



Book review

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The Age of Melancholy: 'Major Depression' and Its Social Origins

Dan G. Blazer

Routledge Taylor & Francis Group, New York 2005, 212 pages plus references (38 pages), \$34.95 (US)

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Dan Blazer, Professor of Psychiatry and Behavioural Sciences at Duke University considers why we appear to be in the throws of a pandemic. We are not in fact in an 'age of melancholy' but rather in an 'age of major depression'. One element of his thesis is that variations and gradations of the depressive experience have been conflated into the diagnostic label of major depression. Whereas once people may have been sad, blue, melancholic or attributed their distress to the vicissitudes of life, now people have major depression. The reification of the disorder of depression and the relative success of antidepressants in altering mood has severely constricted our understanding of human distress. The main problem Blazer repeatedly asserts is that psychiatry and the public at large have lost their sociological imagination in relation to suffering.

The book commences with an introduction that articulately condenses the arguments made in ensuing chapters. There are 11 chapters divided into four sections with an extensive reference list at the end. Each chapter includes a brief 'case in point' vignette which illustrates particular themes. These are often thought provoking. The first section deals with the medicalization of distress, the demise of the concept of reactive depression or consideration of social causation, and the evolution of the diagnosis of major depression. The second section provides a fascinating insight into the rise and retreat of social psychiatry, focusing particularly on the USA and will be a memorable read for anyone with an interest in the history of psychiatry.

The third section consists of three loosely related chapters. The first deals with epidemiology and the burden of depression, providing a scholarly examination of large scale social epidemiological research in the USA. The second entitled 'A lesson from war syndromes' describes the framing of particular experiences as symptoms of disorders and how changing conceptions of these syndromes mirror the retreat of social psychiatry and the rise of bio-medical explanation. Blazer asserts that in each major conflict the USA has participated in during the last 150 years the psychological problems arising for participants have been characterized and categorized differently. I felt somewhat short changed that this went no further than 'Gulf War Syndrome' and wondered how the current 'war on terror' might be considered in light of this thesis.

The last chapter in this section locates and discusses psychiatry within a modernist tradition and discusses the postmodern critique of psychiatry. Blazer suggests that an increasing prevalence of depression reflects hopelessness in society associated with what he calls postmodern themes of loss (of story, language, self, unity, trust, orientation and meaning) and nihilism. One might view this chapter as pivotal or redundant. In my view this chapter runs the risk of reifying the 'postmodern condition' in much the same way as Blazer asserts that psychiatric diagnosis may be reified, i.e. treating a category as a real entity. The solution proposed is rather flat, that is '... psychiatrists must not throw up their hands in despair but must rather be aware' (p. 159).

The final section returns from the postmodern swamp of uncertainty to more solid ground posing a case for a social psychiatry founded on evidence and empirical research. A key failure of past experiments with social psychiatry in Blazer's view was the failure to reliably demonstrate social causation of mental health problems (so much for postmodernism). Interestingly, he suggests that the critique of psychiatry from the antipsychiatry movement

and libertarians in the 1960s also contributed to the demise of social psychiatry and a retrenchment of the psychiatric agenda away from exploring the relationship between the social world and mental ill-health and towards more biomedical explanations.

Blazer takes the reader on a fascinating journey examining the rise and fall of social psychiatry which was concerned with social causation of mental ill-health and improving society, and the ascendancy of a chemical imbalance meta-theory of everything. Absent from the commentary and critique is any substantive discussion of power or consideration of whose interests might be served by these different constructions of distress. An oblique reference to power is in the final chapter in which Blazer considers the problems of psychiatry with reference to the fictional drug *Soma* in Aldus Huxley's *Brave New World*: 'Providing soma was an insurance against personal maladjustment to the society, social unrest, and the spread of subversive ideas' (p. 204). Blazer suggests that the drug (antidepressant) is not the problem but rather the problem rests with '... the attitude of the controllers of society toward the drug and the attitude of the participants in society towards the drug' (p. 205). Blazer does not make problematic the attitudes of the controllers of society towards the citizenry, nor does he consider in any depth issues of class or structural inequality in the construction of the disorder or aetiology of depression. The authority of psychiatry or their natural position of leadership in matters relating to people's well-being and to some extent their position as 'controllers of society' is not challenged.

Blazer notes in the preface that comments are focused in psychiatry because psychiatry drives other disciplines especially towards biomedical models of emotional distress. In this conversation he goes to some lengths not to undermine the biomedical view of depression while asserting that much distress which attracts the label is caused by social factors such as stress in the workplace. He suggests that no more than 1% of the population might suffer from a purely biologically driven depression and the rest might be better explained by stress-diathesis models in which psychotherapy or biological interventions will be of only marginal assistance unless people extricate themselves from the stressful social environment. The subtext is an

invitation to psychiatrists to revive a social psychiatry research and practice agenda to explore these environments and influence public policy. Where might nursing be located in this grand plan? Other disciplines might balk at the idea of psychiatry providing leadership or guidance to them but it seems to me that the past, present and future of psychiatric and mental health nursing is interwoven with psychiatry. Where psychiatry goes, mental health nursing follows. Nursing does not rate a mention in this book except as a group whose ambiguity about authority and perceived lack of social support at work contributes to burnout. Whereas, Blazer cites the disciplines of social psychology, anthropology, sociology and social work as groups that have forged ahead in attempting to understand the relationship between the social environment and well-being. Today I think it unlikely that nursing regulatory bodies would consider public health interventions or undertaking social epidemiological research as mental health nursing yet there is a veritable scramble to secure and regulate prescribing privileges and create training frameworks to support it. Nursing is essentially swimming with the tide. This book might raise people's awareness and may even sway some psychiatrists or practitioners to engage with the social sciences or consider expanding their research projects but in itself is unlikely to turn the tide of biomedical approaches to depression.

I would commend this book to people as an enjoyable read that straddles a range of viewpoints but pushes none particularly hard. I would locate it on my shelf somewhere between Kramer's 'Listening to Prozac' and Smail's 'The nature of unhappiness'. For those with an interest in the history of social psychiatry and war syndromes it will be essential reading for others it may be a gentle and inoffensive challenge to consider depression as more complex than dominant biomedical models suggest.

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