Reification and Anti-depressants

Introduction

Towards the end of his life, Sigmund Freud said, “the future may teach us to exercise a different influence, by means of particular chemical substances, on the amounts of energy and their distribution in the mental apparatus. It may be that there are still undreamt-of possibilities of therapy.” While this prediction was correct and ahead of its time, Freud still underestimated the extent to which biochemical intervention would dominate the field of therapy. At this present stage of history, the dominant explanation of depression is the medical model. According to this model, depression is a disease rooted in biochemical “imbalances.” As a consequence, depression is viewed as a brain disorder which should be treated with anti-depressant pharmaceutical drugs.

The medicalization of depression is a significant historical development because unhappiness is viewed and dealt with as an individual brain dysfunction rooted in biology, not as a mental state caused by or related to external social conditions. By external social conditions, I mean the historical, political, economic, and cultural circumstances in which individuals live their everyday lives. The medical model tends to ignore or depoliticize social-structural factors by removing them from critical scrutiny. This may have significant consequences in terms of legitimating and maintaining the current social order, and implicitly or explicitly perpetuating an ideology crucial for sustaining and reproducing existing patterns of domination in work life and domestic life.

The broader purpose of this paper is to show how the tendency in contemporary capitalist society to medicalize social problems and subject them to techno-scientific management is rooted in the more general development of capitalist reification. My

theoretical orientation throughout the paper will be from a Marxian Critical Theory perspective. Since there are far too many examples of the reification or even the medicalization of social problems, I am limiting my analysis to the phenomenon of anti-depressant drugs and the medical model of conceptualizing individual depression. My paper seeks to show the connection between the particular development of the medicalization of depression and the general development of capitalist society, particularly the role of reification.

First of all, I will define medicalization in general and the medical model of depression in particular. Next, I will provide a review of the relatively more "mainstream" critical literature on the medicalization of depression, followed by a more radical analysis. After the literature review, I will discuss the manifestation of capitalist reification in medicalization and provide my theoretical orientation in more detail. After presenting the methods for conducting my study, the data (quotes) I gather from websites providing the dominant explanation of depression will be organized and listed. Once the quotes are presented thematically, I will discuss the data and how it is related to capitalist reification. Finally, I will provide concluding remarks and suggestions for future research.

Defining Medicalization

Before addressing the medicalization or reification of depression in particular, it would be helpful to provide a brief description of the phenomenon of medicalization in general. Medicalization refers to "the process whereby an object or a condition becomes defined by society at large as an illness . . . and is thereby moved into the sphere of

control of the medical profession" (Miller and Findlay, 1994: 276). It is a process in which medical jurisdiction is extended or medical boundaries are expanded (Conrad & Potter, 2000). As Clark *et al* describe, "the growth of medicalization—defined as the processes through which aspects of life previously outside the jurisdiction of medicine come to be construed as medical problems—is one of the most potent social transformations of the last half of the twentieth century In the West" (2003). Examples of the medicalization of social problems include alcoholism, drug addiction, and treating violence as a genetic brain disorder (Conrad, 1975).

Defining the Medical Model of Depression

The medical model of depression refers to the biochemical explanation of the cause and treatment of depression. This approach explores:

> "the relationship between faulty chemistry in the nervous system and depressive symptoms. Specifically, research has focused on the chemical messengers (called neurotransmitters) which nerve cells use to communicate with each other. If there is a problem with certain neurotransmitters in the brain, communication between nerve cells may be inhibited. When this chemical dysfunction occurs in the areas of the brain associated with emotion and cognition, depression may result. In simple terms, when nerve cell communication is inhibited, the nervous system itself may be said to be depressed in its activity. This inhibition may lead to a general depression of mind and body. Presumably, the antidepressant drugs prescribed by medical doctors can therapeutically alter the chemical messengers used by nerve cells, resulting in better communication within the brain" (Association for Research and Enlightenment, 2000).

Depression is viewed as a biochemical dysfunction. Serotonin is one of the main neurotransmitters associated with depressive symptoms. It is thought that when the level of serotonin is too low, depression may result. The function of Selective Serotonin Reuptake Inhibitors (SSRIs) is to inhibit the neuronal uptake pump for serotonin, resulting in higher levels of serotonin.

Review of Literature on the Medicalization of Depression

Recently, there has been plentiful literature on the medicalization of depression which not only describes the phenomena, but sometimes also attempts to explain its causes, often from a critical angle. Much of this literature provides excellent descriptions of what exactly the medicalization of depression is and shows effectively how it tends to ignore social context. Sociological theory on medicalization is an important and essential counter to the hegemony of biochemical, genetic, individualistic, and apolitical explanations of the dominant medical approach. However, while this literature often provides good description, the vast majority fall short of providing an adequate analysis and explanation of the issue, as well as what is to be done. The following is a presentation of various authors who analyze and/or critique the medicalization of depression. I am presenting these authors (in no particular order) because they discuss related themes but focus on different aspects of medicalization, thus proving a good overview of how the relatively more "mainstream" critiques address the phenomenon. A title highlighting the main theme for each perspective presented will be provided. For each author, I will summarize their perspective on medicalization, and then critique it.

<u>Problems with psychiatric diagnosis</u>

Even before the explosion of the Selective Serotonin Reuptake Inhibitor (SSRIs) anti-depressant drugs, sociological literature critical of the medical model of depression existed. In *Psychiatric Diagnosis as Reified Measurement*, John Mirowsky and Catherine E. Ross provide a critique of psychiatry's diagnosis approach to mental, emotional, and psychological problems. As they say:

> "Psychological problems are real, but are not entities. They are not discrete. They are not something that is entirely present or entirely absent, without shades in between. They are not alien things that enter a person and wreak havoc. Nevertheless, psychiatrists often speak of depression and other psychological problems as if they are discrete entities, entering the bodies or souls of hapless victims. An imagery of detection follows such language of discrete entities. The psychiatrist detects the presence of an entity, determines its species, and selects an appropriate weapon against it. This categorical language is the legacy of nineteenth-century epidemiology and microbiology. A person is diseased or not" (1989).

The authors rightfully believe that diagnosis of psychological problems through the Diagnostic and Statistical Manual of Mental Disorders (DSM) hinders understanding since it fits poorly to the reality of psychological problems. In fact they argue that diagnostic measurement of mental, emotional, and behavioral problems is inappropriate, inexact, misleading, and obscuring (1989). They close with the comment that one can forget that "…we are talking about the disturbing or disruptive thoughts, feelings, and behaviors of people, and not about unseen entities that are somehow the cause of it all" (1989). Their critique of the medicalization of psychological problems such as depression provides some very valid points.

However, the analysis that Mirowsky and Ross provide suffers many flaws similar to the medical approach itself. Despite being sociologists, they do not sufficiently go beyond the conception of problems as individual problems, locating the problem in individuals rather than the larger external historical, economic, social, political, and cultural circumstances. They do not attempt to draw the connection between personal psychological issues and the societal context in which individuals live their everyday lives. Just like the medical approach they critique, their approach is inherently still limited to the therapeutic treatment of psychological issues since there is not an understanding of the social-structural factors which may be the root of various individual psychological manifestations such as depression. The consequence is that the focus of

"treatment" will be on adapting the individual to the conditions which cause depression rather than transforming those conditions.

<u>Contradiction between physicians' medicalization and recognition of social context</u>

In *Physicians' Constructions of Depression: Inside/Outside the Boundaries of Medicalization*, Roanne Thomas-MacLean and Janet M. Stoppard presented a qualitative study exploring primary care physicians' experiences of diagnosing and treating depression. Based on their analysis, they found that physicians' medicalized understandings of depression conflict with their recognition of the social context of depression (2004). The authors suggest that "physicians' training would benefit from the integration of multidisciplinary perspectives on depression, which would better reflect physicians' experiences in routine practice situations" (2004). This is no doubt a sound judgment. It could hardly be argued that physician training for their practice could not be greatly improved.

Nevertheless, a significant problem arises with the analysis of Thomas-MacLean and Stoppard. If individual depression has a social context, meaning that depression may actually be a result of or at least heavily dependant on external circumstances, then why should depression (except for the most severe cases) be a physician's issue at all? How can a physician, regardless of the quality of training, address an issue that is beyond medicine? If it is admitted that individual depression is related to social context, wouldn't it be more effective to address the social context rather than the individual manifestation of depression. The findings of this article seem to conflict with the conclusion. If

depression is rooted in the social rather than simply the biological, it follows by simple logic that a physician is not an appropriate solution to the problem.

