

# Index

- Abbey, SE, 16  
 academia, 6, 68  
 academic medicine, 3, 14, 19, 23, 25, 112  
 academics, 72, 95  
 acceptance and commitment therapy (ACT), 86  
 acetylsalicylic acid, 19, 36  
 Ackner, B, 27  
 acronyms, 86, 88  
 ADHD. *See* attention-deficit hyperactivity disorder  
 adulthood trauma  
   fallacies, 39–41  
 advertising, 49, 69, 71, 73  
 Akiskal, HS, 52  
 alcoholism, 6, 62–63  
 Alice's Adventures in Wonderland, 84  
 ALLHAT Collaborative Research Group, 19  
 alternate model of personality disorders (AMPD), 47  
 American Psychiatric Association, 28, 43, 103–104  
 amitriptyline, 73  
 antidepressants, 27–28, 36, 46, 52–54, 106, 110  
   degree of effectiveness, 68  
   fads, 73–76  
   introduction in late 1950s, 66  
   maintenance treatment, 68  
 antineurotics, 74  
 antipsychiatry movement, 6, 44, 95  
 antipsychotics, 27–28, 35–36, 53–54, 56, 66, 70–71, 75, 80  
   fads, 72–73  
 antisocial behavior, 34, 96–97  
 anxiety disorders, 4, 63, 74, 91  
 APA. *See* American Psychiatric Association  
 aripiprazole, 70, 73  
 Arkowitz, HA, 38  
 Asperger's syndrome, 59  
 atomoxetine, 78  
 attachment theory, 25  
 attention-deficit hyperactivity disorder (ADHD), 48–50, 58, 63  
   diagnosis, 56–58  
   low bar for diagnosis, 57  
   example of faddishness, 58  
   stimulant fads, 77–79  
 attenuated psychosis syndrome, 97  
 Australia, 97  
 autism, 14, 18  
 autism spectrum disorders  
   overdiagnosis, 59  
 availability bias, 60  
 availability heuristic (Kahneman), 10  
 Batstra, L, 61  
 Beauvais, AL, 98  
 Beck, Aaron, 3, 24  
 behavioral genetics, 33–35  
 Bentall, R, 6, 95  
 benzodiazepines, 73, 80  
 Best, J, 8  
 biological fads  
   frontal lobotomy, 27  
 biological markers, 51, 54, 56, 59  
 biological psychiatry, 4, 24, 31, 53, 67, 110  
   keeping psychiatry within the scientific mainstream, 4  
   limitations, 36–37  
 biological reductionism, 32–33  
 biological treatment, 31, 54, 95  
 biomarkers, 21, 43, 45, 48, 50, 52, 96, 109  
 biopsychosocial model, 2, 5, 32–33, 95, 109, 111  
   need for, 42  
   PTSD, 60  
 bipolar disorder, 11–12, 27, 30, 43–44, 49–50, 61, 63, 86, 99  
   DSM-5, 55  
 bipolar spectrum disorders  
   concept creep, 55, 76  
   diagnosis, 55–56  
   fad, 56  
 bipolar I disorder, 55, 65  
 bipolar II disorder, 49, 55, 77  
   category introduced in DSM-IV, 55  
 Blackmore, Susan, 9  
 bleeding and purging, 13, 15  
 borderline personality disorder, 38–39, 43, 56, 77, 82, 84, 89, 104  
   dialectical behavior therapy, 86  
   file-drawer problem, 104  
   mood shifts, 77  
   most researched personality disorder, 43  
   biosocial origins, 61  
 Bowlby, J, 25  
 brain, 20–21, 27, 37  
   complexity of structure, 1, 33  
   neurons, 5  
 brain chemistry, 27, 79  
 brain disorders, 4, 32, 49  
 breast cancer, 17, 37  
 Brent, DA, 99  
 brief psychodynamic therapy, 22, 26, 82  
 British Journal of Psychiatry, 20, 25, 104  
 British Medical Journal, 103  
 bupropion, 70, 78  
