Darkness Visible revisited

Stephane Duckett

Thomas Kuhn noted that scientific paradigms survive through a mixture of their explanatory power but also by virtue of what they can ignore. The treatment of depression is dominated by both the medical model and cognitive behavioural psychotherapy. For both these models they focus on certain aspects of a client's presentation in arguing for their particular point of view. It is as much what they do not say as what they do that intrigues me. In my clinical practice depression manifests itself in such a number of varied ways that it often defies classification. For instance, we speak of depression with psychotic features as if somehow all other forms of its presentation are free from breaks with reality. Or again we speak of anxiety and depression as if somehow they are distinct, however my clients tell me that much of their depression finds expression as a generalized anxiety.

But there are other, more curious, details that appear very frequently to form a part of the expression of depression that we simply choose to ignore or dismiss when our clients speak of it. Some of these 'anomalies' are anything but peripheral to the client's, and particularly their relatives', point of view. What is amusing is that within common parlance these 'atypical elements' are very much noted, for example: 'sadder but wiser' or 'misery loves company'. This can be particularly true for the etiology as well. We are lead to believe that depression originates from loss. However, William Styron, in his harrowing account of his depression, noted that it appeared to have originated at the time of his receiving a particular award.

And what sense can we make of the fact that many sufferers of depression can find a fleeting sense of relief from talking to a complete stranger, yet feel tormented by the frequently deeply caring and loving presence of those closest to them? Or again, that in its severest presentation clients may feel safe within an in-personal ward and yet threatened by their home environment.

What I would like to suggest is that in order for a model of depression to be seen as

effective, it must be able to account for the anomalies as much as the more consistent features. I here propose a socio-ecological model that represents a humanitarian and less medicalized alternative to understanding depression. A socio-ecological approach is based on the work of the sociologist George Herbert Mead (symbolic interactionism) and the developmental psychologist Urie Bronfenbrenner . For the sake of brevity I will outline here only those portions of the model that apply to the issue of depression. Should the reader wish to read further or to contact me directly, please see the information at the end of this article.

Symbolic Interactionism

Whilst Mead did not coin the term *symbolic interactionism,* his theories have come to be known under this title. Mead argued that we are defined through our reflection in others: that is, how others respond to us tells us something about ourselves, but not in all circumstances. The consistency of the response across different agencies, and to a degree based on who is telling us what, will to a large degree determine whether we accept or not the 'reflection'. For instance if a work colleague is irritable with me on one day but not the next that will mean something very different than if a number of colleagues are irritable over several days (see the principle of covariation –George Kelly attributional theory). Accepting a reflection can also be coercive and involuntary (Duckett 2007; 2008).

For those social reflections that appear more consistent they may lead to a revision of what I tell myself about myself. This leads to a distinction between what Mead terms my 'I' and my 'Me'. The 'I' is as I subjectively experience myself from moment to moment. The 'Me' is how I define myself. How I define myself, for instance as possessing certain attributes, emerges from my ability to recognise that I am a boundaried object to others as they are to me. My 'Me' and my 'I' do not always accord with one another. I may believe myself to be brave, but in the heat of battle I may do something or not that I later look back on in shame. This may lead to my revising or modifying my notion of myself as brave. Anxiety is the experience of the tension between the Me and the I and our accommodation to that tension.

The 'interactionism' comes from the interplay from both our environment and ourselves. We are not just defined by our social environment but also to varying degrees defining of it as agents in the world. Our social environment is layered, starting with our immediate day-to-day relationships or *micro-systemic*, through to the larger organizational systems or *meso-systems*, onto the wider cultural context or *macro-systemic*. The defining social reflection can appear at all levels: that is, how people may respond to me as well as how the wider community or cultural context views me with respect to my particular attributes, such as whether I am young or old, wealthy or poor, from a particular religious or racial group etc.

Darkness Visible

William Styron, the American writer best known for his novel *Sophie's Choice*, in 1985 suffered a severe and debilitating depression. What was different about his experience

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was that he wrote about it and with the skill of a consummate writer. His slender book *Darkness Visible*, despite its difficult subject matter, met with critical success. He describes the circumstances of the development of his depression, the subjective experience of it and his treatment, what worked and what did not work. It is a fascinating account precisely because it is so powerfully conveyed, but also because it highlights quite how varied a depression can be.

From the start his depression does not follow what one might expect. The trigger to his depression would appear to have been his receiving a prestigious literary award, not some dreadful loss. Styron does not remark on this rather he focuses on a marked sense of unspecified dread that takes form only as his depression progresses. It gradually creeps up on him in the form of irrational if not frank distortions of reality and consequent loss of judgment. At this point in his description he particularly directs his ire towards the promise of rapid relief. He attributes much to this, implying that his frustration at the lack of rapid cure in our pill-oriented culture contributed to his depression.

His descent into a full blown incapacitating state of psychological distress is described with a lot of attention to detail. A passage that is particularly poignant is his description of the obliviousness (and sense of helplessness for his wife) of those about him as to quite how desperate he was, including not just his friends but professionals as well. He had been receiving twice weekly one hour therapy sessions along with various medications. He subsequently discovered that the dosages that he was receiving for his anti-depressant were three times the recommended level noted in the Physician's Desk Reference (equivalent to our British Formulary). He also railed against what he felt was the utter lack of empathetic understanding of his treating psychiatrist. This was exemplified for him when he was started on a new course of medications, which, he was warned, would affect his ability to have an erection:

'Until that moment, although I had had some trouble with his personality [his treating physician] I had not thought him totally lacking in perspicacity; now I was not at all sure. Putting myself in Dr.—'s shoes, I wondered if he seriously thought that this juiceless and ravaged semi-invalid with the shuffle and the ancient wheeze woke up each morning from his Halcion sleep eager for carnal fun.' P.60. Lewis Wolpert, in his description of his depression, placed much emphasis on the

importance of empathy on the part of those treating him (1999).

