Brainwashed: The Seductive Appeal of Mindless Neuroscience


Neuroscience—or neurosciences—has been a magic formula that is going to provide answers to, if not to all then, most problems of present-day psychiatry and even beyond. As the authors of Brainwashed: The Seductive Appeal of Mindless Neuroscience Sally Satel and Scott Lilienfeld write, there are new areas of study, such as neurolaw, neuromarketing, and neuromarketing. They point out that “brains are hot” and “never before has the brain been so vigorously engaged in public imagination” (p x). According to Drs. Satel and Lilienfeld, “The prime impetus behind this enthusiasm is a form of brain imaging called functional magnetic resonance imaging (fMRI), an instrument that came of age a mere 2 decades ago, which measures brain activity and converts it into the now-iconic vibrant images one sees in the science pages of the daily newspaper” (p x). Yet, as the authors later say, “Brain imaging, the iconic tool of neuroscience, finds itself at the eye of a perfect storm of seduction” (p 149). However, as Satel, Lilienfeld, and many others agree, the focus on brain and its biochemistry and metabolism is a problem. It creates mindless neuroscience, which is not—and should not be—neuroscience itself. Drs. Satel and Lilienfeld decided “to bring some perspective to the bold speculations surrounding the promise of neuroscience” (p xx) in this slight volume with a sexy name: Brainwashed: The Seductive Appeal of Mindless Neuroscience. In the first chapter the authors review basic principles of brain imaging, specifically fMRI, computed tomography, and positron emission tomography. They point out that fMRI “is the most recent chapter in the centuries-long quest to map and comprehend the connection between the brain and the mind” (p 7). Drs. Satel and Lilienfeld make 6 important caveats about the limitations of brain imaging to be aware of: 1) brain scans rarely allow one to conclude that structure X “causes” function Y, they only provide correlations; 2) the subtraction techniques used in most fMRIs experiments are not necessarily well suited to the questions being asked; 3) the brain is not a repository of discrete modules that control distinct capacities to think and feel... it is rather “an ever-changing ecosystem crackling with electrochemical energy from which our thoughts, emotions, and intentions arise” (p 16); 4) the importance of experimental design when interpreting the brain scans; 5) fMRI is an indirect method (eg, there is a delay of at least 2 to 5 seconds between activation of neurons and the increase in oxygen-rich blood flowing to them); and 6) before the final data “reach” the voxel, an analyst must deploy statistical approaches to extract meaningful information from the noise, which could lead to inadvertent mischief. These 6 points clearly outline the limitations of fMRI and other brain imaging methods for any interpretation claimed by some. The chapter ends with further warning. Although Thomas Insel, director of the National Institute of Mental Health, is cited saying that “there is no evidence that the past two decades of advances in neuroscience have born witness to decreases in mental disorders’ prevalence or to an impact on patient lifespan” (p 23), there are clinics (Amen Clinics) promising patients that they can diagnose and treat mental disorders using brain scans.

The next 3 chapters focus on areas of big hype—neuromarketing, biology of pathological desire (namely addiction), and brain-based deception detection. Many big companies hire “neuromarketers” to help them sell their products better. These companies are seduced by claims that they can “mine your brain so they can blow
your mind with product you deeply desire” (p 26). The problem is that the claims about successful brain mining are exaggerated. “At its worst, neuromarketing succumbs to the kinds of errors in interpretation, such as reverse inference, neurocentrismus, and neuroredundancy—using brain science to demonstrate what we could find out more simply by asking people directly” (p 28). The future of neuromarketing is unclear; there are limits to influencing human behavior and so far there is no evidence that neuromarketers can get solid information from brain scans to influence people to buy what they do not need.

