

Week 6 Answer to Question 1
Step 6.8 Ask Mark

Hello. Welcome to the last question and answer session, "Ask Mark" week 6. As always we have four questions, and here's the first one:

Question 1: can the mind or thoughts change or control the different components of the brain and how it functions? For example, can a person with depression alter that part of the brain associated with depressed state of mind by continually thinking happy thoughts or optimistic thoughts? Can the mind control or train how the brain operates or evolves in a person?

Despite appearances, there's actually a number of embedded levels to this question, so I'm going to address them in turn. Firstly, can the mind change the brain? This is a conceptual error, if you will. In my view, the mind is the brain - the mind is the brain observed from within, the being of the brain, the experiencing from the inside, the subjective appearance, the subjective perception, the subjective being of the brain is what we call the mind. Looking at the same thing from the outside, the objective perception of the mind as an object, the mind as a thing, that is to say, you looked at from the outside, you're a body, and in particular, you're a brain, because that's the part of your body that feels like something from within. So when you ask can the mind change the brain it's a - it's a question that's posed in the wrong way, because when the mind changes, the brain changes; when the brain changes, the mind changes.

So to zoom in onto your question about can a depressed mind - which is a depressed brain - can it, by becoming a happy mind, become a happy brain? And the answer is yes - that's something fundamental has changed, which is going to be the same thing as feeling different, same thing is the neurotransmitters being different. So low dopamine feels unmotivated, unpositive, unenergized, that is to say, depressed. Feeling depressed means low dopamine. Can you increase the dopamine by not feeling depressed - yes, by increasing the dopamine you won't feel depressed, by not feeling depressed you'll increase the dopamine. Do you see what I mean? They really are just two different ways of saying the same thing. That's why I say there's actually an embedded series of questions here, because I think what you're actually asking is can optimistic thoughts change negative feelings? That's not a mind changing a brain, that is one aspect of the mind - the thinking part - controlling another aspect of the mind, which is the feeling, the

affective part. Those two parts of the mind coincide with two parts of the brain - it's the same thing. So another way of stating your question is can cognitions - the corticothylamic, representational part of the brain - change the upper brain stem, affective arousal part of the brain? And the answer is yes, indeed it can. In fact, the whole function of thoughts is to manage affects, that is to say the whole business of thinking, mental work, is how do I manage my feelings which represent my needs? How do I meet my needs in the world, is another way of saying how does cognition regulate affect, how do thoughts regulate feelings?

So that leads to a further embedded question - it's not only can thinking change feeling, it's how does thinking change feeling? And I'm afraid at that point the question leads to a slightly more depressing - if you'll excuse the pun - answer, which is that it's not that easy to change depressed feeling. It's not easy to have thoughts that will take away depression. In fact, if you ask anybody who's experienced depression - and there are a great many people have experienced depression, because it's quite ubiquitous, it's quite a common state - they'll tell you that when they're feeling depressed, they can't think positive thoughts. It's very hard to think positive thoughts when you're depressed. You don't want to think positive thoughts when you're depressed. Why not? Because you're depressed! So, you know, there are therapies which try to encourage people to change their moods by having better thoughts - cognitive behavioral therapy is the best known example of that kind. So if you use the correct techniques, you can make progress, but it's not easy. It's really quite difficult, because the affects come first. The effects are much more powerful than the thoughts. It's really very hard. The best way - and this is the optimistic solution, the optimistic answer - the best way to manage your feelings with thoughts, is to really meet your needs in the world. You know, you can't kid yourself that you're meeting your needs for very long. Eventually the needs will out. The needs will win - they're stronger. Needs can't be tricked into fulfillment. They ultimately have to actually be fulfilled. So the best forms of psychotherapy are the psychotherapies which don't teach you how to have different thoughts, but rather how to do things differently in the world, so that you really do meet the needs that are being announced by the depressed, or anxious - or whatever the case may be - the feelings that trouble you.

This gives me an opportunity to say one other thing, which is that there's not only psychotherapies for depression, there are also drug therapies for depression. And drug therapies act on the feelings, they don't act on the thoughts. They damp down the feelings, and this is what most patients want. They say "please take away this feeling", and the psychiatrist obliges, and gives a drug which takes away the feeling. But in my view, that's a symptomatic treatment, it's not a causal treatment, because what you've actually done is taken away the feeling which tells you that you have a need that's not being met. Taking away the feeling doesn't take away the need in that case, it's an artificial taking away of the feeling. The feeling really should still be there, telling you that there's a need that you haven't met. Now, when we are suffering, we need to take away symptoms - symptoms can be unbearable. So I'm not saying that there shouldn't be

symptomatic treatments - thank heavens for symptomatic treatments. But they don't fix the underlying problem, they are symptomatic treatments. And they open a window, they make you able to do the psychotherapy that's needed to actually change how you're living your life. That's the really causal cure. And that's why, in most studies of the efficacy of antidepressant drugs, we find that antidepressant a drugs plus psychotherapy has much better outcomes than the drugs themselves.

One last footnote to this question - I'm talking about depression because that's the example that the questioner uses, but depression is not the same as any old affect. Depression is a whole constellation. It's a sort of a fixed state - it's an outcome of a whole lived life. There are fleeting affects, which are not so structured, which you can easily change with thoughts. And if you think back to two weeks ago, when I gave the example of the laughing clubs and how you can - just by making the movements of laughter - you can bring about the feeling of happiness. That applies to a great many affects. But those are fleeting, trivial little affective states - they're not structured personality organizations. Ok, so that's my answer to question one.



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