THE PHILOSOPHY OF DEPRESSION

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Abstract

Depression, together with anxiety, is one of the most fundamental emotional states of conscious being. The fall from the paradise of innocence was the fall into knowledge which brings about the freedom of choice and uncertainty of understanding altogether. The level of self-consciousness state I come with self-understanding an auto-poietic process of self-referentiality that involves both the anxiety of responsibility and depression of choosing. Consciousness begun with anxiety and depression, and was assisted by them throughout its entire evolution. The present high rate of clinical depressed people is a sign of an unbalanced functioning and of an inappropriate understanding these two fundamental axes of human psychic within modern culture, which should be reconsidered and employed for the progress of the consciousness and not foolishly pharmacological concealed.

Keywords: *Depression, Anxiety, Biopsychosocial Model, Self-reflexivity, Depressive realism, Diathesis, Mental-Material Dialectic.*

To be, or not to be: that is the question:// Whether 'tis nobler in the mind to suffer// The slings and arrows of outrageous fortune,// Or to take arms against a sea of troubles,// And by opposing end them? To die: to sleep;// No more; and by a sleep to say we end// The heart-ache and the thousand natural shocks// That flesh is heir to, 'tis a consummation// Devoutly to be wish'd. To die, to sleep;// To sleep: perchance to dream: ay, there's the rub;// For in that sleep of death what dreams may come// When we have shuffled off this mortal coil,// Must give us pause: there's the respect// That makes calamity of so long life;// For who would bear the whips and scorns of time,// The oppressor's wrong, the proud man's contumely,// The pangs of despised love, the law's delay,// The insolence of office and the spurns// That patient merit of the unworthy takes,// When he himself might his quietus make With a bare bodkin? (*Hamlet, Act 3 Scene 1*)

"People suffering from depression often show distorted thinking. Everything looks bleak to them, and they hold extremely negative views about themselves, their situation, and the future. Trapped in their pessimism, they brood/obsess over their problems and blow them out of proportion. Feeling hopeless and helpless, they may even start to see suicide as their only way out."[1] The grief, sadness and despair provoked by stressful or tragic events are part of our lives, trials that almost all people share. Usually, following disruptive events - dramatic changes, undesirable loss of loved ones - many try to deny reality, some become angry, some try to negotiate, a few fall into depression, others refashion themselves in the resulting condition and accept it, or all of these, while others display, on the outside at least, a strong resilience. This is the everyday image of the ordinary individual who lives his life being led into thinking and acting by the values and cultural (pre)judgments within a given historical society. Education, the structure of social relations, the values and beliefs have always had a mood stabilizing role in any culture preventing the transformation of transitory anxiety or depression into lasting syndromes.

From beyond the cold curtain of the outside psychosocial perspective, there lies the inside deeper reality of the states of consciousness. Contemporary science has few clues about this reality and no meaningful tools for analyzing and understanding it. The development of human consciousness - of consciousness *about* itself (self-consciousness), *for* itself and *in* itself - above psychogenic and biological determinations, brought the avatars of uncertainty born from the "Why?" but mostly from the "For What?" of the existence. The contradiction of the consciousness with the non-consciousness, of the human existence with its non-existence, settles a universal nihilistic metaphysical substrate of cognition. The reclusion in religion or in living for the moment

or immediate action has represented only a temporary palliative to the problems of hidden consequences brought about by the reflexivity of consciousness. The destruction of traditional values, scientific ambiguities, social insecurity all lead to the formation of a nihilistic philosophy of life. Plain and cynical, the negative nihilistic answer to the fundamental question of any sentient being whether there is a meaning of life outlines the cognitive infrastructure of any depression. "That's the thing about depression: A human being can survive almost anything, as long as she sees the end in sight. But depression is so insidious, and it compounds daily, that it's impossible to ever see the end."[2] And this constitutes the exceptionality of the depressive phenomenon. More than the dreadful but vitalizing anxiety in the face of the salience of death, depression brings about hopelessness and depletes every innate living thrill.

