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CHAPTER

## 10 The Value of Depression

Donald W. Winnicott

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### Abstract

In this paper given to the Association of Psychiatric Social Workers, Winnicott describes the state of normal and more severe or psychotic depression from various standpoints. He asserts that depression has value for human growth if the suffering, guilt and mourning related to it can be accomplished satisfactorily. Managing mood variations is an achievement, especially when deep hate is in conflict with the need to love and be loved. Features impeding successful management of depression are failures in the organization of the ego or delusions of persecution operating in the patient. Clinical examples are given.

**Keywords:** Winnicott, value, normal depression, psychotic depression, love, hate, ego structure, pain, suffering, guilt, mourning, persecution anxieties, achievement, clinical examples

**Subject:** Clinical Psychology, Clinical Child and Adolescent Psychology

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Given to a General Meeting of the Association of Psychiatric Social Workers, 28 September 1963.

The term 'depression' has a popular and a professional psychiatric meaning. Curiously enough, these two meanings are very much like each other. Perhaps, if this is true, there is a reason that can be stated. The affective state or disorder, depression, carries with it hypochondria and introspection; the depressed person is therefore aware of feeling awful and also aware to an exaggerated degree of heart, lungs and liver, and of rheumatic pains. By contrast, the psychiatric term 'hypomania', perhaps equivalent to the psychoanalytic term 'manic-defence', implies that a depressed mood is being negated, and seems to have no popular

equivalent. (The Greek hubris might do. But hubris and hubristic seem to imply elation rather than hypomania.)

The view is expressed here that depression has value; yet it is also clear that depressed people suffer, that they may hurt themselves or end their lives, that some of them are psychiatric casualties. There is a paradox here which I wish to examine.

Psychoanalysts and psychiatric social workers find themselves taking responsibility for serious cases and becoming involved in giving psychotherapy when, at the same time, they are not themselves by any means free from depression. And since constructive work is one of the best things to come out of depression, it often happens that we use our work with depressives (and others) to deal with our own depressions.

p. 462 As a medical student I was taught that *depression has within itself the germ of recovery*. This is the one bright spot in psychopathology, and it links depression with the sense of guilt (a capacity for which is a sign of healthy development) and with the mourning process. Mourning too tends eventually to finish its job. The built-in tendency to recover links depression also with the maturation process of the individual's infancy and childhood, a process which (in a facilitating environment) leads on to personal maturity, which is health.

## Individual Emotional Development

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In the beginning the infant is the environment and the environment is the infant. By a complex process (which is in part understood, and on which I and others have written at great length)<sup>1</sup> the infant separates out objects and then the *environment* from the *self*. There is a half-way state in which the object to which the infant is related is a subjective object.

Then the infant becomes a *unit*, first momentarily and then almost all the time. One of many consequences of this new development is that the infant comes to have an *inside*. A complex interchange between what is inside and what is outside now begins, and continues throughout the individual's life, and constitutes the main relationship of the individual to the world. This relationship is more important even than object-relating and instinct gratification. This two-way interchange involves mental mechanisms that are named 'projection' and 'introjection'. And then much happens, in fact, very much indeed, but it would be out of place to develop this statement further in this context.

The source of these developments is the inborn *maturational process* in the individual, which the environment facilitates. The facilitating environment is necessary, and without its being *good enough*, the maturational process weakens or wilts. (I have often described these matters, and they are complex.)<sup>2</sup>

Thus, *ego structure* and *strength* become a fact, and the dependence of a new individual on the environment moves further and further away from the absolute and towards independence, though never reaching to absolute independence.

The development and establishment of ego strength is the important or basic feature indicating health. Naturally the term 'ego strength' comes to mean more and more as the child matures, and at first the ego has strength only because of the ego support given by the adapting mother, who for a while is able to identify closely with her own infant.

There comes a stage at which the child has become a unit, becomes able to feel: I AM, has an inside, is able to ride his or her instinctual storms, and also is able to *contain the strains and stresses* that arise in the personal inner psychic reality. *The child has become able to be depressed*. This is an achievement of emotional growth.

p. 463 Our view of depression, then, is closely bound up with our concept of ego strength and of self-establishment and of the discovery of a personal identity, and it is for this reason that we can discuss the idea that depression has value.

In clinical psychiatry, depression may have features that make it obviously a description of illness, but always, even in severe affective disorders, the presence of the depressed mood gives some ground for belief that the individual ego is not disrupted and may be able to hold the fort, if not actually come through to some sort of resolution of the internal war.