The chapter dealing with “addiction and the brain-disease fallacy” brings up some important points. During the last 2 decades, addiction has been promoted strictly as a “brain” disease. The authors write that it may be good public relations, but that it is bad public education and bad science. This all goes to the heart of the old debate about whether addiction is a defect of the will or the body (p 51). Drs. Satel and Lilienfeld make a good argument against addiction being considered purely a brain disease. They cite Bob Schuster, former director of the National Institute on Drug Abuse, who did not think of addiction as a disease but was “happy for it to be conceptualized that way for pragmatic reasons ... for selling it to Congress” (p 57). They also remind us of a study conducted after the Vietnam War—most soldiers stopped using narcotics, including heroin, after coming home. Therefore the truism, “once an addict, always an addict” was overturned. Yet, those lessons and observations have been forgotten. Neuroscience, with its brain-disease model and misplaced emphasis on biology, “leads us down a narrow clinical path,” diverting “attention from promising behavioral therapies that challenge the inevitability of relapse by holding patients accountable for their choices” (p 69).

Yet the brain-disease model contains some truth, that there is some genetic influence on alcoholism and other addictions, and prolonged substance abuse may alter brain structures and function. However, “it’s the minds of addicts that contain the stories of how addiction happens, why people continue to use drugs, and, if they decide to stop, how they manage to do so. This deeply personal history can’t be understood exclusively by inspecting neural circuitry” (p 70). Maybe neuroscience will help us obtain some useful information about neural mechanisms associated with desire, compulsion, and self-control, which then could be used clinically, but clearly we are not there yet. This chapter’s debate is the most interesting and thought-provoking of the entire book.

The chapter on deception detection contains a lot of interesting information about deception and lying. For instance, people admit to lying in about 1 out of every 5 social interactions lasting >10 minutes; the English language contains 112 nuanced words for deception; and there are spontaneous lies and rehearsed or memorized lies. However, the chapter is mostly demonstrating that there is no way to use brain scans to detect lies. “No brain region uniquely changes activity when a person lies; each type of lie requires its own set of neural processes” (p 91). There also is no single signature for a guilty brain (p 96). Again, neuroscience clearly does not contribute to the detection of deception, no matter what some may claim.

Chapter 5—aptly named “My amygdala made me do it”—focuses on neurolaw, “a discipline that sits at the intersection of brain science, legal theory, and moral philosophy.” The assumption of this discipline is that “brain function, and the brain images more specifically, can help explain the defendant’s behavior” (p 101). However, as the authors point out, it is not clear what the relationship between brain function, as represented by brain images, and criminal behavior is (p 101). Other problematic issues are that by the time the scan is obtained, the deed has been done, and showing that brain abnormalities predate the crime is more easily said than done (although possible) (p 107). As forensic psychiatrist Phillip Resnick said, “You need to understand why... And you can’t see why on an fMRI” (p 121). The authors warn us about the implications of concluding that our conduct is caused by brain function. That could mean that we do not truly “choose” our actions and therefore cannot be held morally responsible for any wrongdoing. That would throw havoc into our legal and moral value system. The next chapter continues with this line of thinking, debating neuroscience and moral responsibility. Again and again, the authors argue that neuroscience does not hold the key to answering these questions, though some neuroscientists may claim and believe so.

Finally, in the Epilogue, Drs. Satel and Lilienfeld emphasize that they do not critique neuroscience or brain images; rather, they are trying to expose
mindless neuroscience—the oversimplification, interpretive license, and premature application of brain science in the legal, commercial, clinical, and philosophical domains (p 149). They definitely succeeded here. They also warn of the trap of neurocentrism, and suggest that neuroliteracy will become important in the future.

This is a thoughtful and thought-provoking book, definitely worth reading by all those interested in neuroscience and brain imaging and their implications for clinical psychiatry and other disciplines. Mindless neuroscience clearly is a problem for clinicians, because it does not provide answers for clinical issues. The reader will better understand what the present day neuroscience is, and what it can or cannot deliver. This book definitely is good bedtime reading.

Richard Balon, MD
Wayne State University
Detroit, Michigan, USA

Anxiety Disorders (Modern Trends in Pharmacopsychiatry Series, Vol. 29)

Edited by David S. Baldwin and Brian E. Leonard.

