Can Depression Also Make Sense?

Daniel Hell

An older doctor who had been under my treatment said to me: „I've been through a lot in my lifetime. But I've never suffered so much as during the time of my depression.“ And, as a matter of fact, the man in question had had a physical condition which had increasingly affected his face, finally causing him to lose his vision. Nevertheless, he suffered, in his own words, more from his depressive symptoms than from his physical illness. Recovered from his depression, but completely blind and having to rely upon the support of his wife, he added: „I can't imagine anything worse than having to go through the hell of depression again.“

I've heard similar statements from many other people. The time in which depression has taken place has been described by many people as the worst time of their lives. How can one ask oneself, in light of such reports, what sense a depression makes?

The Valuation of Depressive Experiences

There are numerous reasons. For one, depressive people often ask themselves what sense their illness makes. They do this, for the most part, when they're doing better. In deep depression it's as if they're surrounded by senselessness. As long as they're suffering in the extreme, the question concerning the sense of a depression remains a provocation. On the other hand, depressive people suffer not only from their condition, but also from how their depressive paralysis is judged and how the environment estimates their condition. Therefore, it makes a difference whether a depression is only negatively valuated as a dysfunction, or, vice versa, whether it can also potentially make sense. Many depressive people not only feel themselves blocked by a depression, but they also feel themselves to be totally condemned over having to fight with a depression. They defend themselves against a depressive paralysis because what shouldn't be, can't be. The more they inwardly rebel and defend themselves against their own weakness, the more they suffer from their own condition.

As sensitive people, depressives perceive more of the (particularly, earlier existing) social stigmatization of psychic problems, than actually exists, for the most part, today. They feel themselves to be losers who can't perform the required services. At the same time the negative valuation of depression, as it lets itself be traced historically far back through the centuries, plays a role. The few understanding attitudes toward depressive people also has to do with the fact that depressive experience was historically condemned, above all, as dysfunction – as deficiency. During the Middle Ages depression – or *Akedia*, as one of the occurring forms of depressive suffering was termed at the time – was even defamed as a deadly sin.

But depressive people are also today, in more hidden ways – even in psychology and psychiatry – all too often devalued. Thus it's assumed that among depressives one finds rashly dependent or immature personalities. For example, one reads (Rado, 1968) that depressive people „adhere to their objects (read partners) like blood suckers, as though they wanted to completely swallow them“. Or, one connects depressions with biological defects and sees depressive people as persons who are falsely programmed in a genetic sense, or exhibit a metabolic dysfunction to be compensated for through psychopharmaca.

Peter D. Kramer, in his American bestseller *Listening to Prozac*, goes still a step further and reduces, not only the depressive condition, but the complete way of living of people who fight with depression, to a serotonin metabolism dysfunction. Even the listlessness of figures out of novels such as Camus' *The Stranger* or Goethe's *Werther* are traced by Cramer back to a serotonin dysfunction.

Against this devaluing attitude which adds to depressive suffering and even more to social devaluation, thinkers (like Sören Kierkegaard or Arthur Schopenhauer, etc.) and poets (like Reinhold Schneider or Blaise Pascal) have always raised their voices. The statement attributed to Aristotle (but actually from Theophrast) has become the most famous: „Why do all the extraordinary men in philosophy, politics or poetry prove to be melancholics – in fact, a part of them to the extent that they are even seized with abnormal appearances". Melancholy (the Greek designation for a particular form of depression) was no longer regarded in Aristotles' school of Greek philosophy as a curse, but a distinction. Also Christian mystics – like Johannes vom Kreutz – had conditions later assumed to have been depressive, which they described as the „dark night", as transition stages toward *unio mystica*, toward mystical unity and awareness. They have, by the way, in no way tried to idealize the depression, but, to the contrary, have described it as something extremely bitter. But these mystics have also endeavored to assess the depression not only out of the moment as negative, but to place it in a larger context and to see it as a passage toward a goal: as a tunnel which leads to the light.

Personal Experiences of Depressives

I have also encountered a similar assessment with many patients who are not at all mystically attuned. Many report to me how depression has changed them. For some, depression was an occasion to rethink the previous way of living. Others have told me that the time of depression, by which the partner was also affected, led to a strengthening of the relationship or how it had worked as test of strength for the marriage. An older academic teacher recently vividly explained to me that he came, through the depression, to the experience and the insight that something would finally separate him from the people closest to him. Before the depression, he had tended toward the greatest possible accord with his wife. It became clear to him that the person closest to him could not understand his deepest depressive experience. What he had gone through in the deepest night belonged to him alone. In his own words, the depression helped him achieve a kind of „individuation", that is, for discovering himself, but also for discovering the dark sides contained within this self. Such a development is in no way the rule, but a rare possibility.

