The Loss of Sadness

How Healthy Negative Emotions Became Forbidden In America

Excess levity of heart and neglect of our faults make us insensible to the proper sorrows of the soul.

American Positivism

Negative Emotions

Currently Americans act as if all negative emotions are detrimental and should be avoided or removed. Americans have lost the ability to distinguish between healthy negative emotion and unhealthy negative emotion. Living a full and healthy emotional life requires the ability to identify and feel healthy negative emotion. By conflating healthy with unhealthy emotions we risk labeling healthy individuals as emotionally ill. This leads to massive misdiagnosis and over-treatment.

Anger Is Not Depression

A Growing Concern

An increasing number of researcher and clinicians are becoming disturbed at this trend.

Over-Diagnosis in America

Treatment for depression increased 300% between 1987 and 1997. From 1980 to 2000, diagnosed depression increased by 76%. The increase in diagnosed depression the in the elderly was 107%. Use of antidepressant medications went up 300%.

The Loss of Sadness

How Psychiatry Transformed Normal Sorrow into Depressive Disorder

Sadness is a normal response

Sadness is necessary for mammalian survival. Separation distress is a signal to preserve important social relationships. In the wild animals who do not show distress on separation will not live long.

Sadness and distress are normal signals emitted by animals when they fear the loss of attachment or they need care.

Inside Out

Determining Normality

Up to 60% of the brain exists to create negative emotions. Fear and anxiety are necessary for survival. Grief, sadness and despair are a part of the human condition. Appropriate expression of these emotions is a part of normal healthy emotional response.

Lack of Anxiety

Some people are born with limited ability to feel anxiety. They do not sense danger when danger is present.
Confusion

The classification of mood disorders has been in disarray for some time

None of the current definitions take underlying biology into account

Mood Disorders Are Syndromes

Abnormality of mood
Vegetative symptoms e.g. sleep, appetite, sexual drive
Cognitive features e.g. attention, focus
Impulse control
Physical features e.g. pain, headache, fatigue

Defining Depression

Definition is always in flux
Always more than low mood
All definitions include vegetative, cognitive and behavioral features
Mood is only one of many factors to consider

Standard Symptoms of Depression

• feel unhappy all day long most everyday
• lose interest in life and can't enjoy anything
• find it harder to make decisions
• can't cope with things that you used to
• feel utterly tired
• feel restless and agitated
• lose appetite and weight
• take 1-2 hours to get off to sleep, and then wake up earlier than usual
• lose your self-confidence
• feel useless, inadequate and hopeless
• avoid other people
• feel irritable
• feel worse at a particular time each day, usually in the morning
• think of suicide.

Major Depression

DSM-IV Criteria

Absolutely No Escape

Clinician Interference

Diagnostic confidence is higher if the patient reports symptoms of depression without prompting by the clinician

Clinician Interference

The Cache County Study

The rates for depression in the elderly were similar to those in younger groups when dementia patients were screened out of the study

CONCLUSION: Confusing dementia with depression inflates estimates of depression in the elderly
30 Distinguishing Sadness From Depression

31 What Depression Is Not
- A short-term reaction to an environmental stressor
- A substitute term for sadness
- Normal grief
- Cause of apathy and reduced activity in the elderly

32 The Problem with “Depression”
- It is a word people use to refer to feeling “blue”
- It is a clinical disease that can respond to treatment
- It is CRITICAL to know the difference
- Why? Because SSRI’s don’t treat misery
- Depression is now a slang term used to refer to any feeling of sadness
- We can no longer take this word at face value when assessing mood disorders

33 Historical View Of Sadness
- All descriptions of Depressive Disorder prior to the DSM-3 made the distinction between acute sadness, clinical depression and grief
- In 1980 this difference was inadvertently removed as the creators of the DSM-3 focused on symptoms without regard to cause
- The DSM-4 tried to add this difference back in by creating time requirements but few people noted the changes

34 The DSM 5
- The DSM 5 removed the 2 month embargo to a diagnosis of grief placed into the DSM-IV and has created great controversy

35 Advantages Of Distinguishing Normal Sadness & Depression
- Distinguishing between normal sadness and depression will improve prognosis
- Resulting in more accurate treatment (e.g. viral vs bacterial infection)
- Improve understanding of the population incidence of true depression
- Improve research project outcome data
- Avoid “medicalizing” of a normal condition
- Reduce tendency to look for solutions in a pill
- Reduce number of people with side-effects from unnecessary treatment

36 Sadness Is Not Depression

37 “She’s Depressed”
- Sad
- Grieving
- Lonely
- Withdrawn
- Down

38 Adjustment Disorder
- Clinically depressed affect
- Symptoms can be severe
- Associated with a true life stressor
- Can be present for a long time
- Does not respond to medication
- Psychotherapy is excellent treatment

39 Adjustment Disorder
Cognitive Behavior Therapy

• We cannot always control events and we have limited control of our feelings but we can control our beliefs.

Confusion

• Freud described Depressive Neurosis and considered it a common reaction to the human condition.

