

*“All truth passes through three stages:
First, it is ridiculed;
Second, it is violently opposed;
Third, it is accepted as being self-evident.”*¹
— *Arthur Schopenhauer*
German philosopher

PREFACE

Tom Cruise’s appearance on the “Today” show with Matt Lauer in 2005 became the topic of water cooler conversation all across America.² Though he was supposed to be promoting his newest movie, “War of the Worlds,” the conversation turned to antidepressants and whether or not depression and other mental problems are caused by a chemical imbalance in the brain. Cruise asserted,

I’m saying that drugs aren’t the answer. These drugs are very dangerous. They’re mind-altering. . . . There is no such thing as a chemical imbalance.³

The American Psychiatric Association’s president responded that Cruise’s comments were irresponsible.⁴ St. Louis psychiatrist Charles Conway declared, “I was shaking my head in disbelief. . . . It’s safe to say that we know that metabolic changes in the brain are present for all major mental illnesses.”⁵

Harvard psychiatrist Joseph Coyle responded by defending the role of genes, an essential component of the chemical imbalance view. “Scientists have identified some genes that clearly play a role in causing

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mental illnesses such as depression.”⁶ A psychiatrist at Washington University in St. Louis defended the traditional view as well while pointing to the influence of both genes and two environmental factors—influenza and oxygen deprivation.

Babies who suffer low oxygen to the brain during birth are more likely to develop schizophrenia. Children of mothers who got the flu in the second trimester of pregnancy also have a greater risk of getting schizophrenia.⁷

Few psychiatrists came to Cruise’s defense. Perhaps his association with the Church of Scientology caused psychiatrists to be standoffish, but the reality is that most psychiatrists are fully convinced that mental problems are caused by chemical imbalances and that there is a strong genetic influence behind these disorders. Put the views of a Hollywood actor next to the declarations of the American Psychiatric Association as well as several psychiatrists involved in scientific research, and deciding which side is right would seem to be easy. The psychiatrists appear to win hands down. But they don’t. Cruise was right.

I have been a psychology professor for most of my adult life. What I have long believed is that the single most important skill college students should receive from their education is the ability to read and critique research. Unfortunately, most college graduates have never taken a single research design course. They do not know how to evaluate the research they read. They cannot accurately assess whether a study is of high quality and its findings and conclusions are valid or whether the study’s findings and conclusions are completely invalid distortions of truth. They are not aware of how much research is funded by those with a financial interest in a positive outcome. Neither are most physicians aware. They may have been highly trained and be very knowledgeable about a host of issues, but few know how to evaluate research studies. Thus we have a nation where even our college-educated populace can be easily fooled. And they have been.

What Is True?

Truth should never be decided by a vote, by massive multi-million dollar advertising campaigns or by antidepressant drug studies designed and paid for by drug manufacturers. Truth should be decided by an honest, objective assessment of the evidence and by logic. It is not enough to say “I’m right” or “I’m right, and peer-reviewed research found in medical journals proves it.” You need to have exact references to the facts which are used to support arguments and conclusions. This book contains over 1,800 references to some of the best of the scientific research. I have sought to present this research using plain and simple language so that it can be clearly understood by those without a research background. But to be convinced, you will have to possess good logical thinking skills as well. For example, see if the following facts and associated questions related to the chemical imbalance theory of depression and the use of antidepressants cause you at least to suspect that something might be wrong with psychiatry’s approach to treating depression today.

(1) A study by the National Institute of Mental Health of 18,244 Americans found that among those born before 1905, only 1% had a major depression by age 75. However, younger generations who have had the “benefits” of antidepressants are much more likely to experience a major depression—6% of those born since 1955 having at least one episode by age 25.⁸ These facts are not intended to suggest that antidepressants are responsible for the huge increases in depression. But ask yourself this question: Is it reasonable to believe that we would have such dramatic increases if depression is primarily due to a chemical imbalance?

(2) Women, who are much more likely to be given antidepressant prescriptions than men, experience approximately twice as much major depression as men.⁹ Are we to believe that women’s minds are weaker than men’s minds—that is, more prone to develop a chemical imbalance—or that if it were not for antidepressants the disparity between women and men would be even greater? Consider the next related fact before giving an answer.

