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Personality Growth and Depression

Ten years ago I had a dream; I was standing in a valley, the earth was trembling and the leaves and grass were white with dust. There seemed to be a cement factory not far away, causing this disturbance. In order to escape, I climbed up out of the valley onto the hillside and saw a distant scene: first there were miles and miles of hilltops, brown and even, like ripples in the sand. Only in the far distance I saw a brilliant landscape of sunshine, with blue sea, golden sands and green hills.

I was at that time caught in a therapeutic situation which was in fact, restricting growth (I did not learn about the Human Potential Movement until some years later). I realised that it was a precognitive dream and I accepted with regret the long journey it implied. If I had been able to use the dream as a means of awareness rather than just accepting it, and so have changed my situation (giving up the therapist) then instead of later, could I have shortened that journey and perhaps dreamed another dream? I believe that I could.

As it was, the dream proved an accurate forecast of the length I had to go. What has been unexpected is finding that the break-up of major childhood patterns, in spite of the dream's reassurance, has been accompanied by depressive symptoms (despair, loss of meaning in life, feeling a mess, lack of concentration, disturbed sleep patterns and so on). Technically, I am not depressed because I know that I am on a journey and still hope. For those without a dream, the Human Potential Movement asserts that is possible. Why then are so many depressed people on drugs rather than seeking growth? Are there any studies relating depressive illness to personality growth? I decided to have a look at the literature.

After a by no means exhaustive study, some interesting facts came to light. "Depression as 'melancholia' has been recognised as a clinical syndrome for over two thousand years," wrote Beck (1967) but "as yet there is no completely satisfactory explanation of its puzzling and paradoxical features." Fairly extensive research including both clinical and statistical studies have been carried out; some patients have been followed-up for as long as thirty nine years. The main finding from all the studies is the immense variety of forms that the illness takes (if it is an illness). Frequency and duration vary greatly and again: "The average age of onset varies so widely from study to study that no definite conclusions can be drawn." (Beck)

Such a wide variety of findings supports a hypothesis that personality growth factors may play an important part in the development of and recovery from depressive interludes. But because they are not looked for, they are not seen. In fact, changes of behaviour characteristic of change and growth tend to be described as mild cases of mania (hypomania).

Why should depression occur when something as positive as personality growth

is taking place? The answer is found in childhood. A child who represses many of his spontaneous reactions maintaining only those that are encouraged by his parents, establishes a pattern of behaviour which becomes set in adolescence, especially if the parentally approved patterns are also those that are encouraged in school and society. Watts (1966) pointed out that many who experience depression are hard-working and conscientious people. Kraines (1957) found that many depressed patients had a high level of basic energy but that "if the psychodynamic factors of early childhood are such as to develop an intense feeling of inferiority a person may, despite his initial high level of energy, become one who avoids work, seeks out only those people *to whom he feels superior* and continuously feels inadequate and dissatisfied. *The expressed personality is. . . .the antithesis of the basic personality."*

If the emotional conflicts that are common to all children are not resolved before puberty when the sexual urges become dominant, they are likely to be repressed until the late thirties when the sex drive slackens and the unrealised parts of the personality struggle for expression. Periods of depression appear frequently to accompany growth. There are likely to be three aspects: Firstly, depression can be caused by an unsympathetic and unsupportive environment when growth processes start in adult life. The behaviour which was discouraged by the parents is again discouraged by the spouse in the adult situation. For example, a wife who has been accustomed to a caring and hard-working husband will not find it easy to see him as somebody who is more spontaneous but also more changeable and therefore less reliable; moreover, somebody who is himself in need of support while he resolves his early conflicts.

Secondly, growth involves the re-experiencing of the childhood situations in which the restrictions were originally imposed, bringing back into consciousness again and again until finally discharged, the child's feeling at that time, her despair, her internalised rage (now re-directed outwards), her low self-esteem and her sense of the meaninglessness of life, for what can be the meaning of a life that is not allowed to be lived?

Unlived life is costly to the individual and the price increases with age; it is a third source of depression. Not living to one's full potential is a loss both to society and to the individual. Thirty years of living at seventy-five per cent of one's potential cannot be changed in a few weeks or months. It is a long and arduous piece of work for to the original trauma caused by restrictive conditioning is added the on-going (though unconscious) pain and rage of missed fulfilment. In childhood and adolescence, the world is new and ecstasy of mind and body are more easily experienced than in adult life. Such lost potential exacts a price, for the organism on some level, is aware of its capacities so that, over the years, the rage of frustration accumulates and can become increasingly difficult to face without ongoing love and support and these can only come from a wider understanding in the community at large of the processes of growth.

To those familiar with growth in adult life, changes in behaviour such as increased physical activity due to more available energy, the voicing of

new ideas and the adoption of new attitudes are welcomed as signs of healthy change but, where the concept is unknown, such changes appear threatening, especially if they are accompanied by depression, in which case they are labelled 'mania'. Some of the confusion that arises from the neglect of the principle of personality growth can be seen in the case histories described by Watts. A woman had a series of attacks of depression:

"Since 1956, she had one other mild attack of depression and two of hypomania, during which time she wrote quite amusing letters and poems to her doctors - an occupation very much out of keeping with her normal way of life."