He also noted how many features of his depression did not appear to quite fit with what he had been told. For instance, he did not wake in the morning with a tearful sense of dread. That developed over the course of the day peaking at about 3 o'clock in the afternoon.

His depression reached its lowest point when he threw out his diary which had always served as a crucible for all of his writings. His description of wrapping it up in plastic and placing it in the rubbish bin is both touching and painful to read. However, what came of this action was his sure and certain knowledge that one way or another his depression would claim his life if more radical action was not taken. The action he took was to have himself hospitalized. According to Styron, his psychiatrist had discouraged him from taking this course, but for Styron this ultimately proved life-saving. Oddly enough it was the somewhat cold and anti-sceptic environment of the ward in contrast to the warmth and care and concern he received at home that appeared safer, more containing for him. Home had been a source of torment for him, whereas the ward was a refuge, where the care and compassion of most of the staff proved critical.

An ecological formulation

I once had a client who, whilst still respected, was no longer the literary lion he had once been. He told me during one session 'I am not [nom de plume]'. What he meant by this is that his persona as a writer had developed a life of its own that he no longer fully recognised. He had a cultural identity as a national treasure on a macro-systemic level that he no longer owned. It was if this person sat alongside of him, a 'Me' that he no longer found to be defining of himself. Styron had, at the time of his depression, not written a novel in years and he felt himself to be a fraud. Depression for him arose from a break between his experience of himself and as the writer he had been, thus his defining self was shorn from the reality of his current life. He felt without meaning, simply living. I believe this explains Styron's depression being triggered by an apparent success, namely his literary award. The sense of irreality of the experience was probably exacerbated by the fact that it was being awarded in a different country, namely France, in a different language and far removed from his rural New England home. Styron mentioned how it started to surface during the ceremony. All he could think about was getting home as quickly as possible by Concord, getting back to something more real with which he could identify. Styron may have felt like a fraud in that he had published very little and was not being productive. It is interesting to note the parallel here in the interpretation of Wolpert's depression that was given to him by his therapist Dr.Kate Tress. She argued that what ever may have been the trigger for the depression, physiological or otherwise, it was his impending retirement and the threat of a loss of meaning within his life that was critical (Wolpert 1999).

Sadder but wiser

Two social psychologists, Alloy and Abrahamson (1979), conducted an interesting experiment in which they created a display panel that had a switch and a light which were, unbeknownst to their subjects, not connected. Depressed subjects were far quicker to recognise this fact than non-depressed subjects.

What binds the Me and the I is convention. Depression severs the link between Me and I; one realizes the arbitrary nature of that link, hence both the seemingly contradictory positions of both feeling as if you are teetering on the edge of madness or psychosis and seeing things with a clarity unhampered by convention. I remember many years back on a ward round a patient requesting to see the person in charge; when the consultant responded she rebuffed him saying, she meant the ward matron.

Misery likes company

Without a social reflection to provide a sense of who you are, because the link has been severed or undermined, you are constituted by an I with threatened boundaries. You feel unboundaried. This explains two aspects of the experience of depression. First is the sense of passing relief gained by the company of others, particularly if they reflect what you feel to be your reality or experience, since it provides a sense of containment. Secondly it also explains why your home environment or close kin can become a torment because they are simply an extension of your unboundaried self . This is why many of us so rarely dream of those closest to us because they form a part of who we are; you see them as a projected expression of your misery, which of course does not apply to a stranger or an impersonal environment.

Etiology

This model may also explain how it is that the etiology can be so varied because effectively the etiology can be anything that severs or undermines the link between the Me and the I. For Styron the formality of the honour gave expression to the fact that he felt like a phoney since he was not writing. His 'Me' as writer did not accord with his 'I' as non-productive. The link between our social selves and our phenomenological selves can be severed for other reasons, for example some psychological events that violate our sense of integrity like the loss of a limb or a significant bereavement, but sometimes it can be triggered by a disruption to our thinking processes that is our ability to form abstract thought. I suspect it is for this reason that ECT on occasion works. It is like using explosives to put out a fire: it disrupts our thinking processes, hence it is not surprising that it impacts on our short term memory. Effectively the subject in the post-shock period is grappling with re-establishing its reality, resetting the clock .

Further Thoughts

I have often noted how with depression, just as the cause can be varied, so can the treatment. What works for some may not work for all. Unfortunately it is not always possible to tell beforehand who will benefit from what. Pinel, the 18th century French physician made famous for unshackling the

psychiatric inmates at the Salpatriere, is quoted as saying that the most effective medicine for madness is kindness and compassion. This may sound quite trite but I believe it works in part because it is providing an accepting and unconditional reflection to your client which within the model outlined here communicates an acceptance of self as we find it, re-establishing the link between our experience of ourselves and a sense of who we are. Most clients in a gentle and supportive environment gradually do resolve with time. Whilst some may feel uncomfortable with this I have always found that communicating our confidence in a client's recovery is often seen by the client on later reflection as essential in re-establishing a sense of confidence for themselves and their ability to re-engage.

'It is of great importance that those who are suffering a siege, perhaps for the first time, be told –be convinced, rather –that the illness will run its course and that they will pull through. A tough job, this; calling 'chin up!' from the safety of the shore to a drowning person is tantamount to an insult, but it has been shown over and over again that if the encouragement is dogged enough –and the support equally committed and passionate –the endangered one can nearly always be saved' (Styron *ibid* p.76.)

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