 Cameron, D. Ewen, 28–30  
 Canada, 14, 81–82, 102, 110  
 Canadian Institutes of Health Research, 37  
 cancel culture, 40  
 cancer, 17, 35, 50, 71, 76, 101  
 Caplan, G, 41  
 Carlat, D, 67, 72  
 Catholic Church  
   child abuse, 38, 91  
   cause and effect, establishing, 11–12

- CBT. *See* cognitive-behavioral therapy
- Ceci, SJ, 10
- Centers for Disease Control and Prevention, USA, 16
- Central Intelligence Agency (CIA), 29
- charisma, 24, 41, 113
- chemical imbalances, 36, 40, 51, 70, 109
- child abuse, 38–39, 89–92  
  Catholic Church, 38, 91
- child psychiatry, 47, 56
- childhood sexual abuse, 89  
  risk factor versus cause, 39
- childhood trauma, 12, 61, 88–90  
  fallacies, 38–40
- chlorthalidone, 19
- chronic fatigue syndrome, 16
- chronic illness, 13, 18, 20, 68, 107, 111
- chronic pain, 16, 111
- chronicity, 18, 22, 30
- cinema, 90
- clinical experience, 2–3, 13, 17, 24, 86, 103, 105
- clinical practice, 5, 14, 16, 38, 48, 69, 87, 91, 102–106, 112
- cognitive bias, 10  
  erroneous attribution of  
  change to most recent  
  intervention, 11  
  messy reality, 86  
  more art than science, 13
- clinical psychologists, 5, 31, 54, 69, 81, 107, 110
- clinical trials, 4, 11, 19, 27, 30, 88  
  need for more  
  sophistication, 29
- clozapine, 99
- Cochrane reports, 14, 17, 101, 103–106, 113
- Cochrane, Archie, 7, 103–104
- cognitive-behavioral therapy (CBT), 3, 24–26, 40, 81–83, 85–87, 110
- cognitive bias, 10, 18, 32, 39
- cognitive dissonance, 9, 24
- cognitive errors, 8–11  
  derivation from  
  preconceived beliefs, 9  
  establishing cause and  
  effect, 11–12
- Collins, Anne  
  *In The Sleep Room*, 28
- common cold versus  
  pneumonia, 53, 63
- common disorders, 5, 48
- common factors, 83–84, 86, 88
- common mental disorders, 6, 38, 62, 81, 83, 85, 109  
  DSM problems, 61
- community psychiatry  
  movement, 41, 94
- comorbidity, 45, 104, 106
- complex PTSD (CPTSD), 61, 88
- complexity, 12  
  understanding required, 33
- concept creep, 40, 49, 51, 54, 58–61, 89  
  bipolar spectrum disorders, 55
- conferences, 10, 110–112
- confirmation bias, 7, 10, 24
- Conners' Parent Rating Scale (CPRS), 58
- Conners' Parent Rating Scale–Revised (CPRS-R), 78
- consensus of experts, 13–14
- consultant fees, 19, 72
- Continuous Performance Test (CPT), 78
- control groups, 13, 27, 103, 106
- co-occurrence, 45
- cosmetic  
  psychopharmacology, 58, 79
- The Courage to Heal, 89
- cystic fibrosis, 100
- d-amphetamine, 78
- Dawkins, Richard, 9
- day-care centers, 90, 92  
  child abuse, 38
- DeMonbreun, BG, 10
- depatterning, 28–29
- depression, 4, 106  
  low bar for diagnosis, 54, 77  
  ubiquity, 62
- diagnosis, 1, 43–65  
  autism spectrum disorders, 59  
  difficulty avoiding fads and  
  fallacies, 61  
  incorrect, 11  
  post-traumatic stress  
  disorder, 59–61  
  reliability, 44  
  validity, 46
- Diagnostic and Statistical Manual of Mental Disorders*. *See* DSM
- diagnostic categories  
  validity requirement, 43
