A PSYCHOANALYTIC VIEW

ON DEPRESSION

AS A CREATIVE ILLNESS

BY

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TABLE OF CONTENTS

		PAGES
CHAPTER ONE	: Introduction	1
CHAPTER TWO	: A historical perspective on depression	5
CHAPTER THREE	: Experiences of depression and death	11
CHAPTER FOUR	: Winnicott's view on depression and creativity	15
CHAPTER FIVE	: Description of Terrence's story	23
CHAPTER SIX	: The concept of creative illness	31
CHAPTER SEVEN	: Conclusion	36
REFERENCES	:	39
APPENDIXES	:	43

APPENDICES - PSYCHODIAGNOSTICS

Approach to Assessment

Behavioural Observations

Mental Status Examination

The Beck Depression Inventory (BDI)

Thematic Appreception Test (TAT)

DECLARATION

I hereby declare that this is my own work and all the sources I have used or quoted have been indicated and acknowledged by means of complete references.

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HUMPHREY SIPHIWE NGCOBO

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ABSTRACT

This dissertation examines the concept of depression from the perspective that experiences of darkness and depth have validity, not as states to be avoided, rescued from or talked out of, but as creative opportunities. It also highlights that the journey into depths may be a perilous one, which should not be made unaccompanied. The process of reaching and holding the deep centre, individuation, is served only by willingness to stay with what may be highly uncomfortable experiences. What also becomes imperative is recognizing and honouring the call from depression. This initial dive into the depths may lead to almost immediate resurfacing, which enables the inward-turned energy to be re-directed outwards and ordinary life to be resumed, although with part of oneself still looking towards the centre. For Winnicott depression is regarded as having value. He felt that to enter, stay with and come out of depression was a triumph of integration. The argument in this dissertation is that creative work can come from depression as a means of finding the truth about oneself and thus increasing one's self-esteem. The creative impulse needs the depressed mood to flourish, in which sense, depression itself can be regarded as creative. The contention remains that it is the honouring of the journey into depression that is critical to the outcome.

CHAPTER ONE : INTRODUCTION

Depression is deadness, coldness, dryness: where everything is slowed down and colours fade to monochrome; where the brightness and warmth of the sun are insults to the senses, where the dark, slippery sides of the well offer no foot – or hand-hold, but where progression is ever downwards, further into the darkness, further out of reach of any outstretched arm. Depression can be almost banal, mundane: being too tired to cook a meal, or get out of an armchair to change a television channel to an only slightly preferred programme. It can surround itself with drama, involving others in guilt and the rage of impotence. Depression can be a defence against anger, disintegration, pain, choice, life. Depression can also be a creative withdrawal: "*reculer pour mieux sauter.*" For darkness and enclosure are prerequisites for birth, for growth; the silence of aloneness is necessary for the "still, small voice" to be heard, the voice that can summon us to move through death to rebirth – to life.

Depression can be viewed as the common cold of psychopathology. It has touched the lives of us all and yet it is still probably the most dimly understood and most inadequately investigated of all the major forms of psychopathology (Seligman, 1975:76).

Partly, depression can be interpreted as a reaction to loss; the loss of a loved one, the loss of status, the loss of friends etc. The depressed person reacts to it intensely because the current situation brings back all the fears and feelings of an earlier loss that occurred in childhood, the loss of parental affection.

Most of us get depressed from time to time or have been depressed, but we can usually relate it to an event in our lives when something has probably gone wrong; but if one becomes severely depressed,

life becomes unremittingly bleak, and despair clouds all your thoughts and actions. Drive and motivation dissolve and life generally seems meaningless. Sleep is the only escape, but you may still have difficulty actually falling asleep and then wake early, feeling even more desperate and also feeling guilty in quite a disproportionate and hopeless way.

Twentieth century western culture does not approve of depression, the introverted person is less valued whilst the extroverted person is highly valued. To seek solitude rather than the crowd is looked on slightly askance. Relationships are all. Unsurprisingly, they break down increasingly under the strain, and we engage in the frenzied dance of re-engagement and separation when the myth fails yet again. To be alone is to allow vulnerability to depression; it must be avoided by constant movement, noise, stimulus – for it could overwhelm us. The depressed person therefore expresses intense wishes for caring and protection and a cry for love. His/her reaction to loss is complicated by angry feelings towards the deserting person. A depressed person suffers a loss of self-regard, and this expresses itself in self-criticism and self-vilification.

Coyne (1986:25) states that Freud suggested that a depressed person might actually have a keener eye for the truth than those who are not depressed, but what is pathological is that anyone would make such a self-evaluation, whether or not it is true or accepted by others and furthermore, rather than being ashamed by such an opinion, the depressed seems to find a satisfaction in inflicting others. Coyne further argues that the process of becoming depressed starts with a real or imagined loss, rejection or disappointment. In normal grief, this would entail a painful withdrawal of libidinal investment and an eventual displacement of it into a new object. However in a depressive process, the ego refuses to accept the loss and instead it becomes enraged and regresses to an oral sadistic level.

It is not my intention in this piece of writing to explore at length the various categories and subdivisions of depressive illness in the literature, neither to deny that depression is an illness that can be treated by pharmacological, behavioural and or by cognitive means or even hospitalization of the depressed person. My intention in this piece of work is to look at depression partly as a creative illness, meaning that we can learn something out of it if we allow ourselves to enter into it and listen to what it has to say to us, and that we can make sense of this illness by making use of the psychoanalytic, psycho-dynamic oriented approaches, and to look at the value of depression, when one goes through the reconstruction process, under guidance of a therapist.

The impetus for my thinking on this subject came at a time when I was consulting a young depressed and suicidal coloured male patient; whom I had to assist in therapy in order to come to terms with his problems that is, to discover the consciousness and depths of his problems in relation to his identity. Whilst I was working with this client I came to realize that it is when one allows himself/herself to be true to himself/herself by listening to what depression demands out of an individual, that one becomes healed. This means that without allowing for this process to take place; we cannot be able to bring into consciousness whatever what was unconscious in our minds. What also needs to be clarified in this piece of work right at the onset is that in my dealings with this client I did not follow a specific psychoanalytic model as a model of intervention.

What then follows in this piece of writing is a brief exposition of melancholia and Melanie Klein's work on the depressive position (Chapter 2). Chapter 3 focuses on depression and death anxiety; Chapter 4 focuses on Winnicott's view on depression and creativity; Chapter 5 focuses on the

description of the case study, clinical interpretation of the case and a psycho-dynamic formulation of the client's ' story from an object relations paradigm. Chapter 6 is based on the concept of depression as a creative illness and Chapter 7 is the conclusion of this work.

CHAPTER TWO : A HISTORICAL PERSPECTIVE ON DEPRESSION

This chapter provides a brief, but necessary historical view of melancholia which is the precursor of depression as nowhere in Freud's terminology did he ever use the term depression. The focus of this piece of writing will be based on the understanding that there can be a positive aspect of depression, and therefore, that being the case, there is a need for an individual to honour the creative potential that he/she has on recovery after reconstruction, obviously under the care of a therapist or analyst, who will assist the client whilst going into the depths of discovery of what depression has to offer.

