haps, has mastered Lacanian concepts clearly!) and he has the ability to express himself in a way that will make sense to an English-speaking audience without diluting Lacan's ideas. I can highly recommend this fascinating and clinically useful book.

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It was the title of this book that made me want to read and review it for the journal. Psychiatry is learning fascinating things about depression, about the limitations of our knowledge, and about the contributions of genes and environment to depression. I hoped to learn how an erudite and thoughtful psychiatrist might put it all together. Indeed, Ghaemi does a creditable job of making his case for how to understand these issues, but he omits important recent information that undercuts his position, and rarely misses an opportunity to take a swipe at, misunderstand, or misrepresent Freud and psychoanalysis. From my work in organized psychiatry I am familiar with such swipes at psychoanalysis from those often untrained in it, though I am pleased that such swipes seem to be fading in light of emerging evidence of the efficacy of psychoanalytic treatments, but not so from Ghaemi.

Despite his swipes at psychoanalysis, Ghaemi extols the virtues of some psychoanalytic concepts without recognizing them. An example of this is in a late chapter on Leston Havens, surely a gifted clinician or "guide" as Ghaemi calls him, to whom Ghaemi properly assigns credit for emphasizing in his work with patients the importance of being able to hold simultaneously two conflicting ideas. Ghaemi fails to recognize that here Havens is speaking a basic developmental notion from psychoanalytic tolerance ambivalence, to hate, a crucial achievement and a prominent.

The book is a modernist and a rational. In Chapter 1 Ghaemi presents or other than genes goes plain the simplification, the odds considerably less that evant to this finding. It was published in the Psychiatric Polymorphism of tens of thousands for other disease. Genome environmentalized in causing to the heuristic 21st century by alleles for the least risk of depression the least risk or sity. These fine by environment
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Ghaemi extols the virtues of rizing them. An example surely a gifted clinician or mi properly assigns credit importance of being able s. Ghaemi fails to recog-
deration. In Chapter 2 Ghaemi takes on the varieties of depressive experience, recognizing helpfully that sadness, suffering, and grief are part of human life, and not the same as depression as illness. In seeking to understand depression as illness, sometimes with apparent environmental triggers, Ghaemi lays out his own perspective, quoting Aristotle as he essentially makes the case that correlation and causation are not the same. By page 19 he reaches the conclusion that “A prime feature of the genetics of depression, rarely emphasized, is that it proves Freud wrong.”

This bold assertion is a non sequitur that does not fit the data Ghaemi presents or other data suggesting that, although clearly heritable, more than genes goes into the causation of depression. How else can we explain the simple fact that if one of a set of identical twins has depression, the odds that the second twin will have depression are considerably less than 100%? Ghaemi’s omission of interesting learning relevant to this from one recent molecular genetic study may be because it was published after his book went to press. Genome Wide Association Study researchers (Major Depressive Disorder Working Group of the Psychiatric GWAS Consortium, 2013) have reported their failure to find any genes or even nucleotides (so-called SNPs or Single Nucleotide Polymorphisms) associated with major depressive disorder in studies of tens of thousands of people, samples large enough to find such SNPs for other diseases like some cancers, type 2 diabetes, and Crohn’s disease. Genome Wide Association Study researchers acknowledge that environmental factors may be far more important than previously realized in causing depression. However, Ghaemi also omits any reference to the heuristic implications of one of the most cited studies of the early 21st century by Caspi (Caspi et al., 2003), in which homozygous “short” alleles for the serotonin transporter promoter gene confer increased risk of depression to those with early adversity, like abuse, but also confer the least risk of depression to those without histories of early adversity. These findings have led to intense interest in epigenetics, or gene by environment interaction, and have led some molecular geneticists
(Belsky et al., 2009) to question the entire premise of genetic “vulnerability” (a premise Ghaemi adheres to) in favor of the concept of genetic “plasticity," in which the same genetic makeup (e.g., Caspi’s serotonin transporter promoter gene short alleles) may confer an increased risk of depression in the presence of early environmental adversity, but a decreased risk of depression with an early beneficial environment.

It should be noted that short alleles do not account for a large amount of the variance in who becomes depressed. This is not “the gene” for depression by any means. Studies like those of Caspi and Belsky are important for their heuristic value. They highlight assumptions we have made that may be false, like Ghaemi’s that depression is demonstrably and principally the result of genetic vulnerability. As I have argued in this journal in the past (Plakun, 2012), if emerging genetic research demonstrates that the environment is far more important than we had realized in the causation and treatment of mental disorders like depression, then psychoanalysis and Freud, far from being proven wrong, may be essential to psychiatry if it is going to make sense of environmental factors in complex, textured, and sophisticated ways.