As pointed out in the Preface to this slender volume, “Anxiety disorders are common, usually have an early onset, often take a prolonged course, cause much personal distress, impair everyday function, lower quality of life, and carry a considerable economic burden” (p VII). Better understanding of these disorders and their treatment certainly could help all clinicians managing patients with an anxiety disorder. Thus, the editors of this book, Drs. Baldwin and Leonard, drew a group of experts from the Anxiety Disorders Research Network to help put together updates on a range of anxiety disorder topics, from “the nature and origin of anxiety and related symptoms and insights from genetic and neuroimaging research...” (p VIII) to “provide succinct but comprehensive accounts of the evidence-based pharmacological treatment...” (p VIII) of various anxiety disorders.


The chapter “On the nature of obsessions and compulsions” presents an overview of the history of thinking about obsessions and compulsions and poses an interesting question about obsessive-compulsive disorder (OCD): “Is it a disorder of the will, of emotions, or rather the course of thinking?” (p 9). The authors also point out OCD patients’ need for absolute certainty and the lack of trust underlying this need; and that, based on insights from Wittgenstein, this “kind of certainty is unattainable in principle via the acquisition of fac-
The chapter on the origin of anxiety discusses the evolutionary process of fear and anxiety, “both emotional processes that help organisms cope with threats of danger” (p 16) and that 3 responses to threat occur: freezing (to distract threat’s attention), flight (to increase distance to a threat), and fight (to defeat the threat). There are 2 interesting questions in regards to pathological anxiety raised here: “Why do fear and anxiety manifest even when not needed?” and “What is the optimal ‘set-point’ for fear and anxiety?” (p 17). The chapter then delves into imaging findings in anxiety disorders regarding neurocircuitry and argues that anxiety disorders are heterogeneous, “the brain mechanism involved in PTSD [posttraumatic stress disorder], PD [panic disorder], and phobias can arguably be distinguished from those which mediate GAD [generalized anxiety disorder] and OCD” (p 20). This might be an additional argument for separating OCD from anxiety disorder as has happened in DSM-5. As interesting as this chapter is, its final message was lost on me. The chapter on genetic factors in anxiety disorders is a thorough review of all genetics data. It was unclear to me why the linkage studies data were included, because their approach has not been found to be useful. I also was disappointed that the discussion of challenge studies in anxiety disorders does not mention lactate infusions at all. The chapter ends on a cautionary note worth remembering, “However, to date the identified genetic risk factors are of no diagnostic or predictive value, as the field is far from having identified the entirety of all genetic and epigenetic risk factors interdependent with environmental factors” (p 34). The chapter on neuroimaging also is disappointing and demonstrates a lack of detailed editing, because it discusses the etiology of anxiety disorders again (why here?) and refers to what will most likely be included in various DSM-5 categories, while the DSM-5 has already been published. The chapter on potential neuroimmunological targets discusses the “pivotal roles of cytokines in signaling to the brain and leading to behavioural changes” (p 67) followed by a review of neuroimmunological changes in depression and neuroimmunomodulation effects of antidepressants. The rest of the chapter is filled with hypotheses on neuroimmunology of anxiety disorders. In all fairness, it is known that a chronic anxious state may have a deleterious effect on the immunological function (p 73). However, the findings and conclusions about the inflammatory response in anxiety disorders are limited by “reliance on cross-sectional study design, small sample sizes, the lack of standard measurements, and high comorbidity with depression” (p 75).

The chapter on anxiety and cardiovascular disease, again, does not contribute much. The chapter on the early phases of anxiety disorders introduces an interesting model of preventive intervention adapted from Patrick McGorry’s model on early manifestation of psychosis. There are 3 new levels of prevention: universal (focused on the whole population or general public), selective (focused at asymptomatic population with a higher risk of a particular disorder), and indicated (targeted at high-risk individuals with minimal but detectable signs or symptoms foreshadowing a particular mental illness, but not meeting its diagnostic criteria) (p 99). This seems like a useful model for developing treatment algorithms. The problem is that we know even less about predictors and prodromes of anxiety disorders than we know about the prodromes and predictors of psychotic illness. In addition, similar to the situation in psychosis, we do not know when to start and how long to continue the intervention. Related to this topic, the following chapter focuses on the duration of untreated illness and duration of illness in anxiety and its influence on outcome. The main omission of this chapter is the lack of a definition of remission of anxiety disorders because the duration of illness is defined as the time elapsing between illness onset and remission.

