

Overview of Depression with the Help of the 7x4-Field

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ABSTRACT

This presentation describes the adaptability of the 7x4-field - first introduced in 1984 for preventive mental health work - for the treatment of depression. Especially the many theories of different scientific schools are suitable to this field. Therefore this is bridgebuilding. The first group of categories in this 7x4-field are the following influential matters: 1) Loneliness, 2) Models, 3) Stresses of challenges 4) Punishments/disappointments, 5) Losses, 6) Avoidances/copings and 7) Changes in lifesituation. The second group of categories are the following cornerstones of mental health: A) Human relations, B) Bodily functions/Exercise, C) Rational action and D) Irrational action in view of life. The above categories can be crosstabulated to form 28 cells, or they can be used as separate groups. At the outset it is expounded how the depression-theory formation of A. Beck congrues with the concept of the 7x4-field. Subsequently a more detailed presentation shows how the essential nature of depression can be elucidated with the help of the field in question. Following headings are included: Dealing with the essence of depression, Depression and selfdestructiveness, Threshold to seeking help and Remaining in treatment in the treatment of depression, The contents of depression therapy and Monitoring depression. Many kinds of scientific analyses of results are incorporated including some information of therapy sessions not within the purview of the 7x4-field. All this brings out the fact, that 7x4-field is widely suited for the schema of depression problematics.

Keywords: Depression, analyzing of agony, taxonomy, 7x4-field.

INTRODUCTION

The premises of treating depression are classified under several headings, discovered through scientific research and the practice of therapy. We can divide them as follows:

Starting point focused on human relations

For example, the heading "Imbalance in roles and similar subsystems" refers to experiences of being a patient and a nurse, or even to social classes. Starting point focused on human relations is also a "Gap between self-image and received ego-ideal", which manifests itself when we examine the connection between envy and depression.

Starting point focused on bodily functions, physical activity and exercise

"Malfunction in biological regulatory systems" is a suitable heading for starting points where the main focus is, for example, medical treatment. "Manifestation of unmet life-needs", which can be encountered, for example, in depression related to childbirth and breastfeeding, also refers to the biological starting point.

Starting point focused on the immediate practicalities of life, learning, and contemplation.

"Learned helplessness" refers to pedagogy, and it is the starting point in many depression studies. "Adverse organisation/distinction of relations of significance" or "appearance of certain depression charts and their connections" are the basis of many studies in psychotherapy, and they are also the basis of reception work. Furthermore, "Depression as a social phenomenon, relating to economics and sociology" is a broad area of inquiry in which depression is considered an unavoidable reaction to poor circumstances.

Starting point focused on worldview and emotions

"Lack of enthusiasm for life and/or diminished faith in life" is a traditional basis for handling depression. "Despondency and feelings of inadequacy that are unrelated to lack of will" is a more recent avenue of investigation. "Self-directed hate" is a significant starting point in investigations into depression and aggression. "The severity of the parent in each ego targeted at the weakness of the child in each ego" is a significant convention in investigations into problems of worldview and personality. Approaches centered on worldview consider depression to also be a "negative state of being in life's debts, missed shots, collapses, failures, breaches of rules as well as times of adhering to the rules".

Specifications and causal relations

Given the above, what is enthusiasm for life, faith in life, or the adverse organisation of relations of significance? Which school of thought in depression research is to be supported? What moves the hand that, for some reason, pulls the duvet up in the morning: disease, depression, brain processes, or personality? When is depression an illness? These are examples of difficult questions that need to be tackled when we seek consensus among different approaches and try to draw a holistic view of depression. These activities can be aided by the 7x4 field. It was initially introduced in the journal *Psykologia* in the 1980's (Heiska 1984).

METHOD

The field in question in this presentation is a method or a tool, which is used to define and illustrate the causes of mental disturbances, illnesses, abnormalities, and lack of well-being as well as people's distress more broadly. It enables a broader view of processes of distress than is achieved by certain still shots.

