Depression – New Insights, Fresh Hope

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Depression is on the rise. In Australia, it has risen from the tenth most common problem managed in general practice in 1990 to the fourth in 1998, and the number of people reporting depression in the National Health Surveys almost doubled between 1995 and 1998. In the same time span (1990 -98) prescriptions for anti-depression medication in Australia increased from an estimated in 5.1 million to 8.2 million. (McManus 2000)

Either the drugs are not working, or depression is not what we think it is. Perhaps it is a bit of both. One study shows:

> *although 56 per cent of patients being treated with SSRI's showed a marked improvement in their condition after just two weeks, so did 43 per cent of those being treated with a placebo*
>
> (Bruce 2005)

This makes us wonder how a chemically inactive substance can be almost as effective as very sophisticated chemical substances designed to influence the microscopic gap between neurons, and thus our mood state. It is possible the drugs are not as sophisticated as we are led to believe.

Consultant psychiatrist and professor at University College, London, Joanna Moncrieff, in her book: *The myth of the chemical cure,* states:

> *Eminent mainstream pharmacologists admit that there is no evidence of serotonin dysfunction in depression. It is as if the psychiatric community cannot bear to acknowledge its own findings.*
>
> (Moncrieff 2008)

While Moncrieff's book is being referred to as 'psychiatry's Silent Spring', another book is far from silent with its subtitle: exploding the antidepressant myth. Professor Irving Kirsch's book *The emperor's new drugs* provides a disturbing glimpse into the way the lines between robust research and commercial interest have all but disappeared in the attempts to make antidepressants look more effective than a placebo (Kirsch 2009).

What depression is …

Depression is a mood state – being too far and for too long toward the sad end of a mood scale. A scale that each and everyone of us is on, with low mood on one end and good mood on the other. Often when depressed people are told that, it is like an injection of hope. To realise that there isn't something fundamentally wrong with them brings a sense of being able to get free of the black cloud and fogged brain.

Dr Michael Yapko, a clinical psychologist, author and one of the first to develop what has become known as the 'effective brief therapies' defines depression:

> *Research indicates quite clearly that depression is, for most people, a product of learning. From the therapeutic standpoint that is most encouraging because what can be learned can be unlearned, and what was never learned can be taught.*
>
> (Yapko 1997)

Depression – dispelling some myths

Yapko's book includes a serious challenge to several long-held beliefs about depression.

Firstly, *depression is not a chemical imbalance.* The slight drop of the 'feel-good' chemical called serotonin is a result of, not a cause of, depression. If lowered levels of neurotransmitters such as serotonin were a cause of depression, the restored levels could not come about by the taking of a placebo, or by effective therapy.

Secondly, *depression is not hereditary.* Depression is increasing at a rate just not possible if it was handed down from one generation to the next. What does seem to follow on from one generation to another is a coping style, children model their parents from an early age.

Thirdly, *depression does not occur over and over again*. What is recurring is the way one copes with setbacks, often believing that coping in the same way will bring a different result. It doesn't.

Fourthly, *depression is not caused by life events.* While certain setbacks can trigger feelings of low mood and even despair for a time, whether one gets depressed or not – meaning the feelings of despair continue rather than pass – depends on coping methods rather than the event itself. If the event as such caused depression,

everyone facing the same thing would get depressed, and this is not the case. In fact, in times of bushfire, floods, and war, depression rates actually go down, not up.

Next, *depressed people are highly emotionally aroused.* Although they may look lethargic and disinterested in life, at an emotional level they have the same high levels of the stress hormone cortisol that highly stressed people do.

Sixth, *depression is not a biological illness*. While there are good reasons for calling it an illness so people are more likely get help for it, depression is not like diabetes.

If depression was a biological illness, it would appear in every culture. Depression is not universal. There are some cultures that hardly have any depressed people, and some cultures where it doesn't exist at all. As far as psychiatric anthropologists can tell, in the Kaluli tribe in New Guinea, depression is a non-existent phenomenon. Also, amongst the Amish people, depression is a fraction of what it is in the rest of American society.

These cultures do all the things we don't do any more: maintain strong communities; have active story-telling routines; are essentially community-focused rather than self-focused; and do not have rising expectations related to consumerism. This is why, when cross-cultural studies are done, it becomes evident that, as any society Westernises itself, its rate of depression increases.

Finally, *therapy that requires the sufferer to talk about their past - the delving into things that can't be changed - reinforces the negative thoughts and maintains the high levels of emotional arousal.* Therapy that engages the client in the action of doing things differently and emphasises learning effective coping skills is seen to be more effective.

