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Depression Science and Treatment

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BOOK REVIEW

DEPRESSION SCIENCE AND TREATMENT

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

By Gary Greenberg

New York: Simon & Schuster, 2010, 448 pp., \$27 US

Reviewed by Tom Strong, University of Calgary.

It's not that Americans don't like to cheat nature—consider, for example, the Interstate Highway System which renders mountains nearly irrelevant. But, when it comes to changing our inner landscape, our destiny isn't quite so manifest. (Gary Greenberg, 2010, p. 191)

Psychotherapy has long straddled two narratives: a modern scientific one that sees the field marching closer to correct evidence-supported practice, and a more unruly and humble one based on less tangible specifics particular to what happens in a good therapeutic relationship. Counselors and therapists have also struggled with how to understand the problems clients present; most specifically, the fuzzy dividing line that purportedly differentiates medical concerns and those amenable to talk therapy. One of the most common concerns that our clients present—depression—falls right into this ambiguous and contested territory of understanding and intervention. Depression is now on the radar of government and corporate leaders; thanks, in part to Lord Layard (2005), who brought an economist's analysis to a problem long dismissed as personal. The science on depression and its “treatment,” however, is not on par with that which has helped address diabetes or put a man on the moon. Depression, instead, has been relentlessly studied, with scientific breakthroughs seemingly around the proverbial next corner. The operative word here, for Gary Greenberg (2010) in his engaging, well-researched, and often hilarious *Manufacturing depression*, would be “seemingly.”

Greenberg, who has been on both sides of depression himself—as client and therapist—takes on depression science and depression treatment as a historical moving target. Read one way the book is a smart-alecky rant about human and corporate failings and self-aggrandizement. Neuroscientists' accounts of depression, for example, can be found in a chapter entitled “The New Phrenologists.” In Greenberg's view, scientists, therapists, and pharmaceutical companies consistently, embarrassingly, and sometimes dangerously overshoot with their claims—yet depression persists as part of the human condition. If you are personally committed to the view that depression science will eventually come up with laws of gravity-like understandings, and the kinds of interventions one expects from NASA engineers, this book will vex you. Greenberg's parting comment makes clear his position on depression science and treatment:

[W]hen life drives you to your knees, which it is bound to do, which maybe it is meant to do, don't settle for being sick in the brain. Remember that's just a story. You can tell your own story about your discontents, and my guess is that it will be better than the one that the depression doctors have manufactured. (p. 367)

Others, like me, will read Greenberg as having rightly sent up a well-intended field, insistent—despite all its dead ends—on locating the scientific cause and treatment of depression solely in people's biological or cognitive factors. Greenberg's historical narrative is both scholarly (50 pages of references) and brimming with wit and persuasive writing. This is a field after all, that over its history has accepted bumps on the head, “serendipitous” chemical discoveries, electro-shocks, and power-of-positive-thinking ideology as its science and treatments *du jour*. My first encounter with Greenberg on this topic came in the American popular magazine *Harper's* a few years ago (Greenberg, 2007), in which he talked about his own experiences as a patient, recounted here, as a “journey into the economy of melancholia.” This time out Greenberg seems again to be writing for the popular magazine reading crowd, but a very literate one. Before launching into a long chapter on the pharmaceutical industry (“Getting High and Making Money”) he forewarns readers about the alphabet and Latinate soup of drugs they are about to read up on. He signed on for a depression drug study and we learn of his double-blinded experiences and the reflexive methods (e.g., being asked repeatedly about improvements to his symptoms) used by his Harvard research psychiatrists. We also learn of his involvement with key figures in CBT (e.g., Judith Beck), an approach he equates with “can-do optimism” and outright dismissal of what it means to be human:

We don't have to be stunned at the cruelty—or for that matter, thrilled by the tragedy—of life on earth or pursuing happiness the way we do is also pursuing destruction. We can be healed. We can get our minds to work the way they are supposed to. And then we can get back to business. (Greenberg, 2010, p. 314)

Many aspects of contemporary depression science and its treatment end up in Greenberg's cross-hairs. Readers learn about movements toward the scientific classification of depression as the field moves closer to the *DSM-V* (for a great read on the global effects of the *DSM* development process, see Watters, 2010). Greenberg is perplexed about the promisory note *DSM* developers ask us to accept in using these pejoratively descriptive labels given their presumed causes (a symptom “language tethered to itself,” p. 79). Of course, there is a science that follows from such labeling, which he spares no time in skewering in a chapter on double blind trials. On the commercial front, he highlights the dilemmas posed to therapists using the *DSM* (e.g., depression has to be *major* or therapy for it will not be funded). He even smuggles in a little Foucault: “[T]he label doesn't function to put a person in his place as much as it gives him the language to put himself there” (Greenberg, 2010, p. 229). At the same time, he quotes the *DSM's* chief early architect, Robert Spitzer, as highlighting a clinical need for “nosological diplomacy” in how therapists use labels in their work with clients. It is the hitching of pharmaceutical treatments to these suspect labels that is of greatest concern to Greenberg. His review of pharmaceutical experiments and interventions is quite thorough and concerning, while not mincing words about symptomatic downsides of failed experiments and how marketing of said drugs helps corporate profits (putting “our discontents into the hands of the drug companies and their doctors,” p. 369). The crux of his concern seems tied to a mystical dividing line whereby

one can separate endogenous (biologically caused) from exogenous (life circumstance related) depressions. Depression science and treatment has almost entirely put its stock in the former.

Greenberg is hardly alone for going after the medicalization of mental health, of course. His history takes us through depression science's consideration of problems in adapting to life vicissitudes before it turned its science fully on the firing of our synapses. One can find more broad-brushed, critical reflections in Foucault (e.g., 2006), Cushman (1995), Hacking (1999), and Szasz (2007), while finding companion volumes in Tone (2008) and Lane (2008). Some may see in such books an abandonment of what science can do to alleviate genuine human suffering while a fault line seems to be forming over how well served therapy is by its diagnostic language and evidence-based interventions. Greenberg takes what might seem a Luddite stand. Thus, his tone is refreshingly or appallingly irreverent and accusatorial, depending on your view of depression science. In his first-person voice (as client and therapist), buttressed by plenty of research and in a highly readable writing style, he pleads: "It would be nice to hear psychiatrists acknowledge in public that even though they've been telling people for two decades that they know what the underlying pathology of depression is, they really don't" (Greenberg, 2010, p. 345).

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