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## Psychological Stressors

**T**his chapter will deal with the psychological aspects of depression. When we use the word "psychological" we are really referring to how you think and how you react emotionally and physiologically to your thoughts.

Some people refuse to consider psychological contributions to illness, others attribute everything to those causes. Either extreme makes understanding impossible. For example, when a highly intelligent forty-year-old woman came for treatment, she told me she had the following symptoms: "I'm rigid and controlling. I can't make any commitments. I avoid all relationships. And I have a lot of trouble getting out of bed in the morning." Testing revealed she suffered from severe depression.

When I explained the biochemical nature and treatment of depression, I could see she didn't buy it at all. She was convinced her problems were purely "psychological," even though her brother had committed suicide, and three other brothers, one uncle and her maternal great-grandfather were alcoholic. This strong family history of depressive symptoms and alcoholism highlighted her own genetic vulnerability, yet despite the evidence and her intelligence

she wanted to approach her problems *only* psychologically. Months later, when her symptoms persisted, she finally agreed to combine biochemical nutrient treatment with our psychotherapeutic efforts. Within a few weeks she felt considerably better.

Before psychiatry understood the biochemical causes and changes in depression, the origin of depression was believed to be purely psychological. Some of the numerous psychological theories developed do have some validity, but by no means do they provide all the answers. Psychological factors are only one of numerous variables contributing to mood disturbance. Otherwise, we would expect each person faced with a major loss to become depressed, and this is not the case at all.

Our mental state—everything from general outlook to how we react to everyday stress—can aggravate the development of low moods and depression in those who are vulnerable. But the actual link between psychological reactions and mood changes has not been as distinctly clarified as has the link between biochemistry and mood changes. The only clear psychological link is how we perceive, think and react to stressful events, especially loss.

An article in the June 1986 issue of *Clinical Psychiatry News* proposed a link between psychology and biochemistry. Dr. Paul C. Mohl was quoted as having told the American Psychiatric Association, "Psychotherapy is a biologic treatment that acts through biologic mechanisms on biologic problems," and also, "Medication, dream interpretations and empathy simply become different ways to alter different neurotransmitters, presumably in different parts of the brain."

An effective psychotherapeutic experience may in-

deed gradually alter brain neurotransmitters, but doesn't it make sense to facilitate the process by directly raising the neurotransmitter concentrations? Psychotherapy can be used simultaneously to provide support, to learn self-care, and to change ingrained negative patterns that otherwise continue to create stress and imbalance.

### THEORIES EXPLAINING DEPRESSION

The psychological theories explaining depression actually sound like a partial description of some of the symptoms of depression. This raises the classic chicken/egg question, because those with a *proven biochemical* depression can display the same psychological picture *after* the onset of the depression that others claim was there and caused the depression in the first place. It usually isn't as critical to know which comes first as it is to know they feed into each other. After all, we are complex organisms with all parts interacting and with circular feedback mechanisms operating throughout our bodies.

I have always been struck by how the various psychological schools seem to use different words to express the same basic phenomena. The psychoanalytic approach describes abnormal grief reaction to loss, individuals with low self-esteem and unrealistic expectations of themselves, and negative feelings about life, the future and the self. Behaviorists believe that people learn helplessness, low energy, dependence and fear of new experiences. Such people are insecure and hypersensitive and have the habit of "learned" negative thinking. Those who take an existentialist view feel that for depressed people there is

a *loss* of meaning in living, often accompanied by a sense of nihilism.

Most of these approaches are connected to loss of one kind or another, but since we all experience loss, the important question is: What makes some people more reactive than others to a real loss? And why are some people depressed who have not sustained a real loss at all? We can only conclude that other factors are operating: an inherited biochemical proclivity, nutrient deficiencies, the level of general physical and emotional health, and the amount of support from family and friends.

The same person with the same set of stresses can one day feel well and reasonably happy and a few days later, under the same circumstances, feel down and miserable. The difference has to be caused from a change inside, not outside—a biochemical shift that decreases the communication between the brain cells in the "reward" centers and increases the communication in the "punishment" centers.

The behaviorist approach appeals most to me, professionally, because it holds that we learn or adopt psychological states from others. And once we learn helpless, negative or loss oriented ways of interpreting life we do experience far more stress. But what makes it easier for some people to learn negativity? Are they biologically prone to depression? Why will one child imitate the negative depressive behavior of a parent while two other children in the same family will not? Can all the difference be only psychological? Very unlikely.

#### LACK OF SOCIAL SUPPORT

The intensity of our stress reactions to upsetting events is powerfully affected by the support we get

from other people. Our biochemistry determines whether we'll feel high or low, but life patterns that increase stress will enhance whatever predispositions to depression we may have. By the same token, certain conditions will help us handle the stress and its accompanying biochemical changes much better. If, for example, you have several close loving friends and a supportive family, you are going to be able to handle the death of your spouse far better than if you lead an isolated life. Older depressed people whose family and friends have died and who are isolated by their age are at greater risk for death than those who have loving connections with other people—or even with pets. Studies of the elderly have indicated that good social support systems lower cholesterol and uric acid levels and improve immune function—regardless of the degree of psychological stress. This support, obviously, also helps stave off low moods and depression.

