Depression

From the myth of a medical condition to the realities of the human condition

Mind-Body Splitting and the limitations of Western Science

- The stigmatisation of subjectivity in science
- Limitations of the 18th Century enlightenment
- The rise of technocratic omniscience (outside in) and the death of spiritual wisdom (inside out)
- The divisive split between art, religion and science
- The split between humankind and "the natural world"
- The false dichotomy between "hard" and "soft" evidence
- The obsolescence of the nature-nurture debate: the brain as learning machine

The result: mind as a dirty word in Western Science

- Mental/subjective/interpersonal/experiential data are not legitimised as scientific unless verified by the "gold standard" of brain activity patterns or other physical responses (e.g. galvanic skin response)
- Mind is reduced to brain
- Meaning is reduced to matter and quality to quantity
- Empathy and relationship skills and processes are devalued except as a "soft" values framework for empirical evidence-based "hard-nosed" treatments
- The medical model is never tested or questioned because it appears to be based on hard data and not "feely-gropy" (the 8th dwarf!) subjectivity
- Psychology books get placed next to astrology in libraries and shops!

Refuting the medical model as myth (part the first)

- The word ***mental*** can never be dropped because the mind (meaning and experience) can't be reduced to brain (structure and process)
- The brain is a learning machine so depends on experience anyway
- Genes expression is turned on and off by experiences and environments so genetic predisposition theories are largely pointless
- Brain chemistry is changed by experience more than it determines it (simple everyday example: jokes)
- The farce of medical explanations and treatments for addiction (whose drugs are they anyway?)

Refuting the myth of the medical model (part the second)

- The **fundamental** triad (beyond Beck's) of experiential and developmental causation of "mental illness": *trauma/abuse*, *neglect/deprivation*, *loss/absence*
- The overwhelming evidence in SMI of emotional damage during childhood development
- The overwhelming evidence that relationships kill and cure in mental health
- The child vs adult service apartheid/hypocrisy
- The impossibility of a psychological vacuum (why are the psychological aspects of psychiatry never evaluated?)
- The centrality of a *subjective self* at the heart even of schizophrenia diagnosis
- Words and social *meanings* hurt, kill, heal and repair
- Medication as emotional regulation not treatment (see the work of Joanna Moncrieff)
- Mental illness is the name we give to our serious emotional pain not an explanation for it

Refuting medical explanations of Depression

- Depression is a vague medical label not a scientific explanation
- It is not a single or simple condition but the name we give to serious misery and despair in all its manifestations that have multiple causes and require personalised responses
- Circular reasoning is not true science: why are we feeling low? Because we have depression? How do we know we have depression? Because we are feeling low!
- There are obvious non-medical reasons why people feel low (see the triad above which underpins Beck's cognitive triad))
- The elements of depression (and all mental disorders) are all *self*-related (self-worth, self-esteem, self-harm, self-hate) – the *self* is not a medical concept but a relational, psychological and developmental one
- Babies are not born with a low or destructive opinion of themselves – they have to learn this through relationship and experience

Depression: from mind-blindness to psychological mindedness

- Depression is not a "mental illness" but a common part of the human condition when key emotional needs are not met
- Where does self-worth come from? Not difficult to answer. It comes from relationship from the first attachment onwards.
- Mentalization and personality/self development
- The vital relationship between identity and identification – if a caregiver doesn't accurately identify with you, you can't become a healthy self
- We don't fail to value ourselves because we have a condition called "depression", rather we feel depressed when our lives are not mirrored, valued or supported – this is the *human condition*

The Universal Psychological Needs of the Human Condition

- 2007 (Seager et al) paper refers to 5 key (overlapping) needs that can be summarised thus (beyond Maslow's hierarchy which is upside down!):
- (a) to be loved (attachment and emotional investment)
- (b) To be heard/recognised/attended to (empathy)
- (c) Identity and belonging (identification with a family and/or other social group)
- (d) To make a difference (achievement and influence)
- (e) Belief, meaning and purpose (spiritual)

What do these universal needs tell us about depression?

- Depression is the state we will all inevitably fall into if these needs are not sufficiently met or if they stop being met – we are all on this spectrum
- These needs have to be met most critically during the developmental period but also have to be maintained through life
- Depression is understood in all our art and fiction (e.g. Toy Story, Sound of Music, Goodnight Mr Tom) and the depression is cured by meeting the needs rather than by the medical model
- It is never too late to start to meet these needs as long as we can recognise that they are unmet
- "Recovery" and "treatment" are the wrong concepts for our most seriously depressed people

Mind blindness and depresso-genesis in traditional mental health services

- Blindness to attachment creates unnecessary and toxic loss, disruption and insecurity
- Emotionally damaged and unwanted children continue to be rejected and passed around from pillar to post (brief and quick fixes, admission, transfers, re-referrals, waiting lists, service criteria gaps)
- "Acting out", attachment, transference and other universal concepts are only applied inside psychoanalytic therapies
- Therapies and medical approaches are compared as competing brands in pseudo-science rather than the universal ingredients and patterns being extracted from all mental health care (true science)

The Way Forward

- Not rocket science
- There needs to be time for relationships and development
- Therapeutic environments with family atmospheres to meet human needs
- The concept of the professional family (Seager, 2006)
- Homelessness as a key example (also teenage pregnancy and gang culture)
- Psychologically informed policies, organisational cultures, training and support
- Caring for the carer