- diagnostic fads and fallacies, 50–51
- diagnostic inflation, 49–51, 61, 63, 75
- diagnostic system, 112  
  persistent problematic area, 5
- dialectical behavior therapy, 38
- digitalis, 15
- direct-to-consumer  
  advertising, 49, 69
- disruptive mood dysregulation  
  disorder, 56
- dissociative identity disorder (DID), 90–92
- DNA, 33–35
- dodo bird effect, 84
- dopamine, 35–36, 51
- doubt, 2, 7, 11, 32, 101, 106  
  best antidote to fads, 3
- drugs, 4, 7, 11, 15, 18–19, 22, 27, 31  
  effective for mental illness, 25
- extended-release  
  formulation, 70
- overprescription, 66
- useful tools rather than  
  cure, 4
- DSM manuals, 49, 62–63, 91, 113  
  alternatives to, 46  
  classification system, 43–46  
  compromise by concept  
  creep, 51  
  diagnoses as unreliable  
  guide to choice of  
  treatment, 46  
  lack of clear definitions of  
  mental disorder, 45
- DSM-II, 54
- DSM-III, 45, 48, 52, 64, 123  
  algorithmic basis, 44
- DSM-III-R, 44
- DSM-IV, 44, 59
- DSM-IV-TR, 44
- DSM-5, 31, 41, 44–47, 52, 57, 59, 64, 67, 77

- DSM-5-TR, 5, 16, 44, 52, 89, 97  
 dysfunctional families, 34, 39, 61, 96  
 eating disorders, 30, 38, 50, 65, 83  
 effect size, 102  
 Eisenberg, Leon, 69  
 elderly, 27  
 electroconvulsive therapy (ECT), 22  
   effective treatment that became a fad, 22–29  
 El-Hai, Jack, 26  
 emergence, 33  
 emotion, 9, 17, 33, 39–40, 60, 64, 90–91, 97  
 emotional neglect, 61, 89  
 empirical data, 2–3, 13, 66, 80, 103  
 empirical research, 25, 87  
 empiricism, 3, 13–14, 104  
 endophenotypes, 5  
 environment, 34  
 Epidemiological Catchment Area Study, 59, 62–63  
 epidemiology, 61–64  
   definition, 61  
 epigenetics, 12, 34  
 etiology, 1, 7, 16, 20–21, 29, 43, 55, 59–60, 74, 96, 100  
   fads, 31–42  
 Etrafon-D, 73  
 Europe, 3, 23, 46–47  
 evidence-based consultation, 106–108  
 evidence-based medicine, 2, 7, 13, 24, 103–105  
 evidence-based practice, 7, 38, 81, 83, 101, 104  
 evidence-based psychiatry, 2, 103–105, 111  
 evidence-based  
   psychotherapy, 67, 85–86  
 evidence-based treatment, 16, 57, 79, 87, 109–110  
 extra-sensory perception, 8, 102  
 eye movement desensitization and reprocessing (EMDR), 87  
 fads  
   attraction of, 9  
   in contemporary psychiatry, 4–6  
   definition, 1, 8  
   as good intentions gone wrong, 51  
   phases, 8  
   psychiatric, 20–30  
   psychopharmacological, 66–80  
   in psychotherapy, 87  
   source, 2  
   past and present, 3–4  
 fads and fallacies  
   antidotes, 7, 101–108  
   diagnostic, 50–51  
   diagnostic (difficulty in avoiding), 61  
   general principles for avoiding, 112  
   good intentions, 12  
   psychological theories, 38  
   research susceptible to, 101–103  
   science, medicine, and psychology, 8–19  
 Fairman, KA, 58  
 fallacies, 8–11  
   adulthood trauma, 40  
   childhood trauma, 38–40  
   definition, 1, 8  
   most prevalent, 8  
   neuroimaging, 36  
   neurotransmitters, 35–36  
   psychiatric genetics, 33–35  
