On depression...

It is not easy to write about depression in much the same way that it is not easy to understand one's own feeling of being depressed. There is an elusive quality to depression rather like an invisible gas - you know it's around you, but you (and others) can't grasp it like you could if it were a pain in the guts. A physical pain is tangible to you, explainable in terms of an action you have taken (or not taken), you can almost put your hand on it. You can also describe it relatively easily to someone else and agreement about the nature and cause of physical pain is quite easy to get. I am not referring here to psychosomatic pain, which is a different experience. In the main, most physical pain is readily explainable and remedies are available through medicine, supported by a whole industry of allopathic and alternative pills, potions and processes.

Depression however, although very common, is idiosyncratic in nature and very hard to describe to others. My depression, although similar to yours, is also unnervingly different. Whilst neither of us might know where exactly it comes from, nor when it will come, each of us will think different thoughts in response to it, feel slightly different feelings in the throes of it and struggle to describe and explain it to each other. Physical symptoms associated with it easily appear to have no substance to both self and others, because there is not a clear-cut physiological cause of them. And most complicated of all, it is frustratingly difficult to explain to those who don't suffer depression what is being individually experienced. Sometimes, because of particular differences, even other sufferers don't 'get' what is being described.

Medically, depression is assessed against a set of criteria which don't easily fit round individual experience; and some of the criteria confusingly fall easily into the realm of 'normality' in the sense that almost everyone at some time in their life will feel or think some of the things on the list. There is also an enthusiastic industry of pharmacological remedies available which are unpredictable in use, have sometimes very debilitating side-effects (much spoken of is sluggishness and flatness); and there is often no established knowledge of how the remedies actually work. Prescription is often on a trial and error basis, with sometimes devastating emotional consequences.

Depression also plays host to a range of emotions that are not it, but are nonetheless in it. Chief amongst these is anxiety; but resentment, shame, embarrassment and self-doubt are often in the mix. Whilst depression is mostly slowly felt and heavy, there are also times when it pushes on one with bursts of energy, with anger, even rage; and there are sometimes rushes of determination that arise and repeat, with not exactly hope, but with desperation to change things, stop it, make others see it, find a solution, get help. This is sometimes circular and entrapping; sometimes linear, swinging suddenly from one state to the other, sometimes very quickly, within a conversation, or within a group of thoughts.

Quintessentially depression is a profound internal experience with a capacity to close in on itself, provoking feelings of isolation and separateness strong enough to foster a sense of existing in a different reality to others, as if one exists in an alternate matrix. This can be strong enough to generate paranoid feelings about the intentions or motives of others, adding indignation or despair to the cocktail of emotions already on the loose; or it can just stop you in your tracks unable to act, choose, or protect yourself. This can be absolute, as in catatonic, frozen states where language fails and even what are otherwise straightforward choices about standing or sitting or eating cannot be achieved. Or the stopping can be felt on the inside only, which is to say that the ordinary demands of being alive can be met (getting up, making breakfast, making conversation even) but that, at a self-conceptual level, life has no sense of progress or development; and sameness and repetition permeate experience.

And then, as if to make all this harder to comprehend, depression seems to come in grades, by which I mean that whilst you may recognise some of the descriptions above, you may also find yourself responding with a sense of guilt : your feelings of being depressed are 'not as bad as that…' (or you know this bit but not that bit). The implication of these kind of realisations are that you feel disentitled to speak about which bits or what levels of all these feelings you are actually experiencing. The temptation then is to say nothing; to believe the rhetoric ("pull yourself together" or "put up or shut up" or "get over yourself") and to render to your experience all the acute discomforts of secrecy, including any activities that you have discovered to ease it slightly, like eating or not eating, drink and drugs, adrenaline inducements like sex or exercise, or the relief of cutting or self-inflicted pain.

Not to be forgotten in the face of these relatively acute descriptions of episodic depression, is the feeling of a life-across-time that has been and still is hampered by low-key but constant flatness of feeling - "I'm not really depressed, I just don't feel strongly about anything…" Opinions elude you

where others express them confidently. You don't know what you want in a context but find it very hard to cooperate with others who seem to know so easily what they want.