The contradiction between the rational cognition of "It is futile" and the biological volition of "I want to live" falls in the passive state of (organic) depression. Living "into immediacy and for preservation" does not lead to depression[3], as the being for the moment lacks a proper sense and thereof the need to feel it. Self-consciousness instead is free in its essence and is found itself in thought and action. Because the thought cannot be fulfilled in its completeness in the act, it will always be left with some uncertainty. And "uncertainty leaves alternatives to any conclusion open and thus engenders freedom of choice - responsibility in not knowing. It is here where confusion, awareness of guilt, anxiety and depression are ontologically grounded."[4] This metaphysical constituent conjugated with the tri-unitary ontological structure of the human being explains the difficulties of understanding the depressive syndrome mechanisms only through current scientific paradigm. These profound roots and mixed bio-psycho-social facets makes the depression question less solvable in any linear logical enquiry.

The human sciences seem inevitably contaminated with this mono-epistemic perspective from the more mature natural sciences. Psychology, the medicine of the soul, is no exception. The paradigm of more well-established natural science rules the modern science. In 1992, 86% out of a total of 627 papers presented in the New Research sessions at the annual meeting of the American Psychiatric Association were biomedically oriented and more than 88% from 227 papers presented by "young investigators" were biomedically focused.[5] Twenty years later there is no sign of change. In the list of Top Ten Research Advances of 2012 proposed by the Director of National institute for Mental Health, eight were biomedical topics. However, these breakthroughs are "not directly focused on mental disorders, but they suggested new vistas for biology that will almost certainly change the way we understand serious mental illness and neurodevelopmental disorders."[6] These "advances" include topics as "epigenomics", "neurodevelopmental genomics", "optogenetics and oscillations in the brain," "mapping the human brain at the molecular level" and "mapping the human connectome", "unexpected genome variation", "the human microbiome" and "the ENCyclopedia of DNA Elements (ENCODE) project". Among these top priority advances there is no concern for any concrete improvement in the assessment, prevention or treatment of mental disorder. No intent for studying the context, the nonclinical elements, the alternative therapies or mental health enhancement. The solely humanist advance of modern science of psychiatry seems to be the individualization of the disease for the patient, but even this is not a fair progress, quite the opposite.

Hippocrates has considered "there are three factors in the practice of medicine: the disease, the patient, and the physician. The physician is the servant of the science, and the patient must do what he can to fight the disease with the assistance of the physician. The physician is the servant of his art, and the patient must cooperate with the doctor in combating the disease."[7] Hippocrates established the Art of Medicine "on a solid and unshakeable basis" namely the principle "that our natures are the physicians of diseases" and the method of "the exact description of nature".[8] More than five hundred years later, Galen considered there was only one disease as abnormal countless variations of the four humours. He posits the methodological difference

between considering the patient in all of his/her particularity and understanding the patient as an individual *instance* of a general rule of biomedical science.[9] By the particular way he managed this difference, he seems to have individualized and hence apparently humanized medicine. „Psychiatry today is Galenic, not Hippocratic. The four humours have become a half dozen neurotransmitters, whose rise and fall we speculatively manipulate with drugs. Careful clinical observation and nosology of disease, the hallmark of Hippocratic thinking, have been replaced by penny-in-the-slot drug-for-symptom practice. This pseudoscience is justified on humanistic grounds as being individualized to the patient. We forget that such extremist individualization, which is the opposite of science, produced 2000 years of dehumanizing, harmful bleeding and purging," [10] alongside with vomiting and sweating.