   social risk, 41–42  
 false ideas  
   spread mechanism, 9  
 Faraone, SV, 58  
 Feinstein, AR, 14  
 feminism, 90  
 Festinger, L, 9  
 fibromyalgia, 16  
 file-drawer problem, 102  
 Five-Factor Model of personality, 48  
 fluoxetine, 68  
 Food and Drug Administration (FDA), 72, 105  
 food fads, 16  
 Foucault, Michel, 41  
 Frances, Allen, 37, 45, 49, 61  
 fraud, 6  
 Freeman, Walter, 26, 30  
 Freud, Sigmund, 22, 25, 30, 64, 82, 86, 88–89, 91  
   best and worst aspects, 24  
   context, 24  
   reasons for influence, 23  
 frontal lobotomy, 22  
   biological fad, 26–27  
 functional magnetic resonance imaging (fMRI), 36, 109  
 fundamental attribution error, 8  
 Furedi, Frank  
   culture of trauma, 61  
 Gardner, Martin  
   Fads and Fallacies in the Name of Science, 1, 8  
 Garfinkel, Paul, 16  
 gene–environment  
   interactions, 34–35, 39, 42, 60  
 generic drugs, 110–111  
 genetics, 22, 46  
 genome, 94, 109  
 genome-wide association studies (GWAS), 5, 34–35  
 Ghaemi, N, 104  
 Glenn, AL, 96  
 grant submissions, 10, 37, 62, 102  
 grief, 52, 54  
 Grinker, R, 41  
 groupthink, 15  
 guanfacine, 78  
 gun control laws  
   suicide prevention, 98  
 Halsted, William Stuart, 17  
*Handbook of Psychotherapy* (Bergin and Garfield, 1978), 83  
 Healy, D, 4  
 Herman, JL, 88–89  
 Hippocrates, 13  
 Holgate, S, 16  
 Hollingshead, A, 31  
 Holmes, Jeremy, 25  
 Holmes, Oliver Wendell, 15  
 hope, 12, 41, 84, 108  
 Horwitz, AV, 52, 75  
 Hubbard, L Ron, 92  
 human condition, 25, 46, 52, 62–63, 95  
 Huxley, Thomas  
   theory versus fact, 10  
 hypermnnesia, 88  
 hypnosis, 22, 88, 90

- hypomania, 55, 77  
 definition, 55  
 DSM and ICD, 55
- ICD manuals, 44, 113  
 basis, 44
- ICD-10  
 level of reliability, 47
- ICD-11, 44, 46–47, 52, 61, 67, 89
- illness  
 multifactorial nature, 12
- impatience, 29
- Improving Access to  
 Psychological Therapies  
 (IAPT) program, 83
- infectious diseases, 15, 52  
 multiple causes, 11
- Insel, Thomas, 94
- insomnia, 16, 52–53, 73, 79
- insulin coma  
 use in psychosis treatment, 27
- insurance, 5, 64, 69, 83, 110
- International Classification of  
 Diseases. *See* ICD
- Internet, 18, 50, 72
- internist, 9, 14
- interpersonal therapy (IPT), 86
- intuition, 9–10
- Ioannidis, John, 9, 14, 101
- Journal of the American  
 Medical Association*,  
 (JAMA), 71
- journals, 6, 10, 12–14, 19, 26,  
 71, 73, 102–103, 106, 111  
 high rejection rate, 13  
 “just around the corner”  
 thinking, 1, 5, 35
- Kahneman, D, 10
- key opinion leaders, 72, 87
- Kirsch, I, 74
- Kleinman, Arthur, 52
- Koch, R, 11
- Korea, 29
- Kraepelin, Emil, 21, 46, 55, 64,  
 91  
 critique of psychoanalysis,  
 23
- lack of focus, 57, 78–79
- Laing, RD, 6, 41
- lamotrigine, 77
- The Lancet*, 27, 52, 74
- lawsuits, 28, 53
- Lehmann, Heinz, 29
- Leucht, S, 20
- life problems, 58, 62, 75
- life situation, 67
- Lilienfeld, Scott, 38
- Linehan, Marsha, 38, 61, 89
- listening  
 empathic, 4, 26, 82–83