Medicating alienation

In *Pursued by Happiness and Beaten Senseless*, Carl Elliot argues that what ails many may not be depression or anxiety, but alienation. He describes alienation as a mismatch between the self and external structures of meaning. According to him, alienation is a lack of fit between the way one is and the way one is expected to be, or a mismatch between the way one lives and the structures of meaning that tell one how to live. Alienated people are "alienated from something - their families, their cultures, their jobs" (1999). He says that by using technology that alters the personality and induces conformity, psychopharmacology is attempting to medicate a melancholic temperament which is rooted in alienation. Attempting to diminish alienation (whether personal, cultural, or existential) through medication is a category mistake because it treats a social problem as a biochemical problem. He says anti-depressants cannot cure our collective form of life in which alienation takes root. Because some external circumstances call for alienation, it is not only circumstantially appropriate but also morally valuable (Kramer, 2000). Elliot's insights are important because they draw attention to the risk of misdiagnosing and mistreating patients based on a category mistake.

Despite Elliot's valid argument, his conception of alienation is problematic. He conceptualizes alienation as only a subjective feeling or psychological state. By doing this, he ignores political economy and the material basis of alienation which Marx addressed long ago. He ignores the objective condition of alienation under capitalism

(alienated labor and alienated consumption). For example, his concept of alienation ignores the fact that alienated life activity is not just some mental phenomenon, but also an objective condition of the hierarchical social relationships associated with capitalist production, in which workers' daily activity is literally separated from decision-making power that would provide effective control over their own lives. In an objective and material sense, most people do not control the terms and conditions of their own work. Similarly, in the realm of consumption, people are objectively alienated from themselves and others since their needs are manufactured for them by external economic interests who shape instinctual desires to meet the needs of capital and the reproduction of existing relations of domination (I am not suggesting that people just passively absorb imposed false needs, but nevertheless, alienated production and consumption limit most humans' individuality to choosing between the given options rather than creating the options themselves). People do not just feel alienated, under capitalism they are objectively alienated from the products of their labor, from work process itself, from their own species-being of free conscious activity, and from others who exist largely as only instrumental relations. Elliot's discussion of alienation as a critique of the medicalization of depression is valuable, but only if the concept of alienation is seen in both its subjective and objective aspects.

Detaching external circumstances and internal feelings

In *The Medicalization of Unhappiness*, Ronald Dworkin argues that when people take psychotropic drugs, the cause and effect relationship between external circumstances and internal feelings no longer works. The drugs make people feel better even though

their external circumstances are unchanged. The outside world becomes detached from their inner life and its influence decreases. During casual conversations, many of his patients express astonishment. One said, “I see the same things as before, but I don't care so much. I still feel good no matter what happens.” Another patient said, “I don't know why. I just feel really good about myself.” Dworkin maintains that this medication creates a state of mind that is “stuporous and purposely unknowing.” In his view, medical science “helps” unhappy people by clouding their thoughts, making them less aware of the world, and weakening their desire to see themselves as they really are. He concludes that medical science should restrict itself to treating clinical depression, not everyday unhappiness (2001). His point that the relationship between external circumstances and internal feelings is blocked by psychotropic drugs provides an important insight which can effectively be used as a critique of the medicalization of depression, since it distorts consciousness.

However, Dworkin’s position has a major flaw. He argues that much of what is now being diagnosed and medicated as clinical depression is actually everyday human unhappiness, the sort of thing that in the past would have been dealt with by religious, spiritual, or other cultural leaders. While of course this is a factual statement, it does have the consequence of naturalizing the condition of everyday unhappiness. Dworkin’s argument ends up legitimizing (whether intentional or not) the social-structural factors and political economic system which may be responsible for individual everyday unhappiness. By eternalizing the condition of everyday unhappiness, he precludes the possibility of qualitative social change which could abolish or even at least alleviate the conditions which create everyday unhappiness.

Psychotherapy versus drug therapy

In *Mental Health or Mental Healing?*, Katrien Libbrecht discusses the medicalization of depression in terms of the downgrading of psychotherapy in favor of drug therapy. She argues that the difference between the two is that psychotherapy treats a human being, a patient, and a subject. In contrast, the biomedical approach treats an organism, an illness/dysfunction, and an object. She says the "atheoretical" method of medically anchored therapies amounts to a theory in itself in which "the meanings patients assign to their symptoms, the attitudes that might be behind the symptomatic behaviors, and the social and historical background of a person's suffering are all epiphenomena" (1997), and as such, are not vital to the analysis. She concludes that the technical and symptom directed medical approach is preferred because this approach conforms to how Western society is organized (1997). Her description of the transformation that has take place in terms of how depression is now viewed and treated is valuable and significant, since it shows that that psychotherapy and drug therapy are two qualitatively different approaches. Clearly there has been a historical shift to a biomedical approach based on drug therapy.

The problem with Libbrecht's perspective is that she fails to point out how both of these approaches (drug therapy and psychotherapy), while different in form, are similar in content. For instance, many types of psychotherapy (such as cognitive behavioral therapy), just like drug therapy, do not aim to address the root causes of depression. Both methods have the same general intentions: relief of symptoms, behavioral modification, adaptation of the individual to their social context, and making the patient more

functional within the existing apparatus of work and leisure. Both approaches cannot by nature address the repressive aspects of existing social relations and their influences on individual psychic well-being. Rather, psychotherapy as well as drug therapy effectively serves the purpose of integrating individuals into the established social division of labor and existing relations of domination and exploitation, allowing them to be functionally productive individuals within the status quo.

Psychoanalysis versus psychopharmacology

In *Why Psychoanalysis?,* Elizabeth Roudinesco argues that with the shift away from psychoanalysis, the ability to identify the source of unhappiness is lost. She says we live in a depressive society of economic globalization that transforms people into objects. Anti-depressant drugs have the effect of "normalizing behaviors and suppressing the most painful symptoms" of psychological suffering without trying to find their meaning. In her view, psychological suffering cannot be ended by ingesting pills because all they are able to do is ease symptoms or alter personality. By concealing the meanings of depression, psychopharmacology's creates a situation in which dissatisfied individuals turn to bodily or magical types of treatments. She concludes that psychopharmacology promotes a new form of irrationalism through its illusions about the causes and treatments for depression (2001). Roudinesco's argument is quite important, in that it discusses the significant shift from psychoanalysis to psychopharmacology, and its consequences for how depression is dealt with. She is quite right that psychoanalysis provides a more superior form of therapy, since unlike psychopharmacological approaches, it tries to find the meanings and reasons behind the symptoms.

Roudinesco's analysis of psychopharmacology is right on in terms of how it mystifies and represses the real sources of depression. Her only flaw is that she does not address psychoanalysis' limitations. For instance, by itself, it is still just another form of therapy. I would agree with her that psychoanalysis is a far better tool than psychopharmacology for understanding the deeper meanings of psychological issues such as depression. But she does not explore how any type of individual therapy is inherently limited, since individual solutions to institutional problems do not transform the socio-economic conditions (which she herself mentions) that create the personal problem. As Herbert Marcuse put it, psychoanalysis, even admitting that it is the best method for understanding psychological issues, "may elucidate not the political facts, but what they do to those who suffer these facts." Roudinesco stops short of discussing how the "disease" can be cured or even whether she thinks it potentially can through social change.

Corporate interest and the manufacture of disease

In *Blaming the Brain: The Truth About Drugs and Mental Health*, Elliot Valenstein argues that the medicalization of depression is driven by the vested business interests of pharmaceutical companies. He says the unintentional discovery of a few mood-altering drugs in the 1950s encouraged a huge financial interest in psychopharmacology, resulting in astounding expansion and profits for the pharmaceutical industry. He argues that the rooting of depression in biochemical imbalances is driven by commercial motives of drug companies because of their stake in expanding their markets (1998).