A dialectical logic of mental-material relationship is required because it is the solely able to support an integrative psychobiological model for understanding depression. It would start from the existence of different genetic variants which sensitize people to the disturbing life experiences that make them vulnerable to depression. It should rely on studies to identify biological mechanisms that contribute to depression by favoring the tendency to interpret events in an extremely negative way and socio-cultural factors which supply the content, the context and the triggering mechanisms.[11] These mechanisms become completely meaningful only within broader the evolutionist perspective. Within such a model, the biological or genetic vulnerability (diathesis) is understood as possible predisposition for social influences and control by virtue of group selection ecology, the one which „has sculpted the perverse makeup which manifests itself in our depressive lethargy, in our paralyzing anxiety, in the irritability which drives others away when we need them most, in our depressive resignation when success repeatedly eludes us, and in the failure of our health when we lose the status, goals, or people who give us our sense of meaning and even our very sense of being."[12] Only such a complex and culturally elevated view, which most of all could be empirically endorsed, supports the validity of metaphysical truth "that anxiety and depression are ontologically necessary factors of human consciousness. They are ways of experiencing oneself in reality which are indispensable for the development of individual human consciousness in truth to reality."[13]

Unfortunately, the compulsory need for certitude, which fostered and carried the scientific endeavor from its dawn, has a cost. The insurance against uncertainty has as unavoidable complement: the limited mode of enquiry, e.g. the Real could be seen from a single perspective. For this reason, throughout the entire history of psychology, we witness to a continual alternating dominance of two perspectives on the human being: the behavioral *view from outside* and the cognitive *view from inside*. The prolonged hegemony of any of them has ended in the accretion and highlighting of its shortcomings, which led to an increasing rate of research and development of the other alternative.[14] Unlike in Natural Sciences, in Psychology the object of research is also a reflexive subject. Therefore the subjects reflect on their own objectivity and thus change themselves due to new discoveries and information. In addition, given the heterogeneity of the human being, each of the two paradigms are doomed to reach, sooner or later, an unsatisfactory point.

The human (self-)reflexivity, as individuals and social groups, is the one that best explains this perpetual metaphysical two-step oscillation between the two major paradigms of understanding mental reality: Person Constructs Reality (mentalism) versus Reality Constructs Person (materialism). There could be three hypotheses underlying this cyclic alternation. "First, there might be some emotional or conceptual threshold which is reached each time a community of psychologists look at human (and, therefore, their own) behavior through the lens of either metaphysic for too long. Reaching the threshold would then result in these psychologists or the next generation of psychologists wearing the opposite lens. The second hypothesis is that there is no logical vocabulary, no metaphysic, available which adequately captures the truth contained in *both* Person Constructs Reality and Reality Constructs Person models. Perhaps this is due to our

cognitive incapacity to construct such a vocabulary, or to the weight of traditional scientific models, or perhaps it is simply due to the historical accident that none had yet been constructed."[15] The third hypothesis is that psychology is just a form of social history, a type of social commentary, and this swinging is simply the expression of our alternating historical sense that we have of ourselves. "Psychological talk of humans as subjects who make reality is due to the fact that that is what we are doing or recommending doing at the historical time. When our psychological theories talk of humans as objects made by reality they are depicting or recommending a way of being."[16]

Irrespective of which explanation is true, the researchers, experts and clinicians should be aware that the scientific understanding of a psychic disorder is not a simple issue of precise assessment and diagnosis. The scientific representation which makes possible the criteria for assessment is relative, to a certain degree, to the more flexible social representation existent in the epoch. "An epidemiologist who is asked: are people more depressed in 2000 than we were in 1900? He or she is painfully aware that the definition of depression has changed, and that any 'change in the rate of depression' might only reflect the change of definition. It is like scoring a game where the rules frequently change."[17]

