atrocity. (p. xix); The illness has already robbed them of liberty. (p. 172)* In these two statements, Powers presents the intent of his compelling book that intertwines two narratives. In the first, he documents America's failed commitment to the mentally ill. With a dominant focus on mental health treatment toward those experiencing severe psychotic disorders, he highlights the major historical figures and ideologies that have influenced mental health care in the United States. In the second, he uses his own experiences as a father of two sons with schizophrenia to intimately show the implications of a failed mental health system. It is one of those rare books that touches both head and heart, combining a father's memoir and eulogy to one of his sons, with a chronology of the historical ideologies and government policies shaping our fragmented system. With this dual focus, Powers forcefully delivers an indictment of our current society's method of care that offers little beyond the correctional system or the big-pharma apparatus.

This book is particularly insightful because of this dual and integrated focus. Prior work about the mental health system tends to cluster into three categories: (1) discussions about the legal liberties of the mentally ill; (2) the effectiveness of various modalities focused on severe mental illness; or (3) dense policy texts regarding mental health changes and ideologies. In this first cluster, various authors, often with legal expertise, have attempted to understand the breeches to civil liberties experienced by those with mental illness. In addition, legal questions surround legal competence and the utilization of involuntary treatment. In light of recent U.S. mass shootings, these themes remain relevant to those discussions. For example, should those

hospitalized for a psychiatric illness be allowed to purchase a firearm? In the second cluster, found in the many journals devoted to psychiatry, researchers struggle to discover the ultimate effectiveness of pharmaceuticals, psychiatric hospitalization, and non-pharmacological therapies for those with mental illness.

Power's contribution, on the other hand, which would be counted in the third cluster, is unique because of the intimate family narrative it provides. Without the specifics about his sons, this book could easily focus on the historical atrocities of our institutional care to those with mental illness, a theme certainly documented by others. Instead of sensationalizing the historical care of earlier generations, he presents the cruel joke of mental illness by fully describing his seemingly normal sons' growth and development, from his quotidian memories of a day at the amusement park to watching them perform together on their guitars as late adolescents. His recollections, in compelling intimacy, emphasize the sudden alarm when the illness of schizophrenia abruptly arrived. When we consider Power's struggle to find appropriate treatment for his two sons, he shows the family's anguish and helplessness in the face of schizophrenia.

With various anecdotes about the behaviors of his two sons, Powers demonstrates the psychic cruelty of schizophrenia. Among the symptoms of schizophrenia that impact life functioning, he brings attention to a particular symptom known as *anosognosia*, or the belief that one is not mentally ill, that complicated the mental health treatment of the authors' two sons. He notes that nearly 50% of those with schizophrenia and 40% of those with bipolar suffer from anosognosia. As a consequence of this symptom, these individuals when symptomatic adamantly believe that medication or treatment would essentially be unnecessary for them. As expected, this symptom impacts compliance with a medication regimen that is often necessary for individuals with schizophrenia to function in society.

At first glance, as he outlines the historical trajectory of U.S. care to those with severe mental illness, one would perceive hopefulness. For example, he notes our greater understanding of the brain. He concludes that the U.S. public no longer sees mental illness as demonic possession or moral weakness. However, in its place, Powers reminds us of the current living conditions

for so many with severe mental illness. They are criminalized for attempting to survive: “for robberies of food; for possession of the illicit drugs used for self-destructive self-medication; for loitering, vagrancy, and street harassment; for bothering non-insane people with their monologues and declarations; for not having homes” (p. 3). He speculates that our inaction and denialism of their plight may be connected to the terrifying and abrupt nature of mental illness.

While the emotional narrative of his family is pronounced in the book, Powers also includes intriguing historical themes and anecdotes about the history of mental health treatment. By including reformers such as Dorothea Dix, Philip Pinel, and William Tuke, he outlines important tensions between providing compassionate treatment to those with mental illness within an atmosphere of larger pressures, such as urbanization and general population growth. For those attempting to understand the larger historical background of mental health policy, Powers offers an excellent introduction to these reformers in early psychiatry. Seeing the humanitarian orientation of these pioneers is an important reminder of the leadership that is currently necessary to improve the state of our fragmented system.

While Powers emphasizes the moral treatment pioneers, Powers also presents the foes of modern psychiatry, presenting the ideologies of Thomas Szasz, Ron Hubbard, and R. D. Laing. While their positions publicly were to fight unlawful abuses within the mental health system, they all maintained a unified focus that mental illnesses were social constructions in society and had no organic origin within the brain. When these ideologies were adopted by courts and society, hospitals and law enforcement could and did relinquish their responsibilities to the mentally ill. As a consequence, when those with mental illness were a harm to themselves or others, it was often too late to treat them in more humanitarian methods than correctional settings.

Powers shows how correctional facilities have been used as the stop-gap provider of mental health care in a climate of reduced funding and resources directed at community mental health programs. After deinstitutionalization, Powers notes that public funding did not follow these clients to their communities. As a result, those with severe mental illness did not have

comprehensive community supports, including housing. In a shocking statistic, Powers notes that there are ten times more mentally ill inmates than those in mental health facilities in this country. In California, Powers notes that 28% of the correctional system are mentally ill inmates.

By turning inward, this book presents a fertile base for pragmatic steps necessary to improve the lives of those with severe mental illness. How can we support those with schizophrenia in the community, and out of correctional settings? How do we boost opportunities for non-pharmacological modalities to improve quality of life? How can we improve communication among these individuals with their families, and the medical community to preserve their lives? Just as *anosognosia*, or a symptomatic forgetting of illness occurs among some of those living with mental illness, this book is a clear documentation of our own forgetting, our own entrenched denial.

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Carolyn Pinedo-Turnovsky, *Daily Labors: Marketing Identity and Bodies on a New York City Street Corner*. Temple University Press (2019), 212 pages, \$24.42 (softcover).

Day laborers are not a new phenomenon in the United States labor market, and various scholars have investigated informal day-labor markets. However, few scholars have examined the interactions and processes in the way of Carolyn Pinedo-Turnovsky, who stands beside men seeking employment in Brooklyn, New York, and their challenges of presenting themselves as *un buen trabajador* (a good worker). Pinedo-Turnovsky spent approximately three years (summer 2001 to winter 2004) alongside African American men and Latino immigrant men who sought out day laborer work at a Brooklyn street corner.

By sharing the life experiences of these men, this ethnographic study aims to increase knowledge about the lived experiences of both Latino immigrant and African American men who seek employment through the daily labor market. Through