- lithium, 43–44, 55, 66, 72, 75,  
 77, 99
- McCauley, KE, 96
- MacDonald, William, 20
- McGill University, Montreal  
 Cameron scandal, 28
- Mackay, Charles  
*Extraordinary Popular  
 Delusions and the  
 Madness of Crowds*, 8
- McKinney, WT, 52
- McMaster University, 103
- Mahoney, MJ, 10
- maintenance therapy, 79–80,  
 107
- major depression, 62, 75, 80  
 concept creep, 75  
 diagnosis, 51–55, 63  
 paradigmatic example of  
 problems of psychiatric  
 diagnosis, 54
- The Manchurian Candidate*, 29
- manic depression, 44  
 name change to “bipolar  
 disorder,” 55
- marketing, 84, 86–87
- Marxism, 23, 41, 95
- Mason, S, 91
- mastectomy, 16–17
- Matthew effect, 84
- media, 28–29, 49, 59, 92
- medical fads  
 historical context, 15  
 medication adjustment cult,  
 79–80
- medicine  
 diagnostic fads, 15–16  
 history of, 1  
 non-linear progress, 1
- medicine and science, 13–15
- melancholia, 27, 52–54, 56, 61,  
 72, 75
- melancholic depression, 49,  
 69, 73
- meme (Dawkins), 9
- Menninger Clinic, Texas, 26
- mental disorders, 3–5, 16, 18,  
 21, 26, 29, 31–34, 38–40,  
 48, 51, 62, 69, 79–80, 94,  
 110  
 uncertain causes, 45, 94  
 etiology, 7  
 ignorance about, 51, 101  
 separation from  
 “normality,” 64–65  
 social factors, 41
- mental health care, 24  
 mess, USA, 37
- mental health services  
 critical portrait, 109–112
- mental hospitals, 4, 6, 17, 21,  
 26, 29, 66
- mental illness, 6  
 regarded as a mystery, 1  
 most forms with unknown  
 causes, 22  
 origins poorly understood,  
 20
- Mesmer, Franz Anton, 22, 88
- meta-analyses, 2, 11, 20, 74,  
 82, 85, 97, 101–105
- methylphenidate, 78
- Midtown Manhattan Study, 64
- mind, 4, 11, 25, 33
- mind and brain, 5, 32
- missing heritability, 34
- modafinil, 78
- Moffitt, TE, 57, 96
- Moncrieff, Joanna, 95
- Moniz, Egas, 26
- monoamines, 35–36
- mood disorders, 4, 91
- mood stabilizers, 50, 55–56,  
 72, 75, 77, 107  
 fads, 76–77
- morphine, 15, 17
- multidisciplinary teams, 85,  
 107
- Multimodal Study of Children  
 with ADHD, 78
- multiple personality disorder,  
 90
- multiple sclerosis (MS), 18
- multivariate analyses, 12, 42
- myalgic encephalopathy (ME),  
 16
- National Comorbidity  
 Surveys, USA, 57, 62–63
- National Health Service  
 (NHS), UK, 6, 83, 87, 110

- National Institute for Health and Care Excellence (NICE), UK, 14, 68, 75, 77–78, 92, 103–104, 113
- National Institute of Mental Health (NIMH), USA, 5, 37, 48, 65, 106
- nature–nurture problem, 31
- neo-Kraepelinian psychiatry, 24, 26, 64
- neural networks, 4, 27, 32–33, 36, 80
- neurochemistry, 33, 80
- neuroimaging fallacies, 36
- neuroscience, 1, 23, 25, 45–46, 67, 95, 112
- as dominant force in psychiatry, 4
- as problematic area, 5
- still in its infancy, 4
- unfulfilled promises, 5
- neuroscience research, 66, 69
- neurosis, 22, 74
- neurosurgery, 26–27
- neuroticism, 40, 48, 60, 74
- neurotransmitters, 51
- definition, 35
- fallacies, 35–36
- New York Times*, 88
- New Zealand, 57
