

Asian Journal of Pharmacy, Nursing and Medical Sciences (ISSN: 2321 – 3639)

Vol 3, No 3 (2015)

August 2015

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A SOCIOLOGICAL APPROACH AND THE 7X4-FIELD ARE NEEDED IN DEALING WITH DEPRESSION

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Abstract

There are many arguments for the need of an overall picture in the treatment of depression. For example, various theories and practices encompass various lists of concepts which are then problematized, compared and classified – and thus an overview is required. This article is a continuation of the article "Overview of Depression with the Help of the 7x4-Field", in which the 7x4-field, therapy and psychology form a whole. Sociology of education and the 7x4-field also form an important combination in the treatment of depression.

The 7x4-field is a tool for analysing and describing reasons for mental disorders, illnesses, abnormalities and malaise, as well as human distress in general. It has been developed on the basis of practical mental health work and numerous interviews as well as by using a factor analysis, for example. It is also suitable for dealing with various processes of distress and mental wellbeing. It provides a broader view of these processes than can be achieved with certain kinds of still images.

The first group of categories in this 7x4-field comprises the following factors: 1) Loneliness, 2) Models, 3) Stresses and challenges, 4) Punishments/disappointments, 5) Losses, 6) Avoidance/coping, and 7) Changes in life situation. These are then related to the following four cornerstones of mental health: A) Human relations, B) Bodily functions/exercise, C) Rational action, and D) Irrational action based on one's view of life. The above categories can be cross-tabulated to form 28 cells or separate groups. The suitability of this field in the treatment of depression is examined in this article. To begin with, how the many theories of various schools of thought can be elucidated by means of the 7x4-field is presented. The following topics are discussed: dealing with the essence of depression; other disorders or illnesses involved in depression; whether depression is an actual illness; depression and self-destructiveness; self-healing; placebo treatments and their side effects; the threshold for seeking help for depression and remaining in treatment; and monitoring of the depression. The 7x4-field is made use of here in a similar manner to the periodic table of the elements, which has provided a central tool in chemistry.

It is concluded that the 7x4-field is widely applicable for the analysis of depression also as a cultural and social phenomenon. In addition, it can be used in preventive treatment of depression. In preventive mental health care today, the focus is on increasing early treatment whereas actions to tackle the causes are almost non-existent.

Keywords: Dealing with depression, 7x4-field, taxonomy

1. INTRODUCTION

In dealing with depressions you meet via the observation of scientific examinations and practical working in therapy a starting point *depression as a social phenomenon, relating to economics and sociology*. Within it, there are then wide sectors, in which depression is considered *an unavoidable reaction to poor circumstances and treatment possibilities*. To educational sociology, refers for example *learned helplessness*. *Adverse organisation/distinction of relations of significance or the appearance of certain depression charts and their connections* are the basis of many studies in psychotherapy, which also refers to sociology.

When one looks at depression as *a imbalance in roles and similar subsystems*, it refers for example, to experiences of being a patient and a care producer, or even to social classes. A 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.

If you look at depression as *malfunction in biological regulatory systems*, you function, for example, within the pharmaceutical industry. *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, which however has connections to suclingculture and other sociological shades.

On the point of view of life, depression comes from, for example, *a negative state in crimes, of being in life's debts, missed shots, collapses, failures and breaches of rules as well as times of adhering to the rules*, which are also treated in educational, even in theological studies. *Lack of enthusiasm for life and/or diminished faith in life* is a very old starting point in handling of depression. *Despondency and feelings of inadequacy that are unrelated to a lack of will* is

a more modern way of examination. *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.

What is then the most productive of the many starting points? Which school of thought in depression research is to be supported? What is enthusiasm for life, faith in life, or the adverse organisation of relations of significance? 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. Also by force to this complexity it comes with the outlining function. This activity can be aided by the 7x4 field. It was initially introduced in the journal *Psykologia* (Psychology) during the 1980's (Heiska 1984). The therapeutic point of view of it is presented also in Finnish journal *Psyk.fi* (Heiska 2013). The Asian Journal of Humanities and Social Sciences has also published a psychological overview (Heiska 2014). Furthermore there is a sociological point of view, which opens from it, when one examines depression as a more extensive phenomenon than an individual pain. This article makes it more clear.

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5. CONCLUSIONS IN SOCIOLOGICAL MEANING

In the handling of depression, we encounter those parts of the 7x4 field, also sociological that have been described above. It fits the following: New data about depression fits the old when utilising the boxes in the following way: In the development of cognitive psychotherapy, J. Young has published an 18-box classification on "maladaptive schemas" (Young et al. 2003), in which factors are described in the same manner as in Berne's transaction-analytical, 9-box models (Parent-Adult-Child and their clarifications) already in the 1960s. In these comparisons, we can utilise similar procedures as in the discovery of chemical elements. Indeed, it features an agreed upon theoretical framework - the periodic table of elements - that guides research. Thus the 7x4 field works as the framework for depression treatments.

