



The Loss of Sadness: How Psychiatry Transformed Normal Sorrow Into Depressive Disorder

Allan V. Horwitz, Jerome C. Wakefield

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Depression has become the single most commonly treated mental disorder, amid claims that one out of ten Americans suffer from this disorder every year and 25% succumb at some point in their lives. Warnings that depressive disorder is a leading cause of worldwide disability have been accompanied by a massive upsurge in the consumption of antidepressant medication, widespread screening for depression in clinics and schools, and a push to diagnose depression early, on the basis of just a few symptoms, in order to prevent more severe conditions from developing.

In *The Loss of Sadness*, Allan V. Horwitz and Jerome C. Wakefield argue that, while depressive disorder certainly exists and can be a devastating condition warranting medical attention, the apparent epidemic in fact reflects the way the psychiatric profession has understood and reclassified normal human sadness as largely an abnormal experience. With the 1980 publication of the landmark third edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-III)*, mental health professionals began diagnosing depression based on symptoms—such as depressed mood, loss of appetite, and fatigue—that lasted for at least two weeks. This system is fundamentally flawed, the authors maintain, because it fails to take into account the context in which the symptoms occur. They stress the importance of distinguishing between abnormal reactions due to internal dysfunction and normal sadness brought on by external circumstances. Under the current *DSM* classification system, however, this distinction is impossible to make, so the expected emotional distress caused by upsetting events—for example, the loss of a job or the end of a relationship—could lead to a mistaken diagnosis of depressive disorder. Indeed, it is this very mistake that lies at the root of the presumed epidemic of major depression in our midst.

The Loss of Sadness: How Psychiatry Transformed Normal Sorrow Into Depressive Disorder Details

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Author : Allan V. Horwitz , Jerome C. Wakefield

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Bob says

If you read books on psychiatry this one is excellent (though at times it is academic & clinical), as it discusses subject matter that has been hotly debated for the last two decades regarding what the disorder called depression really is, and if it needs to be treated so extremely with antidepressant medications, long-term therapy, etc.

This book is written by two very thoughtful professionals in the field who do not want to see every human thought, feeling and emotion turn into an over-treated disease, disorder or condition, and then medicated. Some mood swings (maybe many) and emotional adjustments are simply normal reactions to life.

So why are so many people in this country seemingly suffering from depression and why are anti-depressants one of the biggest selling drugs? The answer is that the definition of depression has been set in such a way that many more people than should will be diagnosed as suffering from depression. Many then, and are, being medicated who are not really suffering from depression but are simply responding to a life circumstance, like the loss of a job or the breakup of a romantic relationship. The problem is that reaction to these life events will express the same symptoms as those delineated in the latest version of the mental health diagnostic manual, the DSM, which has broadened what depression. In the end according to this manual at least 25% of all people living in this country are depressed. And in some circles they all should be medicated, at least if we loved them they would be.

In the end we must remember that sadness is an inherent part of the human condition, not a mental disorder. The desire to banish all bad feelings from life reveals a disturbing; one might even say a less than human view of life, philosophy as to the way life should be lived.

Libby says

It's smart, insightful and balanced. Unfortunately, it also keeps putting me to sleep.

Sally says

A well-argued refutation of the validity of broadening of the definition of depression to include normal sadness, as has happened with using strictly symptomatic diagnostic criteria. The authors propose a return to the criteria used since antiquity through most of the 20th century, that include context, so that depression is sadness "without cause" or "without proportional cause." Now only bereavement is listed as an exceptional circumstance, while divorce, end of romantic relationships, loss of a valued job, being trapped in an ongoing negative situation, etc., are also common causes of normal sadness that has the same symptoms as major depression, but are transitory and not evidence of any mental disease. That the book has a foreword by

Robert Spitzer, father of the DSM, even though the authors' position opposes that in the DSM, says to me that this is a consideration of the issue by top scholarly players.

Varsha Naik says

3.5 stars.

Doreen says

Intriguing! Well worth the read so far.

Jenny says

Liked it, but then it agreed with many of my own opinion of psychiatry. I think the idea of normal sadness is something we need to deal better with in the mental health field.

Stan says

The book makes a compelling case for how the practice of psychiatry has conflated sadness with major depressive disorders (MDD). The book goes into more detail than many readers will feel is necessary, but it is certainly worth a look.

Sam Gilbert says

Fairly shitty.

It took two celebrated scholars to write a book in which a single slim idea is repeated with no variation and virtually no additional information over 225 pages. Okay, so sadness can be confused with major depressive disorder. Okay, I get it.

Christopher Dubey says

I read the first chapter and part of Chapter 2. I agree with the basic premise that contemporary psychiatry is wrongfully overdiagnosing sadness as a disorder. However, the writing is repetitive, dry, and often abstract, despite well-done references. There are unnecessary literary quotes, like of Mary Shelley. The authors also make assertions that might appear logical, but actually lack good reasoning. I especially dislike their assertions about what human behaviors are 'designed by natural selection,' which are unfounded and as faith-

based as religious beliefs. (And I have a science degree, so I'm not against science.)

As someone in Mad Pride and antipsychiatry, the basic premise is an important one, but it's been done before and I think the authors' arguments would have been better as an essay than a book-length manuscript.