- norepinephrine, 35, 51
- normality versus pathology boundary, 62–63
- North America, 3, 14, 49, 56, 69, 81, 83, 118
- obsessive–compulsive disorder, 27
- optogenetics, 36
- Osler, William, 21–22, 28
- Principles and Practice of Medicine* (1892), 15
- overdiagnosis, 49–50, 75
- overprescription problems, 69–70
- Oxford University, 103
- panic attacks, 63, 68, 75
- Paris, Joel,
- book on bipolar disorder, 55
- books about psychoanalysis, 23
- Canadian government committee grant proposals, 37
- commitment to empirical perspective, 2
- critic of contemporary practice, 1
- critique of reductionism, 33
- facile attributions game in early career, 39
- gene–environment interplay, 32
- impressions of drug efficacy, 66
- journal editor, 10–11, 101, 103
- mode of practice, 38
- motivation by scientific caution, 6
- objection to *routine* use of multiple antidepressants, 70
- opening of BPD clinics, 82
- outlook, 2
- perspectives on psychiatry over time, 1
- preference for established drugs, 70
- psychotherapy practice, view on, 82
- publications, 127
- questioning approach, 1
- rejection of psychoanalytic paradigm of adult problems rooted in childhood experiences, 25
- second career as researcher, 3, 42, 89
- seminar for psychiatric residents, 105
- struggle against orthodoxies, 32
- student years, 24, 27–28, 41, 43, 66–67, 95
- subspecialty (personality disorders), 38
- training focused on psychotherapy, 81
- training in psychiatry, 24, 28
- work with BPD patients, 31
- Parker, G, 52
- pathogenesis, 21, 43, 100
- patience
- need for, 105–106
- patient advocacy, 18
- patternicity, 11
- peer review, 10–11, 13–14, 71, 101, 108
- Penfield, Wilder, 28
- perphenazine, 73
- personality disorders, 2, 18, 30, 38, 46, 50, 55, 62, 74, 77, 81, 83, 89, 91, 98, 104
- dimensionalizing diagnosis, 47
- DSM versus ICD, 47
- Peters, D, 10
- pharmaceutical industry, 18, 36, 66–68, 74, 111–112
- direct-to-consumer advertising, 49
- role, 70–72
- pharmacology
- drugs that do the same thing, 38
- groupthink, 15
- mood stabilizer fads, 76–77
- pharmacopeia, 15, 72
- physicians, 11, 13–15, 18–19, 57, 63, 68, 70, 105
- placebo effect, 11, 14, 17, 27, 53, 74, 79, 111
- power, 67–69
- Planck, Max, 8
- PLoS Medicine*, 101
- PLoS One*, 102
- polygenic risk score (PRS), 5, 34
- polypharmacy, 5, 70, 75, 80
- post hoc, ergo propter hoc, 11, 40, 68, 76, 79
- post-traumatic stress disorder (PTSD), 11, 39, 47, 50, 88
- diagnostic fad, 59–61
- DSM-5, 59
- key feature, 89–90
- trauma as necessary but not sufficient condition, 39
- preconceived ideas, 9–10
- Pressman, Jack, 26
- prevention, 94–100
- future of, 100
- primary care, 2, 16, 47, 64, 75–76, 85, 107, 109–111
- primary prevention, 41, 94–96, 98
- profits, 18–19, 71–72, 82, 87
- pseudoscience, 24, 69, 81
- psychiatric genetics fallacies, 33–35
- psychiatrists
- patience needed for next few decades, 49

- psychiatry  
 concentration on the art of the possible, 111  
 in the early twentieth century, 20–22  