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(3) There is huge variation in the amount of depression among the world's countries. Adults in Taiwan and Korea, where antidepressants are rarely used, have very low rates of major depression. Adults in America, Canada and France, where antidepressants are commonly prescribed, have much higher rates.¹⁰ Are western people born inherently inferior to Asian people mentally; that is, more prone to develop a mental disease?

(4) In 1950, when no antidepressants existed,¹¹ the suicide rates for children and young people were less than half the rates for those same age groups in 2000 despite dramatic growth in antidepressant use among America's youth.¹² In 1950 suicide among the elderly, the age group which is the least likely to use antidepressants, was double today's rate.¹³ Someone might argue that the reduction in suicide among the aged can be credited to antidepressants, but are we then to assume that if antidepressants had not been developed and prescribed to children, their increase in suicide would have been even greater?

These facts do not prove that antidepressants cause depression or suicide since correlational studies can never prove antidepressants cause these problems (see Box #P-1, It's So Easy To Be Fooled). However, the fact that growing antidepressant use and increases in depression so often go together should make us at least wonder whether or not antidepressants are really capable of improving mental health.

(5) In 1987 the German equivalent of America's Food and Drug Administration refused to allow Prozac (the only antidepressant drug approved for use by children in America) to be marketed in Germany when studies revealed three times as many suicides among study participants as among those on a placebo.¹⁴ Their studies were particularly disconcerting because, unlike correlational studies which can lead to false conclusions, the Germans used an experimental design. If antidepressants correct the chemical imbalance, why would there be more suicide among those on these drugs?

BOX #P-1

It's So Easy To Be Fooled

How certain can you be? See how many items you can honestly answer with either a "1" or a "5."

Fact 1: Those who were given Flintstones Vitamins as children are more likely to divorce as adults than those not given Flintstones Vitamins.

Certain It's True 1 2 3 4 5 Certain It's Not True

Fact 2: Foot size is related to knowledge.

Certain It's True 1 2 3 4 5 Certain It's Not True

Fact 3: Those who grew up eating oatmeal are more likely to develop cancer this year than those who grew up eating Sugar Frosted Flakes.

Certain It's True 1 2 3 4 5 Certain It's Not True

Fact 4: Those who grew up eating broccoli, asparagus, and cauliflower are less likely to commit violent crimes than those who did not eat those vegetables when they were young.

Certain It's True 1 2 3 4 5 Certain It's Not True

Do not be insulted even if you are wrong on every item. These are tricky. I will tell you which are true and even explain why in the box on the next page, but, before you turn there, I would challenge you to examine that list again, use your best thinking skills and seek to be certain about which items are true and which are false.

The Bigger Issue

In 2004, following several published studies which found that antidepressants might be increasing suicide among America's children, Congress initiated hearings. I was pleased Congress chose to begin investigating. However, the suicide link is but a small part of a problem which has damaged or destroyed lives beyond number in America and elsewhere. Today Americans have generally become convinced that antidepressants, even if

BOX #P-2

“It’s So Easy To Be Fooled” Answers

Here are the answers for Box #P-1: Fact 1 is true as are Facts 2–4. Really! The “why” can be very difficult to see until you hear the explanation (at which point each will likely seem obvious).

Explanation for Fact 1: Flintstones Vitamins did not exist prior to the 1960s. (The Flintstones television show debuted in 1960.^{1*}) Earlier generations who did not take Flintstones Vitamins (because they did not exist when they were young) have lower divorce rates than more recent generations.

Explanation for Fact 2: One-year-olds have very small feet and very little knowledge. Two-year-olds have larger feet and more knowledge. Ten-year-olds know much more and have much larger feet than babies. Get it? Even if all adults are considered, there are enough babies and children in the world to make the fact true.

Explanation for Fact 3: The number one predictor of cancer is age.² Those in their 80s and 90s who commonly get cancer grew up eating oatmeal, not Sugar Frosted Flakes. That cereal was not marketed until 1952.³

Explanation for Fact 4: Poor children are less likely to receive a diet that includes fresh vegetables. Poor children are also more likely to commit violent crime as they grow older.⁴

The point? Even “obvious” answers are often wrong. I keep a file labeled “Research Errors” which is filled with scientific research studies that we later came to realize were erroneous. What do all these studies have in common? Nearly all are correlational studies. Most of the research that has ever been published is correlational research—a research design that fools the public and the researcher, oh, so easily. The far better design which will be discussed in Chapter 1 is what is called a randomized, placebo-controlled trial or RCT. Before you finish this book you will have a great appreciation for the importance of using an RCT research design.