One needs to take cognizance that the concept of "depression" has had common currency only since the 19th century, whilst the condition is as old as humankind itself. Rowe (1978:1) viewed depression as a feeling of being pressed down by the world, that depression is a name for an experience, that, if we want to understand this experience, how it arises, what it means and, since it is an unpleasant experience, how to avoid it, we need to examine it and allow ourselves to go into it's depths.

Researchers in depression, have indicated that our ideas about our environment, other people and our circumstances play an enormous role in how we experience our feelings. The ways in which we arrange our thoughts, mix our ideas, formulate our experiences, contribute to our feelings of either joy or sorrow. There are many people working very hard at this moment creating their own misery, some have succeeded long ago and are maintaining and refining their dread each day.

Others are not as successful and sometimes still experience momentous joy and happiness. It is for this latter groups that I hope to offer some advice in their efforts to find a seat in the ashes.

Few things in life are free, which means we have to work hard for most of our luxuries. Even our feelings do not come from nowhere. We have to design them ourselves. Du Toit (1987) suggests this, in order to achieve depression; "I would suggest as a first step that you imagine that you inherited misfortune. To maintain this loss of control, it is best to believe that there is nothing that can be done for you – that the world is as distorted as you perceive it to be. It is your illness that has turned everything into grey, but blame it on yourself, your own wickedness and neglect of duty."

White (1982) argues that for Abraham and Freud depression consisted of anger against oneself, anger which might more logically be expressed against someone else, but which instead was turned inward and for that reason called it retroflexed rage. For Freud, distinguishing features of melancholia are a profoundly painful dejection, abrogation of interest in the outside world, loss of the capacity to love, inhibition of all activity and a lowering of the self-regarding feelings to a degree that finds utterance in self-reproaches and self-revilings, and culminates in a delusional expectation of punishment. Freud further noted that many melancholics tended to blame and even heap abuse on themselves.

In the developmental symptomatology argument; (Trad, 1987:27) states that although the writings of the classic psychoanalytic researchers on depression reveal differences in approach and theory, all regard certain early childhood experiences as necessary for the subsequent development of depression. This highlights that depression is experienced as the descent of smothering, disabling darkness, seemingly often inexplicable, terrifying – if one has the energy to feel anything so active as terror.

In the olden days a distinction was clearly made between melancholia the disease, and melancholy, which referred both to a particular temperament (that was normal) and to a condition which was described in very similar terms to melancholia. When one takes a look at the distinction that was used above, one learns that, it was an indication of where along in the spectrum of ability to function on a day to day basis the sufferer fell (and probably in today's terminology one would use clinical depression for what was known as melancholia in the past); the reason being that, this implied an impairment of function to the degree that the client who was suffering from melancholia had to seek medical intervention. Still looking at this distinction, in the past there also existed what amounted to a "class bias"; the upper reaches of society were termed as melancholic and the lower (with the same symptoms), "mopish". Melancholy then became a fashionable affliction because of it's association with high intellect and creative ability. Rycroft (1972:89) defined melancholia as an obsolescent term for what is now called depression and that when melancholic qualifies depression, the implication is that the patient or client is not simply in low spirits but is also retarded, suicidal and/or self-reproachful.

Coyne (1986:25) states that Freud noted that if one listens carefully to a depressives' self-criticisms, one often discovers that the most extreme complaints are less applicable to the depressed person than to someone that the depressed person loves, once loved or should love. This was a key observation for Freud. The self-criticisms of a depressed person had been shifted back from a loved object. The last object becomes an ego loss; as it is incorporated into the ego. The ego identifies with the lost object, and the conflict between the ego and the lost object becomes a conflict within the ego. Hostility that cannot be expressed directly to the lost object is heaped upon the portion of the ego that is identified with it, and this is reflected, in a loss of self-esteem and punishing self-criticism. Freud further argued

that this process did not happen in just anyone facing a loss; but it required a predisposition that lay in a basic ambivalence to the loved object and an underlying tendency toward narcissistic object choices. The vulnerable person chooses love objects that are so similar to the self that they can be easily abandoned and confused with it. The focus here seems to be on the internalization of disappointing early love objects, who were the true targets of the depressives reproaches. The above view leads one to believe that in depression, the central issue is an inner-directed anger that needs to be redirected outward, which can make sense, be acceptable and meaningful to social depressives, yet not to others.

The depressive person is inclined to remember and exaggerate even minor disappointments and losses. Winnicott (1986) sees depression as a price human beings have to pay for integration; that is; for those individuals who have grown up, depression, however terrible, is to be respected as evidence of personal integration. Such an argument, that depression has value, does not nullify the fact that depressed people suffer, that many may become psychiatric casualties, hurt themselves or even end their lives. However, becoming depressed and living through it implies ego strength. Winnicott argues that, to see depression coming on, continuing and lifting, indicates that the ego structure has held over a phase of crisis. This is indicative of a triumph of integration, whereby a person may come out of depression being stronger, wiser and more stable than before he/she went into it.

What is also of utmost importance in depression is an understanding that depression may be gone into by both the individual concerned and those close to him or her. Depression implies the willingness to postpone resolution of a conflict in his/her inner psychic reality and tolerating the uncomfortableness of the mood. This is also evidenced in Winnicott's argument for the need to allow the depressed person to be depressed, keeping him/her alive and nursing him/her over a period of time during which

he/she will resolve his/her inner conflicts with or without psychotherapy. A potential depressive learns to identify himself/herself with others very early; in order not to offend those upon whose approval he/she relies, by so doing the depressive suppresses his/her own individuality. What than becomes desirable is allowing the depressive to enter as fully as possible into the meaning of depression, since this will allow him/her to recognize the turned-in anger, and allows its expression, by letting go of the need for approval from those he/she relies on. If depression is "fought" in the hope that it can be defeated then further defenses are being employed to shore up what is already in strong defence against getting in touch with the well springs of the creative impulse. Jung saw depression as a damming up of psychic energy; and that release of trapped energy helps in overcoming whatever was responsible for the blockage in the first place. In his writings on depression, Jung (1961) places great emphasis on the creative possibilities of depression that has it's root in a sense of meaninglessness, involves the damming-up of psychic energy and could be indicative of something wrong about us as we naturally stand.

Klein (1946) states that the paranoid-schizoid and the depressive positions are states of being which create, perceive and negate each other, in a more or less successful, dialectical relationship. The depressive position constitutes a more complex psychological organization from where the subjective "I" emerges. Kleinians start with the hypothesis that at birth there is a complete projection of all bad feelings associated with inevitable frustration. To protect the internal world the baby is all good. Any badness must therefore have a source outside of self. Thus, aggressive impulses experienced at points of frustration are not seen as arising from self but from outside self. It is assumed that the newborn baby is totally incapable of integrating self-generated, aggressive impulses within its own ego structure.

