
A Psychoanalytic Approach to Depression

Understanding Depression from the Psychoanalytical Approach to Personality

Depressive disorder, simply known as depression, is a devastating mental disorder that has affected many. In 2016, nearly 16 million adults have been affected by depression in the United States alone, making up an estimated 7% of the national population (“Depression,” nami.org, n.d.). Despite its ubiquity, it is often dismissed as fleeting feelings of sadness; however, depression is much more than its implicit outer appearance. It is a serious mental illness that affects the affected person’s daily thoughts, emotions, and actions (“Depression,” nimh.nih.gov, n.d.).

There are multiple types of depression, including psychotic depression, perinatal depression, and dysthymia (“Depression,” nimh.nih.gov, n.d.). The differences between these types of depression vary from level of extremity to persistence, but the symptoms remain relatively similar. These symptoms include persistent feelings of sadness, hopelessness, or pessimism; loss of interest in hobbies; lack of energy and motivation; difficulty eating or sleeping; and thoughts of suicide or suicide attempts (“Depression,” nimh.nih.gov, n.d.). These are only some of the many possible symptoms associated with depression—because the disorder has a different impact on each person, those affected may not necessarily experience the symptoms listed here or may experience entirely different symptoms in varied levels of severity and duration. In order to be diagnosed with depression, the symptoms must persist for at least two weeks. After diagnosis, treatment usually involves antidepressant medication, psychotherapy, or both (“Depression,” nimh.nih.gov, n.d.).

Psychotherapy, or treatment of mental disorders by means of psychology, was first developed by Austrian neurologist and psychiatrist Sigmund Freud (1856-1939) (“Sigmund Freud Biography,” n.d.). As Freud advanced his studies and became more familiar with psychotherapy in his career, he later designed psychoanalysis, a system of psychotherapy, in an effort to “bring crucial unconscious material into consciousness where it can be examined in a rational manner” (Burger, 2015). According to Freud, the unconscious mind is the source of suppressed impulses and hidden desires and fears (McLeod, 2013). These dark, buried thoughts are too deeply buried to be accessed from a surface-level examination and are essential to understanding the human mind. His discoveries subsequently led him to become the founding father of psychoanalysis and the first to recognize that mental disorders originate from the unconscious mind rather than physical aspects (Burger, 2015).

Beyond the unconscious, Freud later developed a model more specific to personality. Known as the structural model, it divides personality into three hypothetical parts: the id, ego, and superego (Burger, 2015). The id lies in the unconscious and operates according to the pleasure principle, or the gratification of personal satisfaction regardless of reality and morality. The ego seeks to govern the id by satisfying these unconscious desires using the reality principle, which develops a concern for the consequences of our actions, a precept that the id lacks entirely. It operates in both the conscious and unconscious. The superego is the largest part of our personality and operates on the morality principle, which encourages actions grounded on

ethics and integrity. (McLeod, 2013.) Though they seem similar, the difference between the ego and superego is that the ego seeks gratification using common sense, and the superego purely functions as our moral conscience. For nearly every action and decision we unconsciously execute, all three elements within us concurrently work to gratify our needs with concern for external reality and morality.

All three are integral to the structural model, but it is important to note that the ego in particular acts as a mediator between the id and superego. The ego also regularly confronts the realities of tension, anxiety, and stress. Ergo, it must employ various defense mechanisms as a means to manage these daily situations. These defense mechanisms are involuntary and originate from our unconscious, but are nonetheless inevitably applied in otherwise stressful situations. (McLeod, 2009.) Common defense mechanisms include repression, the prevention of threatening thoughts drifting from the unconscious into the conscious mind; sublimation, a productive means of altering threatening impulses into socially acceptable actions; displacement, the channeling of our impulses into substitute objects; denial, the refusal to accept facts; and reaction formation, the action of behaving contradictory to our unconscious desires (Burger, 2015). These are only some examples of the most common defense mechanisms, but all of them serve the same purpose of protecting us.

Using the psychoanalytical approach to personality, we recognize that depression originates in the unconscious mind, which harbors the hidden causes of depression. The conscious mind is only aware of the surface-level symptoms of depression, such as feelings of sadness, pessimism, and hopelessness. Evidently, Freud disregarded these obvious symptoms, recognizing that they were a mere reflection of the unconscious. He roughly translated depression to “anger turned inward,” implying that individuals suffering from depression actually withhold unconscious feelings of hostility (Burger, 2015). Such repressed hostility may stem from devastating life events such as rejection, grief, or loss. Freud was careful to highlight that loss includes both physical loss, such as loss of a friend or family member, and symbolic loss, such as loss of a title or job (McLeod, 2015). An individual suffering from a loss or other life event ultimately redirects their anger from their loss to their own self. This internal self-anger consequently causes vulnerability to depression.

The cause of depressed individuals’ redirection of hostility, however, may actually stem from an external factor. Psychoanalysts have insinuated that the reason is that “each of us has internalized the standards and values of society, which typically discourage the expression of hostility” (Burger, 2015). Indeed, it is socially unacceptable to flagrantly express anger towards other people; however, someone who has internalized social standards to such a large degree that this person would develop depressive disorder clearly has an imbalance of personality. Freud’s structural model of personality ideally displays a stable balance between the id, ego, and superego within a healthy individual. Someone suffering from depression, on the other hand, may have an overbearance of the superego (McLeod, 2015), which would cause the dominance of the moral conscious and possibly an obsession with feelings of social acceptance. For this reason, the individual may prefer to suppress his or her unconscious anger instead of openly releasing it.

Furthermore, an individual suffering from depressive disorder may unconsciously employ defense mechanisms as a means to cope with the depression. It is not uncommon for someone who is depressed to adopt repression, or the exclusion of distressing memories and thoughts from the conscious mind (“Psychodynamic Therapy for Depression,” 2015). Signs of repression

may appear during psychotherapy when the patient attempts to ignore or indirectly answer specific questions, change the topic, or simply not respond to certain topics. The patient may also exhibit signs of other defense mechanisms, such as denial. Inhibition of denial would mean that the patient would ignore the facts and signs that the therapist has given him or her or even refuse to accept the loss, rejection, or tragedy that has occurred. Both defense mechanisms are normal, but only consistent therapy can eventually reveal the patient's thoughts.

In order to treat depression, the psychoanalyst must recognize and analyze these unconscious thoughts of the patient. One method for psychoanalytical treatment is dream interpretation. Freud particularly advocated dream analysis because he believed that its content, while seemingly absurd, is actually symbolic of our unconscious mind and hidden thoughts (Burger, 2015). Therapists may ask patients to record their dreams in a journal or simply ask patients for their recollection of dreams. A deeper analysis of the patient's dreams may reveal recurring themes, which can be symbolic of important figures in the patient's life or the devastating life events that caused the patient's depression. It has been found that recurrent dreamers are more likely to suffer from anxiety than those who don't (Burger, 2015).

Psychoanalysts may also treat depression by using the Freudian method of projective tests. Projective tests are a presentation of ambiguous photos to the patient and asking the patient to interpret the photo or perhaps draw their own (Burger, 2015). While the photos shown may appear to be silly pictures or shapes, the patient may interpret them in various ways, revealing hidden feelings. Projective tests and dream interpretation would be more effective in revealing unconscious thoughts of people suffering from depression than other verbal tests, such as free association and Freudian slips, because people suffering from depression are much less likely to want to be vocal with their feelings and more likely to be orally unresponsive. Thus, it is better to approach their thoughts using indirect methods like dream interpretation and projective tests.