

DEPRESSION AS A MALADAPTIVE PROCESS: DISCUSSION OF THE CONDITION ACCORDING TO THE HUMANISTIC AND EXISTENTIAL APPROACH

Dr George Varvatsoulas

CPsychol AFBPsS CSci CBT Practitioner, Applied Psychology Supervisor

Module Leader and Lecturer for Cognitive-Behavioural Therapy and Research Methods at Newham College University Centre in London, UK¹

Abstract

This paper underlines some of the basic premises of humanistic and existential approach in view to the maladaptive condition of depression. Its aim is not to exhaust the topic, but to provide a general account of the issue, offering the opportunity to readers to delve into it with more succinct and detailed manner. This paper has been written for counselling and psychotherapy students, should they wish to receive the knowledge of generic ideas that refer to the condition taken out from current and contemporary therapeutic values. This paper is about a theoretical presentation of the topic, so that those who would like to learn more as to its practical elements in therapy could employ it as a starting point to commence their journey.

Keywords: Humanistic, Existential, Depression

Introduction

Depression has been characterized as the psychological disorder of modern society. The condition includes all those aspects that fill in the individual with insecurity, grandiose and megalomaniac conceptions, a variety of different phobias, fears of loss, problematic interrelationships, and many other personal and conflicting dysfunctions.

Depression constitutes nowadays a condition of various disorders which refer to the inability of an individual to have a firm thought and understanding of the world around him/her. Psychology considers depression as a twofold disorder. According to the DSM-IV-TR-I (Davison et. al., 2004), depression is called mood (affective) disorder and is classified as unipolar (mood disorder) and bipolar (major depressive disorder). The characteristics of unipolar and bipolar depression are different. A person suffering from unipolar depression is neurotic and agitated, whilst an individual with bipolar is psychotic and retarded.

Generally speaking, unipolar depression is connected with an excessive secretion of the neurotransmitter 'noradrenaline', whilst bipolar depression with the excessive secretion of the neurotransmitter 'serotonin' or 5-HT as that is medically referred. Most important from both 'depressions' is the bipolar one because it is chiefly encountered among the population, whereas unipolar depression is not easily diagnosed, since most of the population 'carry it around', and it is not the crucial one.

Bipolar depression is otherwise called mania or plainly 'depression'. In modern societies when someone is called or diagnosed as affected by the major depressive disorder, one is summoned as experiencing mania and compulsion. Characteristics of mania are: inflated self-esteem or grandiosity, decreased need asking for help from others, increased talkativeness, flight of ideas and 'racing around', distractibility, increase in goal-directed activities, increase in pleasurable activities, and many more of the kind, let alone tendencies of suicide or suicidal thoughts; the latter in reported in many occasions. To generally understand if someone experiences depression is to be easily found in personal cul-de-

¹ Email for correspondence: george.varvatsoulas@newham.ac.uk

sacs and dispositions such as abandoning one's efforts and not attempting finding ways out of one's discrepancies (Davison et al., 2004).

According to Brown & Harris (1978), there are mentioned particular factors that are disposed as stressors towards a model of diathesis which classifies specific vulnerability factors that lead to depression. Such are referred: lack of a confiding relationship, no occupation outside of home, having three or more children under the age of fourteen at home, loss of mother before the age of eleven, etc. Brown & Harris' (1978) understanding of depression calls all the above 'vulnerability factors' - psychosocial ones -, because they refer to personal incapacities to move out of a situation which is considered to be unhealthy.

Although, depression has been called 'the common cold of psychopathology' (Seligman, 1972), that does not mean it is an easy encounter in one's life, but a very painful one. Depression is not a unitary disorder. That means that its conditions are not shared. In other words, not all depressive individuals are psychotic or retarded, or feel hopeless and helpless. Similarly depressive people are usually less aggressive and competitive. The behaviour of depressive individuals is depleted of hostility and even in their dreams seems to be less hostile. The latter idea comes from Freud who thought of depressive personalities as depleted people away of aggression and competitiveness, just like helpless dogs and rats (Seligman, 1973).

Main Part

Humanistic psychology is referred as the 'third force in psychoanalysis' after psychodynamic theory and behaviourism (Corey, 1996). Its early proponents were Abraham Maslow, Fritz Perls and Carl Rogers. Although Perls' and Rogers' are both humanistic approaches that came out of the existential tradition the latter with his client-centred direction is considered as the major representative of humanistic psychology and is undoubtedly the figure mostly influenced the humanistic approach.

