

Major “Depression” is the wrong medical terminology

<http://serendip.brynmawr.edu/exchange/madina-g/mind-and-body-possessed-schizophrenia-and-rapid-eye-movement-behavioral-disorder>

The linked-to article is about major/clinical depression. Why is this link on a page dedicated to discussion of psychosis? -Because the main thesis of this page is to drive home the point that serious mental illness is neurological, not “psychological” and that the most severe symptoms of SMI reflect disordered states of consciousness. It is a shame that factions of the psychiatric field cling so steadfastly to traditions and orthodoxies that a less conceptually misleading terminology has not been assigned to this condition. The general public continues to be unenlightened about the difference between situational depression and clinical depression.

Generally, in describing the experience of being awake in a body that has been overcome by a neurological firestorm, the afflicted person is limited to the language and expression of psychological/emotional trauma or figures of speech or other linguistic devices to describe this torment in psychological terms. It is true of all diseases and disorders that our expression of agonies are limited in this same way:

“You feel like everything is in slow motion”

“You feel like you are in the darkest depths of despair with no connection to reality”

“You become a sort of half-living ghost”

It would be strange to hear someone suffering from clinical depression make such statements as:

“I feel like the expression of BDNF has been dysregulated in my dentate gyrus”

“It’s hard to explain, but I think that my glucocorticoid receptors target genes are helter skelter”

“My hippocampus feels like there’s a deficiency of 5-HT1 receptors”

The writer of this account begins somewhat tepidly, probably out of deference to the professions and being quite aware that he is lacking the credentials to dogmatically challenge the legitimacy of a medical terminology: “I’m not concerned about which of these two models is the more accurate. I’m still not sure myself”.

Articles like this one propagate the confusion that has been instilled into the public consciousness:

<https://www.verywell.com/sadness-is-not-depression-2330492>

However, the writer gains his footing and does quite a good job of describing what is clearly neurological in nature. When we human beings “power up” from a somnolent state, we are accustomed to snapping to wakefulness into a clear, sensory-stable state of being (which does not necessarily mean free of pain

or sadness or agitation or anxiety). It is all about what it feels like to sense oneself and inhabit that self's human body.

The conclusion of the article regresses into that hinterland of orthodoxy that is so very difficult to extricate from discussion of psychiatrically-classified disorders. There is a departure (in a sense) from the neurological to the "psychological" in reference to 'depressive realism' (Of course, there is that mind-body feedback loop involving conscious thought that is far too daunting a topic for the lay person to dive into).