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extra

The 'autoimmune' mind

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From a therapeutic point of view, psychiatry as a specialty is in an unenviable position. If, despite extensive interventions, a patient takes his or her own life, the physician is often perceived as having failed that person. Rarely is a consultant oncologist challenged about a non-responsive patient: 'surely, there must be something you could have done differently?' Despite rapid advances across medicine, psychiatrists frequently wonder why placebos work 'just as well' in some disorders.

Rethinking how the mind, in all its complexity and might, is deeply fallible may help us. In depression, negative automatic thoughts prevent people from functioning normally; in post-traumatic stress disorder, a distressing memory can almost take on a 'life of its own'. In obsessive–compulsive disorder, one is confronted with a persistence of such thoughts despite insight that they are 'silly'. As phenomena, the thoughts appear to be 'against the mind'

That the mind chooses to attack itself is in itself analogous to the body's autoimmune reaction. We assume that childhood events shape our subsequent reactions to events. Why then do apparently well-adapted individuals struggle or indeed develop depression in later life? From a non-biological perspective, how do some of the most accomplished people have low self-esteem? Evidence and clinical experience support a combination of different interventions for psychiatric disorders. One target is the immediate 'inflammatory' response, and perhaps psychoactive medications for agitation/anxiety do that, but parallel to this, antidepressants and antipsychotics may act like immune suppressants – as thought suppressants. We know that psychotherapeutic approaches help, but we may need to add meditation to our interventions in an effort to suppress extraneous unwanted thoughts, as alternatives to the conventional combination of psychotherapy and psychopharmacology.

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