The humanistic approach to depression relies on dialogues as a means of helping clients to explore the meaning of their troubles, in order to facilitate the therapeutic process (McLeod, 2003). According to humanistic psychology (Corey, 1996), the main reason for people to become depressive is the conditions of worth they have acquired very young; they way others want them to be; they way others want them to behave. Through conditions of worth, individuals lose the sense of understanding how they should apply themselves in the world and society, to the extent to feel abandoned and stranded not only from others, but from the fulfilling of their expectations, thereby falling into the vicious circle of depression.

An idea that is maintained by humanistic psychology is the aspect of reflexivity through self-actualisation. By reflexivity it is meant that individuals are able to monitor their inner capacity, situations, actions and inner feelings by counter-reacting to obstacles that are proposed by others and the society around them. Since depression has been called *the common cold in psychopathology* it means that those who find themselves entangled into experiences of inability, instead of demonstrating a firm understanding of what is going on every day and how possibly that affects them, they do not act intentionally and with courage against any counter-action of their real needs and necessities, but automatically and the way they were 'taught', according to their conditions of worth.

An example to the latter: A client goes to his therapist and explains to him that he finds himself unable to be engaged in any pleasurable activity in life. The therapist, by discussing with his client will try to understand whether that kind of lack of pleasure is connected with his client's conditions of worth imposed on him from his family or the societal environment. If that is the case, he will attempt to inspire to his client, on the one hand, an awareness to alternatives of pleasurable activities, which will help him to find his way out of those conditions of worth that keep him away from his real self; on the other hand, the therapist will assist his client to understand the intentions out of any of his attempts to find pleasure. By helping him to understand his intention behind any pleasurable activity, the client will be enabled to know what activity is more useful and capable to getting him closer to his actualized self,

through which he will be able to fulfill his intentions away, again, from any of the conditions of worth he was grown up with.

In relation to the example above, humanistic psychology attempts in its humanistic paradigm to stress the aspect of *experiencing* in the client's life. By 'experiencing' it is meant that although the conditions of worth can be a very 'unlimited' source for the engagement of depression in one's life, on the other hand they are seen as an opportunity by the therapist to help his client towards a *reductionist* point of view towards understanding them. The latter means that humanistic psychology is not only interested in helping the individual 'fighting' back his conditions of worth, but most of all, and mainly important, to assist him towards understanding them better, in order to be able to *reduce* their effects in his life, and presumably to the theme, is now being discussed, of depression and its elements in one's life (Bohart, 1993).

Modern humanistic psychology (Greenberg et al., 1998; Thorne & Lambers, 1998), in order to confront depressive episodes in its clients' lives has been involved in the realm of service provision and client care, that requires categorization of clients, in order therapists to be able to present competence into dealing with issues such as depression. In this line, researchers within the humanistic tradition have attempted to engage themselves with the challenge of adapting humanistic therapies to the needs of clients with specific problems, such as depression. In this way, it is thought that humanistic psychology will be able to help people with depressive experiences as well as to lead them out of the circle of their conditions of worth, which are mainly characterized as the very stable elements for depression to take place in one's life.

According to the existential approach, human nature and existence is never fixed once and for all (Fischer & Fischer, 1983). Humans are rather developed in life through the choices they make; that is to say, humans are always evolving, becoming, emerging and they are never static. Some basic dimensions in relation to a healthy human condition are in the existential approach as follows: the capacity for self-awareness, freedom and responsibility, creating one's identity and establishing meaningful relationships with others (Corey, 1996). The existential approach considers that the aspect of anxiety influencing a person's life is an irreplaceable element to the search of self-identity. Thus, anxiety becomes a condition of living which should be accepted by the individual, for it starts from the inherent fear of the individual against death and the possibility of non-being. Major proponents in the existential tradition are Victor Frankl, Rolo May, James Bugental and the contemporary Irvin Yalom. By starting to argue the issue of depression on behalf of Bugental (1987), he connects it with the experience of anxiety in one's life, which needs a life-changing demeanour in order the individual to understand what should attempt towards getting out of this vicious circle. The aspect of depression reigns a person's life because one has abandoned the search for meaning, purpose, values and goals which will enable oneself to acquire awareness of oneself.

To the existential therapist, the loss of relationship is more than a precipitant of depression. It is a boundary situation that can be used to wedge open a client's defenses, so as to afford him/her a glimpse of life's *existential insides* (Yalom, 1980). The boundary situation provides a powerfully perturbing experience for the client that, if used therapeutically, is able to challenge the client's view of the world. That such perturbation, in relation to depression, is a therapeutic necessity is eloquently claimed by Guidano (1991). The latter is also supported by Hanna & Ritchie (1995). According to Ottens & Hanna (1998), in order one to take over one's self against depression, and in view to the aspect towards accomplishing the above, should take place the following two perturbing viewpoints: that in many ways the loss of a relationship is a new beginning rather than a tragedy, and that only if one considers that there is no hope in a strategy, then is the right move to improve oneself.

