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Assessing the impact of SSRI antidepressants on popular notions of women's depressive illness

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Abstract

This study examines how Selective Serotonin Reuptake Inhibitor (SSRI) antidepressants have played a contributing role in expanding categories of women's "mental illness" in relation to categories of "normal" behavior. We hypothesized that between 1985 and 2000, as Premenopausal Dysphoric Disorder (PMDD), postpartum depression, and perimenopausal depression were increasingly treated with SSRIs, popular categories of depressive illness expanded to encompass what were previously considered normative women's life events such as motherhood, menstruation, or child birth. We quantified and qualified this expansion through an in-depth analysis of popular representations of depressive illness during the time period when SSRIs were introduced. Using established coding methods, we analyzed popular articles about depression from a mix of American magazines and newspapers spanning the years 1985–2000. Through this approach, we uncovered a widening set of gender-specific criteria outside of the *Diagnostic and Statistical Manual* criteria for dysthymic or depressive disorders that have, over time, been conceived as indicative of treatment with SSRIs. Our results suggest that SSRI discourse may have helped shift popular categories of "normal/acceptable" and "pathological/treatable" womanhood, in much the same way that the popularity of Ritalin has shifted these categories for childhood.
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Keywords: SSRI antidepressants; Gender; Popular culture; USA

This study examines how Selective Serotonin Reuptake Inhibitor (SSRI) antidepressants have played a contributing role in expanding categories of women's mental illness in relation to categories of "normal" behavior. We hypothesized that between 1985 and 2000, as Premenopausal Dysphoric Disorder (PMDD), postpartum depression, and perimenopausal depression were increasingly treated with psychotropic medications, popular categories of depressive illness expanded to encompass what were previously considered normative women's life events such as menstruation or child birth. We quantified and qualified this spread through systematic content analysis of a mix of popular cultural materials. Our ultimate goal was to assess how the discourse surrounding the SSRIs may have helped shift popular categories of "normal/acceptable" and "pathological/treatable" womanhood, in much the same way that, as DeGrandpre (1998); Leo (2002), and other researchers have argued, popular discussions about Ritalin shifted these categories for childhood.

In a growing body of literature, scholars from a number of disciplines have analyzed the cultural dynamic that plays out with the advent of new psychotropic medications. Philosopher Jaquelin Zita writes about a "diagnostic bracket creep," in which novel medications catalyze a process whereby "diagnostic category distinctions become less clear as different conditions respond positively to the same drug" (Zita, 1998, p. 68). According to historian Edward Shorter, bracket creep ensues when the new drugs are discovered to have efficacy for an expanding set of psychiatric conditions, leading to an increase in prescriptions (Shorter, 1997).

In the case of SSRI antidepressants, this process has led to an unprecedented expansion in conditions treated

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by one class of psychotropic drugs. First approved by the US FDA in 1987 for the treatment of depression, SSRI antidepressants were over the next decade found to effectively treat such illnesses as Obsessive Compulsive Disorder (OCD), Post-Traumatic Stress Disorder (PTSD), Generalized Anxiety Disorder (GAD), and Premenopausal Dysphoric Disorder (PMDD). The drugs' ease of dosing and relatively safe side effect profile contributed to the SSRIs becoming the number one drug prescribed by psychiatrists (Kramer, 1994a), the medication most commonly used to treat depression by pediatricians, internists, obstetrician/gynaecologists, and family practitioners (Rushton & Whitmire, 2001), and, eventually, the best-selling psychotropic drugs in modern record (Healy, 1997).

While increasing numbers of men take SSRIs, the drugs' implications for women's health are especially salient. Not only have SSRI prescriptions to women outnumbered prescriptions to men by rates of up to 3:1 in most age groups (Kornstein & Schatzberg, 2000; Goodwin, Gould, Blanco, & Olfson, 2001; Mamdani, Parikh, Austin, & Upshur, 2000), but their success in treatment raises a series of complicated issues pertaining to the very conceptualizations of women's mental illness and mental health (Stotland, 1999, 2001). On one hand, the SSRIs promote a process of destigmatization, whereby treatment of women's depression and related disorders has quite literally shifted from mind to body, or from the psychiatrist's office to the offices of other medical specialists. For example, pediatricians and internists now write up to 3 times as many prescriptions for SSRIs as do psychiatrists, a fact that has surely improved the treatment of conditions heretofore undiagnosed (Fairman, Drevets, Kreisman, & Teitelbaum, 1998).

