

Severe Depression

This book is dedicated to my father,
Joseph C. Barker (1919– 85), whom I
was most fortunate to meet before he left:

Illnesses are almost always spiritual crises in
life in which older experiences, and phases
of thought, are cast off in order to permit
positive changes.

Josef Beuys (1921–86)

Severe Depression

A practitioner's guide

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Acknowledgements

This book is the result of a lengthy gestation. I began to think about its structure in 1981, completing the manuscript almost exactly a decade further on. During that time many people have influenced my beliefs about the nature of depression, and the value of all therapies for this timeless affliction. Some important conversations, chance encounters and hints at understanding have doubtless been forgotten with their passing. Some people are, for several reasons, unforgettable. To the following I extend my heartfelt thanks.

Without the support and insight of Rosemary Barker this project would not have been possible. My excuse was that the subject was a captivating one, requiring my earnest and unflinching attention. Her acceptance of my frequent distraction and unremitting obsession is greatly to her credit. I have been fortunate to have had the company of such a partner on my own journey of discovery.

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Annie Altschul owns the quietness that rests easy with wisdom. I heard her silence often and was reassured by the knowledge that she too was thinking.

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To the many people who have been depressed, and who have allowed me entry to their lives, I owe a special debt. Much of this book reflects the distant intellectualization of the long dark night of the soul. I hope that I have been sensitive to the lessons painfully learned. To the women of Ward 20 and the DRCU women's group, I extend my fraternal thanks. I was honoured to have always been so welcome.

I believe that I have led a fortunate life. I am blessed with the satisfaction of knowing the tiredness of approaching age each evening, and youthful anticipation with each new day. The simple effort of writing this book has returned me to my roots. To the architect of my rediscovery I owe the deepest thanks; whoever (s)he might be.

Sheldon Kopp's *Laundry List*, c.1970, is reprinted by kind permission of The Guilford Press, New York.

Preface

In common with most other people, writers have a tendency to 'give themselves away' in conversation. A carefully worded argument or, more likely, a chance remark can be taken as an indication of where the writer 'stands', what the writer's views are on the subject in hand. The subject of this book is sufficiently important to allow me to break with this tradition. Rather than leave the reader to interpret where I stand on severe depression, I shall admit my prejudices from the outset. I believe that this is necessary to frame the 'entry point' to the book. My views should not be taken as a key to severe depression. Compared with many of my peers, I know little. Compared with the sufferer, I know nothing. My views represent the key to my thinking on the subject of severe depression. My views are all this book can offer.

I wish no disrespect to my colleagues in the various helping arts when I say that people who suffer from severe depression are more often the object rather than the subject of psychiatric treatment. When people experience short-lived depression they are often described as 'depressed'. The longer the depression lasts, or the more treatments which are offered without success, the greater is the likelihood that the person will be described as 'a depressive'. The process by which people are overtaken or displaced by clinical syndromes, like some medicalized version of *The Invasion of the Body Snatchers*, has always eluded my understanding. The description of a person as a 'depressive' has the same ring of truth as descriptions of people as 'blacks', 'Jews' or 'simpletons': it tells us a little of where the person has come from (history), but nothing of their future (potential).

The professional treatment of the person as an object is a strategy for sparing our blushes, when we fail to be of much help. Only rarely do we acknowledge that our lack of success represents a true failing on our part. More often we dismiss the person and replace her with a diagnostic 'thing', largely of our (professional) creation. We have not failed the person and, we add sympathetically, the person has not failed herself: this 'thing' is bigger than both of us.

This book is about people who subjectively experience severe de-

pression. It is not about severe depressives, and here I am not merely playing with words. I believe that all who wish to help people in such dire straits need to respect, and embrace, the person who experiences the distress. The person does not leave, go on holiday or, in anything other than a metaphorical sense, 'take a back seat'. We replace the person with a 'patient' at our peril. I have included very few case histories or other 'clips' from my conversations with people who have been depressed. Although such verbatim accounts provide a fascinating glimpse of the melancholic experience, many such accounts are already in print. My aim was to focus on the personal experience of depression, asking what lessons were to be learned by us, the practitioners. Helpers need to have some appreciation of what the experience of depression means to the individual. It may be more important that they know how to make sense of their experience of the depressed person's experience: that is one definition of involvement. Most of the ideas explored in this book derive from my involvement with the experience of depression. I hope that readers can build upon my fumbling understanding; that my travels might assist them to find their own way.

I also wish to acknowledge that most of the 'answers' to the problem of severe depression are either incomplete or inadequate. I intend no disrespect to those who are assumed to have made great discoveries concerning causes and treatment. It appears, however, that our undisputed knowledge of severe depression is a depressing subject in itself. It is also unclear to me whether any of the 'successful' treatments, such as ECT or drug therapy, seriously address, merely mask, or simply 'stamp out' the problem. The incompatibility of 'existentialist' and 'biochemical' explanations of severe depression represents the gulf between professionals, in which patients are either rescued or lost forever.

In a sense, all treatments can be defined as successful *to a degree*: as Lewis Carroll's Dodo observed: 'Everyone has won and all must have prizes'. The helping package which represents the focus of this book acknowledges this, at the same time recognizing that this is a fact of our own creation. The helping package I shall describe operates on several levels: I use the term 'holistic' by way of convenient shorthand, not because I am certain that this is a meaningful term. More correctly, the approach I shall discuss could be called a *multimodal* approach to severe depression. People who suffer severe depression witness a highly complex experience: they may be 'disturbed' on every level from their basic biological rhythms, like sleep, to their belief systems. In this book I try to remember this and shall try to offer an adequate, though hardly all-inclusive, response.

