ple connecting Vygotsky's correct formulation about labor and his recognition of the fundamentality of thinking/speaking is, of course, *revolutionary activity* which relates *humans to humans to nature.* It is for this reason that we avoid the traditional distinction between "dialectical materialism" and "historical materialism" in favor of dialectical historical materialism.

13. Those, like Lichtman (1977), who argue that Marx's conception of humankind denies any essence at all are both right and wrong. For *the absence of any essence* in the Platonic or Aristotelian sense *is*, seemingly contradictorily, itself the distinctly human essence. The continuous creation of essence by revolutionary activity *is* the essence/non-essence of our species. Human beings are essence makers, toolmakers, revolution makers, meaning makers.

14. Almost from the beginnings of the first socialist state and the beginnings of psychology, there have been attempts to synthesize Marx and Freud. Some of the more notable (influential and/or interesting) discussions are those by Vygotsky's student and colleague Luria (1978), the noted Soviet philosopher Volosinov (1987), those of the Frankfurt School (e.g., Adorno, 1951; Habermas, 1971; Fromm, 1973), and various psychologists, philosophers and social critics (e.g., Brown, 1973; Jacoby, 1976; Lichtman, 1977), and of course Reich (1970).

4

CRISIS NORMALIZATION AND DEPRESSION

No one — as far as I can see — has ever offered a fair, reasonable, succinct, incisive, or valid definition of depression. We are trying to find scientific answers to questions about something that we have not even reasonably identified. I am not denying that there is such a thing as depression. Obviously the pain, torture, and torment of depression is all too real. What I want to speak to here is not the reality of depression, but rather the scientific (or unscientific) nature of *our approaches to*

"Crisis Normalization and Depression: A New Approach to a Growing Epidemic" was delivered on October 23, 1987 as the annual lecture of the East Side Institute for Short Term Psychotherapy and first published in Practice: The Journal of Politics, Economics, Psychology, Sociology and Culture *(Winter 1987) Vol. 5, No. 3.*

depression. James C. Coyne, the editor, in the general introduction to the book *Essential Papers on Depression*, points out that there are still very live debates on what depression is. Not simply on what causes it, how to cure it or suppress it, but on *what it is*. He points out that, according to the standardized symptomatological analysis of depression and depressive disorders, two people could both be diagnosed as depressive while sharing absolutely no symptomatological characteristics. As a traditionally trained methodologist I am offended by that; it seems *prima facie* outrageous. But — and this is even more problematic — despite Coyne and all nineteen authors reprinted in his book pointing out the imprecision and ambiguity in defining depression, all of them move almost immediately (and, so it seems, inexorably) to offering a definition! Having stated that the empirical and analytical evidence makes plain that we lack and cannot give an adequate definition of depression, their discussions offer still more definitions to add to the long list of unsuccessful definitions that have already been developed in this field.

I do not wish to add my name to the long list of definition mongers. I believe that the search for definition is methodologically problematic. What I want to try to develop here is what it means to evolve an approach to depression which doesn't have, amongst its presuppositions, the need to offer a definition of what depression is. I want to talk about why definitional approaches are less curative, less useful, less helpful — in fact, function negatively — relative to the treatment received by people we see in the "nondefinitional" short term, social therapeutic approach.

A curious feature of our language (noted by many) is the humor sometimes obtainable by flipping subjects and objects in phrases or sentences. More often than not, such a flip produces both humor and insight. I'll give you an example of what I mean. A much more precise title for Coyne's *Essential Papers on Depression*

would be *Depressing Papers on Essentialism*. These are indeed very depressing papers on essentialism! They all attempt to give not only a definition of depression but an essentialistic characterization of the human being as a precondition for discussing depression. "Depression must be understood as the common cold of psychopathology," we are told. Exactly right. After all, depression, in one form or another, strikes not just handfuls of people, but millions of people. The estimates given center around 1 out of 5 people. That figure is likely an underestimation, referring only to people who have received some kind of treatment. The number is surely higher since there is a continuum of depression. Indeed, it is often debated whether depression, *qua* clinical category, is actually an extension of depression as we know it in ordinary life. It is hard to do therapy for more than ten minutes without treating people who suffer from depression. And many of us here, I am sure, have gone through severe bouts of depression ourselves. *Being depressed*, then, seems almost an element of the definition of *being human*.

