

Preface

Why Depression and Why Now?

When I sat down to write a book on how recent global political changes are contributing to our current prevalence and understanding of depression, a colleague and good friend asked ‘why now?’ The implication was that depression had been around for a great many years and had been a problem for people whose task it was to address it for every bit as long. The reason why I wanted to write about depression now was straightforward. Stated simply, an increasing number of people are suffering from depression as the years pass and in a medical context it is almost universally agreed that its status as a health issue is now paramount. Depression is now considered to be one of the most serious health issues faced in Europe¹ and the United States in particular. In the UK and US, the cost of adult depression is believed to be in the region of 15.5 billion euros and 100 billion euros, respectively. In recent years, there has been a growing understanding of the immense burden that the illness imposes on both individuals, their friends and families, and their communities and it now represents 4.4% of the total disease burden around the world, in the same range as heart disease.² Whereas in 1990, depressive disorders were estimated to be the leading cause of disability and were the fourth leading cause of total global burden of disease; the World Health Organisation expect them to be the second leading cause of disease burden by 2020.

So why is the disease burden of depression predicted to increase? I hope that, through the course of this book, the reader will come to better understand the everyday relevance of the political, economic and social changes that we have nebulously come to understand as globalization and the increased incidence of depression in the western world. In 1979, something happened in the US and the UK that did not happen all over the world. An interconnected set of social, economic and political changes occurred that placed a grinding halt on the post-war social democratic consensus. For this reason, this book focuses mainly on the changes that occurred in the US and the UK and the effects that they wrought. With the possible exception of New Zealand, nowhere else in the developed world experienced such an almighty shift to the right as when the neoliberal project took hold in the US and the UK.

In many ways the 1980s and 1990s exhibited a veritable simulation of early nineteenth century free-market economics. The rebirth of the new right in the 1970s championed economic liberalism and while the changes were felt most profoundly in the UK and the US, these countries were far from unique in their exposure to this newly rampant liberalism. In country upon country, markets were deregulated, state planning and power dismantled, welfare was cut and/or criminalized and full employment policies abandoned.

We have witnessed an era of free-market fundamentalism where such economic conjectures as supply side and trickle down economics have been celebrated as panaceas for a declining social order. A war on regulation has led to a disproportionate increase in the needs of the business community and such perspectives have been supported by the clandestine decision making of international financial bodies like the World Bank and the IMF. These political and fiscal developments have contributed to a growth in social inequality and (of the developed countries) this inequality has been most pronounced in the US and the UK. Between the late 1970s and late 1990s, the average income for US families in the bottom fifth of the income scale fell by 5%, whereas that of the top families rose by 33%. The numbers of people in poverty in the UK increased from 5 m to 14.1 m between 1979 and 1992 and in the US a conservative (very conservative according to some sources) estimate of over 31 m Americans currently live below the poverty line (11.3% of the population) with 41% of those having less than half the official income of the poverty line.

I will create a context for defining the structures and practices associated with globalization, their genesis and the ways in which they have developed in recent years. Such economic and political structures are not simply nebulous dynamics that lurk around the backwaters of our growing prevalence of mental health issues, they are the key factors. The political and social changes of the New Right profoundly influenced a number of mental health issues but this book specifically concerns the depressive disorders. It concerns the way that these political and economic changes relate not only to the number of people who are living with depression but the way that we have come to understand and treat it.

The Psychological Sciences, Depressions and Definitions

I will also contextualize the mental health industry and the psychological sciences by placing them in the recent political, social and economic events discussed above. The status of the psychological sciences, as they stand, is generally incoherent and introspective. We have focused too much on the individualistic and dispositional factors that we feel we can control and neglected the social and political context within which we all operate. Psychiatrists, for example, come to their work following prolonged tuition in physical medicine and naturally tend towards a physical basis for disorders.

I discuss how a mistrust of the non-scientific, a protection of funding imperatives and an almost absolute refusal to reflect on their status as a discursive approach has

led the psychological sciences towards a paradoxical territory where their systems of treatment and therapies also represent tacit support for the political system that creates such harmful circumstances in the first place. Despite a wide body of research implicating the role of social and economic factors, social scientists still tend to focus on the psychology of the individual as the unit of investigation and this approach has been rewarded in the current economic and political climate. Material interests underpin cultural power and the 'depression industry' is as responsive to these interests as other industries.

