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BEHIND THE HUMBUG: THE EVOLUTION OF THE UNDERSTANDING AND DIOGNOSIS OF DEPRESSION IN THE LAST SIXTY YEARS

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Introduction[1]

Feelings such as desperation, worthlessness, sadness, and loneliness have bewildered many for years. Why do people experience these feelings, when there often seems to be no reason for them? More importantly why are medications prescribed immediately as a cure for these feelings even when there is an obvious reason for depressive symptoms? Depression is a seemingly very common problem within our society. The illness of depression has not always been looked at the way that it is today. Professionals in the mental health field look at depression differently, depression is treated in different ways, and society views depression differently now than in earlier times in history.

The purpose of this paper will be to consider an earlier period that accepted a different interpretation and explanation for depression. Depression has not always been viewed like it is today. Depression is a complex illness in which every case is different and where many variables are interacting simultaneously. This paper will question the current popular interpretation of depression, and might give a person reason to start evaluating this illness differently.

Depression has been a problem for people throughout history, but each time period has dealt with it in different ways. The way in which people understood, treated, and viewed depression in the 1940s, 1950s, and 1960s almost directly contradicts the popular way to understand, treat, and view depression at the present time. Social psychiatry was very popular before and during the 1960s, and contributed to the way that depression was understood and

[1] In reference to the title of the paper, it comes from an article written in the New York Times: Susan Sontag, "Real Battles and Empty Metaphors", *The New York Times* (New York) 10 September 2002

treated. The current way of viewing depression, through the eyes of clinical psychiatry, started in the 1970s. Clinical psychiatry and the diagnosis of "Major Depression" began to dominate the study of depression.

Social psychiatry as opposed to clinical psychiatry specifically looks at the social aspects in ones life that contribute to the way one feels.[2] It also looks at the social environment at a particular time, and examines why that environment might attribute to one's feeling depressed. Clinical psychiatry, on the other hand, looks at depression many times in terms of a chemical imbalance in a person's brain that is making them feel depressed.[3] In order to effectively analyze the past practices in understanding depression and why it was that way, a variety of topics need to be covered.

It is important to understand what depression is as an illness. The first section of this paper will include a definition of its symptoms and an overall definition of the illness itself. Next, I will give a description of social psychiatry. I will explain how it developed, its goals, and ultimately why it failed. This topic will lead into the next topic which is to discuss clinical psychiatry and the biological explanation for depression. From there I look at treatments of depression and how they relate to and display the differences between social psychiatry and clinical psychiatry. The next section will attempt to answer the question of why exactly there is such a difference in working with depression in the 1960s and earlier compared to working with depression after the 1960s. This will involve looking at the larger picture, within the mental health field in general and within society itself. I will then discuss various views within society concerning the illness of depression during the 1960s and after. Before I conclude the paper I

[2] Dan G. Blazer, *The Age of Melancholy: "Major Depression" and its Social Origin.* (New York : Routledge, 2005), 39

[3] Ibid, 41

will look at a few first hand accounts of people who have suffered from depression to help illustrate possible causes of depression.

Depression is something that many people have experienced throughout time. There have been some very important people throughout history who have suffered from the illness such as Abraham Lincoln, J.P. Morgan, Winston Churchill, and Richard Nixon. It seems reasonable to conclude that people have felt some sort of depression since the beginning of time.

One of the earliest terms used to describe a grouping of these symptoms was the Latin translation of a Greek word, "melancholia".[4] Melancholia was a term used to describe "prolonged fear and depression."[5] The current term used for this illness is "depression" which began to be used in the English language in the 17th Century. However, it was used to describe "being pushed down" or "to be brought down in status".[6] Depression evolved in the 18th Century to replace the word, melancholia.[7]

As the definition of depression has altered over the centuries, it is also true that people understood depression differently at various times in history up until the time period that will be discussed in this paper. As early as the fifth and fourth centuries B.C. the term melancholia was associated with "aversion to food, despondency, sleeplessness, irritability, restlessness."[8] Galen, who lived from 131 until 201, believed that the cause of depression was black bile.[9] Many diseases and illnesses during this time were explained by using blood, yellow bile, phlegm, or black bile as the causes. These ideas were part of the humeral theory. Later during the medieval times, Alexander of Tralles thought that there were three different types of melancholia. He

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[4] Stanley W. Jackson, *Melancholia and Depression: From Hippocratic Times to Modern Times.* (New Haven: Yale University Press, 1986), 4

[5] Ibid.

[6] Ibid, 5

[7] Ibid.

[8] Ibid, 10

[9] Ibid, 41

discussed the idea that different parts of the body were affected in the three different types of melancholia. The brain was affected in the first type, the whole body in the second, and the stomach and hypochondrium in the third.[10]

During the Renaissance, many of the same ideas brought to the forefront in medieval times continued. However, Robert Burton (1557-1640) offered some new information concerning the treatment of melancholia.[11] Burton actively advocated the treatment of melancholia by a trained physician although he warned that one should still rely on prayer and not completely on what the physician advised.[12] Throughout the 17th Century some started to view melancholia, in a less serious form, as a mark of genius and intelligence.[13] This trend would continue into the future. Many very brilliant men in history have been said to suffer from depression as mentioned earlier. By the 18th Century, the humeral theory that contributed to people in the mental health field thinking melancholia's cause was "black bile" came under attack and ultimately was no longer accepted.[14] Another concept that was developed during the 18th Century was one created by Herman Boerhaave (1668-1738).[15] He started explaining the three "types" of melancholia in terms of different degrees of severity instead of different types of melancholia affecting different parts of the body.[16]

Philippe Pinel (1745-1826) is very well known for a variety of his contributions to psychology.[17] Pinel speculated about melancholia in a variety of ways. Pinel said that

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[10] Ibid, 51

Hypochondrium - the upper region of the abdomen just below the ribs on either side of the epigastrium

[11] Ibid, 97

[12] Ibid

[13] Ibid, 105

[14] Ibid, 116

[15] Ibid, 119

[16] Ibid.

[17] Ibid, 147

melancholia was a form of insanity.[18] He also thought that one could be predisposed to suffer from melancholia but that it could also be brought on by "unfortunate love" or "disappointed ambition".[19] Another person who contributed to the study of melancholy and what in the 19th century was increasingly called depression is John Charles Bucknill.[20] John Charles Bucknill advocated removing a person experiencing depression from his or her familiar surroundings. Taking cold baths and taking opium were possible treatments for the illness.[21]

During the first part of the 20th Century, many intellectuals thought that depression was associated with a type of mental retardation. For instance, David K. Henderson (1884-1965) and Robert D. Gillespie (1897-1945) continued to emphasize three symptoms of depression that were first introduced by Emil Kraepelin (1856-1926).[22] The three symptoms were depression, difficulty in thinking, and psychomotor retardation.[23] Psychomotor retardation refers to the slowing down of thought and reduction of physical movement within a person.[24] Also, in the early 20th Century one can observe where the seeds of social psychology began to be planted. For instance, Adolf Meyer (1866-1950) advocated using a "common sense" version of psychotherapy that involved the use of the "patient's life history and current situation" to help treat the patient.[25]

This short and broad look at the history of depression gives one an idea of how melancholia and later depression was diagnosed and treated before the time this paper will discuss, which is the time just prior to and during the 1960s. Since the history of depression is so long and extensive there were a lot of options regarding which time period I should pick to

[18] Ibid, 148
[19] Ibid.
[20] Ibid, 170
[21] Ibid.
[22] Ibid, 203
[23] Ibid.
[24] Ibid, 193
[25] Ibid, 200

discuss in this paper. Frankly, one could choose almost any period in history and discuss depression within that time period. The most relevant time period to pick currently would be prior to and during the 1960s because it directly precedes a time when so many things changed in the understanding, treatment, and overall view of depression. Comparing the 1960s with the period following provides for an easy comparison because the views in the two different time periods are so contradictory. Looking at this period of time also provides a more relevant argument for today, since a growing number of people are interested in returning to the thoughts that made up social psychiatry of the 1960s. So, while there were many time periods to choose from, only one could clearly answer the question of why this topic of depression is important to us today.