The *DSM-III* [*Diagnostic and Statistical Manual of Mental Disorders (Third Edition)*, the official categorization of psychological-psychiatric "disorders" published by the American Psychiatric Association] criteria for major depressive episodes further this question. Here is the definition (officially of depression, unofficially a partial definition of human being): "Loss of interest or pleasure in all or almost all usual activities and pastimes, characterized by symptoms such as the following: sad, depressed, blue, hopeless, down in the dumps, irritable. Must be persistent but not necessarily the dominant symptom. At least four of the following symptoms must have been present nearly every day for a period of nearly two weeks (in children under six, at least three of the first four): (1) Poor appetite or significant weight loss, when not dieting, or increased appetite or significant weight gain (in children under six, consider failure to make expected weight gains); (2) Insomnia or

hypersomnia; (3) Psychomotor agitation or retardation, not merely subjective feelings of restlessness or being slowed down (in children under six, hyperactivity); (4) Loss of interest or pleasure in usual activities or decrease in sexual drive not limited to a period when delusional or hallucinating (in children under six, signs of apathy); (5) Loss of energy, fatigue; (6) Feelings of worthlessness, self-reproach, or excessive or inappropriate guilt, either may be delusional; (7) Complaints or evidence of diminished ability to think or concentrate, such as slowed thinking or indecisiveness not associated with marked loosening of associations or incoherence; (8) Recurrent thoughts of death, suicidal deviation, wishes to be dead or suicide attempt." It goes on. So must we. Let's try to move beyond definitional approaches.

LOSS

Most of the articles in Coyne's anthology associate the catalyst for depression, of both the short-term and chronic variety, with *loss*. In some of the approaches, for example, psychodynamic approaches, felt loss of a deeper nature is what is triggered by the immediate loss. In more social approaches and in some of the cognitive approaches, the loss is not so much a triggering as it is the direct object of the depressed response. Across the various approaches runs the theme that the loss associated with depression has more than the normal or usual impact on the individual who suffers it. So whereas we are characteristically able to deal with losses (or so the story goes), in the case of depression (either of a short-term or long-term variety) we are unable to *cope* with the loss. It either triggers something of a much greater and deeper magnitude than would seem reasonable given the actual weight of the object or person or whatever is lost, or in cases of profound loss there is some standard of what an appropriate response is (e.g., after an appropriate period of mourning, of sad or depressed reaction, one

should begin to come out of it) which is violated.

Some experts suggest that loss is primarily emotive, some that loss is more cognitive than emotive, others say that loss is more interpersonal than either cognitive or emotive, and still others actually say that loss is chemical. The idea which comes across in these varying approaches to depression is that there are some kinds of loss which provoke or induce an inability to cope, and that this inability to cope is not specifically a sadness nor a feeling blue. Rather, the feeling state identified with depression is more appropriately identified as *the lack* of a feeling state. What cuts across many of these statements and points of view is that the essence of the depressive state is the experience of helplessness, to some extent a non-feeling, i.e., a seeming inability to any longer be responsive.