At the same time a narrowing effect has also taken place, in which medical conversations about a wide range of women's life stage issues—from menstruation to postpartum depression to menopause—can potentially result in the same type of prescriptions for fluoxitine, sertraline, paroxitine, or other SSRI drugs.

Our study explores the possibility that the increased use of SSRIs has also played a contributing role in changing popular definitions of women's depressive illness by expanding categories of women's "treatable illness" in relation to categories of "normal" behavior. Subsequent research from this project will examine the impact of this categorical spread on physician conceptualizations of illness, and medical decision making. In this study, however, we perform an in-depth analysis of popular representations of depressive illness during the period when SSRIs were introduced. We use established coding methods to analyze popular articles about depression from a mix of American magazines and newspapers spanning the years 1985–2000 in an effort to uncover the linguistic and conceptual expansions that accompany "diagnostic bracket creep." Through this approach, we uncover a widening set of gender-specific criteria outside of the *Diagnostic and Statistical Manual* criteria for dysthymic or depressive disorders that have, over time, been conceived as requiring treatment with SSRIs.

Background

Throughout the post-WWII period, there has been a close association among mainstream gender norms, the treatment of depression and related conditions, and psychotropic medications. In the 1950s, for instance, Miltown and the minor tranquilizers were prescribed to white, middle-class women four times more often than to any other demographic group—even though these women were argued to suffer from psychoneurosis at rates of only two to one compared to men (Smith, 1985). Valium reached prescriptive imbalances of up to seven to one, women to men, at the height of "Valiumania" in the mid-1970s (Cant, 1976; Chambers, 1972). Scholars also critique the popular discourses surrounding Miltown and Valium for pathologizing and treating cultural concerns about the role of women in society at the expense of the real-life concerns of actual women. As but one example, studies connect the phenomenon of the "Mother's Little Helper" to cultural attitudes about the women's movement in the 1970s (Metzl, 2001).

The SSRIs have been widely touted as psychotropic medications that correct these past gender imbalances. In clinical practice, prescription rates approximate the 2:1–3:1 ratio of women to men seen in most depressive disorders (Seeman, 1997; Kessler & McGonagle, 1993; Weissman & Bland, 1993; Regier & Boyd, 1988). Similarly, popular and medical representations of SSRIs seem to reject the image of women addicted to mother's little helpers, and instead show women who take SSRIs as liberated, working and equal members of society. For instance, in *Listening to Prozac,* Peter Kramer cites case studies of women who benefit from a "drug-induced normal or near-normal condition called "hyperthymia." He describes these women as "optimistic, decisive, quick of thought, charismatic, energetic, and confident. Hyperthymia can be an asset in business" (Kramer, 1994b, pp. 16–17). Similar depictions are seen in many SSRI advertisements, such as a long running Prozac ad touting the drug's ability to restore a woman's "Productive Days" (Prozac, 1998).

Without doubt, SSRIs have vastly improved health conditions for many women. At the same time the possibility remains that women's health care might be jeopardized by articles in popular magazines and newspapers that—in contrast to claims of gender equity—present deviations from gender specific roles as symptoms in need of medication. In our study, changes in

these representations are read as reflective of larger cultural attitudes about gender and mental illness. Our overarching goal was to use these popular sources to study how the "diagnostic bracket creep" of the SSRIs may have also expanded the ways in which women's mental illnesses were written about, read about, and understood.