In a similar vein, in *Disorders Made to Order*, Brendan Koerner discusses the pharmaceutical industries' new marketing strategy of finding new mental illnesses and then promoting the drugs to cure them. The corporate-sponsored "disease awareness" campaigns focus on a "mild psychiatric condition" with a big group of potential victims while companies fund studies that prove the drug's effectiveness in treating the "disorder." Prominent doctors who are paid consultants by pharmaceutical firms are recruited to publicly promote the drug as public-relations firms unleash campaigns to promote the new disease, using statistics from corporate-sponsored studies. Patient groups, who are financed by drug companies or operate directly out of their P.R. firms, are enlisted to serve as the "public face" for the condition. This strategy has led the pharmaceutical industry to get millions in extra profits from selective serotonin reuptake inhibitors, or SSRIS. These drugs are now marketed not only for depression, but also for "generalized anxiety disorder," social anxiety disorder," "premenstrual dysphoric disorder," "compulsive shopping," and many more marketed "diseases." According to him, the explosion of diagnoses has contributed to a spectacular rise in antidepressant sales, which between 1990 and 2000 increased eightfold. He concludes that pharmaceutical companies market existing drugs for new uses because a new indication (what the drug can be used for) can be acquired in less than 18 months compared to the eight years it takes to get a new drug approved for the market (2002).

Both Valenstein and Koerner are correct to point out the economic interest of pharmaceutical companies in promoting the medicalization of depression. The manufacture of diseases is definitely a profitable endeavor for the pharmaceutical industry. However, both Vallenstein and Koerner fail to address the role of capitalism as

a system in how various issues are conceptualized. They limit their attention to particular companies, in this case, pharmaceutical corporations. This limited type of analysis gives the illusory impression that particular “greedy” companies are the root of medicalization, rather than the capitalist system as a whole. They fail to discuss how the historical development of the medicalization of depression may be related to broader factors having to do with the historical development of capitalist society, reification, and bourgeois ideology.

Radical Analyses of the Medicalization of Depression

In order to move beyond the more superficial aspects of medicalization, going deeper into understanding the roots of the phenomenon, I would now like to present some academic authors who I believe have gone the furthest in providing the most adequate analysis of the medicalization of depression. For example, in *Social Structural Sources of Women's Depression: Close Encounters with Patriarchy and Capitalism*, Julie Brandt explores how individual depression is related to systems of domination, avoiding all forms of individualistic reductionism, and instead revealing the social relations which contribute to depressive symptoms in individuals. She argues that both patriarchy and capitalism are systems that produce and reproduce depression for women. She conducted a textual analysis of antidepressant ads from the Journal of the American Medical Association in five-year increments from 1955 through 1995. The analysis exposed that even though men and women are represented in the ads, men are constructed as suffering depression from work stress, while women suffer depression from familial stress. She also conducted interviews with physicians, pharmaceutical sales representatives,

therapists, and women who use or have used antidepressants. The interviews revealed that the first three groups use a medical model to explain and treat depression and that women who come into contact with these groups usually start to explain their depression using this model also. She concludes that although both males and females can suffer from depression, there are social-structural problems within daily living that only women usually experience. These include lower wages, workplace discrimination, unequal household relations and responsibilities, and sexual violence (2001).

Another author who discusses medicalization in a similar vein is Howard Waitzkin. In *A Critical Theory of Medical Discourse: Ideology, Social Control, and the Processing of Social Context in Medical Encounters*, He argues that personal troubles like depression have roots in social issues beyond medicine. After analyzing interactions between doctors and patients, he found that doctors emphasize an interpretation of health as the ability to work. The medical encounters he studied showed that doctors tend to express ideological messages supportive of the present social order, use medical language that generally excludes a critical evaluation of the social context, and regularly shift conversation from non-technical to technical problems. In their objectification of symptoms, signs, and treatments, doctors conceal the totality of social relations and social issues that are often the root of personal troubles. Social circumstances such as class structure, economic insecurity, work-related stress, organization of work, gender roles, racial and sexual discrimination, and difficulties in family life are all depoliticized or ignored. From these encounters, Waitzkin concludes that ideology and social control in medical discourse are essentially unintended means for achieving consent (1989).

Analyses such as those of Brandt and Waitzkin are on the right track because they look at the everyday material conditions, structural factors, and systemic sources of individual problems, going to the root of personal psychological issues such as depression. But it is also important to have a dialectical understanding of the connection between individual and society. As Marx put it, “to be radical is to grasp things at the root. But for man the root is man himself.” And, “the [crude] materialist doctrine that men are products of circumstances and upbringing, and that, therefore, changed men are products of other circumstances and changed upbringing, forgets that it is men who change circumstances…” If one forgets this crucial point, then the agency of people to make and re-make history and consciously create qualitative social change is ignored, giving the illusion that humans cannot liberate themselves from oppressive circumstances and create new circumstances through revolutionary practice.

Capitalist Reification and its Manifestation in Medicalization

In order to more deeply understand medicalization, I believe exploring the Marxian concept of reification is very illuminating. For this reason, I now want to turn to authors who discuss the Marxian concept of reification in capitalist society. Later in my paper, I will show the connection between what Marxists have written about reification and its relation to the current phenomena of medicalization. Before going further, I will define specifically what my definition of reification is for the purposes of this paper. I will employ Howard Waitzkin’s interpretation of reification and its relation to medical encounters:

> “Reification, Lukacs argues, involves the transformation of social relations into things or thing-like beings that take on their own separate reality in people’s consciousness. Shaped by ideology, consciousness focuses on the concrete problems of and objects of

> everyday life, especially economic commodities, rather than on the totality of social relations that lies behind these routine concerns. Attention becomes focused on the concrete objects of daily life, and in this process of reification the totality of social relations escapes conscious attention. Reification contributes to medicine's impact. In medical encounters, technical statements help direct patients' responses to objectified symptoms, signs, and treatment. This reification shifts attention away from the totality of social relations and the social issues that are often root causes of personal troubles. Instead attention is paid to problems of individual pathophysiology and personality. By reifying problematic social relations, medicine reduces the potentiality for effectively criticizing those relations. Symptoms, signs, and treatment take on an aura of scientific fact, rather than subjective manifestations of a troubled social reality. The medical processing of social problems invests them with the symbolism of objects, relatively immune from criticism or change. This same process constricts the level of attention to the disturbed individual, rather than social structures impinging on the individual. For instance, when the organization of work or tension in the family creates personal distress, expression of that distress in a medical encounter tends to reify the social structural roots of the problem. Under these circumstances, it is the objectified symptoms or sign that require treatment – not the institutional sources of individual distress" (1989).

It is important to understand that the Marxian concept of reification is closely related to Marx's analysis of fetishism, the logic of capitalism, and the commodity form. When discussing commodities, Marx said:

> "A commodity is therefore a mysterious thing, simply because in it the social character of men's labour appears to them as an objective character stamped upon the product of that labour; because the relation of the producers to the sum total of their own labour is presented to them as a social relation, existing not between themselves, but between the products of their labour. This is the reason why the products of labour become commodities, social things whose qualities are at the same time perceptible and imperceptible by the senses… It is only a definite social relation between men, that assumes, in their eyes, the fantastic form of a relation between things."

As Georg Lukacs argued, the central point here is that because, under developed capitalism, the commodity form has penetrated all spheres of life and become the universal category of society as a whole, one's own activity, one's own labour becomes something objective and independent of themselves, something that controls them by virtue of an autonomy alien to them (1921). I would argue that what is here described as the reification of the individual through commodity relations applies as well to the reification of depression. Just as capitalism forces the commodity character of calculability and quantification on the products of human labor, so it does to human

consciousness. When all of society's fundamental institutions, including medicine, are subject to the same commodity logic under a continuously developing and reproducing capitalism, the reification of abstract psychological states is not much different than reification of anything else. In the reification of the individual that Marx describes, the commodity form causes social relations between people to appear as social relations between things. What happens in the reification of depression is that the totality of social relations between people (i.e. the political/economic system) is concealed, and instead depression appears to be due to the relations between brain chemicals or neurotransmitters (i.e. the biochemical system). It takes an abstract and incorporeal state such as human depression, and reduces it to a physical and concrete phenomenon. The reification of the individual takes an abstract concept like human activity, and reduces it to a rationalized, quantifiable, and fragmented phenomenon (i.e. wage-labor). Similarly, the reification of depression takes an abstract concept like happiness and reduces it to a rationalized, quantifiable, and fragmented phenomenon (i.e. neurotransmitter levels). Under capitalism, human activity is objectified as wage-labor. This same commodity logic applies to medicalization, where human consciousness is objectified as brain chemicals.

