

Book Reviews

The Loss of Sadness. How Psychiatry Transformed Normal Sorrow into Depressive Disorder. By Allan V. Horwitz and Jerome C. Wakefield; Oxford University Press, New York, New York; 2007; ISBN: 978-0-19-531304-8; \$29.95 (hardcover), 287 pp.

In medicine, diagnosis is considered the first step and cornerstone of the entire treatment process. However, for decades, psychiatric diagnosis had been considered unscientific, arbitrary, and unreliable. Thus, even scientific examination of treatments was not always considered scientific enough by the rest of medicine, because of the use of possibly unreliable diagnostic entities. The arrival of the third edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III)(1) in 1980 ushered in a new era. The doubts about the reliability of psychiatric diagnosis disappeared, and the entire psychiatric diagnostic classification acquired an aura of a revolutionary, scientific system. Nevertheless, many remained skeptical, and their numbers have only been increasing. True, the DSM introduced much more reliability, but what about validity, ask many. Two distinguished psychologists, Allan Horwitz and Jerome Wakefield basically pose this question in the case of just one disorder (in my mind probably the *most* complicated entity in the entire DSM)—depression. The title of their book—*The Loss of Sadness. How Psychiatry Transformed Normal Sorrow Into Depressive Disorder*—summarizes the major flaw of the DSM: the issue of poor validity of the DSM concept of depression and the export of pathology into the community, society.

Their book consists of a Preface and 11 chapters. The Preface, written by Robert Spitzer (the Father of DSM-III) summarizes the positive aspects of DSM-III and following edition(s), such as reliability, improved communication among researchers of various theoretical orientations, and explicit rules for establishing the diagnosis. However, as Spitzer admits, psychiatry has been, at the same time, ignoring some basic conceptual issues (p VIII), especially the question of how to distinguish a disorder from normal suffering. Since the advent of DSM-III, psychiatry also has largely ignored the contextual aspects of depressive symptomatology. This, as Spitzer acknowledges, led to some unbelievable rates of illness(es) obtained in epidemiological studies. Thus, even Spitzer welcomes Horwitz and Wakefield as a “brilliant tour de force of scholarship and analysis . . . about psychiatric diagnosis and the nature of mental illness” (p VII).

The first chapter, “The concept of depression,” reviews the ubiquity of depression in our society (as Horwitz and Wakefield paraphrase the poet W.H. Auden—we may be living in the age of depression) and normal versus disordered sadness. The authors argue that the explosion of putative depressive disorder does not stem primarily from a real rise in this condition, but that it “is largely a product of conflating the two conceptually distinct categories of normal sadness and depressive disorder” (p 6). They also argue that, “In modern psychiatry, definitions move the treatment and research firmament, and modern clinicians with an invalidly broad definition can move diagnosed disorder to virtually whatever level they desire, especially when they deal with a disorder such as depression that features such symptoms as sadness, insomnia, and fatigue, which are widespread among nondisordered people” (p 8). Thus, the stage is set for a major attack on the validity of the depression diagnosis. With taking the depressive symptoms out of context and thus mixing disorder and normal sadness, the DSM increases exponentially the potential for false-positive diagnoses. The authors also remind us that “normal functioning is not mere statistical commonality . . . and we must distinguish disorder from social desirability and social values” (p 15). This chapter also lists the advantages of distinguishing normal sadness from depressive disorder, such as the fact that the distinction between disordered and normal sadness may improve the assessment of prognosis, point to appropriate treatment, better estimate the unmet needs for mental health services, select more appropriate samples for research, and maintain the integrity of psychiatry among others.

Chapter 2, “The anatomy of normal sadness,” discusses the three essential components of normal sadness—it is context-specific, it is of roughly proportionate intensity to the provoking loss, and it tends to end about when the loss situation ends, or else it gradually ceases as coping mechanisms adjust individuals to new circumstances and bring them back into psychological and social equilibrium” (pp 27–28). The authors also discuss the cultural context of normal sadness and the adaptive functions of nondisordered loss responses. The third chapter, “Sadness with and without cause. Depression from ancient times through the nineteenth century,” provides a historical overview of the concept of sadness and depression. In is followed by Chapter 4, “Depression in the twentieth century,” which starts with the discussion of the Kraepelinian and Freudian concepts of mental disorders and depression (interestingly, both Freud and Kraepelin were born in the same

year, 1856). The chapter later continues with the Feighner's research criteria and finally the DSM-III and its focus on reliability. The next chapter discusses all the minutiae of "depression in the DSM-IV." This chapter points out the conceptual flaws of some other diagnoses, such as adjustment disorder ("largely ignored by researchers" due to its flaws; p 118).

