Almost three centuries ago, Voltaire declared that doctors “prescribe medicines of which they know little, to cure diseases of which they know less, with human beings of whom they know nothing.”

The same critique, according to Jerome Kagan, an emeritus professor at Harvard University, where he co-directed the Mind/Brain Behavior Inter-Faculty Initiative, can be applied to psychologists. The discipline has declined from a position of prominence, Kagan suggests, because psychologists rarely question the concepts and analytical methods that shape their work.

In Psychology’s Ghosts, Kagan mounts a bold, blistering and bracing root-and-branch critique of the current methods of experimentalists and clinicians.

Although biologists have long recognized that responses can result from more than one set of conditions, researchers in psychology, he argues, continue to base their conclusions on single variables rather than patterns, relying on statistical techniques (including regression analysis and co-variance) to control for – and sometimes exclude – conditions that may well be “essential to the causal sequence.” They do not often enough consider the immediate setting “in which measurements of brain, behavior or verbal replies are gathered,” concludes Kagan.

According to the author, assuming that concepts such as fear, self-regulation, well-being, security and happiness are “contextually naked,” moreover, psychologists often underestimate the influence of social class and culture.

Kagan is especially tough on psychologists’ identification and treatment of mental illnesses. He claims that a majority of psychiatrists, and many psychologists, assume, without adequate empirical evidence, that mental disorders, including anxiety and depression, are analogous to malaria or diabetes in that they reflect abnormal brain profiles produced by chemical imbalances or defective genes.

In recent years, they have replaced the broad concept of madness with a host of illnesses (schizophrenia, bipolarity, autism, ADHD), differentiated by “presenting symptoms,” largely because insurance companies demand a standard diagnostic label.

Episodes of depression lasting a month or two, provoked by illness, job loss or the death of a loved one, Kagan reminds us, are normal reactions and not mental disorders. Nagg, a character in Samuel Beckett’s play Endgame, noted, “You’re on Earth. There’s no cure for that.”
Equally important, clinicians who classify their patients as suffering from a disease invariably treat them with drugs. These days about half of Americans with a mental-health problem are treated with a pill; only 2 percent get psychotherapy; and clinicians appear to have increasingly less confidence in the therapeutic value of changing the individual’s life circumstances.

Kagan insists that no currently prescribed drug for any mental illness “is a magic bullet.” Acting like a blow on the head, drugs treat symptoms and often have side effects. For patients with moderate levels of depression and anxiety, placebos are just as effective.

Acknowledging that some drugs can be helpful for some patients, and that the baby should not be thrown out with the bathwater, Kagan nonetheless concludes that we do not know why a drug works when it does. He adds that because, in part, of the corrupting alliance between the pharmaceutical industry, physicians and therapists, drugs are now vastly over-prescribed.

Kagan paints with a broad brush. Many of his colleagues will, no doubt, find his characterizations of their discipline to be unfair and inaccurate. They may notice, as well, that Kagan himself is not immune from presenting some of his intuitions as established facts.

He claims, for example, that Americans are in “a despondent mood” because air pollution, anger, cheating, crime, debt and divorce dominate the headlines; that competitive pressure makes students less willing to offer help to classmates; that John Wilkes Booth may have felt he had a right to assassinate Abraham Lincoln because he belonged to a celebrated family of actors; and that the Japanese attacked the United States in 1941 because they felt they were a superior race, entitled to revenge for being treated as inferiors by Americans.

Nonetheless, with its detailed reassessments of well-entrenched principles (including John Bowlby’s theory that the quality of the attachment between infant and mother has a profound and enduring impact on every child’s future), *Psychology’s Ghosts* should command the interest of anyone interested in the field.

Although he is comfortable analyzing the role of endophenotypes (inherited features that predict symptoms) and with sophisticated statistical methods, Kagan is a rarity: a humanistic-social scientist, willing to challenge his fellow psychologists to read history; account for cultural (and individual) differences; know that “not everything that counts can be counted, and that not everything that can be counted, counts”; and that “ethical intrusions seep into investigations of personality and pathology.”

Most impressive of all, he is able to take as his mantra J.B.S. Haldane’s observation that “the universe is not only queerer than we suppose, but queerer than we can suppose,” without being at all deterred from returning to the lab in hot pursuit of the rejuvenation that accompanies “the re-injection of more or less directly empirical ideas.”

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