What is significant is also that similar classifications as in the 7x4 field are already in use. For example, in Finland, J. Kontunen has developed the so-called IPT (interpersonal) therapy (Kontunen 2010). In it, we always focus on one of the four problem fields: Lack of human relations (human relations loneliness) role conflicts (human relations stress) unfinished grief work (losses) and changes in roles (human relations changes).

Also, when it was perceived already in the 1990s in mental diagnoses, that they fit bad to daily cares, so you founded a vital four-course, which is relatively similar with the cornerstones of mental health A,B,C and D. In that action, you give up from psychiatric diagnoses and use, instead of them, the concept formulation. The formulation it is then used to examine observed individual factors in care situations, among other things, which are outlined in the following way (Weerasekera 1995): A) Psychodynamic or connected to human relations B) Biological or connected to body functions and mowing C) Active or connecting to rational functioning and D) Cognitive. This fourth point however holds an irrational sphere, which has, for example negative automatic things and schemas. In depression therapy, automatic things you see are considered to be irrational and attempts are made to make them rational.

When we then consider whether physical exercise helps cure depression or only produces muscular, depressed people, it is important that we define physical exercise as a certain type of cornerstone, not as a factor. The road may also be the reason for a road accident but you cannot put remove the road. It is "a cornerstone".

Research on the interaction between the mind and brain also reveals commonalities with the 7x4 field. For example, the psychoanalyst J. Lehtonen has described the so-called matrix of the mind (Lehtonen 2011) in a way that reveals the following entities of activity:

A Receptive sensory part. (Human relations)

B Executive motoric part. (Physical exercise and mobility)

C A broad-ranging network of nerves, composed of different parts and functions of both the mind and the brain, which sustains the integration of brain functions into a whole and maintains an integrated consciousness. (Rational activity)

D An experiential part composed of basic feelings of satisfaction. (Irrational activity).

These main sections include changes in interactions and bodily states.

In addition, the following is important: The schools of thought dealing with depression resemble political parties or church congregations that aim towards the common good, but "only our classifications are correct," and furthermore, depression is handled by many in positions of power but with little expertise. It is also then possible that the 7x4 field has useful application areas, as it allows theories and thought structures to be brought together into an integrated whole. When we also consider the conformity already discovered by George Miller in the 1950s (Miller 1956), that the limit of the working memory of human beings is roughly seven records, and also that ancient Greek civilisation consisted of A) theatre B) stadium C) gymnasium and D) temple (Amandry 1984), then the classification can reach an almost universal status. Consequently, the 7x4 field can be used in the treatment of fears, in addition to observing depression (Heiska 2004).

There is stress in the view of life during the organisation of depression dealing (*): There are not enough caregivers for all. The plans from depression nurses, who have limited training, will be then dealt with well, if you take into consideration the whole field as described above. For example, for different chiropodists it is possible to limit the training and the necessary equipment to caring for foot, but in depression, the reductions in question demands know how, which is more difficult to restrict in the same way as in chiropody.

By making use of the squares of the 7x4 field, preventive mental health work could also gain a more robust scientific basis and practical work could be defined with functional points of emphasis. Currently, anticipatory mental health work in practice surprisingly often consists only of trying to get citizens to seek treatment (early intervention), and an organised tackling of causes is almost entirely missing. This kind of extension in function demands variation in schooling too. The same is indicated in the suggestions by Felicia Huppert from Cambridge University that are explained by Jussi Valtonen in his article 'How to Make Better Psychology?' in the *Psykologia* journal. (Valtonen 2009). To this, you can add: How to Make Better Sociology? By exploiting the 7x4-field.

In preventing depression the functioning always contains some strategy. It has always some implementers. It has some target, to which it connects the 7x4-field. Such as it is, it forms the following figure for practical work:

Table 6:

I

S T R A T E G I E S

M

P

Prerequisite functions

Actual functions

L

Individual level

Group and community level

E

Promoting healthy growth

Reducing causes of disturbances

Promoting healthy growth

Reducing causes of disturbances

M

E

Organized

Creating new posts etc.

TARGET:
7x4-field of individual

TARGET:
7x4-field of group and community

T

E

Non-organized

Supporting voluntary work etc.

TARGET:
7x4-field of individual

TARGET:
some part of 7x4-field

S

In Finland, this kind of outlining has been used and the functioning is followed. In practice this is a better outlining than the traditional promotion, primarprevention, secondary prevention, tertiary prevention.