Recently, a variety of books have been published that question the current mode of thinking regarding the understanding of depression. Currently, there has been speculation about to whether the current way many think about and understand depression should change. That is why this topic is so relevant currently. It is dangerous to start to think that an illness like depression is easily explained and treated, for in reality it is not so simple. It seems as though depression is currently looked at as a mental illness that can simply be treated with medicine and cured quickly, easily, and painlessly. In order to better understand and serve the people who do suffer from depression, it is vital to evaluate the illness itself, and at least to consider that there are a variety of ways in which depression can be handled. By looking at social psychiatry and the understanding, treatment, and views of depression in an earlier time, one might find an equally relevant way to evaluate depression currently.

Depression

In order to get a more detailed discussion of depression and the various aspects that will be discussed in this paper, it is important to clearly define depression. Depression can "be defined as a state of mind and body which is characterized by a change in mood towards being miserable, worried, discouraged, irritable, unable to feel emotion, fearful, despondent, hopeless, or down in the dumps."[26] People who suffer from depression often would describe feelings of unhappiness. Often people who are suffering from depression at a given time would describe not being able to be happy about anything. Things that might have made a person happy before no longer provide the same warm and inviting feelings that they once did. Another thing that many people who suffer from depression say is they would like to sleep forever.[27] The logic is that when asleep they don't have to live their own life. Sleeping to them is like dying. It is a way to end their pain. Common symptoms of depression are not limited to but can include "poor appetite or weight loss, trouble sleeping, tiredness or fatigability, agitation, slowness in thinking or motion, a loss of interest in usual activities, a decrease in sexual drive, feelings of self-condemnation, difficulty in thinking or concentrating, thoughts of death or suicide, and suicide attempts."[28] Feelings of anxiety are also very common in people who suffer from depression.

It is important to note that everybody at one time or another may become depressed for a short length of time. Many times after a tragic event as a death or a major accident, one is likely to become depressed for at least some amount of time. "Major Depression", however, is a term given to the kind of depression that lasts for a longer amount of time. Major depression is usually diagnosed when people describe themselves as feeling sad and unhappy with five or

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[26] George Winokur, MD, *Depression: The Facts.* (Oxford: Oxford University Press, 1981), 3

[27] Vicky Rippere and Ruth Williams, Editors, *Wounded Healers: Mental Health Workers' Experience of Depression* (Chichestor: John Wiley and Sons, 1985), 80

[28] Winokur, *Depression: The Facts*, 4

more symptoms lasting more than two weeks.[29] Sometimes it is very obvious that someone is depressed. A person might sulk around and act unhappy. However, sometimes it is not evident to those around them that he or she is depressed. One person that many people noticed was depressed was our 16th President Abraham Lincoln suffered from depression for most of his life. Lincoln's third law partner, William Herndon, said of Lincoln, "He was a sad-looking man; his melancholy dripped from him as he walked."[30] Lincoln himself described his experience with depression in a letter he wrote to his first law partner, John T. Stuart on January 23, 1841: "I am now the most miserable man living. If what I feel were equally distributed to the whole human family, there would not be one cheerful face on the earth. Whether I shall ever be better I cannot tell; I awfully forebode I shall not. To remain as I am is impossible; I must die or be better, it appears to me."[31] Even people as important, influential, and successful as Abraham Lincoln suffered from this horrible "state of melancholy". It might be helpful to continue to look at different definitions and explanations of depression.

Depression is sometimes described in terms of a primary triad. The first part of this theory is that there is "a set of three major cognitive patterns that force the individual to view himself, his world, and his future in an idiosyncratic way."[32] The first requirement is to think of experiences that one encounters in a negative way. The second is beginning to think of oneself in a negative way. The third is thinking about the future in a negative way. Many people who become depressed experience all three of these conditions.

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[29] Ibid, 6

[30] William Henry Herndon, *Herndon's Lincoln*, (Chicago: Belford, Clarke,1889) Vol. 3, 588

[31] CivilWarTalk, *The Writings of Abraham Lincoln: Volume I*, http://civilwartalk.com/cwt_alt/resources/e-texts/lincoln/01.htm (accessed 7 October 2006)

[32] Aaron T Beck, M.D., *Depression: Causes and Treatment* (Philadelphia: University of Pennsylvania Press, 1967), 255

Idiosyncratic - a peculiarity of constitution or temperament **:** an individualizing characteristic or quality

In order to understand this illness further a few more facts might be helpful. There is evidence to suggest that depression and suicide run in families.[33] If depression is genetic, it means that even if someone doesn't ever suffer from depression, he or she still could be "carriers and transmitters of genes that cause depression or suicide."[34] It is also important to note that while suicide can be a direct consequence of depression, depression can also be dangerous for other reasons. Depression "increases the risk of accidents, alcohol abuse, poor nutrition, and eating disorders."[35]

The most current statistics concerning depression reveal some surprising information. The leading cause of disability for ages fifteen to forty four in the U.S. is Major Depressive Disorder. Approximately 14.8 million adults or about 6.7 percent of the U.S. population age eighteen and older suffer from depression in any given year, and these are merely the cases that are reported each year. Many of those that suffer from depression don't get help. The median age onset for depression is thirty-two years of age. However, depression can develop in people of any age, even children. Major depressive disorder is more prevalent in women than it is in men.[36]

[33] David B. Cohen. *Out of the Blue: Depression and Human Nature.* (New York: W.W. Norton and Company, 1994), 19

[34] Ibid.

[35] Ibid.

[36] National Institute of Mental Health, "The Numbers Count: Mental Disorders in America.", http://www.nimh.nih.gov/publicat/numbers.cfm (accessed 19 August 2006)

Social Psychiatry

Now that the basic definition, symptoms, and facts about depression have been considered, a discussion of social psychiatry and how it originated will begin. Dan Blazer in his book, *Age of Melancholy*, defines social psychiatry as follows, "[Social psychiatry] is concerned with the effects of the social environment on the mental health of the individual, and with the effects of the mentally ill person on his or her social environment."[37] Historically speaking, social psychiatry is based on the belief that "mental illness is a product of civilization" which partly arose from ideas that Freud and Durkheim discussed.[38] Freud played a major part in moving the mentally ill from the asylum to the psychiatrist's office, and this move set up the right conditions for social psychiatry to flourish.[39] Psychiatrists started to look at the mentally ill as people worth healing. To do so, psychiatrists had to focus on what might cause an illness like depression, which led them to look at factors like the environment.