## Psychology of Depression

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Not everyone admits that there is a psychology of depression at all. For many people (including some psychiatrists) it is almost a religious belief that depression is biochemical, or a modern equivalent of the black bile theory which enabled a medieval genius to coin the name 'melancholia'. You must expect to meet a powerful resistance to the idea of there being an unconscious positive mental organization giving a psychological meaning to mood. But for me there is a meaning to mood and to its various impurities leading to pathological features, and I shall try to describe some of what I know. (What I know is based on what I have found in my work, in which I apply theories that are my own and that are derived from Freud, Klein and several other pioneers.) Naturally, hate is locked up somewhere in all this. Perhaps the difficulty is in accepting such hate, even though the depressed mood implies that hate is under control. It is the clinical effort at control that we are seeing.

*Simple Case of Depression Allied to Psycho-neurosis.* A girl of fourteen was brought to Paddington Green Children's Hospital because of depression heavy enough to make her school work deteriorate seriously. In one psychotherapeutic interview (one hour) the girl described and drew a nightmare in which her mother was run over by a car. The driver of the car had a cap like her father's. I interpreted to her her powerful love for her father in order to explain her having the idea of her mother's death, whilst at the same time it was sexual intercourse that was represented in violent terms. She saw that the reason for the nightmare was sexual tension and love. She now accepted the fact of her hate of her mother, to whom she was devoted. Her mood lifted. She went home free from depression, and became able to enjoy school work again. The improvement lasted.

This is the simplest type of case. When a dream is dreamed, remembered, and appropriately reported, this in itself is an indication that the dreamer has the capacity to cope with the inner tensions that belong to the dream. The dream that was also drawn indicated ego strength, and, moreover, the content of the dream gave a sample of the dynamics of the girl's personal inner psychic reality.

p. 464 Here one could speak of repressed hate and the death wish in the heterosexual position, leading to inhibition of the instinctual impulses. What is characteristic, however, would be omitted in this language, that is to say, the mood, the girl's personal unaliveness. If she became alive, her mother became hurt. This is a sense of guilt operating in advance.

## The Self as a Unit

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If you accept diagrams, it is helpful to think of the person as represented by a sphere or circle. Inside the circle is collected all the interplay of forces and objects that constitute the inner reality of the individual at this moment in time. The details of this inner world are rather like a map of Berlin with the Berlin Wall symbolizing a locus for the world's tensions.

In this diagram, a fog over the city—if they have fogs there—represents the depressed mood. Everything is slowed down and brought towards a state of deadness. This state of relative deadness controls all, and in the case of the human individual blurs instincts and the capacity for relating to external objects. Gradually the fog gets thin in places or even begins to lift. And then there may be surprising phenomena that help, like the chink in the Wall at Christmas time. The mood lessens in intensity and life begins again, here and there, where tensions are less. So rearrangements take place, an East German escapes to West Germany and perhaps a West German transfers over to the East. Somehow or other exchanges occur, and so the time comes when it is safe for the mood to pass. In the human example the equivalent of the Wall will have shifted a little from East to West or from West to East, which cannot happen in Berlin.

The mood and its resolution is a matter of the arrangement of good and bad internal elements, a structuralization of a war. It is like the dining-room table where a boy has arranged his fort and soldiers.

Girls tend to keep the elements subjective—not specific—because they can think of possible pregnancies and infants. Infants naturally counter the idea of lifelessness within. The girls' potential is envied by the boys.

Here consideration is being given not so much to anxiety and to anxiety content, as to ego structure and the internal economy of the individual. Depression coming on, continuing and lifting, indicates that the ego structure has held over a phase of crisis. This is a triumph of integration.

## Nature of Crisis

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We can only glance at the way crises arise, and also at certain types of relief.

p. 465 The prime cause of the depressed mood is a new experience of destructiveness and of destructive ideas that go with loving. The new experiences ↪ necessitate internal reassessment, and it is this reassessment we see as depression.

And about things that offer relief—these are not reassurances. It is no good offering cheer to a depressed person or jogging the depressed child up and down, offering sweetmeats and pointing to the trees and saying: 'See the lovely shimmering green leaves'. To the depressed person the tree looks dead and the leaves are still. Or there are no leaves and there is only the black and blasted heath and the barren landscape. We only make fools of ourselves if we offer good cheer.

What may make a difference is a really good persecution: threat of war, for instance, or a spiteful nurse in the mental hospital, or a piece of treachery. Here the external bad phenomenon can be used as a place for some of the internal badness, and produce relief by projection of inner tensions; the fog may start to lift. But one can hardly prescribe evil. (Perhaps shock treatment [see CW 2:5:4] is evil deliberately prescribed, and therefore sometimes successful clinically, though a form of cheating if one thinks in terms of the human dilemma.)

