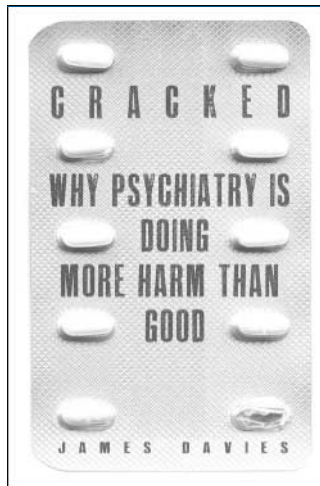


Book reviews

Edited by Allan Beveridge, Femi Oyeboode
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Cracked: Why Psychiatry is Doing More Harm Than Good

By James Davies.
Icon Books, 2013.
£10.99 (pb), 320 pp.
ISBN: 9781848315563

Psychiatry has problems. Our diagnoses may be reliable but they are far from valid. More and more people are being diagnosed from an ever-expanding compendium of conditions. We are prescribing pills in ever-increasing numbers to treat problems of living. The medications we use are little better than placebos and are more toxic than we acknowledge. We peddle neurobiological explanations of the disorders we diagnose without these having any real scientific basis. We only pay lip service to psychosocial factors. We take money and other inducements from pharmaceutical companies and are beguiled by their sophisticated marketing strategies. Through our exuberance we have contributed to the medicalisation of everyday life and the virtual abandonment of traditional societal approaches to human distress.

At least, that is how psychiatry appears through the lens of James Davies in his new book, *Cracked: Why Psychiatry is Doing More Harm Than Good*. Davies neatly summarises the arguments made in a series of recent books by Irving Kirsch, Robert Whittaker, David Healy, Daniel Carlat, Allen Frances, Ben Goldacre and others. He includes interviews with key figures, such as DSM-III psychiatrist Robert Spitzer; Royal College of Psychiatrists' president, Sue Bailey; US Congress member, Chuck Grassley; and a variety of critical psychiatrists. He even claims the final interview with Thomas Szasz before his recent death.

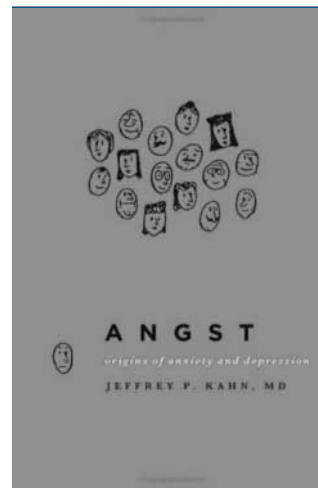
Although there is much truth in Davies' claims, there is also much that he leaves out: for example, there is no mention of the millions internationally who are deprived of highly effective treatments for severe mental illnesses. The excesses of other branches of medicine or of other professional groups are ignored. There is little acknowledgement of the legitimacy and importance of neurobiological research into disorders of the mind. The most interesting chapter for me was that on psychiatric imperialism, where Davies reflects on medical historian Edward Shorter's work on the shifting manifestations of emotional distress over time and across cultures and examines the efforts of the pharmaceutical industry to shape these expressions in order to sell more drugs.

I found the experience of reading the book to be rather like listening to a pharmaceutical sales representative trying to persuade me of the merits of their product: colourful but replete with distorted evidence, hyperbole, simplistic arguments and anecdotes to support their claims. The tone is moralistic and

the language unnecessarily emotive: '[ECT] involves inducing severe seizures in depressed patients by administering intense electric shocks to the brain' (emphasis mine). There are also many inaccuracies, for instance: 'About 1 million people in the US had been lobotomised by the 1970s'. Davies presents himself travelling around the world, gawping as one psychiatrist after another admits to him that there are no tests for psychiatric diagnoses or other such shocking revelations. If this line in rhetoric is to your fancy, perhaps this is the book for you, but if you want a more nuanced critique of the problems facing psychiatry, I would recommend another very recent book: Tom Burns' *Our Necessary Shadow: The Nature and Meaning of Psychiatry*.

