

# What Did Depression Look Like Before 'Antidepressants'?

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## Tracing the historical trends and how a rare condition became an epidemic

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In coffee shops and on social media, in classrooms and boardrooms, the phrase "I'm depressed" has become as commonplace as discussing the weather. Young adults list their mental health struggles in their dating profiles, while celebrities bare their battles with depression to millions of followers. Support groups for depression span every demographic, and antidepressant medications are among the most prescribed drugs in the world. Depression, it seems, has become an integral part of our collective identity.

Yet, if we could transport ourselves back throughout the 20th century, we'd find ourselves in a distinctly different mental health landscape. The notion of casually "identifying as depressed" would be met with confusion, if not outright disbelief. Depression, prior to 1990, was a term reserved for the most severely afflicted, often confined to psychiatric wards. It conjured images of profound despair, not the everyday malaise we now associate with the term. The term melancholy has been written about for centuries.

*"I write of melancholy by being busy to avoid melancholy."*

-Robert Burton

In her seminal 1968 work, "The Epidemiology of Depression," Charlotte Silverman unveiled a startling fact: community surveys from the 1930s and 1940s had found that fewer than 1 in 1,000 adults experienced an episode of clinical depression annually. This figure, almost

unbelievable by today's standards, paints a dramatically different picture of mental health in mid-20th century America. Most striking? Clinical depression in young people, at the time, almost unheard of.

Rewind the clock to the post-World War II era, and you'd find a mental health landscape almost unrecognizable to modern eyes. Depression, that ubiquitous specter of our times, occurred rarely in only the darkest corners of psychiatric wards.

It wasn't the go-to diagnosis for life's ups and downs; instead, it was a label reserved for the most severe cases of melancholia, a condition so profound it bordered on psychosis. Debilitating depression was a rarity that hardly kept psychiatrists in business. These rare cases weren't viewed as victims of genetic mishaps or chemical imbalances. Instead, they were understood as individuals who had endured the most extreme hardships and trauma imaginable. Their depression wasn't seen as a disease, but as a dire consequence of their circumstances.

These patients often spiraled into a vicious cycle of social isolation, which brought its own physical tolls - loss of appetite, lack of sun exposure, and the corrosive effects of extreme loneliness. Far from being a common ailment, this level of depression was recognized as the exception - a testament to the breaking point of the human psyche under unimaginable duress.

In those days, the air in therapists' offices wasn't thick with talk of persistent sadness or anhedonia. No, the buzzwords were "nerves," "anxiety," and the all-encompassing boogeyman: "stress." The 1950s and '60s gave birth to the "stress tradition" in American psychiatry, a paradigm that saw the human condition as a complex tapestry of psychological and physical responses to life's relentless demands.

Headaches, fatigue, insomnia? These weren't isolated complaints to be treated individually. They were threads in a larger narrative of a mind and body under siege from modern living. "Nervous breakdown" entered the cultural lexicon, a catch-all term for when the weight of existence became too much to bear. It was anxiety, not depression, that reigned supreme in the pantheon of mental health concerns.

The idea that the stress of living could be portrayed as a medical disease would have been laughable.

How did we transition from a society where depression was a rare, severe condition to one where it's a ubiquitous label for life's struggles? Why didn't our grandparents or great-grandparents "identify as depressed" when faced with life's inevitable hardships?

The knee-jerk response might be to attribute this low rate to stigma, but such an explanation falls short. Severe depression, by its very nature, demands intervention. If it were as prevalent then as it is today, hospital records would have sounded alarm bells, flagging it as

a major public health concern. Yet, hospitalization for depression was remarkably rare.

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It would be disingenuous to claim that life today is inherently more challenging than throughout the tumultuous 20th century. While we struggle with the psychological toll of smartphones and social media, our forebears faced ordeals of staggering magnitude.

They endured the crushing poverty of the Great Depression, witnessed the global carnage of two World Wars, suffered the heartbreak of high infant mortality, and lived under the constant shadow of potential nuclear annihilation. These were not mere inconveniences, but existential threats that tested the very fabric of human resilience.

Our current challenges, though real and worthy of attention, pale in comparison to the visceral, life-or-death struggles that previous generations confronted with remarkable fortitude. This historical perspective begs a provocative question: If depression was rare then, amidst such monumental hardships, why has it become so prevalent now, in an era of unprecedented comfort and security?

Perhaps our forebears' ability to weather such storms without widespread diagnoses of depression speaks volumes about the human capacity for resilience - a capacity we may be in danger of losing in our rush to medicalize every emotional dip.

The prevailing view at the time, as all research would suggest, was that those who even experienced those severe depressive episodes would be assured that the episode would remit on its own. A term that is known as natural recovery. As noted in the seminal book "Anatomy of an Epidemic" written by Robert Whitaker

*"Depression is, on whole, one of the psychiatric conditions with the best prognosis for eventual recovery with or without treatment. Most Depressions are self-limited"*

-Jonathan Cole (1964), "Therapeutic efficacy of antidepressant drugs," Journal of the American Medical Association

In the not-so-distant past, the concept of "depression" as we know it today was largely absent from the cultural lexicon. This wasn't due to ignorance or stigma, but rather a fundamentally different perspective on human emotional experiences. Our forebears didn't view periods of sadness, grief, or emotional struggle through a medicalized lens. Instead, these experiences were seen as integral parts of the human journey - natural, albeit challenging, responses to life's inevitable hardships.