Depressive people have made me aware that the first appearance of the symptoms of a depressive mood can be understood as a warning signal. For instance, a medical doctor who had already gone through numerous depressions, reported to me that the first sign of a depression – for example, early awakening, lack of incentive and a light loss of concentration – she interprets as signs that she is overloading herself with duties. Then, she asks herself what she is burdening herself with. She often has the experience that in such moments she is far too ambitious concerning her plans or centered on her tasks, and then makes a conscious effort to shift to a lower gear. So far, this approach had prevented further heavier depressive decompensations. Many other people who fight with depression are aware that a close connection exists between excessive self-demands and depression. As a depressive woman said to me: „If I could only leave off! But my will becomes a problem for me. I've always gotten depressions only when I've overburdened myself."

Interestingly, most notably women therapists and authors have drawn attention, of late, to the possibility that a depression, in the most favorable case, can be the starting point for a new personal development. For example, the American psychologist Ellen McGrath writes under the meaningful title

When Feeling Bad is Good: „For me, the process of allowing and responding to psychic pain led finally to a liberation from depressive feelings which I never would have thought possible." And she continues: „There are times in which it is completely healthy and normal to be depressive, especially for women in our culture." Accordingly, Ellen McGrath developed the term „healthy depression", which she distinguished from the „unhealthy depression needing treatment". Similarly, also the psychoanalyst Emmy Gut differentiates between „productive" and „unproductive" depression. Supported by John Bowlby, one of the most outstanding psychiatrists of the second half of the 20th century, Emmy Gut sees a vital process at work in depression, one which can either be useful or damaging. In her view, a failure or loss situation can be processed in the depressive condition to the extent that depression forces repose and simultaneously provides the possibility to await whatever arises from the unconscious. Where productive depression work falls short, however, those affected run the danger of an unproductive depression.

In many autobiographies, especially those from artists, one finds the analogous experience expressed that during depressive periods the old is left behind, thereby allowing new paths to be opened. The Swiss writer Ludwig Hohl has found a memorable image for this process: „At times everyone must go through a place where everything is temporarily called into question (the reason for all of our depression), the passage over the swinging mountain bridge. The new is not yet, the old is no more; you pass over an abyss between two walls of rock. Solid was the rock behind you and secure once again will be the new. But now emptiness lies under your feet." Ludwig Hohl even goes so far as to postulate depression as an obligatory companion of the creative – not, in fact, as the source of the new, but rather as a transitional stage in crossing boundaries in which the old is left behind and new things are made possible. In the best case, he sees a bridging function in the depressive condition which helps one to endure a dangerous appearing emptiness, so that a transition from an abandoned life-basis to a new one would be possible.

What I have laid out so far are personal opinions and experiences. But is it possible to produce theoretical considerations and empirical studies which also support the sense question?

A Neuro-biological Model

I have attempted in my book *Can Depression Also Make Sense?* to assemble arguments for the understanding of depression as the fundamental human possibility to react in a protection-seeking manner to overwhelming distress. In evolutionary history, the depressive reaction form advanced itself as humans multiplied and incorporated themselves into progressively more complex cultural and social groups. Today, one can assume that on the basis of an inborn possibility of behavior, practically all people are capable of depression; that is, everyone can develop a depression. Not every person, however, has the same risk to become depressive. The triggering of a depression depends upon one's life conditions and upon one's biographically and genetically conditioned disposition.

Next to evolutionary considerations, biological and social findings also suggest that the basic bio-social pattern of depression represents a kind of „*vita minima"*, an energy-conserving condition within which many vital processes of a person go on in a limited mode of operation. In this way mental processes (thinking and memory, for example) are inhibited, cycles of movement are decelerated, as well as many other psycho-biological functions. The basic bio-social pattern leads to an immobilization of the whole person, thus to a very strength-conserving and careful behavior. This pattern of reaction can have a protection function even when the logic of this paralysis is not, for the most part, visible for those concerned because it occurs without their assistance on a biological basis – to a certain extent as the activation of a bio-social behavior system. Or, in Nitzsche's words: „Because one would consume

oneself too quickly if one were to react, one reacts no more ... Lowering the metabolism is life-preserving under the most life-threatening conditions ... a kind of ... winter sleep.“

Certain aspects of this basic bio-social pattern of depression are also observable in the animal world. Thus, the higher animals behave in a hopeless situation – for example, young animals when separated from their mother or the herd – similar to depressive humans. They freeze and show bio-chemical changes which are the same as those found in humans. There it has to do with some hormonal changes (for example, a rise in cortisone), as also with depression-typical changes of brain wave patterns signifying an altered activity in certain brain centers (in primates).