The concept of reification is also one that theorists of psychoanalysis have addressed, incorporating Marx and Freud. In *Social Amnesia*, Russell Jacoby maintains:

> "It [psychoanalysis] is more capable of grasping the intensifying social unreason that the conformist psychologies repress and forget: the barbarism of civilization itself, the barely suppressed misery of the living, the madness that haunts society. Critical theory as critique and negative psychoanalysis resists social amnesia… Reification in Marxism refers to an illusion that is objectively manufactured by society. This illusion works to preserve the status quo by presenting the human and social relationships of society as natural – and unchangeable – relations between things. What is often ignored in expositions of the concept of reification is the psychological dimension: amnesia – a forgetting and repression of the human and social activity that makes and can remake

> society. The social loss of memory is a type of reification – better: it is *the* primal form of reification. 'All reification is a forgetting'… this form of reification is rooted in the in the necessities of the economic system. The intensification of the drive for surplus value and profit accelerates the rate at which past goods are liquidated to make the way for new goods; planned obsolescence is everywhere, from consumer goods to thinking to sexuality. Built in obsolescence exempts neither thought nor humans. What is heralded as new or young in things, thoughts, or people masks the constant: this society. Inherent in Marxism is the notion that dead labor dominates the living, things dominate activity, the past commands the present. 'The domination of capitalists over workers is the domination of things over men, dead labor over the living, products over producers…' (Marx) Exactly because the past is forgotten, its rules unchallenged; to be transcended it must first be remembered. Social amnesia is society's repression of remembrance – society's own past. It is a psychic commodity of the commodity society" (1975).

The medicalization of depression has the consequence of normalizing, naturalizing, and eternalizing existing social conditions. It treats people as if things have to be the way they are, and that all the individual can do is adapt to the circumstances which cause them depression in the first place, through ingesting pills and employing cognitive behavioral techniques which alter the perceptions and attitudes toward those circumstances. This is repressive therapy, in that it represses the meanings and reasons for depression. Instead of exposing the roots of psychological conflicts, the medical approach represses them. It does indeed promote social amnesia by treating the individual as if their problem is due to relations between things in their brain chemistry rather than social relations between people in everyday life. It ignores how historical developments and political/economic/cultural circumstances shape individual consciousness. Individual depression is not something that emerges in a vacuum or laboratory.

In *Social* Insanity, Richard Lichtman discusses how capitalist reification has caused our society to conceive of various social issues as a private malady. He argues that in the 19th century, "alienation, anomie, disenchantment, and ideology referred to pathologies of social life, public mind and individual consciousness" (2004). He defines the public mind as "the pattern of meanings established in the codes, rules, and symbols

embedded in the objective structures of social, economic, historical and political life. Subjectively, it is the set of assumptions, convictions, beliefs and values that ground the shared sense of social existence of the multitudinous groups that comprise any given social order" (2004). He says:

> "We lack a distinct term for the public mind, because in our time the term has lost credibility and the 'mind' it once referred to has devolved into separate and 'private' mentalities… As the forms of social connectedness have become more massive, opaque, and reified, so the forms of our consciousness have become more fragmentary, isolated, and privatized. As corporate-state existence pulverizes communal life, the human beings who comprise this system disintegrate under the impact of its massive destructive power. An ubiquitous inversion takes place; the individuals who are the effect of this social alienation, imagine themselves to be its very source… [This] derangement persists and the only way to eliminate its power is to transform the social relations in which it is ingredient. Social insanity is precisely that, the fundamental irrationality inherent in the system of alienated capitalist social relations… Our society sharply separates the private from the public, and further isolates one private sphere from another. This practice in no way eliminated the effect of public life on the private existence… [Mystifying the process] predisposes us to take individual responsibility for the social failures of our lives… we suffer the illusion that we can change ourselves without venturing into that 'external' existence… Since we experience ourselves as unable to make a better world, we pretend that we can make a better self without it" (2004).

Seen in this light, the medicalization of depression is just one example of how capitalist society's individualistic ideology results in treating general problems as personal ones, which means that the "disorders" are to be located in individuals rather the social-structure itself. This creates the illusion that individuals can change their lives without changing the fundamental organization of society itself. The consequence is a repressive society, where individuals end up having to conform and adapt to dehumanizing conditions to feel "happy," rather than transforming the oppressive conditions which cause general everyday unhappiness in the first place. Science may have replaced religion in many ways, but it is still reproducing its mystifications in a secular form. Marx said "The abolition of religion as the illusory happiness of men, is a demand for their real happiness. The call to abandon their illusions about their condition is a call to abandon a

condition which requires illusions." It seems that techno-scientific management and medicalization fulfill a similar role that religion played. Specifically, if antidepressant pharmaceutical drugs were to replace religion in the above quote by Marx, the basic meaning of his insight would not be lost.

Herbert Marcuse's analysis of therapy is very relevant to my topic, since it expresses how the reification and medicalization of social problems results in forms of treatment that sustain the status quo. He described how therapy in capitalist society tended to help the powers that be instead of the individual. His argument was basically this: capitalist society creates irreconcilable conflict between the individual and society. This conflict has roots primarily in the common fate of the individual under the established reality, namely, the domination of man by man. Individuals are aware of this conflict and experience a crucial need for a resolution. The failure to function normally in the existing society is an expression of this conflict. The effectively treated individual remains unhappy, but after therapy they are considered "cured" by the treatment. The individual's obedience to the established society is insured. Thus, the individual becomes an object of administration and acquires their contentment in their role as this object. This leads to a regression of the ego to a primitive mental state where critical mental abilities are weakened. Because the ego strives to discover identity in the world, but is deprived of its "power of negation," it either succumbs to the various mental and emotional diseases that need psychological treatment, or rapidly surrenders to the required forms of thought and behavior necessary for the functioning of the existing apparatus of production and consumption (1970).

Theoretical Orientation

My theoretical orientation around the Marxian concept of reification will be used throughout the paper in order to add to our understanding of the medicalization of depression. Throughout the discussion portion of this paper, reification will be stressed because employing this Marxian concept will allow us to move beyond the surface of the phenomenon of medicalization, and attempt to penetrate into its underlying logic and historical role. The purpose of this approach is to move beyond a positivistic interpretation of medicalization that merely describes the phenomenon. Instead, the goal is to employ a critical analysis that seeks to explain some of the underlying reasons for the phenomenon.

More broadly, my theoretical framework throughout the paper will be from a Marxist Critical Theory perspective. Defining it negatively, unlike the positivistic science approach (as in the medical model of depression), Critical Theory does not just identify truth with what exists. It does not just focus on the parts while ignoring the whole. It does not disdain the attempt to investigate possible alternatives to the established reality or the means by which these possibilities might be realized. It does not denigrate reason to the mere manipulation of facts. It does not refuse to judge the present conditions in light of already existing possibilities (Leis *et al*, 1967). It is not indifferent to existing relations of domination and exploitation. Critical theory "cannot stop at the presentation of the fact, but must judge these facts and indicate the objective possibilities for their transcendence; it requires that thought comprehend the historical causes of the [present condition] in all its empirically observable manifestations" (Leis *et al*, 1967).

Defined positively, Marxian Critical Theory, unlike positivist science, uses critical and dialectical thought which makes connections between various spheres of social reality and contextualizes all the facts of science as part of the fundamental processes of a given society (Horkheimer, CT, 161-2). This approach aims to connect each particular to the general. Attacking the fetishism of isolated, unmediated facts in positivism, Critical Theory shows how "individual facts always appear in a definite connection which enters into every concept and which seeks to reflect reality in its totality" (Horkheimer, CT, 161). This approach analyzes the interrelationship between the various realms of social and individual life, refusing to separate and isolate economic, political, social, cultural spheres as if they are discrete entities. It does not artificially isolate the "public" and "private" realm from each other. Instead, it analyzes how consciousness and social-structure are related.

