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American Melancholy: Constructions of Depression in the Twentieth Century (review)

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into social history and thereby adding texture to her analysis of broad historical trends. In *America and the Pill*, May supplements her synthetic narrative with quotations from individuals who responded to an Internet request. She reports that she received emails from hundreds of people; these personal tales and musings “reflect the profound ways in which the pill has become embedded in both public and private life” (p. 166). May does not generalize from this small sampling (less than one one-hundredth of 1 percent of the twelve million American women taking the pill today) but employs it instead to illustrate how some women use and understand oral contraception today and also to demonstrate “how much has changed and how much has remained the same” in women’s lives over the past fifty years (p. 145).

In the most interesting chapter of the book, May takes up the issue of the impact of the pill on men in the 1960s. She is one of the first authors to do so, as evidenced by the relative lack of secondary sources cited here, and this foray may be the most significant contribution to the abundant existing historiography on birth control. She looks at *Playboy* magazine for evidence of the male perspective; a broader selection of primary materials would add depth and breadth to this innovative analysis.

A number of scholars have recently turned their attention to the pill. Carrie Eisert’s dissertation research on the psychological conceptions of oral contraceptive patients in the 1960s comes to mind, as does Heather Monroe Prescott’s work on the campaign to switch oral contraceptives from prescription to over-the-counter sales in the 1990s. *America and the Pill*, while covering territory familiar to many historians of medicine, provides useful background for these forthcoming studies.

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Laura D. Hirshbein. *American Melancholy: Constructions of Depression in the Twentieth Century*. Critical Issues in Health and Medicine. New Brunswick, N.J.: Rutgers University Press, 2009. x + 194 pp. \$42.95 (978-0-8135-4584-4).

The subtitle of this book, written by a psychiatrist who recently completed doctoral work in the history of medicine, gives the basic theme: “Constructions of depression.” Indeed, the book is social constructionism through and through, not that such an approach is wrong, but in a sense it is at least less and less interesting, as social constructionism now is to the history of medicine what historical materialism was to classical Marxism: a procrustean bed into which all scholarship is thrust. Depression is traced as it was understood and expressed in the evolving psychiatric professions, caught between psychoanalytic ideology and neuroscience as the twentieth century moved along. The economic force of the pharmaceutical

industry gets the usual attention. The role of gender gets special attention and is the most original part of this work. The rest, though well documented, simply adds to an already large field of work on the social constructions of psychiatry. For readers interested in this approach, the book adds some detail. The book's text is not long, and its references are about a third as long as the text. This excellent documentation and scholarly detail is obviously commendable.

But a larger question is not asked and answered: is depression nothing but a construction? The author avers otherwise briefly in the introduction but never returns to the question. Most readers will finish the book thinking that depression is mostly a construction. The author encourages this interpretation with brief conclusions that appear to be given in place of a more complete examination of the larger question: "It also remains to be seen whether the enormous category of depression can continue to do all the medical and cultural work it is currently doing in explaining distress and providing a consumer solution. Unfortunately, there are few groups—outside of antipsychiatry activist groups—invested in shrinking the potential pool of people to be considered for the diagnosis of depression" (p. 132). I can point to about two dozen books just in the past five years, written by science journalists or academics or clinicians, published by major commercial houses, in which, with fiery rhetoric, one finds exactly this kind of attack on the concept of depression and on mainstream psychiatry. I can find very few books (such as Peter Kramer's *Against Depression*) that attempt to defend the category of depression in any way.

In sum, this critique joins a large and loud chorus, one that reflects some valid observations, certainly, but when everyone is singing the same song, the critical scholar ought perhaps to ask whether something is being missed—to what extent is any psychiatric diagnosis a biologically "real" disease entity?

This brings us to the underlying source of social constructionism: the ideology of postmodernism. This attitude is now so central to the academy, especially history and literature, that it is rarely mentioned, and even when named it is rarely critiqued. The rococo world of postmodernism in America today is like the Marxism of years past in the Soviet bloc or the Freudianism of the past century in American psychiatry: an ideology that has some insights, much error, and few critics. Social constructionism, purified, entails postmodernism: a denigration of science, a rejection of "reality," even a rejection of "truth." It is equally important, I think, to show why and how conditions like depression are *not* social constructions, or not purely social constructions, rather than to simply add to the evidence about the extent to which they are.

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