

General psychiatrists who frequently treat patients with comorbid medical disorders will find this book to be a terrific reference and useful review. Primary care providers will also find this to be a helpful volume to keep at hand, especially for patients with chronic psychiatric disorders

and new-onset general medical illnesses. Last, for those of us who are consultation-liaison and psychosomatic medicine psychiatrists, the editors have created an indispensable textbook.

The reviewer reports no competing interests. ♦

Two views:

Anatomy of an Epidemic: Magic Bullets, Psychiatric Drugs, and the Astonishing Rise of Mental Illness in America

by Robert Whitaker; New York, Crown Publishing, 2010, 416 pages, \$26

In his 2001 book, *Mad in America* (1), Robert Whitaker reviewed three centuries of mental health treatments and attempted to understand why positive outcomes for patients with schizophrenia in the United States have decreased for the past 25 years. In *Anatomy of an Epidemic*, Whitaker returns to that research in an attempt to understand what he calls the current “psychiatric epidemic,” in which the number of Americans diagnosed and treated for mental illness more than doubled between 1987 and 2007, even though billions of dollars have been spent each year on psychotropic drugs.

Among the explanations for such an epidemic that Whitaker proposes is that mental illness has become a “profit center.” From drug companies skewing their studies in favor of medication to the entangled relationship between American psychiatry and the pharmaceutical industry, Whitaker underlines what he calls “the mistreatment of the mentally ill.” He makes the case that many psychotropic drugs once advertised as “magic bullets” may cause as much, if not more, harm than good, particularly in the long run. The reality, he says, is that “because no one knows what causes mental illness, there’s no cure or palliation to be found in these pills.”

These provocative assertions could drive away readers who would view Whitaker as an antipsychiatry activist and dismiss his work outright. To these skeptics, and to all of us inter-

ested in what is happening in the field of psychiatry, I strongly recommend this book. Residents in training may also particularly benefit from this wider perspective about the profession they have chosen. Whitaker is a serious and well-informed investigative journalist. Although the reader may see bias in how the author interprets some of his findings, he makes a solid, well-researched case that is backed by evidence. Many of Whitaker’s criticisms are not new, having been raised by prominent experts, including Loren Mosher (2), Marcia Angell (3), David Healy (4), and Allen Frances (5).

As much as I appreciate Whitaker’s denunciation of many things that are wrong in psychiatry, I am disappointed that the people whom he blames for these developments are almost exclusively the proponents of biological psychiatry and pharmaceutical companies. If that approach has the advantage of stirring up old stereotypes and swiftly mobilizing the antipsychiatry movement, it risks missing other factors that play a role in this dangerous evolution, hence limiting our ability to fully address it. For instance, he doesn’t address the impact that the for-profit health care system has had on psychiatrists’ work—increasing time constraints and administrative duties. These changes have cornered psychiatrists into a position where visits are reduced to the quick “med check.”

We can also question the role of a general public who would prefer to

think that problematic behaviors are essentially the result of a “chemical imbalance” amenable to quick fixes rather than fully considering the impact of psychosocial and economic problems. If Whitaker is one of the voices we ought to consider in the reshaping of psychiatric treatments in the 21st century, then mental health clinicians should be heard as well. In order to regain some of the trust we have lost with our patients and their families, we need, as a profession, to own up to our mistakes. By doing this we can hope to preserve the ability not only to offer medication when necessary but also to advocate for another essential element of the practice of healthy medicine: a dependable, honest, and more sustained relationship between doctor and patient.

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3. Angell M: *The Truth About the Drug Companies: How They Deceive Us and What to Do About It*. New York, Random House, 2004
4. Healy D: *Let Them Eat Prozac: The Unhealthy Relationship Between the Pharmaceutical Industry and Depression*. New York, New York University Press, 2004
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Will reading Robert Whitaker’s *Anatomy of an Epidemic* interest you or make you angry? My guess: this book will do both. Whitaker is an investigative journalist best known for his writing on the treatment of the mentally ill population in America and the growing influence of the pharmaceutical industry in the practice of medicine and psychiatry. His latest book combines these topics.

These intertwined issues deserve our attention and are generally good for provoking loud debates, if not genuine placard-carrying protests.

I am unable to fully bridle my enthusiasm to point out the flaws in Whitaker's theories. His primary premise is that the reason so many more people are now on disability rolls for mental illness than was the case in the halcyon days of the 1950s is because they were exposed to psychotropic medication. There are a host of logical errors in his analysis that I painfully learned earning a B in Logic 101 as a college sophomore, most notably post hoc reasoning and the appealing slippery slope.

Like a skillful prosecutor presenting a circumstantial case, Whitaker "connects the dots" to "expose" the pharmaceutical industry—American Psychiatric Association—National Institute of Mental Health—National Alliance on Mental Illness conspiracy (yes, even NAMI is a co-conspirator) to put every man, woman, and child on the planet on one psychotropic drug or another. The inclusion of

heartbreaking stories of people mired in debilitating situations at the end of each chapter is a rather obvious ploy to appeal to emotion, increasing the likelihood of a conviction in the court of public opinion. Sadly, witnesses to the often life-improving, if not life-saving, benefits of properly applied medical treatments for mental illness barely find a voice in the transcript of this trial.

This said, I cannot disagree with Prosecutor Whitaker that behaviors of the pharmaceutical industry and its speakers' bureaus, the practitioners of footloose diagnosis and fancy-free polypharmacy (especially for the young), the too cozy relationships between big pharma and big academia, and dare I say certain decisions the APA has made all provide enough evidence for an adverse verdict, especially by a lay reader. The author makes important points about overvalued theories, misplaced treatments, and bad behaviors of some engaged in the often messy, uncertain practice of medicine and psychiatry. Unfortunately, this book is more in-

dictment than honest critique—an example of confirmation bias pretentiously devoid of any balance in the attack.

This book provokes thought, discussion, and strong emotions. It will force you to reflect on the strength of the evidence for psychiatry's convictions about the nature and proper treatment of mental illness, to evaluate your personal professional practices, and to renew the oath that you as a physician once took to "first do no harm." These are all good things. You should read this book; patients and their families will, and you should be ready with some answers to their questions. My copy is full of margin notes to prepare responses that I hope will not sound too defensive when delivered.

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