This approach rejects the notions of a value-free science, which effectively serves to legitimate and maintain the status quo and its relations of domination and exploitation, since as Howard Zinn puts it, "you can't be neutral on a moving train." By contrast, the Critical Theory approach does not pretend to be neutral, it is definitely on the side of liberation and against oppression. As William Leis *et al* puts it, "the current presentation of 'scientific objectivity,' intellectual neutrality, and value-free thinking betray the goals of knowledge itself: knowledge is inextricably bound up with the attempt to create a free and rational human existence." Applying a Critical Theory approach specifically to the topic of depression requires what Herbert Marcuse called "a theoretical construction which aims, not at curing individual sickness, but at diagnosing the general disorder" (1966).

Methods

In order to make the connection between the Marxian concept of reification and the medicalization of depression using empirical data from current sources, I will conduct a qualitative data analysis of 14 medical, corporate, and popular websites that provide explanations of depression. The websites analyzed will be *depression.org, allaboutdepression.com, healthyplace.com, nimh.nih.gov, drada.org, clinical-depression.co.uk, emedicinehealth.com, dbsalliance.org, nami.org, psycom.net, depression.about.com, nmha.org, prozac.com, webmd.com*. The sites were retrieved by searching for "depression causes" on the google search engine. I will generally be looking for how each of these websites conceptualizes the causes and treatments for depression. More specifically, I will pay particular attention to how each of the websites reifies the causes, symptoms, and treatments of depression. I will organize all of the relevant data into several systematic and consistent themes.

Data

After doing a qualitative data analysis of the fourteen medical, corporate, and popular websites, I found four major themes regarding the explanation of depression. Between all the sixteen websites there was a significant amount of repetitive content so not all the sites are directly quoted.

1) The first systematic theme was that *depression is an illness* (depression.org, allaboutdepression.com, healthyplace.com, nimh.nih.gov, DePaulo,

emedicinehealth.com, dbsalliance.org, nami.org, nmha.org, depression.about.com, prozac.com, webmd.com). Here are some examples:

"Depressive Illness, also referred to as Affective or Mood Disorder, attacks millions of Americans and is often fatal; yet few people are being properly treated or even diagnosed… Depressive Illness is among the most common and destructive of illnesses prevalent in the United States today" (depression.com, 2004).

"A depressive disorder is an illness that involves the body, mood, and thoughts. It affects the way a person eats and sleeps, the way one feels about oneself, and the way one thinks about things. A depressive disorder is not the same as a passing blue mood. It is not a sign of personal weakness or a condition that can be willed or wished away. People with a depressive illness cannot merely 'pull themselves together' and get better. Without treatment, symptoms can last for weeks, months, or years" (nimh.nih.gov, 2000).

"What is the impact or importance of clinical depression as compared to other diseases? The first important fact is that 15 million Americans have it. It comes in episodes, often beginning late in adolescence and reoccurring throughout the life span, if untreated" (DePaulo, 1999)

"Clinical depression is not just grief or sadness. It is an illness that can challenge your ability to perform even routine daily activities" (emedicinehealth.com, 2004).

"Major depression is a serious medical illness affecting 9.9 million American adults, or approximately 5 percent of the adult population in a given year. Unlike normal emotional experiences of sadness, loss, or passing mood states, major depression is persistent and can significantly interfere with an individual's thoughts, behavior, mood, activity, and physical health. Among all medical illnesses, major depression is the leading cause of disability in the U.S. and many other developed countries" (nami.org, 2003).

"Clinical Depression is a common, real and treatable illness… Clinical depression is one of the most common mental illnesses, affecting more than 19 million Americans each year. This includes major depressive disorder, manic depression and dysthymia, a milder, longer-lasting form of depression" (nmha.org, 2004).

"Depression is a mood disorder that causes symptoms such as low energy, prolonged sadness or irritability, and lack of interest in daily activities… Depression is a medical condition, not a character flaw or weakness" (webmd.com).

"Depression is a recurring illness. If you have one episode, there is a 50% chance you will have another. The chances of recurrence increase to 70% after two episodes and 90% chance after three episodes. Untreated, depression can last up to 6 months or longer. For as many as 10% of people, depression may last much longer" (prozac.com, 2004).

2) The second systematic theme was that *depression is caused by biochemical imbalances in the brain* (depression.org, allaboutdepression.com, healthyplace.com,

nimh.nih.gov, DePaulo, emedicinehealth.com, dbsalliance.org, nami.org, nmha.org, prozac.com, webmd.com). For example:

“Researchers have demonstrated that it [depression] results from biochemical imbalances in the brain” (depression.org, 2004).

“Of the 30 or so neurotransmitters that have been identified, researchers have discovered associations between clinical depression and the function of three primary ones: serotonin, norepinephrine, and dopamine. These three neurotransmitters function within structures of the brain that regulate emotions, reactions to stress, and the physical drives of sleep, appetite, and sexuality” (allaboutdepression.com, 2004).

“Scientists think a deficiency in serotonin may cause the sleep problems, irritability, and anxiety associated with depression. Likewise, a decreased amount of norepinephrine, which regulates alertness and arousal, may contribute to the fatigue and depressed mood of the illness… In depressed people…cortisol peaks earlier in the morning and does not level off or decrease in the afternoon or evening” (healthyplace.com, 2004).

“A brain imaging study by the NIH's National Institute of Mental Health (NIMH) has found that an emotion-regulating brain circuit is overactive in people prone to depression — even when they are not depressed. Researchers discovered the abnormality in brains of those whose depressions relapsed when a key brain chemical messenger was experimentally reduced. Even when in remission, most subjects with a history of mood disorder experienced a temporary recurrence of symptoms when their brains were experimentally sapped of tryptophan, the chemical precursor of serotonin, the neurotransmitter that is boosted by antidepressants” (nimh.nih.gov, 2004).

“Norepinephrine, serotonin, and dopamine are three neurotransmitters (chemical messengers that transmit electrical signals between brain cells) thought to be involved with major depression. Scientists believe that if there is a chemical imbalance in these neurotransmitters, then clinical states of depression result” (nami.org, 2003).

“Several things might potentially go wrong with this process and lead to a serotonin deficit. Just to enumerate a few possibilities: Not enough serotonin is produced, There are not enough receptor sites to receive serotonin, Serotonin is being taken back up too quickly before it can reach receptor sites, Chemical precursors to serotonin (molecules that serotonin is manufactured from) may be in short supply, or Molecules that facilitate the production of serotonin may be in too short supply. As you can see, if there is a breakdown anywhere along the path, neurotransmitter supplies may not be adequate for your brain's need” (depression.about.com, 2004)

“People with depression have an imbalance of the brain's neurotransmitters, the chemicals that allow nerve cells in the brain to communicate with each other. Many scientists believe that an imbalance in serotonin, one of these neurotransmitters, may be an important factor in the development and severity of depression” (prozac.com, 2004)

3) The third systematic theme was that *the likelihood of depression is influenced by genetics (genes, heredity) and/or other personal issues (e.g. stress, death of loved one,*

negative thinking, drugs, diet, other diseases, gender) (allaboutdepression.com, healthyplace.com, nimh.nih.gov, emedicinehealth.com, dbsalliance.org, nmha.org, depression.about.com, nami.org, webmd.com, prozac.com). For example:

"Some types of depression run in families, suggesting that a biological vulnerability can be inherited… People who have low self-esteem, who consistently view themselves and the world with pessimism or who are readily overwhelmed by stress, are prone to depression… Medical illnesses such as stroke, a heart attack, cancer, Parkinson's disease, and hormonal disorders can cause depressive illness… Women experience depression about twice as often as men.[1] Many hormonal factors may contribute to the increased rate of depression in women—particularly such factors as menstrual cycle changes, pregnancy, miscarriage, postpartum period, pre-menopause, and menopause. Many women also face additional stresses such as responsibilities both at work and home, single parenthood, and caring for children and for aging parents" (nimh.nih.gov, 2000).

"Genetic studies have demonstrated in twin and adoption studies that genes are important causes of many forms of depression. Finding the genes has been difficult probably because it is so common… From brain imaging we need more precise localization of the brain areas and brain cells which malfunction in depression… We also need more rational drug development. That will come from not only basic pharmacology, but also from genetics where we will get blueprints of the molecules which contribute to depression… Fundamentally, we need the genes that predispose people to this illness. We also would be very happy to know of the genes — and we think they are there — that protect people from this illness" (DePaulo, 1999).