GLUE

Coyne's book includes a most interesting paper by Ernest Becker which gives a personal-social characterization of depression and loss. According to Becker, what is actually lost in depression is that sense of meaning which is the social-psychological "glue" that ties together the disparate experiences of human life. Whatever the immediate cause, what we lose, internally or interpersonally, as we move into the depressed state is any sense of connection between the various life activities, what Becker calls not the objects but the games. Becker notes that we do not only lose objects. What actually gets lost in a moment of crisis is the *interconnecting mechanism* of all the various objects of our lives. Without the interconnecting mechanism, what we come to experience are discrete, *objective*, separate life experiences. Separate games are played, but the games *themselves* lose meaning because they lose the interconnected set of rules (not necessarily formalistic rules) which ties them together. Such a loss produces a profound sense of pointlessness, of socio-

cultural meaninglessness. And so as the depression takes hold, it becomes very difficult to escape from, because no amount of object replacement, if you will, is sufficient. Because no matter how many new things you put back in, they remain unconnected.

As I understand Becker, what is common to both the experience of depression and the approaches to the experience is this loss of the capacity to cognitively, emotively, psychologically, culturally, politically "keep the whole damned thing together." There has essentially been a breakdown of framework and meaning. With this breakdown, one becomes weighted down with a sense of helplessness ("learned helplessness") because the life experiences which previously may have been nourishing, developmental, meaningful, and significant, no longer have that impact. The depressed experience is compounded by the fact that one is now going through life *epistemologically* aware of doing the same things one had always done (and, in the past, derived nourishment and pleasure from) but now these experiences give no pleasure. The depression, then, deepens due to what is effectively a kind of "learned helplessness." In place of the ability to take experiences and fit them into an overall framework which is growthful, productive, and makes you feel human, cared for, capable, and alive, increasingly these same kinds of experiences now contribute nothing to your sense of self-identity. You become dead in life. You go through the motions. You might perform well — many, many depressed people perform very well. In some cases people don't even know that they are depressed. They say "Oh, that's how I thought life was! I didn't know that was a sickness! I didn't know that could be cured." In the midst of a rather severe depression many years ago, I could see that my life experience for some 15-20 years before was not all that dramatically different. I came to see that depression (almost as severe as what I was then experiencing) was what I had thought of as the normal state of life.

ANTI-DEFINITION

These observations (some based on Becker's paper; others on my own clinical and personal experience) are a good starting point for a non-definitional approach to depression. Remember, we are not looking for a definition in order that we might have a clinical characterization suitable for appearance in *DSM-III*. Let us begin by rejecting the need for definition at all and by considering that depression, *far from being an abnormal state, is perhaps a normal state.* The two new assumptions (or anti-assumptions) are interconnected. For if depression is normal as opposed to abnormal, then straightaway we don't have to look for a definition of the disease. Looking for definitions, moreover, is the very social process by which we effectively deny that depression is a normal state. So this assumption that depression is a normal state profoundly alters one's approach to the whole issue. Let us then take depression to be by and large a normal process in the context of our culture, with, perhaps, chemical accompaniments and varying degrees of behavioral, cognitive and affective variations. Let us begin to develop a specific and concrete psychological approach to depression as normal. By this I am not suggesting for one moment that we should not seek a cure. For we must break out of the abnormalist paradigm which insists that we only cure disease! It's high time that we appreciate, on social, psychological, cultural and political grounds, that we had better start curing normalcy. Normalcy is about to kill us all. I do not mean that metaphorically; I mean that literally. We are dying (physically and emotionally) because of what is normal in contemporary society. Depression is one critical element of normalcy in our culture. Ours is a profoundly depressed society, not simply on Wall Street, to say the obvious, but on Main Street. (I believe there is a connection between these two, but I will leave that for another night.)

Once again let us change the initial premise of our investigation from searching for a *cure for a disease*, to searching for a *cure for a normal state*. This of course has serious socio-economic implications. For example, if you put up a shingle which says, "Only Normal People Come Here," no one would know whether to come or not! People might come in and say, "I'm terribly ill," and you'd reply, "Well, to tell you the truth, I don't treat illness." I do not treat illness. Because much of what has been conceptually and socially defined as illness makes it, in my opinion, fundamentally incurable. A lot of people fail to appreciate the perniciousness of definition and categorization, fail to appreciate the perniciousness of language, and fail to appreciate the extent to which we have all been socialized by language and categories, including the categories of emotion, cognition and disease, such that if we persist in functioning within these categories, it is questionable whether we can ever make it out of them.