The concept of social psychiatry is actually very old. Hippocrates' "epidemic constitution" discusses the idea that the environment affects our health.[40] It seems that in generation after generation, many have noticed "the increase in mental illness produced by the pace and strain of 'modern life'."[41] In any case, the term "social psychiatry" and what it would later come to mean in our society would not develop until much later.

Social psychiatry as we recognize it started shortly after World War II. In Europe as well as the United States there was rise in the number of people who were interested in looking at how society as a whole affected the mental health of people. This is probably due to the fact that

[37] Blazer, *Age of Melancholy*, 59
[38] Ibid, 61
[39] Ibid, 68
[40] Kiev, Ari, *Social Psychiatry*, (New York: Science House, Inc., 1969), 53
[41] Ibid.

many times after a war or a disruptive time in history, people find the need for reform in order make society a better place.

There were three concepts that helped make up and guide this discipline. The first was the relationship between psychiatric disorders and differences in populations and living conditions.[42] The second was psychiatry's concern with understanding human motivation within the context of society.[43] That is to say that it was important to understand the current society in terms of what people valued at a given time. For instance, currently it is popular for teenage girls to be very thin, this gives motivation to young girls and teens to maintain, at times an unhealthy weight. The motivation within young girls and teens to be this thin is guided by a social norm in society. The third concept was the social sciences' focus on how social organizations and cultural attributes influence the definition of illness, the setting in which it arises, and provisions of care.[44] All three of these principles make up various different aspects of a broad connection between one's environment and mental health.

E. Southard was perhaps the first American psychiatrist to use the term social psychiatry. He argued the "causes of mental disease lay not in the nervous system but elsewhere in the body, even conceivably in the environment."[45] Southard made this claim in the early 1900s, many years before social psychiatry really started to take hold in the United States. Southard first began to focus on giving classes on social psychiatry to social workers in Boston in 1918.[46] His goals became even more evident in a letter he wrote in 1918 where he explained that, "social work was identified as applied sociology, the relations of social workers and sociologists being

[42] Blazer, *The Age of Melancholy*, 64
[43] Ibid.
[44] Ibid.
[45] Ibid.
[46] Kiev, *Social Psychiatry*, 54

analogous to the relation of the nurse to the physician."[47] It was clear in many of Southard's work that he wanted to combine many disciplines in order to fully understand and treat mental illness. He wanted a course in social psychiatry to include, "applied sociology, social psychology, neuropsychiatry, supervised case experience, and psychological testing."[48] The period of time in which Southard lived might help explain why he felt the way he did about mental illness and how it should be dealt with in society.

No society is perfect and various social evils such as crime and poverty have always existed. In the early 1900's, however, mental health professionals and early social workers began to become more aware of society's problems and were starting to come up with a variety of ways to fix them. By the 1950's social psychiatry had risen in popularity and mental health professionals were eager to focus more on society and how it affected the individual lives of the people that lived within it.[49]

It is interesting to note that there was a fair amount of time after Southard first introduced the term and when it became "increasingly accepted and talked about by psychiatrists" after 1940.[50] During this time, social psychiatry was mentioned here and there but rather bounced around between disciplines. Sociologists mentioned it a few times, but it eventually "fell to disuse among sociologists."[51]

The most important aim in the social psychiatry movement was to find out "the sources of mental disturbance."[52] For social psychiatrists, these sources often times were found outside of the individual. A book written in 1969 entitled *Social Psychiatry* explains that one of the

[47] Ibid.
[48] Ibid, 55
[49] Blazer, *Age of Melancholy*, 65
[50] Kiev, *Social Psychiatry*, 57-60
[51] Ibid, 61
[52] Blazer, *Age of Melancholy*, 67

goals of social psychiatrists was to conduct a "thorough psychobiological inventory of an individual, his life history and his total life situation."[53] In present times, psychiatrists would be more apt to find the source of mental illness within the individual and their brain rather than their environment and their "life situation". One of the major aspects of social psychiatry was to examine, "the forces in the social environment that affect a person's ability to adapt, to adjust, or to change himself or herself and the environment."[54] Social stress was designated as the term to explain things within society that would cause mental illness. Examples of these could include culture, acculturation, economic position, residence, alienation, family stress, and behavior settings.[55]

The ability for a person to adapt and to change in an environment is an issue that many social psychiatrists dealt with frequently. Many social psychiatrists wanted to figure out how exactly the environment affected an individual on many different levels and how that contributed to mental illness. As explained by a book written in 1961 on mental illness, social psychiatry "initially attempts to learn how many are mentally disturbed, who they are, what types of disturbances they exhibit, how they fell about heir own and others' disorders, and what action they take to prevent or to alleviate the symptoms of the mental disorder."[56] In doing so, social psychiatrists attempted to find out what factors in the environment specifically brought on mental illness, how it affected a mentally ill person's view of him or herself and other mentally ill people, and lastly how it affected the treatment of mental illness. Aaron T. Beck was not a social psychiatrist but was a doctor who wrote about depression in the 1960s, and he gives us an interesting look at how other professionals in this field viewed depression during this time.

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[53] Kiev, *Social Psychiatry*, 13
[54] Ibid, 13
[55] Blazer, *The Age of Melancholy*, 67
[56] Thomas S. Langer and Stanley T. Michael, *Life Stress and Mental Health*, (London: The Free Press of Glencoe, 1963), 3

In 1967, Aaron T. Beck published a book entitled, *Depression: Causes and Treatments*.[57] His book gives us information about how people in the field looked at depression during the late 1960s. Beck describes various different possible causes for the illness. He does discuss some possible biological causes for the illness, but his thoughts on this tonic will be discussed in the clinical psychiatry portion of the paper. When he discusses the psychoanalytic theories of depression he mentions Freud's views about how different kinds of losses in one's life contribute to the condition of depression. He goes on to mention various other hypotheses about what truly triggers the onset of depression. He also states that some professionals assert that the loss of self-esteem through "early childhood traumatic experiences" as well as through other means can significantly affect a person and make him or her prone to depression.[58]

In the 1960s the most common diagnosis of depression was labeled depressive neurosis, "a reaction."[59] A reaction implies that an event occurred in one's life and this event contributed to the illness that they were now suffering from. A study published in 1978 by George W. Brown and Tirril Harris concluded that based on their research they could not clearly distinguish reactive depression from endogenous depression. In their research they defined to endogenous depression or "psychotic" depression as depression that occurs in absence of direct causes in one's life, and reactive or "neurotic" depression as one that develops directly from causes in one's life. They explain, "...the analyses considered together suggest that the psychiatric tradition has been misleading in its claim that there are, in any sense, two clearly distinct forms of depression that the psychotic type is in general not 'reactive'."[60]

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[57] Beck, *Depression*, 247
[58] Ibid, 247
[59] Blazer, *The Age of Melancholy*, 67
[60] George W. Brown and Tirril Harris, *Social Origins of Depression: A Study of Psychiatric Disorder in Women* (New York: The Free Press, 1978), 217-218

This study suggested that in fact many people who suffer from depression are probably suffering from the 'reactive' type of depression. In addition, it also suggests that it is difficult to say for sure which type of illness a person is suffering from. It was hard for the researchers in this instance to make much distinction between those suffering from "reactive" depression and people suffering from "psychotic" depression.