The seven groups of categories in the field (FACTORS) are 1) types of lonelineses, 2) models, 3) stresses and challenges, 4) punishments/disappointments, 5) losses, 6) avoidances/copings and 7) changes in life situations. These also *increase or decrease* depression, which is manifested in four areas (CORNERSTONES OF MENTAL HEALTH): A) human relations B) bodily functions, physical activity and exercise, C) rational activity and D) irrational activity. The fields in the method are logical entities verified by factor analysis, and their classifier reliability has received high readings in different practical situations (Heiska 1990). Its theoretical basis and development form their own body of ideas. It has been discussed in cognitive psychotherapy conferences in Corfu (Heiska 1994) and Prague (Heiska 2003), the Cornerstones of Mental Health congress in Lahti (Heiska 1997), a psychology congress in Turku (Heiska 2004), in three events for health nurses, most recently in Tampere in 2011 (Suomen Terveystieteiden Seura 2011), as well as in a congress on sustainable development and culture and pedagogy in Savonlinna in 2012 (Gröhn & Härkönen 2012). There are also plenty of examples of practical applications (Heiska 1998, 2002, 2010, 2012, 2013). An extensive 7x4 research file on the central issues is available, for example at www.esavo.psyli.fi/sisallys.html. In addition, a comprehensive report in English is available at www.juhaniheiska.com. These files contain

hundreds of research results on the causes of mental distress, mental disturbances and abnormal behaviour, classified into groups according to the 7x4 field.

RESULTS

In attempting to try to understand the essence of depression, depression and self-destructiveness, the threshold for seeking treatment for depression and staying in treatment, and the contents of depression therapy and the individual monitoring of depression, it is essential that we form different heading lists. The accompanying chapters contain examples of their definitions with the help of the 7x4 field. They also describe other results that can be achieved through this method. Stars in parenthesis (*) always refer to parts and definitions of the 7x4 field.

DEALING WITH THE ESSENCE OF DEPRESSION

Important thesis, the depression process can begin already from childhood experiences, claims Aaron Beck. He defined depression in the following main points (Beck 1971): Loneliness in the form of absent parents, for example, surely has an effect. Disappointments as well as other punitive experiences in human relations are part of the depression process. There is much empirical evidence about the effects of experiencing guilt in depression. Losses in human relations are almost self-evidently events that cause depression. These are contained in squares marked with stars in the attached 7x4 field (figure 1):