"While we still don't know exactly how levels of these neurotransmitters affect mood, we do know that the levels can be affected by a number of factors… Heredity… People with certain personality traits are more likely to become depressed. These include negative thinking, pessimism, excess worry, low self-esteem, overdependence on others, and ineffective responses to stress… Difficult life events, loss, change, or persistent stress can cause neurotransmitters to become unbalanced, leading to depression… certain medical conditions… Some medications… Substance abuse… Diet" (emedicinehealth.com, 2004).

"People with negative thinking patterns and low self-esteem are more likely to develop clinical depression… Women experience clinical depression at a rate that is nearly twice that of men. While the reasons for this are still unclear, they may include the hormonal changes women go through during menstruation, pregnancy, childbirth and menopause. Other reasons may include the stress caused by the multiple responsibilities that women have… Clinical depression is more likely to occur along with certain illnesses, such as heart disease, cancer, Parkinson's disease, diabetes, Alzheimer's disease and hormonal disorders… Side effects of some medications can bring about depression… A family history of clinical depression increases the risk for developing the illness… Difficult life events, including divorce, financial problems or the death of a loved one can contribute to clinical depression" (nmha.org, 2004).

"Depression can run in your family. You may remember a family member who suffered from severe headaches, constant fatigue, or nervousness, or who had a tendency to drink too much. It is quite possible that person was suffering from depression" (prozac.com, 2004).

"Scientists have also found evidence of a genetic predisposition to major depression. There is an increased risk for developing depression when there is a family history of the illness. Not everyone with a genetic predisposition develops depression, but some people probably have a biological make-up that leaves them particularly vulnerable to developing depression. Life events, such as the death of a loved one, a major loss or change, chronic stress, and alcohol and drug abuse, may trigger episodes of depression. Some illnesses such as heart disease and cancer and some medications may also trigger depressive episodes. It is also important to note that many depressive episodes occur spontaneously and are not triggered by a life crisis, physical illness, or other risks" (nami.org, 2004).

4) The fourth systematic theme was that *depression should be treated with anti-depressant drugs alone or in conjunction with psychotherapy and/or lifestyle/behavioral modification* (depression.org, allaboutdepression.com, clinical-depression.co.uk, nimh.nih.gov, Depaulo, emedicinehealth.com, dbsalliance.org, nami.org, depression.about.com, webmd.com, prozac.com). For example:

"More than 80 percent of those suffering from Depressive Illness can be treated successfully with modern medications. These medications are not habit-forming, do not produce a "high", and are not abused. Sometimes, after or concurrent with this treatment, therapy or counseling is desirable" (depression.org, 2004).

"Remember, positive thinking will replace the negative thinking that is part of the depression and will disappear as your depression responds to treatment" (allaboutdepression.com, 2004).

"In fact, the quickest way to lift depression is to cut down the amount of negative rumination, or introspection the depressed person is doing" (clinical-depression.co.uk, 2004).

"There are a variety of antidepressant medications and psychotherapies that can be used to treat depressive disorders. Some people with milder forms may do well with psychotherapy alone. People with moderate to severe depression most often benefit from antidepressants. Most do best with combined treatment: medication to gain relatively quick symptom relief and psychotherapy to learn more effective ways to deal with life's problems, including depression" (nimh.nih.gov, 2000).

"SSRIs Make a Difference…The biggest watershed that pharmacology has crossed for us has been the development of the first rationally designed family of antidepressants, the selective serotonin reuptake inhibitors (SSRIs)" (Depaulo, 1999).

"Treatment may include supportive therapy, such as changes in lifestyle and behavior, psychotherapy, and complementary therapies, but it will almost always include medication… Try to identify and focus on activities that make you feel better. It is important to do things for yourself. Don't isolate yourself. Take part in activities even when you may not want to. Such activity may actually make you feel better. Talk with your friends and family and consider joining a support group. Communicating and discussing your feelings is an integral part of your treatment and will help with your recovery. Try to maintain a positive outlook. Having a good attitude can be beneficial. Regular exercise and proper diet are essential to good health. Try to get enough rest

and maintain a regular sleeping pattern. Avoid drinking alcohol or using any illicit substances… The major classes of antidepressant medication are the selective serotonin re-uptake inhibitors (SSRIs), the tricyclic antidepressants (TCAs), the monoamine oxidase inhibitors (MAOIs), and the atypical antidepressants. SSRI medications affect levels of serotonin in the brain. For many people, these medications are the first choice… More than two thirds of people who take antidepressant medications get better… Even after you feel better, you should continue to take the medication for 6-9 months… Do not stop taking the medication without talking to your health care provider… The side effects of antidepressant medications vary considerably from drug to drug and from person to person… Psychotherapy ("talk therapy") involves working with a trained therapist to figure out ways to solve problems and cope with depression… has a goal of alleviating your symptoms… Interpersonal therapy (IPT): This helps to alleviate depressive symptoms and help you develop more effective skills for coping with social and interpersonal relationships… Cognitive behavioral therapy (CBT): This helps to alleviate depression and reduce the likelihood it will come back by helping you change your way of thinking… Behavioral therapy (BT): This helps to modify your depressive behaviors through highly structured, goal-oriented therapy" (emedicinehealth.com, 2004).

"… Cognitive therapy… can train yourself to eliminate negative thoughts by using a simple positive-reinforcement technique…" (prozac.com, 2004).

Discussion

After looking at all of the websites, it is obvious that the medical model conceptualizes depression as an individual illness, not a social issue. According to the model, depression is caused by biochemical imbalances in the brain, not the other way around. The medical model views depression as an individual disorder rooted in a brain dysfunction, rather than a reasonable psychological manifestation rooted in problematic social-structural factors. The medical model limits its analysis by seeing the likelihood of depression as influenced only by genetics and/or purely personal issues, ignoring external circumstances, material conditions, political-economic issues, or cultural context. The medical approach seeks to treat depression with anti-depressant drugs which alleviate individual symptoms of depression rather than alleviate the systemic sources of depression, and adapt the patient to their situation instead transforming it.

On the other hand, how else could this be? If society deals with depression by making it a personal medical issue, why would or even how could a physician transform the social-structural conditions which are the source of individual depression? The physician is not to blame, at least at base. The physician can be criticized for neglecting social context or bowing to the pressures of pharmaceutical industry. However, it must be remembered that fundamentally, the physician's role is to make sick individuals functional within existing conditions, regardless of how barbaric they are. Rather, the blame ought to fall on the existing political-economic system and the established relations of domination which have the interest in institutionalizing an approach to explaining and treating individual depression that is of no threat to the status quo.

Since depression is seen as a mental disease, the medical approach treats it as a brain dysfunction. If depression is viewed as a disorder, it is not considered that it may be a reasonable reaction to existing social conditions. It does not tend to consider that biochemical changes or "imbalances" in the brain in depressed individuals may actually show that the body is in fact functioning properly. After all, if chemicals in the brain were uninfluenced by a depressing situation, that would seem to be more of a dysfunction than bodily changes in relation to circumstances, because there would be no connection between external conditions and internal feelings. The medical approach implicitly makes the value judgment that depression is a "disorder" rather that an appropriate response to the situation. By normalizing individual contentment within existing social conditions (i.e. the totality of social relationships under the political economic system), the medical model also implicitly normalizes and legitimates those conditions.

Scientific medicine uses a signs-diagnosis-treatment model. For example: fever-typhoid-antibiotics (Waitzkin, 1989). Depression, a psychological state inextricably tied to a multitude of complex social-structural factors, is essentially treated as a somatic disease even though there is no cure in the sense that there is a cure to Polio. Doctors deal with depression by objectifying the causes, symptoms, and treatments with technical statements. A consequence of this reification is that it hides the social-structural factors and psychological meanings underlying depression. Once this happens, technological solutions (biochemical interventions) can be applied to patients even if the sources of depression are not technological issues. By treating depression as a biological disease, it follows that the political, economic, social, and cultural circumstances are not factors to be evaluated. For example, the fact that women systematically receive lower wages, workplace discrimination, unequal household relations and responsibilities, and sexual violence (Brandt, 2001) does not tend to be addressed by the medical model when it tries to explain why women are more prone to depression. Institutional sources of stress and relations of domination are ignored. Depression is reduced to a biochemical issue.