Chapter 6, "Importing pathology into the community," points out the "myth of the equivalence of community and clinical diagnoses," especially in the area of depression. It also criticizes the concept of minor depression, another fallacy of our diagnostic thinking. The seventh chapter, "The surveillance of sadness," points out the flaws of depression screenings, which in some instances leads, for instance, to pathologizing adolescent distress (again, none of the screening instruments takes the context of distressing feelings into account).

The eighth chapter, "The DSM and biological research about depression," suggests that the "conflation of normal sadness and depressive disorder in DSM criteria has handicapped biological research and created confusion that can potentially lead researchers to draw misleading conclusions from their data" (p 165). The chapter skillfully criticizes all the major approaches of biological research, such as genetics, adoption studies, focus on "chemical imbalance," etc. Chapter 9, "The rise of antidepressant drug treatments," reviews the history and various treatments first, and then criticizes various practices such as direct-to-consumer advertisement. The authors conclude that the Big Pharma triumphed in expanding the pharmacotherapy into the treatment of normal sadness.

Not to exclude other disciplines, Chapter 10, "The failure of the social sciences to distinguish sadness from depressive disorder," emphasizes that psychiatry does not exist in a vacuum and that other disciplines, such as anthropology and sociology contributed to the current mess in the concept of depression. Interestingly, the authors, both psychologists, refrain from any criticism of psychology!

The last chapter, "Conclusion," discusses the constituencies for depressive disorder (medicine, psychiatry, research community, World Health Organization, family advocacy organizations, pharmaceutical companies, Peter Kramer, "mental health clinicians" and even afflicted individuals themselves. But again, the term "psychologists" does not appear anywhere). It also addresses some possible objections to the authors' own position. It concludes with some directions for solving the problem in the diagnostic system, e.g., addressing the proportionality of the symptoms to the severity and duration of stressfulness in people's actual life.

One has to agree with Robert Spitzer that this book is a major tour de force. It brings out the major issue in our most revered (and hated) diagnostic system: reliability vs. validity. It skillfully argues for a profound change in our thinking and conceptualizing of depression as a disorder and as normal sadness. It points out that we have difficulties in distinguishing depression as a disorder and as a normal reaction—as Mario Maj recently aptly asked: "Are we able to differentiate between true mental disorders and homeostatic reactions to adverse life events?" (2).

The book is certainly not flawless. Though it is well written, it is a bit repetitive in its major argument about depressive disorder vs. normal sadness (perhaps inspired by the old saying that "Repetitio est mater studiorum/scientiae"). It uses the term "affective disorders" rather than "mood disorders." Finally, a major conceptual flaw in my mind is the fact that the authors argue what is not depression but do not define what depression is.

Nevertheless, the book is a truly great, provocative and inspiring reading which every psychiatrist, *psychologist* and other mental health worker should read and digest. It will certainly improve our way of clinical thinking about our patients and their problems.

REFERENCES

1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 3rd ed. Washington, DC:APA; 1980.
2. Maj M. Are we able to differentiate between true mental disorders and homeostatic reactions to adverse life events? *Psychotherapy and Psychosomatics*. 2007;76:257–259.

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Doing Psychiatry Wrong. A Critical and Prescriptive Look at a Faltering Profession. By Rene J. Muller; The Analytic Press, Taylor & Francis Group, New York, New York; 2008; ISBN: 978-0-88163-469-3; \$29.95 (paperback), 136 pp.

Contemporary psychiatry, considered by many as being predominantly "biological" (whatever that term means), seems to be going through a crisis. Intellectually, we have been treading water lately. Morally, we, according to some, have been selling out to the pharmaceutical industry. We also do not provide the best care to our most severely ill patients, at least in some places and some states. We have not fulfilled our spoken and unspoken promises to our patients and to society. We do not have the answers we said we were going to have. Is this something new, or has psychiatry gone through something similar before? Rene Muller, author of this volume with a catchy title, *Doing Psychiatry Wrong. A Critical and Prescriptive Look at a Faltering Profession*, seems to believe that psychiatry is failing us, and everybody else, for the first time. As he writes in the Preface to his book, his purpose is "to show that psychiatry is failing Hippocrates's injunction—first by not helping the majority of its patients, and then by harming many of them" (p IX).

This volume is divided into Preface, Acknowledgements, 10 chapters and an Epilog. In the Preface, besides suggesting that psychiatry is failing, the author also postulates that contrary to biological psychiatry beliefs, "we already know enough about the brain and the mind to do psychiatry right—and to stop dinging patients with wrong diagnoses and unnecessary medications" (p X).