

PREFACE

Many of the ideas in this book have been percolating around in my mind for years now, a loosely defined mission in search of a clear voice. My earlier attempts to write them down succumbed to mercenary ambitions, which nagged me to twist my prose into formats like prescriptive non-fiction, memoir, or expose’—all marketing niches into which my true book could never comfortably fit. After exhausting those blind alleys and myself, I set aside writing for a couple of years, while I reconsidered my goals and made the fortunate choice of focusing more intently on my family. Having finally purged myself of non-fiction merchandising conventions, I finally arrived at a purer interior-driven goal—to simply *write the best damned book I can*, sharing my perceptions of a profession that has become unequivocally corrupted by a mythological framework of pseudoscience, and which at times seems intent on usurping common sense altogether.

I come to this task without the requisite national profile or academic accolades. I have no new theories or treatment regimens to offer (except in the loosest sense, perhaps), and no elegantly circumscribed solutions for the problems of my profession. What I hopefully bring to the table are a sharp mind, an irreverently skewed but valid perspective, and most importantly *a total lack of fear*—a prerequisite for telling the whole truth in almost any arena. I see the contemporary institution of psychiatry as an “all-powerful” sort of phony on the order of the Wizard of Oz—glibly offering the promise of life-improving gifts like brains, heart, and peace of mind, while insecurely inflating the public’s perception of its powers with illusory uncertainties that are touted as fact. My role model here is Toto—a courageous, perceptive, and somewhat mischievous mutt, who is intent on pulling back the curtain to

reveal the scam.

But those expecting me to trash psychiatry altogether will be sorely disappointed. Despite its many flaws, it cannot be denied that contemporary psychiatry is offering services that consumers want. Practically all the research generated for the promotion of psychiatric drugs is in my view suspect—but the millions of patients who fill their prescriptions every month, take their medications every day, and swear by the benefits thereof, provide a living testimony to the value of psychiatric medications that I can't comfortably refute. Compelled by this body of evidence, I contend that our medications are often beneficial, and rarely are they particularly harmful.

However, there is indeed a brand of snake oil being peddled here that has no clinical benefit whatsoever—the elaborate system of pseudoscientific myth that has been constructed to justify and promote the use of those medications. This grand pretense has numerous hazards, the greatest of which is its implicit disempowerment of the patient—who is ostensibly paralyzed and cursed with a “chemical imbalance”, while the psychiatrist is ascribed godlike (or at least wizard-like) powers of regulating mood and thought.

This mythological marketing scheme has extended well beyond the clinic doors and now permeates popular culture. Prospective patients have already learned to identify all manner of undesirable feeling states as pathological, and are often requesting medications before I even start taking a history. Such patients are infinitely more optimistic about the prospect of improvement on medication than I am, since they have been successfully indoctrinated in the assumption that these sorts of problems are biochemical in nature—and consequently there *must* be some sort of pill to help.

It can be difficult to dissuade a patient of these childlike notions about

the nature of psychiatric disorders. Some demand that I live up to their illusions, expecting me to shut up and give them the magic pills that will fix their unwanted feelings. Patients with no prior history of treatment can be particularly resistant to my unorthodox views, since they have been fed this line of bullshit for years—by friends, relatives, physicians, and television sets—and have yet to experience the creeping disillusionment that is so often part and parcel of the contemporary psychiatric experience. Some of them might well feel like they've stepped into the 19th century when I tell them that there is no proven “chemical imbalance”, that medication may or may not help—and worst of all that their depressed mood may stem from an unhappy marriage, immature expectations, piss-poor coping skills, or some other onerous personal liability that will ultimately require them to do their *own* heavy lifting.

I tend to fare better with patients who have had extensive treatment experience—who often feel burned by the mealy-mouthed promises of contemporary psychiatry, and find my blunt cynicism to be a refreshing affirmation of their own negative perceptions. Having lost almost all hope in psychiatrists, they often find reassurance and empowerment in my expressed belief that the patient, not the doctor, is the most important member of the treatment team, and bears the greatest responsibility in attaining mental health, since his or her participation has by far the greatest impact on outcome.

This conviction seems to me to be inherently obvious. No matter what pill I prescribe, the patient is the one who has to take it regularly to ensure that it is effective. The patient has to report to me what symptoms they have, what side effects they are experiencing, and if they feel better or worse on a medication, so that I can make effective treatment choices—and must come to

their scheduled appointments to do so. But more fundamentally, the patient has to recognize that life choices they make on a daily basis may be contributing to their depression, anxiety, or mood instability. They must then in turn seize the responsibility of trying to improve those choices.

Contemporary psychiatrists often neglect to mention to patients that they might actually be able to *do* something about their psychiatric problems, advancing instead a delusional system in which a patient is a dumb bag of chemicals, feelings are just symptoms, and psychiatric drugs are an effective substitute for taking action. Nobody has ever accused me of being modest, but I'm nowhere near grandiose enough to believe (or pretend) that a 20-minute appointment with me every 2 to 4 weeks has the potential to fix the life of someone who spends 24 hours a day, 7 days a week screwing it up. Yet this, simply stated, is the implicit contention of modern psychiatry: You have a chemical imbalance, you need a drug, and the psychiatrist can tell which one it is and give it to you.

In the landscape of contemporary psychiatry I may appear to be a heretic—a psychiatrist with a medication-oriented practice who won't wear the robe and pointy hat, won't endorse the prevailing lore, and tells my patients the bad news that they may just need to find the magic within themselves. There are in fact quite a few psychiatrists out there who share at least some of my concerns, although few are as inclined to air them in public as I am. But there are still plenty of psychiatrists out there who either believe they are wizards, or want to play the role—and plenty of patients out there who are seeking one, “because of the wonderful things he does.”

The truth is an enigma, that psychiatric illness is both more mysterious than we acknowledge, and less so—because although our scientific understanding of disorders and medication response is much more nebulous

than our profession lets on, a substantial amount of improvement can often be gained by augmenting medication therapy with the stern application of both empathy and common sense principles. This path is unfortunately the one less chosen today, because it demands a remarkable amount of emotional engagement and effort on the part of the psychiatrist, and even more effort from the patient. It also requires the acknowledgement by both parties that unwanted feelings or passions are not necessarily pathological afflictions, but often the stuff of life. It's a messy business that many psychiatrists today have no inclination to get into, since the prescription of medications is easier, less emotionally draining, and substantially more lucrative. Oh, and more "scientific"...as we shall see later.

My mission here is to demystify and democratize psychiatry, by injecting consideration of some common verities of life that seem to have been lost in its current haze of pseudoscientific claptrap. The application of reason alone is sufficient to undermine many of psychiatry's more stupid but shopworn contentions, which is fortunate because it frees me from having to delve into laborious technical detail. This omission is likely to arouse contemptuous ire in many of my potential critics, since laborious technical detail is the life's blood (and squid's ink) of so-called "evidence-based psychiatry"—but it makes writing the book more enjoyable for me, and reading it more enjoyable for just about anybody who doesn't happen to be a biological psychiatrist.

I would love to see psychiatry let go of its contemporary myths—which have become obstacles to both its scientific credibility and its effective clinical practice—and move toward a model of practice that is instead based on the bold pursuit of truth. I sincerely hope that this book will be perceived as a step along that path.