It is important to mention that social activism also worked hand in hand with social psychiatry. The 1960s were a period of reform in the United States, it was the time of the "Great Society". The "Great Society" consisted of a series of programs set up by President Lyndon B. Johnson in the 1960s with aims to end poverty and racial injustice in order to make society a better place. This makes it easier to understand why social psychiatry flourished during this time in history. When professionals looked at the evils of society and how they affected the mental health of the people living in it, not surprisingly they also thought about how to fix some of society's problems. For example in 1970, Raymond Waggoner, the president of the American Psychiatric Association, said that, "for too long we as psychiatrists have focused on the mental health of the individual" and he argued for a focus on, "pollution, overpopulation, racism, and nuclear war" and how these factors contributed to mental illness within individuals.[61]

While social psychiatrists chose to study the environmental affects on mental illness, many admitted that it was not the only factor in causing mental illness within individuals. A book that was written in 1963, by Thomas S. Langner and Stanley T. Michael, entitled *Life Stress and Mental Health* demonstrates this fact.[62] They explain, "When we say that the social environment has an effect on mental health, we are stating that of all the types of factors contributing to mental disorder, we are selecting on type to study, without denying the existence

[61] Blazer, *Age of Melancholy*, 70
[62] Langer, *Life Stress and Mental Health*, 1-8

of other kinds of factors."[63] While many mental health professionals admitted that the environment wasn't the only factor involved in the onset of depression, they focused on it as a cause and this contributed to the birth of the Community Mental Health Movement.

A byproduct of the social psychiatry movement was the Community Mental Health Movement. This movement which was led by Adolf Meyer, as well as many others, was envisioned as collaboration among "psychiatrists, police officers, teachers, and social workers."[64] Gerald Caplan, former head of the Community Mental Health Program of the Harvard School of Public Health, explained that there were eleven principles that made up community mental health care.[65] Some of the important principles included: making patients the focus of the program, viewing mental disorders as a small "episode" in their life, making communication the key in all levels of the program, eliminating barriers between services, and making coordination vital.[66] This movement created legislation such as the Community Mental Health Construction Act of 1964 that helped to fund the creation of mental health centers throughout the United States.[67] It allocated 150 million dollars "for the construction of new treatment facilities throughout the country."[68]

The Community Health Movement of this time was influenced by the experience of other countries. The United Kingdom, for instance, had "mental welfare officers" who were "duly authorized to seek out disturbed patients in the community and arrange hospital admission for them…"[69] Another example was the Soviet Union which never developed "an elaborate asylum

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[63] Ibid, 5
[64] Blazer, Age of Melancholy, 72
[65] Berton H. Kaplan, Robert N. Wilson, and Alexander H. Leighton, editors, *Further Explorations in Social Psychiatry* (New York: Basic Books Inc., Publishers, 1976), 59
[66] Ibid.
[67] Blazer, *Age of Melancholy,* 73
[68] Kiev, *Social Psychiatry*, 20
[69] Ibid.

system" for the use of hospitalizing the mental ill, but instead relied on the use of outpatient clinics, sheltered workshops and "domiciliary visits that provided specialized care."[70]

Although the Community Health Movement had many admirable goals, there were some obvious problems. Blazer explains, "The most obvious task for the centers was community care for people discharged from state mental hospitals, yet the centers did not embrace this role at their creation."[71] Many people who were severely mentally ill did not always end up in these centers. The problem was that the act of bringing people out of an institution was more of a "civil rights" issue than a "psychiatric goal."[72] Many of the patients were moved to nursing homes and board-and-care facilities rather than the community centers. Implementation ended up being the major problem with these centers. A book written in 1976 entitled, *Further Explorations in Social Psychiatry,* warned of the problems that these centers would face,

> It is questionable whether many communities would consider human services to be worthy of adequate attention and initiative. This, like certain other problems of democracy, may require guidance and incentives from more central state or federal sources in order to counteract local interaction.[73]

Unfortunately, this is a large part of why the Community Mental Health Centers failed. Not enough people were willing to oversee the programs to make sure that they were doing their job. Communication between local, state, and federal governments was not sufficient enough to make the program a success.

In order to give a picture of the things social psychiatrists looked at when they studied the connection between one's environment and his or her mental health, it might be interesting to take a look at a study by John J. Schwab, M.D., Charles E. Holzer III, M.S., George J. Warheit, Ph.D., and Ruby B. Schwab. In 1976, they found that there was a significant relationship

[70] Ibid, 20
[71] Blazer, *The Age of Melancholy*, 73
[72] Ibid, 74
[73] Kaplan, *Further Explorations in Social Psychiatry*, 70

between people with low incomes and the number of depressive symptoms that they exhibited.[74] They state, "The configuration of symptoms reported by large percentages of those with low incomes describes a poignant, haunting portrayal of human misery."[75] The number of people that were actually used in this study was rather so small, 1,645 adults, and therefore it is hard to really state that this is in fact describes what many of the lower class felt in 1976. However, the study does seem to suggest that a lower income might directly affect the mental health of those living in low income households. Studies like these seem to suggest the validity of many of the concepts that make up social psychiatry. However, in the end it wasn't enough to support the entire movement that surrounded social psychiatry.

Currently, social psychiatry cannot be found very readily in any psychiatric textbook. It has all but disappeared from the discipline of psychiatry all together. There are many reasons for this retreat of social psychiatry. Ultimately, the "Great Society" agenda failed because its aims were unrealistic. No society will ever be able to be as perfect and as Utopian as the policies in the 1960s attempted to make America. The "Great Society" failed for the same reasons that social psychiatry failed. The goal of curing society with social psychiatry was too large and unattainable. The expectations for social psychiatry were not realistic and ended up hurting it in the long run. Also, many of the studies that stressed the importance of environmental causes of mental illness were challenged by new studies. Although there is still evidence that seems to suggest that environmental factors affect mental illness, the combination of "conflicting data from other studies coupled with alternate theories have undermined the view that easily

[74] Jules H. Masserman, *Social Psychiatry: The Range of Normal in Human Behavior*, (New York: Grune and Stratton, 1976), 105

[75] Quoted in Masserman, *Social Psychiatry*, 105

identifiable and measurable social factors have a significant influence on the causes of psychiatric disorders."[76]

Ari Kiev explains in his introduction to the book, *Social Psychiatry*, written in 1969, that, "The specification of the environmental variables similarly becomes increasingly complex as inquiry extends beyond the clinic."[77] Once we start looking at the broader social and environmental trends that might contribute to mental illness, it unavoidably makes the examination more complex. Probably the most difficult obstacle for social psychiatry to overcome was demonstrating that depression and other illnesses could be prevented by a large change in the social environment.[78] It is impossible to completely change society in order to see what kind of effect it would have on the mentally ill. To implement a change in society that would affect millions of people would require massive effort, and would be practically and politically impossible. For these reasons social psychiatry has retreated and a new form of psychiatry has flourished in its place.

