

DEPRESSIVE CONDITIONS ASSUMED AS A MEDICO-SOCIAL PHENOMENON

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Depressive conditions are ever more converted into one of the "scourges" of modern society. Although exact statistical data concerning their incidence on a worldwide scale are unavailable, an indirect judgement could be made from the incidence of suicides which appear the most conspicuous manifestation and outcome of a great number of melancholias¹. According to data submitted by WHO, nowadays, more than half a million persons perform suicides annually throughout the world. Suicides rank third among the causes of death in the most robust, exuberant and constructive age, e. g. 15 to 45 years.

Although there is no universally accepted concept about the factors causing the widespreading of the phenomenon, an attempt will be made at finding some explanation on the basis of discussing both social and biological aspects of the issue, and their interactions as well.

Modern society is characterized by a rapid growth of productive forces hitherto unheard of. This in consequence leads to industrialization of all types of productions, agriculture inclusive, to an ever increasing transformation of any kind of work into a brain working activity, demanding a more continuous and highly qualified training, as well as to periodic re-qualification until new knowledge and skills are acquired, in compliance with the development of science and technology.

Hence, the nervous system of modern man becomes the target of a continuous stream of information which man is supposed, but not invariably in a position to elaborate. In addition, the nervous system is incessantly "bombarDED" by a flow of so-called parasite information (or information noise) which is quite useless, and results from the ever increasing industrialization in all branches of life, as well as from the accumulation of great human masses over restricted areas. Thus noise in the working place, in the street, transport vehicles, homes etc. becomes an invariably present companion of man, and along with that — one of his greatest enemies. Despite the considerable adaptation capacity of the nervous system, the time comes when the combination of mass stimuli proves to be excessive, beyond the abilities of his cells, resulting in their "collapse" — the so-called break down of the higher nervous activity occurs.

^{1/} Here neither the concept about biological conditioning of suicides in general, nor the notion affirming that all suicides are morbidly conditioned is supported. Such a concurrence of circumstances in man's life is possible that he may easily reach the decision, in a completely sober state and optimal mental equilibrium, to deprive himself of his own life, assuming that in the given situation this would be the most favourable solution of the problems confronted — in the name of elevated and noble ideals and aims, in the course of revolutions for the liberation of humanity, in self-sacrifice for the closest friends and relatives or during execution of his own duties etc

An essential importance for the resistance and adaptive ability of the nervous system is attributed to its tone. The latter is determined to a high degree by the subcortical structures of the central nervous system, conveying to the ganglial cells of the great hemispheres the so-called non-specific afferentation, i. e. a powerful stream of impulses lacking gnostic content, but enhancing the energetic charge and working capacity of nerve cells. As far as the subcortical structures are related to man's emotional life (naturally, in interaction with the cortex of the cerebral hemispheres), a great significance in terms of psychic resistance is ascribed to the emotional adjustment (positive and negative), to the emotional state of man. The latter is one of the forms of subjective reflection of the objective reality, social one in particular. In this regard, unlike many authors, a distinction is made between self-confidence and spirits. While the former is determined by interoceptive afferentation, and consequently by the biological state of the organism, the mood is conditioned by the influence of society on the individual, by the social interaction between personality and social environment at the given moment, and usually, in the not too distant past. Mood is a higher degree emotional state, containing the photographic image of self-confidence; it is superimposed and in a position to suppress and transform self-confidence.

The stormy processes of economical progress, and the scientific and technological revolution in course on a world-wide scale, already mentioned in the beginning of the report, are directly relating to the emotional adjustment of man. It is a matter of processes accompanied by a radical change in the life patterns of great population masses, by a migration from the village towards the town, and emigration from economically underdeveloped towards industrialized countries. Many of the listed processes account for the occurrence of negative emotions. Breaking with the "patriarchal" mode of living, deprivation of the man — nature "contacts" (so badly needed for his mental equilibrium), confrontation of an unknown, ununderstandable and not infrequently hostile milieu in the conditions of the large town, create conditions for a lasting negative emotional adjustment. If in conditions of collective labour and primitive way of land cultivation the individuals perform the same work, creating conditions for an even rhythm, for instance the singing of a collective song, if man in the conditions described is in continuous contact with his fellow workers, feels them sufficiently close to share with them his most cherished thoughts and feelings, desires and strives, successes and failures, the situation would be radically altered under large-town conditions. It is by no means by chance that the large town is coined by a great number of people with the term "urban monster". The industrial city is a complex community, but it abolishes every comradeship, collectivity and the like, typical of the performance of the same acts by a collective. Here a strict differentiation of production is present, with conveyor work being its prototype. Man hasn't got time at all to think about anything, to exchange thoughts and feelings with the worker next to him since the conveyor is "merciless" and "cruel": it grants not even a second for rest. Such automation of the production, introduced in the leading capitalist countries as early as the thirties of the present century, was wonderfully described in its grotesque appearance in one of Charley Chaplin's films. Further automation and cybernetization of the production, although relieving man from the necessity to perform single-type motions which, according to I. P. Pavlov, are capable to create "ill points" in the cerebral cortex,