Starting from our quite different assumption, our *anti-paradigm*, if you will, how do we relate to folks who come to see us and lay out all of the symptoms described in the literature on depression? People tell us, "I feel sad, disempowered, listless, helpless, I don't know what to do with my life, I'm thinking about committing suicide..." Those are very real things said by very real people, and they should not be denied or doubted. Millions of people feel this way, and some few come to us seeking help, and one cannot make fun of the people who are suffering, who are in pain. What do we do then, when people come to us depressed?

HISTORY

The writings of Becker about meaning that I mentioned earlier come closest to some of the things that we in the social therapy movement have been developing for many years. Moreover, it is not because of how close they come that I brought them up; it is

because of the profound differences. I believe, as Becker does, that there is a serious loss that occurs in depression, which means a very serious loss that occurs in normal life in our culture. What is that loss; what name shall we give that loss? I think that what we have lost (and what we are continually losing), and what is directly related to the epidemic of depression in our culture, is best identified by the word *history*. Now history is a provocative word. A lot of people immediately react by saying, "You think 'depression' is imprecise — what about 'history'? I mean this is the catch-all word of all of history! So catch-all is it that we even have to use it to say how catch-all it is. How can you possibly think that the notion of history is going to be useful in presenting a new approach to the treatment of depression?" Well, let me try.

American culture, more than any other, has profoundly and dramatically lost a sense of history. Far from being a radical statement, this is the standard analysis of many people across the political, social and cultural spectrum. Over and over again it has been pointed out that the American sensibility runs roughly from the six o'clock news to the ten o'clock news. "What happened?" "What is historical?" "What is really going on?" The answer is what is momentary; it is whatever is presented in the media, largely on television. Our sensibility, such as it is, is mediated by an incredible barrage of words and images carefully shaped in such a way as to not simply create a certain picture, but to explicitly create a certain sense of alienation from the sources and objects of that picture. That is, to destroy our sense of history. There is ample evidence to suggest that as a people, we have not simply been alienated from the process of work and production but we have been alienated from the historical process of our own historical development. We have been denied the *possibility* of history as well as the actuality of *history*. People like Richard Sennett and others have noted the narcissism of American society. But the "Me Generation" is more than

generational. The "me-ness" of American culture goes well beyond any single generation.

All over the world, people are astounded by the historical deprivation that is characteristic of our culture. We read in the European press of Europe's fears of the Reagan administration. To be sure, part of that has to do with his programmatics. But it also has to do with the fact that Europeans quite correctly are fearful of a major power, to which they are beholden in a life and death sense, being run by someone whose paradigm of reality is the grade B movie or six o'clock news. Many people are concerned about a population, a President and a culture which overidentify war, for example, as something that appears on television, which identifies profound social problems as images in a movie. We have, in many ways and for many reasons, evolved as a culture so thoroughly alienated from history as to make us profoundly vulnerable, in a momentary situation, to deep-rooted depression.

I am not suggesting that the more traditional elements discussed in classical papers and research on depression are irrelevant. However, I am urging that none of what is said makes a whole lot of sense unless we locate these analyses in some socio-psychological understanding of our particular culture, specifically our deprivation of history. In the absence of a historical sense we are enormously vulnerable to profound depression. Does this happen to individuals? Yes. Does it happen to masses of people? Yes. Is it of great concern? Certainly.

FASCISM

The work of Wilhelm Reich on the mass psychology of fascism is worth considering for a moment. Fascism can best be understood as a profound form of depression. That is not to trivialize it. The significant question that Reich raised in Germany in the 1930s was how was it possible to radically and fascistically transform the ide-

ological responses, values and attitudes of a mass of people in so short a period of time. How could that have happened? How could German fascism have happened? That is an important question for us, for obvious social-political reasons. It is also profoundly relevant to personal depression, because one of the factors of personal depression that must be engaged if we hope to help anybody with it is how this could have happened "just like that." How does someone go, even in the face of a fairly serious loss, from being a relatively stable "coper" to someone who is essentially disembodied? How does that radical breakdown occur?