But one can help a depressed person by adopting the principle of tolerating the depression until it spontaneously lifts, and by paying tribute to the fact that it is only the spontaneous recovery that feels truly satisfactory to the individual. Certain conditions affect the outcome, or hasten it or retard it. The most important is the state of the individual's inner economy. Is it in any case precarious? Or is there in it a reserve of benign elements in the forces ranged against each other in the perpetual armed neutrality of the inner economy?

To our surprise, a person may come out of a depression stronger, wiser and more stable than before he or she went into it. A great deal depends, however, on the freedom of the depression from what might be called

'impurities'. An attempt will be made to indicate what may be the nature of such impurities.

## Impurities of Depression Mood

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1. In this category I will place all *the failures of ego organization* which indicate a tendency in the patient towards a more primitive type of illness, towards schizophrenia. Here the threat of disintegration exists and it is psychotic defences (splitting, etc.) that give the clinical picture, which includes splitting, depersonalization, unreality feelings and lack of touch with internal reality. There may be a diffuse schizoid element complicating depression so that the term 'schizoid depression' can be used. This term implies that some general ego organization (depression) is maintained in spite of the disintegration that threatens (schizoid).
- p. 466 2. ↳ In this second category I will place those patients who maintain the ego structure that makes depression possible and yet who have *delusions of persecution*. The presence of such delusions indicates that the patient is either using adverse external factors or the memory of traumata to obtain relief from the full blast of the internal persecutions, the blanketing of which results in a depressed mood.
3. In this third category I refer to the relief that patients get from the inner tensions in allowing these to become expressed in *hypochondriacal terms*. The presence of somatic illness can be used, or as in the case of delusions of persecution (Category 2), somatic illness may be imagined, or produced by distortions of the physiological processes.
4. In this category I refer to a different type of impurity, one which is expressed in the psychiatric term *hypomania* and is referred to in the psychoanalytic term *manic-defence*. Here depression exists, but is denied or negated. Each detail of depression (deadness, heaviness, darkness, seriousness, etc.) is supplanted by its opposite (aliveness, lightness, luminosity, flippancy, etc.); this is a useful defence, but the individual pays for it by the return of the inevitable depression to be endured privately.
5. In this category I refer to the *manic-depressive swing*. This somewhat resembles the changes from depression to manic-defence, but is really very different because of a certain feature, a dissociation relative to the two states. In the manic-depressive swing the patient is either depressed because of controlling an inner tension or else is maniacal (not manic) because of being possessed and activated by some aspect of the tense inner situation. *In either swing of mood the patient is not in touch with the condition that belongs to the other swing.*
6. Here I will refer to the *exaggeration of ego boundaries* which belongs to the fear of a breakdown into schizoid splitting mechanisms. The result, clinically, is a fierce organization of the personality in a depressive pattern. This may persist unaltered over a long period of time and become built in to the patient's personality.
7. In *sulking and melancholia* there is a kind of 'return of the repressed'. Although all hate and destruction is controlled, the clinical state effected by this controlling is in itself unbearable to those in contact with the patient. The *mood* is antisocial and destructive, although the patient's hate is unavailable and fixed.

It is not possible to develop these themes further here and now. What is to be emphasized is the ego strength and personal maturity that is manifested in the 'purity' of the depression mood.

## Summary

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Depression belongs to psychopathology. It can be severe and crippling and may last a lifetime, and it is commonly a passing mood in relatively healthy individuals. At the normal end, depression, which is a common, almost universal, phenomenon, relates to mourning, to the capacity to feel guilt, and to the maturational process. Always, depression implies ego strength, and in this way depression tends to lift, and the depressed person tends to recover in mental health.

## Notes

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1. D. W. Winnicott, 'Paediatrics and Psychiatry' [CW 3:3:2] and 'Transitional Objects and Transitional Phenomena' [CW 5:4:24]. M. Balint, 'Three Areas of the Mind', *International Journal of Psycho-Analysis*, vol. 39, 1958. M. Milner, 'Aspects of the Symbolism of the Comprehension of the Not-Self', *International Journal of Psycho-Analysis*, vol. 33, 1952. W. Hoffer, 'The Mutual Influences in the Development of Ego and Id: Earliest Stages', in *The Psychoanalytic Study of the Child*, Volume 7, 1952.
2. D. W. Winnicott, 'The Observation of Infants in a Set Situation' [CW 2:3:6], 'Clinical Varieties of Transference' [CW 5:1:11], and 'Psycho-Analysis and the Sense of Guilt' [CW 5:2:7].