So where do you turn? What is to be done? What is the way through? Perhaps it is these kinds of questions that have provoked your request for this article to be sent to you. As with many psychological experiences, description or diagnosis is fairly easy. What is much harder is to find a way forward, to bring about change, to get out of a hole.

For many years now I have been interested in radical practitioners like, for example, Glaswegian psychiatrist Ronnie Laing, who in the 60's, made himself infamous with his assertion that we should listen carefully to the supposedly "mad" people, because in some way they speak the unspoken. Ronnie thought that if we withheld judgement or diagnosis and listened to what was being communicated, albeit symbolically, then we would be able to discover things about the families they grew up in and the communities they live in, things in the shadowy underbelly, as it were, things that don't want to be heard because they are uncomfortable to us (or someone), or things that were or are happening to which we are somehow deaf or blind, metaphorically speaking.

Before Laing lie the generations of psychotherapists since Freud and Jung, many of who believed that sense could be made of even our most complex and confusing inner experiences such as depression. Since Laing, although humanist and integrative psychotherapy have grown in popularity both with practitioners and clients, this expansion has been accompanied by a categorisation of behaviour and experience, such as in the american Diagnostic and Statistical Manual of Mental Disorders (DSM5 for short) in which psychologically complicated or socially difficult phenomena are diagnosed as pathological conditions. Once this has happened, a medical model of the treatment of symptoms tends to follow, rather than the consideration of an underlying cause.

If the exploration of underlying causes lead to the exposure in a family or a society of the shameful, or persecutory behaviour of others, especially others in relatively powerful positions (like parents to children, or violent men, or corrupt social or political leaders) then it becomes very useful to those holding those positions that a means is found of sidelining or disenfranchising those who speak out, and it is made all the easier if what's being spoken is mysterious or symbolical (or "mad"). One possible response to being un-heard (deliberate hyphen...) is to decide, albeit unconsciously, to stop speaking altogether and "hold within" (read depress in) themselves that which is hard to say.

The most famous of these situations in the history of psychology (but ironically little known) is the attempt that Freud and Breuer made in 1892 to solve the mystery of "hysteria" in women. The women that were available to them for this study were the upper class women of Vienna; and when they began to listen to them, practising Freud's new method of "free association", they began to hear the unfolding of the extent of sexual exploitation and abuse of these women in their families. They published a paper about this which created such a patriarchal outcry that, in fear for their positions at the University, they recanted publicly! It has not been until my generation, those of us born in the 1950's, that the extent of familial and institutional sexual abuse of men, women and children by those in powerful positions has been uncovered. Freud and Breuer were right.

I am not making a generalist suggestion that depression has sexual abuse at its root, although this is not unheard of. I am, however, saying that by, as it were, "listening into" a person's experience of themselves in episodes of depression, especially "listening into" the context of that person's experience of their childhood family, their school-time, their first love experiences, much can be understood in the warp and weft of the story about subtle events and pressures that, taken together, integrate into a depressive response. Very often the quality of these events are repeated over and over again, even if in slightly different forms, leading to the solid growth of neural pathways in the brain that service a set of responses that we know of as depression. Neuroscience is now teaching us that, biologically speaking, the more a neural system is used the faster it runs and the more it grows, opportunistically taking up as much space in the brain as it can for its function. It is this growth and speed that creates habitual patterns of thought, feeling and behaviour which are so notoriously difficult to resist simply because they run faster and are thereby more dominant than another neural system that you might be trying to build in your brain to bring about change.

I want to draw your attention to a particular quality of these highly influential familial and social experiences - they are relational. In other words, they arise in the relationships that we all have with our parents and siblings and wider families, our school-friends (and enemies) and anyone who comes to be important to us. Another way of putting this is that neural networks in a human brain

respond dynamically to whatever social context they encounter, positive or negative. A similar phenomenon is happening in the current generation of young people, one that is being articulated with considerable concern by research neuroscientists like Susan Greenfield, where the neural networks of young people are engaging with the artificial neural networks of the Internet through their smartphones and tablets, the consequences of which are unknown, except that brain scanning is showing changes in the ways that particular parts of modern kids' brains are growing.