Now this is very complex material, and Ghaemi is entitled to his opinion about how all this should best be understood, but he is not entitled to his own facts. And I question why he would present such conclusions to his readers while omitting such heuristically important molecular genetic research.

Part II is entitled “Pretenders.” In Chapter 6 Ghaemi makes an effort to debunk postmodernism, and with it, what he sees as its link to psychiatry in the form of the biopsychosocial model, which he explains as a notion that all answers are right so anything goes. Here Ghaemi shows his preference for simple explanations over complex ones, even if things are complex and not simple, which is what the emerging science seems to be revealing. His certainty and his categorical “this is right and that is wrong” stance, in which he repeatedly sets up false dichotomies, did not persuade this reader to give up entirely on the biopsychosocial model, postmodern perspectives, or even the DSM, which he sees as a postmodern instrument. I will give him credit for making me think, though.

In Part III, entitled “Guides,” Ghaemi speaks about mentors and colleagues who have helped shape his point of view. These include Victor Frankl, Rollo May, Elvin Semrad, Leston Havens, Paul Roazen, and Karl Jaspers. These moving, often quite personal accounts of how these thinkers influenced him, were the best part of the book. I am afraid, though, that throughout this section, for example as noted above about Havens, Ghaemi never misses a chance to misunderstand or misrep-

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understand or misrep-
resent psychoanalysis. On page 124 of the chapter on Havens, again,
for example, Ghaemi makes the sweeping claim that psychotherapies
based on the psychoanalytic tradition are wholly intellectual. Where
does Ghaemi get such an absurd idea?

Part IV, entitled “Exit,” begins with another swipe at Freud and
analysis, this time blaming Freud for confusion in the field: “Much of
our confusion about mental health (and indirectly mental illness) stems
from continued Freudian influence” (p. 153). He especially targets
Anna Freud and Erik Erikson here, and Freud’s response to a question
about what constituted mental health as “to work and to love.” The
reader is no longer surprised, given Ghaemi’s bias against psychoana-
ysis, when eight pages later William James is onto something important
when he is quoted as asserting that the fundamental choices of life are
“the three basic ones...to live, to love and to work” (italics in original, p.
168). If Freud says it, it is wrong, but if James says it, it is wisdom. Puz-

Ghaemi also has a particularly vitriolic perspective on analysis
related to Grinker’s concept of the homoclite (highly normal, highly
mediocre “just plain guys”). This is a concept that I haven’t even heard
uttered by anyone in or out of the field of psychoanalysis in over 40
years, though Ghaemi presents it as what is wrong with psychoanalytic
efforts to understand normality. Here Ghaemi misses the forest because
he is focused on a rather unimportant tree that he dislikes.

In many respects, Ghaemi sets himself apart not only from psycho-
alysis, but from much of mainstream psychiatry in his criticism of
it, for example in his disdain for the DSM and his sense that psycho-
pharmacologists tend to overprescribe. Here he is on solid ground in
his criticisms, but by criticizing in all directions, he comes across as
standing alone, while certain he has the answers. This is not the stance
I would look for in a “guide.” On balance, it would be hard to recom-
dend Ghaemi’s book as one worth reading except to get a sense of
what those of us in psychodynamic psychiatry or psychoanalysis are
up against in our efforts to look at things in complex and textured ways.

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This book contains the two “Tanner Lectures on Human Values” that Jonathan Lear gave at Harvard University, along with responses by commentators and Lear’s responses to these comments. Jonathan Lear, the philosopher (he is also a psychoanalyst), agrees with Kierkegaard and Plato that irony is fundamental to the human condition, but poorly understood. In this book, Lear tries to make clear what irony is and why it matters. One answer is that it matters because Lear conceives of it as an essential aspect of living a distinctively human life.

The title of the first lecture, “To Become Human Does Not Come That Easily,” is a quote of a comment Kierkegaard wrote in his journal in 1854. Becoming human is viewed as a task, following a philosophic tradition since Plato that argues that self-constitution is indeed an achievement.

The importance of irony is best understood when we look at Socrates’ life.

According to Kierkegaard, Socrates’ life was irony, and he writes about his own existence as really the deepest irony. What is meant by this is that neither Socrates nor Kierkegaard assumes that he knows what is right. They question, but do not know. As mentioned, Lear is interested in the affirming nature of irony. He admires Socrates’ ease at blending positive and negative aspects of ironic existence. Socrates examines everyone he meets who has a pretense of knowledge of virtue.