Depression a la Gerald Lajoie

From: Rorschach_List@yahoogroups.com [mailto:Rorschach_List@yahoogroups.com] On Behalf Of Gérald Lajoie

Sent: Sunday, October 12, 2008 05:57

To: Rorschach_List@yahoogroups.com Subject:

Réf. : Re: Réf. : [Rorschach_List] Very complex responses. Feedback urged!

Rick:

We do see this differently, although we seem to agree about "true mania", for manic defense is a different concept.

It is indeed my analytical training but also my work with real people that has led me to see depression and manic defense the way I describe them.

This is of course a vast topic, but I would like to say just a few things (I may be wrong but this is what I have learned from listening to patients):

1- Working with hospitalized people with very severe and incapacitating major depressions may expose you to degrees of suffering that require medication; my experience is with milder cases (nonetheless with lots of pain, of course). So we may be speaking of different patients.

2- Depression has been overly medicalized (as so many things). Even the World Health Organization has pinpointed that. For one, I think that many forms of depressions are like smoke detectors: something is wrong with your life, do something about it. Medication may help do that, but too often it is akin to pulling the battery out of the detector. If we were to add all the dollars spent by human beings around the world to relieve depression and anxiety through antidepressants and tons of legal and illegal drugs, the amount would be in the billions a year. This should be heard as: our way of life is making us sick. But in order to remain deaf or not to hear the call, we turn to chemical masks and ear-plugs. Quick fix is the rule, while growing pains should be short-circuited. Long term therapy is seen as a waste of time and money, not as a growing process that needs time to develop naturally instead of artificially. But many patients will never want that, and they will "feel" better with drugs even if they have to take them over decades. Our civilization is that of the nano-second. Others will use a temporary boost to regain the energy to make significant changes in their lives, and that's OK.

3- When depression is seen as a signal (just like an allergy may be seen as sign about the environment), therapy takes a different orientation, for instance: why did this person "choose" depression as a solution (in Reality therapy, it is often said: our symptoms are the best solution we could come up with: to deal with what problem....?) As a therapist who had a prior training as a medical doctor told me once: "I find it very hard to listen to a patient in tears, knowing how easy it would be for me to prescribe a chemical. I would feel better!"

4- Research and medicalization tend to interpret correlations in one way only: chemical imbalances lead to emotional imbalances, even if it is also well-known that emotional imbalances lead to chemical imbalances. The mainstream interpretation therefore requires a chemical intervention. And this is politically correct. Think just for a second how uncomfortable the opposite view is (as a nation, as inhabitants of this planet, we are behaving in ways that are so un-natural, we have created for ourselves a life that is not in accordance with the needs of our organisms: our bodies and our minds are trying to tell us something.... For one, I think that this insight would be unbearable. Where do we start? See what we are doing with the water, the air... and instead of changing, we turn to numbing.

5- Not only does short-term therapy based on analytical theory exist, but the so-called 3rd wave cognitive-behavioral approach is now so much interested in what people think and feel (no more black box) that it is even paying attention to the therapeutic relation, primitive schemata, and all sorts of covert cognitions (unconscious?!), that I think psychology is finally coming around and has started picking up the babies thrown away along with the proverbial water.

6- A patient with a protocol like the one we are talking about may or may not be helped with medication, may or may not be helped with therapy, but understanding her cognitions (inner reality) may lead to promising insights. The protocol also teaches us at least that 1- interpretation of Color-shading blends seems valid, and 2- qualitative analysis is a must (which requires extensive knowledge of personality theories).

Finally, I want to say that I always appreciate your contribution to the list. Differences trigger dialogs... or they should!

Gérald

-------Message original-------

De: Rick Poll

Date : 2008-10-11 22:40:14 A : Rorschach_List@yahoogroups.com

Subject : Re: Réf. : [Rorschach_List] Very complex responses. Feedback urged!

I have certainly seen individuals who cover one sort of affect with another. There are people who put on a happy face when they're feeling sad. There are people who immerse themselves in an activity to avoid feeling something. I have no problem thinking of these behaviors as defenses.

However, true mania is something quite different. I see it as an illness, not a defense. Current psychiatric thinking is that it needs to be treated early and continuously to avoid a deteriorating course. It can be triggered by antidepressant medication. Typically, medication is used, although some patients can probably be managed without it with lifestyle changes and dealing with emotional issues before they get bad enough to trigger an episode.

For me, thinking of mania as a defense points in the direction of an analytically oriented solution which might be the wrong thing to do.

I am a long term fan of Gerald's posts, but I may be seeing this differently, if I've understood him correctly.

Rick