The study of how that occurs at the mass level is much more informative of how it happens at the individual level than the other way around. The study of mass psychology is much more informative of individual psychology than individual psychology is of mass psychology. Freud, and even his radical follower, Reich, did not fully appreciate this. They effectively believed that mass psychology is best modeled by an examination of the individual psyche. But it is clear, at least to me, that it goes the other way around.

How did this mass social transformation called Nazism occur? Reich gives a complex, characterological answer which I can only summarize here. He argues that there are three levels to people's characterological make-up. One element is fascistic, implying that there is the capacity for fascism in all of us. I do not accept that model. What I believe, and what we've come to see in our social therapeutic work, is that our *normal* social interaction is so profoundly alienated and lacking a sense of *historical connectedness* that relatively minor changes in the actual process by which information is communicated and disseminated can create total transformation overnight. The absence of a sense of history leaves us extremely vulnerable. And this was very much the situation with German culture and German society in the 1920s.

APPLICATIONS

And so when someone comes into my therapy office what I try to do is find some way to bring this person who is in pain and, most likely, depression into history — to get her or him out of society and into history. The person says, "I'm depressed. Life means nothing to me. I don't want to go on. I don't care about anything." I say — and this is not a cognitive response although you will perhaps think it is — "How do you know?" "How do I know? What do you mean how do I know? *This is how I feel.*" "How do you know you feel this way?" "Well, I feel this way because this is how I feel. I've felt this way for months. This is how I feel." "How do you know you feel that way?" People often become furious. "Are you saying I don't feel this way?" "No, I'm not saying that." "Are you saying I'm lying to you? What is it you're saying, anyway?" "I'm simply asking — how do you know that that's how you feel? Who told you that? Where did you learn that? How did you learn to talk that way? What makes you think that the words you're saying to me right now mean what you want them to mean? What do you and other people get from talking that way? I want to study the history of this way of talking. I'm not just talking about your personal history, I'm talking about you as a person in this society and I want to know *that* history." As this process unfolds, I insist that we simultaneously also learn the history of this very process that is unfolding between me and my "normal patients."

This process, while in varying degrees cognitive, emotive, and social, is not characterizable as any of these processes. Rather, it is a process of *investigating* if there is another sense of identity aside from the overdetermined societal sense of identity. This societal sense of identity, in my opinion, is the ultimate source of the depressed state. *This is not the same thing as saying that depression has social origins.* To be sure, it does. The point is that the whole mode

of our emotional organization, both its *normalcy* and its *abnormalcy*, is effectively organized by the categories, life interactions, and social roles of one super-*ahistorical* culture and society.

If we take depression as a *normal* as opposed to an *abnormal* state, then looking for the source of depression *in its particularity* means looking for the historical origins of the total social experience which leaves us vulnerable, in the face of particular historical stimuli, to an unraveling best described as losing our sense of identity because of having lost our sense of location in society.

In *Anti-Oedipus* (a very good book which I completely disagree with) the French psychoanalysts and philosophers, Guattari and Deleuze, say that, in the final analysis (pardon the pun), Freud's greatest contribution was that he gave the madman social validity, a societal location; that what Freud did for the insane was to offer them a social contract, and say, "We have a place for you. You're not a devil, you're not a demon, you're not extra-societal — you're merely insane. And we shall enter ("we" meaning the psychoanalyst and the patient) into a social contract which gives you a relationship to society. Having that relationship, you are now able to function in a more stable fashion whether or not anything else of any significance happens in these interactions, be they five or six or seven days a week." What is fundamentally curative, Guattari and Deleuze argue, is that contract. I believe this is by and large correct. I think that this contract with the maladjusted is of profound importance. R.D. Laing once said that the good news about psychoanalysis is that most people who practice it do nothing resembling what is contained in its theories for, if they did, they would do terrible damage to people. It is the contract that does the good work.

