Some people ignore evidence supporting the science and practice of psychiatry—holding on instead to obsolete knowledge that is, simply, ignorance.

With its tissue a unique shade of gray, the brain is a glorious organ: Although it is only 1 of 200 types of tissue in the body, 50% of the approximately 22,000 genes in the human karyotype are dedicated to brain development.

The brain’s supremacy among all organs is readily attributable to its transcendent mind, comprising the essence of personhood in the individual. The mental functions of the mind, such as self-awareness, thinking, speaking, feeling, remembering, communicating, and deciding, are by far the most advanced traits of Homo sapiens.

The profound complexity of the brain and its mind has triggered the explosive growth of neuroscience research over the past few decades, thanks to remarkable advances in neuroimaging and molecular biology. Scientists are perpetually humbled by the divine complexity of the brain, and readily admit to ignorance about many of its functions—despite astonishing increases in knowledge they have generated about the physical brain and its avatar, the mind.

Ignorance has many faces

The incomplete understanding of brain and mind that neuroscience researchers admit to is a shade of insightful ignorance, one that fuels intense motivation to persist in exploring it to elucidate its stunning enigmas. There are, however, other shades of ignorance, especially surrounding the mind and its “mental” disorders. Several adjectives come to mind: blatant, partial, smug, inexcusable, malicious, stupid, and dangerous ignorance. When prominent persons, who have an advanced degree in their field of study, demonstrate a shocking lack of understanding of psychiatric disorders emanating from brain pathology, however, I label that disappointing ignorance.

Take David Brooks, renowned syndicated New York Times columnist whose political analysis and insights I have always enjoyed. My heart sank in dismay when, in a column earlier this year, he stated—emphatically—that psychiatry is not a “real science,” a status he does bestow on physics and biology! Brooks disparaged DSM-5 (a popular blood sport these days) and called psychiatrists “heroes of uncertainty.”

I wish this esteemed writer had stuck to one of his areas of expertise, such as politics, and abstained from remarks that betray a surprising shade of ignorance. My disappointment escalated into alarm when I considered the
millions of readers who regard him as credible and will be misled by his erroneous comments, which perpetuate ugly misconceptions about mental illness and disparage the people who seek help for a psychiatric medical disorder. Anti-psychiatry fanatics and professional detractors will be emboldened by misstatements such as “psychiatry is not a real science,” which help them spread virulent falsehoods and malicious propaganda against psychiatry.

The hazard of obsolete knowledge

Emily Dickinson said, “The truth must dazzle gradually/Or every man be blind.” The scientific truth of psychiatry is unfolding at a breathtaking pace, yet even intelligent people continue to harbor decades-old misconceptions about the mind and its disorders. Indeed, “A little learning is a dangerous thing,” as Alexander Pope asserted, especially when it is obsolete. And, whoever said, “Ignorance is bliss” was in utter denial—perhaps the worst shade of ignorance.

A ‘colossal body of scientific evidence’ informs psychiatry

There was a time when physics, Brooks’s favorite science, was in a primitive stage of knowledge and would not have qualified as “real science.” Gravity, the laws of thermodynamics, quantum physics, the theory of relativity, the structure of the atom, the astrophysics of our solar system—all these were unknown until a short historical time ago. The scientific transformation of psychiatry is even more recent because of the past challenges of studying the brain and understanding the neurobiology of its mental processes in vivo.

There exists a colossal body of elegant scientific evidence for the biological basis of mental illness and brain-behavior links. Perhaps we psychiatrists aren’t doing a good job disseminating scientific discoveries about the neuro-anatomic, neurophysiologic, neurochemical, and molecular underpinnings of perceptual, affective, thought, behavioral, and cognitive disorders.