and thus impair the entire nerve system dynamics, practically fail to account for a substantial relief of the nervous system, since the control desk, converted in the most typical working place of modern production, similarly exerts unfavourable effect. Here, it is a matter of a distribution of the attention over a great number of indicators, placed on huge tables hardly lending themselves to coverage by the visual field of the worker. Moreover, such a distribution creates conditions for higher nervous activity collapse. In the working conditions referred to also any possibility for comradeship and sympathization is eliminated. Hence, we have to admit that the "patriarchal" mode of living created possibilities of a natural "psychocatharsis" as a prophylaxis against various mental affections, and as a treatment of already sustained psychogenic reactions, whereas under the new conditions man is being deprived of such a possibility.

The problem has additional aspects. In large town conditions everything is more complicated and more difficult: getting the necessary food-stuffs, everyday living services, going to and coming back from work etc. The numerous administrative formalities become much more complicated and bureaucratic. While in the small community all persons with which the individual gets in contact are acquaintances, and he is met everywhere as a good friend, and the exchange of some friendly word is not rare, actually, in the large town, everything implies loss of time, tension, and not infrequently troubles — conflicts and quarreling which injure human dignity. Cases are not rare where the attitude towards a human being may be hostile or antagonistic.

Urbanization, migration and emigration create numerous problems for people relating to job placement, accommodation, bringing up children and the like. The listed difficulties further augment during periods of economical crisis, disoccupation and inflation, such as actually experienced by the entire capitalist world, as well as in conditions of "urban crisis", nowadays sweeping all over the United States, and appearing also in some European countries. As a rule, emigrants come from less developed countries with a lower cultural level of the population, they are considered as "second quality" subjects, and are in a particularly unfavourable situation. They are offered the heaviest and least paid jobs, and are furthermore subjected to a variety of discriminations. A characteristic example in this respect is the film entitled "A Package of Swaddling Clothes" produced by the Austrian television, notwithstanding the fact that the producers have chosen a rather insignificant motive.

"Bombardment" of the nervous system with overinformation (parasitic information inclusive) against the background of negative emotional adjustments represents an exceptionally favourable terrain for the development of the so-called depression of exhaustion. Although by its mechanism of occurrence it is reduced to Pavlov's neurotic collapse, resulting from the overstrain of excitation processes, in essence by its manifestations, it is a matter of a true reactive melancholia condition.

The described melancholia is a typical example of a totally socially conditioned depressive state. Of course, social stimuli play the role, as already pointed out, of overpowerful stimuli according to their social implication, i. e. it is a matter of stimuli with a definite semantic content, addressed to the second signal system of man. The processes of suprathreshold retention occurring in definite interrelations with the other parts of the nervous sys-

tem lead to a positive induction of a number of subcortical structures (according to recent reports, mostly in the limbic system or the so called circle of Papez). Hence, irrespective of the fact that in the long run, a definite pathophysiological process underlies the morbid condition, the primary factor in this particular case is the social effect and the interactions between personality and social environment.

In this report, we are far from affirming that all depressive conditions occur through the mechanism outlined above. In the past two decades, in this country and in other, more developed countries economicalwise, a "milder", rather "functional" course of the psychosis is observed, schizophrenia inclusive. While in the past, the depressive syndrome was considered as alien to the structure of schizophrenic psychosis, today we would hardly be wrong to make the statement that depressive experiences of varying degree are observed in the different stages of the morbid course. In part of the cases it is a matter of reactive depression: the improved methods of treatment and more favourable remissions enable the patient to become aware of the character, severity, and occasionally, poor prognosis of his disease with ensuing psychogenic melancholia. Very often, however, the depressive syndrome is an initial manifestation of schizophrenic psychosis (V. Ivanov — 1967, 1976). At the same time, heavier, "deeper organically" conditioned catatonic symptoms are observed very rarely. This, in our opinion, could be explained by the improved biological resistance of the human organism to a number of noxae (from the same point of view it is possible to consider the disappearance of a number of infectious diseases, the much slighter course of tuberculosis, syphilis etc); it renders the schizophrenic patient more adequate to the given situation, and his response — closer to that of the normal human being. In fact, nowadays, the characteristic schizophrenic alienation is very seldom noted in the beginning of the disease — it has become the privilege of the terminal stages of the disease. Along with that, the schizophreniac becomes more susceptible to "rather human" morbid manifestations, such as depression (unknown in animals), and less susceptible to rather "atavistic" ones, e. g. catatonic manifestations which are reproducible in a number of animals. In our case material comprising 65 suicides and 98 attempted suicides in 85 patients, it was established that schizophrenia ranks first by incidence of the depressive syndrome with suicide impulses (45 patients).