Anyone can understand that depressive symptoms are clearly associated with biochemical processes. However, it is quite a different position to hold that biochemical imbalances or certain neurotransmitter levels are themselves the cause of depression. The medical model assumes (implicitly or explicitly) that this is the case. There is no disagreement with the medical model's analysis which points out the relationship between depressive symptoms and biochemical processes. However, explaining depression by rooting its source in biochemical imbalances is extremely problematic. The medical model is less of an explanation than it is a description. It describes what is going

on at the biochemical level to people with depressive symptoms. It does not provide any adequate explanations, reasons, or meanings behind the depressive symptoms. Just because there is a correlation between biochemical imbalances and depressive symptom does not mean that biochemical imbalances in the brain are the cause of depression. It is a convenient and simplistic explanation, but it fails to take into account of how the totality of social conditions and the political economic system affect people. The medical model assumes that biochemical imbalances cause depression, not the other way around. It is rarely, if ever mentioned, that it may be depression that results in biochemical imbalances. By conceptualizing depression as an illness, the possibility that it is a symptom or effect of some other non-biological factor which results in biological manifestations is ruled out a priori. The point is that the sources of depression are complex and related to many factors that cannot simply be reduced to apolitical and biological variables. The medical model does not account for how the biological apparatus adapts to social reality and how socioeconomic structures influence the biochemical and neurotransmitter levels associated with depressive symptoms.

When the websites did address sources of depression other than biochemical imbalances, it just further individualized the problem. The sites discussed how genetics and hormones have a role. It also discussed how personality, lifestyle, and/or stressful events had a role. But even when environmental factors were mentioned, they were completely apolitical and personalized. They were things like death in the family or loss of a loved one. When discussing why women experience depression in significantly larger numbers, the institutional sources of gender inequality were ignored. There is no mention of how relations of domination such as patriarchy and capitalism might be

systems that produce and reproduce depression for individuals. Generally, social conditions such as hierarchical power relationships in work and domestic life, alienated labor, economic exploitation, and the commodity culture are not taken account of in diagnosing the possible sources of depression. External circumstances such as class structure, economic insecurity, work-related stress, organization of work, gender roles, racial and sexual discrimination, and difficulties in family life are all depoliticized or ignored (Waitzkin, 1989).

It is clear that the medical approach treats depression by medicating its symptoms rather than addressing the reasons for its existence. It is actually quite open about this at times. For example, "While PROZAC cannot be said to cure depression, it does help to control the symptoms of depression, allowing many people with depression to feel better and return to normal functioning… Early treatment can help you feel better and return quickly to work and regular daily activities" (prozac.com). This statement clearly shows that anti-depressant drugs function by changing one's perception of circumstances, not the circumstances themselves. This is obvious, since by definition, drugs alter consciousness, not objective life conditions. Changing circumstances would require political intervention and institutional solutions, not biochemical intervention and individual solutions. The point of anti-depressant drugs is to make people feel better even though their external circumstances are unchanged. In this sense, they may be a more extreme way to eliminate the connection between objective life conditions and subjective feelings than getting drunk, since at least when you wake up the next day after consuming alcohol, the connection between circumstances and consciousness is still there.

Whether intentional or not, the messages perpetuated by the medicalization of depression have politically conservative implications. Scientific medicine consistently perpetuates an ideology that is crucial for sustaining and reproducing existing patterns of domination in work life and domestic life. For the medical model, the “disease” or “disorder” or “dysfunction” lies with the individual suffering from depression, not the social conditions which produce depressive symptoms. Doctors tend to legitimate the current social order by conceptualizing depression as an individual biochemical issue, not as a general societal issue. Medical ideology depoliticizes social issues by removing them from critical scrutiny. The features of capitalism such as alienated labor, economic exploitation, hierarchical power relationships, financial insecurity, occupational stress, obstruction of family life, and racial and sexual discrimination, are systematically suppressed. Depression is dealt with in a pragmatic way that is not too costly, time consuming, or threatening to the status quo. It is the market approach to therapy. Depression is treated with the logic of instrumental rationality. Patients are treated in order to meet technical goals such as predictability, stability, calculability, and efficiency. For instance, depression is bad because it hinders productivity at the workplace, causing profit loss for the employer. As a WebMD article puts it:

> “Work troubles -- inability to concentrate, need to repeat a job, working more slowly than usual, feeling tired at work, accomplishing nothing during the work day because they weren't feeling well… Cycles of depression affect a person's productivity at work -- yet most employers don't recognize the problem. And most people with clinical depression don't get the help they need… Employers lose an estimated $44 billion every year due to workers with clinical depression… All sorts of ailments affect productivity -- migraine headaches, back pain, allergies. But clinical depression is among the most costly, because depressed people still show up for work, but their performance may be substantially reduced while there… A majority of the costs that employers face from employee depression is invisible and explained by reduced performance while at work… Just over 200 of the employees showed signs of depression -- with close to 90 of those meeting the criteria for clinical depression… 77% of those with depression reported some lost performance time at work… Less than one-third of people with clinical depression were taking a prescription drug to treat it. Of those taking antidepressants, only 69% to 81%

> had taken it in the past two days… Few employees are getting treated for clinical depression… Doctors too often don't detect clinical depression… There may be cost-effective opportunities for improving depression-related outcomes in the U.S. workplace" (webmd.com, 2004).

This kind of capitalist ideology buried underneath the surface of scientific medicine treats individuals as mere objects of administration. The worker's role is essentially to operate as an instrument of the economic system, not the other way around. Having depressed workers is bad only because it gets in the way of the profit of capital. Substantive goals that take account of the overall well-being of individuals and society are ignored. It is not asked under what conditions people become depressed, or how the authoritarian corporate structure in many capitalist workplaces itself may be a source of depression.

Marcuse's critique of advanced capitalist society is very applicable to the current phenomena of anti-depressant drugs. Antidepressant drugs have essentially the same role as the more traditional therapy that he analyzed. However, the medical approach and drug treatment is a more technologically advanced form than the more traditional repressive treatments he analyzed. However different in degree, they are still the same in their basic content. They ensure the individuals obedience to the status quo by making them content with it. Marcuse described Freud's fundamental insight "that the patient's trouble is rooted in a general disease… the patient's disease is a protest reaction against the sick world in which he lives" But as Marcuse described, "the physician must disregard the 'moral' problem. He has to restore the patient's health, to make him capable of functioning normally in his world" (1964).

Modern medicine defines health as the ability to work and reproduce labor. Basically, an individual is considered healthy once they are able to function effectively within the existing circumstances, being physically and mentally productive in terms of

efficiently maintaining and reproducing the current social order. Marcuse's critique of false needs parallels closely to a critique of anti-depressants. He said "…it serves to arrest the development of the ability to recognize the disease of the whole and grasp the chances of curing the disease. The result then is euphoria in unhappiness" (1964). Similarly, I would argue, anti-depressant drugs essentially have the same effect. By reifying causes, symptoms, and treatments for depression, the medical approach to depression conceals the totality of social relations often at the root of individual unhappiness. Through the use of anti-depressant drugs, the medical model effectively advocates numbing the patient to contentment with existing circumstances instead of understanding how political, economic, cultural, and social conditions affect individual well-being and what can be done about those conditions.

By focusing on concrete things such as neurotransmitters and brain chemicals, significant social factors that cannot be evaluated by scientific rationality are ignored and/or suppressed. Medicine and positivistic science in general pay attention to only those variables which are quantifiable and can be precisely calculated. Since social-structural, political, and psychological factors are not quantifiable variables that can be isolated in a laboratory, positivistic science cannot address them. In fact positivistic science does not want to address issues that are political or metaphysical. Instead it emphasizes exactness and clarity, and accomplishes this by attempting to detach itself from history, values, subjectivity, culture, or socioeconomic conditions. In this sense, positivistic scientific is quintessentially ideological, precisely because it claims to stand outside and above it. When this approach is applied to understanding depression, it is no surprise that the causes, symptoms, and treatments become reified. Social circumstances

are qualitative and historical factors that are subject to human interpretation. These issues are beyond medicine. The danger in medicating the symptoms of depression is that by reifying depression, the reasons and meanings of its existence cannot be addressed, they can only be concealed. This has obvious implications for social control of the population by the powers that be through reproducing existing relations of domination.

