ON DEPRESSION AND ANGER

OUR DEPRESSION AND ANGER

a woman's view

by

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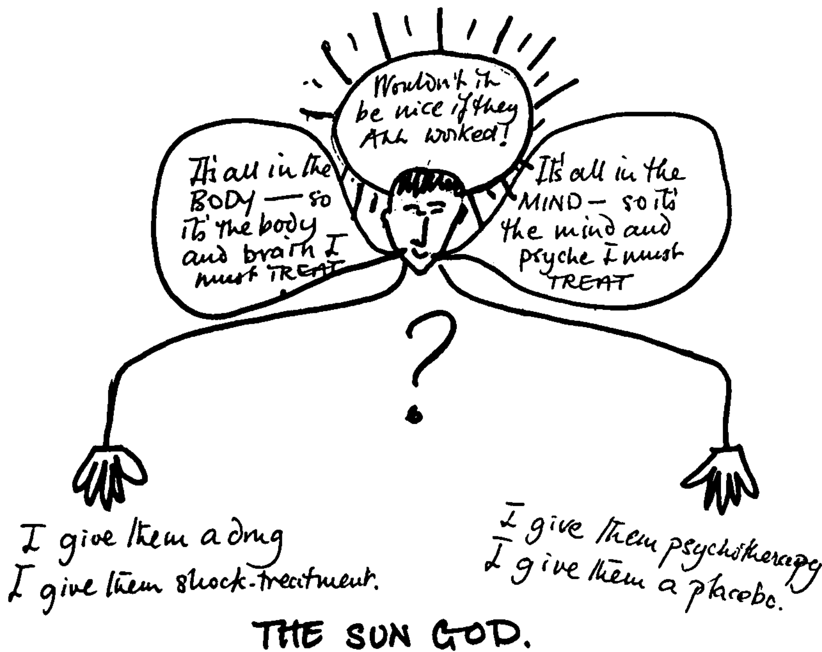
At a monthly meeting of psychotherapists, a professor has been invited to speak about his research into **depression** - in particular about his 'Life-Events' theory.

At this meeting I am acutely aware of operating on two levels. I am attempting to follow what he is saying and relate this to my own experience of depression and the manifestation of depression in my clients, and also to be aware of my feelings in response to what I hear. I am not familiar with this man's work and am therefore fairly open to what he may have to say. However, at the point where I hear the phrase - 'people who **get** schizophrenia' I question what he means by this and am told that the question is not relevant to the particular piece of research he is describing. And I begin to wonder about the, so far, hidden purpose of this research.

It soon becomes clear. The purpose is to establish whether depression is **caused** by life-events or **caused** by disorders in the brain and/or at the synapses. What I begin to 'hear' or rather to interpret, is that if this man's latest field of interest has been his 'life-events' research, something has urged him to take a step - albeit a mental one - out of the laboratory and the university lecture room into that rather dangerous and unpredictable area called 'real life'. Somewhere, I sense he is **hoping** for evidence to give weight to his 'life-events' theory and somewhere he is flirting with the 'other camp' -*the psychs.*

To continue - This research, (carefully tabulating, under headings, types of events which are likely to threaten, and types which are likely to enhance) was carried out by his team in the form of questionnaires to a random selection of population and also to patients. This attempted to locate, in time, the onset of depression and also to locate, in time, the designated life-events. Apparently the correlation was sufficient to retain his interest and commitment to the theory but it was his next move that struck me as even more bizarre. He now set up a corresponding research trial in terms of **treatments.** This included a range of different drugs, electric shock treatment, psychotherapy and a placebo to determine which **treatment** would **cure** which **type** of depression - ie a match was made between the 'life-eventers' and

psychotherapy or placebo treatment and between the non life-eventers and drug or electric shock treatment. The results seemed to be surprising and vaguely disappointing to the professor - Everything evened out as being equally effective except for the placebo. The fact that the placebo didn't produce noteworthy results seemed rather disturbing to him, as if he were saying - 'If the placebo doesn't work, why should psychotherapy?' At this point it is important to know that the psychotherapists used in these trials were 'intensively trained for this course of treatment'. And I have an image of this man holding out his arms in a desperate attempt to rationalise what disturbs him.



THE SUN GOD.

Put in a different way he seems to be saying -

> *Depression is one of those horrid things people come to me with in the hope that I will cure them. I'm trying my best to do this - in fact I'm trying to be as open-minded as possible. I'll research into anything in order to find a cure for these poor people because what I dread most is to be overwhelmed by my own feelings'.*

Now as soon as a piece of research is carried out with the purpose of finding a cause and affecting a cure it is operating within a closed circuit and is of little use to anyone operating in an existential, dynamic and interpersonal way. As a free-lance therapist/teacher I do not wish

to be in the business of 'curing' my clients of their depression, or of 'treating' their souls/psyches. And it disturbs me when I hear that the professor's psychotherapists were intensively trained to perform this task - a task which sounds to me more like brain-washing. I'm equally disturbed when I hear a psychotherapist in the group say that she appreciates being told about this research because it might help her to 'treat' her own clients. I begin, very rapidly, to connect with my gut feelings and my need to express them - knowing that I am now very strongly identifying with 'the patient'. What interests me is the response, from the group, to the expression of these gut-feelings which are not intended to be personally offensive, but required to be acknowledged and heard.