*Endnotes for references inside boxes begin on p. 407.

they do not prove to be effective for children, are clearly effective for adults. And today these mind drugs are taken by adults and children for every imaginable mental problem—anxiety, compulsive behavior, anger, fear, PMS, shyness and even lying.

When a concerned mother wrote “Dear Abby” about her son’s habitual lying, her questions clearly indicated that she had been successfully indoctrinated. She wondered if lying was not simply just lying but was perhaps a psychological “condition” caused by a chemical imbalance that could be fixed with a pill.

Please check with your resources and tell me if there is such a condition as habitual lying. Can it be cured? Is it hereditary? Can it be overcome with age and maturity? I have heard there is such a condition and that medication is available. Is this true?¹⁵

Unfortunately, “Dear Abby” has also been indoctrinated. Instead of saying “Of course, it is not hereditary,” she responded that “the trait is not necessarily inherited.” She then suggested psychotherapy (an unfortunate bit of advice) and added, “I have been told that anti-depressants are somewhat effective, but the cure is psychotherapy.”¹⁶ If “Dear Abby” is right, then most young boys in America could be helped by antidepressants (and fully cured with psychotherapy) since most young boys are not always truthful.

Because it is increasingly believed that mental and even behavioral problems originate in chemical imbalances in the brain and that drugs can improve this chemical imbalance, receiving a prescription for these problems seems reasonable. Questions such as “How helpful are these drugs?”, “Are there any long-term health consequences?” and “Do these drugs ever make things worse?” are seldom asked. Those who do ask are nearly always given answers that are wrong. I am convinced most of those answering the questions (physicians) are not purposefully intent on deceiving anyone. It is instead a matter of a nation having come to believe ideas which simply are not true. That is a bold statement, but, using some simple logic again, consider this next set of facts concerning antipsychotics and see if you find them surprising.

(1) Those who develop schizophrenia (that is, lose touch with reality) in many third world countries (India, Nigeria and Colombia) which have

BOX #P-3

Schizophrenia Defined

In the past a person with what we term “schizophrenia” today was said to have “gone mad,” “lost his mind” or become crazy, demented, disturbed, unbalanced, unhinged or brainsick. In simple terms, those words and phrases described someone who was not thinking clearly, had illogical ideas (false delusions), was seeing or hearing things that were not actually there, was acting in bizarre ways, had very flat or extreme emotions, was speaking in ways that did not make sense or was just mumbling—someone who, in a nutshell, had lost touch with reality.

The condition has always existed though the term “schizophrenia” was not coined until 1911¹ and, unfortunately, the word’s literal meaning implies a “multiple personality” condition, not the word’s definition. Of course, terms can have both practical common usage meanings and technical definitions. The technical definition comes from the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed., and reads as follows:

Schizophrenia is a disorder that lasts for at least 6 months and includes at least 1 month of active-phase symptoms (i.e. two [or more] of the following: delusions, hallucinations, disorganized speech, grossly disorganized or catatonic behavior, negative symptoms).²

less access to antipsychotic drugs have much higher recovery rates than do those in the United States and other wealthy nations who are prescribed these drugs.¹⁷

(2) Schizophrenics in America and in other developed countries (high antipsychotic drug-use nations) are nearly twice as likely to receive a “worst possible outcome” diagnosis upon follow-up, compared with those who are diagnosed with schizophrenia in less developed nations.¹⁸

(3) Those given antipsychotics have much higher, not lower, relapse rates than those never given these drugs.¹⁹

(4) Those on antipsychotics put themselves at risk for numerous health problems, permanent brain damage and early death.²⁰

(5) Two hundred years ago, long before antipsychotics were invented, when someone lost his or her mind and was sent to a moral treatment center

or state hospital practicing moral treatment, he or she was much more likely to recover than are Americans who lose their minds today.²¹

If you are a person possessing even an average measure of critical thinking skills or even an average ability to think logically, then these facts will likely surprise you and should concern you. After all, the primary treatment strategy for dealing with mental disorders today is to prescribe medication.