Table 1 Cornerstones of Mental Health

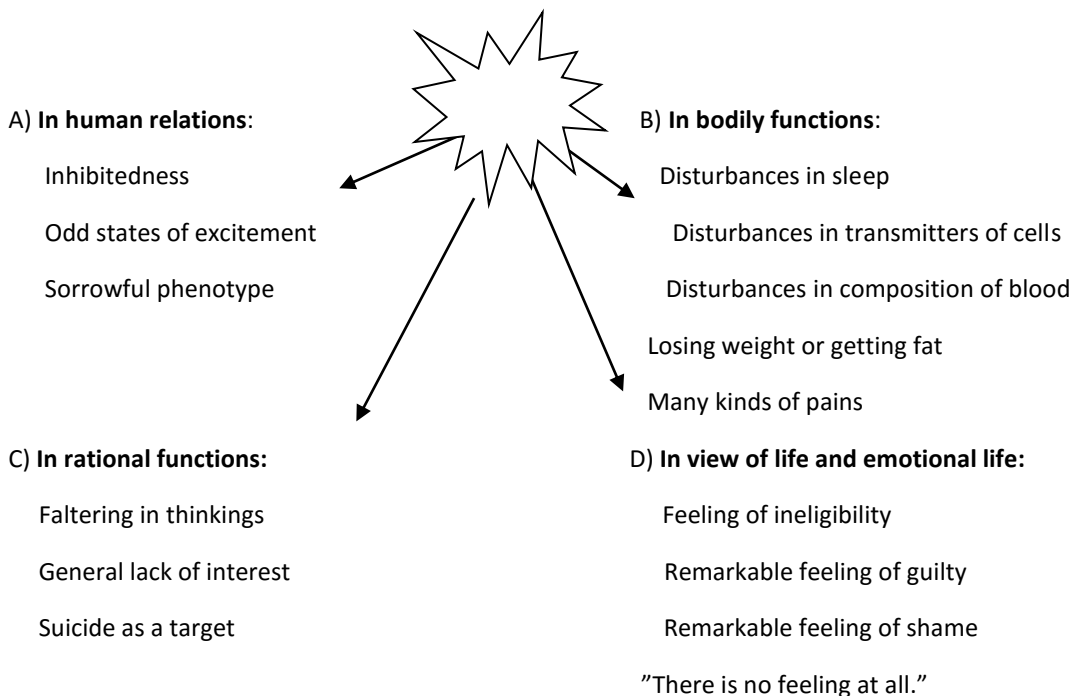
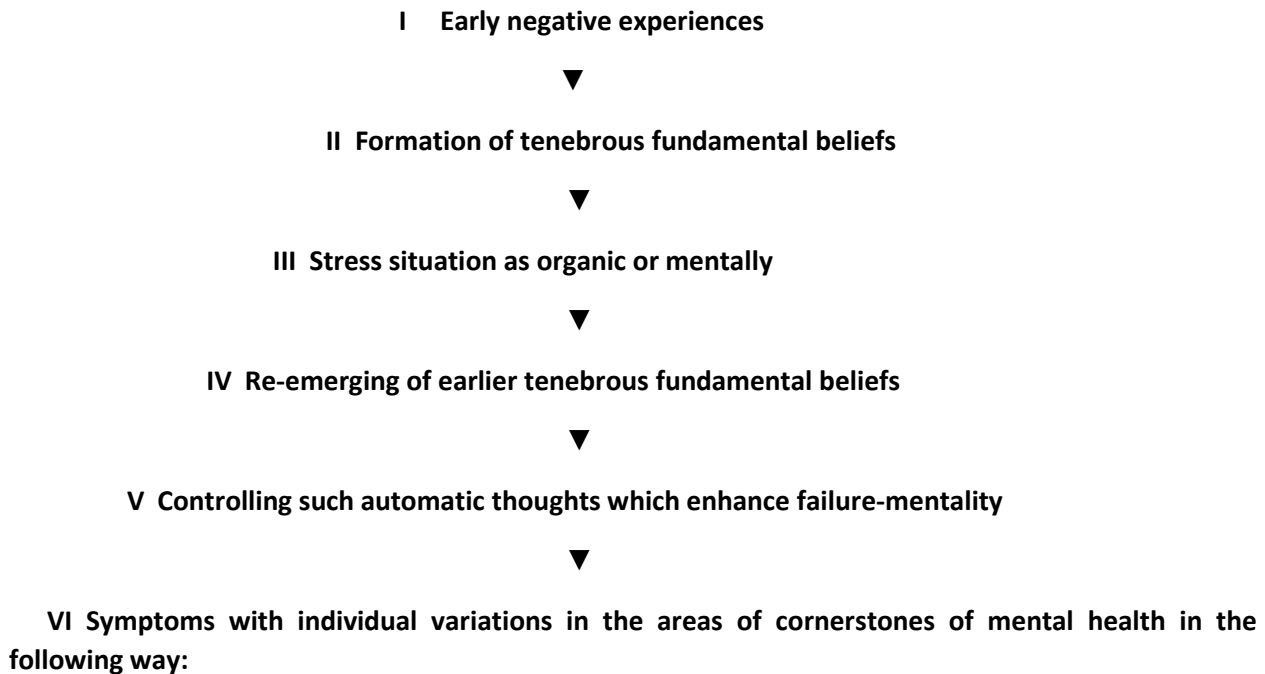
Effectors:	A Human relations	B Bodily functions	C Rational functions	D View of Life
1) Lonelinesses	*			
2) Models				
3) Stresses				
4) Punishments, etc	*			*
5) Losses	*			
6) Avoidances				
7) Changes				

