Mind, Brain, and Depression

In the first two articles in this issue of the Journal, Michael Yapko explores the use of hypnosis to facilitate treating depression. For many years it was thought that the uses of hypnosis in treating depression were very limited (Crasilneck & Hall, 1985). In Hammond’s Hypnotic Suggestions and Metaphors (1990) there are only a few suggestions related to depression but many cautions about its use because of the possible complication of suicide (Mott, 1992).

The introduction of the tricyclic antidepressants in the early 1960s changed the focus of the treatment of depression from mind-therapy (psychotherapy) to brain-therapy (medication). With the advent of interpersonal psychotherapy and particularly cognitive-behavioral therapy in the 1970s, psychotherapy became a well-validated and effective treatment for depression. Since that time it is sometimes a question of whether to treat the brain or the mind (or both) when a person is depressed.

One overriding consideration when considering this question is the appropriate diagnosis. Depression can be a symptom of many disorders and the treatment prescribed must be based on an accurate diagnosis. For example, the treatment for Adjustment Disorder with Depressed Mood is much different than the treatment for the depressive phase of Bipolar Disorder.

Perhaps the most perplexing issue in understanding whether to treat the brain or the mind is the conceptualization of the mind-brain relationship. This issue is addressed in a very recent paper by Kenneth Kendler (2001). In a dialogue format Kendler explores the major philosophical positions on the mind-brain problem: substance dualism, property dualism, type identity, token identity, functionalism, eliminative materialism, and explanatory dualism. Descartes’ dualism tends to be pervasive in considering mind-body relationships in general, viewing them as separate entities. On the other hand, the manifestations of the mind and the brain are so similar that it is tempting to consider them as identical. However, as Kendler points out, there are problems with full identity. The causal interrelationships of the mind and brain are also mystifying. Does the brain cause things to happen in the mind? Or does the mind cause things to happen in the brain? Or does the brain control things and the mind just registers what happens? Kendler considers all of these possibilities and relates them to the various philosophical positions.

Of particular interest to psychotherapists is the possibility of brain changes as a result of psychotherapy. In a recent article in Psychiatric News, Joan Arehart-Treichel (2001) reported on a paper given by Glen Gabbard of the Menninger Clinic. In this paper presented at the American Psychiatric Associations’s 2001 annual meeting,
Gabbard cited evidence that psychotherapy can even favorably alter the brains and physiology of patients with psychiatric disorders. Although the studies described did not involve depressed patients, a more recent study with depressed patients showed limbic blood flow increase with interpersonal psychotherapy but not with venlafaxine, while both treatments demonstrated increased basal ganglia blood flow (Martin, S.D., Elizabeth Martin, E., Rai, S.S., Mark A. Richardson, M.A., & Royall, R., 2001).

Will it be discovered that cognitive-behavioral psychotherapy results in changes in the brain? If so, will the use of hypnosis to facilitate this therapy modify these changes in any way?

References