Such a description of the basic bio-social pattern of a depression leaves the valuation of the events open. It does not proceed from the notion that depressive people suffer from a deficit, but from a fundamental and universally human disposition to react under certain circumstances in a depressive manner (even though differently according to the individual).

Why is is this conclusion important for me? Because I do not take the bio-social pattern of depression, as it is also partly observed in the animal world, for the whole of human depression; and because it appears decisive for me how the events underlying depression are assessed by those affected. This valuation, in the process, is always influenced by the cultural and scientific currents of a particular era.

The fundamental question in a scientific model of depression is knowledge-theoretical. Does the model represent the reality? Is the subjective inner experience, the self-perception of those affected, taken just as seriously as the objective physical and interpersonal changes accompanying a depression?

In modern biological psychiatry the attempt is made to trace the connections between mind and brain, between the experience and behavior of a person as subject and the events in the central nervous system of the human „object.“ As a rule, these connections are interpreted in the terms of a one-way street. The brain determines the spirit. For example, in this way depressive events are concluded from changes in particular brain activities during the depressive condition as caused by a pathological function of these particular areas of the brain.

Nevertheless, in this way the experience of depression, and in particular the interpretation of the objectifiable basic bio-social pattern through the affected persons, is neither completely represented nor coherently explained. The personal statements of the affected subjects concerning an objectifiable change are more often passed over and judged as insignificant side phenomena.

Personally, I'm convinced that with psychic suffering such as depression, the valuation (respectively, the subjective interpretation of the occurring condition) is of tremendous importance both for the development of the illness and for coming to terms with it. For example, one has been able to prove in progress studies that the depression prognosis is connected with the assessment of the depression made by affected persons. Adverse depression progressions proceed very frequently along with the conviction that depressive events are destructive, irreversible and completely outside the affected person's influence. Conversely, a favorable prognosis is correlated with an assessment of the depression as a temporary blockage, indirectly influenceable by therapeutic and self-help methods. Naturally, with such statistical relations it should also be taken into account that the severity of an illness influences the valuation of the problematic. It is very well understandable that the more severely depressed tend rather to see the illness as unfavorable – and also in this way protect themselves from excessively high expectations coming from others as well from themselves. There must not be any false thought behind this – generally, what is to be warned about concerning the devaluations and pathologizations of the

self-perceptions of depressive people.

What I want to address here is something different: My point is to emphasize the meaning of the interpretation through affected people, since it does not appear possible to me that people can elude the valuation of a depressive blockage which has occurred.

The basic bio-social pattern of depression is difficult to bear because those affected clearly and astutely observe their own condition. Arthur Schopenhauer, who was himself melancholic, sees the problematic of depressive people precisely in the fact that the more awake their consciousness, the clearer and more painfully they perceive their own suffering. In the first instance, many depressives manage, within the maintained consciousness of the depressive condition, to no longer feel what before had been self-evident for them. They feel themselves to be limited in their human possibilities and as though they were cut off from the future.

It is idle to ask whether a depression can exist at all without conscious experience. For one, the diagnosis of depression is based upon the self-felt and self-perceived changes of perceptions, thoughts and feelings. For another, a person in their waking state who suffered from a depression would be freed from their depression in an unconscious state, even when they would continue to exhibit the physical changes which are found in depressive persons. Presently, psychiatry emphasizes the deficiency and destructiveness involved in depressive suffering without differentiating between biological blockages and psychological experience and evaluation. In the process it assumes severe conditions of depression within which the depressive development is, in fact, often so far advanced that the depressive message for the most part can only be understood as a reproach, and in which personal coping possibilities are extremely limited. Such deep depressions also make it almost impossible to separate the biological dimension from the psychological because the individual factors of influence have knitted themselves together into a constellation which is very difficult to comprehend.

Basic Psycho-social Pattern Without Depression

However, there are good reasons not to equate the basic bio-social pattern with an actual depression. Psychiatry has long known conditions termed „*depressio sine depressione*“, freely translated as depression-like blockage conditions without depressive suffering. A patient recently surprised me with the information that in the last weeks she had been continuously blocked, but had only suffered from a depression for a few days. She had spontaneously distinguished between a condition of initiative loss, the psycho-social blockage, and that of a depressive condition of suffering, which for her had only occasionally come to an ongoing experienced blockage. In my opinion, this differentiation is not simply academic, but rather essential.