Now what the guts were saying and what I said was - 'This research is leading us down a cul-de-sac and I am feeling very angry'. Had the space not been hastily snatched back, my guts could have continued - 'I do not wish to be done to. I do not wish to be smoothed down, tranquilised, brain-washed, silenced, or have my feelings ignored, denigrated, rationalised or suppressed. Nor do I wish to do all these things to myself. My own therapeutic experience has led me to discover that when I do all these things to myself I feel **depressed.** My breathing becomes flattened, my energy is held tightly under control and my mind insists that I am a victim. 'Better to be a victim of depression than to feel the rage which, if expressed, will be punished by all those parental figures out there', it says.

The tragedy is that the closed circuit - the cul-de-sac - of such research and such treatment, reinforces the power of the controlling parental images, and therefore reinforces the power of the over-controlling ego. Implicit in this notion of **cure,** is that if you **treat** in time, you will avoid a full-blown psychosis. From my experience, the full-blown psychosis is the last ditch victory of an irrepressible life-force breaking through a controlling ego's defences. Alas, the treatment for that becomes even more vigorous - unless, as in my own work and others, a place of asylum (sanctuary) is offered. In Winicott's terms - a 'holding' environment.

So what is this talk of 'having humility' with which the group leader at this meeting gently rebukes my effrontery? I am interested in the two words - 'humiliate' and 'humility' which come from the same Latin root. Note: root and humilt - the **earth** - humus.

To humiliate - lower the dignity or self-respect of; mortify. (kill the spirit?)

Humility - meekness, humble condition, (voluntary spirit - less state?)

So - What do I do now with my anger? I ask myself. And the fact that I am in touch with it also allows me to be in touch with a set of choices. Those that **come** to mind are also interesting to my more neutral observer.

1. I can go outside and chop up logs - smash the professor to pieces and burn him on my fire. Yes! That's what I want to do! I want to set him alight - not chop him up-

2. I can take it out on my nearest and dearest and she will probably tolerate and excuse me and say - 'She's not really angry with me. It's that lot at the meeting'. In this way I can excuse myself and blame my irritability on to someone else.

3. I can 'hold' it until the next meeting, by withdrawing and brooding and inwardly seething and outwardly smiling until, at the next session, it is likely to explode rather nastily in the face of people I want to like and respect.

4. I can sit down and work with it - let **it** work with **me** - in partnership with my pen / phallus / ego to find expression in this paper. For it is my thesis that depression is an attempt to humiliate our feeling nature which is our spiritedness. **Not** to be confused with arrogance which pertains to ego. The irony is that when the feelings are suppressed (sub-pressed) and denied expression (out-pressed) and value, then the ego becomes inflated with hubris.

Readers will, no doubt, have noted that some of the nastiness of the already - blocked - at - the - meeting feelings has been turned against the professor. It is not difficult to detect a tone, behind the actual words used, which aims to put him down and undermine his authority. It is below the belt stuff and women are particularly fond of this weapon with which to fight men. But again, I really want to look at this state of affairs in relation to the theme of depression and anger. If more women than men present themselves with depression, it is either because they are more prone to suppressing their anger or more in touch with how they feel - 'I **feel** depressed'. Whoever heard of anyone complaining - 'I **think** depressed'!

Hitting below the belt, in civilised circles, is bad form - underhand, sly, mean and shrewish. In boxing, (a sport which some women like to watch but do not care to partake in) to hit below the belt is foul play because it endangers that most sensitive part of a man's body - his penis. And the truth is that I, as a woman, really do want to draw attention to that sensitive and vulnerable organ. I want to put men who can only operate from their heads, as in touch with their vulnerable feeling nature as I am in touch with my vulnerable thinking nature. Then, and only then, can we really appreciate our own strengths and weaknesses and pull together with mutual respect. I wanted to say to the professor - 'I will struggle to think, if you will allow yourself to feel And if you 'rape' your patients by your self-deceptions of 'objectivity' and 'laboratory conditions' and 'scientific methods', I am going to try to hit you where it hurts.

Fantasy - A 'castration' or a 'potentising'?

I take away all the defences - the drugs, the technology, the computers that process the data - and tell the professor that I have knowledge of a 'cure' for both him and his patient. Both will be incarcerated in a very small place of asylum. Food, light and warmth will be provided, but no drugs and no visitors. They have each other - the 'sane' professor and his 'psychotic' patient. And when they have gained enough insight into themselves and each other, and discovered how they can relate, they can come out. (Unless, of course, one has killed the other by then). A gruesome fantasy? I think not. The only gruesome part is that 'cure' has been forced upon them by my use of the phallus-as-weapon.

This brings me again to the question of choice. For the chronically depressed there seems to be an inbuilt belief that there **is** no choice; and little motivation to make a choice even if alternatives were available or presented. The outer circumstances mirror the inner ones. Within the closed system as well as the more open alternatives, doctor and patient, therapist and client move as in a dance. They either create in relation to each other, and increase their capacity for more life, or they collude with each other's defences against that capacity for more life. In the former relationship that creativity stands a very good chance of being internalised and self-perpetuating - an inner marriage between masculine and feminine modes of doing and being, thinking and feeling, penetration and receptivity - with all the implicit tension that makes for creativity. In the latter, the dependency upon one mode, to the detriment and suppression of the other, becomes that which binds patient to drug and doctor to patient.

By all means let us dialogue and exchange, but let us also fight and love.

AND THEIR SWORDS SHALL BE MADE INTO PLOUGH-SHARES

My therapist was nearly done for once;
Murdered
Almost, but not quite.
The wound was bungled
And the foetus survived
And was born out of rage.

I was nearly done for once;
Used up
Almost, but not quite
The love was bungled
And the child did not grow,
Was never quite born.