

BY BENEDICT CAREY

THE release last week of a government-sponsored survey, the most comprehensive to date, suggests that more than half of Americans will develop a mental disorder in their lives.

The study was the third, beginning in 1984, to suggest a significant increase in mental illness since the middle of the 20th century, when estimates of lifetime prevalence ranged closer to 20 or 30 percent.

But what does it mean when more than half of a society may suffer mental illness? Is it an indictment of modern life or a sign of greater willingness to deal openly with a once-taboo subject? Or is it another example of the American mania to give every problem a name, a set of symptoms and a treatment — a trend, medical historians say, accentuated by drug marketing to doctors and patients?

Changes in societies over time, and differences across cultures, make it extremely difficult to compare prevalence levels of mental illness, even today. Levels of depression in China were thought to be very

What Americans call depression might not have a name in Japan or China.

low, for example, until the Harvard anthropologist Dr. Arthur Kleinman found in the 1980's that many Chinese did not think or talk about mood disorders the way Westerners do. They came to doctors or healers with physical complaints — dizziness, headaches and other pains that were treated as such, though in many cases they could be diagnosed as depression. A World Health Organization survey published in 2004 found that 2.5 percent of Chinese reported a mood disorder in the last year, compared with a rate of 9.6 percent in the United States.

In Japan, too, reported levels of depression tend to be low — just over 3 percent reported a mood disorder in the last year. In the W.H.O. survey — in part because of a culture of stoicism, said Dr. Laurence Kir-

Who's Mentally Ill? Deciding Is Often All in the Mind

mayer, director of social and transcultural psychiatry at McGill University in Montreal. Depression, after all, is not one symptom but many, and in Japan there is strong cultural taboo against repeated, vague complaints.

In addition, said Dr. Margaret Lock, a professor of social studies in medicine at McGill, Japanese doctors tend to be attentive to men's complaints of mood problems, and dismissive of women's. The result: depression rates are higher in men than in women, the reverse of the United States and much of Europe.

But more than anything, historians and medical anthropologists said, the rise in the incidence of mental illness in America over recent decades reflects cultural and political shifts. "People have not changed biologically in the past 100 years," Dr. Kirmayer said, "but the culture, our understanding of mental illness" has changed.

That evolving understanding can have implications for diagnoses. For example, in 1973, the American Psychiatric Association dropped homosexuality from its manual of mental disorders, amid a growing realization that no evidence linked homosexuality to any mental impairment. Overnight, an estimated four to five million "sick" people became well.

More common, however, is for psychiatrists to add conditions and syndromes. The association's first diagnostic manual, published in 1952, included some 60 disorders, while the current edition now has about 300, including everything from sexual arousal disorders to kleptomania to hypomania (oversleeping) and several shades of bipolar disorder.

"The idea has been not to expand the number of people with mental conditions but to develop a more fine-grained understanding of those who do," said Dr. Ronald Kessler, a

professor of health care policy at Harvard Medical School and lead author of the latest mental health survey.

But if contemporary trends, whether scientific or commercial, can serve to expand the franchise of mental illness, the mores, biases and scientific ignorance of previous centuries did much to hide it.

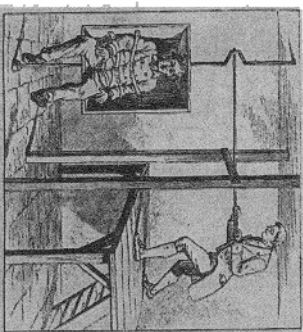
In the 18th and 19th centuries, doctors had far fewer words for mental impairment — madness, hysteria, melancholia — and estimated its incidence at somewhere around 5 percent to 10 percent, as far as historians can determine.

In some communities, the mentally ill were tolerated as holy fools or village idiots. The city of Geel, in Belgium, was particularly enlightened. There, in the 18th and 19th centuries, lunatics "could walk the streets, engage in commerce, they would deliver

food, carry milk, they were incorporated into the society and respected," said Dr. Theodore Milton, director of the Institute for Advanced Studies in Personology and Psychopathology in Coral Gables, Fla., and author of a recent history of psychiatry and psychology, "Masters of the Mind."

But Geel was exceptional. More typical, Dr. Milton said, was for people considered mad or uncontrollable to be confined, sometimes in homemade chambers called lock boxes. They were captive, uncounted, beyond any hope of treatment, their stories lost to history.

The behavior of millions of others who were merely troubled, rebellious or rascally was often understood — and veiled — in religious terms, said Dr. Nancy Tomes, a professor of medical history at the State University of New York in Stony Brook.



THE DOCTOR "THREAT-TALK" HIS WELL-BUILDING INSTITUTION SHOULD BE UNBROKEN WITH THE CONCLUDING SCENE. — 1818



Evolving Science A 19th-century swing, left, for treating depression, and a 1955 LSD experiment at Emory University tries to mimic the symptoms of schizophrenia.

Depression
Workshop
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