We as a nation have come to believe mind drugs, whether antidepressants or antipsychotics, are highly effective in treating the chemical imbalances which nearly everyone now believes are the cause of mental problems. And it has been our faith in drugs that has taken our eyes off what does work. That may be the greatest danger of all for mind drugs. This is what *America Fooled* is all about.

A Brief Overview

This book is divided into three parts. Part 1 is focused primarily on antidepressants, their effectiveness, their side effects and how America has come to believe that chemical imbalances are responsible for depression and other mental problems. Part 2 deals with the various approaches used throughout our history to treat more serious mental problems including the use of antipsychotics, the side effects of antipsychotics and the real reasons people sometimes lose their minds. This is an important part of the book as the story of antidepressants cannot be fully understood without knowing the story of antipsychotics. Part 3 discusses what I call the Continuum Model of mental health and how good mental health can be achieved.

The book also contains 59 boxes which provide additional information to increase your insight and understanding. I do not want you to “just read” this book any more than I have ever wanted my students to “just listen” to my lectures. I want you to make applications and have experiences related to our topic that, hopefully, you will long remember. Thus, some of the boxes require your involvement. If you actually sought to determine with

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some degree of certainty which of the four “It’s So Easy To Be Fooled” facts were true, it was a more profitable experience for you than if you had only read over the facts, the answers and the explanations quickly. Sometimes I will ask you to discover a truth on your own. If you have access to a computer, you can discover for yourself that many of the published antidepressant drug studies are conducted by the very pharmaceutical companies who own the drugs (see Box #7–2, Investigation: How Much Research *Is* Published by the Drug Companies?) or you can experience how drug studies are “authored” by researchers who likely never even saw their article before it was published (see Box #6–1, Guess How Many Authors Wrote This Article). These experiences are enriching, and I hope you will take advantage of them. Please notice that these boxes have their own endnote section beginning on p. 407.

It was the realization that the kind of information I have been sharing in this preface is unknown to most physicians and to most of the public that led me to write this book. I am delighted you are reading it. As I have told my students, I need helpers. I need helpers willing to learn and then willing to share their discoveries with others. I have no doubt that, in today’s America, your having this information can help you keep yourself, your family and your friends from being fooled.

A Personal Note to Physicians

Each semester I discover I have several students who have been prescribed antidepressants. I occasionally have students who are on antipsychotics. Typically I learn these facts after one of my lectures on depression, mind drugs or the drug approval process. The students who approach me often express anger that their physician would put them on Zoloft, Paxil or another mind drug in view of the research. I want you to know what I routinely say to these students. The following dialogue is reflective of those conversations and includes my standard response.

My response: I don't think you should get angry at your physician. She is probably very conscientious and works very hard to provide you good medical care. The blame lies not so much with individual physicians as with the drug approval system and the drug companies which today are very knowledgeable about how to design a study that is fraudulent yet capable of getting their drug approved and still be used in marketing and advertising.

Student: But my physician should never have prescribed that drug to me unless she knows it's safe!

My response: You have to remember three facts. First, the information they were taught in college and medical school, the information they receive at medical conferences and the information they are given by drug reps all say that these drugs work. Second, they are seeing patients all day long. I finish teaching my classes by 10:00 a.m. most days. I can spend hours every day reading and critiquing mind drug studies—one issue among the hundreds of issues they have to know about. And third, though physicians in private practice know a lot more than I know about hundreds of health issues, very few have a strong research design background. Most academic physicians could look at many of the studies used to promote these drugs and know very quickly they are worthless, but this is not a skill that many private practice physicians have.

This is a conversation I have every semester—over and over. I have always believed that the only reason you have routinely prescribed mind drugs is because you have genuinely believed that they help your patients. I do not believe you would have done so, any more than you would have routinely prescribed estrogen for all post-menopausal women if you had known the facts we know today. I have written this book to help educate both physicians and the public, not simply to criticize or to make money. (All profits from this first edition will be contributed to Habitat for Humanity.) I appreciate your taking the time to learn more about mind drugs.