The biological truth of explaining in terms of quantities and qualities of monoamine neurotransmitters is as deceptively truncated as the social or psychological scientific truth. A model that is gaining ground, but still cannot evolve toward consistency and substance[18], is the biopsychosocial one. It is based on the concept of psychobiological vulnerability - a compound of genetic, somatic, psychological, and societal risk factors. When the load of disturbing circumstances attains the superior threshold of psychobiological vulnerability, it triggers a negative somato-cognitive downward loop in which the interactions among symptoms, vulnerability, and stressors overwhelm the protective factors and drive the individual toward a depressive state.[19] Numerous studies have already revealed the implication of diverse elements composing the biopsychosocial vulnerability. These factors range from the biogenetic (genetic predisposition[20]), somatic[21], physical ailments (cerebellar cognitive affective syndrome[22] or cancerous tumors), psychological (particular negative aspects of personality and emotional development, an cognitive erroneous compound (cognitive negative biases and distortions[23])), to the social (prejudice, lack of support, adverse conditions, poverty and social isolation), and should be combined with species evolutionary adaptive resources (e.g. the theories of analytical rumination[24], depressive realism[25] social risk[26] or ranks, honest signaling theory and bargaining theory[27], and so on[28]). However, none of these factors alone could explain or actuate depressive state. For example, studies show that „genetic vulnerability for depression does not enhance an individual's vulnerability for stressful events,"[29] and the positive of various psychological therapies confirm this complex relations. Such an integrated and systemic conceptual framework might explain how precipitating factors in the life of the individual could increase the mental and neuronal activity above the vulnerability threshold. In this case, the functional equilibrium between cognitions and emotions (and between groups of neurons) and the normal dynamism and flexibility of mental activation will fail. The proper interaction with the environment will be compromised and a "binding dysfunction" will occur. According to this "binding dysfunction", the "vulnerability or predisposition to Depression would be associated with the imbalance between activating and inhibiting interactions (between some cognitions and emotions at a mental level, and between certain neuronal groups at a cerebral level).[30]

But as long as this model will not incorporate the mandatory cultural feature, the understanding of depression would fail to appear in its true profound reality. It will miss the metaphysical ground that "any major sufferings of the psyche, as anxiety and depression, have their origin in fundamental human disorientation and must be recognized as indispensable resources of human cognition and morality. Thus it is essential for the livelihood of human consciousness to acknowledge and recognize a variety of experiences as suffering, - not just those which are intensely and undeniably felt, but also (and especially) those which one may not recognize

as suffering; a conscious or unconscious denial of uncertainty may be tantamount to devastating self-deception"[31]

This philosophical perspective places in a new light on what the medical world only half-heartedly[32] recognized: the phenomenon of depressive realism.[33] The increased accuracy of self-assessment, due to cognitive mechanisms[34] as self-focused attention and self-schemas particular structure, supports the idea of self-reflexivity involvement favored by these particularities of dysphoric phenomena. Self-centered attention "defined as an awareness of self-referential, internally generated information that stands in contrast to an awareness of externally generated information derived through sensory receptors,"[35] might be a good explanation for this performance. The morbidity mechanisms of the depressive self-assessment could be based on a high a level of self-focus that initiates, in the case of these persons, a downward self-regulating process of negative self-evaluation, from which the individual cannot escape in the absence of self-enhancing biases specific to non-depressed individuals.[36] The fall in the pathology of depression is due not so much to the degree and duration of focusing attention to itself alone and practicing self-reflexivity, but rather to a deficiency of attentional flexibility, an inability to easily shift attention away from the self to the others or outside world.[37] Significant deviations in the degree, duration, and flexibility of self-focused attention turn into the morbidity of "self-absorption".[38] Self-absorption, as characteristic of psychopathological states of functioning, is defined as a dysfunctional shift in the combination of degree, duration and flexibility parameters of attention, particularly shifts to excessive internal focus, sustained for protracted periods of time, and inflexibility (cognitive intransigence) of attention. While these processes are regular mechanisms of normal functioning, they could turn into an abnormal functioning. For example, the internal attention could vary from normal, to maladaptative functioning, psychopathologic and up to a disorder level according to its degree and while "a chronic self-focused attention per se is not dysfunctional; an inability to shift out of this state in response to situational demands is."[39]

This psychological mechanism is supported by the metaphysical understanding of the process. The approach to the truth, the ability to accurately assess lie under the menace of becoming aware and feeling the fundamental truth of Nothingness, hence the risk of pathological breakdown. But self-reflexivity and meta-cognition have therapeutic effects also, as the studies on cognitive-behavioral therapies demonstrate the positive effects on mood and self-esteem produced by the reflection upon and challenging these depressive patterns of thinking. Hence, not the process per se is pathologic, rather its context-relation.