Three-quarters of a century ago, Wilhelm Reich wrote:

> "We need to take a close look at the…structure of bourgeois science in general. It is broken up into a hundred thousand individualistic fragments… Bourgeois is academic not only in its language but also in its choice of subjects (compare the number of papers on the fine structure of brain tissue in chronic alcoholics with that of papers on the social conditions which cause alcoholism). And the closer the subject studied is to real life, the more remote from life is bourgeois science, the more grotesque the theories it produces, the more abstract the discussions around these theories. For this reason a science like, say mathematics is the most free from the influences of bourgeois thinking, while, say, research into tuberculosis has not yet got to the point of thoroughly studying the effects of poor food and housing on the human lungs"

While Reich is not talking specifically about depression, his comments on alcoholism and tuberculosis apply closely to the current medicalization of depression. Compare the number of papers on the biochemical and neurotransmitter levels in the brain of depressed people with the number of papers on the social conditions which cause depression. Also, research into depression has not yet got to the point of thoroughly studying the effect of such "unscientific" factors such as alienated labor, economic exploitation, consumer/commodity culture, and hierarchical power relations on the human psyche.

Enormous amounts of money and time are spent trying to "cure" the biochemical imbalances associated with depression, while the human-made causes are ignored. Scientifically it would be easier to prevent depression by removing the human-made causes than to "cure" depression as if it is some sort of disease like malaria. But as

Michael Parenti argues, “medical problems have an important class-political dimension. Given the wider realities of power, it is easier to spend billions looking for a cure than to challenge the big economic interests that are part of the cause. The tendency to define medical problems as separate from politico-economic power is itself a profound concession to politico-economic power” (1978). Scientists may seem themselves as independent, dispassionate, truth seekers free from vested interests. But in reality, they are tied by economic necessity to the corporations, government agencies, and academic institutes that pay their salaries and establish the conditions of their labor (1978).

The websites observed all promote drug therapy and cognitive behavioral therapy in order to overcome “negative thinking” patterns. At best, they promote a form of thought confined to a pragmatic orientation within the status quo. The medical ideology in the text encourages one-dimensional positive thinking that avoids a critical analysis of existing conditions. It promotes a form of thought that essentially refuses to consider an organization of society different from the prevailing one. The type of therapy promoted in addition to drugs aims at altering the behavior and attitude of patients in order to be more functional within their depressing situation, it does not address the situation itself. By eliminating negative thought and replacing it with positive statements, therapy aims to assure the conformity of the patient with the status quo. Even worse, cognitive behavioral therapy actually encourages self-deception and repressive thinking techniques. For example:

> “… Cognitive therapy… can train yourself to eliminate negative thoughts by using a simple positive-reinforcement technique… Identify your negative thoughts... Before we can change them, we must recognize what they are. As you go through the day, be aware of thoughts about yourself that come up, particularly in stressful situations… Develop positive statements that counteract your negative thoughts… For instance, if your thought is, ‘I'm no good,’ your positive statement might be, ‘I am a great person.’ Use only positive words, such as ‘happy,’ ‘peaceful,’ ‘loving,’ ‘enthusiastic,’ and ‘warm.’ Avoid

> negative words. For example, instead of saying 'I am not going to worry anymore,' try a statement like, 'I am going to be happy.' Don't tell yourself what you should or should not do. Instead, say 'I focus on the positive.' Use expressions like, 'It would be nice if?' instead of words like 'should' or 'must.' Always say things in the present as if the condition already exists-even if it doesn't. For example, 'I am healthy'; 'I am well'; 'I am happy'; 'I have a good job,' rather than 'I was healthy' or 'I will be well,' etc. If you keep saying 'it is,' it soon will be!… Take some time to think about how to change each negative thought to a positive one… Repeat the positive statements… over and over… At first you may feel very uncomfortable, but as you continue, you'll begin to believe your positive statements. Actively reinforce your positive thoughts… Try the 'thought-stopping' technique, which is designed to help eliminate negative thoughts. By eliminating a negative thought, you get rid of the emotions and feelings that go with it… Instead of thinking, 'I will have a deep depression,' replace it by thinking, 'I am feeling fine'… Whenever you realize that you're thinking the negative thought, shout 'stop!'… Keep doing this until the thought stops coming up at all…" (prozac.com, 2004).

Behavioral cognitive therapy, which is a dominant paradigm in contemporary psychology, effectively functions through repression in this case. This is the exact opposite goal of psychology when it first emerged as a social science. The theories of Freud, and psychoanalysis in general, were attempts to make conscious psychological conflicts, going behind the symptoms to expose the sources of suffering. In stark contrast, the cognitive therapy quoted above intentionally represses conflict. This has the consequence of causing the patient to not understand why they are suffering. Instead of trying to understand the sources of depression in order to change them, it encourages people to basically brainwash themselves into thinking everything is ok when it is not. A problem cannot be solved if it can't be identified. At best, it can be repressed into the unconscious, ensuring the continuation of the objective conditions which produce and reproduce depression in individuals. The task of scientific medicine and therapy (and the reification of the human condition it promotes) has been not to change the world but to help those in power to control it. In 1978, Parenti quotes the Advisory Committee on Government Programs in the Behavioral Sciences as saying proudly: "The behavioral sciences are…an important source of information, analysis and explanation about group

and individual behavior, and thus an essential and increasingly relevant instrument of modern government." With the progress of technological rationality and more sophisticated forms for social control, this quotes rings even truer today.

Conclusion

The inventor of psychotropic drugs, Henri Laborit, commenting on psychopharmacology, said:

> "Why is one happy to have psychotropic drugs? Because the society we live in is intolerable… In the course of its evolution, humanity was forced to go through a drugs stage. Without psychotropic drugs, there might have been a revolution in human consciousness, saying: 'We can't bear it any longer!' whereas we have continued to bear it thanks to psychotropic drugs."

Indeed, it seems that the reification of depression has precisely the consequences described in the above quote. By objectifying the causes, symptoms, and treatments for depression, it follows that medicalization prescribes that it is the objectified symptoms that require treatment, not the institutional or social-structural sources of personal troubles. The medical approach is evaluated based on effectiveness rather than ethics. The medicalization of depression, like all forms of reification, hinders the ability of people to make the connection between the political economic system and everyday life, and to understand how social-structural factor influence individual consciousness. Instead of encouraging society to change existing conditions to improve the quality of life in order to prevent the social-structural sources of individual depression, drug and/or cognitive therapy (whether intentional or not) encourages individuals to alter their behavioral responses (at both the biochemical and psychological level) in order to adapt themselves to existing relations of domination.

An interesting aspect of anti-depressant drugs is that that the strategy of biochemical intervention cannot become too pervasive since it may actually become “unproductive” for capitalist interests in the realm of mass consumption. The manufacture of desire requires an affective response from consumers. Advertising could not possibly work if the population were emotionally neutral. For example, store displays, impulse racks, product commercials, and political ads would not be effective. While the realm of capitalist production requires stable, rational, and instrumental action, the realm of capitalist consumption requires unstable, irrational, and affective action. Otherwise, consumers could not be convinced to buy things they do not really need with money they have not earned yet. Product suppliers need to have a significant emotionally based influence on consumers that can be achieved through spectacular techniques which manipulate individual desires to suit the needs of capital. Ironically, mood stabilizing drugs such as anti-depressants confound this strategy when placed in the realm of consumption. Mood stabilizers place capitalism in the awkward position of using a social control strategy that contradicts itself as it shifts from the context of production to consumption (Critical Art Ensemble).

Future studies should explore some of the developing technologies in bioengineering that will possibly be more effective forms of social control than anti-depressants. Interventionist drugs such as anti-depressants can only manage symptoms, they cannot function preventatively. A solution to this problem would be to eliminate the biological causes of “undesirable” behavior. In this sense, the drug therapy approach can be seen as a temporary method that is “buying time” until preventative intervention

becomes more viable. Perhaps future could focus on what the realistic possibilities are for ideologically designing and "engineering the flesh" (Critical Art Ensemble).

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