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Angst: Origins of Anxiety and Depression

By Jeffrey P. Kahn.
Oxford University Press USA. 2012.
£22.99 (hb). 320 pp.
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Humans are born with a set of five social instincts that vary in intensity across the population; add to this consciousness (that also varies) as well as civilisation (culture) and the historical use of alcohol, and you have the makings of a theoretical framework that explains the most common forms of clinical anxiety and depression. This is the core contention of Jeffrey Kahn in this book.

Although the book is written in the style of popular science, it is, in fact, an innovative and scholarly work that deserves to be studied by mental health specialists. Kahn places his arguments and hypotheses within the broader evolutionary and historical context. His thesis is that five of the most common psychiatric disorders can be related to the five 'social instincts' underlying the 'Big Five' personality factors. The book's structure follows the same line, with a chapter devoted to discussing each of these disorders: panic anxiety which kept us close to the group; social anxiety which kept us in our place within the social hierarchy; obsessive-compulsive disorder that helped us live safely within the group; atypical depression that kept us well behaved for a cooperative group; melancholic depression that stopped us from using resources when no longer useful to the group; and finally, consciousness that kept us responsive to group members and the environment. Kahn presents a plausible and insightful model for the roots of these disorders in the evolved social instincts. Some are existing hypotheses and others are new or modified by the author. However, the overall model and the way it has been put together are new. The model has good face validity and gives

rise to testable predictions that can be answered by future research. What is not clear, however, is the process the author believes to be implicated in these disorders. Is it 'mismatch' between the design of the instincts and the current human environment, or is it 'trade off' between the advantages of having an evolved functional system on average but which dysfunctions at the extremes of the trait? There are hints by the author that one or other of these processes may be at play in the various disorders but these issues are not explicitly discussed.

The insights into the nature of atypical depression are particularly illuminating. The author makes a sharp distinction between atypical depression and melancholia and puts forward a sound case for considering these as entirely separate conditions that arise from distinct evolved brain systems (instincts). This is in contrast with conventional classifications (both DSM and ICD) that place most depressions within the same diagnostic groupings. The author rightly points out that such practice can and does lead to invalid research findings regarding aetiology and treatment.

In contrast to the easy flow of the anxiety and depression chapters, the chapters on consciousness and schizophrenia are less lucid. For example, the discussion of the emergence and function of human consciousness seems to take place in the abstract rather than relating to what we know about human evolutionary history and the human environment of evolutionary adaptedness. Also, despite the empirical evidence that Kahn presents in support of his thesis that schizophrenia can be classified along the same lines of the five social instincts combined with the effects of reduced consciousness (e.g. through hypofrontality), the arguments in favour of his model are less compelling. Nevertheless, the author does present some novel and testable hypotheses such as his contention that Schneiderian first-rank symptoms are related to the socially phobic variant of schizophrenia.

The fascinating story of the role of alcohol as the 'great leveller' of social hierarchies over many millennia of human history is told with both its positive effects in ameliorating the negative effects of social instincts and its well-known harmful effects highlighted.

Also, the author draws attention to a little-known and intriguing observation that all known alcohol-free societies are (or have been) polygamous as males in these societies tend to have more rigid hierarchies resulting in sharper disparities in access to mates. In contrast, monogamy prevails when alcohol is socially permitted.

The book contains other astute observations and suggestions. One such is taken from Darwin, who observed that most domesticated animals have floppy ears, in contrast with animals in the wild, which have erect ears. This suggests a biological link between floppy ears and lowered fears. Clearly, humans do not have floppy ears, which is consistent with the author's observation of the high levels of human angst compared with our primate cousins. Another interesting idea is that premenstrual dysphoric disorder (PMDD) may be the biological remnant in human females of the 'oestrus' phenomenon that exists in mammals but not in humans.

The author eschews much of the modern terminology of evolutionary psychology and psychiatry, such as adaptations and behavioural strategies, in favour of the more archaic 'instincts'; neither does he mention other key concepts, such as kin selection, in relation to his formulations. The omission of kin selection is particularly pertinent to the discussion of melancholia which, other authors have argued, is a form of altruism towards kin rather than being 'for the good of the group'.

However, these observations aside, this book makes a powerful case for a scientific approach to psychiatry firmly based within the framework of evolutionary theory. This contrasts sharply with the current atheoretical approach of psychiatry that has given birth to ever-enlarging compendia of disorders without any common thread or any chance of improving our understanding of the origin of our uniquely human angst.

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