The way a set of symptoms are defined is important. Defining depression as a chemical problem, leads to a chemical solution that sometimes contributes to better sleep, but does not deal with what caused the sleep disturbance in the first place.

Defining depression as a thinking problem assumes that changing thinking habits will change how the depressed person feels. Given enough time and therapy sessions it may happen, but recognising the discovery that emotions are in place before thought, (LeDoux 1998) it is better to work with the way the brain works, not against it.

Focusing on the chemistry and the thinking are both dealing with what depression *does* not what depression *is*.

Depression can be summarised as a mood state – being too far and for too long toward the sad end of a mood scale. From a therapeutic perspective, change can take place quickly when sufferers notice even a small shift along this scale.

Depression Breakthrough (1) - emotion before thought

A 'given' from the field of neuroscience, is that emotion is in place before thought; we feel before we think (LeDoux 1998). This challenges prevailing views in both psychology and education. In psychology for example, it is assumed that when a person changes their thinking, they will feel better, and a major therapeutic process (CBT) is based on this assumption. Research shows that the HG approach is as effective as CBT, but in a fraction of the time – an average of 3.6 sessions for the HG approach (Andrews 2011), compared with 8.7 sessions using CBT (Farhall 2009). The effectiveness of the HG approach can be attributed to the recognition of the role emotion plays in everything we do and dealing with the problem where it starts - the emotional brain.

Similarly, in education, if a young person is having difficulties with confidence and learning, the assumption is they will feel better and their attitude will change when they 'get it'. My view is that when they feel better, they will be capable of remarkable success. In over thirty years involved with reluctant learners, by dealing with their emotions first, I have seen them market their skills to fund overseas travel, snow trips and yacht charters (Edmunds 2010). Success made possible because these young people were engaged at an emotional level, their needs for meaning and significance were being met, and their thinking blossomed.

Depression Breakthrough (2) – the brain as a pattern matching organ

Another 'given' from the field of physics is a process called 'pattern recognition', something we see everyday wherever bar codes are used – the pattern in the barcode is instantly matched with an identical one in the data-base getting its information from the scanning device. The Human Givens approach uses a similar concept to explain the process of making sense of everything we see, hear, feel, taste, and smell. While the barcode requires an exact match to recognise the product, the human brain makes an

approximation – ‘it is like’. Called ‘pattern matching’, the concept is very useful in understanding how the brain processes information.

An example of this process could be seen in a recent ABC documentary of the first contact indigenous people had with Europeans during the atomic testing in remote South Australia during the 1950’s. The film crew interviewed Yuwali, a Martu tribeswoman who was a teenager at the time, and her expression upon seeing a white vehicle approaching was “Look, those white rocks have come alive and they are rolling toward the camp!” (Kalina 2010). Yuwali was making sense of new information by matching it with what she already knew. With more exposure to white people, more sense-making patterns were added, and she was able to make those distinctions between vehicles and rocks.

An understanding of pattern matching, particularly the fact that the process becomes increasingly inaccurate with the rise of emotional arousal, provides the Human Givens therapist with simple effective techniques to enable people suffering depression to break free from clouded thinking.