The extensive use of neuroleptic drugs, many of which exert a depressive action, is placed on the third place among the causes of the ever increasing incidence of depressive affections. In fact, the heading can be broadened so that we could classify all pharmacological and chemical effects on man, and their sequelae as well, in a single group. Reference is made, first and foremost to the mass widespreading of drug addiction (alcoholism as well, in the broad sense of the word), more particularly in the capitalist world. Recently, in the pertinent literature special attention is focused on the fact that alcoholic and drug addictive depressions, and the suicides ensuing show a steadily increasing incidence. Thus in Great Britain, J. Merry (1976) recorded 71 cases of alcoholic depressions with suicidal tendency over a period of one year. In the latter case too, a peculiar interlacing of biological and social elements is noted. The depressive syndrome is by no means inherent of the structure of alcoholic or other drug addiction degradations, nor of psychoses produced by the respective narcotics. Therefore it should be admitted that melancholia is a reaction of

the "healthy part"¹ of the patient's personality, of the extremely unfavourable social situation in which he falls as the result of his own drug addiction.

The social factors and the effects of the social environment do not cease to act on his psychics and psychotic state, "endogenous" and organically conditioned psychoses inclusive. Although in the latter case their etiopathogenetic role is insignificant, they do exert their so-called pathoplastic effect, definitely influencing (although inadequately, in a more or less "perverse" way) the clinical picture and course of the disease. In some instances they are essential for the outcome of the disease and for the patient's life. For example, in case of "endogenic" depression, the attitude of friends and relatives, even a single word by them might put into action the maturing decision for suicide, or conversely, to obviate it.

Here we have no intention to discuss the issue of the eventual widespreading of the so-called masked, larvate, concealed etc. depressions, since actually, there is a dispute in the literature on whether or not it is a matter of a real increase in the incidence of this atypical form of depressions, or just it was unknown and never diagnosed to a sufficient degree in the past. At any rate, it has been proved that along with the increasing incidence of the depressive syndrome, the hypochondria syndromes and their combinations as well, are ever more frequently observed nowadays. A variety of causes may be considered in the explanation of the phenomenon. One of the factors could be the increased health culture of the population, and the improperly organized and misunderstood health education, very often resulting in iatrogenesis on behalf of the patients. Secondly, the assumption is warranted that psychosomatic implications against the background of the updated, high cultural level of persons, along with the provocation of purely organic psychosomatic conditions, such as hypertension, gastric and duodenal ulcer, numerous skin diseases etc, ever more frequently lead to functional visceral derangements. Of course, this is by no means new for the medicine. Yet Charcot coined hysteria with the term "the great malingerer" owing to the possibility it gives to "simulate" any somatic disturbances through psychogenic routes. The fact is that nowadays, they run a more benign "cultural" course on a "deeper" scientific ground, with more intellectual interpretations, and accordingly, depressive reactions to them.

Evidently, the widespreading of drug induced depressions- is to be attributed to the scientific and technological progress which brought about the synthesis of neuroleptic medicaments, to the enthusiasm of many physicians, in the Western countries in particular, and first and foremost in America, for their mass application at high doses, to the getting used to and to the "self-use" of many drugs by a great number of patients, and last but not least, to the higher incidence of mental diseases. If we accept that the so-called endo-

^{1/} It is obvious that whenever reference is made to the "healthy part" of the patient's personality, we by no means have in mind the simultaneous existence of the two halves of personality, similar to the two faces of the mythologic god Janus. The healthy and ill parts of personality are mutually interfering; here reference is made to the fact that either the patient is in a position to realize (thanks to the absent deep degradation of personality as yet) his own futurelessness, and accordingly react against it in a depressive fashion, or else, which is more frequent, that he is tormented by heavy, ever increasing abstinences, and because of unavailable resources (owing to impaired working capacity) and the need to continuously increase the dose of the narcotic drug, he is no longer in a position to provide it for himself and thus reaches to a dead-lock.

genous affections in general outline are maintained at the same level (theoretically, if really it is a matter of diseases related to a definite hereditary predisposition, they would be much less influenced by exogenous and social noxae and the practical experience shows that this is true), the conclusion should mandatorily follow that the rise of mental morbidity rate and morbidity virtually takes place at the expense of exogenous diseases, and primarily psychogenous diseases, which appear to be directly influenced by the ill effects of social environment.