In the case of the quoted patient it was consequently possible to study her evaluation more precisely. She had gone through an extremely heavy depressive episode which had lasted for a number of years. During the entire time of the depression she had assumed that she was suffering from a metabolism dysfunction which was only possible to breach by means of outer interventions. When highly dosed medications and other therapies brought no relief, the patient became more and more convinced that she suffered from an incurable, irreversible and destructive illness. She made two very serious suicide attempts.

At first, within the frame of a stationary therapy, the patient could be relieved from inner and outer demands. Within the clinic she lived in a protective room where she was not daily confronted with domestic duties and the demands of relatives. The administration of an infusion therapy (that is, the

application of an anti-depression medication by means of intravenous drops) amplified this protective room since this therapy gave her the right – without self-reproach, throughout the day as well – to be inactive for hours at a time. Eventually, the patient was encouraged step-by-step to circumscribed temporary occupations and activities. In this way she could experience – as opposed to her self-assessment – that, in spite of depressive blockages, she was still capable of certain accomplishments. This experience was patiently supported and encouraged through further smaller tasks. As the patient hour-by-hour felt somewhat better after a number of weeks, the attempt was made during this clearing period to speak about the meaning she had given to the depressive blockage. It turned out that the patient had connected the blockage with heavy anxieties concerning the future. She had particularly feared losing her husband and children. At the same time, she had experienced herself as set back in relation to her fellow humans – and even worthless. After a time she also reported, however, that it was actually quite astounding what she had stood out in the last years. Basically, she could also be proud of it. She finally concluded that the depression had changed her value system. Her outer striving for success had been broken on the depressive blockage. She judged her fellow humans, but also herself, today less according to success than according to human maturity. Surprisingly, she finally asserted that she could live with the ongoing blockage – on low flame – even though with effort. If only the self-contempt and the related psychic pain did not appear again. For this reason it had been possible to more clearly distinguish her self-questioning on the one side from the depressive blockage on the other, and to no longer continuously identify her self-worth problematic with the bio-social blockage. The blocking basic bio-social pattern had become a physical condition with which she no longer fully identified. In that she observed the depressive obstruction as something existing and limiting, but as no longer her own, something which she could determine, it began to lose power over her. The patient, to use a word from Novalis, could now increasingly „counter-experiment." She was ready to try what she was able to undertake and carry out with her limited possibilities. She no longer only understood herself as a sick person, but more and more as a person with a defined limit. In this way a devil's circle was broken, which, in my experience, had let itself be almost constantly observable in the development of the depression.

The Devil's Circle of the Depression Development (Depression over Depression)

Unmanageable stress situations very often prove to be triggers for a first depressive episode – whether it is the loss of a partner which overwhelms a person, continuing burdens in a relationship or vocation, or whether inner anxieties or compulsions deplete the person's resistance. Such unmanageable stress situations go along with a physical change, which I have described as the basic bio-social pattern of depression. These physical changes lead to a slowing down of many mental, psycho-motoric and vegetative activities, so that an affected person is decelerated and feels limited in their effectiveness. Very often, as with the above quoted patient, the appearance of such a basic bio-social pattern then connects itself with a psychological resistance. Particularly persons who have little self-confidence or who excessively base their feelings of self-worth upon competence, conscientiousness or outside recognition feel themselves called into question through the appearance of the bio-social blockage. Consequently, they attempt everything in order to overcome these blockages. Unfortunately though, as a rule they remain unable to override the body's activated emergency brake. Their defense leads to new disappointments. In this way, however, the stress reaction underlying the bio-social blockage is also reinforced. At the same time, a depression over a depression develops itself, similar to how an anxiety over anxiety can enlarge an anxiety reaction.

To the extent that our quoted patient was successful in giving this basic bio-social pattern, this initial restraint, a new valuation and therefore not – or not so much – call herself into question, she also avoided the further strengthening of this closed circle-like occurrence. She concluded with surprise that

the bio-social blockage gradually lost strength. Until the turning point of this development, the patient had run against the bio-social blockage with the full strength of her personality and had had to deal with repeated disappointments. Even as she had no longer found the strength to willfully defend herself and outwardly appeared resigned, she inwardly rejected the blockage in shame. For a long time, consequently, it was also not possible for her to admit to being satisfied with small activities. In the struggle against the basic depressive pattern, only victory or defeat existed for her – all or nothing.