Entry into the depressive position also marks the first experiences of guilt. There is an unconscious awareness that what the self does in the world has an effect on the whole object. Thus, there are instinctive aggressive impulses both to destroy the object of badness, but also keep it intact and put it back together.

Seen in these terms, depression is creative; mirroring the attainment of the depressive position in "normal" development, it is an achievement; which is what Winnicott argues for in his writings.

CHAPTER THREE - EXPERIENCES OF DEPRESSION AND DEATH

Depression may well describe the state of mind which can be experienced when, to use Carol Pearson's (1989) terminology, we realize we are orphaned. As orphan, the hero learns to mourn; to confront the reality of the fall. The recognition of the orphan state is perhaps loosely analogous, in archetypal terms, to the achievement of Klein's depressive position, in that it represents a step forward on a continuing pathway through life. If the step is not taken, we remain innocent, and in a sense, never begin the heroic journey at all.

For the adult innocent remains narcissistic; others, God, the world are there only to serve. For male innocents, a woman's whole role is to care for them (men), to support them and provide for them. For neither one is the other fully human. God's role is merely to answer prayers; the planet itself is there for the innocent's pleasure and can thus be exploited and polluted without second thought. Just as the infant believes initially in his or her own omnipotence, a magical power to create the beast as required, so the adult innocent believes that a similar state of grace "ought" to obtain for the rest of his/her life.

The good enough parent gradually disillusions the growing infant, so that in practical ways on a conscious level, perhaps the child begins to learn of limits to his /her omnipotence, but the archetypal power of innocence retains it's hold: the adult innocent begins to experience disillusionment in harsher circumstances than at the mother's knee, not everyone can be trusted; people tell lies; God does not always answer prayers with a resounding "yes"; life is patently not fair.

Resistance to accepting the painful truth – that innocence is a state to which we can return only after we have taken our journeys through life – can be incredibly strong, producing anger, cynicism and fear. The innocent feel betrayed, and as James Hillman (1979) writes, one finds oneself acting in the same blind and sordid way, that one attributes to the other, and justifying one's own actions with an alien value system. One is truly betrayed, handed over to an enemy within. This self-betrayal is letting down the essential things, the essential important demand on the ego; to take on and carry one's own suffering and be what one is, no matter how it hurts.

The recognition that we can no longer retain our innocence, that the world is not peopled with others whose primary role is to take care of us, and even more the recognition that we have betrayed our very selves, that our defences no longer work, that addictive behaviour increases rather than diminishes our sense of abandonment, is the point at which we recognize in it's full horror the fall, the expulsion from "Eden" in our own lives. To get to this point is already to have let go of our illusions and to recognize that we are alone, and that continuing with destructive, manipulative behaviour is an option to take a road that leads nowhere. Depression – despair at our powerlessness – can be the outcome of these realizations.

Allowing ourselves to go into the depths, to hear what depression has to say to us is to experience our sense of abandonment; to allow ourselves to feel the pain of it; to express our anger that it is so; to mourn the lost illusions of rescue by others who would lead us back into a world which is just, safe and kindly, in which we can trust again. The paradox here is that it is indeed possible to experience this last state —but – and this is the crux of the argument – only if we can stay in depression and face it's painful lessons. Thus "rescue" as an ideal has to be given up, and we have to learn that the only rescuer

we can rely on is ultimately ourselves. This is perhaps, a goal for the future. It is probably true to say that allowing the depression caused by our willingness to let go of our illusions, and to mourn them, is bearable only with some support of others.

What makes the biological machinery of a human being so powerful is that it modifies his or her actions through imagination. It allows him or her to be able to symbolize, to project himself/herself into the consequences of his/her acts, to conceptualize his/her plans, to weigh them one against another as a system of values. In depression one longs for death to bring him/her peace, and fears death for it may bring something worse than life. We create it ourselves and just as we create it, so we can dismantle it, "our own creation."

According to Freud (1896), aggressiveness represents a fusion of the life instinct with the death instinct, a fusion which saves the organism from the innate self destructive tendency of the death instinct by extroverting it, a desire to kill replacing the desire to die. We cannot face death unless we are whole, yet one can become a truly whole person only by facing death.

Mourning for a lost internal object is viewed as the origins of depression in psychoanalytic thinking; and this object is an object of dependence which at some other time the individual gets hostile towards hostility in this instance expresses itself as rage that somehow the story was never "true."

Yalom (1980) highlights that there is a difference between anxiety which he referred to as fear; which is based on fearing "something," and dread, which is dread of "nothing." The significance of this view in this context; is based on the individual experience of becoming anxious about losing ourselves and

becoming nothing. So, what becomes imperative, to better deal with the situation or experience of depression, is owning the anxiety about death; that is coming to terms with the fear of it, and this becomes a way forward through the ensuing depression. Truly realizing and accepting this fact can enable us to truly live, whereas excessive death anxiety constricts and sometimes paralyses our existence which can become hardly "living" at all. Depression resulting from failures of defenses against death anxiety, and the facing of the anxiety itself, can therefore be termed "creative" in the sense that, if fully experienced, it enables us to live our lives more abundantly. Viewed in this sense depression can be a way of getting in touch with internal emptiness; with the sense of what has been called an "external locus of control," that is, that we have no sense of having any power to act on our own behalf and to influence our own experiential world. The depression may indeed deepen at this point, with an increased sense of helplessness and hopelessness. Enabling someone to face the helplessness and hopelessness until he/she is ready to begin to believe that he/she might develop an internal locus of control; is to allow a negative experience to become creative; Jung refers to this as the process of individuation, where one develops a sense of self.

Shamoo & Petros (1990:24) state that adolescents often see death glamorized by television, movies, books and magazines. In many cases they romanticize death as the way it will affect loved ones and people in general. Often adolescents think of death as a peaceful sleep that will make everything better. Death in this sense is pictured as a way of punishing someone or as a way of forcing important people to express their love.

CHAPTER FOUR - WINNICOTT'S VIEW ON DEPRESSION AND CREATIVITY

Before exploring further the value of Winnicott's contribution to depression, it is timely to locate him within an "analytic family tree." Winnicott was a pupil of Klein and was supervised by her. However, he found the role of the environment in psychic development under-theorized. Winnicott retained belief in the paranoid-schizoid position and the depression position, but used the term "concern" or "Ruth" to describe this stage. Winnocott understood the depressive position slightly different from Klein, preferring a less pathological term as a way of normalizing depression in relation to ordinary sadness and concern. Winnicott began with the viewpoint expressed in his famous aphorism that there is not such thing as a baby (Winnicott, 1952:99). Winnicott was referring to the mother baby dyad as a unit. This early relationship became a diagnostic template on which could be detected traces of the patient's early disturbance. As Winnicott puts it: "The centre of gravity of being does not start off in the individual but it is in the total set up" (Winnicott, 1952:99). For Winnicott, feeling real is more than existing. It means finding a way to exist as oneself, to relate to objects as oneself and to have a self into which to retreat for relaxation (Winnicott, 1971:137).