One simple fact can illustrate a much larger trend. In 1948 the National Institute of Mental Health (NIMH) was founded. Research that was conducted under NIMH was put into two different categories: one supported grants for research that was pharmacological based and another supported grants for psychotherapy research. In the early 1980s a "reorganization" eliminated the branch that supported grants for psychotherapy research.[79] This simple fact illustrates the much larger trend in the mental health field. This trend started to put a much

[76] Blazer, *The Age of Melancholy*, 85
[77] Kiev, *Social Psychiatry*, 14
[78] Blazer, *The Age of Melancholy*, 86
[79] Allan M. Leventhal and Christopher R. Martell, *The Myth of Depression as Disease: Limitations and Alternatives to Drug Treatment.* (Connecticut: Praeger Publishers, 2006), 17

larger focus on treating depression via drugs rather than by other methods such as psychotherapy.

Clinical Psychiatry

There is still a stigma in our society concerning people who suffer from emotional problems.[80] This is one of the reasons why emotional problems are considered embarrassing by many of the people who suffer from them. Psychotherapy is a way in which people are forced to admit and discuss their problems with a complete stranger. In general, the idea of taking a pill in private seems very appealing when considering the alternative, going to a complete stranger to spill your heart out. Also, people like to have an easy answer when they wonder what is going wrong with their life and in answering the question of why they are so sad and depressed. Biological explanations for depression provide this the easy answer. Blazer mentions on this subject that, "a diagnosis of major depression provides the sufferer with an explanation for his or her suffering and gives the malady a name – and naming the malady provides some semblance of control over it."[81] So this answers why people are so willing to accept the medical model of major depression, but what is the medical model?

Just like any other disease, major depression is diagnosed as something that someone has or doesn't have. If a person is diagnosed with major depression, then it is the physician's job to treat it just as he or she would treat diabetes or cancer. Blazer explains, "Psychiatrists identify individuals who exhibit certain agreed-on symptoms of major depression and then treat them

[80] Ibid, 28
[81] Blazer, *The Age of Melancholy*, 24

accordingly."[82] Also, more and more emphasis has been put on the physical aspects of depression and what it can do to the body. In this way it further enforces the biological explanations for depression as a disease.[83]

The term "major depression" and its biological explanation started roughly in the late 1970s. In fact, the term "major depression" was not commonly used until 1978 when it was mentioned in the Diagnostic and Statistical Manual of Mental Disorder – Third Edition.[84] Depressive neurosis, which was discussed earlier in the social psychiatry section, was commonly diagnosed prior to the 1970s.

By 1980, the term depressive neurosis was completely abandoned. Year by year, the term major depression over took is the mental health community. From 1980 until the present, the term has become more and more popular. Also it is interesting to note that, "Between 1985 and 1995 office-based psychiatry visits became shorter, fewer included psychotherapy, and more included a medication prescription."[85]

Even before the 1970s, in 1967 Aaron Beck discussed both the neurological theory of depression along with the biochemical theory as possible causes for the onset of depression.[86] In his neurological theory of depression, he discussed the possible biological explanations for depression based on findings by S.H. Kraine who wrote a paper in 1965 on Manic-Depressive syndrome.[87] He discusses Kraine's theories on the hypothalamus's role in depression as well as

[82] Ibid, 24
[83] Ibid, 25
[84] Ibid, 27
[85] Ibid
[86] Beck, *Depression*, 243
[87] Ibid, 243

the hereditary influence of depression. But at the end of the section he states, "The evidence upon which Kraines bases his theory is fragmentary and subject to question."[88]

In his biochemical theory of depression, Kraines discusses the various different studies that attempted to discover how effective certain drugs were in the treatment of depression. Beck cites a review by J. Schildkraut in 1965 in which Schildkraut found that antidepressants decreased norepinephrine activity in the brain in experiments done in animals.[89] People had reason to believe at this time that norepinephrine activity in the brain directly affected whether a person was depressed or not. It was called the catecholamine hypothesis.[90] Schildkraut himself states (concerning his findings), "It must be stressed, however, that this hypothesis is undoubtedly, at best, a reductionist over simplification of a very complex biological state..."[91] Beck also mentioned that these findings were flawed due to the fact that they were using animals ,not depressed humans, to find their answers.[92]

Even in the late 1960s mental health professionals were thinking about biological explanations for depression, but the evidence was not there to support it. As we will discuss a little later, the jury is still out on whether current evidence which supports a biological explanation for depression is really that much better than the explanation used in Beck's book. However, Beck's comments do seem to show that it was the beginning of research on the topic of biological causes for depression and signals the change that ultimately would occur in the way mental health professionals diagnosed depression. With this background on social psychiatry

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[88] Ibid, 243

[89] Ibid, 244

Norepinephrine - One of the brain's neurotransmitters involved in the formation and function of dopamine and serotonin. Serotonin is a chemical messenger in the brain that affects emotions, behavior, and thought. Dopamine is a chemical messenger in the brain that regulates movement, emotion, motivation and feelings of pleasure.

[90] Ibid

[91] Ibid, 244-245

[92] Ibid, 245

and clinical psychiatry the paper will turn to the actual treatment of depression from late 1970s until the present.

Treatments

Psychotherapy first became popular in postwar America for a variety of reasons. Freud was a huge advocate of psychotherapy and his studies seemed to prove the effectiveness of psychotherapy as a treatment for mental illness.[93] Freud's particular form of psychoanalysis was later showed to be fairly ineffective; but other forms seemed to really provide benefits for those who received it.[94] The main problem with psychoanalysis was that it was very time consuming and took many years for the patient to show any progress. However, newer forms of psychotherapy were eventually developed that were less costly, didn't take as long, and only required one session per week.[95]

Psychotherapy started to be used extensively with soldiers who needed to be returned to the front. Blazer explains that "Its [psychotherapy] popularity grew out of a combination of additional circumstances: the rise of private and community practice in psychiatry; the general receptivity toward psychological explanations; and economic prosperity."[96] Economic prosperity was an important part of the popularity of the treatment because people were simply more willing to spend money on things such as psychotherapy because they could afford to. Remember that during this time a mental illness like depression was not viewed as a disease or an illness that required immediate medical attention. Psychotherapy was probably considered as more of a luxury than a necessity.

