

Book Review

Horwitz V. Allan, Jerome C. Wakefield:

The Loss of Sadness: how psychiatry transformed normal sorrow into depressive disorder. Oxford University Press, Oxford, 2007, pages 286. \$US 29.95

This book will bring huge changes to psychiatry, or do nothing. Time will tell.

The authors state that the DSM uses a symptom lists as the basis for diagnosis but pays no heed to contextual matters (loss and other unwelcome events), and that thereby, normal sadness is frequently misdiagnosed as MDD. They make the point that bereavement is an exclusion criterion of MDD, which is an acknowledgement that environmental factors can influence the mental state, but that all other environmental factors are ignored in the diagnostic process. In the Preface, Robert Spitzer MD, a leading contributor to at least the last two editions of DSM, in general, agrees.

The authors are academic sociologists with decades of experience. They provide a referenced history of the diagnosis of depression, starting with Hippocrates and paying particular attention to the period leading up to the publication of DSM-III, cultural and evolutionary insights, an assessment of epidemiological research in depression, and some suggestions as to what might be done to correct the situation.

They state that intense sadness is characterized by features which are the same as the MDD diagnostic criteria. They draw examples from history and fiction, and cite academic sociological studies to prove the point. This was something I had always suspected but would have been hard pressed to provide evidence (highlighting the failure of psychiatric training to fully embrace the social sciences).

The authors review the evolutionary function of sadness (as opposed to disordered depression). Sadness may function as a cry for help, attracting the support of others, and the pain of separation stimulates renewed efforts to connect with the lost individual. A sensible theory is that sadness may be adaptive in circumstances of defeat (“involuntary subordinate strategy”, ISS): down cast eyes, reduced energy and withdrawal reduce the risk of further attack by the dominant animal.

Including normal sadness with MDD introduces heterogeneity and reduces the accuracy of epidemiological estimates and the value of biological and genetic studies. It leads to non-disordered loss responses being construed and treated as a pathological condition.

Some straw men are erected, such as the argument that mental health professionals seek to relieve suffering, of whatever cause – after all, doctors manage childbirth and contraception – such help is offered in the absence of disorder. It is agreed that that suffering should be managed, but it is best managed with a full understanding of the nature of the problem (a distinction should be made between non-disordered normal sadness and MDD).

Other reasons in favour of a valid depressive disorder diagnostic system include better policy formulation and planning for the future. In the current system, normal sadness (due to social causes) the focus is on correcting the biochemistry of the individual, rather than correcting the aetiological social issues (unemployment, violence and other forms of injustice).

In addition to the central argument, the general psychiatrist can learn much from this book. As the authors come from “outside”, they bring knowledge from related fields with which we are not well acquainted. Also, they must be balanced and cautious while treading on our turf, and in the process, they provide valuable critiques on a range of psychiatric topics.

The authors are at times repetitious, a necessary function to drive their message home. Always courteous to the profession of psychiatry, there is perhaps a hint of irritation when they point out that the 20th century psychiatry rejected 2500 years of medical tradition (page, 103), and that the DSM had arrived at criteria for MDD that are not only invalid, but also inconsistent with the DSM’s own stated definition of disorder (page 111). In the final chapter: “There is compelling, clear and major violation of validity that can be identified on general conceptual and theoretical grounds, and it should be fixed”.

This book is well written and not too difficult to read. However, it can become a bit slow, as careful arguments are being formed. It will significantly change psychiatry, or fade away. It should be read by and digested by leading psychiatrists, policy makers, and health professionals. Hopefully it will find a place in the libraries of social scientists and the general public.

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