Winnicott (1971:138) argues that an infant finds a path from a state of absolute dependency on mother to relative dependency by passing through three stages: i.e. absolute dependency, personalization and finally primitive object relating. In absolute dependence, the baby has no control over itself or the environment. The infant experiences rare moments of awareness of "I am," linked to feelings of great intensity such as in rage or in the excitement of feeding. The mother needs to be able to hold the baby empathically in these moments, giving the baby the support of her own ego, letting the baby feel that

it's ego is related. In this process, an infant develops trust in the maternal environment. In such a situation, sleep is a pleasant return to an un-integrated self. To be able to exist peacefully in the environment precedes the ability to be truly alone. The infant is able to establish an internal environment (a kind of internal mirroring) based on the mother's ability to support it in a stage of absolute dependence. Failure at this stage leads to paranoid states. Ideally, the infant just goes on existing, not having to keep reacting to impingement in the environment, so that it's true self gradually develops. Khan (1972) posed an argument that Winnicott's "true self" is really a conceptual ideal, mostly known in a concrete way by it's absence, since Winnicott never really defined the true self or theorized adequately on how it comes about.

The previous stage allows a good enough mother's care, combined with maturational processes, to bring about a situation where mother is "adapted" and can manage her own and her baby's body. In the second stage , personalization, the mother baby dyad forms a unit and the psyche becomes in-dwelling in the soma. Visibly, this is manifested in good body co-ordination and satisfactory muscle development. The baby has a sense of it's own physical integrity. It knows what is inside and what is outside.

Finally, during the stage of primitive object relating, Winnicott thought the ego capable of having an effect on its environment. The history of object relating starts when the baby feels pleased that it has magically created the satisfying object. In this way, the infant comes to feel that it is the creator of it's own world, a healthy necessary omnipotence. At this point, reality and fantasy correspond for the infant. Failure of primitive object relating occurs if the mother usually puts her own needs first, when in fact, the child needs something else. Such inadequacies lead to the development of a "false self" which becomes a caretaker to the true self. For Winnicott (1960:146) the false self is created as a result

of needing to conform to external demands and expectations rather than responding to the natural, spontaneous needs of the real self. Thus, the breakdown of the good enough environment may be a result of the mother's impingement of her own needs on the child. This compliance in meeting the mother's needs and not having his/her own gestures mirrored and affirmed, results in the infant setting up a false set of relationships. If an individual continues to try and cope with the world unaided, it leads to increased feelings of boredom, emptiness, isolation and despair, which can finally culminate in suicide.

In Freudian theory, aggression is seen as reactive to an encounter with the reality principle. Winnicott suggests that it is the destructive drive that creates the quality of externality that places the object outside the area of omnipotent control. Winnicott makes a point that the object is not destroyed in anger. Such a capacity for destructiveness comes at a later stage when the child has "Ruth." On the other hand he suggests that joy is felt at the object's survival. The reality of the object surviving also contributes to a sense of object constancy. Then the object can be used. By "use," Winnicott is careful to explain that he does not mean exploitation. For Winnicott, destructiveness is extremely valuable. It contributes to the creation of a world of shared reality which the subject can use and which can give back to the subject other-than-me substance. This discovery is not an alienating experience but rather a rewarding and creative encounter. The same process goes on in analytic therapy. The patient seeks a way of using the therapist as a vehicle for change, or conversely to avoid change. An interpretation that cannot be used by a patient despite it's accuracy or relevance, is not good. Similarly, in analytic work, indeed in psychotherapy of any kind, the therapist must survive the encounter with the patient.

Winnicott (1971) further argues that in order to be able to use an object, maturational processes alone are not sufficient. The maternal environment has to be able to facilitate object-usage. In other words, the baby has to be able to understand a central paradox: baby creates an object, when in fact, the object was in existence all along, just waiting to become recognized and collected. Play has a special place in Winnicott's work and is understood as an essential quality in living. Playing is being fully alive to oneself, to others and to the environment rather than an acting out of psychic distress as Klein sometimes described it. In Winnicott's thinking, someone who cannot play would be ill. Winnicott (1971:44) summed up his approach in this way: "psychotherapy takes place in the overlap of two areas of playing, that of the patient and that of the therapist; it has to do with two people playing together." The corollary of this is that when playing is not possible, then the work done by the therapist is directed to bringing the patient from a state of not being able to play into a state of being able to play. The therapist needs to be able to introduce patients to play at a fantasy level when they have split off and pushed out of mind events that have disturbed them and their capacity to play.

McDougall (1986:56) states that patient's need to be able to elaborate disturbing events mentally and to be able to reflect upon their lives. This means being able to play out in the mind's "theatre" different editions of mental scenarios about what is going on in the present or went on in the past. McDougall further highlights that access to mental life is a bitter-sweet achievement. The empty spaces become filled with a multitude of people and memories and an outpouring of affect that sometimes terrifies the patient. Winnicott (1971) equated severance from vitality of the unconscious, even if it was disturbing, to sequesterization from all creativity: "we are poor indeed if we are only same." He further emphasized that to be able to play, we first need to be able to use objects. Winnicott considered object-relating to be the primeval form of relating whereby the subject is aroused emotionally by the

object and in turn, invests the object affectively or becomes cathected to the object. Object-usage belongs to a later stage of development when the object is no longer simply a collection of projections emanating from that subject, who at heart, functions like an omnipotent isolate, but is an autonomous, separate entity who inhabits a shared external reality. The capacity to play underpins our ability to feel alive and to be creative in ordinary everyday life as well as is in more artistic endeavours

Storr (1979:25) says that the creative process can be a way of protecting the individual against being overwhelmed by depression, a means of regaining a sense of mastery in those who have lost it, and, to a varying extent, a way of repairing the self damaged by bereavement or by the loss of confidence which accompanies depression from whatever cause. While this may be undoubtedly true – and "solitude" is packed with examples of creative work which has fulfilled one or more of these needs – perhaps the argument can be stood on its head. That is to say, although creativity can be used as a defence against depression, depression can also be a necessary condition for creative potential to materialize (I do not create because I am depressed: I need to be depressed because only in that state am I in touch with the wellsprings of creativity). To look at the causal connection from this direction is to see depression more clearly as itself creative, and to see connections with the classic "creative illness."

Winnicott views depression as evidence of personal integration and his view that creative apperception is what makes individuals feel that life is worth living, is reinforced by Storr (1979:27) with the added comment on creativity on creativity that the hunger of the imagination which drives human beings to seek new understanding and new connections in the external world is, at the same time, a hunger for integration and unity within. However, creativity is best served, according to Winnicott, by allowing

dis-integration, in resting, relaxation, dreaming – all, we may add, states which involve regression, for it is the "unintegrated" state out of which the creative impulse appears. Organized defence against disintegration robs the individual of the precondition for the creative impulse and therefore presents creative living.

Winnicott's association of creativity and the unintegrated (or regressed) state have strong resonance with the views expressed by Jung. Depression is linked to the empty stillness which precedes creative work: that is, it is connected to regression in its regenerative and enriching aspects.