Thus, in the long run, the inference is reached that both exogenous and endogenous depressions exist (which in fact is long since known in psychiatry), and also that a number of exogenous and endogenous factors, as well as their interactions and combination, play an essential role in their development. Here it should be clarified that the notion about exogenous and endogenous component should not be identified with the idea about social and biological factors. It is evident that exogenous factors may be both biological (penetration into the organism of infectious agents, toxic substances, the effect of various physical agents etc.) and social. Moreover, exogenous effects depend also on a number of additional factors, related to or refracted by the social component: equilibrium of the higher nervous activity, nutrition, protection against various climatic and other natural phenomena and the like. On the other hand, such unfavourable biological factors which are realized by the human being, might lead to an additional psychogenization, which in turn promotes the occurrence or deteriorates the course run by the respective somatic (organic) disease.

Naturally, the endogenous component is biological in itself, representing a congenital or hereditary terrain over which a given disease develops, whereas in philogenetic and occasionally in ontogenetic aspect as well, the endogenous component is nothing more than a transformation of endogenous factors, already "adopted" by the individual organism. More particularly in mental diseases, as stressed by I. P. Pavlov, in the great majority of cases if not in all, the role of inheritance might be reduced to the role of the type of higher nervous activity, which type depends not only on endogenous influences, but on exogenous ones also. Thus between the ideas about "genotype" and "phenotype" no unsurmountable barrier exists, and in many instances they are reciprocally penetrated. The weak type of higher nervous activity might be due not merely to inheritance factors, but also to detrimental social influences. On the other hand, we should never forget that (according to I. P. Pavlov) even in animals it is possible to observe the so-called masking of the type of higher nervous activity by virtue of the character (a trait much more pronounced in man, N. B.!). Thus the mere appearance of the dog Mampus, which had a great size, frightened the fellows of its own kind so that they simply ran away and left him their prey. This made the dog "proud", "presumptuous" and "insolent". But placing the same dog under conditions of an objective experimental setup, it was established that the animal possessed a weak type nervous system. And conversely, the dog Garsik grew up as a "stray" animal, and was chased and kicked around by everyone; it passed its life in hunger and cold, and worked out a passive-defensive attitude — it shrugged frightened and ran away on the mere sight of man or other living creatures. Placed under conditions of experimental development of conditioned reflexes, it displayed a strong type higher nervous activity. Hence, the inference is reached that the behaviour

and reactivity in individual cases are largely due to the dynamic stereotypes, worked out during life under the influence of the surrounding milieu. This may have an essential practical bearing on the occurrence of depressive reactions.

In our case material comprising a total of 150 suicides, after summarizing (predilectionally), 60 per cent may be estimated as exogenously (socially and psychogenically), and 40 per cent — as “endogenously” conditioned. However, it is a matter primarily of patients with heavy mental illness (contingent of the psychoneurological dispensary in Varna). According to data submitted by Y. Tzankov and T. Raykov, in a series of 231 individuals attempting suicide it was a matter of socially conditioned depressive reactions in all of them: unhappy love affair, disagreement with the parents, sex incompatibility between spouses etc. Similar social factors, not infrequently, play a role as the direct motive also in many of our patients, schizophrenic and cyclothymia cases inclusive: family misunderstandings, love affair delusions, death of beloved persons etc.

Therefore the depressive syndrome may be biologically and socially conditioned, while its substantial widespreading nowadays is due to social reasons. Because of that both prophylaxis against melancholia conditions and their heaviest complication — suicides — should be accomplished on social plane. In this respect the building up of an optimized society eliminating the exploitation of man by man has an essential practical bearing, since this very fact per se creates already a favourable psychological microclimate in the society as a whole, as well as a possibility to attain similar microclimates in individual, smaller (working and other) groups. The collective spirit of such a society, the concern of man's wellbeing, comradeship and mutual help are the best preventive measures against alienation, which has pervaded people in many countries worldwide, and annually causes the death of hundreds of thousands of persons.

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ДЕПРЕССИВНЫЕ СОСТОЯНИЯ, КАК МЕДИКО-СОЦИАЛЬНОЕ ЯВЛЕНИЕ

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РЕЗЮМЕ

В работе подчеркивается, что — хотя депрессивный синдром может быть обусловлен как социально, так и биологически — его широкое распространение в нашем времени является результатом социальных причин. По-

этому и профилактику меланхолических заболеваний и их самого тяжелого осложнения — самоубийства — следует искать в социальной плоскости. В этом отношении решающую роль играет создание оптимизирующего общества, которое ликвидирует эксплуатацию человека человеком, и этим самым фактом уже создает благоприятный психологический макроклимат в обществе, как целом, и возможность реализации таких микроклиматов и в отдельных более маленьких (трудовых и других) коллективах. Коллективистический дух в таком обществе, заботы о человеке, дружба и взаимопомощь являются лучшей превантивной мерой против алиенации.