Finally, I think that it is important to confess that I have never suffered from a clinical depression of any description. Like many others who grew up as 'only children', I developed a keen sense of the loneliness and confusion of childhood, yet rarely understood why I felt such distress. Such experiences bred in me an enquiring mind and a tendency for reflection and critical self-analysis which, I hope, have served me well. At several points in my life I have been desperately unhappy: such low spirits, however, never undid me in the way they appear to undo those who are depressed. I continue to experience 'swings of mood', sometimes apparently of my own creation, often for no particular reason. My swing from liberated excitement to grim despondency invariably comes to rest easily between the two extremes. I count myself most fortunate that I can be positively fuelled by a heightened sense of energy, and can learn from my darker moments. That I have never witnessed directly the pathology of such experiences may be part of the reason why I am interested to help those who have.

I make these observations merely to acknowledge the difference between the author and the subject of this book. I have devoted a significant part of my professional life over the past 15 years to working with people who are severely depressed. Although we shared the understanding that I was there to be of help to them, I gained much from the experience that I would find hard to express. Any observations made in this book on the meaning of severe depression, and on meaningful ways of responding to such an experience, I owe to the sufferers with whom I have been fortunate to work. Given the state of my knowledge, this is a debt which I am unlikely ever to repay.

The book is in two parts. I begin by reviewing the history of ideas concerning depression, in an effort to balance the pathological perspective, so beloved by practitioners, with the human perspective best known to those who have witnessed the disorder. In Chapter 2, I review some of the psychological theories which appear relevant to the clarification of the sufferer's experience, and which provide a base for developing a therapeutic rationale. In Chapter 3, I outline an alternative paradigm of depression, which attempts to integrate existing knowledge. Such a paradigm might begin to recognize the complexity of its subject, albeit with limited predictive power. Chapter 4 outlines some of the principles of the practitioner's art. This is supplemented in Chapter 5 by my suggestions for using the skeleton self-help guide, which forms the basis of Part Two. I conclude with a backward glance at the paradigm in practice, along with some thoughts of possible pastures new. I have supplied notes at the conclusion of each chapter in an attempt to make the text accessible to at least two audiences. The reader may choose, therefore, whether or not to pursue the extensive

theoretical and therapeutic literature, or to consider some of the wider issues stimulated by the subject.

Throughout the text I shall refer to the depressed person as 'she', wherever reference to an individual is appropriate. I do so partly in acknowledgement of the statistical fact that women represent a greater proportion of sufferers and, in some cases, might experience an unnecessary degree of suffering as a result of the thoughtlessness of men. As I have already observed, I have spent a substantial proportion of my professional life working with women who are severely depressed: they have been, and continue to be, a significant glimmer of light in my professional darkness. It seems only fitting that I should retain my personal relationship with those women who have been my teachers, by continuing to refer directly to them in this book.

Newport-on-Tay, 1992

Foreword

My qualifications for accepting the invitation to write the foreword to this book include half a century of nursing patients, teaching students to nurse patients and the experience of having been a patient suffering from severe depression. All of these serve to support Phil Barker's argument that our understanding of the problems of severe depression is incomplete and inadequate.

Listening to Phil Barker over a period of some years and reading what he has to say on the subject have helped me personally and professionally to develop my thinking and understanding, to open up new perspectives and, most importantly, to introduce hope into a field of endeavour generally characterized by gloom and despondency.

Depression is one of the most common disorders. People of all ages are actual or potential sufferers. Not only those who experience depression but all those in contact with them, friends, relations, informal and professional helpers, are caught up by the devastating effects of severe depression.

All those who aim to understand issues of health and disease, all who study the biological or psychological functioning of human beings, all who are interested in social welfare and the structure of society will sooner or later have to concern themselves with the enigma of depression. I believe this book is for all these people. Whatever the starting point of understanding, the writer's profundity of thought will provide challenge and stimulation for every reader. All will emerge wiser as a result.

The book is primarily about helping people to manage their own experience of depression and about the way sufferers and professionals can learn from each other. It demonstrates that, in spite of the feeling of helplessness, people suffering from depression can effectively assume personal responsibility for thoughts and actions.

Sufferers from depression may be tempted to start with Part II (Chapter 6), a self-help guide designed to assist them to do just that. This section addresses sufferers in a direct and personal way, encouraging a step-by-step approach to the solution of their problems. Phil

Barker acknowledges, however, that sufferers may lack motivation and the power of concentration to persevere and that they may need professional help. One can only stress Phil Barker's own advice: 'Do not expect too much too quickly!' Perhaps, as is the case with many instruction manuals, sufferers will only come to appreciate the quality of the advice when they are no longer in need of it. At that point they should join other readers in studying the first part of the book.

Chapters 1 and 2 provide a masterly exploration of the nature of depression, the medical and psychological perspectives, a survey of literary and artistic interpretations. These lead to the exposition of an integrated model of severe depression in Chapter 3, which forms the basis for a helping framework. From there, helpers and sufferers can jointly embark on a plan of action.

Chapter 4 is the manual for professional helpers. It allows them to reach an understanding of the cognitive process of depression. The author develops this as his favoured approach to the acquisition of the necessary skills and for the establishment of a helping relationship.

The writer does not claim that his approach is the only possible one nor that his understanding or conclusions are final or optimal. On the contrary, readers are invited, through the hard work of a radical re-examination of their position, to reach their own solutions. This is the reason why I believe that readers will have a thoroughly rewarding and enlightening experience.

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Publisher's note

The ideas, procedures and suggestions contained in this book are intended to be supplementary, rather than an alternative, to psychotherapeutic intervention provided by an appropriate mental health practitioner.