 engrossing career, 1  
 fads past and present, 20–30  
 fads in the mainstream, 1  
 falling for simple and dangerous answers, 29  
 forced to target symptoms, ix  
 greater humility needed in the face of complexity, 2, ix  
 ideology of, 112  
 independence from neurology, 21  
 problems in establishing causality, 99  
 return to medical roots, 4  
 thin knowledge base, 3  
 two cultures, 31–32  
 valid theory absent, ix
- psychoanalysis, 3, 81  
 basic paradigm, 25  
 central idea, 39  
 as cult, 25  
 decline, 23, 26  
 durability, 25  
 enduring lure, 24  
 explaining everything but accounting for little, 32  
 fad, 22–26, 82  
 greatest success in the USA, 23  
 legacy, 4  
 niche, 22  
 reasons for influence, 23  
 survival as a “remnant,” 26
- psychoanalysts  
 explanations for failures, 24
- psychoanalytic therapy today, 82
- psychodynamic psychotherapy, 3, 81
- psychology  
 demand for psychometric precision, 23  
 fads and fallacies, 38
- psychopathology, 4, 12, 22, 31, 35, 38, 48, 60  
 developmental, 25
- psychopharmacology, 1, 4, 6, 23, 25, 27, 29, 106, 111  
 antidepressant fads, 73–76  
 antipsychotic fads, 73
- cult of medication  
 adjustment, 79–80
- dominant force in modern psychiatry, 67
- fads, 66–80
- golden age in the 1960s, 4
- overprescription problems, 69–70
- pharmaceutical industry, 70–72
- power of placebo, 67–69
- practice, 67
- prescriptions without end, 80
- problems, 67
- stimulant fads, 77–79
- triumph and tragedy, 66–67
- psychosis, 6, 12, 21  
 medical management as most inspiring moment, 4  
 refractory, 26
- psychosocial psychiatry, 110
- psychosocial stressors, 16, 60, 63, 110
- psychosurgery, 22, 26–27  
 fad, 22
- psychotherapy, 1, 3, 6, 12, 23, 53, 69, 76, 81–93  
 as complex procedure that cannot be fully mastered, 87  
 decline, 67  
 effects that are more durable, 74  
 evidence based, 86  
 fads, 87  
 guru tradition, 87  
 hopes for a comeback, 4  
 hundreds of brands, 83  
 insufficient psychiatrists to undertake it, 110  
 marginalization as problematic area, 5  
 need for regulation, 83  
 placebo or not, 84  
 proliferation of brands and prospect of integration, 86–87  
 quality not monitored adequately, 110  
 recovered memories (malignant fad), 88–92  
 research, 83–85  
 self-esteem fad, 92–93  
 variety of theories, 38
- PTSD. *See* post-traumatic stress disorder
- puberty, 56–57
- public health, 14, 37, 62, 73, 97
- published studies  
 caution about generalizing, 3
- quetiapine, 73
- randomized controlled trials, 17, 29, 103–104
- rape, 40, 60
- real world, 12, 30, 106, 109  
 multivariate, 42
- recovered memories, 39, 88  
 malignant psychotherapy fad, 88–92
- Redlich, Frederick, 31
- reductionism, 5, 12, 35  
 crucial problem, 33  
 definition, 32
- replicability, 8, 14, 103
- replication crisis, 9, 101–102
- Research Domain Criteria (RDoC), 37, 48
- research literature, 3–4, 25, 39, 57, 66, 78, 82, 101  
 suicide prevention, 98
- resilience, 39, 42
- Ritchie, S, 101
- Rosenhan, D, 6