Throughout the book I will talk about depression but by using the term 'depression' I would like to make the point that I am not necessarily subscribing to the school of thought that considers depression a unitary disease concept. Rather I refer to the psychosocial and biological distress and difficulties that we have come to understand as depressive disorders. When I talk about the research I will tend to use the language used by the researchers themselves. By discussing 'clinical depression' or 'major depression' I do not, by definition, rule out multiple concepts. It is far from accepted truth that there is one depressive disease and this will be discussed further in the first two chapters where I relate our understanding of classifications of mental illness and depression to political pressures in recent history. While the clinical relevance of the classification procedure may be debated, the diagnostic symptom guide can be useful as a proxy for the suffering and distress that we have come to understand as depression.

The more one becomes familiar with the research literature on depression the more complex the illness can seem. One thing we can be sure of is that depression is not a minor ailment that can be 'shrugged off'. It can be a life-wrecking, hideously painful illness for sufferers and their families. This understanding of depression is not shared by many as there is often a tendency to understand the illness as little more than feeling 'down in the dumps'. Such attitudes to depression are discussed with respect to our understandings of mental distress through history and how the stigma associated with depression has come to be generated and maintained in our era.

A Few Final Comments...

This is a book on the illness of depression first and foremost and as such I have used Chapter 1 to try to cover what we have come to understand by this term. Readers may come to this book from a number of different walks of life and through academic or non-academic backgrounds. They will have different experiences of what it means to be depressed either through their own experience, the experience of those close to them or other sources. They may have experience of depression from an academic or voluntary sector context or may not be familiar with depression and so it is important for me to use the first chapter to try to give an overview of what different people mean by depression. I have tried to give a sense of what it can be like to live with the illness both as a sufferer and as a family or friend, as an adult

and as a child, and how the mental health sciences and medical establishment have come to define the illness and the ramifications of these descriptions. Some elements of this description and explanation will be familiar to some readers but is necessary in order that we provide a detailed grounding for subsequent chapters that provide a more historical and integrated context for depression.

With regards to the main body of the book, I hope that the views, research, facts and conjecture contained within take the form of constructive criticism. Mental health is an area within which many people have worked to try to alleviate the suffering of so many others. As such, I hope that the views within are seen less as an attack than as an appreciation of some of the limitations of past work that has served to constrain our understanding of mental illness in certain ways. I apologize in advance for those who may take some of the points in this book as personal attacks on their work and their character. This was never my intention. There is a grey area that exists in the social sciences where practitioners, with the greatest intentions in the world, reinforce hegemonic ideologies that serve to both benefit and denigrate their clients concurrently. This paradox lies at the heart of much of the work in the psychological sciences and while I cannot claim to have the torchlight that will lead us through this tunnel, I can try to urge social scientists to be more reflective about their work in historical, political and economic contexts.

It is my belief that this subject needs both a microscopic and macroscopic perspective and that it requires the crossing of a number of academic boundaries. It needs to draw on social sciences, medicine, the media, economics, politics and history in order to understand the interconnecting relationships between the different factors that influence our approaches to mental health and depression. It is my firm belief that, if we are to truly understand the economic and structural decisions that affect public health imperatives in the twenty-first century, a more broad ranging focus will need to be adopted.

This book is not a science book in the traditional manner. I have used the evidence to build the case relating political and economic changes to depression prevalence but there is no smoking gun. If you are seeking definitive answers then this is the wrong book. There is conjecture and suggestions and possibilities and I believe that these combine to create a convincing case and one that is rarely considered in the modern mental health sciences. Those whose lives have been affected by depression and whose lives will be affected in the future deserve to be given the whole story. This has not always been forthcoming in previous literature.

Finally, this book will not tell you how to recover from depression. It will tell you how the political and economic organization of Western societies and, particularly the US and the UK, play a role in increasing the likelihood that people will become depressed. We need a debate about depression and we need one fast, because it is becoming the number one public health concern of the World Health Organization. We need a debate about what it is, how it is treated, and how we understand depression in relation to the changing shape of society. We have to understand better the consequences of how we, as public and health professionals alike, contribute to the shame, guilt and stigma experienced by so many people. Political, social and economic structures are not discourses that exist in a vacuum,

hermetically sealed from the psychological or medical 'worlds' of depression. They are forces that fundamentally constrain the suffering and distress that people have to endure. This book places depression in the context of its political and economic history, to redress a balance that has contributed to its shifting precipitously close to a psychiatric epidemic.

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Depression and Globalization

The Politics of Mental Health in the 21st Century

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