Beck's classification can be developed more broadly with the 7x4 field. Beck himself extended the bases of depression toward stresses (Beck 1982). For instance, light therapy in

treating depression is also related to bodily functions, their stresses and changes, or the improvement of a poor economic situation is related to rational stress. In addition, many artists illustrate and have illustrated experiential aspects of life that can be found in the 7x4 fields. For example, a depressed young person sighing "Run on, my horse, the sky is getting dark" ("juokse sinä humma, kun tuo taivas on niin tumma") in this well-known Finnish song speaks about a negative loneliness connected to being mobile (*) or the description of a serious conflict of emotions, "Moments of joy are only borrowed time" ("on lainaa ilon sekunnitkin"), presented in a well-known musical speaks about irrational stress (* problems of self-value) The poet Kahil Gibran in his poem "Seven times have I despised my soul" speaks in his own way about the factors in the 7x4 field. In addition, works of many visual artists can be understood to be examples of squares on the 7x4 field (Heiska 1998). For instance, the works of famous Finnish painter Albert Edelfelt

and famous Swedish painter Carl Larsson contain examples of each square. Therefore, we can establish a link to art therapy used in the treatment of depression.

The stages of the depression process are connected to learning from examples (*human relations models) or other models for action (* worldview models) and through stress situations (*) can be placed in the 7x4 field in the following way (figure 2):



For instance, early negative experiences in school create a negative model (*), "I am no good". This bleak basic belief will then surface and gain strength through difficulties in finding employment. In this way, automatic thoughts are formed in stress situations in working life, and before long, the symptoms tell us we

are reaching the cornerstone areas (* the four areas in question). The catalogue of symptoms in the picture is a summary of many studies on symptoms.

A follow-up study of female twins conducted in the state of Virginia also tells us about the stages. In it, the process of depression was organised under conclusions reached through correlation multipliers into tables (Kendler et al. 2002) using an 18-square field. Its 13 frames can be included in the following squares of the 7x4 field relatively well (figure 3):

Table 3 Cornerstones of Mental Health

Effectors:	A Human relations	B Bodily functions	C Rational functions	D View of Life
1) Lonelinesses	*		*	
2) Models	*		*	*
3) Stresses	*	*	*	*
4) Punishments etc.	*			
5) Losses	*			
6) Avoidances				
7) Changes	*		*	

The last five are neuroticism, low self-esteem, proneness to anxiety, disturbing behaviour, and the abuse of controlled substances.

Here we find the area of observation of the causal factors behind depression, **other disturbances or illnesses**, which will of course have their own fields of causes. For example, the development of low self-esteem can be identified under relevant stages in the 7x4 field. Or alternatively: Under possibilities of avoidance, the grid has no stars, but the abuse of controlled substances is known to be an illness and/or avoidance reaction (*). A group of Finnish researchers confirms this (Torikka et al. 2001) through material from 14-16 year-olds, which supports the claim that the use of alcohol increases depression, but that depression does not increase the use of alcohol. For instance, diabetes as a loss of bodily functions (*) is closely connected to depression (Erikson 2001).

When we ask **whether or not depression is generally an illness**, a subdivision of bipolar mental illness, an inevitable stage in recovery from psychosis, deep exhaustion, laziness, a part of the opposite of happiness, a part of the vicious circle of anxiety and depression, or, for example, a significant post-childbirth condition, the 7x4 field allows us to define the essence of depression in the following manner: A) K. Fulford's view is important both socially (*) and sociologically: When is grief following the loss of a loved one defined as an illness (Fulford 1989). B) The somatic (*) view is important in the clinical definition of depression as an illness and also, for instance, in examining the interaction between smoking and depression. C) Health care funding (*) and single-visit billing greatly depend on the clinical definition of depression. D) In ethical conclusions (*) related to depression (Lewinsohn et al.1980), we encounter the following research result: When test subjects themselves and external observers both assess social competency, those experiencing depression and those living in that realm of perception self-assess, on average, more accurately than non-depressives (Lewinsohn et al. 1980). Thus, we have to face worldview-related and irrational stress (*). It is difficult to work with an accurate ethical sense of reality, which turns out to be bad or poor.

Self-healing (*), placebo treatments (*), and the side effects of treatments (*) are also part of the processing of the essence of depression. For example, already in the 1980s, research on depression produced the following results: antidepressants always have some stressful side effects (* negative impact on blood consistency, general fitness etc.), and studies even showed equally good treatment results with the use of side effect producing placebos as with actual antidepressants (Thomson 1982).