Shipton (1998:2) states that Winnicott tends to use poetic imagery, using expressions which can be elusive, and cryptic in ways which echo Lacan; she also highlights that Winnicott evokes paradox, inviting a whole person response, not simply an intellectual response, to psychoanalysis.

Shipton (1998:13) argues that Winnicott's metaphorical mode suggests that the analyst and the setting represent the maternal environment. The analyst or therapist must be "good enough." He or she must be able to be intuitive and spontaneous and not merely well-trained and disciplined. The therapist must be able to erect solid but pemeable boundaries – to be adaptable like a reliable but human parent. Handling, too, should be sensitive. The therapist should not be cold, but simply abstemious. Taking a part in shared reality despite remaining something of a blank screen, he or she must also be able to be truly alive to the other. The blank screen metaphor gives way to the concept of a face that reflects. Mirroring involves the patient needing to be "seen" and recognized and understood. For example, silence may no longer be construed simply as a resistance. It may now be viewed as a need. For

Winnicott, the therapist must also de-adopt according to the development of the patient's ego and offer a more analytic approach where this would be appropriate.

The actual processes of individuation – the conscious coming-to-terms with one's inner center (psychic-nucleus) or self generally begins with a wounding of the personality and the suffering that accompanies it. This initial shock amounts to a sort of "call," although it is not often recognized as such. On the contrary, the ego feels hampered in its will or its desire and usually projects the obstruction onto something external e.g. (God, job, partner, etc.). Or perhaps everything seems outwardly all right, but beneath the surface a person is suffering from a deadly boredom that makes everything seem meaningless and empty. One is seeking something that is impossible to find or about which nothing is known. In such moments all well-meant, sensible advise such as urging one to try to be responsible, to take a holiday, not to work too hard (or to work harder), to have more (or less) human contact, or to take up a hobby, is completely useless. There is only one thing that seems to work; that is to turn directly toward the approaching darkness without prejudice and totally naively, to try to find out what its secret aim is and what it wants from you (Von Franz, 1964:78). Von Franz further argues that if the decision is to accept the call to the journey in it's entirety, to "turn toward the approaching darkness," we are likely to find that it's hidden purpose is generally something so unusual, so unique and unexpected, that as a rule one can find out what it is only by means of dreams and fantasies welling up from the unconscious. If one focuses attention on the unconscious without rash assumptions or emotional rejection, it often breaks through in a flow of helpful symbolic images, but not always. Sometimes it first offers a series of painful realizations of what is wrong with oneself and one's conscious attitudes. Then one must begin the process by swallowing all sorts of bitter truths.

The "bitter truths" come often at an early encounter with the shadow. They are sometimes revealed as the animus or anima is allowed to have a voice which penetrates consciousness. In order to get where you are not, it becomes necessary to listen to what these archetypal inner figures have to teach, to differentiate them, to separate oneself from attitudes and ways of being that are unhelpful, and then to integrate them and arrive where you are so that their strengths may be utilized in the service of the whole: the Self. This is the ongoing process of individuation and lasts a lifetime.

To sum up: depression is often felt as a sense that 'there is something wrong about us as we naturally stand.' It can be regarded as a pathology to be 'cured,' or a positive experience. It can constitute a call: to both examine what it is that hinders growth and to let it go; to allow the archetypes to speak, to bring them back into consciousness, to befriend them so that they are no longer repressed or in danger of taking over; to follow the path which leads to the discovery of the deep centre of the self. If the initial depression is treated in this way, it can become truly creative.

CHAPTER FIVE - DESCRIPTION OF TERRENCE'S STORY

Estes (1992) highlights that stories are medicine. They have such power that they do not require that we do, be or act anything – we need only listen. The remedies for repair or reclamation of any lost psychic drive are contained in stories. Stories engender the excitement, sadness, questions, longing, and understanding that spontaneously bring the archetype back to the surface.

CASE STUDY

This is a case study of a 17 year old South African coloured male, Terrence X, who was referred to a community psychology clinic for psychological assessment and treatment for being suicidal: he had actually attempted suicide three times. The referral agent was a psychiatric nurse from a local community clinic.

Terrance presented with the following depressive symptoms:

- He demonstrated great mood swings which were apparently not related to external stimuli.
- He was feeling very "down" and had no will to live.
- There were reports of aggressive outbursts in the form of physical and verbal assaults. These were mostly directed at his mother.
- He had feelings of worthlessness as well as excessive, inappropriate guilt.
- Unable to concentrate, his school performance had declined.

What then follows here; it a story, as related to the therapist by Terrance X, who wrote his story as one chapter of his life.

"I've come to know that there is something drastically wrong in my life. I don't quite know what it is. I think my life has become a total wreck. I remember at one stage in my life, I was young and very foolish. I did things that my family really did not like; like I started drinking and smoking, obviously my mother hated it, but I continued. Many times I caused heavy flops, flops that will scar me for the rest of my life."

"With the changing of living spaces I had the impression that I was a "big boy" and I wanted to show myself and people a point, a point I myself did not quite clearly understand. It's like the dreams one has and wants to get. I have a problem that is drinking, I have thought very hard about "drinking" but my thoughts are undecided through the fact that I have no control over my actions. Deep down inside I know that I am a good person but I tend to take advantage of that and in turn cause flops."

"Most people like me but just as the relationship between "us" – meaning my mother and family starts to progress I cause heavy flops. I see myself as a brick wall. I am being built but just as the final stage is being put, it drops and when it drops it brings down all the love, care and understanding put into it. I don't quite understand why I fuck up like this. I always have someone or something to blame it on."

"My mother and sister have so much love and care for me but I take advantage of it all. Am I so foolish that I don't take into consideration their thoughts and feeling. Oh God! I beg you to give me guidance and understanding I need it at this point in life."

"Peoples' thoughts of me are not that important, but rather how my family looking at that Terrence who is a rubbish of a child, how did he turn out. In most instances I think of myself as being "rubbish"! All I have to do is to try and resolve this flop and I will promise myself something, something known only by myself. A promise that I will keep inside myself for life. I can still remember the words of a mother of a boy who bit his mother's ear. I am not going to end up like that. That is something only I can put a stop to. Most people would say I am talking shit, maybe I am, but as previously mentioned I will definitely stop."

"As I am seeing all the thoughts of the nonsense I caused, I come to a decision of "killing myself". If I have the courage maybe I'll put it first on my list. I know that I have caused enough trouble and I have given myself one more chance and this chance is the last one I've got."

"This is one stage of my life that I am not at the least proud of. I hate myself. I just hope my mother and family can help me. I just have to get rid of this dirty habit."

CLINICAL INTERPRETATION/HYPOTHESIS OF THE PROBLEM

The following impressions were gained after initial sessions with Terrence:

- There was significant evidence of self-recrimination and guilt centered around his life experiences.
- Aggression was a manifestation of a learned coping pattern to stress situations.