These particular positive effects of depression were unnoticed because of another limiting aspect of psychological research practice. "Psychology has almost entirely dwelt on the problematic, the abnormal and the ordinary in its focus. Very rarely have psychologist – shifted their scientific lens to focus on people who were in some sense (other then intellectual) far above normal."[40] The exceptional cultural outcomes in which the depressive syndrome was heavily involved (one could be say almost up to the level of determinism) were omitted. Paul Feyerabend, Michel Foucaul, Herbert Hart, William James, John Stuart Mill, Friedrich Nietzsche are just some of the outstanding figures that have suffered from clinical depression. For many others, whose works prove high quality introspective skills, could have been easily assigned dysthymic or dysphoric symptoms by contemporary diagnostic criteria, in the context of a culture that overtly promotes the extrovert individualism.[41]

Psychological research focuses exclusively on what disturbances and what goes wrong rather than on what goes right with us. It emphasizes the negative side of the human being that gave a dark shade to the social representation of psychological practice and knowledge, rather than positive side of human experience and goodness. The scientific psychology is employed rather for refitting, not improving and developing. As consequence, "mental health *per se* had not been studied in psychiatry. Instead the focus of research had been on mental disorders, and mental health was defined, largely by default, as

the absence of psychiatric illness."[42] The metaphysical ground of modern culture is based on tragic settings. Life on earth is doomed to suffering and sorrow, with no sight for exceptional and enlightening (emotional) states of mind. It is obvious why, in medical world, depression is seen as "a real disease, just as a heart attack is real. Depression produces physical, emotional and thinking symptoms. Without treatment, depression can last for years and can even end in suicide. With treatment, as many as nine out of 10 people recover."[43] They recover from the clinical depression into "normal neurosis" – as Sigmund Freud set the goal of therapy to "transforming neurotic misery into common unhappiness".

"Depression is not one thing; it is many things. Sometimes it is a disease, as in manic-depression; in this case, it comes and goes in severe episodes which are impossible to stop or control without the right medications. Sometimes it's a reflection of personality traits, a tendency to be anxious and moderately sad all the time, with brief periods of mood worsening. Sometimes, it's just a reflection of life, and death, the existential despair that we all experience, whether we want to admit it or not."[44] The scientific and political community should understand that, regardless of their illusory bias of certitude, to a very high degree part mental disorder is not something that could be defined and evaluated with 100% percent accuracy. Being a cultural phenomenon, it is relative at overall age level of understanding and is shaped by this. "Mental disorder is what clinicians treat and researchers research and educators teach and insurance companies pay for."[45] It is not a reality in itself and for this reason the application of natural science methodology is limited. It is mandatory for the present researcher community and for public perception to go beyond the positivist conception of statistically probing the studied object and toward a more comprehensive understanding of (non-clinical) depressive state of consciousness. This perspective will expose the profound truth that depression is the expression of a need for a comprehensive insight into the state of a conscious being that lives in a colossal unknown universe. This psychological disposition could prove a useful provision which instead of being pathologized could be very well controlled and operated for the benefit of cultural development. "I understand depression to be the beginning of an unfolding process of self-awareness, not the grim end of a disease process (…) depression's signs and symptoms can be used as opportunities rather than viewed as catastrophe and (…) clinically depressed and ordinarily unhappy and confused people can achieve greater understanding, wholeness, and fulfillment."[46] This self-learning and self-developing process could be initiated and become real only if we become aware of the underlying philosophical overview. The existential condition of a conscious being in the world is a very disturbing and challenging situation. The entire history of philosophy, if not exclusively, but importantly, could be seen "as a diverse multitude of endeavors to find therapies for such primordial suffering. As this is constitutive of human existence and cognition, thus ontologically necessary, it cannot be cured. It can be integrated, considered as a cognitive source, to be lived *with* rather than *under*. Thus we are, as Nietzsche says, always convalescents."[47]

There is no way for psychology, the science of mental states, of thoughts and feelings, to circumvent the underlying philosophical truth of any of his theories on mental processes, of the mind-body relationship, or of normal-abnormal significance. "There is no escape from philosophy. The question is only whether [a philosophy] is good or bad, muddled or clear."[48]

But the appropriate cognitive therapy able to properly address the issue of depressive state should contain at least a strong compound of philosophical analysis, which if it is not existential is at least strongly related to it. However, it should, first and foremost, make use of the strong component of reflexivity, the one that provides the metaphysical substratum of collective living identity. An individualist existentialism like rigorous self-referentiality is from the beginning a dead-end, if is not backed up by a self-reflexive perspective to include others as conditions of possibility of one's self-consciousness.

