The evolving understanding of depression - a good article

Post by “Eikadistes” of February 23, 2023 at 2:41 PM

I have been subjectively trying to convey this to my psychiatrists for years.

I call that old model the "Paint Bucket" model (*that's just me*). In the "Paint Bucket" model, the healthy brain is a perfect shade of purple, equal parts red (*mania*) and blue (*depression*). If you have too much of one color, you need to balance it out with the other color, thus, serotonin and dopamine seem to be the primary neurotransmitters psychiatrists try to regulate with the use of medication that specifically affects the "color" of your mind.

This is really *limiting*.

Take me. I have Bipolar I (*manic-heavy side of BP*), and they tend to treat me with things that counter-act mania, so, they try to eliminate insomnia, intrusive thoughts, obsessive behaviors, etc. Overall, the basic mood stabilization is a good place to start. It keeps me from passing a red line that leads to dangerous, physically-harmful behavior.

That's just a fraction of the story. The average Bipolar brain (in addition to people with Major Depressive Disorder) tend to have enlarged amygdalas, which manage emotions. That means anyone with a mood disorder (*regardless* of serotonin and dopamine levels) is more emotionally reactive and more emotionally affective. We get more emotional faster, we stay emotional longer, and it takes longer to return to a baseline. Medication cannot change the fact that I have a larger amygdala. Bipolar patients also tend to uniquely possess smaller-than-average pre-frontal cortecies, so while those of us with the stereotypical and ancient "Melancholic" personality exhibit brilliant phases of creativity and achievement, the shrunken pre-frontal cortex leads to a hinderance on a Bipolar patient's ability to clearly identify cause-and-effect, to make healthy, long-term plans, and to minimize risky-taking behaviors. Again, anti-depressants, mood-stabilizers, benzodiazepines, and even cannabinoids don't really address that issue. The closest treatment we provide to physically altering the structure of the brain is a lobotomy, and it is **h-o-r-r-i-f-i-c**.

Psychotherapy is needed to help patients ... learn to work with their limitations (and unique advantages). But *even the*n, a supportive environment is crucial. Birds need sky, fish need lakes, basketball players need hoops, and Bipolar patients need friends with a **LOT** of patience and strong senses of self. Being surrounded by enemies can make the other treatments so ineffective that the patient begins wondering if there is any hope at all. And there is. Quite a lot.