Methods

We located popular newspaper and magazine articles about depressive illness by searching for the key words "antidepressant," "Prozac," or "SSRI" using the Lexus-Nexus Database (newspapers) and the Reader's Guide to Periodical Literature (magazines) for the years 1985, 1990, 1995, and 2000. Lexus-Nexus allows for text searches of articles from the leading 100 newspapers by circulation, while the Reader's Guide indexes and briefly summarizes articles from 240 popular periodicals covering current events and news, fine arts, fashion, education, business, sports, health and nutrition, and consumer affairs. These data bases provided diverse samplings of publications by both market size and intended readership. "Prozac" was selected because it has received the most press coverage of the SSRI drugs (Elliott, 2000). Prozac also provided clear chronological parameters for the study, since it was the first SSRI approved by the US FDA, in 1987.

Since the sample sizes were quite large, we parsed down the articles to a number that, while much smaller, would still allow us to assess shifting trends in terminology. We eliminated all non-US publications, articles that described economic and financial matters, and reports on pharmaceutical companies or drug development. For newspaper articles, we avoided seasonal differences in reporting by selecting articles from January, June, and December—a number that was further reduced by randomly selecting every seventh article listed by the database. Similarly for periodicals, we selected every seventh article in a chronological list for each year.

As a comparison, we searched for a set of newspaper and magazine articles located by the keywords "antihistamine," "Claritin," and "Allegra" over this same time period.

Content analysis

We identified 261 articles—180 newspaper and 81 magazine—and systematically coded their content using a three part coding scheme. Part 1 coded "General" information about each article, including title, date, source, and location (i.e., What section of magazine or newspaper is the article located in?). Also coded in part 1 were "linguistic use" ("Are the words "Prozac," "SSRI," or "antidepressant" used as a nouns, adjectives, and/or metaphors/similes?), "target gender" ("What is the gender of the person taking or depicted as in need of taking psychotropic drugs—i.e., the target"), "target age," and "target race," as well as an assessment of the specific "disease" for which drugs were indicated/used (i.e., is the disease/problem "medical"/"physical"/"psychiatric"? OR "emotional"?).

Part 2 coded for the presence of "DSM Terminology" in descriptions of diseases for which SSRI drugs were indicated or used. The third (for 1985, 1990) and fourth (for 1995, 2000) editions of the *Diagnostic and Statistical Manual* (DSM) provide clear and tested criteria for dysthymic and depressive disorders. These criteria supply a means of discerning, through inter-reader reliable testing, clinically based information. Specific terms included criteria for major "Depressive" episode (such as depressed mood, loss of all interest and pleasure, irritable mood, appetite or weight disturbance, weight loss, weight gain, sleep disturbance, insomnia, hypersomnia, fatigue, loss of energy, worthlessness, guilt, suicidality, etc.) as well as a list of "Other" diagnostic terms for which SSRI drugs are indicated (such as Obsessive Compulsive Disorder, Trichotillomania, Premenstrual Dysphoric Disorder, etc.). Raters were instructed to code for the use of these specific terms and reasonably close approximations. For example, "She was always tired" seems to be the same as fatigue, and would count as a DSM term, but "she felt unattractive" would not.

Part 3 coded for the presence of terms presented as indicative of treatment with SSRIs, but that are specifically *not* mentioned in the DSM. For example, an article's description of "depressed mood" or "lack of energy" directly references known symptoms, while descriptions of SSRI treatments for "being a bad mom," "singleness," "feeling fat," or "playing a better game of baseball" would instead seem to be cultural referents. These "Non-DSM Criteria" emanated from a larger, in depth study of pharmaceutical discourse (Metzl, 2003), applied to the actual literature to assess for gaps and redundancy. Key categories that emerged included Marital Status, Marriage (e.g. depression threatens a marriage; drugs help a marriage), Motherhood (e.g., the "target" is identified as a bad mother; drugs help her to be a mother), Fatherhood (e.g., the "target" is identified as a bad father; drugs help him to be a father), Sex, Menopause, Friends or Friendships, Age or Aging, Body Image, Work, Aggression/Violence (but not suicide), and Athletics/Athletic Performance. Menstruation/"PMS" (but not "PMDD") were also coded as cultural referents, in large part because the DSM-IV specifically excludes PMS as a psychiatric diagnosis, as well as the fact that SSRIs were approved by the US Food and Drug Administration for use in PMDD only near the end of our study, in July, 2000.