The 5 “purely” treatment chapters (on GAD, PD, social anxiety disorder, PTSD, and OCD) are mostly disappointing. They are brief reviews of the topic, with no new information or clinically useful tips, which are expected from experts. The chapter on pharmacological treatment of PD is probably the only useful one, because at least it discusses the length of treatment and treatment of anxiety in special populations. In view of the difficulties treating children and adolescents with antidepressants (maturity of the neurotransmitter systems, suicidal ideation with antidepressants), I hoped for some suggestions on the use of...
The chapter on social anxiety disorder makes a point that this disorder may be difficult to distinguish from avoidant personality disorder, which may be a more severe form of the same condition; however, the authors do not relate this observation to any treatment recommendations. The last chapter on OCD suggests that "Overall, the evidence is not strong enough to support the superior efficacy or tolerability of any one SSRI [selective serotonin reuptake inhibitor] in OCD" (p 171). Although this probably is true, referencing this statement with one's own article, which has not been accepted for publication, is a bad practice.

As the reader can guess, I am not really enthusiastic about this volume. I expected much more from a book written by experts. Clinicians would not be able to learn much from this text. Some theoretical chapters are interesting, but not useful. The treatment chapters are not useful. The main weakness of this volume is its poor editing (including the fact that the publishers did not wait for the publication of DSM-5 to have the criteria included in this volume). Thus, in spite of the Preface title—"Concerned efforts to improve the understanding and treatment of anxiety disorders"—one's understanding and treatment probably does not get better after reading this volume. I have to admit that I enjoyed more the recently published article "My anxious, twitchy, phobic (somehow successful) life" by Scott Stossel, editor of The Atlantic (including the fact that Hugh Grant, Mahatma Gandhi, and Thomas Jefferson were all afflicted by fear of public speaking).

Richard Balon, MD
Wayne State University
Detroit, Michigan, USA

REFERENCE

Unaccountable: What Hospitals Won’t Tell You and How Transparency Can Revolutionize Health Care

It seems that medicine in the United States has been in a perpetual crisis, from managed care to the Affordable Care Act, and further on. I actually have been worried that the entire health care system is going to follow the pattern of other industries and that after the dot com, finance, and real estate bubbles we will see a health care bubble (and health care constitutes about one-sixth of our economy!). The costs have been skyrocketing and with the increases in obesity, diabetes, and other maladies related to lifestyle, the price will keep rising. However, the cost has been just 1 part—although the biggest part—of the crisis. Medicine also has become quite corporate, less personal, fragmented, and, as the author of this book, Marty Makary writes, “littered with perverse incentives” (p 2). Hospitals and medical centers “have merged and transformed into giant corporations with little accountability” (p 3). Lack of accountability “creates an institutional culture that fosters overtreating and runaway costs” (p 5). Hospital bailouts have been perpetual.

The author Marty Makary, a cancer surgeon at Johns Hopkins Hospital and an associate professor of health policy at the Johns Hopkins School of Public Health, took his frustration farther than most of us. He has tried to analyze what is wrong with the system, what should and could be improved, and wrote (among other things) a book with a telling title, Unaccountable, about it. The book deals mainly with issues related to surgery and cancer treatment (understandable, consid-
ering Dr. Makary’s specialty), yet it touches upon many general issues applicable to other areas and of interest to all of us.

