PSYCHOENERGETICS

A BODY-MIND APPROACH TO DEPTH WORK AND PROCESS FACILITATION

The Depressive Character

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A note on the treatment of depression from a characterological standpoint: Pharmaceutical companies generally prefer to construe mental suffering in terms of discrete disorders rather than as longstanding personality patterns that are notoriously unresponsive to pharmacology.

Depressive Personalities

There are significant differences between depressive states and distinctive mourning:

- *In ordinary grief, the external world feels diminished in some way.*
- *In depression, what feels lost or damaged is a part of the self.*
- *Grief tends to come in waves.*
- *Depression is relentless and deadening.*

In some ways, depression is the opposite of grief:

- *People who grieve normally tend not to get depressed, even though they can feel overwhelmingly sad during a period following significant loss.*
- A high percentage of psychotherapists are characterologically depressive.

As therapists, we empathize with sadness, we understand wounds to self-esteem, we seek closeness and we resist loss.

Drive, Affect And Temperament in Depression

Depression clearly runs in families; yet what may look simply genetic is likely to be much more complex.

- *An important precursor to depressive states is the experience of premature loss.*

"Oral qualities' are often associated with people who have depression characters, more because of the intuitive appeal of such an association than because of its theoretical value.

Freud noted that people in depressive states aim negative affect away from others and toward the self, hating themselves out of all proportion to their actual shortcomings.

This *aggression-inward* model is consistent with observations that depressive people *seldom feel spontaneous or unconflicted anger on their own behalf.*

- Instead, they feel *guilt* - a partly conscious, ego-syntonic, pervasive sense of culpability.

- *Sadness* is the other major affect of people with a depressive psychology.

The sorrow of someone who is clinically depressed is so palpable and arresting that in the public mind, the terms "sadness" and "depression" have become virtually synonymous.

Yet even a psychologically robust, high-spirited person with a depressive character will convey a hint of inner melancholy.

The Irish, famous for a song in the heart and a tear in the eye, captures the ambience of a whole ethnic subculture with a depressive soul.

Most depressive people are easy to like and admire. Because they aim hatred and criticism inward rather than outward, they are usually generous, sensitive and compassionate to a fault.

Defensive and Adaptive Processes In Depression

The most powerful and organizing defense used by introjectively depressive people is, not surprisingly, ***introjection.*** Clinically, this is very important to understand, in order to reduce their suffering and modify their depressive tendencies.

When working with *introjectively* depressive clients, you can practically hear the internalized object speaking. Often, the therapist will feel as if he or she is talking to a ghost in the room.

This kind of introjection is the *unconscious internalization of the more hateful qualities of an old love object.* The person that has been lost to them is generally remembered fondly for their positive attributes, whereas the negative ones are felt as part of the self.

The internalized object does not have to be a person who in reality was hostile, critical, or negligent (though this is often the case) for the person to have experienced the object that way and internalized such images. (Sr. Mary Walter)

- *Children tend to project their own reactions onto love objects who desert them, imagining that they left feeling angry or hurt.*

Then, such images of a malevolent or injured abandoner, because they are too painful to bear and because they interfere with hopes for a loving reunion, are driven out of awareness and felt as a bad part of the self.

A child may thus emerge from experiences of traumatic or premature loss with an idealization of the lost object and a relegation of al negative affect into his or her sense of self.

These well known depressive dynamics create a pervasive feeling that one is bad, and has driven away a needed and benevolent person, and must work very hard to prevent one's badness from provoking future desertions.

Introjection covers the total experience of feeling incomplete with the object, and then taking that object into one's sense of self in order to feel whole, even if that means taking into one's self the sense of badness that comes from painful experiences with that person.

Turning against the self gains a reduction in anxiety, especially separation anxiety, and also maintains a sense of power (to correct the internalized badness).

This is the aggressive internal solution to a pervasive environmental failure.

As children, we are existentially dependent. If those on whom we must depend are unreliable or badly intentioned, we have a choice between accepting that reality or denying it.

If we accepted that reality, we tend to generalize that life is empty, meaningless and uninfluence-able, and we are left with a chronic sense of being under-equipped to deal with one's circumstances – suffering a sense of incompleteness, emptiness,

longing, futility, and existential despair. *This is called the **anaclitic** version of depressive suffering.*

This positions parallels the one of the "*collapsed oral character*".
This is the passive internal solution to a pervasive environmental failure.

If we denied our childhood reality, we may decide that the source of our unhappiness lies within us, thereby preserving hope that self-improvement can alter our circumstances. If only we can become good enough, can rise about the selfish, destructive person that we know ourselves to be, life will get better. *This is the **introjective** version of depressive suffering.*

This positions parallels the one of the "*compensated oral character*".

- *Clinical experience attests resoundingly to the human propensity to prefer irrational guilt to an admission of impotence.*

- *The introjectively depressive person feels bad but powerful in that badness, where as the anaclitic depressive person feels victimized, powerless and passive.*

***Idealization** is the other defense important to note in the depressive client.*

Because their self-esteem has been damaged by the effects of their life experiences, (feeling chronically empty or feeling secretly bad), the admiration with which they view others is correspondingly increased.

