

BOOK REVIEW

Edward Shorter. *How Everyone Became Depressed: The Rise and Fall of the Nervous Breakdown.* Oxford: Oxford University Press, 2013. 272 pp. \$29.95 (cloth). ISBN: 9780199948086.

Over the last several decades, a number of scholars have critically examined the social, cultural, and conceptual foundations of psychiatric diagnosis, especially as embodied by the American Psychiatric Association's *Diagnostic and Statistical Manual* (DSM). Edward Shorter's newest contribution, *How Everyone Became Depressed*, is similar to this literature in that he also takes to task the psychiatric diagnosis edifice. But he makes a different argument regarding the role of the historian. Shorter's thesis is that psychiatry took a terribly wrong turn sometime in the twentieth century regarding two key forms of mental illness and that history is needed to remind psychiatrists about the signs and symptoms of valid psychiatric diseases.

Shorter argues that the current ubiquitous diagnosis of depression is not real and that there were genuine diseases of the past that overlap to some extent with modern depression—melancholia and something he calls a nervous syndrome. Shorter explains that nervous illness used to be (in his eyes correctly) understood as a combination of mild depression, anxiety, fatigue, somatic pains, and obsessional thinking. Melancholia was a much more dramatic and severe illness characterized by intense psychic and physical pain. Shorter asserts that these two forms of illness are “as different as tuberculosis and mumps” (p. 80), and he blames psychoanalysis, the pharmaceutical industry, and the creators of *DSM-III* for eliminating these real diseases in favor of the tepid and meaningless label of “depression.”

In order to make his argument, Shorter considers nervous illness and melancholia in the past before looking at what changed. The book as a whole is roughly chronological, though within chapters Shorter moves back and forth in time. He uses examples from his extensive knowledge of primary sources from different places and time periods. Some of the sources are obscure, but others are quite familiar. The chapters on melancholia and nervous breakdown travel over ground that will be familiar to many.

The reader will not be left wondering where Shorter stands on the question of change in psychiatric terminology and treatment. He is derisive of the diagnostic categories in the *DSM*, psychopharmacology, and especially psychoanalysis. He complains that politics and pharmaceutical profits have trumped science in psychiatry, and calls for a return to concepts in the field that he believes have stood the test of time. He is particularly enamored of a test, developed in the 1970s by psychiatrist Bernard Carroll, called the Dexamethasone Suppression Test (DST, a method to look at responses of stress hormones), and argues that the field's abandonment of it and older disease descriptions and treatments has left psychiatry hopelessly bereft of real content.

Shorter's insistence on the specific usefulness of the past to inform modern clinical concepts is the innovation in this book. His observations on the transition between nervous disease and modern depression have been made by many other scholars, though unfortunately Shorter has chosen to cite virtually none of them in his book. He discusses the concept of neurasthenia without engaging with older literature (such as the classic work by Charles Rosenberg, 1976) or newer scholarship (such as David Schuster's fine *Neurasthenic Nation*, 2011). He takes psychiatry to task for expanding their professional scope beyond really sick patients to the general population, and fails to acknowledge the voluminous work by historians,

such as Gerald Grob (1994) or sociologist Allan Horwitz (2002). (Shorter cites Horwitz's collaboration with Jerome Wakefield in a footnote to dismiss their lack of knowledge about clinical psychiatry.) And he is scathing about the problems with psychiatric medications and the behavior of the pharmaceutical companies without using the important insights of historians, such as Andrea Tone (2008) and David Herzberg (2009), who have examined the ways in which psychiatric concepts, pharmaceutical marketing, and consumer culture interacted to create drug fads. Instead, Shorter cites friends he has made in clinical psychiatry, including Bernard Carroll and Max Fink, and of course he makes reference to his own extensive work.

Presumably because he has apparently spent time with clinicians, Shorter is also free with his clinical judgments of the past and the present—though modern clinicians will not necessarily agree with his assessments. His choices of primary sources to highlight in order to make his points seem somewhat random at times. While he does cite classical literature, he also picks out odd bits and pieces from far flung times and places. He uses material from all over the world from the sixteenth century to the present (sometimes within a few dizzying pages) with the expectation that clinical truths will emerge—even though (as he sometimes acknowledges) the context for psychiatric practice has been wildly different across time and space.

In his attempt to make history useful, it is not entirely clear who Shorter intends for his audience. Historians may be frustrated by Shorter's unwillingness to acknowledge the work of so many scholars on this topic, and his method would not be an appropriate model for students. Psychiatrists might be puzzled by Shorter's condemnation of the field for things such as its abandonment of the DST (while the test itself is not used for good clinical reasons, there is a vast research enterprise on the relationship among stress, immune function, and psychiatric symptoms) and his insistence on the concept of nerves. And readers who are concerned about issues, such as gender, the changing roles of doctors and patients in relationships, or shifts in psychological formulations over time will find that those are missing from this volume. Shorter clearly has something to say, and he says it forcefully. And he has made an energetic, if not uncontroversial, argument that history has something to teach beyond just the error of repeating the past.

REFERENCES

- Grob, G. N. (1994). *The mad among us: A history of the care of America's mentally ill*. Cambridge: Harvard University Press.
- Herzberg, D. (2009). *Happy pills in America: From Miltown to Prozac*. Baltimore, MD: Johns Hopkins University Press.
- Horwitz, A. V. (2002). *Creating mental illness*. Chicago, IL: University of Chicago Press.
- Rosenberg, C. E. (1976). George M. Beard and American nervousness. In *No other gods: On science and American social thought* (pp. 98–108). Baltimore, MD: Johns Hopkins University Press.
- Schuster, D. G. (2011). *Neurasthenic nation: America's search for health, happiness, and comfort, 1869–1920*. New Brunswick, NJ: Rutgers University Press.
- Tone, A. (2008). *The age of anxiety: A history of America's turbulent affair with tranquilizers*. New York: Basic Books.

Reviewed by LAURA D. HIRSHBEIN, MD, PhD, ASSOCIATE PROFESSOR, Department of Psychiatry, University of Michigan, Ann Arbor, MI