In addition to all of the above, the essence of depression also includes **an evolutionary point of view** (changes) (*): depression as a phenomenon with which materials inadequate for development are filtered out. The following observation from zoos is somehow significant here: Packs of wolves have patterns (*) where those with impaired legs are swiftly destroyed. When zookeepers isolate a wolf with a leg injury into a separate cage for healing, very often such a wolf will somehow slip back into its former pack. It therefore cuts off the branch from under itself - similarly to depressed people.

DEPRESSION AND SELF-DESTRUCTIVENESS

According to different estimates, 30-40% of self-destructive people are not depressed, and in treatment practices, suicide is often discovered when depression has partly receded. Suicidal thoughts can emerge during treatment, and defining suicide is tricky as a person can take their life in order to save someone else, or have an accident that appears to be a suicide. Furthermore, suicide attacks are often the result of brainwashing, and therefore not actual suicides. Also, the claim that euthanasia is not suicide is denied by many. In this sense, the definitions should include the following thought structures (Litman 1961): 1) I wish to atone or sacrifice according to a certain worldview. 2) I wish to seek revenge or punishment even beyond the grave. 3) I wish to rejoin my lost beloved. 4) I wish to escape/sleep because I have no more strength. 5) I wish to be born again, begin a new life, or something related. These can be placed in the following squares (figure 4):

Table 4 Cornerstones of Mental Health

Effectors:	A Human relations	B Bodily functions	C Rational functions	D View of Life
1) Lonelinesses				
2) Models				1*
3) Stresses				
4) Punishments etc.				2*
5) Losses				3*
6) Avoidances				4*
7) Changes				5*

The equivalents in the 7x4 field's verification list are thus 1) Models for handling feelings of guilt, 2) Situations of unforgiveness, 3) Loss of identity, 4) Opportunities to avoid thinking about life's so-called big questions and 5) Emergence of new ideologies in the life field. These thought structures naturally include individual specifications. For example, regarding worldview-related avoidances, we can make the following clarification: The sufferer emphasises to those close to them their life-affirming faith in God, but fundamentally thinks the following: "I am a terrible burden that I ought to remove by killing myself, which is a way to receive God's grace".

What follows are phrases from those who went through with their suicide, spoken in significant situations and gathered from recollections of those close to them (Mikkelin läänin työryhmä 1988). The phrases give an even more accurate picture of the organisation of the thought structures of self-destructive people:

1) Loneliness (*) related to the following: "Father, take me away". "I am a rock in the open sea". "I have no place in the business world, or in the city". "Because I feel that even God is not helping".

2) Distorted models of thought (*) are the following: "If the sauna (the steam bath that is a culturally and spiritually significant place for Finns), booze and women do not help, then the disease is fatal". "I have my own solutions" (in seeking treatment). "Until I do not see you again" (phrase repeated while leaving the rehabilitation clinic). "What if something happens to me" (after receiving prescriptions and assurances that

there is nothing bad happening in the body). "I will no longer be torn apart in operations, I wish to die as a whole". He used obscure allusions, to which no clarifications or explanations were received.

3) Exclamations belonging to states of excessive stress (*) are "I can't take it any more" and "I don't want to live, as I have so many faults".