- The presenting depressive symptoms, for example his feelings of worthlessness and suicidal behaviour were being maintained by a lack of a significant support system.
- Terrence displayed significant positive qualities, a genuine warmness, sensitivity and a friendly disposition which could be used during therapy.
- There was evidence of interest shown in therapy despite Terrence's pervading sense of hopelessness, which could have been as a result of the reassuring and supportive therapeutic context.
- There was no father figure referred to in Terrences' stories which was of great concern to the therapist.

A PSYCHODYNAMIC FORMULATION OF TERRENCE'S STORY FROM AN OBJECT RELATIONS PARADIGM

The idea of an object relations approach was to understand Terrence's internal world, how he had internalized early relational patterns and how he understood his experiences of and being in the world.

The work of Melanie Klein (1946) and the reaction to her theories by analysts like Fairbairn, Winnicott (1978) & Bion (1959) constitute the foundation of object relations theory. Klein's theory shifts the arena of psychic development away from the classical Freudian conflict-drive model towards a relational mode. It thus focuses on the internalization of patterns of relationship between self and other as the critical psychological issues (Newirth, 1994:82). This notion emphasizes that we become human as a result of our awareness of our personal relatedness; as well as the role played by the quality of the

internal and external relationships in determining the extent to which a whole and integrated person comes into being.

Klein maintains that only when the ego has interjected the object as a whole, and has established a better relationship to the external world and to real people, is it able to realize fully the disaster created through its sadism and especially through it's cannibalism, and to feel distressed about it. This distress if related not only to the past but to the present as well, since at this early stage of development, sadism is at it's height. It requires a full identification with the loved object and full recognition of it's value, for the ego to become aware of the state of disintegration to which it has reduced and is continuing to reduce its loved object. The ego then finds itself confronted with the psychic reality that it's loved objects are in a state of dissolution–in bits–and the despair, remorse and anxiety deriving from this recognition are at the bottom of numerous anxiety situations e.g. there is anxiety of how to put the bits together in the right way and at the right time; how to pick out the good bits and do away with the bad ones; how to bring the object to life when it has been put together, and there is anxiety at being interfered with in this task by bad objects and by one's own hatred.

Klein further contends that the idea of perfection is, moreover, so compelling because it disproves the idea of disintegration. In some patients who have turned away from their mother in dislike or hate or used other mechanisms to get away from her, it has been found that there existed nevertheless a beautiful mental picture of the mother, but one which was felt to be only a picture of her, not her real self. The real object was felt to be unattractive – really an injured, incurable and dreaded person. The beautiful picture had been dissociated from the real object but had never been given up and played a great part in the specific ways of their sublimation.

It appears that the desire for perfection is rooted in the depressive anxiety of disintegration, which is thus of great importance in all sublimation.

Human behaviour and language are intimately bound together, and to understand behaviour we must understand language. The fundamental attribute of human beings is that they create meaning, not to do so is impossible, even when we know that there is no way that we can prove the truth of the meaning that we impose. Rowe (1978:253) states that we all carry images from our childhood. Sometimes we are unable to bring these images into our clear consciousness, to describe them in words, perhaps because they existed before we were old enough to communicate by language, perhaps because we are not in the habit of inspecting our images. Sometimes we hesitate to inspect these images and to describe them to others since we fear that we are mad or may be considered to be mad.

Relating to Terrence's story, somewhere in his story he said that he did not know how he turned out, and when asked the meaning of this he stated that at home there were two immunization cards both carrying his name but with two different dates of birth. He says he discovered this when he was eight years old. He asked his mother about this and she wouldn't explain. This stayed with him as a conflict. The other thing that Terrence highlighted was the colour and texture of his hair, that it was not the same as his sister or the man who was referred to as his father. He consequently felt that they were probably not his family. As sessions progressed, Terrence wanted his mother to explain these things to him in a therapeutic setting. This was very significant in terms of understanding why there was no father figure in his stories and helped to explain his conflict.

Terrence's mother later opened up to Terrence for the first time. She disclosed that Terrence was not coloured. His father was an African man. The current "father" was a stepfather. She was going to arrange for Terrence to meet his biological father. A ritual was going to be performed for Terrence to reunite him with his father and grandparents. This was the foundational reason for Terrence's identity conflicts and concomitant anger, depression and suicidal behaviour. He was having an identity problem in terms of where he belonged.

At the end of consultations with Terrence, he wrote the following letter to his mother and therapist: "Some people say life is a joy, but no one can have joy without hardships as hardships can teach you a better way to enjoy joy. Until now I have discovered that you can understand life better through hardships than through joy. They say the older you get the wiser you are, but the younger you are the better you understand life". Terrence than thanked the therapist in assisting him to go through the depths of depression in order for him to find the truth about who he was.

Rowe (1978:265) states that what makes the biological machinery of man so powerful is that it modifies his action through his imagination. It makes him able to symbolize, to project himself into the consequences of his acts, to conceptualize his plans and to weigh them, one against another, as a system of values. We create depression ourselves and just as we create it, we can also dismantle it. Although this was never verbalized consciously, it is also the therapist's opinion that being a black South African man, he was able to begin the process of re-fathering Terrence as African through the transference relationship that developed. This could find its full realization when Terrence was re-united with his real father either symbolically through appropriate cultural ceremony or by actually meeting his father face to face.

In cross cultural therapeutic situations like these, given South Africa' complex socio-political "Apartheid" past, it was considered that sensitivity was required to interpret and amplify experiences and stories only if clearly initiated by Terrence. This unspoken story within a story may however has been a significant contributory factor in Terrence's journey towards acceptance of his cultural identity and experience of becoming whole.

Winnicott (1986:9) sees depression as the price one pays for integration. As such it needs to be respected as evidence of personal integration. The value of depression lies in the fact that through the depressive mood one is able to feel responsibility, to feel feelings of guilt, grief and joy. This full experience makes the person whole.

CHAPTER SIX - THE CONCEPT OF CREATIVE ILLNESS

Since the primary thesis here propounded is that depression may have value to the extent that we can rightly call it "creative," this chapter explores the concept of creative illness.

Creative illness, according to Ellenberger, (1970) occurs in various settings and is to be found among shamans, among the mystics of various religions, in certain philosophers and creative writers. A creative illness succeeds a period of intense preoccupation with an idea and search for a certain truth. It can take the shape of depression, neurosis, psychosomatic ailments, or even psychosis. Whatever the symptoms, they are felt as painful, if not agonizing, by the subject, with alternating periods of alleviation and worsening. Throughout the illness the subject never loses the thread of his/her dominating preoccupation. It is often compatible with normal professional activity and family life, but even if he/she keeps to his/her social activities, he/she is almost entirely absorbed within himself/herself. He/she suffers from feelings of utter isolation, even when he/she has a mentor who guides him/her through the ordeal. The termination is often rapid and marked by a phase of exhilaration. The subject emerges from his/her ordeal with a permanent transformation in his/her personality and the conviction that he/she has discovered a great truth.

Ellenberger (1970) contends that both Freud and Jung underwent long periods of creative illness, from which proceeded, in both cases, the systems of thought on which their subsequent lifetime's work was based.

