

Work in Progress

Published monthly by Michele Crawford

Work in Progress is an electronic newsletter intended to assist individuals seeking optimum well-being.

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Feature Article: Part One: Questioning the Treatment of Anxiety and Depression with Drugs

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1) Note from Michele

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Dear Reader

Welcome to Part One of Questioning the Treatment of Anxiety and Depression with Drugs. Part Two will follow next month.

People that know me know that I have many questions and concerns about the efficacy of mood medications. So much of the research has been dominated by drug companies... this is good for drug sales but not necessarily good science.

For example, recent research has exposed antidepressant medications to be marginally, if at all, better than placebos and can lead to a

significant increase in suicide. And what about the disturbing side effects of mood medications?

Furthermore, exercise, EMDR, and cognitive behavioural therapy have considerably better results in the short- and long-term alleviation of anxiety and depression. Why? will be partially answered in this newsletter.

One of the most well-known premises is that anxiety and depression result from a chemical imbalance in the brain. The following article considers more recent evidence that contradicts this simplistic view.

In the next issue of my newsletter, I will outline the results of a panel of experts discussing the latest science in treating anxiety and depression. This presentation will be free and open to the public on May 25, 2006 at the Best Western Richmond Inn Hotel and Conference Centre, 7551 Westminster Hwy, Richmond BC at 7:00 to 9:30 PM.

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## 2) Part One: Questioning the Treatment of Anxiety and Depression with Drugs

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Currently, it is universally believed that a lack of the brain chemical serotonin is responsible for depression and a host of other mental and emotional problems. The idea that deficiencies of one or more brain chemicals causes depression was first proposed in a 1965 paper by Joseph Schildkraut, a former researcher at the National Institute of Mental Health. Many researchers have been stuck on that path ever since.

Generally having been influenced by powerful financial interests, people now accept the premise that the way to boost serotonin levels is by taking antidepressants like Prozac, Paxil, Zoloft, or Celexa. We have been deluged by advertisements saying, for instance, that Celexa "helps to restore the brain's chemical balance by increasing the supply of a chemical messenger in the brain called serotonin."

Now many individuals can even describe how selective serotonin reuptake inhibitors (SSRIs) work to keep more serotonin floating around in the brain, facilitating synaptic connections.

However, increasingly there is compelling brain and mood research that will turn everything we have been assuming about depression and

anxiety upside down. Recent studies have found just the opposite and have moved away from understanding depression through the paradigm of serotonin deficiency.

So, what do we replace this theory with?

I remember the university class, Psychology 101, (many years ago) where I was taught the adult human brain could not replace dying brain cells. (What a depressing thought!) That premise has been proven completely false with a radical shift in thinking that has emerged about the ability of the adult brain to grow new neurons.

First, in experiments with species ranging from rats to higher primates, it was discovered that it was possible for their brains to regenerate. This process is called neurogenesis – the growth of new neurons.

Then it was revealed that the adult human brain, under certain conditions, could also grow new brain cells and do it beautifully! I heard about this new direction in research at a conference in 2001. This is one of the primary reasons EMDR is so effective; by releasing frozen trauma from the brain, optimal conditions for neurogenesis exists.

It is important to understand why re-growth is so essential. Coupled with studies on both animals and human beings that reveal persistent stress slows the process of neuron growth, (and even in chronic situations, actually causes massive die-off), by triggering the release of stress hormones such as cortisol, a comprehensive picture begins to emerge.

It appears that people, who are exposed to severe stress, and thus chronically high levels of cortisol, may have reduced rates of neurogenesis. This could contribute to their developing depression or post-traumatic stress disorder. The concepts of unresolved trauma and stress created by irrational beliefs are once again discovered to actively trigger cortisol concentration, creating unhealthy mood patterns.

Therefore, the ability of our brain to regenerate new growth directly affects our capacity to self-soothe and feel happy. On the other hand, unresolved trauma and the inability to cope with stress create the hormones that damage brain function.

Simply expressed... life experiences influences brain chemistry; brain chemistry influences life experiences; and the two combined help regulate the growth and survival of neurons, which, in turn, influence both life and chemistry.

This new way of understanding means brain change, and therefore behaviour change, is not the exclusive domain of biochemistry. To be continued....

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3) About Michele  
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Michele Crawford is a therapist who assists individuals who are struggling with trauma, anxiety or depression. Her passion for her work remains embedded in being able to connect with you in your suffering, helping you find real solutions no matter how complex the issue may be.

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4) Counselling Services  
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Are you prepared to live with more happiness, optimism, confidence, self-worth and hope? If your answer is "yes," then your next step is to contact me for a free 20-minute phone consultation. We can then discuss how I might best help you resolve your problems of Trauma, Depression and Anxiety.

The benefits of counselling with Michele include: significantly reduced stress levels, an optimistic outlook in life, increased confidence and hope.

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