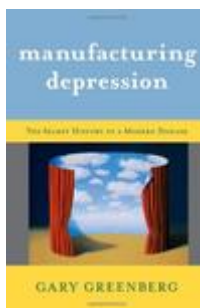


## Is It Wrong To Be Unhappy?

A review of



### **Manufacturing Depression: The Secret History of a Modern Disease**

by Gary Greenberg

New York, NY: Simon & Schuster, 2010. 448 pp. ISBN 978-1-4165-6979-4 (hardcover); ISBN 978-1-4165-7008-0 (e-book). \$27.00



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Reviewed by

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Psychotherapist and medical science writer Gary Greenberg keeps the tone light, even witty, as he weaves the story of his own lifelong struggle with depression around a compact psychiatric and psychological history from Hippocrates to Prozac. His goal for *Manufacturing Depression: The Secret History of a Modern Disease* is “to provide you with another tool to figure out what to do if recalcitrant sadness sets in and sends you to your doctor’s office” (p. 23).

Greenberg has a strong opinion about depression: Except for extreme psychotic cases, he insists that depression is not a disease, is not explained by biology, and does not need to be cured, by drugs or anything else. Greenberg rejects and even ridicules the medical model of psychopathology and its labeling of suffering as disease.

In this, Greenberg continues his reputation as an iconoclast. In his previous book *The Noble Lie* (Greenberg, 2008), he argued that alcoholism is not a disease; homosexuality may

not be biologically determined; brain death was defined for the organ transplant industry; Ted Kaczynski, the Unabomber, is not schizophrenic; and depression is not a disease. This book takes up the depression thesis in more detail and asserts that only a conspiracy between the medical profession and big pharmaceutical companies keeps depression defined as a disease.

To clarify, Greenberg is not denying the validity of any diagnosis of depression. He acknowledges that some people are severely, profoundly depressed. He admits that there is “severe, disabling, and deadly [depression], unrelated to circumstance, resistant to comfort (let alone treatment), and, thankfully, rare” (p. 17). But most so-called depressions, he says, even “major” depressions, are not in the same ballpark as this profound depression.

So the title of the book is misleading. It is not that Greenberg is saying that depression is a manufactured mental condition. It is a real affliction that he himself suffers from. At issue is whether (nonprofound) depression, the kind most sufferers have, is a disease or is just a way of being in the world. It is the disease interpretation of ordinary depression that Greenberg believes has been manufactured and sold to an unsuspecting public.

The subtitle, *The Secret History of a Modern Disease*, is also misleading because there is nothing secret about it. This story of how depression is a diagnosis contrived to serve health-care providers and the makers of antidepressants is an oft-told tale (e.g., Healy, 2006; Kirsch, 2010; Shorter, 2009). The only thing new in this book, and it is something quite worthwhile, is Greenberg’s lively telling of the tale, blending it with some autobiographical material to make a good read for a nonprofessional audience or for professionals who have not yet heard the story.

Greenberg’s main thesis is that depression is a legitimate response to a savage world, not a disease that has nothing to do with one’s personal identity. Greenberg cites the biblical story of Job, who suffered waves of devastating misfortune. Job’s life became entirely bleak, and he showed signs of depression. Was that wrong? Arbitrary loss and affliction do happen to people, not from any fault of their own. Grief and despair are human responses to meaningless misfortune. Could we say that Job had a condition called depression, showing symptoms of an underlying pathology? Or does it make more sense to say that life treated him cruelly and he responded humanly?

Whether Job assumed there was some divine meaning to his suffering or that fate had just stricken him arbitrarily, it is a perfectly legitimate response for him to be unhappy and, yes, depressed. That is Greenberg’s point about depression. It is a normal human response when life goes badly. It is not wrong to be unhappy; it is not a pathology and should not be treated as a disease.

There is an obvious counterargument to this thesis. We all feel sad once in a while, but we get over it. Someone with depression though, is nearly always unhappy and pessimistic, and that’s what makes his or her depression symptomatic of a disorder.

