behavioral sciences

Gathered at the Conference on Depression and Suicide of the American Academy of Psychoanalysis last week in New York

NEUROPSYCHIATRY

Chemical bases of depression

Dr. Arnold J. Mandell of the University of California at San Diego reports that experiments with animals and human beings suggest three neurochemicals in man that are linked to mood and character dispositions. The experiments, by several researchers, consisted primarily of injecting different chemicals, known to be present in the brain or nervous system, into experimental subjects.

One of the chemicals, dopamine, Dr. Mandell suggests, is related to "active coping, initiative and . . . psychic energy available for 'doing'." Another, norepinephrine, by contrast, seems related to alertness and calm. Another neurochemical, which has been examined only in the last few months, is methylated indoleamine and may be related to euphoria and creativity.

A decrease of any of these neurochemicals could lead to depression. For example, Dr. Mandell says, a blockage of the dopamine system could cause depression in people whose "self-concept was associated with their capacity for motor activity."

ETIOLOGY

Depression as a response

Depression is not a disease, as has usually been believed, says Dr. Leon Salzman, a New Orleans psychiatrist, but a response to the loss of a loved person, object or value. The response is potentially present in everyone, and normally is called mourning.

When what has been lost is a false value or a highly overestimated person or object, there is no realistic way to repair the loss. In such cases, a person exhibits depression in an irrational attempt to restore "his perfectionistic goals and ideals," Dr. Salzman believes.

Depression is thus, in Dr. Salzman's words, "a variety of coercive, demanding, pleading and exhorting devices." One does not have a depression: "Rather, one is being or acting depressed."

By recognizing depression as a response instead of a disease, Dr. Salzman concludes, the therapist learns to concentrate on his patient's false-value system and "the underlying neurotic supports which have been lost, rather than on the issue of hostility."

THERAPY

The meaning of depression

The traditional Freudian view holds that depression results from inverted hostility, unexpressed anger directed against the self. But this approach may be misleading, says Dr. Aaron T. Beck, a psychiatrist at the University of Pennsylvania.

A study of the dreams of several hundred patients, he reports, reveals that depressed persons commonly dreamed of themselves as the victims of unpleasant experiences involving frustration and loss.

However, Dr. Beck says, instead of explaining these dream experiences as evidence of masochism, as is usually done, it would be simpler to suppose "that the patient who dreams about being a loser actually pictures himself this way."

Depressed patients, he suggests, suffer not so much from inverted hostility as from a pessimistic evaluation of the world and from an underestimation of their own abilities. In place of orthodox analytic treatment, Dr. Beck recommends treating depressed persons by correcting their cognitive misapprehensions and by encouraging them with more positive information about themselves.

SYMPTOMS

Little rest for the depressed

Dr. Joe Mendels of the University of Pennsylvania and Dr. David R. Hawkins of the University of Virginia report that depressed persons sleep less than normal persons.

Patients hospitalized for depression have trouble getting to sleep and wake up more often than is usual, but the most significant feature of the sleep of depressed patients is the relative shortness of their stage-four sleep. Stage-four sleep, as measured by an electroencephalogram, is the deepest stage of sleep and is characterized by particularly slow brain waves.

Sometimes, Drs. Mendels and Hawkins say, the reduced proportion of stage-four sleep in depressed persons may not improve even after the clinical symptoms of depression have been alleviated. Such evidence suggests, they say, that there may be "an increased activity of central nervous system arousal mechanism in depression."

TRAUMA

Suicide and mother loss

When depression culminates in a suicide attempt it is assumed that the person involved is afflicted with an especially traumatic sense of loss. In theory, reports Dr. Phillip Margolis of Ann Arbor, Mich., such a trauma can be identified as the real or imagined loss of the mother during the infancy period, between 6 and 18 months.

During this period, Dr. Margolis says, the child learns to regard his mother as a supremely important person. The loss of the mother prior to this period would not cause a serious problem because the child would not yet have invested her with special significance, he says. If the mother were lost after the infancy period the child would have sufficient positive memories of her to prevent a suicidal depression.

In light of this theory, Dr. Margolis and Dr. Edgar Draper, also of Ann Arbor, treat suicidal patients at the Washtenaw County Community Mental Health Center in Michigan by temporarily assuming the role of the missing figure whose loss precipitated a suicidal trauma in infancy.