

Farewell to Chemical Imbalance (Jan/Feb 2007)

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Openmind January/February 2007

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How often have you heard that a chemical imbalance is the cause of depression? A hundred times? If you're as old as me you've heard it a thousand times, and said by psychiatrists in tones of absolute certainty. It's why the SSRI drugs were made specifically to put serotonin in the brain and thus right the imbalance.

However, without telling the rest of us, psychiatrists have changed their minds. A few weeks ago I was browsing the Royal College of Psychiatrists' website. The pamphlet on bipolar disorder had been removed and I wanted to see if a new one was in place. It was, and some curious changes had been made. I then looked at their pamphlet on depression. It's a very long pamphlet, written in a chatty way. Under the heading, 'Why does it [depression] happen?' is a statement which says that sometimes there's an obvious reason for becoming depressed and sometimes there isn't. It's different for different people. Then there's a list of the things that can lead you to be depressed. These are: things that happen in our lives; circumstances; physical illness; personality ('This may be because of our genes, because of experiences in our early life, or both.); alcohol; gender ('Women seem to get depressed more than men do. It may be that men are less likely to admit their feelings and bottle them up, or express them in aggression or through drinking heavily. Women are likely to have the double stress of having to work and look after children.); and genes (depression can run in families). And that's it. No chemical imbalance.

There's never been any evidence for a chemical imbalance in the brain when a person is depressed. That idea was abandoned by scientists thirty years ago. However, a lack of scientific evidence has never stopped some psychiatrists from claiming black was white. It took the Royal College many years to accept that the minor tranquillisers are addictive; that the monoamine oxidise inhibitors are addictive; and, more recently, that the SSRI drugs can provoke suicidal and hostile thoughts. But it does seem, at last, that the Royal College has accepted that depression has far more to do with how we see ourselves and how we deal with our lives than it does with the physical make-up of our bodies.

Even the Institute of Psychiatry at the Maudsley Hospital has moved in that direction. They're holding a conference in April 2007 called, 'Depression: Brain Causes – Body Consequences'. On their website the preamble about the conference states,

Depression cannot be described any longer as a simple disorder of the brain, but rather as a series of behavioural and biological changes that span mind, brain, genes, body – and indeed affects both psychological and physical health. . . The experts will present neurobiological, psychological, genetic and evolutionary models, with particular emphasis on the mechanisms linking the brain to the endocrine and the immune systems, and therefore linking depression to physical health.

So everything about us is involved in getting depressed. Not a simple explanation in sight.

What about manic depression, or, as we have to call it now, bipolar disorder? What's happened to the gene that's supposed to cause this? The Royal College's new pamphlet on

this disorder says:

We don't have a complete answer to this, but:

- research suggests that it runs in families - it seems to have more to do with genes than with upbringing. there seems to be a physical problem with the brain systems which control our moods - this is why the symptoms of bipolar disorder can often be controlled with medication
- episodes of illness can sometimes be brought on by stressful experiences or physical illness.

What do they mean by 'brain systems'? No neuroscientist talks about brain systems. Do you ever get the feeling that some psychiatrists think that the public is so stupid they can be fobbed off with any nonsense?

Ever since the late nineteenth century when the German psychiatrist Kraepelin described depression as a mental illness psychiatrists have been trying to find a physical cause for this illness. Vast amounts of time and money have been spent on this fruitless enterprise. If only Kraepelin and his colleagues had seen their patients, not as specimens to be studied, but as fellow human beings who could describe and discuss what was happening to them. If this had happened we would have come to understand a great deal more about being depressed than we do today. In those intervening years we might have seen how it is our ideas that create pain, suffering, conflicts, poverty, cruelty, intolerance, selfishness, hatred, envy and stupidity, and that these ideas damage us. But they are just ideas, and we are free to change them. If only Kraepelin and his colleagues had understood that.

<http://www.rcpsych.ac.uk>

<http://www.iop.kcl.ac.uk/apps/depression/introduction.aspx>