For both, the onset of the illness followed periods of intense preoccupation with what Ellenberger calls "the mysteries of the human soul." Both isolated themselves to a great extent from institutions of

learning and professional organizations, both suffered symptoms of emotional illness. Both disciplined themselves to psychic endeavour Freud using free association and Jung active imagination and the drawing and writing down of his dreams. Jung recognized that, in order to get in touch with the fantasies he could feel stirring underground, he had to let himself plummet down into them. Jung also used yoga exercises as one way of calming the emotions generated by these experiences. Once sufficiently calmed, he abandoned this restraint on the emotions and allowed the images and inner voices to speak a fresh.

Jung (1961:202) had initially seen his confrontation with the unconscious as a voluntary, conscious participation in a scientific experiment. Writing fifty years later, he said: "Today I might equally well say that it was an experiment being conducted on me." He further highlighted this in his autobiography; where he says, "all my works, all my creative activity, has come from those initial fantasies and dreams.... Everything that I accomplished in later life was already contained in them, although at first only in the form of emotions and images" Jung (1961:203). The periods of creative illness undergone by both Jung and Freud thus led them ultimately to the conviction that they had uncovered great truths, and they were both permanently transformed by their experiences.

Jung's work was, put simply, to do all in his power to become the person he had it in him to be; to realize his potential as far as he was able; to be true to himself – to discover his self. This highlights that integrity required that if we are called, we respond; we undertake our journey, recognizing that it will have costs for us, that it has potential danger, but that in so doing we are living authentically, becoming the people we have it in us to be.

The experience of depression, a sense of what William James (1955:132) called "something wrong about us as we naturally stand, can, if we can allow it, become creative." Staying with the depression is to allow oneself to experience depression as creative illness. Dracquer (1998) points out that Jung had stated that there is a "core of value and meaning" in neurosis that is not entirely negative, or something simply to be ferreted out and dissolved; but rather represent new possibilities which are the source of healing for the psyche. Dracquer further states that this idea belongs to a very ancient tradition, beginning perhaps in our own civilization with the greatest of Greek physicians, the divine Asclepius, who maintained that the seeds of the cure are to be found in the illness. This implies a movement or unconscious striving towards health or wholeness. This is why the therapists in the Jungian tradition will speak of a healing crisis or a creative depression. This is not to deny that repressed parts of consciousness also produce symptoms, slips of the tongue and so on from the unconscious. These are acquisitions which form a layer which Jung calls the "personal unconscious," which came about as a result of introspection that he made following his break with Freud, from which then developed the idea that there are contents which are not personal, but which are inherited, impersonal and collective. These are the archetypes of the collective unconscious.

Relating back to Terrence's story: it can be viewed in the way that he did everything in his power to become the person he had it in him to be; to realize his potential as far as he was able; to be true to himself and to discover his self. Integrity requires that if we are called, we respond; we undertake our journey, recognizing that it will have costs for us, that it has potential danger, but that in so doing we are living authentically, becoming the people we have it in us to be.

Ellenberger (1970), contends that the characteristics of creative illness are:

- the onset of severe and painful symptoms, following a period of intense preoccupation with an idea or search for a certain truth;
- an ability to continue with normal life while continuing the search; notwithstanding this ability to function in the external world, the main thrust of energy being inwards, leading to self-absorption and feelings of utter isolation;
- a spontaneous and rapid recovery, accompanied by elation, typically followed by a gradual shift of interest from the interior to the exterior world. It is possible to argue that a period of depression perhaps most often in someone not typically thought of as "depressive" can have all the hallmarks of such an experience, as seen in the case of Terrence.

Jungian theory suggests that depression can arise from distorted formation and inhibition of psychological process, which have their origins in evolved predispositions. Jung further contended that the persona archetype is useful for understanding depression. This is because it allows consideration of the innate (psychological) basis of certain forms of psychological construction, relating to social, integrative behaviour. Conflicts between the persona and shadow may be at the heart of many depressive disturbances. Terrence's depressive phenomenology can be amplified as follows. Some depressed persons can be understood as having lost their way to the extent that they overvalue persona attributes e.g. "I must be a good, loving person, successful, always hard-working, be loved, be approved by others, etc." This means that they need to come to terms with the realities of being human, that sometimes we are all angry, unreliable, cowardly, etc. Although depressed persons feel that they need others to survive, and wish to seek their support, they may also fear that should others see their shadow, they will reject and abandon them. Depressed patients may be overwhelmed by shadowy attributes and ending up seeing themselves as useless, aggressive, wicked, evil, a danger to others,

unloving and unlovable, which means the persona function gets completely lost to the dominating shadow. For this reason the authentic confrontation with the depression and/or shadow heralds the therapeutic movement in the journey towards self-realization, actualization and meaningful social existence.

CHAPTER SEVEN - CONCLUSION

The intention underlying this piece of writing has been to examine depression from a perspective of experiences of darkness, descent and depth as having validity; not merely as states to be avoided, rescued from, talked out of. James Hillman (1979), argues that through depression we enter depths and in-depths find soul and that, therefore, we need to be true to the depression, allowing discovery of the consciousness and depths it teaches as in this thesis. We have recognized the links between depression (as discussed in this piece of writing) and creative-illness, a term that was coined by Ellenberger as describing the experiences of Freud, Jung and others.

From reviewing the changing understanding of what we now call depression, throughout the centuries, we noted that melancholy which was once regarded as one of the basic affects, became loosened from it's origins on Greek philosophical writing as "abnormal" only in the sense that it was invariably associated with high intellect and creative capacity and gradually became subsumed in melancholia, that is, it was pathologized to a great extent. By the nineteenth century, the word depression was coming into use, although Freud still wrote of melancholia, seeing it as a pathological state akin to mourning. From Freud onwards, depression was studied in terms of its connections to anger, and it's links to loss of self-esteem. It was in the writings of Winnicott that depression was regarded as having value, in that he felt that to enter, stay with and come out of depression was a triumph of integration. He also saw the depressed mood, the allowing of a regressed state, as valuable in that it is out of such moods that the creative impulse comes. Creative work can come from depression as a means of creating one's self-esteem. As the individual enters into the depressive state, it marks the first experiences of guilt which leads to an unconscious awareness that what the self does in the world has

an effect on the whole object; thus, there are instinctive aggressive impulses both to destroy the object of badness, but also to keep it intact and put it back together.

For Jung, depression almost invariably has a creative purpose and it is from his experiences and theoretical model that I draw on extensively in the latter stages of the dissertation. From an examination of the "hero" motif one draws the conclusion that the experience of being orphaned and facing death anxiety both of which may lead to depression, can be creative experiences if the underlying anger and dread are allowed into consciousness and owned.

An examination of Ellenberger's concept of creative illness provided an alternative of depression as positive rather than negative. The creative illness of the ordinary person which may not literally result in paradigm shifting discoveries about the universe, concrete or psychical, can nevertheless be termed so, because, in experiential terms, it may involve the most important work of a person discovering his/her own truth, in effect, discovering his/her own self, world, and, by extrapolation, universe.