The book consists of 3 parts: “Some random doctor,” “The Wild West,” and “Transparency time.” Part I focuses mostly on problems with physicians and what possibly to do with them, such as in chapter 4 “The supersurgeon and the Shah.” When the late Shah of Iran became ill, 2 prominent physicians were summoned to treat him. One of them was Michael DeBakey, probably the most famous surgeon of the time. He correctly recommended and performed the Shah’s spleen removal. Because the pancreas could be injured during splenectomy, a standard, good practice calls for placing a drain in the area of the pancreas to prevent pancreatic fluid accumulation if the pancreas is injured during the surgery. DeBakey refused to use this drain, as he was confident that he would not touch the pancreas (although, being a cardiovascular surgeon, he had little experience with this type of surgery). Surgery went well, DeBakey was celebrated, yet the Shah got worse because there was build up of fluid from leaking pancreas in his abdomen. Makary uses this example to emphasize that volume matters (DeBakey had not done splenectomies routinely) and that “it is better to learn from the wisdom of others than mistakes routinely) and that “it is better to learn from the wisdom of others than by making mistakes practicing on patients” (p 54). He also writes that teamwork is a marker of good medical care (p 23), that the public demands to see the results of the safety culture surveys (p 27), and that “people are angry with being ping-ponged from doctor to doctor and from test to procedure, not knowing how to discern whether their care is of good quality” (p 27). He reminds us that hospital administrators are increasingly being removed from daily hospital care and that modern medicine has a growing appetite to over-screen, over-diagnose, and overtreat. (Who has not heard of emergency department patients being ordered all possible tests prior to even being seen by the doctor?) The discussion also mentions hospital marketing and advertisement (which costs a lot of money that could be better spent!) and the widespread financial conflict of interest many physicians have. The financial conflict of interest meant here is not so much getting money from the pharmaceutical companies, but rather the under-referring to others, incentives for the number of procedures (some unnecessary), payments per procedure, selection of procedures (physicians who bought radiation therapy equipment, and make profit from each treatment—mostly recommending radiation to their cancer patients, no matter what). Makary also writes about how the patient should navigate through the system and how to select a doctor—proceduralist vs diagnostician. In case of selecting a proceduralist, one wants a person with the most experience in treating his condition. When looking for a diagnostician, one should look for a compassionate listener who will let the patient talk. One should also look at hospital stats and patient outcomes.

In “Part II: The Wild West,” Makary continues in his criticism of the health care system, starting with a chapter on impaired physicians, noting that medicine is poorly policed. With regard to monitoring impaired physicians he notes, “The lack of cooperation between hospitals and state medical boards resembles the problems of the Roman Catholic Church—another nontransparent and unaccountable system—which failed to remove dangerous child molesting priests, opting instead to reassign them to other parishes” (p 106). He touches on issues such as the unwillingness of physicians to retire (more problematic for surgeons) and that we start failing to monitor “bad apples” already at medical schools (everybody graduates). In the following chapter on medical mistakes, he mentions the numerous mistakes made even with prominent and famous patients. Did you know that the comedian Dana Carvey had open-heart surgery on the wrong vessel or that John Wayne’s fatal colon cancer was missed because his doctor did not want to inconvenience him with a rectal exam? The author then turns to the hospitals and their greediness, such as in children’s hospitals. Many of their CEOs make more than $5 million per year and have special packages (retirement worth millions, country club memberships), yet their hospitals organize collecting pennies from other children (eg, Boston Children’s Hospital, while having a surplus and paying its CEO millions) and are subsidized by the government. Reading these facts one realizes that the system is really perverse. The analysis continues to bring further examples, such as the unnecessary number of back surgeries (a profitable procedure), while conservative back surgeons maintain that physical therapy and pain medication is an effective approach to degenerative disc disease. Makary reminds us that we are obliged to say
no to some treatments at times and we have to learn that. We treat too much, as that is what we are taught at medical school. The last chapter of this part reviews the enormous expansion of robotic surgery, although it is not clear whether it is more beneficial than regular surgery (except in several studies paid by the makers of robots).

The last part, “Transparency time,” suggests some solutions to the problems of our health care system. As to the fragmentation and lack of immediate help, Makary provides the amazing example of the Mayo Clinic, where the coordination is perfect and patients are seen, examined, and treated almost immediately. No wonder as the system was designed by physicians. Makary suggests that hospitals need to change their culture. Physicians and systems have to become more open and transparent. He emphasizes “Anonymity fosters incivility” (p 177) and “Transparency builds trust” (p 183). He also emphasizes the importance of family-centered care (critical component), the involvement of the patient’s family in the treatment and follow-up. Another of Makary’s suggestions is the “online dashboard” for tracking hospital performance, which would include readmission rates, complication rates, reporting of events that should never happen but do happen, safety-culture scores, hospital volumes, and transparent records with open notes and even videos of procedures such a colonoscopy and others.