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[93] Blazer, *The Age of Melancholy*, 73
[94] Leventhal, *The Myth of Depression as a Disease*, 94
[95] Ibid, 95
[96] Blazer, *The Age of Melancholy*, 73

There are various different forms of psychotherapy such as client-centered therapy and interpersonal psychotherapy. However, therapy itself has a fairly simple goal. Its goal is explained in *Depression as a Myth:*

> The vehicle for success is usually viewed as making particular use of the relationship between the therapist and the patient or client as a means of helping the person better understand his or her personal strengths and weaknesses and to effect changes to improve maladaptive adjustments to life's demands.[97]

Patients who undergo therapy usually meet with their therapist once a week for several months or sometimes up to a year or two.[98]

Many social psychiatrists agreed that an important part of psychotherapy is "The social management of patients, ex-patients, and their relatives requires medical, psychotherapeutic, and group therapeutic skills."[99] This point of view put the psychiatrist in an important position in therapy, not as an observer, but as "an operator who wishes to bring about certain changes in individual as well as group behavior."[100] In order to do this, psychiatrists needed to examine characteristics of the patients such as age, sex, expectations, skills, and cultural orientation. Also they needed to find out "the context which governs their interaction."[101] This essentially meant the way a therapist would need to conduct the therapy in order to be the most beneficial for the patient. Lastly, they would need to actually conduct therapy in terms of communication and physical action that would best "interconnect he participants."[102]

Some believe that psychotherapy is an improved method for treating depression because it allows people to experience personal growth. It gives people a chance to reflect on their current situation and evaluate what they like and what they don't like about their life. One might

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[97] Leventhal, *The Myth of Depression as a Disease,* 95
[98] Ibid.
[99] Kiev, *Social Psychiatry*, 38
[100] Ibid.
[101] Ibid.
[102] Ibid.

argue that when a person simply takes medication to lift his or her mood, there is no opportunity for reflection and growth in that person. They are unable to consider what might be contributing to their depressed mood. Psychotherapy provides the opportunity to do just that. Psychotherapy gives patients the ability to challenge their current state of mind and their current mode of thought. Medication does not necessarily allow for personal growth and change the way that psychotherapy does.

Another popular way of treating depression as well as other mental illnesses for a large part of the 20th century was electroconvulsive therapy. Two Italians by the name of Cerletti and Bini invented electroconvulsive therapy.[103] The first person to introduce electroconvulsive therapy (ECT) in the United States, however, was Kalinowski in 1939.[104] Aaron T. Beck in 1967 described the procedure as "a relatively safe, convenient, and painless method."[105] During electroconvulsive therapy an electric current is passed through two electrodes that are placed on the forehead. A grand mal convulsion something like an epileptic seizure occurs after the current is passed through the head.[106] It isn't the most pleasant thing for a person to watch or to experience. Fractures of different bones in the body can occur as well as memory loss which is very common in electroconvulsive therapy.[107]

With time, professionals found out how to make ECT a safer treatment, but controversy has always surrounded it. General anesthesia and muscle relaxants help to make it a painless

[103] Winokur, *Depression: The Facts*, 127

[104] Aaron T. Beck, MD. *The Diagnosis and Management of Depression.* (Philadelphia: University of Pennsylvania Press, 1967), 117

[105] Ibid.

[106] Grand Mal – A serious form of epilepsy in which there is a sudden loss of consciousness followed by convulsions.

[107] Winokur, *Depression: The Facts*, 127

procedure.[108] There have been numerous studies done on the effectiveness of ECT, and many of them have found that it is a helpful treatment and improves patients' symptoms. However, it is hard to say exactly why ECT seems to help people. A book written in 1980 entitled *Depression: The Facts* by Winokur, describes ECT as being the most effective of all the treatments for depression. Winokur compares ECT with antidepressant therapy and finds that ECT was much more effective than other approaches although he doesn't specifically mention psychotherapy in his argument.[109] Winokur ends his discussion of ECT by saying that it is used much less than it really should be in the treatment of depression.[110]

Electroconvulsive shock therapy began to get a bad rap with movies like *One Flew Over the Cookoo's Nest*. While it continues to be somewhat controversial, it is still practiced today. According to a website published by the American Psychiatric Association, electroconvulsive treatment is only used for patients who don't respond to antidepressant medication or psychotherapy treatment. The American Psychiatric Association also completely discredits the idea that electroconvulsive shock therapy can cause brain damage. The website also explains, "Clinical evidence indicates that for uncomplicated cases of severe major depression, ECT will produce a substantial improvement in at least 80 percent of patients."[111]

The final treatment to discuss is antidepressant medication. Antidepressants were discovered in quite a peculiar way. The study of V-2 rocket fuel during WWII led to the development of antidepressant medications. Substances that were studied in rocket fuel research were first thought to help people suffering from tuberculosis, but when those patients "showed

[108] Corresponding Committee on Electroconvulsive Therapy. "Electroconvulsive Therapy." http://www.psych.org/research/apire/training_fund/clin_res/index.cfm (Accessed 20 August 2006)
[109] Winokur, *Depression: The Facts*, 131
[110] Ibid, 134
[111] Corresponding Committee on Electroconvulsive Therapy. "Electroconvulsive Therapy." http://www.psych.org/research/apire/training_fund/clin_res/index.cfm (Accessed 20 August 2006)

signs of euphoria" it was thought that it might also help those suffering from depression.[112] This discovery has led to widespread use of antidepressants in the United States and elsewhere.

The first antidepressants to be used were monoamine oxidase inhibitors which were only used for short while due to the extreme side-effects associated with them.[113] The next were tricyclic antidepressants, which later were found to be addictive and even to make psychological problems worse.[114] During the time that doctors began to experiment with anti-depressants they came up with theories about what actually caused depression. Doctors observed that antidepressants seemed to affect the "reward system" in the brain. Levanthal explains,

> However, because antidepressant medications seemed to have positive effects for some people, and because it was known that the neurotransmitter system (the chemicals that are emitted between nerves in the brain as a method of "communication") had an effect on the experience of reward it was then argued that depression was caused by an "imbalance" of the brain's neurotransmitters.[115]

Based on the evidence, however, there was actually no "definitive support" for the conclusion that depression is caused by an imbalance in the brain.[116]

Another hypothesis about why people started to think of depression in biological terms rather than reactive ones concerns the apparent effectiveness of antidepressants and the simple fact that antidepressants seemed to work in treating depression. This fact led doctors to think that depression is "endogenous" and that it was biological in origin and substance.[117] Blazer argues that this theory doesn't necessarily work for other medication so we should wonder why we readily accept it in the case of depression. He sites the example of aspirin. He says, "The

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[112] Leventhal, *The Myth of Depression as a Disease*, 34

[113] Ibid, 35

Monoamine Oxidase- an enzyme which, in the brain, breaks down certain neurotransmitters such as serotonin, dopamine and norepinephrine

[114] Ibid.

Tricyclic antidepressants - an antidepressant drug that acts by blocking the reuptake of norepinephrine and serotonin and thus making more of those substances available to act on receptors in the brain

[115] Ibid, 36

[116] Ibid.

[117] Blazer, *The Age of Melancholy*, 52

relief of pain with aspirin does not assume that the cause of the pain is biological in origin even though it does assume a biological substrate."[118]

Whether or not anti-depressants are effective or not isn't necessarily the point, however. The fact that major depression is currently diagnosed as a biological disease has contributed to the widespread use of anti-depressant medication. Anti-depressants are by far the most popular way to treat depression in a society that seems to have a cure for just about everything. So now that we have discussed the fact that there has been a distinct change in how we diagnosis depression, we might consider why this change occurred.

Depression is an illness that many people have struggled to understand. Depression can be one of the most desperate and traumatic experiences of ones life. Many people have argued about what truly causes depression. Social psychiatry provided an explanation primarily concerned with factors in the environment being labeled as the cause for depression as well as other mental illnesses. Clinical psychiatry and the biological explanation of depression label the failure of neurotransmitters in the brain as the cause of depression. Various treatments of depression show the different ways in which depression has been diagnosed in the past. Social psychiatry and its principles are no longer popular, and clinical psychiatry has replaced it almost entirely.

[118] Ibid, 52

Why?

