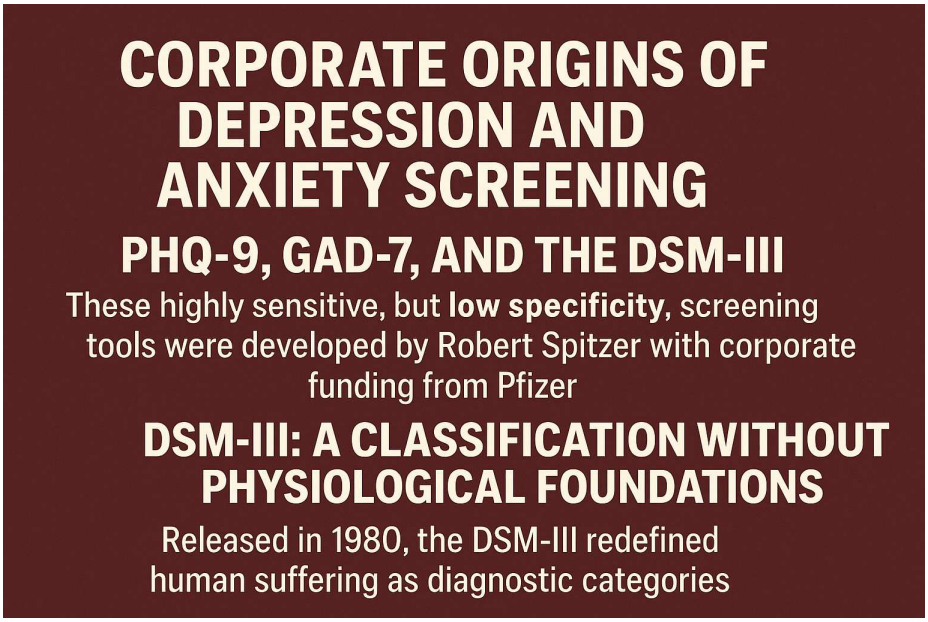
Corporate Origins of Depression and Anxiety Screening: A Critical Examination of the PHQ-9, GAD-7, and the DSM-III



Modern screening tools such as the **PHQ-9** (for depression) and **GAD-7** (for anxiety) have become ubiquitous in global clinical practice. Yet it is essential to recognize that these instruments have **high sensitivity but very low specificity**, meaning they identify many potential "cases" while failing to distinguish between true clinical disorders and the wide range of **normal psychological distress, adaptive reactions, or symptoms rooted in biological or social factors**.

1. Spitzer, Corporate Funding, and the Birth of the DSM-III

Both the PHQ-9 and GAD-7 were developed by **Robert Spitzer** and his collaborators—the same group responsible for the creation of the **DSM-III** (1980). This manual revolutionized psychiatric diagnosis by shifting from psychoanalytic descriptions to **checklists of symptoms**.

Crucially, much of this work was **supported by corporate grants**, particularly from **Pfizer**, a pharmaceutical company that would later become the global driver of SSRI antidepressants.

Pfizer immediately understood that a **symptom-based, biologically ungrounded diagnostic system** would open the door to massive pharmaceutical markets.

2. The DSM-III: A Classification Without Physiological Foundations

Despite its authoritative status, the DSM-III did **not** arise from rigorous science. It lacked:

- **Epidemiological data**,

- **Biological or physiological evidence**,
- **Genetic or neuroendocrine correlates**,
- **Longitudinal clinical studies**,
- **International scientific consensus**.

Instead, it was developed by a small committee in New York, heavily influenced by the objective of creating a **standardized symptom language**, not a scientifically validated taxonomy of mental illness.

The DSM-III did not define diseases—it **redefined human suffering** as diagnostic categories.

3. A Global Distribution Strategy: Pfizer's Free Dissemination of DSM-III

One of the least discussed elements is Pfizer's role in **printing and distributing the DSM-III free of charge** to universities, hospitals, and health systems worldwide.

This strategy allowed the DSM-III to become the **unquestioned global standard**, ensuring that millions of clinicians would rely on symptom checklists rather than biological or contextual analysis.

The aim was unmistakable:

- Create a unified diagnostic language,
- Expand the conceptual borders of depression and anxiety,
- Establish fertile ground for the worldwide adoption of **antidepressants**, particularly **SSRIs**.

4. Constructing the Global Antidepressant Market

In the late 1980s and 1990s, SSRIs—fluoxetine, sertraline, paroxetine, citalopram, escitalopram—were marketed as:

- safe,
- non-addictive,
- universally applicable,
- and effective for an ever-expanding list of "disorders."

With the DSM-III providing diagnostic categories and the PHQ-9/GAD-7 providing **rapid detection**, the system allowed:

- entire populations to be "screened,"

- normal emotional states to be pathologized,
- and antidepressants to be prescribed widely and repeatedly.

It became a **pharmaceutical feedback loop**:
Symptom checklist → positive screen → diagnosis → prescription → long-term consumer.

5. The Consequences: Diagnostic Inflation and Global Medicalization

The legacy of this system is visible today:

- Massive **over-diagnosis** of depression and anxiety,
- Over-prescription of SSRIs and related drugs,
- Erosion of clinical judgment in distinguishing pathology from adaptation,
- Neglect of **neuro-immuno-endocrine** factors that truly underlie many forms of mental distress.

The structure created in the 1980s—**corporate-sponsored tools, checklists, and diagnostic labels**—continues to shape global psychiatry, often to the detriment of patients who are quickly medicalized rather than properly understood.