The idea that such feelings might constitute a diagnosable illness simply didn't enter their consciousness. Sorrow, melancholy, and emotional pain were understood as universal experiences that everyone would encounter and endure throughout their lifetime. This

worldview fostered a kind of resilience, an expectation that one would face difficulties and emerge on the other side.

"Even a happy life cannot be without a measure of darkness, and the word happy would lose its meaning if it were not balanced by sadness."

Carl Jung

Without the label of "depression" hanging over their heads, people were perhaps more likely to view their struggles as temporary states rather than chronic conditions. This perspective didn't diminish the reality of their pain, but it did frame it within the context of a normal, shared human experience - one that didn't necessarily require professional intervention or pharmaceutical treatment to navigate.

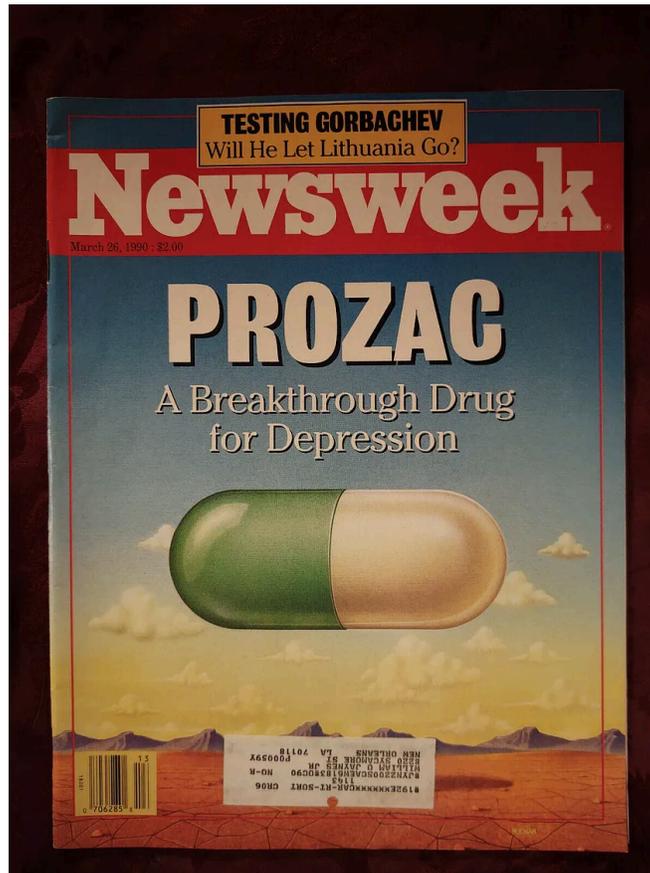
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## **Manufacturing Depression**

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1987 marked a watershed moment in the history of mental health: the FDA's approval of Prozac for the treatment of depression. This event didn't just introduce a new drug; it ushered in a new era in how we perceive and manage mental health.

In the wake of Prozac's approval, pharmaceutical companies embarked on an ambitious campaign. Their goal? To expand the number of individuals who identified themselves as depressed. This wasn't merely a marketing strategy; it was a fundamental reimagining of mental health in the public consciousness.



As the 20th century waned, depression began its exodus from the confines of psychiatric institutions, steadily infiltrating mainstream American life. The period between 1987 and 1997 witnessed what appeared to be an explosion of mental illness - or perhaps more accurately, a revolution in its recognition and diagnosis.

The statistics tell a story of dramatic change. In just a decade, [the rate of outpatient treatment for depression more than tripled](#), catapulting from a mere 0.73 per hundred adults to 2.33. This 300% increase, staggering at the time, was more than a numerical shift; it was a clarion call heralding a sea change in mental health perception and treatment.

But that was just the beginning.

Fast forward to today, and those once-shocking numbers appear quaint by comparison. In 2021, the [National Survey on Drug Use and Health](#) revealed that 8.3% of American adults - a staggering 21 million people - experienced at least one major depressive episode in a single year. This isn't just a doubling or tripling of the 1997 figures; it's an increase of nearly 400%.

An estimated 5.0 million adolescents aged 12 to 17 in the United States had at least one major depressive episode. This number represented 20.1% of the U.S. population aged 12 to 17 and with 29.2% of adolescent females experiencing depression.

The surge becomes even more pronounced when we look at lifetime diagnoses. [The Centers for Disease Control and Prevention](#) reports that in 2020, almost one in five adults - 18.5% - had received a depression diagnosis at some point in their lives. Compare this to the 1940's, when depression occurred in only 0.1% of the population.