Two investigators independently coded for 32 elements in the entire contents of every article. Inter-rater agreement was good (average $\kappa = 0.82$) for coding general information, DSM vocabulary, and most non-DSM terms. Kappa was lower for several of the more subjective judgments, but remained moderate to substantial (0.55 for Sex, 0.61 for Aggression, and 0.57 for Race). Inter-rater reliability was less than moderate (<0.4) in four of the 32 items—adolescence, friends/friendship/popularity, age/aging, and widowhood)—and these items were excluded from analysis. In all other instances, whenever coders disagreed, a third researcher (JM) did an independent assessment, and disagreements were then resolved by consensus.

This method was replicated for the comparison group. Antihistamine articles were coded by categories of General Information, *Cecil's Textbook of Medicine* Criteria for Allergic Conditions (e.g. Seasonal Allergic Rhinitis, Chronic Idiopathic Urticaria), and non-*Cecil's* Criteria (similar to non-DSM criteria).

Statistical analysis

We compared the percentage of magazines exhibiting certain characteristics across four time periods using χ^2 tests of independence for two way contingency. Computations were carried out using the SAS system.

Results

During the 6-month study, we coded the complete text of 261 articles (again, 180 newspaper and 81 magazine) in 254 issues of selected magazines and newspapers. We correctly hypothesized a general expansion in the overall number of articles between 1985 and 2000, due to the expanding popularity of SSRI drugs; the fact that the terms "Prozac" and "SSRI" were not part of the American lexicon in 1985; and, though we controlled for it, an overall expansion in indexed publications. Our selection process yielded 27 codable articles from 1985, 41 from 1990, 102 from 1995, and 91 from 2000.

Several general trends appeared over the 15-year time period we surveyed. As one might expect with medications that become popular icons, we saw a shift in linguistic use from the concrete to the abstract. Articles from prior to, or early in, the SSRI phenomenon used the terms "antidepressant," "Prozac," or "SSRI" almost exclusively (94%) in its noun form to imply a medication that was held, prescribed, bought, ingested, or other verbs commonly enacted upon denotative objects ("…many talk therapists now prescribe medications like Prozac for their patients…" [Gelman, 1990, p. 42]). In 1995 and 2000, however, "Prozac" was commonly used (24% and 36%) as an adjective, metaphor, metonym, or other indicators of more nuanced, connotative speech ("Kindergarteners in the Prozac nation…" [Brophy, 1995]). Similarly, "Prozac" and "SSRI" spread in newspapers from Medicine and Health sections into Fashion, Living, and Sports.

Over time, the age and gender of the targets—those persons depicted as in need of or taking psychotropic drugs—approximated established epidemiological norms for depressive illness as well as emerging patterns of SSRI treatment (Stafford, MacDonald, & Finklestein, 2001; Kreling, Mott, & Wiederholt, 2000). Women outnumbered men by roughly two to one (98:64). When age was identified, these women were most often between the ages of 17 and 45. Target race was unspecified in 65% of articles. In the remaining 35%, targets were identified or assumed Caucasian in 95%. Out of 261 total articles, only 7 identified a non-white target (3 African American, 4 Latino). Faced with this discrepancy, we performed a separate search in periodicals with predominantly African American readerships, including *Ebony* and *Jet* (both of which were included in our initial samples), but we were unable to locate more articles with non-white targets.

Article content: gender specific characteristics

We hypothesized that the diagnostic "bracket creep" of the SSRIs would lead to an expansion in popular definitions of women's depressive illness. Indeed, women's depressive illness was increasingly described in emotional terms, while men's depressive illness remained medical or psychiatric. Articles described women who needed SSRI drugs as being "overwhelmed by sadness," "crying," "feeling down," or "never feeling happy," while men remained "depressed," manifested an illness with "biochemical roots," or suffered from "obsessive compulsive disorder" or other DSM terms. Not surprisingly, we found a relative reduction in DSM-based terminology for women but not for men—a trend that was only slightly higher in magazines than in newspapers. For example, from 1990 to 1995 to 2000, the percentage of women targets described in both types of sources with terms taken directly from the DSM-III or DSM-IV dropped from 50% to 46% to 32%. Over this same time period, the use of DSM terms to describe men targets stayed roughly the same—ranging from 29% to 28% to 31%.

