Editorial on Depression

How depressed does one have to be to write easily an introduction to this issue on depression? The word goes back to the French 'depression', which denotes being put down, or a lowering (of a hollow), a reduction, of something like water level. In Latin *déprimere*, to push down, became de-pressum. So far nothing to be depressed about, as it is merely a play of words in their etymological light.

Nevertheless, when psychotherapists begin to think about on Depression, then we adopt, or sometimes hijack, common words and give them unfamiliar and specialized interpretations. So, when we speak of being depressed, like I do in describing the mood needed to write this introduction, I am meaning just a 'downturn' of mood. When was I last feeling happy? – I might ask myself, to trace back to the trigger of this (relatively mild) depressive phase? I felt quite well this Sunday morning, getting up and enjoying the fresh day, full of promise, time to lounge about, reading the papers for as long as I like. But alas, no, there is this piece of writing to be done.

I have to sit down, and I have to write. *"To have the blues"*, is a common jazzy expression, or *"the blue (or black) dogs are visiting me"*. Some call her *'Melancholia'*, a woman in black, sitting down at the coffee table. Her mood is affectively heavy as lead, and all she ponders on is Saturn's rotation through empty space. There must be an alternative to, and an escape from, this roundabout.

So why am I somewhat depressed? In the beginning, there was my vision, that each modality and European-wide training institution of the EAP would be thrilled to have someone from amongst them, to put pen to paper, and write a five- to seven-page piece on their particular understanding and approach to the phenomenon of depression. I did ask for this a few times at EAP Board meetings. I also wrote to all the delegates of the different modalities, hoping for their cooperation. The result was slightly depressing, to say the least. Only four members from different modalities volunteered: two more have come up to me and said: *'You can count me in'*. Oh, this made me elevated, a swing of mood that among the specialists in this field is called a 'manic swing', to lift myself up from being 'put down'. *"Much better to be depressed once in a while,"* R.D. Laing said to me, *"as we then have solid ground under our feet."*

'Under the weather', we are generally glad to be quite well-grounded. I had to egg people on, and beg them to, get this issue filled. After all is said and done, I hope you, the reader, will enjoy the diversity of the different typologies, aiming at a better understanding of the origins, dimensions and nature of Depression, as something which belongs more to the

everyday living of life, rather than a medical condition, yet it can also become a source of mental disturbance, which, more often than not, creates extreme suffering in the dark.

"Diagnosis, prognosis, treatment." R.E. Kendel (1973) wrote over thirty years ago, in his review of what he called a contemporary confusion on the classification of depression:

> "*The attempt to resolve our classification problems by the statistical analysis of clinical data has failed up to now and may continue to do so. We may have to live with our uncertainties and disagreements until we understand enough about the physiological or psychological basis of depression to construct a new classification on that basis."*

Are we any further on by now? Yes. Diagnosis always depends on the consideration that we give to the context and content of the patient's (or some call him or her client's) symptoms, her or his previous emotional history, the primary family scenario, the stresses of the person's environment, and the course that the depression takes. There might be neurotic tonus; there might be manic swings; there might be even suicidal longings to end it all.

How do different schools of psychotherapy, with their different moral and ethical belief systems, their varied philosophies of life, and their different approaches, go about depicting, describing and treating this fragmentation of order, peace and unity?

In my own case, I was, for several years, 'melancholically' tuned-in in my basic attitudes to life: not really endogenous, nor merely reactive. This was related to having been an abandoned child and my ontological security was severely shaken, when I was three years old. So I was unable, then, like Humpty Dumpy[1], to *'put myself together again'* or *'pull myself up'*. Neither could I *'snap out of it'*, as my neurotic 'rubberband', connecting this inner woundedness to my visible behaviour, and fired by the depressive mood, was gone way beyond the limits of so-called 'normal' human experience. What then goes on, in my and other peoples' experience, as mediated by our interaction with others? Every one knows that our feelings are affected by how our nearest and dearest feel about us. What does a depressive mood reveal or disclose about my inner life? The way of looking, the position of the onlooker, also determines what is seen and perceived and determines, be it consciously or unconsciously, what is described as seen, or 'diagnosed'.

This reminds me of a story told by Deirdre Bair, who was C. J. Jung's most recent biographer. As one of the grand old men of our healing trade, let us hear how he coped with a severely depressed older woman of great wealth.

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[1] A character, in a British children's nursery rhyme, looking like an egg, who "sat on a wall and had a great fall," and who couldn't be put back together again.