Perhaps most telling is the meteoric rise in antidepressant use. In 1997, the idea that over a tenth of the population would be taking mood-altering medication daily would have seemed like science fiction. Yet here we are: [recent estimates in 2020](#) suggest that 37.1 million Americans - 11.3% of the population - are now taking antidepressants. This no doubt has continued to increase. That's nearly five times the rate of those receiving any kind of outpatient treatment for depression in 1997.

As we trace the evolution of depression from obscurity to ubiquity, we may find that our current conception of this condition is as much a product of our times as it is a reflection of an timeless human experience. In our zealous quest to conquer depression, we may have inadvertently fed the beast we sought to slay.

The explosion of depression diagnoses and treatments over the past few decades has not vanquished this mental health monster – instead, it appears to have made it stronger, more prevalent, and increasingly chronic. This paradox suggests a chilling possibility: that our very attempts to medicalize and eradicate depression might be transforming garden-variety sadness into a persistent, life-altering condition.

The meteoric rise in depression diagnoses over the past few decades is not a coincidence, nor solely the result of improved awareness. Rather, it bears the hallmarks of a carefully orchestrated campaign by pharmaceutical companies to expand their market.

Following the FDA's approval of Prozac in 1987, drug manufacturers recognized an unprecedented opportunity to boost profits by broadening the definition of depression. Through aggressive marketing, funding of favorable research, and influence on diagnostic criteria, these companies have effectively manufactured a depression epidemic.

They've blurred the lines between normal sadness and clinical depression, encouraging more people to identify with the latter. This strategy has transformed ordinary life struggles into medical conditions requiring pharmaceutical intervention. The result? A staggering increase in antidepressant prescriptions and a society increasingly dependent on drugs to navigate the ups and downs of human existence. This manufactured epidemic serves not to heal, but to create lifelong consumers of psychotropic drugs, raising serious questions about the ethics of modern mental health care and the true motivations behind the explosion of depression diagnoses.

## **What's the Answer?**

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The answer to our manufactured depression epidemic lies not in more intervention, but in a return to basics. We must reexamine our understanding of depression, stripping away the layers of medicalization that have obscured its true nature.

Depression, in its traditional form, was a severe and rare condition, not the catch-all term it has become today. By broadening the definition to encompass every shade of human sadness, we've diluted its meaning and, paradoxically, have intensified its impact. The current approach of widespread professional intervention, particularly in primary care settings, is not only unnecessary but harmful.

The cavalier prescription of antidepressants, with their myriad of adverse health effects and potential for dependency, should never have been approved by the FDA. These powerful drugs are now dispersed like candy for every mood dip, ignoring the body's natural ability to regulate emotions. This in itself is creating an epidemic of iatrogenic harm.

Even therapy, often seen as a benign intervention, may be exacerbating the problem for many individuals. By constantly analyzing and pathologizing normal human emotions, we risk creating a self-fulfilling prophecy of chronic mental illness. We've inadvertently taught people to interpret every negative feeling as a symptom of depression, robbing them of the opportunity to develop natural resilience.

Instead, we should be supporting natural recovery. Most instances of what we now call "depression" are transient, responding well to lifestyle changes, social support, and the simple passage of time. By immediately labeling these experiences as 'depression' and rushing to treat them, we interrupt the natural healing process and potentially create long-term dependency on external interventions.

It's time to end the use of depression as an umbrella term for all emotional challenges. We need to return to a more nuanced understanding of human emotion, reserving the term 'depression' for truly severe cases that align with its original clinical definition.

Here's a more provocative version:

It's time we stop coddling ourselves with the comforting lie that our emotional struggles are "disorders" or "diseases." This medicalization of the human condition has created a society of victims, forever seeking a pill or a diagnosis to explain away the grit and grime of existence.

We've become emotional hypochondriacs, rushing to label every bout of sadness as depression, every worry as anxiety.

Enough.

It's time to rip off the band-aid and face a truth: life is hard, and it's supposed to be. Our pain, our sadness, our moments of despair – these aren't abnormalities to be cured, they're the very essence of what makes us human.

We need to stop hiding behind clinical terms and start embracing the raw, uncomfortable reality of our emotions.

Let's normalize the struggle, not in hushed tones of sympathy, but with a fierce acceptance that this is what it means to be alive.

Our darkest moments aren't symptoms of a broken mind; they're crucibles of transformation, forging us into stronger, wiser beings. It's high time we ditch the therapist's couch and the pharmacy counter, and instead face our challenges head-on, seeing them not as obstacles to happiness, but as the very path to a richer, more authentic existence. In a world obsessed with quick fixes and endless positivity, embracing our suffering might just be the most radical act of self-care we can perform.

Let's cut to the chase: embracing our emotional struggles as normal would obliterate the mental health racket overnight. Imagine the panic in Big Pharma's boardrooms if we stopped swallowing the "depression pill" - both literally and figuratively. The therapy industrial complex, built on convincing a staggering 20% of Americans they're clinically depressed, would implode. Psychiatry would adapt or die.

Maybe this is exactly what needs to happen.

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