In several key categories, we saw strongly statistically significant increases in non-DSM "conditions" which could be considered transgressions from cultural gender norms. Simply stated, women targets became married, mothers, menstruators, or menopausal (Fig. 1). In 1985, none of the women targets were described with these terms; in 1990, 44% of the articles described women as (at least one of) married, mothers, menstruating, or menopausal; and by 1995 and 2000 these percentages

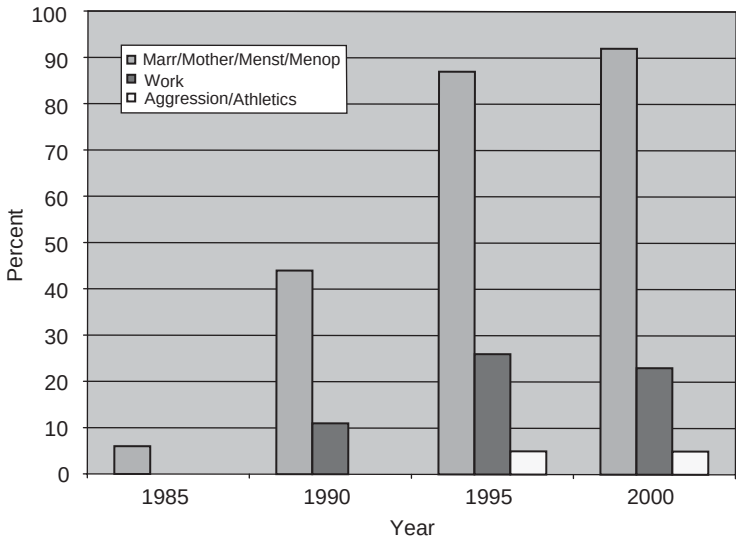

Fig. 1. Non-DSM terms, women targets.

rose to 87 and 91, respectively (χ^2 with two degrees of freedom = 7.25, signif. = 0.027). For instance, numerous articles from 1995 and 2000 describe depression as threatening a woman's role in marriage ("…my family life was falling apart. Our marriage was under great strain, and my husband had to take on most of the housework and child care…Prozac changed my life" [Barshinger, 1995]) or her performance as a mother ("…I fell into a depression so severe, I feared I'd never be a normal mother again…" [Resnick, 2000, p. 156]; "Anxiety and depression over the abortion caused her to take antidepressant drugs…" [Liu, 2000]). Similarly, many articles described how SSRI drugs helped women function as mothers or in marriage ("…it's something I need to do—for my whole family…" [Keton, 1995]). Meanwhile, a group of articles expanded on emerging research on the treatment of PMDD with SSRIs. Here, PMDD was often contextualized within a host of medical and nonmedical "female maladies" ("Hot flash from the hormonal front: Wonder drug Prozac, prescribed for everything from depression to bulimia to bad hair days, is now said to relieve one of the most baffling phenomena known to science—premenstrual syndrome"[Mansfield, 1995]).

Men targets (Fig. 2) did not shift in the categories of fatherhood or relationships, but showed strongly significant shifts over time in the categories of aggression and athletics (χ^2 with two degrees of freedom = 11.29, signif. = 0.004). This trend began in 1990 (28% men targets contained aggression and/or athletics), when several high-profile crimes were committed by men on Prozac. By 1995, 79% of men targets coded for aggression and/or sports, including an increasing number of athletes ("Salazar is taking Prozac, and winning again...the antidepressant Prozac is becoming popular with runners as a performance-enhancing drug…" [Jolly, 1995]). By 2000, 90% of men targets were violent or aggressive, thanks in part to several high-profile crimes ("In the weeks before the knife attack, Humbert had begun a new prescription of Prozac…" [Martelle, 2000]; "Opening a new front in the battle over Prozac and suicide, the children of a man who killed his wife and then himself while taking the drug…" [Zuckoff, 2000]; "Jarred and Matt: did drugs spark their acts of violence?… a murderous spree…suicide…" [Fried, 2000]) and the wide press coverage of boxer Mike Tyson's volatile attempts to resume his boxing career ("He smashed his opponent, the referee and, allegedly, his promoter. He talked about ripping hearts out and eating children….Women's groups protested the admittance of a convicted rapist into the country. The British board expressed concern over Tyson's abuse of antidepressants…" [Springer, 2000]).