Interpretations or explanations from an existential point of view about depression contain perturbation value in that they provide what Vogel (1994) argues about as *perspective by incongruity*, an idea first manifested in Kelly (1955). As Vogel (1994) noted, Kelly skillfully used implausible interpretations to retell clients' stories as a way of facilitating change against depression. Thus, "when an incongruous

perspective is embraced, what was once unrepresented or deflected by current discourse can be represented and fight back any depressive element in person's life. In a modern terminology, what was once regarded as the unconscious, becomes now available to consciousness" (Vogel, 1994; 254).

Nowadays, the existential approach to depression is employed in conjunction with cognitive therapy. Beck (1983) pinpoints how existential therapy can inform and extend the Cognitive Therapist's work with the 'autonomous client'. Existential concepts can help reset the client's "fierce pursuit of independence" (Beck, 1983; 280), for it has been shown that an individual by striving for autonomy, he/she thwarts dependency and his /her needs and expectations towards independence turn up more vulnerable and to a stronger link to depression. Beck (1983) proposed that Cognitive Therapy can proceed more skillfully with the help of existential therapy in the combat against depression, because, he argues, the client's involvement in the presentation of oneself, in order to receive detailed explanations and interpretations about one's condition of depression, takes into account the findings of existential therapy that not only depression is a maladaptive process imbued with similar attitudes, but also an experience of attenuation as well of the self's abandonment due to the deprivation ensued from the lack of self-acceptance and recognition of what one wishes and desires in life (Ottens & Hanna, 1998).

In comparing these two approaches, the humanistic and existential one, in relation to their understanding and involvement to the aspect of depression, it is worth to be noted that both start their preoccupation with the condition from the idea that a person interprets reality not in relation to how reality actually is, but in respect to the would-be self if the reality was different. The client does not comprehend in depression that 'things are the way they are', if one recalls the film 'Babe', because they exist before all humans and mainly remain unshakeable when someone enters life and society. Humanistic and Existential Therapy do not refer to the would-be life, but to the life lived and experienced, for bad and for good, from the client him/herself. In others words, both deal with the condition therapeutically by attempting providing the client with the aspect of not changing life or society, but how things can change from within the client.

In many approaches in humanistic psychology, the main reason for a person becoming depressive is one's conditions of worth. Although humanistic psychology admits that in conditions of worth there are inhibitions sustained by the imposition of others upon the individual that does not make any difference in the acquisition of the condition itself. Conditions of worth are all the way through to the elements of depression in a person's life. For the existential approach, the idea and experience of anxiety is one of the main causes of depression. An individual becomes 'addicted' to depression by attempting doing things or programming perspectives which fill him/her in with derivatives of stress. Anxiety and conditions of worth have much in common in relation to depression. Individuals who lead a life directed by their conditions of worth -in other words, they behave the way others like, and not in relation to their real needs and expectations- they experience an unavoidable psychological void as well as personal distorted feelings; letting themselves down without counter-acting against that void and feelings. In such a difficult situation instead of examining and understanding themselves better, they 'choose' to be 'torn apart' by depressive thoughts and discrepancies.

Anxiety and conditions of worth are seen by both the humanistic and the existential approach as two different sides of the same coin. One may argue that individuals being in depression have already experienced, or still experience anxiety and conditions of worth in an *excellent combination*. Individuals who live with their conditions of worth, they do so because of their anxiety to be accepted, and this kind of behaviour leads them to depression. On the other hand, individuals who spend their life in search of their own identity; in search of their own self, are entangled in the vicious circle of depression. Anxiety leads to conditions of worth and vice versa. Both constitute firm agents of depression, because individuals are affected by both these factors, irrespective of the causes having taken them there.

Anxiety is also a powerful agent for depression when one is involved in a loss of a relationship, or to a relationship where one feels one is not accepted. The loss of a relationship whether an individual is to blame or not, directs towards self-diminution. That self-diminution makes the individual feeling unworthy, unwanted, incapable of constructing healthy interrelationships and contacts with others. A loss of a relationship, which in the existential approach is also a vital factor for the demonstration of depression, sets the individual in two angles: the first is to seek independence and isolation from others simultaneously and the second to become dependent on his/her 'success' of leading a life without any true or constructive perspective. Thus, the loss of a relationship is also an aspect which attracts depression in a person's life.

