

## **Lets Stop Blaming Our Brains**

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I work as a clinical psychologist in Bradford. Depression or should I say pain and sadness are part of life. Yesterday I counselled Celine, an Asylum seeker who has been refused Asylum despite strong evidence she is a survivor of political torture. She is demoralised and spirit broken. She has no family here and no contact with her family back in the Congo. Her problems are not due to faulty brain chemistry her problems are due to oppression and isolation. Celine needs both individual support and to find a sense of community and belonging for as long as she is here. After seeing Celine, I felt a tremendous sense of shame at what human beings are capable of doing to each other for money and power. But I recovered quickly because I, unlike Celine have a family and extended network of friends and colleagues who care about me. I believe it's a myth that there is a worldwide epidemic of clinical depression that needs identifying and treating. This myth has been systematically promoted by the pharmaceutical companies. In the ten years up to 2002 the use of antidepressants increased by 234%. Yet still we are told we are more depressed than ever before. The World Health Organisation have a tendency to talk about the widespread and undiagnosed levels of depression internationally but then they also have close links with the pharmaceutical industry.

Yes its true there's a lot of unhappiness in our own society but convincing people it is a medical condition does not help, it further muddies the water. I meet people who've bought into the idea that their sadness is caused by a chemical imbalance. Many of them have resigned themselves helplessly to one cocktail of medication after another, they have given up on their own ability to find a solution, after all what can they do about their faulty brain-wiring? In actual fact, the chemical imbalance theory itself is extremely dodgy. Joanna Moncrieff, from University College London is a consultant psychiatrist who has taken a close look at the scientific evidence. She has argued that there is more evidence for psychiatric medication creating a chemical imbalance rather than correcting one. For example, despite it being commonly believed that depression is caused by a serotonin shortage this relationship is unproven. Rigorous research on the Serotonin theory is inconclusive, but such is the power of drug company paraphernalia that most of us take it for granted as a fact. We also need to question the idea that chemical changes are the main cause of emotional changes. If Arsenal loses to Tottenham I will experience a deep sinking feeling, this will probably be reflected by chemical changes in my brain but they did not cause this, football players did, combined with my attachment to Arsenal. Yet this logic is neatly overlooked by the 'blame the brain' explanation for our sadness. What we are distracted from is the fact that unhappiness is a social condition, it tells us about our relationships to others, both in the here and now and in the past.

Mother Theresa once observed in the developing world there is an epidemic of poverty while in the West there is an epidemic of loneliness. Similarly, the exiled Brazilian drama teacher Augustus Boal was surprised when he discovered that affluent Westerners were considerably unhappier than the deprived and disenfranchised Brazilian peasants he had worked with. His opinion was that the Brazilian peasants were happier, because they knew who the enemy was and they had a collective sense of togetherness. In the West people seemed more isolated and seemed unaware of who was oppressing them. He theorised that what had happened to westerners was that they had internalised the bully, they had developed an inner critic which he called a 'cop in the head'.

If you seek psychological help for inner critical thoughts you may well be offered Cognitive Behavioural Therapy (CBT). CBT tries to address the negative thoughts by training people to argue in their mind with their inner critic and substitute it with a rational calm optimistic personality. However I and many colleagues have found that deep seated emotional pain does not often respond to such tinkering. Perhaps rather than trying to magic away pain with pills or positive thinking strategies we should accept it understand it and thereby start to transform it. For example a friend of mine experiences periods of low mood episodically. Her mother died when she was young. Her problem is grief, fighting it won't make it go away, some sadness will always be with her but understanding it and learning ways to not fear it will help.

Many psychologists want more resources so they can build an army of Cognitive Behavioural therapists to battle with the beast of depression. In Bradford we are trying a different approach, community development through supporting the growth of self help groups. I first became aware of the power of self help groups eight years ago in East London. Dawn was an adopted child who now in her thirties was low in mood and had episodes of self destructiveness, antidepressants had not helped and my psychological support was limited. Meeting her for time limited periods every fortnight I felt like a poor substitute for a friend. We decided to set up a self help group called Helping Hands. At the group Dawn met Jean an older woman who remembered Dawn as a baby. The stories she told Dawn about her early childhood encouraged Dawn to seek out her biological mother. This she did successfully and lead to a significant break-through in her sense of who she was.

Groups where people are encouraged to help each other are powerful places for growth and are more economic than more professional approaches to help giving. In Bradford there are several mental health workers working with about twelve self help groups, many of which are now jointly staffed by volunteers from the groups. Group members are now gaining the confidence to go on to vocational training. We have also set up a network of public meetings that explore different approaches to mental well being. What we have discovered is that people find a vast range of things helpful in dealing with distress, from diet and herbal medicine, to meditation and spiritual healing, to dance and artistic expression. As a result we have tried to make the mental health service more holistic introducing Tai Chi and spiritual healing into the local psychiatric hospital.

But we also need to think about prevention. In the 1950's 60s and 70s it was recognised both here and in the U.S that the root causes of mental illness was in social

conditions. Initiatives focussed on narrowing the gap between rich and poor and creating opportunities through education and community groups for self expression and community regeneration. But with Reagan and Thatcher came the denial of society and funding was pulled on these projects. Distress and confusion was due to faulty brains and the market opened up for the drug companies. We now need to reverse this trend numbing our minds is not the answer, holistic options like Tai Chi and meditation could be available at every local health centre. Funding for local community development initiatives will also be a fruitful way to spend some of our health budget.

Are we more depressed than before? Its difficult to say - there is clearly a lot of loneliness, grief, despair and feelings of inadequacy out there. Modern lifestyles encourage levels of competitiveness that can make us feel very lonely. Advertisers aim to make us dissatisfied with our lives to lure us into shopping therapy. I would argue medicalising and numbing our pain does not help, it mystifies its meaning in our lives and ignores the social and psychological avenues to making our lives more fulfilling.