Surprisingly, shifts were relatively weak in the non-DSM categories of work and sex for both women and men. For instance, the percentage of targets for whom depression threatened productivity or SSRI medications enabled productivity generally rose between 1990, 1995, and 2000 for both women (11%, 26%, 24%) and men (14%, 32%, 34%) in ways that, though perhaps suggestive of lesser trends, were not statistically significant. Somewhat similarly, targets for whom depression or Prozac impacted (positively or negatively) sexual desire or Prozac impacted sexual performance showed trends that, inexplicably, were only significant for women in 1995 (6%, 32%, 9%) and not at all for men (0%, 20%, 16%).

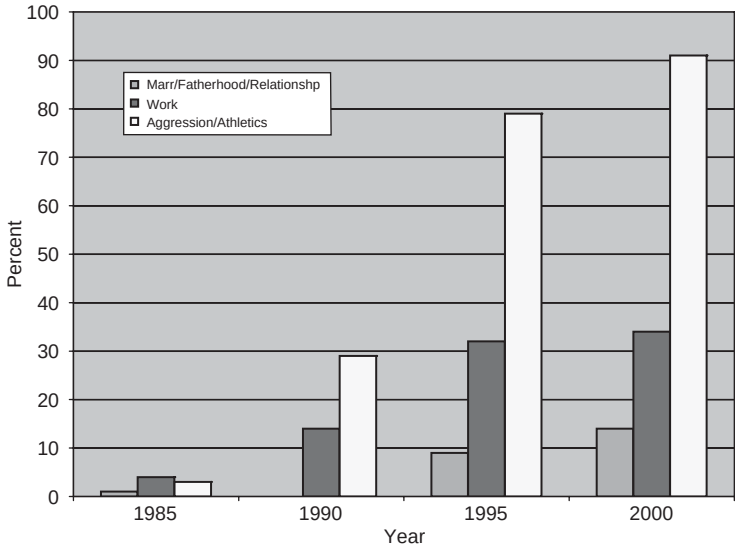

Fig. 2. Non-DSM terms, men targets.

Comparison group: gender specific characteristics

Using the methods described above, we found 17 antihistamine articles between 1985 and 2000. Work appeared once. No other non-*Cecil's* criteria were present. No gender related trends were seen in these articles, and only two had targets (both women).

Discussion

Our analysis demonstrates a shift in the ways American popular culture described depressive illness over the first 13 years of the SSRI phenomenon. We uncovered an expansion in the use of non-DSM criteria and a reduction in the use of DSM terminology in popular articles. This shift occurred along clear gender and racial lines in representations of persons requiring treatment with SSRIs. White, middle-aged women targets' problems with marriage, motherhood, or menstruation replaced DSM-derived terms as indicators of the need for psychopharmaceuticals. White men targets increasingly manifested symptoms of aggression, hostility, or athleticism. Meanwhile, in a finding that replicates current media studies (Omunuwa, 2001), persons of color were in large part excluded from representation.

The expansion of non-DSM language undermines claims that Prozac and other SSRIs were publicly constructed in gender-neutral terms such as "chemical imbalance," or promoted gender equity by enabling women's work. Instead, our results suggest that a host of culturally based, and indeed-gender based expectations interacted with known DSM symptoms to shape information about the SSRIs between 1987 and 2000. To be sure, popular newspapers and magazines informed millions of Americans about important new treatment options, and implicitly destigmatized public conversations about depression and other psychiatric conditions. At the same time, the expansion of such clearly demarcated gender categories reinforced many of the stereotypes that Prozac was supposed to work against (Gardiner, 1995). With increasing frequency, women's illnesses threatened their abilities to function as mothers, men remained masculine aggressors, and deviations from this script were assumed to require psychotropic drugs.