At first, the new valuation of the basic bio-social pattern led – through a kind of „defusing of the catastrophe" – to a relaxation of the situation. This also made it possible for the patient to have a more productive and flexible debate with her remaining possibilities. To the extent that she accepted the blockage, she was also allowed to test, in spite of this present disability, what was still possible and livable for her. With this the depression lost a piece of its omnipotence. Out of the Ruler of Depression, which had completely taken over the patient, there became a condition to which the patient attempted to conform without giving herself up in the process. Not the illness, but she herself now decided over the sense of her actions.

One could also say: Out of an ill person there became a person with an illness.

The selected example, however, also points to the fact that a new valuation of the basic bio-social pattern which underlies depression often requires a long, painful process as well as favorable conditions. Such a new valuation can neither be forced nor accomplished by verbal means alone. The conditions for a gradual approach to the depressive dynamic are unfavorable for the affected, however, where a global pathologization and stigmatization of depressive events predominates in the environment of the affected; and where the value conceptions of a performance society stamped by social-Darwinism make the acceptance of a depressive blockage difficult.

What depressive people need is neither instruction nor empty promises; neither encouragement nor criticism. Pieces of advice are for the most part blows. Depressive people need understanding, recognition and hope. They need understanding for their situation, recognition in their struggle and hope for a life without depression. Naturally, the more heavily depressed also need, as a rule, a well directed medical therapy.

Depressives long for human accompaniment. Many wish for security and that one believes in them. In this way they do not differ from other people – with the exception that in their situation they especially need a lot of belief, hope and love.

The main difficulty in living with depressives lies in the fact that the latter have lost belief in themselves; that they are without hope and that they can neither show their love nor feel it themselves. In this way the accompaniment of depressive people becomes, over long distances, a one-way-street. It causes anger, disappointments and feelings of helplessness. It clouds the mood and leads to defensive self-justifications and criticism of others. These challenges also belong to depression.

Depressives find not only themselves in a border- and transition situation. They also communicate to others their help- and hopelessness. They also lead others to their borders.

Where is the sense in this? There is no sense outside of what we gather for ourselves. The psychic pain does not ennoble us, we ennoble the psychic pain. The precondition for this, however, is that through the suffering we do not allow ourselves to be continually called into question. „Whoever has a Why to life bears almost every How." On the other hand, whoever sees psychic pain in no relation to the whole

of life is like the prisoner who only notices the restraining cell. Interpretation presupposes the acceptance of a situation. Only those who accept – and not simply resignedly acquiesce – can search for a sense-making understanding. The sense can, however, lie in a value conception, in a choice which is made. The sense for a relative can also be founded in the conviction that a partner in extreme need is to be helped.

„Learn to Think with the Pain“

Learn to think with the pain. These paradoxical-sounding words are found in a book by Maurice Blanchot dealing with the Holocaust. The psychic pain of depression can be cruel. He proceeds with a blockage in a way which incorporates the flow of thought together with the ability to decide. Nevertheless, Blanchot's sentence „Learn to think with the pain“ is often the only thing remaining open for depressives and those who are affected along with them. Only when militant defense as well as resigned acquiescence have failed in the face of ongoing depressive pain, can it be further thought and lived alongside psychic pain and under the acceptance of the depressive blockage. It can then be successful that out of the unspeakable weight and out of the dark, incomprehensible mass which a depressive person forces down, a form appears with a recognizable configuration, with a face that one can grasp and learn to understand as one's opposite. In this sense the beautiful word attributed to C. G. Jung has a certain authority: „Depression is like a lady in black. When she appears, don't show her away, but invite her as a guest to the table and hear what she has to tell.“

But not only those affected by depression – and those affected with them – must often learn with effort to think with, not against, the psychic pain. We all have to deal with which meaning we give to depression. In spite of all attempts at defense, in spite of denial and looking away, in spite of all scientific advances and in spite of progressively more selective-working medications, depressive forms of suffering appear today to be more prevalent – and more chronic. Everything points in the direction that the technocratically adopted path of the isolation and fighting of depression in the sense of an exclusively organic understanding of disease is not sufficient to do justice to depression. We have arguably no other choice: we cannot disconnect depressive events from cultural valuation and from social relations. Every unresolved dilemma attracts depressive suffering like a magnet. Every depression has an interpersonal and a social dimension. What our era thinks, what we think and maintain about depression, flows unseen into depressive events up to the point that people would rather fall down a set of stairs than admit to their depression. It is finally up to all of us to prevent temporary blockages from becoming a breeding ground for continuous feelings of shame and guilt. It is up to us to make depression more humane and to avoid developments which contribute to the fact that people at the appearance of a depressive blockage suffer more as a result of social stigmatization than from the depressive blockage alone.