Disease or social construction? An insider's account of the psychiatric treatment of depression

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★ **The Antidepressant Era**
By David Healy
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The World Health Organization tells us that major depression is the fourth leading cause of disability in the world. Medical students and psychiatry residents are taught that advances in the diagnosis and treatment of depression are one of the great medical success stories of the past forty years. Methods of psychiatric diagnosis are objective and reliable, and the majority of patients can be helped by modern treatments, particularly modern drugs. The problem today is no longer our inability to diagnose or to treat the disorder, but rather the persisting stigma that deters those who suffer depression from seeking help and the limitations of a health delivery system that ignores those who are not energetic in seeking relief. When psychiatrists want to illustrate the advances made possible by the scientific revolution they tell the story of depression.

David Healy is a participant in this success story. He is director of the North Wales Department of Psychological Medicine of the University of Wales, past secretary of the British Association for Psychopharmacology, and a leading authority on the history of psychopharmacology who has published several volumes of interviews with the founders of the field. His exceptionally well-written new book, *The Antidepressant Era*, combines a sophisticated understanding of the science, an insider's knowledge of the facts, and an historian's appreciation of the several possibilities for framing the account and the different conclusions that can result. Healy has his own rather forceful and, at least among his psychiatric colleagues, somewhat unpopular interpretation. He argues it well, and will provoke second thoughts among many who thought they already understood the story.

The tale begins in the late 1950s. Biological psychiatry had celebrated two major triumphs earlier in the century, each of which turned out to be somewhat disappointing. The "shock" treatments, introduced in the 1930s, were followed by the immense wave of enthusiasm for frontal lobotomies and psychosurgery, culminating in the awarding of the

Nobel Prize to the discoverer of the lobotomy, Egas Moniz, in 1949. However it soon became clear that these celebrations had been premature and that clinical impressions were treacherous. The evaluation of therapeutic efficacy required systematic scientific research.

Psychiatrists had used drugs to sedate and sometimes to stimulate, but they weren't viewed as particularly effective and were conceptualized more as alleviating symptoms rather than treating psychiatric disorders. This changed rather dramatically with the introduction of chlorpromazine (Thorazine) in Paris in 1952, first used in the treatment of agitated psychosis. Its success led to the evaluation of similar compounds. One, Geigy 22355, failed badly, in fact it seemed to make agitated patients even worse. However Roland Kuhn, a Swiss psychiatrist, recognized its potential, and in 1956 used the compound (now called Imipramine, or Tofranil) to treat a depressed patient. A few years earlier American psychiatrists had reported the side effects of an antituberculosis drug, Iproniazid, a monoamine oxidase inhibitor, on mood. Patients were said to be "dancing in the wards." The antidepressant era had begun.

Healy reminds us that, surprisingly, at the dawn of the era, depression itself was perceived as relatively rare. In spite of what we now believe, the story was not one of public health concern about a major disease for which no treatment was available. It was of the discovery of treatments which led to increased awareness, immense interest, refined diagnostic criteria, new definitions, professional education, epidemiologic surveys, major research programs, and eventually the construction of one of the major diseases of the modern world. What does this mean? Did we ignore quiet suffering until we had an effective treatment and only then invest the resources in learning how to detect and alleviate it? Or did we create a disease in order to generate opportunities for using new treatments and, not incidentally, a new market and immense profits for the pharmaceutical companies that had developed and patented the treatments? Perhaps more fundamentally, are these two answers really different, or are they simply different attitudes about the same facts?

Healy is intrigued by the implications of the second formulation, and makes a strong case for taking it into account. Diseases cause pain, suffering, and death, but at the same time they are social constructions that reflect cultural values and institutions. Most medical practice comfortably ignores this latter theme, although it comes up in discussions of birth, death, access to care, the doctor-patient relationship, and other "softer" aspects of medical care. Psychiatry is never far from this paradox, even when dealing with its most unequivocal biologically based disorders.

Whether or not a painful or undesirable state is a disease is in part determined by whether it is viewed as part of the human condition or a preventable or treatable variant—consider myopia, dyslexia, senility (now Alzheimer's disease), or impotence, each of which has become medicalized as strategies for treatment or prevention have become available.

Healy is particularly engaging when recounting the human details of the story, how the larger issues of science, medicine, and society get played out by large corporations

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and government regulatory bodies and interact with the ambitions and narcissism of individual players. The gossip is fascinating and seems to further support his broad thesis that medical progress is not an objective fact so much as a preferred plot line selected because it seizes the interest of so many constituencies.

Healy is also skillful in relating his central theme to several other important, but subsidiary, ones. Psychiatry learned a lesson from the lobotomy era, and the development of double blind randomized controlled trials, first popularized in the study of psychopharmaceuticals, became the gold standard for demonstrating the efficacy of treatments. Some were concerned that the price of methodologic precision would be a loss of clinical subtlety or of the uniqueness of the human dimension of psychiatry. Patients would be forced into artificial categories of disease just as drugs would be forced into artificial categories of treatment, and then a gigantic matching process would occur, dictated more by psychiatric intellectual fads, government regulatory policy, and pharmaceutical marketing strategies than by the nature of psychopathology or the clinical effects of drugs. Randomized controlled trials are designed to remove any doubt that a specific drug has a predefined effect on patients who fulfill specific criteria—not to discover what problems trouble individuals, how different drugs affect them, and the best way of using this knowledge in helping patients.

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He also describes the impact of the new "antidepressant" drugs on the popularization of several other clinical entities, both old and new, that seemed to respond to them. Obsessive compulsive disorder, panic disorder, and social phobia are examples. He is particularly effective in tracing the role of the pharmaceutical companies in the process—they had the resources to sponsor the scientific research required and a strong commercial interest in finding new indications for their products. He argues that new disease categories and new diagnostic systems are as important as new molecules in the commercial success of a pharmaceutical corporation.

Finally, Healy describes how the "neo-Kraepelinian categorical disease entity psychiatrists" used the success of the new drugs to defeat the "anti-categorical dimensional psychoanalytic psychiatrists" in the battles over the development of the American Psychiatric Association's Diagnostic and Statistical Manual. (He quotes my description of the process as, finding themselves unable to carve nature by its joints, the nosologists decided to carve it by its feathers—sacrificing relevance to basic underlying processes in order to maintain inter-rater reliability). For me, this was one of the many skirmishes

in the ideological wars that have marked twentieth-century psychiatry; for Healy, it was that, but it also illustrated the powerful influence of the industrial-psychopharmacologic complex.

The result is a masterful account of the most important developments in modern psychiatry, told by an insider who was himself a participant, but who prefers a historian's social constructivist analysis and deconstructionist spin in telling the story. It is enjoyable reading for all, and a must read for anyone who wants to understand how we have come to view and treat depression or to learn about the interplay of science, medicine, and social institutions in the construction of disease.

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