

Clark Lawlor, *From Melancholia to Prozac: A History of Depression* (Oxford: Oxford University Press, 2012), 288 pp.

As cultural and social perspectives have gained influence in the history of medicine, the diagnostic categories of psychiatry have become the objects of considerable historiographical interest. But compared to hysteria and neurasthenia, which have been extensively researched, the history of depression still holds many desiderata. Clark Lawlor's *From Melancholia to Prozac* promises an integral history of depression until the 21st century.

Lawlor's book can be divided into three larger parts. In the first part, which consists of the first three chapters, he examines the history of melancholia before the rise of psychiatry at the end of the 18th century, starting his account with Greek antiquity and then moving rapidly to early-modern England. Before the emergence of the New Science, Lawlor argues, the ideas of (Pseudo-) Aristotle and Galen were the main points of reference for two parallel discourses on melancholia. While the followers of Galen interpreted melancholia as a medical condition caused by an excess of the eponymous 'black bile,' the Aristotelian tradition saw the symptoms of melancholia, the constant introspection and the withdrawal from the world, as signs of true genius. This tension between a lighter, creative melancholia and its seriously depressive form was characteristic for much of the pre-modern period.

Much could be said about the way in which Lawlor draws a direct line from melancholia to depression. Although he repeatedly points out the importance of the historical context, he also sees a great deal of continuity in the history of depression as 'a comparatively consistent

disease phenomenon' (2). This perspective may be fully sufficient for modern depression. But when examining early-modern melancholia, it leads to a tension between the restrictions of this medical perspective and the fact that it was the medical character of melancholia itself that was contested during this period. In the first part of the book, Lawlor's account alternates between a broader literary and cultural perspective on melancholia's history, and a history of melancholia as a prelude to modern depression.

In the second part of the book, psychiatrists and psychologists appear on the stage. Tracing the medical interpretation of depression from the late-18th to the mid-20th century, Lawlor follows psychiatry's development from France to Germany and to the United States. He seems to find it difficult to clearly distinguish depression from more general trends in the history of psychiatry, and especially from the history of neurasthenia. Hence, these chapters mainly consist of a synthesis of the extensively researched history of 19th- and 20th-century psychiatry and, later, psychoanalysis, leading us to Kraepelin and Freud as the two antipodes of medical thought on depression up to the 21st century. The debate on depression now did not take place between medical and non-medical interpretations, but between neurobiological and psychological aetiologies.

In the third and final part, Lawlor focuses on the United States after the 1970s and the rise of the 'New Depression.' While psychoanalysis had been relatively common in the treatment of depression in the USA, it was now increasingly challenged by neurobiological approaches. In the midst of this paradigm shift, Lawlor finds the 1980 *Diagnostic and Statistical Manual of Mental Disorders III* (DSM-III). Being solely interested in the symptoms of the disease, and not in an understanding of the individual reasons, it disposed of any distinction between normal and pathological sadness. At the same time, DSM-III set the stage for the tremendous success of pharmaceutical antidepressants and helped to make Prozac the second best-selling drug of the mid-1990s. Arguing that the therapeutic value of Prozac and similar drugs

is far from being uncontested, Lawlor takes a critical position against a perception of depression restrained by 'the straitjacket of the biochemical model' (p. 187). As the era of Prozac approaches its end, alternative approaches to depression become relevant. History, he argues, has an important contribution to make to the debate: 'By examining the history of melancholia and depression, we can see that the depressed patient is not reducible to a biochemically deficient machine, but an individual embedded in a complex social environment.' (p. 202)

Lawlor wants to give a historical perspective to a topic of high social and cultural importance and to provide some historical background for an on-going debate on the causes and the right treatment of depression. However, as a contribution to the history of medicine and science, *From Melancholia to Prozac* is somewhat less convincing.

Certainly, the book adds little new material or insights to the existing literature on melancholia and depression. But as its aim is rather to provide a synthesis than to present any new sources, this is an excusable shortcoming. The same might be true for the exclusion of non-Western perspectives: To focus on England and the United States is a maintainable choice, albeit a more explicit handling of the in- and exclusions might have been desirable.

From Melancholia to Prozac compellingly shows how the phenomenon of melancholia and depression changed throughout history and how different societies and disciplines developed various paradigms to explain the excessive sadness and despair from which men and women suffered. But Lawlor describes more than he explains. Although he repeatedly stresses the importance of the historical context, we learn very little about why the paradigms changed. Instead, he basically tells a story of 'great men' and their ideas, a narrative that has been extensively and rightly criticized for some time now.

However, the main problem is simply that Lawlor's thematic scope goes far beyond the possibilities of a book of merely 200 pages. Trying to include every aspect, Lawlor rapidly rushes from topic to topic, packing complex

matters such as the humanist conception of melancholia or the role of Christianity into sections of just one or two pages. Other crucial aspects like the Freudian legacy in the history of depression, are treated with a 'who's who' approach, briskly presenting the main thinkers in paragraphs of half a page.

In conclusion, *From Melancholia to Prozac* is a very readable short introduction to a vast field of history, as well as a passionate plea for a more comprehensive perspective on depression. Nevertheless, as a contribution to the history of psychiatry and medicine, it suffers from some important shortcomings. A comprehensive history of depression still remains to be written.

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