A comparison between humanistic and existential therapy is viable since both examine in the, more or less, the same way the understanding of the condition as the present paper has shown: an understanding which is both well-documented from the recent bibliography, as well as from the experiences of the individuals in that condition.

Conclusions

Although, generally speaking, the humanistic approach has many aspects in common with the existential approach, they are greatly divided in an idea that is very crucial for both interpretations: that of the search for self-identity. Both approaches consider that self-identity is the pole attracting an individual's orientation. However, the search for self-identity in the humanistic tradition is related to the actualizing self which is capable of helping the individual against anxiety, whilst for the existential approach the quest for self-identity is always infiltrated by anxiety which never goes away, because it is an experience lived up to the very depths of the man's existence. The investigation and scrutiny of depression is in that way; that means that depressive individuals are always at stake because they have lost their orientation towards searching their own identity; who they are; what they look for in life; why are they the way they are. And this kind of self-search is nonetheless painful. Depressive individuals, for both the humanistic and existential approach, are looking to find their own identities, which they realize have lost in a world which many times appears for them not only meaningless, but hostile as well. Both approaches claim, they are able to help depressive persons and that it is being shown that many times these approaches seem capable in assisting the suffering individual. In the conclusions of the present paper there will be attempted to be shown how the latter interpretation of both the approaches seems to fulfil the expectations laid down from both.

The understanding of depression as having ensued by highlighting it in relation to the humanistic and the existential therapy is interpreted as a condition which 'drags' and 'pushes away' an individual at the same time. The latter means that sometimes depression is encountered as a stance expressed by an individual to 'overcome' worse experiences, such as breaking up a relationship. As an example, an individual instead having a row with someone, he/she chooses to retreat to his/her own self and become psychologically isolated, believing that in this way saves a relation, which otherwise would be broken.

Humanistic psychology and existential therapy deal with depression in many ways. In this paper, there has been argued only some of them. There have been argued those which have been more 'successful' in discussion for over the past two decades. That means that depression is seen under two or three factors, which, the way they have been referred generally as 'vulnerability factors' in the introduction, 'introduce' researchers to the understanding that *they have a lot in common*. Conditions of worth, anxiety, loss of a relationship, strife towards independence, the effort one to become free from what the society coerces to, although they are considered as prime aspects in a person's life, they nevertheless compel one towards erratic movements, such as depression and other familiar conditions.

Humanistic psychology and existential therapy by exercising their methods to counter-fighting depression they explore other counseling applications which could be of more assistance in their way towards that scope. Thus, existential therapy can be used in combination to cognitive behaviour therapy, mainly the latter seems more willing to employ existentialism as its method towards helping an individual in depression that experiences illusory and besetting ideas of a compulsory nature. Both

humanistic psychology and existential therapy confront depression as a condition being *dangerous* but also *vulnerable* as well to man. The latter means that depression can be identified as having accrued from compulsory experiences having imbued to oneself by others, as the conditions of worth and the anxiety towards succeeding in life, or attempting to discover one's self-identity; the former means that the individual should learn how to take into account not only the 'societal sirens' and the implications imposed on him/her by them, but also where the danger is found in order to avoid attitudes that can cost him/her his/her inner peace and freedom. As to the latter, by comprehending oneself the reasons that have led him/her to that experiences, one is able to confront them not for appearances' sake, but for the 're-invention' and rediscovery of one's real self. That means that depression becomes a *vulnerable factor* when one identifies its condition not with one's needs, but with one's 'holding backs'. As to the former, the danger with depression is not to be taken into account, once it has been characterized as the common cold in psychopathology, but to receive it seriously as an experience with incalculable demands and oppressions. In this way, the comparison of both has been ensued, for humanistic and existential therapy employ common features in discussing the condition of depression, as well as expanding it in relation to their preoccupations and ideas of dealing with it.

There should be stressed the fact that although humanistic psychology and existential therapy seem to have autonomous ways in dealing with depression, nevertheless they follow parallel ways towards recognizing and combating it. That makes them more sufficient into handling a person's depressive experiences, as well as to bridging up a synthesis of their preoccupation with the present condition. By having compared, at least their closest ideas about depression, it is argued that both have not only much in common, but they exercise much in common. What is left is to the contemporary research to find out and also to deepen more whether the understanding of depression is an understanding which 'pushes' and 'pulls' various aspects from a variety of disciplines as well as from counseling psychology, which if not only compared but also combined together should, maybe, provide a more fruitful approach to that condition altogether.

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