Just consider for a moment the meaning of the word **relational** - *"concerning the way in which two or more people or things are connected"* . The idea that seems to me to be most enduringly reliable is that conditions arise in people's minds by virtue of their relationships. Let me be even clearer : our emotional life grows in us from birth (possibly even from conception) in the context of our interactions with those around us whoever they are - families, lovers and friends; people we encounter in communities, in institutions and in social groups; in schools, churches, workplaces and clubs; on the sports field, in care homes and in prisons. Wherever people meet, relationships take place and our brains and bodies literally grow in response. In particular, our brains grow neural pathways that derive their shape and content from the experiences we have with other people. It begins, of course, with our mothers in a directly biological sense - but that is the point : relationships affect us biologically, in our cells, and most especially in the cellular structure of our brains through the neurones that we grow and keep growing all our lives.

Modern neuroscience research shows us what psychotherapists have always intuited - that psychological difficulties arise primarily in our social experience of relationships. What is more, psychotherapy predicts (and neuroscience now confirms) that the remedy lies in how we re-arrange ourselves in those relationships, in our families, in our marriages, in our workplaces and so on - and, pertinently enough, in our therapeutic relationships as well.

So this is what would happen if you came to see me in my psychotherapy room : we would explore the dynamics and the detail of the relationships you've had across your lifetime and try to understand how they have influenced you such that depressive feelings (a.k.a neural pathways!) have arisen in you as a response. We'd start with you as a child and work forward; or sometimes we might start with you as you are today and work back, whichever feels more accessible. We might switch around too… Most people find this a riveting investigation of themselves - and I have never been bored!

There is one more aspect to consider. The sessions we will have together will constitute a relationship between us, albeit one which is constructed by us for a particular purpose - relief for you from depression; and constructed with clear ethical boundaries to keep us both safe. This is significantly important, since many troubled emotional states arise from relationships which do not protect the safety of the participants. In the early 20th century W. R. Fairbairn, another Scottish psychiatrist (and one of the developers of the term "object relations") realised that when a child's basic needs for safety are not met that child will turn inward, often to a fantasy world, in an attempt to find emotional protection. Alternatively a child will split him or herself up into available or unavailable parts. Therapeutic relationships, in order to be reparative have to be safe, and especially safe from the phenomena which disturbed your growth. However, because of the dominance of neural patterns in your brain, it is quite likely that you will try to bring our relationship round to that which is habitual to you… My way of thinking about this is that "what the client does in the world out there, they will try to do in the room in here". This is a great advantage to us because it gives us a running model to examine and understand and talk about (you may have heard this called the "transference"). My aim will be to have a reparative relationship with you in which alternative growth patterns not simply become described or experimented with, but in which you actually grow new neural networks in your brain, which you take home with you. A safe therapeutic relationship is one that creates solid, reliable core conditions of relating (surprisingly often absent in childhood, workplaces and institutions) such as non-judgement, attentive listening, empathic understanding, genuine responses, honest congruence and unreserved positive regard. It is a cooperative venture in interpersonally wholesome and socially constructive neurogenesis.

From within this reparative relationship we will build experiments for you to conduct on yourself, for us to conduct together and for you to practise in the world you inhabit, that contradict your emotional habits. For example, if you are a person who usually gives in to others' preferences, we would experiment with incremental differences in voicing yours, and watch for the feelings that you encounter, and offer them up for review. Let me add that this will always be at your pace and in your control… Many of the experiments will be in the intranet of your own mind - how you habitually interpret yourself, or the relationships between different parts of yourself, such as how your "shame-self" relates to your "social-self"; or how the memory of the child you were affects the contemporary adult you are. The objective is to road-block the habitual neural pathways that

you've "driven down" all your life; and construct new pathways that serve your interests and objectives in life better, leaving the old ones redundant and inactive.

We will start from the very beginning with questions like "what is your response to your being alive?" "what does it mean to you that you have a life?" You may have these and many other such questions to ask; and I am very interested in both your questions and your answers.

I hope you have found this helpful. Please get in touch if you'd like to hear more.

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