Depression Breakthrough (3) – the function of REM sleep

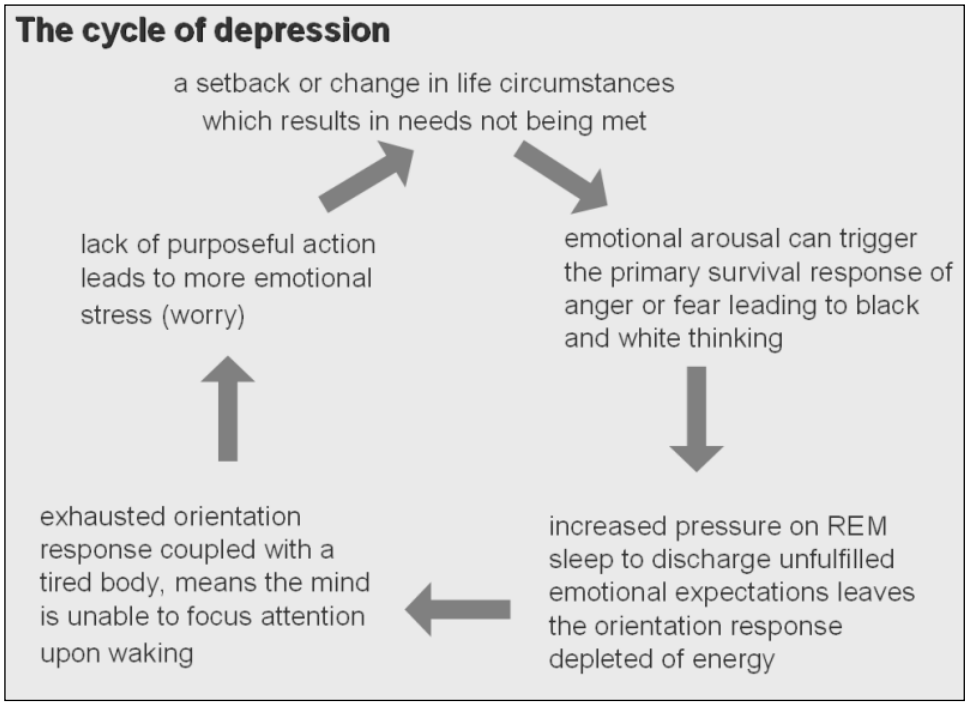
Depression is more than a set of symptoms for two weeks or more. Depression starts when a fundamental human need is not met, it impacts the brain at a pre-thought, pre-language level, and creates a high level of emotional arousal.

> *… neurologists and psychologists alike are agreed that the only long-term answer to the depression epidemic is to ensure that innate human needs are met.*
>
> (Bayley 2008)

Emotional arousal is linked to an expectation that something is about to happen - it prepares us for an action of some kind. An unmet need creates the expectation, and the action, if carried out, will discharge it. If no action is taken, it is metaphorically completed during the dream sleep phase and the expectation is discharged. More like a flushing toilet than Freud’s notion of this pre-conscious processing being like a cesspit.

With depressed people however, the discharge process is overloaded either because of too many expectations of things going to happen, or not enough action that would normally discharge the expectations. Two things mean they wake up tired. Firstly they miss out on the deep restorative sleep phase (usually soon after falling

asleep); and secondly, their brains use an enormous amount of energy trying to discharge the emotions that did not result in any action the previous day. In fact, the mechanism used to access the unfulfilled emotional expectations during dreaming, the orientation response, is the very one needed to get us going in the morning.



Depression then, according to this explanation, is an overload of emotional expectations leading to disturbed sleep patterns and leaving the sufferers waking exhausted, unable to focus properly and get moving, and the emotional expectations still unfulfilled the next day.

With an exhausted orientation response, things go unnoticed, and, coupled with body tiredness, the body thinks it needs more rest. Faced with a lot of ‘shoulds’, but little motivation to do them, depression sufferers now have a sense of guilt to add to their anxious and worried state. No need to ask what sort of day it will be. Whether they sleep now or later, it will be one in which emotions remain high and expectations as well as the original need are not likely to be met. The cycle of worry, poor sleep, tiredness and plans left undone continues, and, usually gets worse. Little wonder the sky looks black, and gets blacker as the cycle continues.

Depression – a summary

Depression is a mood state – being too far and for too long toward the sad end of a mood scale.

WHAT causes it?
Essentially because of unmet emotional needs – love, connection, meaning, control, challenge, privacy, status, significance, autonomy etc.

WHY the unmet needs?
Interaction with the environment is not providing it – either poor environment, or poor interaction with it. Mostly the latter.

WHY poor interaction?
Usually because of poor orientation, lack of motivation and focus.

WHY?
Because the orientation response mechanism is exhausted.

HOW COME?
This is the mechanism used during REM sleep, and it becomes exhausted.

WHY?
Too many unfulfilled expectations and undischarged emotions.

WHY?
A lot of emotion (preparation for action) not acted upon - person becomes 'stuck' and unable to get moving (action) to get needs met and discharge emotion.

WHY?
Unmet needs; poor orientation; no sense of successful interaction with environment.

WHY?
They get stuck in a cycle; usually with increasing emotional intensity (stress and worry), often influenced by lifestyle choices, and compounded with a sense of guilt and inadequacy.

HOW DO THEY GET 'UNSTUCK'?

- reduce the emotional arousal (stress/worry)
- focus on achievable, positive, needs-oriented goals
- use guided imagery to impact emotional brain
- complete (and celebrate) simple goal
- sleep better, wake refreshed, purposeful activity

ARE YOU SERIOUS?

Sure am. It injects hope, they experience something that gives them pleasure, and it is enough to move them incrementally away from the sad end of the scale.

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