

The Causes of Depression? (13-14 min)

What causes depression? I've been a practicing psychologist and psychoanalyst for almost 40 years and have seen hundreds of depressed patients, so I've given some serious thought to the matter.

In my experience, some factors are obvious. People who suffer from depression and anxiety—and, I'll note here, that these two things always go together-- have experienced stresses and traumas in their development that predispose them to mood disorders. Garden-variety psychodynamic theory teaches us that issues involving loss, neglect, guilt, and rejection usually figure prominently in the backgrounds of people who present with significant symptoms of depression and anxiety.

Furthermore, there has been solid research that has shown at least a very high correlation between traumatic childhood experience and the development of mood disorders in adults. This connection, in other words, is no longer a news flash. So, in the mid-1990s, researchers conducted an extraordinary and simple study, called the *Adverse Childhood Experiences Study*,

or ACE Study. They sent out a questionnaire to 17,000 adults who were Kaiser patients, asking people to check off which of 10 different categories of childhood trauma they had experienced. These traumas included most of the terrible things that can happen to you when you're a child, including various types of sexual, physical or emotional abuse. In addition, respondents then filled out a detailed medical questionnaire looking for all sorts of problematic conditions that one can develop as an adult, such as obesity, addiction or depression.

The results stunned the researchers: For every category of traumatic experience someone went through as a child, that person was radically more likely to become depressed as an adult. The correlation was almost perfect: the greater the trauma, the greater the risk for depression, anxiety or suicide. For example, if you had six categories of traumatic events in your childhood, you were five times more likely to become depressed as an adult than someone who didn't have any.

So the psychological causes of depression are well known.

But, in addition, over 50 years of research into the neurobiology of mood disorders strongly suggests that genetic and biological factors usually accompany, if not underlie, these painful psychological states. As a result of these assumptions, the treatment of depression today usually relies heavily on pharmacology, and drug companies have spent billions making sure this explanation is widely accepted. One in five US adults is taking at least one drug for a psychiatric problem.

Of course, since it's well known that psychological events produce biological changes—and vice versa--and since placebo effects are so large in drug efficacy studies, it remains debatable whether or not disorders of biochemistry are causes or effects. What we do know is that untold amounts of money have been spent by the pharmaceutical industry to finance research and public relations designed to enshrine biochemistry and pharmacology as primary in the diagnosis and treatment of depression and anxiety.

So we know that psychology and biology cause depression.

But what of the social, cultural and even political contexts that could potentially contribute to emotional suffering? What do we know about them? Well, for this, we owe writer and journalist Johann Hari a great debt for illuminating these social factors in his recent book,

Lost Connections: Uncovering the Real Causes of Depression –and the Unexpected Solutions.

Hari argues that while it's clear that some people, real people, get better in real ways on antidepressants, it is also true that these benefits may be less than advertised and that these good results may, not infrequently, diminish over time. Locating the cause of depression entirely in the brain and advocating a primarily pharmacological approach to its treatment is a paradigm with limited efficacy. Same goes for locating the causes of depression entirely or only in our childhoods. Both explanations are unnecessarily reductive and leave out the profound ways that the ways

we live and work, our culture, and even our political economy all impact our emotions and moods.

Most of *Lost Connections* presents the author's account of the research done on the social and cultural causes of depression. For example, in the 1970s, over 40 years ago now, British researchers George Brown and Tirril Harris and their team went to a London suburb and extensively interviewed and compared women who were diagnosed as depressed with women who were not depressed. The depressed women were three times more likely to have experienced life stressors in the year prior to their diagnosis and, more importantly, the depressed women had fewer things in their lives that contribute to what we think of as resilience, things like close friends and supportive family.

This type of finding raises the important issue of whether or not depression might just be considered a normal response to abnormal life experiences, rather than a disease per se. Such a notion seems reasonable –well, except for our culture's tendency to always pathologize psychological suffering as a disorder *within* individuals, rather than suffering that only really makes

sense given a pathological environment. This is victim blaming at its worst---

And think of its implications. If depression is only an individual problem, perhaps a result of disordered brain chemistry, then you don't have to think about your life and what people have done TO you—thinking which, let's face it, is quite painful to do. Easier, perhaps, to think of it all as a simple consequence of bad genes or insufficient serotonin. Hari quotes one of the researchers on the ACE study saying this: "When people have these kinds of problems, it's time to stop asking what's wrong with them, and time to start asking what happened to them."