Now, if we want to move beyond therapy whose effectiveness is totally contained in its liberal contract, then we have to change the depressive person's relationship not *within* or *to* society but

within and to history. The distinction I am making here is the distinction between adaptation to society through a reorganization of one's relationship to society and adaptation to history through a reorganization of one's relationship (or a group's relationship or a nation's relationship) to history. History cures depression.

What does that mean? My colleague Lois Holzman and I have been doing research on these matters for the better part of a decade. In an article we wrote about three years ago called "Thought and language about history," we pointed out that in our culture both thought and history have been profoundly overdetermined by language. Others have observed that. Some people, including distinguished social scientists (e.g., the communicationist school in Palo Alto, California) go so far as to say that in point of fact, we should talk only about language usage because language usage is the closest approximation we have to both thought and history. They mention that any attempt to reach thought or history *directly* is ill-fated, that the study of human existence, of interpersonal behavior, of subjectivity, of life, is best accomplished by the study of communication.

The attempt to reach history, then, is inseparable from the attempt to understand the ideological limitations of a linguistically overdetermined socio-pathology. The questions, "What is language?" and "What is language usage?" are not abstract, but questions about a social process which involves the very rich and complex phenomena of making sounds, making inscriptions, making marks, putting them together in certain ways, forming them verbally, etc. What is this extraordinary social process? And to what extent has this process emerged in such a way as to become identifiable with life itself and with history itself? In many respects, the process of reaching history is best understood as the process of self-consciously creating a new language — actually, an *anti-language*. Many people say that this is part of the Freudian tradition.

Isn't there, after all, a sense in which a new language is created in the process of psychoanalysis? Yes, but it is designed specifically to translate from one societally-bound language into another societally-bound language. What we are talking about here is the creation of a language (anti-language) whose specific function is to reach the historicalness of our social being.

We are, of course, in history right now, you know. Being in history, if you'll permit me this word, is our "natural" state. The unnatural state, the pathological state, the abnormal state, is being in the limited location that is society. In the case of our particular society and its particular developmental route, this fundamental abnormality translates into a depressive population. There will be no cure for depression in the absence of breaking down all the ideological connectors to society.

THE PHENOMENOLOGY OF HISTORY

Let me conclude by sharing a few thoughts about the phenomenology of history. Out here in history, we are not vulnerable to loss. Nothing is lost here in history. All kinds of things are lost in society, but nothing is lost in history. It is not at all clear, in fact, what "loss" would mean in history. To be sure, in history there is something other than loss, which to a large extent is what keeps people out of it. In history what we have is continuous change. Development. Social process. Growth. But not loss. Society violates basic laws of "historical thermodynamics"; it is filled with loss. Straight-out loss. In its social laws, it actually allows for the total annihilation of objects. It destroys people. It destroys products. And it destroys them relative to their societal location, because society is specifically organized so as to maintain a certain set of social relationships between classes, between groupings, between individuals, and it maintains these relationships in such a way as to require loss. I believe that most people, including experts on depression,

think that loss is as natural as sunrise, that we never can do away with loss. So what they are always looking for is some cure for depression based on the fact that loss is a God-given, eternal truth. There will always be loss, and therefore we must treat those who are unable to cope with it. But what would it mean to have an approach to depression which actively engaged the issue of whether or not there has to be loss? What would it mean to help people, to cure people, by finding a way to bring them into history wherein there is no such thing as loss? Well, this might sound simplistic but I think that if we can do away with loss, we can do away with depression. No loss, no depression.

A person comes into my office and says, "I feel blue, depressed, suicidal."

"Why?"

"I have suffered a great loss."

"How do you know?"