Reading this book one wonders, What is happening to the system we are (maybe) so proud of? What has happened to properly communicating with our patients? Has greed taken over medicine? Why have we allowed the corporate makeover? One wonders whether this change is permanent or whether the new generations will be able to change these flaws and make the system more transparent, accountable, and mainly human. The book is intended mostly for patients and the general public, but every physician will benefit from reading it and using it for some self-reflection. Psychiatrists should wish that we get a similar book addressing similar and other problems in the care for the mentally ill, such as expensive medications of questionable efficacy, lack of access to psychotherapy modalities namely cognitive-behavioral therapy, insufficient insurance coverage for mental illness, just to mention a few.

Richard Balon, MD
Wayne State University
Detroit, Michigan, USA

Fads and Fallacies in Psychiatry

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sychiatry has been going through a serious period of reevaluation and rethinking—from doubts about our diagnostic systems, through the perpetual debate about the brain and mind schism, to questions about the efficacy and even usefulness of its treatments. We do not have answers to most, if not all, of the questions about mental illness and, as Joel Paris perhaps optimistically points out in the introduction to his book, it will probably require another century of research to answer them.

One of the problems of medicine and psychiatry is, as Paris writes, “progress is not linear. Impeded by false beliefs, medical science sometimes goes off on serious tangents” (p 1). When explaining that the title of his book is based on a title of a classic volume, Fads and Fallacies in the Name of Science he adds that “Fads are temporary bursts of enthusiasm, based on fallacies that reflect cognitive errors or wishful thinking...But fads in psychiatry have occurred not only on the fringe, but in the mainstream of theory and practice” (p 1). (He still gives psychiatrists some credit as he admits that we do at least as well as physicians in other specialties in helping our patients.) It seems that at the time of “The current rage to reduce every-

thing in psychiatry to a neuronal level” (p 2) it may be good to look critically at the fads and fallacies of psychiatry, and that is what this book fairly aptly attempts to do.

The slim volume consists of an Introduction and 3 parts: I. Origins; II. Effects; and III. Antidotes. In the Introduction, Paris not only explains what fads and fallacies mean and why he has written this book but also summarizes the psychiatric fads of then and now, and points out the 3 problemmatic areas his books focuses on: the diagnostic system; the current trend (as he states) in the United States for an almost exclusive reliance on drugs, which is putatively based on the application of the neuroscience model to practice; and the concern that “those who only prescribe may forget how to listen” (p 6) and thus psychiatry going from brainless to being mindless.

In Part I (2 chapters), the “Medicine” chapter is a general one; reviewing fads, fallacies, and cognitive errors; establishing cause and effect; fads and good intentions; medical fads in historical context; diagnostic fads in medicine; surgical fads; the challenge of chronicity; and the way the pharmaceutical industry promotes fads. Paris points out that “science moves slowly and caution makes progress more certain. Yet, since they can appear new and attractive, fads initially earn great attention. Most end by disappearing from view, sometimes with barely a trace” (p 11). An important discussion of cognitive errors (one of the sources of fads) notes that they derive from preconceived beliefs. Interestingly, scientists sometimes do the same thing as fanatical followers of a fallen prophet. Once committed to a point of view, it is hard for them to admit being wrong or foolish and they hold on to their original opinions more strongly than ever. They (and clinicians and others) may use confirmation bias—new information is interpreted in the light of preconceived ideas. Among many interesting ideas, Paris also writes that although peer review is a necessary part of science, it can be used by experts who do not want data contradictory to their own views to appear in print (p 13). I loved 2 great comments here: first that “many a beautiful theory is killed by an ugly fact” (attributed to Thomas Huxley) and “theories only change when old scientists die” (p 13). In the part on establishing the cause and effect, Paris points out the frequent reductionism forced by our wish to treat every malady, “if all you have is a hammer, everything else looks like a nail” (p 14). As this chapter is really filled with a lot of food for thought, I mention just a few more thought-provoking ideas: “Most research articles published in medical journals are never replicated” (J. Ioannidis), “The consensus of experts has been a traditional source of all the errors that have been established throughout medical history” (A. Feinstein), or “the internet (and other forms of publicity) allow uninformed groups of consumers and patients with a strong agenda to ‘flood’ search engines with dubious ideas, sometimes supported by instant ‘experts’ (some of whom are celebrities rather than experts” (p 22). Finally, while criticizing the pharmaceutical industry about all its problematic practices, Paris cautions us that medicine is practiced in a climate inevitably promoting fads for what we cannot blame the industry—“It is the result of our own unjustified enthusiasm” (p 23).