But Greenberg offers this reply: The *Diagnostic and Statistical Manual of Mental Disorders* does not discriminate between ordinary human grief and pathology. It says that

after two weeks, if you are still sad or pessimistic, that's a symptom. Two weeks? We can easily imagine grievous losses or afflictions about which one might be unhappy for much longer than two weeks. That qualifier is arbitrary, and Greenberg says there is no meaningful psychiatric distinction between unhappiness and disease. So why should we assume unhappiness is a disease?

Superficially plausible, this argument is nevertheless disingenuous. Nowhere in the book does Greenberg list the clinical criteria for a diagnosis of depression, and as he well knows, there is more to it than feeling unhappy for two weeks. The diagnosis requires concurrent presence of at least five of nine indicators such as feelings of worthlessness, significant weight loss in the past month, excessive sleeping, recurring suicidal thoughts, and so on. Greenberg often seems more interested in whipping up outrage than in evenhanded analysis.

Greenberg's historical reporting is less controversial than is his argumentation. He talks about the rise of the germ theory in the 1800s and how that transformed the concept of disease into biological disorder. He gives a good summary of Kraepelin's revolutionary idea that mental disorders be characterized by observable facts rather than by theories like the four humors. There is a straightforward history of electroconvulsive shock therapy and a selective history of some psychoactive drugs, from LSD to the SSRI antidepressants. Such histories have been done more thoroughly by others, but Greenberg's contribution is an attempt to focus the historical details to prove that depression is not a medical condition.

One historical note I would have enjoyed reading more about is *pharmacological Calvinism* (Klerman, 1972), the idea held by many Americans that the only legitimate use of drugs is to treat disease. Any other use, such as to alleviate suffering, as in depression, or, heaven forbid, to get high or just to feel better, is a sign of weak character and is morally wrong: except, of course, alcohol, nicotine, caffeine, chocolate, aspirin, and, for many people, tranquilizers and painkillers.

The attitude is obviously not rational, but it is extremely widespread and even institutionalized in America. Only if you are "sick" are drugs okay. Hence, according to Greenberg, the only way you can get drug treatment for your condition is if you admit to a disease. That's why depression has become a disease. And, conveniently, the SSRI antidepressants don't make you high, so there is no risk of moral turpitude.

Greenberg also chafes against the scientific, public health view of medicine. He complains that when he went in for evaluation of his depression, the doctor treated him as a collection of symptoms and did not seem to care about him as a person. Granted, the doctor kept calling him by the wrong name, not a great personal touch, but Greenberg did not correct him, either, and whines that

in the old days—which is to say when psychiatrists paid attention to your own account of your interior life . . . the doctor would have needed to understand the context and meaning of my symptoms, and my illness would have been seen as at least partly a matter of

biography. . . . The trick with the descriptive approach to diagnosis is to keep your eye on the loose-leaf notebook and not on the patient. (pp. 62–63)

He all but admits that a personal interview about his feelings would contribute nothing of medical value to the treatment but nevertheless longs for recognition of his psychological individuality. Perhaps that attitude stems from his background as a psychotherapist; since he believes his depression is part of his psychological identity, he resents the doctor's focus on observing symptoms rather than on establishing a more intimate relationship with him as a person. It's an odd thing to blame a physician for not being a psychotherapist.


Ultimately, Greenberg sees the medical model of depression as dehumanizing. He says,

If your mental illness isn't a function of history or culture or geography, if it doesn't matter whether you got your five symptoms because you were abused and abandoned and then one day bereaved of everything that was familiar . . . if it's not a reaction or a neurosis, if there is nothing behind its symptoms and nothing of psychological or spiritual significance in them, if depression is not, in short, about your transactions with the universe, but only about whether or not you have the signs of the illness, then there is only one thing left for it to be: an internal dysfunction, as stupid and brutal and meaningless as diabetes or cancer. (p. 252)

That is a conclusion he cannot accept, and he urges readers not to accept it, either. But despite what he would wish, the possibility that depression is actually just a stupid disease is a logical alternative.

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