> *Her life has been privileged and protected, but she suffered from a physical affliction that kept her in constant pain. Even so, she had married, had children and grandchildren, and remained bedrock upon which her entire family depended. She came to Jung because her daughter, approaching middle age and suffering from the same inherited physical condition, did not posses her mother's indomitable spirit and chose to blame her for a multitude of real and imagined wrongs. When this daughter's adolescent child was killed in an accident, she became depressed and committed suicide in a ghastly way, leaving behind a series of documents that blamed her mother. Jung's patient accepted her daughter's accusations and became deeply depressed. Her writings about Jung usually describe her sessions in language similar to this entry.* "I had nothing to say this day. I took my seat (in the library). He pulled his chair close to mine. I did not want to meet his eyes, so we both stared ahead at the books on the wall. I could not speak, so neither did he. Occasionally her reached to stroke my arm or pat my hand. The hour passed and I became tranquil. I wish that peace would come with me when I leave, but it disappears without his presence." (Reference and page number ?) (Bair, 2003, p. 380-381)

After several years of thrice-weekly meetings that appear (from the troubled woman's perspective) to have passed mostly in silence, she told her diary that: *"A great cloud had lifted."* She left Zurich and spent her remaining decade in prayer, fasting, and meditation; living in relative isolation in another part of the country; and sending an occasional greeting to tell Jung that she was well. Her friends remembered her as "beatific" and "at peace" until she died.

This is one example of how we, as psychotherapists, can be with someone who suffers depression. We creatively examine, from the outside inwards, this emotion of the 'dark valley', which belongs with its sorrow towards life, as we all know. Jung's trick was to integrate the necessary suffering that comes to pass in our lives, and accept it as part of our wholeness. To be in touch with the patient and let them lead the way. Our therapeutic presence gives them the courage to dare to step forward on the path of the unconscious into, and ultimately through, their depression.

Kommentiert [CY1]: You might want to refer to the ‚silence' article here.

I recently had a patient, who struggled with his heavy depressive mood and was hardly able to get up in the morning. It was just all too much for him; far too much. Eventually his heart just gave up, and he passed away, in the hospital bed that he occupied for the last four days of his life. He had called and cancelled his Wednesday appointment. On Saturday morning, he was "in heaven". His longing to be there was very strong and had, many a time, filled the content of our conversations. Several times before he came to see me, he had tried to 'force fate', but did not succeed in these suicide attempts. Working as his psychotherapist, I-we could not bring the scattered parts of his life together again. All I did was to encourage him to be aware of the feelings in his body. Be content with what comes in, and what goes out, in this

Kommentiert [CY2]: You might want to refer to the ‚Body-Psychotherapy approach here.

present breath of life. All I could to was to be present with him, once a week, and involve him into telling me various stories about his life. Getting him to tell me – and thus himself – how he goes about his day-to-day living: to muse on the question, *"What am I depressed for?"* and not merely on the 'why'. Sometimes we would do some bodywork, so that he could ease the tension, held mainly in his upper chest. Interventions like this alleviated some of his somatopsychic and psychosomatic pains, and calmed his fear. Thus he experienced, that he could deal with his anxiety (the anxiety that often accompanies depression) by doing something himself. He could regulate his anxiety by his own willpower. Nevertheless, this action brings one always to the vantage position of "me, myself and I", embedded in the present moment of the context of living.

A woman patient, who came to see me in her manic phase, eventually wanted to lie down on the futon (the natural couch of a body-oriented psychotherapist) and asked me to hold the back of her head in my cupped hands. Hour-upon-hour passed with the same ritual of 'being held'. Like Jung's patient', she hardly spoke. Then, after a few months, the cloud surrounding her lifted, and she spoke and sang again. Life's dance, between the experience of being whole and being fragmented again, goes on all the time. Once I am fragmented, I need to make my steps out of fragmentation, as soon as possible, otherwise I invite a mode of being chronically fragmented, which sooner rather later leads me into being depressed (again).

Some other ingredients for depression can be living a 'lie' in one's life, using old tactics to repress emotions, trans-generational sadness, old mournings not dealt with and tears held back. These issues – and many more – are likely to block one both somatically and psychically.

Despite the varieties of approach to depression represented in this issue – constructivist, positive, body, person-centred, gestalt, transactional, analytical – we can find core themes all fairly straight forward to advocate and encourage a united psychotherapy science. I found the following notions which emphasize positive change: the wisdom of being in a containing therapeutic relationship, process and praxis, experience and behaviour, context and content, interpretations and metaphors, personal meaning, personal sense of self, patients gender script narrative, body awareness and being with a patient rather than doing to.

So we offer a complex of perspectives on depression and hope that you enjoy reading the following texts and visions expressed therein of how we can be with folks who suffer the condition that we came to call Depression.

Theodore Itten, Switzerland
Guest Editor

BAIR, D. (2003) *Jung: A Biography.* Boston: Little, Brown and Company

KENDEL, R.E. (1973) Title of article. *Brit. J. of Psychiatry, 129, pp. 15-28*

I think that you could perhaps ‘introduce’ the various articles a little bit more by mentioning aspects of these articles as you discuss the issue. I have indicated a couple of introductions.