

ESSAY REVIEW

Psychiatry Declares Consciousness an Illusion

Manufacturing Depression: The Secret History of a Modern Disease by Gary Greenberg. New York: Simon & Schuster, 2010. 433 pp. (out of print). e-Book \$11.66, ISBN 9781416570080.

Of course psychiatry is not asserting explicitly that consciousness is just an illusion; but Gary Greenberg demonstrates that this assertion underlies implicitly what has become standard psychiatric practice: the dispensing of pills to treat purported mental illness. So the title of this book does not do justice to the depth and breadth of its contents. Still, “depression” is the book’s explicit focus throughout.

History illustrates that the task of defining mental illness in general is impossible: What are the criteria for distinguishing frank “illness” from “normal” eccentricity and the huge range of human behavior under different social and environmental circumstances? The sociologist David Rosenhan showed—through an undoubtedly unethical experiment—that diagnosing schizophrenia (for example) is highly fallible, and that normal behavior is not recognized as non-pathological once such a diagnosis has been rendered (pp. 41–42). The obvious inference is catastrophic for the profession: “What kind of doctor doesn’t know the difference between sickness and health?” (p. 237). Homosexuality was officially said to be a mental disorder until 1973; since then it is not. Even as the *Diagnostic and Statistical Manual of Mental Disorders (DSM)* offers elaborately detailed guidance, psychiatrists often disagree over the diagnosis to be assigned in any given instance (e.g., pp. 234–236). Greenberg illustrates the profession’s attempts to cope with these circumstances by recounting the history of the several revisions of the *DSM*.

Somatic illness can be recognized through fever, or rank dysfunction of an organ, or the presence of bacteria or viruses; no equivalent diagnostic markers are available with mental illness. Instead, the *DSM* defines illnesses in some such way as: at least some number of items on a list of symptoms, for a period of more than some specified duration, to an extent that is clinically significant. Every part of such a definition is imprecise or arbitrary and is assessed subjectively. Contrast this with “real” medicine. Sore throat and fever do not necessarily mean that there’s an infection,

nor does an infection consist only of fever and sore throat: There's a clear distinction between the disease (and its cause) and certain accompanying symptoms. But in *DSM's* psychiatry, "the symptoms constitute the disease and the disease comprises the symptoms" (p. 64). For example, extended grief or sadness is regarded not as a state of mind but as a disease to be treated by medication. This illustrates Greenberg's main theme, that current psychiatric practice amounts to biological determinism: "We" are taken to be what the neurotransmitters in and between our brain cells determine that we are. This is fundamentalist materialism: Not only is there no free will, there is not even "will". The relation between mind and brain remains not understood, and the contemporary fashion of ascribing mental illness to physical causes—"chemical imbalances" in the brain—is based on presumption, not evidence or proof. Greenberg keeps reminding the reader that one cannot separate the philosophical issue of mind–body relations from any consideration of mental illness in general and depression in particular.

Greenberg is doubly an insider, a practicing psychotherapist as well as having personal experience of periodic bouts of depression. A pervasive theme of the book is his contention that treating depression as an illness denies that sadness, grief, pessimism, cynicism, or melancholia, might be rationally justifiable reactions to particular events or to the general state of the world.

While the issues are deep and serious ones, and at times perhaps a bit technical, the book is easy to read: Greenberg is wonderfully witty and the book is chock-full of bon mots and zingers—for instance, that the chief architect of *DSM-III* "had destroyed the profession in order to save it"; "his denial was, as any psychoanalyst would suspect, an unconscious affirmation of his wishes, his protestations of peaceful intent really a warning of impending hostility" (p. 239). That illustrates why I say "zingers". Greenberg is a very angry man, and passion is rarely far from the surface. This book is a polemic, but it is no loose rant. The language is measured, making its points with irony and wit, eschewing exclamation marks or their adjectival equivalents. I was reminded of the political satirist Mort Sahl, who has been credited for being the first stand-up comedian to skewer politicians simply by recounting their words and deeds in ways that underscored their sheer absurdity, hypocrisy, and lack of truth.¹ And in describing worldly events and circumstances to which depression would seem to be a quite realistic reaction, this book reminded me of Allen Ginsberg's very angry poem, *Howl*,² which came, like Mort Sahl in the 1950s, as harbinger of the notorious "Sixties". Greenberg may self-describe as "a hippie–libertarian at heart",³ but he is also erudite and adept at harnessing his passion to produce writing that is insightful and logically compelling.

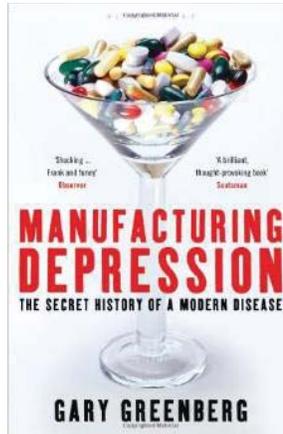
The “depression” whose manufacture gives the book its title is the depression that is said to affect perhaps 30% or more of the American population, according to the diagnostic mode enshrined in the *DSM*. Greenberg recounts a long history of views about depression-like states and their treatment. Sigmund Freud’s influence is credited with changing psychiatry in a fundamental way, from dealing only with in-patients, people who could not function safely outside asylums, to dealing with out-patients—potentially the whole population. Asylums were for those with clinical depression (or schizophrenia, or other extreme morbidities); whereas the “depression” that supposedly affects that 30% is something very different, neurotic and not psychotic. That difference is demonstrable; for example, electric-shock treatment (or electroconvulsive therapy) appears to be effective with about 80% of *clinically* depressed individuals, but it is not effective with the (30% or so) *neurotically* depressed (pp. 146–147). Current practice blurs that distinction by regarding anti-depressant drugs as appropriate treatment in both cases.