The entrenched image supported by the hegemonic paradigm of technical natural science in psychology claims that only the cognitive and behavioral approaches have empirical evidence

for their effectiveness. It conceals the truth that psychodynamic therapies are empirically based. In the case of the latter, there are strong findings that demonstrate patients seem to continue to maintain therapeutic gains and even improve their condition after treatment. These raises the question whether "the efficiency of nonpsychodynamic therapies may be effective in part because the more skilled practitioners utilize techniques that have long been central to psychodynamic theory and practice,"[49] especially methods such as self-awareness and self-examination. Achieving self-knowledge through self-reflexivity is the (only) therapeutic and personal development method able to fully exploit the structural existential reality of human being. From this perspective „philosophy and psychology are deeply connected in reflecting the task of developing through anxiety and depression rather than against them. Philosophical methods if worth their salt are therapies to get us unstuck from the horrors of suffering in anxiety and depression - as well as from such 'truths' as are supposed to eliminate uncertainty."[50] As a cognitive being, released from the implacable determinism of the organic structure, Man is condemned to freedom of intention, to self-consciousness. Man makes his reality and makes himself by thinking. „Watch your thoughts, for they become words. Watch your words, for they become actions. Watch your actions, for they become habits. Watch your habits, for they become your character. And watch your character, for it becomes your destiny. What we think, we become."[51]

The non-introspective living, devoid of reflexivity, makes the individual a creature of impulses, whose life is chosen by the course of events. Thinking as your surrounding environment and media suggest - that is over-enhanced, flattering and illusory - leads to a self-deceptive and contingent construction of personality. An exaggerated introspection of brutal realism devoid of the creativity of utopia leads to the worsening of fundamental anxiety and depression (i.e. as of their fundamental status of a being aware of its own existence.) "In a word, we are living in a postmodern world where nothing is true and nothing is false; the rational response to such a world is despair. Most of us don't despair, though, because we don't know what it means to say that the world is postmodern and God is dead. In fact, we know it so well - that the world is postmodern and God is dead–that we aren't conscious of what we know…"[52]

The postmodern Man, the darkest caricature of the Enlighten Man product of Renaissance has dealt Reason for Illusion, the immaterial faith to material comfort and the elevated altruistic gratification for the grotesque self-satisfied individualism. He is proud about its self-considered superiority of its skeptic relativism over believers' absolute and his mingled knowledge over rationalists' rigor. He has access at much knowledge that anyone had before, but he prefers the superficial information and denies the access to real knowledge. The World returns to its unintelligible and hostile state as it was for the first men in the beginning of consciousness. The ancestral depression and anxiety begin to master the human mind and emotions one more time.

In this valley of the shadow of death there is a path for goodness and loving kindness in rightful understanding of Life and Being, what the Spirituality is truly about. The autopoiesis of the living, the self-creative character of human knowledge and evolution is a totally pleasingly ground and aim for motivating the endeavor of life in the Universe. Self-reflexivity, as an ability of understanding the creative character of knowing about the world and of self-awareness, and as an understanding of inter-relation of this knowledge, is that level of consciousness which can assure the balance of bio-psycho-social-cultural forces which tensional shape the human being. The present psychiatric affections should be reinterpreted, and the primitive biomedical model elevated to a bio-psycho-social-cultural paradigm. We may only hope that such a paradigm of the psychic diseases will be endorsed by cultural selection, if a similar evolutionary mechanism which insures the functioning and survival of the living world, governs the development of social knowledge, the futile and ineffective directions ending in self-destruction. Otherwise the rise of a Prozac Mankind seems imminent.

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