Neurotic Depression

• Where did it go? - Why should it return?

Neurotic Depression

• Removed from the DSM in 1980
• Replaced by two terms
  • Dysthymia and Generalized Anxiety Disorder
• AKA Depressive Personality

Neurosis

• A mental and emotional disorder that affects only part of the personality and is accompanied by a less distorted perception of reality than a psychosis.
  • It is accompanied by various physical and mental disturbances such as visceral symptoms, anxieties and/or phobias.

Neurotic Depression

• Symptoms are rarely disabling
• Usually chronic
• No cycling
• Associated with a negative world view
• Childhood issues are a large factor
• Symptoms rarely enough for hospitalization
• Responds well to psychotherapy

On Depression

• By
  • Nassir Ghaemi, MD PhD

Environment Still Matters

• Poor parenting is a factor in the development of Neurotic Depression

Environment Matters

• Current models of depression focus on biological processes
• Early environment, parental style and early stress still play important roles in development of mood patterns
• Without acknowledging the role of early experience, we risk mislabeling, misdiagnosing and mistreating these patients.

The Anatomy of Normal Sadness

• Normal sadness is context specific
• It is roughly proportional to the loss
• It ceases when the loss ends or...
  • It gradually lessens as coping mechanisms are developed

Normal Sadness Is Contextual

• Normal sadness is caused by SOMETHING
The loss is often concrete
• Loss of Attachment
• Loss of power or status
• Failure to achieve a valued goal
• The loss can be acute or chronic

52 Sadness Resolves With Restoration
• Normal sadness ends if the loss is restored
• If that is not possible, sadness lessens with coping and adaption

53
54
55 Home Visits
&
The Placebo Effect
• Just participating in the study is therapeutic

56 Social Isolation
57 Nature Neuroscience: March 2006
58 Understanding Grief
59 Love & Loss
• You can’t have love without loss
• Grief is not a brain disease

60 Understanding Loss
• It is necessary to experience loss in order to mature to adulthood
• Interventions that interfere with the normal experience of loss can lengthen the time to recovery
• Medicating grief often creates a chronic condition

61 The Stages of Grief
• Shock & Denial
• Anger
• Depression & Detachment
• Dialog & Bargaining
• Acceptance

62
63
64 Kay Redfield Jamison
65 Preventing Grief Can Be Harmful
• Research suggests that immediate intervention after the experience of extreme stress increases the likelihood of developing PTSD
• The WHO now limits psychological interventions at disaster sites as it causes too much harm

66 Harmful Interventions
• McNally et al 2004
67
Treatment of Grief

- There is no evidence of any benefit of pharmacotherapy for depressed mood in normal grief.
- Antidepressants have been shown to be effective in controlled trials in pathological grief.

Complicated Grief

Grief Can Be Rewarding

- Complicated grief is biologically different from normal grief.
- Brain activity is similar to craving.
- Dopamine is the transmitter.
- Treatments that alter dopamine may be more successful in treating complicated grief.

Are SSRIs Really Effective?

- In more than half of the 47 trials used by the Food and Drug Administration to approve the six leading antidepressants on the market, the drugs failed to outperform sugar pills, and in the trials that were successful, the advantage of drugs over placebo was slight.

Unnatural Selection

- Irving Kirsch
- Thomas Moore

The Emperor’s New Drugs

Drug-free America

- Illegal in most developed countries.

Side-effect

- “The only medications without side effects are medications that are new on the market.”
- Dr. Robert Portney
- Harvard Medical School

Bone Loss

- After one year, bone loss accelerates rapidly.

Case Study

- 93 year-old female moved by son from NC to ALF in Lawrence. Six months later he moves to Phoenix leaving her behind.
- Patient has mild dementia but very aware of son’s departure and expresses feelings with some tearfulness.
- Psych services is called in and patient states a passive wish to die. Statement is made only one time.
- She is sent for inpatient treatment in geri psych unit - stays one week
- She can’t recall the statement and does not know why she is hospitalized.
- She returns to ALF on two separate antidepressants.
- Son sends for her as soon as he is settled in his new home.
- Patient is still on antidepressants.

Say Hello To Sadness

We Need All Emotions
Conclusions

• Sadness is necessary but not sufficient for a diagnosis of depression
• A growing body of evidence suggests that SSRIs are barely more effective than placebo
• Mood disorder in the elderly is often due to dementia
• Hippocampal atrophy reduces the effectiveness of SSRIs
• Environmental interventions and procholinergic treatment may be more likely to improve mood in dementing elderly patients

Thank-you for Your Attention
• Questions?

References

• Lecasse, JR. Leo, J. Serotonin and Depression: A disconnection Between the Advertisements and the Scientific Literature; PLoS Medicine Vol 2 #12 p 392
• Irving Kirsch et al. The Emperor's New Drugs: An Analysis of Antidepressant Medication Data Submitted to the U.S. Food and Drug Administration. Prevention & Treatment, July 2002 Vol. 5 #23