My own Granny lost all of her brothers and sisters and then lost her husband of "fifty-nine years, nine months and five days." She grieved severely and one week later was literally floored when she fell and broke her hip and arm. She recovered until her only son died four years later. Again, in her grief, she fell and broke her thigh. She insisted on returning home to live independently, but was very lonely and didn't know what to do with herself.

Though it seems difficult to believe, when we brought her a dog who needed her love, she was brought back to life. With an artificial steel hip and a steel rod through her leg, she manages to drive around in her 1962 "stick shift" Studebaker and seems younger now at eighty-four than she seemed in the previous seven years.

## NEGATIVE ENVIRONMENT

All the influences affecting you at any given moment contribute to your mood by altering your chemistry. Unless you are selective about your environment, much of the input can be stressful. Many people tolerate negative input because they have become desensitized. They've "thickened their skin," so to speak. Sometimes we notice this when we've gotten "away-from-it-all" on vacation and have then felt absolutely bombarded upon returning to our regular daily existence—which we tolerated before.

Some people are highly attuned to the most minute shifts in their surroundings and can adjust the situation when they feel they are responding adversely. Others, who are unaware of all the compounding influences, only experience the end state of a terrible mood and jangled nerves.

## HABITUAL NEGATIVE THOUGHT

If you have been depressed for a long time or if you are constantly exposed to someone who is fearful and depressed, you can get into the "habit" of pessimistic negative thinking. This is especially true for children, who are more likely to imitate those around them.

I had one patient who suffered from chronic depression and was also a habitual complainer and fault finder. He'd managed to channel those characteristics into a very successful business but he certainly wasn't happy. We adjusted his nutrients at each monthly appointment, but he continued to complain until his sixth-month visit, when I finally asked him whether the program had helped him at all.

He answered, "Oh, the difference is like night and day! I wouldn't keep coming if it hadn't helped."

This patient, who came from a family with a negative life view, was superstitious and fearful about allowing himself to feel good. This kind of attitude can create depressive character and predispose to depressive illness.

The fact is that research evidence shows that thoughts and emotions influence neurotransmitter production. They absolutely affect the body's secretions, excretions, metabolism, hormones and immune function. Habitual stressful, worrisome thoughts eventually alter the chemistry of the brain and the body to produce physical and psychological symptoms. If you worry about being bitten by a snake, your body's mechanisms will respond accordingly. If your fantasies shift to happy or sexy thoughts, your body responds much more healthily.

An experiment I'd like to conduct is to take baseline measurements of the brain chemicals in a sample of people and then divide the group so that half would be given affirmations and positive thoughts and the other half would focus on all the things that were wrong in their lives. I'll bet that if the brain chemistry was to be reassessed at the end of the study, you would see some startling changes.

In my practice I have found that in order to extricate yourself from the habit of negativity, you must combine chemical and psychological intervention.

For the same reasons, you need to pay attention to the things in the environment that affect you negatively. That does not mean that you have to avoid responsibilities or put your head in the sand. However, a constant diet of murder movies or demoralizing television programs is bound to have an influence on the mechanisms we've been discussing. Taking the responsibility for your own well-being does in-

volve paying attention to what irritates and agitates you and to what calms and elevates you. Restructuring your life toward those positive influences will have valuable physical and biochemical results.

## **PAST FOCUS**

Closely related to this is what I see as the futility of rerunning in your mind, over and over again, past traumas and bad experiences. Rethinking and reliving such life events re-creates and perpetuates the biochemical stress responses in our bodies. If you can't voluntarily release these fixations on the past, you may need professional and spiritual guidance. To end our stress responses to the bad events of our life, we need to let go of what happened or else we will be stuck with the destructive pattern of reliving the past.

## **ANGER AND GUILT**

The guilty person shoulders all the blame—and the power—for the events of daily life and is angry at herself for not measuring up. The angry person feels himself a victim of life's events and is angry with others for putting him in that position. Both these attitudes have biochemical results that seriously affect mood. It's important to release that anger, not necessarily by expressing it but by acknowledging it and then letting it go. Where possible, avoid anger-inducing people and encounters. If you can't, do everything you can to avoid a feeling of helplessness by finding outside supports and fulfillment. In these circumstances, it is particularly important to make sure that the nutrient program is very carefully followed,



so as to counteract some of the deleterious effects of the stress of being with difficult people or in situations that add to the burdens of your life.

## **RESISTANCE TO CHANGE**

Accepting, even welcoming, change is another way to avoid physical and psychological stress. Even when such changes seem traumatic, it's important to try to steer the change in positive directions so as to exert whatever control you can over your life at stressful times.

People in low moods seem stuck in a rut. They feel that there is no way out of their current problems or their feelings of depression. Resisting change is, for them, a way of prolonging their illness. Major healing is preceded by a willingness to make necessary changes. Try to list the things that you wish were different and use that list as a guide for growth.

Psychological patterns such as these are common in depressed people. Obviously, you should avoid them if you want to keep yourself out of depression. Nevertheless, the person with normal brain biochemistry will not be mired in these psychological or social difficulties—no matter what. Our behavior and our feelings are clearly contingent upon our brain functions. We have fluctuating brain chemistry that is subject to all sorts of impinging variables. In order to be able to control and direct our thoughts and our lives, it's important that this chemistry be balanced.