

The Great Pathology: How We Learned to See Ourselves as Sick

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*We are what we imagine.
Our very existence consists in our imagination of ourselves...
The greatest tragedy that can befall us is to go unimagined.
- N. Scott Momaday*

In the summer of 1945, as World War II drew to a close, Brigadier General William C. Menninger faced a daunting task. Tens of thousands of soldiers were returning home with what the military termed "psychiatric casualties." The traditional language of mental illness—developed in peaceful sanitariums and private practices—proved inadequate for processing the sheer scale of warfare's psychological aftermath. Menninger, along with a small group of military psychiatrists, needed a new system. What they created would reshape not just military psychiatry, but how generations of Americans—from combat veterans to kindergarteners—would come to understand their own minds.

I. The Military-Industrial-Psychiatric Complex

When Menninger and his colleagues developed their initial classification system, their primary concern wasn't therapeutic effectiveness but standardization and efficiency. They needed a way to quickly categorize and process large numbers of psychiatric casualties. The system they created—the first DSM with its 106 disorders—reflected these priorities: clear categories, standardized descriptions, and an emphasis on observable symptoms over underlying causes. At the time, less than 1% of Americans took psychiatric medications.

This approach perfectly suited the needs of the emerging pharmaceutical industry. As companies like Smith, Kline & French (now GlaxoSmithKline) began developing psychiatric medications in the 1950s, they found in the military's diagnostic system a ready-made framework for testing and marketing their products. Each category became a potential market; each symptom clusters a target for pharmaceutical intervention.

By 1968, the DSM-II had expanded to 182 disorders, coinciding with the introduction of the first mass-market psychiatric drugs. The manual introduced "hyperkinetic reaction of childhood"—the first step toward today's ADHD diagnosis. The pattern was set: more diagnoses created more markets for medication.

II. The Expanding Reach

The transformation accelerated. The DSM-III in 1980 contained 265 disorders, In 1987 Prozac was released. By 1994, the DSM-IV listed 297 disorders, while the percentage of Americans on psychiatric medications rose to 6%. Children, too, entered the system, with 4% receiving psychiatric medications.

Today's DSM-5 contains over 300 disorders. Twenty-five percent of Americans take psychiatric medications. In some states, 20% of children receive psychiatric drugs. The psychiatric drug industry now generates over \$100 billion annually. Each number represents not just profit, but a fundamental shift in how we view human experience.

III. From Combat Trauma to Childhood: The New Frontier

The statistics tell a stark story: 6.1 million American children diagnosed with ADHD—an 800% increase since 1980. One in 36 children now carries an autism spectrum diagnosis. Three million youth are labeled with depression. A system designed to process war trauma now processes children whose greatest challenge may be to simply conform to increasingly rigid behavioral norms.

The transformation is complete: energetic becomes hyperactive. Shy becomes socially anxious. Creative daydreaming becomes an attention deficit. Sensitivity becomes sensory processing disorder. Each variation from an increasingly narrow norm becomes another disorder to be diagnosed, another condition to be treated, another reason for medication.

But these aren't just children's issues. The same system transforms every kind of human suffering into pathology. Grief becomes "adjustment disorder with depressed mood." Anxiety about the world and one's place in it becomes "generalized anxiety disorder." Trauma—whether from war, poverty, or societal dysfunction—becomes PTSD, depression, addiction.

The pharmaceutical industry stands ready at every turn. Each new diagnosis represents a fresh market opportunity, each labeled individual a potential lifelong customer. The business of human difference and suffering has become extraordinarily profitable.

IV. Beyond Pathology: Hillman's Vision for Systemic Healing

In 1975, James Hillman, former director of studies at the Jung Institute in Zurich, published "Re-Visioning Psychology," challenging this entire edifice. His insight was radical: what if what we

call mental illness isn't illness at all? What if our symptoms—and our children's symptoms—are not problems to be eliminated but messages to be understood?

Hillman proposed that our psychological experiences carry meaning beyond their classification as symptoms. A soldier's trauma might not be a disorder to be treated but the body or the soul's natural response to the horror of war—a response that might contain vital wisdom about human conflict. A child's inability to focus in class might not be a deficit but a healthy reaction to an unhealthy environment. A community's collective trauma becomes not a cluster of individual pathologies but a call for systemic change.

For healthcare leaders, particularly those serving veterans, first responders, and struggling communities, this understanding opens new possibilities. Instead of trying to eliminate symptoms of trauma, we might learn to understand them as meaningful responses to overwhelming experiences. Instead of pathologizing emotional pain, we might recognize it as a natural part of human experience that carries important messages for both individuals and society.

This approach doesn't reject the reality of suffering or the potential usefulness of medication. Rather, it suggests that our current paradigm—focused almost exclusively on symptom suppression and return to "normal" functioning—misses something essential about human experience. It suggests that true healing requires not just new treatments but a new understanding of what psychological symptoms mean and what healing really entails.

V. The Path Forward

The challenge now extends far beyond treating individuals more effectively. We are called to fundamentally reimagine what mental health care could be. This means creating systems that honor the meaning in psychological symptoms, recognize the connection between individual and collective healing, and address systemic causes rather than just individual effects.

The system that began with military necessity and expanded through pharmaceutical profit has reached its logical conclusion—the pathologization of human experience itself. The way forward requires more than reform; it demands transformation.

Young minds, still in development, are being forced into a diagnostic model created for adult combat trauma. The result? A generation of children growing up believing there's something fundamentally wrong with who they are. One thing is clear: we've created a system that turns childhood itself into a condition requiring treatment

This medicalization of both childhood and adulthood carries profound consequences beyond the immediate impact of diagnosis and medication. Children, and adults labeled with things like PTSD, depression or "addiction" challenges, learn to view their differences as deficits, their unique

traits as symptoms. Everyone finds themselves navigating a maze of diagnoses, medications, and therapeutic interventions.

Schools, under pressure to produce standardized results, become de facto diagnostic centers, flagging any deviation from the mean as a potential disorder. Society, under pressure to deal with the dramatic rise in trauma, crippling anxiety, suicides and depression, looks for silver bullet fixes and standardized solutions.

Consider what we've done: we've taken the vibrant, messy, varied spectrum of both childhood and adult development and forced it into a diagnostic framework created to process war trauma. We've pathologized the very nature of growing up and engaging the challenges and dangers of being an adult. In doing so, we may be inflicting a different kind of trauma on an entire generation—the trauma of being told that who we are is fundamentally disordered.

As this diagnostic net catches more and more children and adults, we must confront an uncomfortable possibility: perhaps the disorder lies not in our children and adults struggling to engage effectively with the world, but in the systems we've created to classify, educate, and "treat" them. Perhaps it's time to consider whether the real pathology lies in a society that finds it easier to diagnose and medicate than to accommodate and celebrate the myriad of human experiences, development trajectories and paths towards personal evolution.

*Maybe the first thing to do is to reclaim the soul
and the imagination that the DSM has stolen from us with
its diagnostic categories and its economics of insurance.
—James Hillman*



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