

The Age of Melancholy: Major Depression and Its Social Origins

by Dan G. Blazer, M.D., Ph.D. Routledge, Taylor, and Francis, New York, N.Y., 2005, 251 pages, \$34.95 (hardcover).

G. K. Chesterton once wrote, "The disadvantage of men not knowing the past is that they do not know the present."¹ Having recently moved beyond the decade of the brain, psychiatry, flush with the vast, rapidly expanding amount of exciting and previously unimagined data about the genetics, functional neuroanatomy, neurochemistry, and neurobiology of psychiatric illness, has ignored and sometimes rashly discarded the knowledge, wisdom, and perspectives of previous generations of psychiatrists.

In this brief volume, packed with information, Dr. Blazer, a geriatric psychiatrist and sociological epidemiologist, surveys the field of depression from the perspectives of epidemiology, sociology, and psychiatry. His book provides the reader with a broad, deep understanding of the sociocultural factors contributing to the development of depressive disorders. Psychiatry as a field and psychiatrists as providers of diagnosis and treatment of mental illness understandably focus on the individual. While respecting the need for the psychiatrist to attend carefully to the individual patient, Blazer believes that epidemics that impact the whole society are almost always secondary to some change within the environment. He also believes and emphatically conveys that the failure to incorporate the social perspective into our understanding of and clinical approach to depressive disorders has resulted in an impoverished, reductionistic understanding of this disorder and, by extension, of all psychiatric disorders. Blazer argues that, by shifting the stress-diathesis paradigm toward a strong emphasis on the diathesis and by minimizing the importance of stress, psychiatry has lost "some of its soul" (p. 199), that psychiatrists have lost their "sociological imagination and concern" (p. 200), and that the treatment of our patients has suffered by our becoming numbed to the social context of their condition.

Blazer's consideration of the evolution, development, and subsequent retreat of social psychiatry (chapters 4 and 5) and his thoughtful, informed discussion of the major epidemiologic studies of psychiatric illness (Stirling County, 1959; Midtown Manhattan Study, 1963; the Epidemiologic Catchment Area Study, 1984; and the National Comorbidity Survey, 1994) are especially informative. Blazer's review provides a much needed working understanding of the perspective of the sociological epidemiologist and a condensed immersion in these 4 important studies of the sociocultural factors contributing to the develop-

ment of psychiatric illness. I would give good odds that most psychiatrists trained after 1985 have complacently consigned "community psychiatry" to the junk heap of a misguided movement led by liberal activist psychiatrists and have come to regard community psychiatry as having contributed nothing other than an increased loss of respect for the field of psychiatry. I would also wager that most have virtually no awareness of the impact of these 4 studies on our field. At the very least, chapter 6 should be required reading for all residents. Blazer follows his discussion of these landmark epidemiologic studies with a fascinating review of the war syndromes, starting with the civil war. In this discussion, he demonstrates how our changing understanding of these syndromes reflects the steady "retreat" of social psychiatry.

Blazer is quite sanguine about the "virtual absence of evidence that primary prevention is possible and that manipulation of the social environment is beneficial, especially for the severely and chronically mentally ill (not to mention the difficulty in implementing the social therapies at either the individual or the collective level)" (p. 86). As a result, the tone of his book is balanced and reflective and its argument convincing. I did find the case studies rather superficial, the portrayal of psychoanalysis as a field devoted to exploring a person's past to be seriously inaccurate, and the conception of postmodernism as a nihilistic philosophy to be unconvincing. But these reservations are minor.

Blazer has made an important, timely contribution to American psychiatry. He stresses that the "science of psychiatric nomenclature is profoundly social" (p. 206) and proposes that the "future study of body and brain within the context of society be linked through constructs familiar to both, specifically, emotion" (p. 182). He also suggests that we "avoid the modern day myth that happiness is the natural state of affairs" (p. 211), a recommendation that would profoundly alter our understanding of and therapeutic approach to our patients. All psychiatrists, but especially residents, recent graduates, and psychiatric educators, should read this scholarly, carefully written, closely reasoned book.

REFERENCE

1. Chesterton GK. On St George revived. In: All I Survey. London, England: Methuen & Co; 1933

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