- Royal College of Psychiatrists, UK, 98
- Rush, Benjamin, 15
- Rutter, Michael, 25, 32
- sadness, 52, 54–55, 75
- sample size, 14, 42, 85, 102–103
- schizophrenia, 27, 30, 35, 37, 44, 49–50, 61, 63, 65, 72–73, 86, 97, 99  
 genetic basis, 12
- science, 104–105  
 hypothesis testing, 101  
 medicine and, 13–15
- Science*, 6, 52
- scientific caution, 8
- scientific papers  
 challenging current paradigms, 10
- scientific worldview, 7
- Scientology, 8, 92
- secondary prevention, 96–97  
 definition, 96

	Index	139
self-esteem fad, 92–93		
self-report questionnaires, 50		
Sequenced Treatment		
Alternatives to Relieve		
Depression (STAR*D)		
study, 69, 75, 106		
serotonin, 35, 51, 68		
severe depression, 27, 30, 66,		
68, 75		
antidepressants as essential		
treatment, 69		
drugs better than placebo,		
74		
Shapiro, Francine, 87		
Shermer, M, 11		
short-term interventions, 85,		
111		
side effects, 70, 72–73, 75, 79,		
107, 109		
smallpox vaccination, 100		
Snow, CP, 31		
social justice, 6, 41		
social psychiatry, 41, 95		
social risk		
fallacies, 41–42		
social stressors, 41, 95		
social workers, 81, 110		
soft bipolarity, 56		
somatic symptom disorders,		
16		
South Korea, 59		
Spiegel, D, 91		
Spiegel, H, 91		
Spitzer, Robert, 24		
SSRIs, 35, 68, 71, 74		
statistics, 12–13, 42, 101–102		
stepped care, 85		
stigma, 28, 41, 46, 59, 62, 110		
stimulant fads, 77–79		
Stirling County Study, 64		
stressors, 2, 34–35, 40, 54, 60,		
63, 76		
substance abuse, 30, 38, 50, 55,		
62, 83		
suicidality, 31, 47, 82		
suicide prevention		
problems, 97–100		
suicide rates, 99		
suicide risk assessment, 98–99		
surgical fads, 16–17		
surgical procedures, 17, 21, 27		
syndromes, 45–46, 53, 63, 67		
definition, 45, 65		
Szasz, Thomas, 6		
talking therapy, 5, 30–31, 69,		
73, 82, 84, 86, 93		
Tavistock Clinic, London, 25		
test of time, 8, 15, 65		
textbooks, 15, 21, 106		
<i>Three Faces of Eve</i> (1992), 91		
<i>Time Magazine</i> , 14		
transcranial magnetic		
stimulation, 94		
transdiagnostic perspective,		
44–45		
treatment, 1		
fads, 29		
length, 3		
research, 30		
treatment-resistant patients,		
56, 76, 94, 110–111		
Tremblay, Richard, 96		
Treponema pallidum, 20		
Turecki, G, 99		
Twenge, JM, 92		
twins, 34		
Tyrer, P, 7, 47, 104		
unhappiness, 50, 52, 54, 63,		
75–76		
versus mental illness, 63		
UK, 3, 14, 77, 81, 83, 92, 98,		
110		
“DSM-free zone”, 47		
natural gas composition		
for suicide prevention,		
98		
USA, 5, 23, 53, 62, 69, 81, 92,		
106, 110		
ADHD (prevalence), 58		
domination in most areas of		
science, 47		
psychonalysis, peak of		
hegemony, 24		
vaccines, 14, 18, 94, 100		
Valenstein, ES, 26		
van der Kolk, B, 88		
Veterans Affairs system, USA,		
70		
viral infection,		
12, 16, 52–53		
vortioxetine, 71		
Wakefield, Andrew,		
18, 52, 75		
Westen, D, 104		
Whitaker, R, 6		
Wilbur, C, 91		
women, 53, 62, 75, 90		
World Health Organization,		
46		
World Psychiatric		
Association, 28		
first meeting, 28		
Zimmerman, Mark, 49		