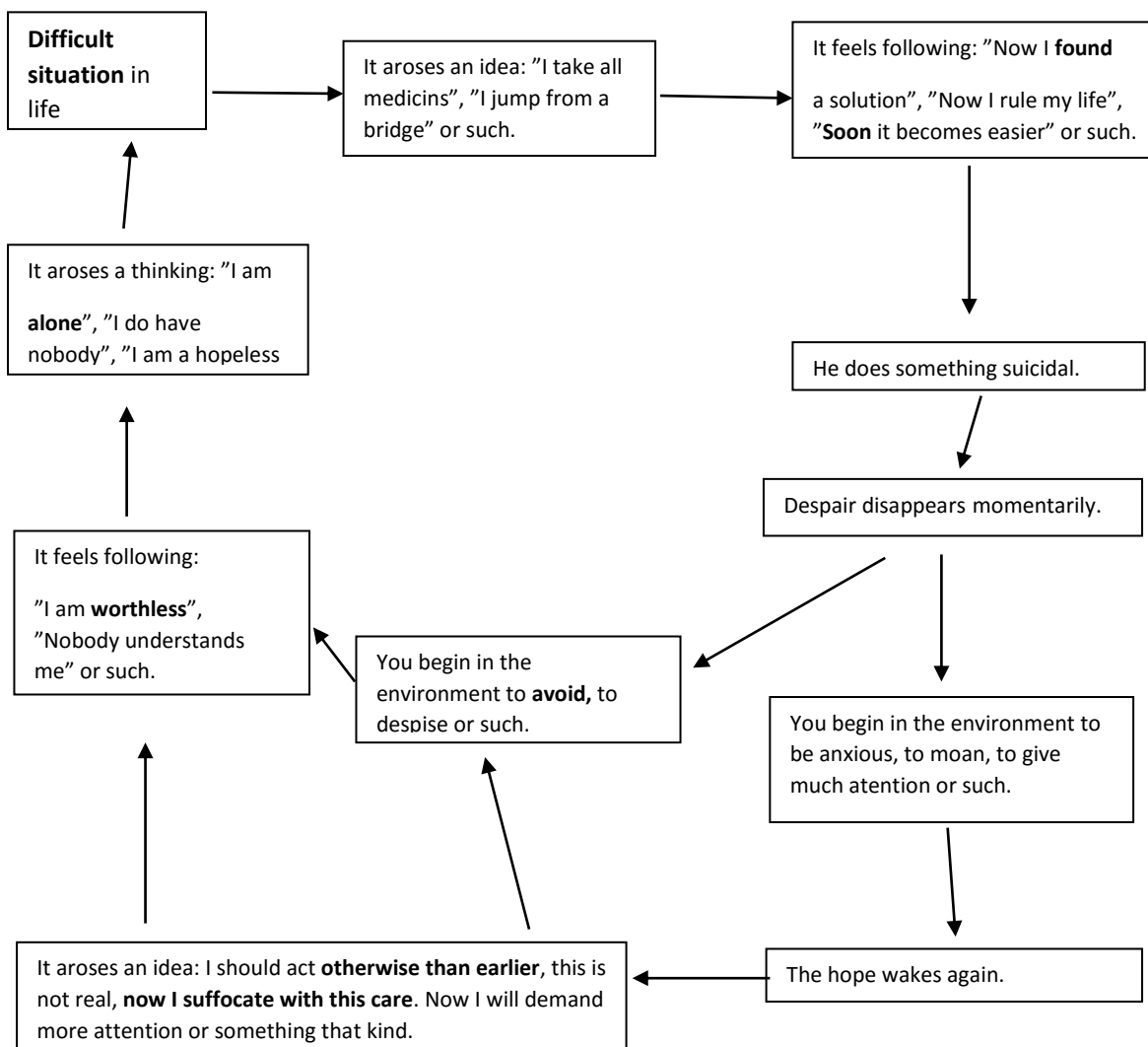
4) Experiences of punishment/disappointment (*) involve the following: "I am so ugly and skinny" (viewing oneself in front of the mirror). "Shut your mouth. I will shoot".

5) The following relate to loss (*): "Now the ridge of our home's roof has cracked". "I had the strength to live for mom's sake". "Dad, why did you leave me!"

6) Defensiveness (* main class avoidances) is reflected in the following: "I have completed my tasks in this world". "I will not attend that court". "You can take from there" (referring to a bank statement). "It won't be needed much longer" (about a purchased book of hymns).

7) Related to change (*) "I want to be with Dad" and "take good care of S".

Also, this chart of the vicious circles of self-destruction (Meretoja & Laakso 2002) contains parts of the 7x4 field. They are indicated in capital letters in the following figure (figure 5):



This vicious circle process begins at the point of a difficult situation (*), continues to the point "despair disappears momentarily", and then continues along three different paths.

**THRESHOLD TO SEEKING HELP AND REMAINING IN TREATMENT IN THE TREATMENT OF
DEPRESSION**