In several places, Greenberg recounts interesting histories of some medications and how they originated in chance observations; for instance, the finding that methylene blue stains nerve cells preferentially led eventually to phenothiazine tranquilizers and to the first really effective anti-psychotic, chlorpromazine (p. 179 ff.). Also of historical interest and contemporary pertinence is that it took the thalidomide tragedy to convince Congress to require (in 1962) that new drugs be approved only if proven safe and effective (pp. 213–215). However, the subsequent reliance on Random Clinical Trials as gold-standard proof of efficacy is flawed: Although such trials can conclusively *disprove* claims of efficacy, they can only give *probabilistic* evidence of potential efficacy (p. 219); indeed, abuse of clinical trials has had damaging consequences (Bauer 2014). Greenberg gives a useful discussion of the pitfalls of the usual statistical approach (pp. 220–224), insights woefully missing from most of the medical literature.

Psychiatry cannot acknowledge its implicit adherence to materialist ideology since the latter is so blatantly unsupportable: If chemicals determine thought, then nothing anyone (including psychiatrists) says has what human beings call “meaning”—all statements are just outputs of chemical reactions. This dilemma of materialist ideology is less debilitating for physical science most of the time, though it pops up there too when fundamental issues of interpretation and meaning come into play, as say in cosmology and issues of ultimate origins; as Steven Weinberg remarked, “The more the universe seems comprehensible, the more it also seems pointless.”⁴

Psychiatry evades this dilemma by ignoring it. The placebo effect is the clearest demonstrable proof that the mind’s software can sometimes control

or dominate the brain's chemical/electrical hardware, yet when Greenberg tried to engage Donald Klein, a psychopharmacologist at Columbia University, in a discussion of placebo, Klein declined "for the same reason that I don't debate creationists" (p. 336). Nevertheless, placebo is central to any discussion of psychiatric drugs: Only about half of all clinical trials show the drugs as superior to placebo, and then only by about 20% (Greenberg takes pains to emphasize, however, that this 20% may nevertheless be crucially important for people with really severe clinical depression (pp. 203–204)).



Anti-depressant and other psychiatric drugs are mind-altering. So are "recreational" drugs like Ecstasy or LSD. What is the difference? Greenberg himself experienced relief from a bout of depression with the aid of Ecstasy. The essential difference is in our attitudes to the drugs and not in the drugs themselves: There's something "wrong" with taking "recreational" drugs just to change our moods, but it's perfectly OK to take *prescription* drugs to treat an illness (pp. 23, 192–193). So classifying our feelings as diseases allows us to use drugs guilt-free in order to change our moods.

Psychiatry turned to drugging in part as a way of demonstrating its place within medicine, by contrast to psychoanalysis or psychotherapy in general. Legitimation of mood-altering helped make that move widely acceptable. Huge profits give the pharmaceutical industry reason to pull out all stops to boost sales of psychiatric drugs. By and large, the wholesale peddling of "prescription" drugs, including those prescribed for mental "illness", is causing incalculable damage to incalculable numbers of people.⁵ But change seems impossible, and not only because of the influence of Big Pharma; the whole social climate needs to change, since "The captains of the pharmaceutical industry are merely doing what they get paid big bucks to do—to sail their corporate ships eagerly on the winds and currents of the times" (p. 22).

Needed are changes to beliefs so deeply embedded as to be subconscious; primarily, the materialist ideology underlying drug-based treatment must be recognized as such and thereupon jettisoned. Does the *DSM* accurately describe an actual disease, "depression"? "Every approval of an antidepressant also ratifies the claim that the disease it treats really exists" (p. 40). That depressed people get better after taking imipramine entrenches the notion that they had really been sick. Under this reasoning,

GlaxoSmithKline invented “restless leg syndrome” to market a medication for Parkinson’s disease that had been selling only poorly (pp. 40–41); and Big Pharma invents and markets diseases galore as a way to sell drugs.⁵ Yet the evidence is clear that the theories underlying use of psychiatric drugs are wrong: Depression is not an imbalance [deficiency?] of serotonin, for example, since both increasing and decreasing it can (sometimes only) relieve symptoms. In any case, despite such names as “selective serotonin uptake inhibitor” (SSRI), no psychiatric drug actually affects selectively only one specific neurotransmitter.

This book is highly recommended reading for everyone. It is informative about psychiatric diagnosis and psychiatric treatment, scrupulously sourced, and delightful reading for anyone who can appreciate the use of wit and sarcasm to puncture hypocrisy by a writer who does not shy away from pointing to the Emperor’s actual nudity. But enjoyable reading aside, the issues grappled with are far-reaching, of great importance to anyone suffering emotional or “mental” “illness”, and thereby also of pervasive social importance.

Notes

- ¹ About Mort Sahl, <http://www.mortsahlofficial.com/biography.html>; Mort Sahl, http://en.wikipedia.org/wiki/Mort_Sahl
- ² Allen Ginsberg, “Howl”, 1955–1956; <http://www.poetryfoundation.org/poem/179381>
- ³ Greenberg, G. (2014). Scotland: The Epilogue, 26 September 2014 (find online by Googling “Gary Greenberg Scotland blog”).
- ⁴ Rigden, J. S. (1994). A reductionist in search of beauty. Review of *Dreams of a Final Theory* by Steven Weinberg, *American Scientist*, 82(January–February), 69.
- ⁵ For many volumes documenting these assertions, see “What’s Wrong with Present-Day Medicine”; <https://dl.dropboxusercontent.com/u/56983081/What%27sWrongWithMedicine.pdf>

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