Self perpetuating cycles of holding others in excessively high regard, then feeling diminished in comparison, then seeking idealized objects to compensate for the dimunition, feeling inferior to those idealized objects, and so on, are typical for depressive people.

This type of idealization differs from that of the narcissistic character in that it constellates around moral concerns rather than status and power.

Relational Patterns In Depressive Psychology

There is the role of early and/or repeated loss. Early loss is not always concrete, observable, and empirically verifiable – it may be more internal and psychological.

Not just early loss, but *also the conditions that make it difficult for the child to understand realistically what happened*, and to grieve normally, may engender depressive tendencies.

- *One such condition is developmental.* A major loss in the separation-individuation phase of childhood (2-3 years of age) virtually guarantees some depressive dynamics.

- Other circumstances include *family members' neglect of their children's needs when they are beset by difficulties*, and their ignorance of the degree to which children require explanations that counteract their self-referential and moralistic interpretations.

NOTE: Along with a lack of abandonment by the non-custodial parent, the best predictor of a non-depressive adaptation to divorce is the child's having been given an age-appropriate, accurate explanation of what went wrong in the marriage.

- Another circumstance that encourages depressive tendencies is a family atmosphere in which *mourning is discouraged*, as if acknowledging sorrow were equivalent to falling apart.

In this case, the child concludes that grief is dangerous and the needs for comfort are destructive.

The combination of emotional or actual abandonment with parental criticism is particularly likely to create depressive dynamics.

- Some depressive patients that worked with McWilliams appeared to her to have been the most emotionally astute person in their family of origin.

They would often be branded by less astute family members as 'hypersensitive' or 'over-reactive'.

- *Finally, a causative factor in depressive dynamics is significant depression in a parent, especially in a child's earliest years.*

Children are deeply bothered by a parent's depression; they feel guilty for making normal demands, and they come to believe that their needs drain and exhaust others.

Numerous different pathways can thus lead to a depressive accommodation. Both loving and hateful families can breed depressive dynamics out of infinitely varied combinations of loss, and insufficient psychological processing of that loss.

Drug abuse, obesity and gambling can be viewed as 'counter-depressive compulsions'. Human beings seem not to have been designed to handle as much instability in their relationships as contemporary life provides.

THE DEPRESSIVE SELF

*People with **introjective** depressive psychologies believe that at bottom they are bad.* They worry that they are inherently destructive.

These anxieties can take an *oral* tone, an *anal* tone, or an *oedipal* tone.

Depressive people have made sense out of their experiences of unmourned losses by the belief that it was something *in them* that drove the valued other away.

The fact that they felt rejected gets converted into the unconscious conviction that they deserved rejection, that their faults provoked it, and that future rejection is inevitable – if anyone comes to know them intimately.

- *Depressive people try very hard to be 'good', but they fear being exposed as sinful and discarded an unworthy.*

- *The **guilt** of an introjectively depressive person is at times unfathomable.*

Depressive guilt has a certain magnificent conceit. *"Bad things happen to me because I deserve them"* is often a consistent underlying theme.

Because of their readiness to believe the worst about themselves, they can be very thin-skinned. Criticism may devastate them; in any message that includes mention of their shortcomings, they tend to hear only that part of the communication.

- *Introjectively depressive people often handle their unconscious dynamics by helping others, by philanthropic activity, or by contributions to social welfare or progress that have the effect of counteracting their guilt.*

It is one of the great ironies of life that it is the most realistically benevolent people who seem most vulnerable to feelings of moral inferiority.

Many people with depressive personalities are able to maintain a stable sense of self-esteem and avoid depressive episodes by doing good.

- *Psychotherapists often have significant introjective dynamics.*

As well, therapists in training have to face the reality that developing competency is more about learning a nuanced art form than it is about mastering a particular area of content.

Anaclitically depressive individuals experience themselves not so much as actively bad; instead, they are more likely to:

- See themselves as chronically inadequate and longing, but *destined to a life of disappointment.*

- Suffer from *shame*, rather than react to guilt.

- Struggle with seeing a future worth having. It is hard to imagine anything better for themselves than 'life sucks and then you die', and they feel unbearable envy if they were to imagine other possibilities.

Women are at more risk of depressive solutions to emotional problems than men. Men use introjection less, as their masculinity is affirmed by separation rather than by fusion, and women use it more, because their sense of femaleness comes from connection.

TRANSFERENCE AND COUNTER-TRANSFERENCE WITH DEPRESSIVE CLIENTS

Depressive clients are easy to love. They attach quickly, ascribe benevolence to their therapist's aims, are moved by emotional responsiveness, work hard to be 'good' in the client role, and appreciate bits of insight as if they were morsels of life-sustaining food.

They tend to idealize their therapist, but not in an emotionally disconnected way. They are highly respectful of their therapist's status as a separate, real and caring human being, and they try hard not to be burdensome.