"How do I know I have suffered a great loss? I have lost a loved one. She's dead. She's gone. She's left. That's a great loss. What do you mean how do I know?"

"I appreciate all of that pain, I appreciate that experience, I appreciate your feelings. I empathize, I sympathize. But why do you persist in identifying it as a loss?"

"To me it's a loss!"

"How did it get to be a loss?"

"To me it is a loss. It is my personal loss."

"It may be your personal loss, but it is after all not your personal *conception* of loss." Does this deny the validity of the emotional response? Not at all. Rather, it speaks to the organization of emotionality, which is specific to the societal definition of who we are. And it raises, going back to the issue of definition, why it is that we have to accept these definitional, categorical locations at all, and how fundamental this question is to what we call depression.

This historical approach is most powerful when a person is in crisis, whether or not you wish to categorize that as depression. There more than anywhere must we challenge the societally overdetermined affective-cognitive self-understandings. In its crudest form, short term crisis normalization therapy looks like this: A person comes in and says, "Everything just fell apart. The stock market, my family, the world, it all fell apart." And in the loudest possible voice, one has to work up the gumption to say, "How do you know? What makes you believe that? Where did that happen? What gave you that idea? What the hell are you talking about?" As a social therapist, one takes the risk of having the patient think that you are out of your mind. But the question is a profoundly important question. "How do you know that? How do you know you're in crisis? How do you know you're incapable? How do you know that you can't cope?" That is not said in the form of a pat-on-the-back — "You really can do it, kid." Maybe you can't do it; in fact, the presumption of being in crisis therapy is that you can't do it. But the question is how do you know that? Why do you think that way? Why are those your emotive responses? You must as a social therapist directly question the organization of emotionality when someone is in crisis because if you don't, you will be leaving her or him in the situation of potentially being permanently locked into no longer having the capacity to cope, no longer having any sense of meaning, i.e., in what we have identified as the experience of societal identity being totally demolished. And the cure for that is not to help someone relocate or adapt, but to find a new place. History is the name of that place.

Amongst the traditional approaches I found the various biochemical approaches to depression the most compelling. I hope you are not shocked. From the vantage point of attempting to define depression, they were the least pretentious. That is, the authors (in

Coyne's anthology) at least had the decency to say that what they were doing was simply discovering what they took to be techniques for dealing with symptoms. One might not like them; I myself have some very serious questions about them. They at least admit that we should not confuse our capacity to help people with having identified the source or the cause of a problem. In one particularly insightful paper (in Coyne's collection), it was pointed out that the effectiveness of aspirin for the simple headache should in no way be taken to imply that aspirin deficiency is the cause of headaches. I think that is an important insight not only for biomedical approaches but for all approaches. All that I have said tonight should not suggest that we have the correct definition, causal analysis, ideological location, or understanding of depression. Do not make of me a definition-monger. In fact, what I am saying is that holding to a definitional paradigm is problematic. We are not suggesting that the "aspirin of history," if you will, is giving a causal accounting of depression. What we are contending is that we have discovered a very effective aspirin — in history — which we call the short term crisis normalization approach.

5

PANIC IN AMERICA

Soren Kierkegaard discovered anxiety in 1844. He announced his discovery in a little book called The Concept of Dread. *Translated into English 100 years later, it is a classic of modern existentialism. Obviously anxiety existed before Kierkegaard, and indeed anxiety disorders have been known throughout history...Nevertheless, Kierkegaard is credited with the first description of anxiety as a vague, diffuse uneasiness, different from fear in that no apparent danger is present, and pervasive, allowing no escape.* — **Donald Goodwin, *Anxiety***

"Panic in America" was delivered on December 2, 1988 as the annual lecture of the East Side Institute for Short Term Psychotherapy and first published in Practice: The Journal of Politics, Economics, Psychology, Sociology and Culture *(Spring 1989) Vol. 6, No. 3/Vol. 7, No. 1.*