To deny that pharmaceutical companies are benefiting from the widespread use of antidepressants would be wrong and naïve. We have already discussed how doctors came to think of depression in biological terms and we have also discussed why patients were willing to accept this explanation. We have not discussed in much detail, however, who else gains from this dramatic change in diagnosing depression. Melancholia has turned from being a fairly rare disorder that not many suffered on a large scale basis to the most common disorder treated today. This has also put a lot of money back into the business of psychiatry. This business isn't as readily reimbursed as treatments for physical diseases, so when depression became a "physical disease" more people made more money.[119] In all societies," money talks."

It would also be naïve to assert that money is the only or even a major reason for the change in the diagnosis of depression. There are a variety of reasons for the change, and one could argue for years about the main reason. But it has happened and clinical psychiatry has almost completely overtaken what was left of social psychiatry. Our society is far too prone to quickly treat any mood changes or sadness in a patient with a quick doctor's visit and a prescription. Many physicians don't even stop to think at what might be going on in one's life that might attribute to their mood. If we logically think about this, it doesn't make sense. For example, if someone loses his job and comes home to find his wife cheating on him, why would one assume that he could fix the problems with medication? He is obviously feeling sad because of real things that have happened into his life. On a larger scale, a high unemployment rate could explain why he and many others lost their job. Also a society that has a growing divorce rate and one in which popular culture almost advertises cheating as being a normal thing could also

[119] Ibid, 55

contribute to this depressed person's situation. This would seem to demonstrate to any logically thinking person that depression is not always something that is biologically based. This is the very basis for the discussion in this paper.

It is important to look at what else was going on in the mental health field in general during this time to give us a better understanding of this issue. The "anti-psychiatry movement" was alive and well in the 1960s and 1970s. Social psychiatry probably provoked this entire movement. Many people during this time criticized even the idea of someone being mentally ill. Michel Foucault did so in his book entitled, *Mental Illness and Psychology*, in which he argued that the Enlightenment helped to create the idea of a mental illness and that mental illness was basically just a social and cultural invention of that movement.[120] He states a question in this book that helps to highlight why mental illness is so hard to understand and also helps to explain why he claims that it is merely a "social and cultural invention". He states, "Is not the essence of mental illness, as opposed to normal behavior, precisely that it can be explained but that it resists all understanding?"[121] He is arguing here that even though we can try to explain mental illness, it is extremely hard to understand, and if it can't be understood then maybe it doesn't even exist.

Later, Thomas Szasz, who wrote *The Myth of Mental Illness*, claimed that people who encountered problems of living were mistakenly told that they were "mentally ill" which he described as being a myth.[122] He put the discipline of psychiatry in the same category of astrology, as a "pseudoscience".[123] He also makes the point that "mental illness is not something a person has, but is something he does or is."[124] He sums up his book and his entire argument by

[120] Michel Foucalt, *Mental Illness and Psychology*, (New York: Harper & Row Publishers, 1976).
[121] Ibid, 45
[122] Thomas Szasz, *Myth of Mental Illness*, (New York: Harper and Row Publishers, 1974).
[123] Ibid, 1
[124] Ibid, 267

saying that "There is no medical, moral, or legal justification for involuntary psychiatric interventions. They are crimes against humanity."[125] These arguments paired with writings from other people holding anti-psychiatry views helped contribute to the change that occurred within psychiatry. There was a need for psychiatry to become more legitimate in the eyes of the health field. To do this psychiatry began to be considered on a medical and scientific basis, rather than on one that ultimately led some people (such as Foucalt and Szasz) to believe that mental illness was merely a "social construct".

Another influential event that occurred during this time that probably affected the psychiatric community was the Osheroff case. In 1979, Dr. Rafael Osheroff filed a suit against Chestnut Lodge because he was not given medication at Lodge's facility when he was suffering from severe depression. Osheroff claimed negligence on Lodge's part, because Osheroff received psychotherapy rather than anti-depressants. Gerald Klerman, a pharmacologist, testified in the case and argued "that there was no scientific evidence for the value of psychodynamically oriented intensive individual psychotherapy in a severely depressed person."[126] After the Osheroff case, empirical studies became paramount in all of psychiatric therapies; social psychiatry on the other hand did not have an empirical basis that was as strong and subsequently floundered.[127]

Modernity might be another thing that influenced the biological explanation of depression and ironically might explain why social psychiatry also developed. The field of psychiatry has kept up to date with what it means to be "modern" in today's society. Modernity, which started during the Enlightenment, implied the need for reason in all things. With greater

[125] Ibid.
[126] Blazer, *Age of Melancholy*, 93
[127] Ibid

knowledge came greater reasoning in all academic disciplines.[128] John Dewey was one such man who exhibited the idea of modernity in North America. He described the modern man as being one that was "self-assured and in control of his own destiny."[129]

Modernity was a concept consisting of progress, continuous growth, and improvement toward a more advanced way of life. Technology and the pursuance of knowledge were cornerstones of what it meant to be modern. Francis Bacon, one of the first leaders in the advancement of modern political thought, expressed these ideas in his book, *New Atlantis* in 1626.[130] In this fictional story, travelers land on an island where a society existed that is much more advanced than their own. Located on this island is Salomon's House, which is considered as being the most important institution on their island of "Bensalem" and in their society.[131] Bacon explains in *New Atlantis* that the purpose of Salomon's House "is the knowledge of Causes, and secret motions of things, and the enlarging of the bounds of the Human Empire, to the effecting of all things possible".[132] So it seems that the purpose of Salomon's house is to gain knowledge in order to become more advanced and to increase technology. With this book, Bacon encouraged the world to do just that and greatly influenced the whole movement of modernity. These ideas helped to inspire the founding fathers to create the Constitution and our Government in the manner that they did. However, its principles continued on into the 20th century. Psychiatry along with the rest of society continued to follow this model of advancement and progress.

[128] Ibid, 140
[129] Ibid, 141
[130] Francis Bacon, *New Atlantis and The Great Instauration*, (Wheeler: Harlan Davidson, Inc. 1980), 37-83
[131] Ibid.
[132] Ibid, 71

Ironically, modernity also influenced the development of social psychiatry. As early as the 19th century people began to be concerned with how social forces influenced "man's well-being". Psychiatry and the humane treatment of the mentally ill were conducive to the intellectual base of the 19th century and were "also were reactions to the new industrialism and the changing social order."[133] The Enlightenment actually re-enforced the concept that "man's activities and relations could be understood as 'social facts'."[134] This provided the means for understanding mental illness in terms of the environment such as social class and hierarchy in which one lived at a given time.[135]

In connection with the concept of the modern man as defined by the Enlightenment, it also is not unreasonable to discuss the idea of individuality in 21st century America. America has long believed that anyone can be whatever one wanted to be. A person can achieve great things and be a huge success no one else's help. With enough hard work, a person can do anything. Herbert Hoover, our 31st President, explained American individualism by saying this, "…we shall safeguard to every individual an equality of opportunity to take that position in the community to which his intelligence, character, ability, and ambition entitle him…"[136] America truly has been a land of opportunity, and it has strived to make equality of opportunity one of its foremost goal. Because this is the case, many feel that in America one's potential is great and one can be whoever he or she wants to be.