That is, her activity was seen as a form of illness rather than a breakthrough of new creative activity. Another case is described in more detail:

"A man of fifty with a bad cough and loss of weight, looked ill and felt dreadful. A shadow was found on his lung.....he deteriorated and I felt that his end could not be far away. His wife reported then that, before his illness started, he had been through a very strange period. An indolent man by nature, he had become hyperactive; he had got up early to do the garden and was full of silly ideas such as wishing to adopt children. If he was crossed, he became angry and actually struck his wife on one occasion, a thing he had never done in all his life before. 'I thought he was getting the mania.' (his wife's comment). He was therefore x-rayed once more. The shadow had not changed and it was now suggested it could well be a healed tubercular focus. A psychiatrist was called in and the diagnosis (of depression) was confirmed. He was transferred to a mental hospital where he was given ECT and made a good recovery."

Thus ECT received the credit for recovery from a depression which, far from being an illness appeared to have more to do with an acute stage of growth in an unsupportive and over-anxious environment.

In a recent interview on the radio with a group of Depressives Anonymous, one member reported: "It's not just feeling low, it's everything really... Sometimes I have a very strange sort of heightened perception of colour, flowers, shapes and making things with my hands which normally I wouldn't have had in that way." This woman gave no sign of being aware that she might be going through a positive growth process. Depression for this group was associated presumably with mental ill health and consequently generated fear. None of the group would risk giving their names and several refused to be recorded; one disguised her voice. This fear is increased, not only by lack of awareness of the processes of emotional growth as part of normal development but also by easy access to drug therapy. Painful feelings that are distanced by drugs cannot be worked through and remain fearful.

PERSONALITY GROWTH AND LOSS OF FUNCTION

Loss of function appears to be experienced either during stages of personality growth or when growth is blocked. It can have fairly serious social implications.

There are at least three areas where loss of function occurs:

- (a) In the field of the emotions (inability to love or to feel loved, lack of interest)
- (b) Loss of intuitive inspiration and the ability to fantasize.
- (c) Loss of intellectual functions (poor memory, lack of concentration, dearth of ideas etc.)

One of my major blocks is related to the fear that spontaneous creative activity on the intellectual level is destructive. Thus I could take in other peoples' ideas (academic qualifications) because this was a safe activity, but writing up my own research has for several years been both too dangerous and too exciting an activity to carry out. Knowing the cause of my block did not resolve the problem. Re-experiencing the pain and rage of the original conditioning situation is beginning to change it.

How do people cope who are in jobs which demand an emotional or intuitive response or which involve intellectual rigours? In the radio programme: "Have you got Problems?" a woman lecturer in a responsible position described the amount of time that she had to spend each week re-learning her lecture material in order to continue to function effectively, because of the loss of her ability to memorise. A lecturer in a Teacher's Training College considered going to groups because he was attracted by the idea of personality growth but, to add to his inner anxieties were objective financial commitments and he opted for safety. Meanwhile his lectures are reported to be increasingly rigid and unstimulating. So it is society's loss as well as his own.

In the therapeutic field, both personality growth and the lack of it can have devastating consequences for the patient. Jung said that the patient can only go as far as the therapist can take him. This is fine so long as the therapist acknowledges the fact. But what if part of the therapist's block is a difficulty in letting the patient go while one of the patient's problems is separation anxiety? The two become locked together in an increasingly frustrating relationship. On the other hand, if the therapist decides to risk personality growth, and if he finds that one of the effects of growth is a temporary block in his ability to fantasize or intuit, can he justifiably continue as a therapist when these are the very skills that he must rely on in large measure, in order to help his patients? If not, what is he to do? Society does not, as yet, provide sabbatical years for human growth or encourage a change of career in mid-life although it might well do so because it is society that loses out on the creative behaviour which is the final result of human growth gaining instead rigidity of thought and attitude.

The picture is complicated in the therapeutic field by a fact which has not received recognition and that is that problems of personality growth which belong to the thirty age-range cannot be solved in the twenties however long the training analysis undergone. An awareness of this fact is vital for patients.

Can society afford to go on ignoring the possibilities of development while it deals only with its side-effects? Blythe (1975) in his book on "Stress"

quotes some interesting figures, for example, that in 1972, sixty per cent of the British population were taking tranquilisers or sleeping pills. He lists sixteen illnesses from hypertension to tuberculosis that he says are recognised as having a stress background. How does one explore a process which takes years to complete, the signs of which are subtle and only clear to those who have gone through some of the processes themselves? Gail Sheehy's "Passages: Predictable Crises in Adult Life", based on reports by one hundred and fifteen American men and women is an interesting beginning and worth reading.

What other methods of research are possible? Perhaps at this stage, observational research would be most useful, to explore the effect that personality growth has on various aspects of life. One suggestion is that a group of people should keep a record of events both within themselves and in other people which suggest growth (or the lack of it) in the fields already mentioned, (the emotions, fantasy, intuition, intellect) and also in two other fields I would like to talk about later: accidents and physical health. If these records were kept for a number of years, and if the group met from time to time for discussion, perhaps we would gain some idea at least of what to look for. I would be glad to hear from anybody interested in the idea.

References

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Marcus McCausland

Creative Self-Development during a Practitioner/Patient relationship

'Good health is catching, and greatly improves the quality of life of those who are infected'.

General

The prevention of ill health is intimately linked with a deep understanding of what happens during the process of healing - and vice-versa. Attempting to produce a permanent cure in someone who does not understand himself or is not prepared to change his way of life, is often not possible. Pain, tension and discomfort can be suppressed with drugs, acupuncture, osteopathy, or spiritual healing. But these measures are often only a temporary expedient. An individual who comes for help to a practitioner may be asking for guidance