Mind the Person: Should depression be treated as a brain illness or a person disorder, and what difference would it make?

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Arguments about whether mental illness has a physical basis or not, and the form that physical basis might take, have been running for millennia. Some (e.g. Guze, 1992) take the view that mental disorders are broadly reducible to brain disorders. Others (like Ghaemi, 2003) support a more pluralist line including psychosocial elements and explanation at different levels.

In this paper I take inspiration from Ludwig Wittgenstein [3]and Rom Harré [4] to explore the idea that brain illness should be treated as just that – illness of the brain – and not confused with mental illness, which should be taken as an illness of the person and their world, rather than one of their organs. This novel clarity opens up thinking towards effective treatments in both domains.

Taking Rom Harré's [5], [6] task/tool metaphor as a starting point, I explore the distinctions between brain disease and person disorder illness. These will turn out to be quite fundamental, yet potentially easy to confuse. From a neuroscience perspective, the brain is a hugely complex bundle of chemistry, biology and electricity which sometime malfunctions or sustains damage. From the personal/social perspective, the brain is a tool which is used by the person concerned in pursuit of their lives and projects.

The tool metaphor has recently been debated by Harré (2012) and Gaeta and Cornejo (2014). Both parties seem to be talking at cross purposes. Neuro-enthusiasts don't like the idea of a person as an active agent in their own lives and so say this is 'bad science'. A response to this is that it even worse science to try to pretend that the key to social phenomena such as tennis is to be found in the brain, rather than as a set of social interactions and conventions performed and even enjoyed by people.

There is a key distinction here. If depression is a brain illness, then it should be treated as such. Routes to this treatment might include drugs and surgery. If there are no clear lesions or malfunctions to the brain (and with depression, there appear to be no signature or essential lesions, according to the US National Institute of Mental Health [9]), then this is a clear guide to construe it as a condition of the person. A person is / may be mentally ill, but a brain cannot be – to think otherwise is to fall into the trap of the meriological fallacy [10]. The grammar of the two views is quite distinct – event causality for brains and agent causality for people [11].

I propose that we should reserve the title of 'mental' illness for disorders of the person and their interactions with the world, as opposed to illnesses of one of their organs. The clearer categorisation would allow more focused uses of relevant treatments in both brain disease and mental illness. Of course brains should be investigated – but applying brain drugs to a person (as opposed to a brain) who is ill is to approach things from the wrong end. Indeed, even psychiatrists refer to the 'chemical cosh' whereby drugs can sedate a difficult ill person – but not really deal with healing them.

If a person (as opposed to a brain) is ill, what are the appropriate routes for treatment? Social processes like talking therapies automatically engage the whole person and their frames of reference. In particular therapies such as Solution Focused Brief Therapy [12], [13] and narrative/discursive therapies [14] which focus not on intra-psychic archaeology but on real-life engagement with the world, would be good candidates.

One difficulty with arriving at a clear categorisation is that brain illnesses can affect and incommode the person involved. So, looking from outside, the differences may not be clear. For example, how to think about Alzheimer's Disease? These seem to be clearly brain disorders, but the person whose brain is ill suffers in many ways. One good way to look at this is that 'Alzheimer's Disease (AD) is not a mental illness, but it can cause symptoms related to mental health' (Alzheimer's Association: http://alz.org/alzheimers_disease_what_is_alzheimers.asp).

This is not to say that Alzheimer's suffers should only receive help with their brains – far from it. The potential for confusion is however sizable. It may therefore be easier initially to draw a different line – at disorders which are best TREATED as a brain disease or a mental/person illness. Drug treatments TREAT the brain and body. Talking therapies TREAT the person and their interaction/operation in the world. In terms of a nosology, this seems like a good place to start.

Of course, a person with a brain illness can be helped to cope and operate better in the world using social means too.

As we gain more abilities to research brains and their function, this should be paralleled by getting a closer focus on how brain interventions can help, and when they don't help much. Alongside this, more focus on person-level interventions which focus on interaction in the world would be the ideal partner research.

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