In the “Psychiatry” chapter, Paris first writes, for comparison, about psychiatry 100 years ago. He then delves into 2 illustrative examples of psychiatry’s fads: psychoanalysis and psychosurgery. He reminds us that “Psychoanalysis was an archetypal treatment fad” (p 27) that has been criticized by many leading psychiatrists throughout the last century (eg, Emil Kraepelin). Putting the birth and growth of psychoanalysis into historical context, Paris writes that “Finally, psychoanalysis, like Marxism, offered a comprehensive world view that addressed modern alienation. This was a time when organized religion had fallen into decline” (p 28). He also brings to our attention that one of the most faddish aspects of psychoanalysis is its way of explaining its failure—unsuccessful therapy is attributed to resistance and/or not carrying out treatment properly or not long enough, but never admitting that it simply does not work. At times, Paris makes conclusions without data (eg, claiming that classical psychoanalysis is surviving only as a remnant in Tavistock [London] and Menninger [Houston] clinics). I am not sure Manhattanites and many others around the world would agree! The psychosurgery fad discusses the well-known example of frontal lobotomy.

In Part II (6 chapters), the “Aetiology” chapter reminds us of biological reductionism and the key problem of reductionism that “complex structures have emergent properties that cannot be explained by their components” (p 38). Other areas discussed include the fallacies in
In Part II of Joel Paris’s book, “Faddish thinking,” he addresses the limits of antidepressant therapy, the power of placebo, the practices of the pharmaceutical industry, antipsychotic fads, antidepressant fads (used during life adversities), mood stabilizer fads (eg, the use of mood stabilizers for the environmentally responsive mood swings in borderline personality disorder), the constant need to adjust medication (eg, in response to life events; Paris writes about a new breed of psychiatrists—specialists knowledgeable in psychopharmacology, but at a loss when asked to talk to people about their lives), and the tendency to prescribe without end. The “Psychotherapy” chapter is similarly critical, pointing out that psychotherapy is not always effective, can be sometimes harmful, is farmed out to other professionals, is frequently overlapping, and there is no consistent evidence that early diagnosis makes a difference in outcome, or that interventions are more effective when instituted early (p 90). In the discussion of suicide prevention, Paris notes that when a rare phenomenon cannot be predicted, then it cannot be prevented.

The 2 chapters in Part III (“Evidence-based psychiatry” and “Overview”) extol the virtues of evidence-based psychiatry as the antidote and remedy for fads and fallacies of psychiatry. Paris notes that most psychiatrists spend little time reading journals or books and few read clinical guidelines (p 106), yet they are influenced by colleagues and expert opinions instead of forming their own opinions. At the end, Paris provides general principles to avoid making mistakes of fallacious and faddish thinking.

As much as I liked the book, I was surprised by a couple of things. First, I found the frequent criticism of American psychiatry (or rather psychiatry practiced in the United States)—no matter how correct—unnecessary and uncalled for, as there was no criticism of any other nation’s psychiatry (this is probably partially because Joel Paris is Canadian...
and the book was published in the United Kingdom). Second, some of the criticism of fads and fallacies would be more understandable when viewed more carefully from a historical perspective, in the eyes of their contemporaries. And last, I found it interesting that an author so interested and devoted to evidence in general, talks so much about his personal experiences and views in particular. Nevertheless, the book is easy to read, full of interesting comments, citations, facts, and is an interesting reading for all psychiatrists, clinicians, academicians, researchers. We should all read it, pause and think about all those fads and fallacies and what we can do to avoid them and better the care of our patients.

Richard Balon, MD
Wayne State University
Detroit, Michigan, USA

REFERENCE

BOOKS RECEIVED

The following books have been received or otherwise obtained and will be reviewed by selected individuals, the courtesy of the sender is acknowledged by this listing.