The bottom line for Hari is that the social causes of depression all involve some kind of "disconnection." So, for example, he argues that people in our culture are disconnected from meaningful work, citing as evidence a huge Gallup poll about work conducted in 2011 and 2012 that included millions of workers across 142 countries. Gallup found that only 13% of people described themselves as "engaged" in their jobs,

meaning that they were enthusiastic about and committed to their work and pleased with their contribution to their organization. Sixty-three percent reported themselves "not engaged" and 24% described themselves as "actively not engaged." Nearly twice as many people hate their jobs as love their jobs. The prevalence of deadening, routinized and alienated work leads people-invariably--to feel unappreciated, unrecognized and frustrated, with little or no sense of contributing to something bigger and better than themselves.

In this sense, it's the nature of work and the relationships around work that leads to depression. In particular, I would highlight the experience people have at work of being of dis-empowered and of what they feel are indifferent hierarchies around and over them as 2 of the main factors at work that are important in causing depression.

Another form of disconnection that causes depression involves the painful experience of being disconnected from other people. Social isolation and loneliness have

been shown to have a wide range of negative physical, including health, consequences. Feeling lonely causes our cortisol levels to soar, a hormonal outcome that causes wide-ranging damage to the body and mind. In fact, acute loneliness is seen by researchers as every bit as stressful as being physically attacked. Human beings are wired to be in groups, and when we are alone for too long, we feel alienated and insecure.

And I don't think I need to go into the statistics that show that loneliness and social isolation is growing in our culture, reaching levels that make it a public health epidemic. Data shows that we seem to have stopped banding together and have found ourselves increasingly shut away in our own homes. We do things together less than any generation that came before us. And so if we're not looking here at social as well as biological factors, we can't understand what's really going on with depression today.

One can't think about the social and cultural causes of depression without also mentioning—as Hari does--the ways we're disconnected from “meaningful

values.” Our consumer culture is addicted to material possessions, money and status. A capitalist economy and culture that tells us that there is never enough, and that we are never enough, provides us with what Hari calls "junk values." Materialism has never been associated with health and happiness.

But money, status and power turn out to matter in a different way. Because regardless of the *objective* level of material well being, if people become disconnected from status, respect, and the social approval that goes along with status, this is yet another estrangement that contributes a lot to depression. Bottom line? Greater equality is associated with less psychiatric illness, and inequality with more psychiatric illness.

Further, when we're disconnected from nature, living our lives exclusively in cities or indoors as we are increasingly wont to do --THAT causes depression...

We have to get straight, I think, about what all this means and how everything is related. I'm not arguing at all that genetics and neurobiology have no effect on depression. But I AM making a plea to consider the

implications of the fact that experience—whether in our families or in our socio-cultural milieu—can profoundly affect the brain. Experience changes brains.

And once brains and psyches are changed, they these changes go on to have a life of their own and make their own contribution to depression. But my point is that in this case, the arrows of causation might well begin in the social world, not in the individual's neurotransmitters or private unconscious lives.

Hari points out that, historically, depression and anxiety were regarded as moral failures (which is pretty terrible) and so, as a result, the notion that these states are biological can be a healthy defense against blame and judgment. But this doesn't answer the question of causation.

Obviously, I'm a believer in psychotherapy and I've also repeatedly seen the short- and medium-term benefits of medications. But the importance of understanding the social and cultural conditions that seem to produce depression and anxiety is that it points the way toward interventions and social changes that

could yield tremendous psychological benefits on a mass scale. So, for example, it argues for things like reducing inequality, or to proposals that call for a universal basic income, or UBI. All of these social changes could yield hugely positive effects in reducing psychiatric suffering.

When we privilege explanations of depression and anxiety that emphasize only our internal individual biology, we let society off the hook. We privatize psychological pain even as the role that our culture contributes to that pain goes unchallenged.

I'll end this podcast by quoting Hari's own conclusion. In speaking to his younger self--to all of us who suffer from depression--he says this: "You aren't a machine with broken parts. You are an animal whose needs are not being met. You need to have a community. You need to have meaningful values, not the junk values you've been pumped full of all your life, telling you happiness comes through money and buying objects. You need to have meaningful work. You need the natural world. You need to feel you are respected.

You need a secure future. You need connections to all these things. You need to release any shame you might feel for having been mistreated.”

I think Hari is right. And I think it's fair to say that in order to achieve these things, we may well need a revolution.