However, the reverse side of this argument is that failure is our own fault. So, the whole concept of social psychiatry had a hard time being accepted in a society that often refuses to believe that the environment truly hinders people. When people have the belief that anyone can

[133] Masserman, *Social Psychiatry*, 103
[134] Ibid, 104
[135] Ibid.
[136] Herbert Hoover, *American Individualism*, (New York: Garland Publishing, Inc., 1979), 9

do anything regardless of their situation or the obstacles that they have to face, it is hard to convince them that the environment can actually affect the mental wellbeing of an individual.

This idea of individuality and the concept of depending on oneself for success also aids in explaining why people could be so attracted to the idea of antidepressants. If your life is stressful and you are feeling unexplainably sad, there is a solution: just take a little pill once a day and it will fix all of your problems. However, admitting that you are weak and asking for help from a counselor or a psychotherapist is a completely different story. We want control over our own lives, and we don't want to admit that we are weak. Also, we want to believe that it is not our fault that we are sad, we want to believe that we just have a certain screw loose in our brain and the medication is an easy, painless solution. This is yet another reason why the biological model of depression exists and thrives in our individualistic society.

Views

Since the beginning of time, there has probably been a stigma associated with mental illness. There are a variety of reasons for this situation, but it is probably related to the fact that mental illness is hard to understand. When you break your leg, you can easily find the source of your pain. However, when the source of your pain or confusion is in your brain, it is much harder to understand. Views of the mentally ill have no doubt improved since earlier times. We no longer lock the mentally ill up and throw away the key. We no longer mistreat them and perform dangerous procedures like lobotomies either.

However, in 1961 Jum C. Nunally, Jr. conducted a study by which he attempted to gage public perceptions of people who are mentally ill.[137] As one would expect, the results found that many people regarded the mentally ill as being "relatively dangerous, dirty, unpredictable, and worthless."[138] When the psychologist specifically asked the sample to give their perceptions concerning people with neurotic tendencies (including people suffering from depression) they perceived them as being weak and delicate.[139] Overall, there seemed to be a "strong negative halo associated with the mentally ill."[140]

In the 1960s there was still a stigma attached to those suffering from a mental illness. Also, today there is still a stigma attached to those same people. Even though it is perhaps easier to admit a mental illness, one would probably much rather admit to suffering from diabetes or multiple sclerosis than schizophrenia or depression. On the other hand, depression and the treatment of it have become very commonplace in today's society. As was mentioned earlier,

[137] Bernard M. Kramer, Leonard Soloman, and Henry Wechsler, editors, *Social Psychology and Mental Illness*, (New York: Holt, Rinehart, and Winston, Inc., 1970), 532
[138] Ibid, 540
[139] Ibid, 534
[140] Ibid, 540

the leading cause of disability for ages fifteen to forty four in the U.S. is Major Depressive Disorder. Many people are suffering from it and many people are using either psychotherapy or anti-depressants as a treatment for it.

Examples

In order to help bring together all that has been discussed in this paper, it would be helpful to examine some real life accounts of depression. By doing so we can try to find out if either a 'reactive' view or a 'biological' explanation of depression is more useful. To do this, a look at a book entitled *Wounded Healers: Mental Health Workers' Experiences of Depression* is helpful. This book describes first hand accounts of depression by people who work in the field.[141]

The first person discussed is a clinical psychologist who described herself as being "a lonely and unhappy child." She was afraid of her father and she was aware that he didn't like her very much. She describes that she and her mother "were both convinced we were stupid, and that our interests were to be despised."[142] She goes on to mention that her children's illnesses later on in life, her feelings of not being accepted at church, and her own illness had dragged her

[141] Rippere, *Wounded Healers*
[142] Ibid, 79

into a deep depression in which she began to not only think about killing herself but also some of her children.[143]

Another story describes a person who was unwanted from birth. Her mother thought she was going through menopause when she found out that she was in fact pregnant with a daughter. This patient's mother was in an unhappy marriage and left her husband as soon as the child was born. This person grew up in an environment in which she didn't feel as though she was wanted. This feeling along with going to a strict private school where she didn't fit in as well as various run-ins with an unloving step-mother all contributed to lifelong depression and struggle with obesity.[144]

Both of these situations clearly imply that there are real and direct reasons for depression. This would suggest that methods to treat their illnesses might not need medication, and could be explained by the use of social psychiatry and its principles as a guide. When there is a direct cause for the depression, psychotherapy is a reasonable and very effective method.

In this same book there are some accounts that are not reactive. Some people describe depression as coming on out of nowhere.[145] For no reason at all they suddenly began to feel dejected, lonely, and sad. The point of this paper is not in any way to try to prove that depression does not exist outside of a 'reactive' state. Many people suffer from depression when there are no clear reasons for feeling sad. The greater point of this paper is to suggest that treatment of depression changes over time, and one should not necessarily accept the current . Do anti-depressants work for some people? Of course, but not everyone should be taking anti-depressants, because not every situation can be solved with medicine.

[143] Ibid, 80
[144] Ibid, 69-70
[145] Ibid, 119

Conclusion

In conclusion, depression is a complicated illness. People have seemingly been suffering from it since the beginning of time, whether it was called "melancholy" or "major depression". Is it biological or a reaction to society's difficulties? Does it make sense to treat it with medication, psychotherapy, or some other method like electroconvulsive therapy? Does it require treatment at all? The answers to these questions are not easily arrived at and when asked, one is bound to get a variety of answers. What we do know is that many, many people suffer from this kind of illness all the time. It is a universal feeling, sadness, and one that most would rather not feel.

Is it biological in nature? With the knowledge that we have about the brain, we know that certain things happen in our brain when we feel sad. This means that something is changing in our brain when we become depressed. However, this doesn't necessarily mean that it is completely biological in origin. We know that after someone dies, close family and friends are going to become depressed for a time. This is normal, natural, and it is in direct response to a life event. In the treatment of this illness there are no black and white answers about the origin and of this illness any time soon. People are made up differently and they lead different lives.

They are no doubt going to respond to a variety of treatments differently. What works for someone is not always going to work for another. This means that there isn't a completely concrete answer out there for the questions that have been raised in this paper. Two of the books that I relied on most for this paper were written within the last few years. There are a growing number of people in the mental health field who believe that something is wrong with the current status quo when it comes to understanding and treating depression.

However, there is still a very popular mode of thought among psychiatrists today about what is true and what is not true about depression. If this paper does nothing else I hope that it makes people reconsider what is being fed to them about this illness. Not everything is black and white, and there are not definite facts that prove one way or another what depression really is. Social psychiatry makes a lot of logical sense and shouldn't be completely discredited. Should it be accepted exactly as it was in the 1960s? Of course not! We know so much more than the people living in the 1960s did. However, it is important to note that even in the 1960s social psychiatrists knew that the environment was not the only factor in the many causes of depression. A large number of variables interact with each other when a person is depressed. Due to the fact that there are so many factors involved, it is best not to narrow in on just one cause when diagnosing depression. Social psychiatry's basic principles should be reconsidered and folded into what we have learned about our brain and about depression as a serious and disabling condition. If we started to combine what we know about the discipline of sociology along with psychology and psychiatry some interesting results might be arrived at.

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