At the same time, *introjectively* depressive clients project on to the therapist their internal critics – inner voices that tend to harsh or sadistic.

Depressive clients are subject to the chronic belief that the therapist's concern and respect would vanish if he or she *really* knew them.

Anaclitically depressive individual are more likely to feel initially comfortable in treatment. They are more likely to develop a benign idealization and to assume that a therapist is taking care of them.

Difficulties with the transference tend to occur once the therapist begins confronting them about making real-world changes.

As *introjectively* depressive clients progress in therapy, they project their hostile attitudes less and experience them more directly as anger and criticism toward the therapist. This typically includes expectations that they can't be helped, and nothing the therapist is doing is making a difference.

This phase of the therapy has to be tolerated, as they are doing what needs to be done to get out from under all the self-directed complaining that was previously keeping them unhappy.

As *anaclitically* depressive clients progress in therapy, they tend to get critical too, because they now have to confront the painful fact that even though they have established a warm connection to the therapist, there are things they have to work on, and that the therapist can't fix them.

Countertransference with depressive individuals runs the gamut from benign affection to omnipotent rescue fantasies. The therapeutic fantasy is that one can be God, or the 'Good Mother', or the sensitive, accepting parent that the client never had.

- *These fantasies and longings by the therapist can be understood as a response to the client's unconscious belief that the cure for depressive dynamics is unconditional love and total understanding.*

Depressive attitudes are contagious, and one can easily conclude during work with depressive people that one is simply an inadequate therapist.

THERAPEUTIC IMPLICATIONS OF THE DIAGNOSIS - DEPRESSIVE PERSONALITY

The most important condition of therapy with a depressed person is an atmosphere of acceptance, respect, and compassionate efforts to understand.

It must be stressed how critical this approach is to helping depressive people. A therapist working with this personality must take special pains to be nonjudgmental and emotionally constant.

With *introjectively* depressive clients, addressing undercurrent presumptions about inevitable rejection, including understanding one's compensating efforts to be 'good' in order to forestall it, constitutes much of the work.

Improvement depends on the therapist's addressing the client's presumed internal beliefs about badness and its role in any losses they have had.

- *The critical issue is to expose and challenge the person's implicit thoughts.*

Anaclitically depressive clients tend to get better as soon as they are able to establish an attachment to the therapist. However, the therapy will take a good while to get rooted deeper into their psyches, and thus the therapy often needs to be long term.

- *Respect that it takes time to internalize the therapist's presence as a reliable positive inner voice.*

It is critical with depressive clients of both types to explore and interpret their reactions to separation, even to the separation of brief silence of the therapist.

- *Depressive people are deeply sensitive to abandonment and are unhappy being alone.*

- *More importantly, they may experience loss –usually unconsciously – as evidence of their badness or inadequacy.*

Hence it is critical not only to be attuned to how bothersome ordinary losses are to a depressive person, but also to how the client interprets them.

- *While basic nonjudgmental acceptance is a necessary condition of therapy with a depressive person, it is not a sufficient one, especially introjectively depressed people.*

What depressive people need is not uninterrupted care, but rather the experience that the therapist returns after a separation.

- *They need to know that their anger at being abandoned did not destroy the relationship and that their hunger did not permanently alienate the therapist.*

- *One cannot learn these lessons without enduring a loss in the first place.*

Depressive people carry unexamined assumptions that anger drives people apart. It may come as a revelation to depressive individuals that the freedom to admit negative feelings increases intimacy, unlike being false or out of touch.

- *Anger interferes with normal dependency only if the person one is depending upon has pathological reactions to it* . This may have been a circumstance that defined our childhood experiences, but not the possibilities for adult relationships.

Therapists often find that their efforts to improve their depressive clients self-esteem are either ignored or received paradoxically.

If support backfires, as it almost always will, especially with *introjectively* depressive clients, what can one do to improve their self-esteem?

- *Don't support the ego, but instead challenge the superego.*

When interpretations are put in a critical tone, they will be more easily tolerated by a depressive client. "Join the human race! What is so terrible about what you did?"

If a depressive person never behaves in an adversarial or selfish way in therapy, the therapist should bring that pattern up as worthy of investigation.

- *The therapist has to gradually undo the idealizations that depressive people put upon them.*

- *It is essential that depressive people eventually leave the 'one down' position they put themselves in, and see the therapist as an ordinary, flawed human being.*

- *Retaining idealization inherently retains an inferior self-image.*

CLOSURE WITH DEPRESSIVE CLIENTS

It is more important with depressive clients than with others to leave decisions about termination up to them, and the termination phase should be handled with flexibility and special care.

The Well of Grief

Those who will not step beneath
the still surface on the well of grief

turning downward through its black water
to the place we cannot breathe

Will never know the source
From which we drink,
The secret water, cold and clear.

Nor find in the darkness glimmering
The small round coins
Thrown by those who wished

For something else.

- David Whyte