Our journey "into the depths" showed us from Terence's case that it may be a dangerous one, and one which should not be made unaccompanied. The process of reaching and holding the "deep centre", individuation, is served only by willingness to stay with what may be highly uncomfortable experiences. In this piece of writing I argued that the call must be recognized and honoured; but that an initial dive into the depths may lead to almost immediate re-surfacing, which enables some of the inward turned energy to be re-directed outwards, and ordinary life to be resumed. I argued that it is the honouring of the initial call which is important; the dive to the depths can in a sense be "postponed" but only if this honouring is done, and if the decision to take the journey is not left too long.

Individuation is a life-long process, and it is my contention that depression is creative to the extent that experiences of it are used in the service of this process.

Not all depressions have creative aspects, many are merely deadening experiences, the horror of which cannot be denied and the pain they engender is fully recognized. Enormous activity and intervention is needed in these instances but, some experiences of depression, if the courage and support can be found from within oneself, from others and from helpful images which seem gradually to be gaining a wider currency, can be positive, life-enhancing in the long run, forming part of the continuing process of individuation to which at times humankind is called. The depressed mood should be honoured for it's creative potential.

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APPENDIX - PSYCHODIAGNOSTICS

APPROACH TO ASSESSMENT:

The assessment approach used in this case was guided by the assessment proceeding system suggested by Graham and Lilly (1984). This system involves three basic stages:

Stage 1

(a) The selection of data sources based on assessment goals, referral questions and clinical presentations. The data sources would include psychological tests, observations and interviews.

(b) The collection of data.

(c) The ongoing scoring of the data.

Stage 2

(a) The data from all the sources are combined.

(b) This is done with reference to norms.

Stage 3

(a) Based on the data inferences/predictors are drawn.

(b) The problem and or patient is described.

(c) Finally recommendations are made with regard to further assessment or treatment/management strategies.

BEHAVIOURAL OBSERVATIONS:

The following description of Terrence's behaviour was observed during the first clinical interview session.

Terrence was seen alone in an interview room for one hour in the initial interview. Terrence's friendly disposition made it easy to establish rapport and to engage him. His speech was coherent and unhurried. He did however tend to ruminate on certain issues. Despite this being his first contract with the therapist, he seemed usually trusting and did not query the confidentiality of information elicited. He seemed very eager to meet with the therapist's requests and elicit the therapist's positive regard. It was also obviously apparent that he tended to elicit the therapist's sympathy by overly focusing on issues of his deprived circumstances and tended to be emotional and tearful when talking about such circumstances.

In summary, Terrence was not defensive and he had a friendly disposition, both of which facilitated the establishment of rapport between the therapist and client.

MENTAL STATUS EXAMINATION:

Terrence presented with a very depressed picture. He appeared down and very disheveled in terms of his grooming. His body language was appropriate and there was good rapport established, with good eye contact.

Affect and mood:

Terrence exhibited a very labile effect. There were sudden changes to his expressed emotional feelings and tone. He vacillated between instances of tearfulness and normal moods.

Orientation and level of awareness:

He tended to ruminate over his deprived circumstances, his frustrations and guilt. His orientation was otherwise intact.

Memory:

Terence did not demonstrate any gross or significant memory deficits.

Perception:

There were no significant indications of delusions, hallucinations or illusions.

Insight and judgement:

He had a course insight into his problems and his judgement was not impaired.

Vegetative shifts:

He explained that he had insomnia, decreased appetite with a consequent significant weight loss. He described his libido as low.

Psychological testing:

Two psychological tests were used, in line with Terrence's story to answer the referral questions.

(a) The Beck Depression Inventory (BDI).

(b) The Thematic Apperception Test (TAT).

THE BECK DEPRESSION INVENTORY (BDI)

The BDI was developed as a measure of the severity of depression once the clinical diagnosis had been made. The BDI has a split half reliability of around 0,9 and a test-retest reliability of approximately 0,75. According to Williams (1984) this inventory has been found to correlate well with clinicians ratings of severity of depression as well as with other scales.

Test results and interpretation:

TOTAL SCORE : 26

Normative data suggests that this score fell within the moderate to severe range in the measure of severity of depression. This result may be seen as an indication of severity within the context of the assessment situation in terms of the patient's liability of affect and the supportive relationship between the therapists and the patient (client). The results suggested that the severity level warranted a diagnosis of depression and serious indication for therapeutic intervention, especially given Terrence's story of being suicidal.

THEMATIC APPRECEPTION TEST (TAT)

The TAT was administered because it was designed to facilitate the understanding of an individual's relationship to important figures and drives. More specifically according to Bellack (1975), it was designed to:

(a) investigate the subject's attitude towards parental figures and the way in which these figures were apperceived;

(b) reveal the dynamics of male/female authority figures and contemporaries;

(c) investigate actual dynamics of interpersonal relationships.

The TAT allows the therapist to look at the ego's ability to perceive, organize and to perform complex tasks. It also reveals the extent of control over anxiety and aggressive/sexual impulses.

According to Bellack (1975), the TAT cannot easily be made to conform to the usual methods of establishing reliability and validity. Intra-test patterns like repetitiveness of themes/conflicts, and any other patterning within becomes a criterion of reliability. Hence the responses of one subject to a stimulus may be considered interpretable as psychologically significant. Bellack calls this basis of validity, intra-test validity.

The cards were chosen in accordance with what each card theoretically reveals. The following (10) ten cards were administered: Cards – 1, 2, 3BM, 4, 5, 6BM, 7BM, 8BM, 12M, 17BM.

Results and interpretation

The Bellack system was used to interpret Terrence's responses and a TAT Profile was drawn up.

TAT PROFILE

Terrence's TAT responses were characterized by recurring themes of sadness, loneliness, lack of love and a sense of abandonment. There was a pervasive feeling of a sense of inadequacy. Images of death were also noticed. Interpersonal relationships were seen as both desirable and as objects of anxiety. The traits of the main hero were usually ones of helplessness, inadequacy and fatigueness.

Main needs of hero:

The most significant behavioural needs of the hero were the need for support and care, the need for security and the need for nurturant interpersonal relationships. Objects and circumstances introduced were invariably related to family and a desire for happiness. Notably, the omission of the gun suggests significant latent hostility and a denial of aggression.

Conception of the environment:

The world is seen as a depressed and impoverished place that does not provide sufficient warmth. It is further seen as a confusing and lonely place.

Relationship with others:

Terences' responses were indicative of ambivalent feelings towards his mother who he perceived as both a source of comfort and help yet also non-dependable. His father's absence was an underlying problem for Terrence.

Significant conflicts:

The following conflicts emerged: death wish, fears of rejection and inadequacies.

Nature of anxieties:

His anxieties were associated with guilt over death wish and being alone.

The profile in general showed a paucity of ideational activity. Most of the stories and endings were gloomy and themes of sadness were predominant. According to Bellack (1975), this suggests a depressed presentation.