Our study had three main limitations. First, we looked only at articles from popular newspapers and magazines, and did not code information from television, radio, the internet, or a host of other cultural sites where information about SSRIs circulates. Logistically, systematic sampling and analysis of print sources was easier than it would have been with these other sources. As a result, we believe that our results are more reliable than they would have been had we, for instance, searched for the same key words on the internet or in television transcripts.

Second, we did not analyze the myriad other cultural and economic factors that had little to do with SSRI drugs but nonetheless impacted the shifts we describe. As but one example, Direct To the Consumer (DTC) ads, which first appeared in 1997, have been critiqued for linking stereotypes of womanhood with psychotropic drugs as a means of product promotion (Fishman & Mamo, 2001). Our focus on the popular discourse of magazines and newspapers did not argue for a causal connection between SSRI drugs and media

representations. Rather, we held these representations as reflective of cultural beliefs *about* SSRI drugs, and of ways SSRI drugs participated in an expansion of categories of women's depressive illness that was as complex as it was ultimately predictable.

Third, we did not attempt to discern the relevance of our findings to patients' and doctors' assumptions about gender and depressive illness. These will be addressed in subsequent studies.

Nonetheless, our findings speak to a number of current literatures. First is to recent studies of "medicalization," a term defined in the *British Medical Journal* as the practice of attaching disease labels to, or diagnostic treatments for, otherwise normal behavior. In the April 13th 2002 *British Medical Journal* special issue on medicalization, Jeff Aronson (2002) writes, "by categorizing something as a disease, including natural processes such as birth, menopause, and the loss of beauty…you make its effects susceptible to being cured or at least ameliorated." Our study adds to this literature by suggesting that the seemingly "normal" states that become medicalized are neither random nor happenstance, but instead depend on prevailing cultural stereotypes and assumptions about matters such as gender, race, or mental illness.

Second and subsequently, many studies rightly blame pharmaceutical companies, and DTC ads in particular, for medicalizing motherhood, daughterhood, and other forms of essentialized womanhood (Hanson & Olsen, 1995; Moynihan, Heath, & Henry, 2002; Double, 2002; Mintzes, Bonaccorso, & Sturchio, 2002). One need look no further than recent campaigns for most SSRIs to ascertain the value of this critique. At the same time, our findings led us to consider how themes of gender-based normalcy promoted by many DTC ads come not from corporate board rooms, but from the larger culture of which pharmaceutical companies, medical clinics, and popular magazines and newspapers are a part. In instances such as motherhood, menstruation, or male aggression, information about psychotropic drugs (but *not* antihistamines) intersects with values that pharmaceutical advertisers are surely adroit in recognizing, but that are also clearly embedded in the ways American popular culture conceptualizes categories of illness and health—otherwise the ads would be ineffective.

Finally, our study adds to the exploration of the complicated relationships among DSM diagnoses and culturally-based gender expectations (Lunbeck, 1994; Braslow, 1997; Buhle, 1998). It is of course important that psychiatrists employ a diagnostic manual that separates cultural stereotypes from clinical symptoms. The DSM's focus on criteria that are directly observable and, in the case of depression, are described in gender-neutral terms, works to limit sample bias, observer bias, and other mechanisms that work against diagnostic consistency. Yet in its attempt to control for cultural variables, the DSM might at the same time prevent clinicians from recognizing the cultural expectations that surround psychotropic drugs in popular culture, and that surely impact patients' preconceptions of treatment with SSRIs. In other words, a physician's sole reliance on seemingly objective DSM indicators of depression—depressed mood, loss of appetite, low energy—might preclude his or her awareness of the culturally based notions that surround patients in popular culture, and that often impacts their reasons for seeking treatment. In this lexicon, disappointed expectations of performance in marriage, motherhood, work, sex, or sports are symptoms of psychiatric disease, and psychotropic medications provide the cure. Moreover, since psychiatrists are part of this same culture, the DSM's insistence on clinical rather than cultural observations might block a clinician's awareness of his or her own biases and assumptions about psychopharmacology, gender, and mental illness.

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