A Balanced and Innovative Approach to Treating Suicidal Depression

Psychiatry Grand Rounds
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Goals & Objectives

- Overview of the problems of depression and its most tragic outcome: suicide.
- Depression as evolutionary.
- A systems approach to depression & suicide.
- An innovative in-depth analytic therapy (egocide & transformation) and the healing value of creativity, hope, and meaning including a brief clinical vignette.
Symptom of Depression
(13%-20% or 39-60 million)

Clinical Depression
(7%-11% or 21-33 million)

(1-year prevalence rates)
- Rate of depression among women is twice that of men.
- One in four women experience clinical depression during a lifetime versus one in eight men.
Suicide is a Public Health Problem

- Suicide is the 11th leading cause of death in the United States.
- In the 15-24 age group it is the 3rd leading cause of death. Suicide is the 2nd leading cause of death in the 25-34 age group.
- Older persons (65 years and above) have higher suicide rates than other age groups.
- In 2009, 13.8% of high school students reported having seriously considered attempting suicide in the previous 12 months (6.3% reported that they had actually attempted suicide in the same time period).
- Native Americans have high suicide rates among adolescents and young adults.
- Hispanic and black high school students report nearly twice the rate of suicide attempts than their white counterparts.

Source: Center for Disease Control (CDC) 2010
Gender & Suicide

- Women attempt suicide two to three times as frequently as do men.

- Men complete suicide four times as often as women.
Risk Factors for Suicide

1. Hopelessness
2. Major Depression
3. Previous suicide attempts
4. History of alcohol and substance abuse
5. Family history of suicide
6. Males in general
7. Homosexuality and bisexuality
8. Teens and elderly
9. History of trauma or abuse
10. Impulsive or aggressive tendencies
11. Physical illness, especially terminal conditions and HIV (AIDS) and dialysis
12. Loss (relational, social, work, financial)
13. Easy access to lethal methods, such as guns
14. Barriers to accessing mental health treatment
15. Unwillingness to seek help
16. Living alone and/or socially isolated

Source: Department of Health and Human Services, the Surgeon General’s Suicide Prevention Report (1999); American Psychological Association, 2001
“There is but one truly serious philosophical problem and that is suicide”.

Albert Camus
“To be, or not to be- that is the question: whether ‘tis nobler in the mind to suffer the slings and arrows of outrageous fortune or to take arms against a sea of troubles, and by opposing end them.”

William Shakespeare
Evolutionary Value of Depression

Arthur Schmale states that, “Depression, unpleasant as it may be when it is personally experienced, has adaptive significance for growth, reality testing, and even survival”. In Schmale’s theory (which he attributes to George Engel), depression operates as a biological conservation-withdrawal mechanism.
“Darkness within darkness, the gateway to all understanding.”

Lao Tzu
“Hope is the thing with feathers
That perches in the soul,
And sings the tune without the words,
And never stops at all.”

-Emily Dickinson
“Darkness gives birth to light”
Carl Jung
What Max Müller said about theology, “The person who knows only one religion knows none,” also applies to the study of depression.
A Systems Approach to Understanding Depression

(Four interrelated factors)

- Biological
- Psychological
- Social
- Existential/Spiritual
Biological Factors in Depression

- Biochemical
- Endocrinological
- Immunological
- Genetic
Psychological Factors in Depression

- Psychodynamic (Freudian & Jungian)
- Behavioral/Cognitive
- Interpersonal
Social Factors in Depression

- Work problem (loss of job) or loss of loved one
- Interpersonal strife
- Separation and/or divorce
- Lack of shelter (homelessness)
Existential/Spiritual Factors in Depression

- Loss of Soul
- Lack of Spiritual direction
- Lack of meaning and purpose in life

“The person who has a why to live can bear with almost any how.”

Friedrich Nietzsche
A Systems Approach to Understanding Suicide

Also four interrelated factors

- Biological
- Psychological
- Social
- Existential/Spiritual
Biological Factors in Suicide

- **Biochemical**: Severe deficiency of serotonin in brains of those who commit suicide.
- **Genetic**: Strong evidence from twin studies
Psychological Factors in Suicide

- Hopelessness
- Severe Depression
- “False self” turns murderous rage on the “true self”
- Jung’s view that suicide is a crime against the Self
Sociological Factors in Suicide

- Durkheim’s classic work *Suicide* (1897) classifies suicides into three categories:
  - **Egoistic**: Individual is not integrated with society, i.e., cut off and lonely.
  - **Altruistic**: Individual is too absorbed in a group and sacrifices his/her life for its leaders, causes, or values.
  - **Anomic**: Individual’s inability to cope with sudden changes in his/her social situation.
Existential/Spiritual Factors in Suicide

- Lack of spiritual orientation
- No meaning or purpose in life
- Cut off from soul and spirit

“Against self-slaughter there is a prohibition so divine that cravens my weak hand.”

William Shakespeare
Treatment of Suicidal Depression (a Systems Approach)

**Biological:** Somatic (ECT), biochemical (antidepressant medications), and light therapy.

**Psychological:** Behavioral/cognitive, psychodynamic, interpersonal, group, and family therapies.

**Social:** Shelter, work, and support.

**Existential/Spiritual:** Hope, humor, creativity, and existential/spiritual experiences lead to direction, purpose, meaning, self-love, and love of others.
“There is a general place in your brain, I think, reserved for ‘the melancholy of relationships past.’ It grows and prospers as life progresses, forcing you, finally, against your grain, to listen to country music.”

Kary Mullis, PhD
Nobel Prize Lecture, December 8, 1993
“Depression is the empty stillness which proceeds creative work.”

Carl Jung
“Only art has the power of redeeming suffering from the abyss.”

Aharon Appelfeld
“It’s only in being creative that the individual discovers one’s true self.”

Donald Winnicott
“My first poem was born like a bolt out of the blue. It came unsolicited and broke a spell of disillusion and suicidal despondency.

A black, black cloud,
flew over the sun
driven by fierce flying rain.

Joy, a mysterious soul-satisfying joy swept over me at that moment.”

William Carlos Williams
An innovative therapeutic model based on research with ten survivors of jumps off the Golden Gate & San Francisco-Oakland Bay Bridges and extensive in-depth work with patients suffering from suicidal depression.
Symbolic Death & Rebirth

- Holographic model: part (negative self-destructive ego/false self) is analyzed to death and experienced as the whole ego dying.
In Jung’s psychology the goal is “death” to the ego as center (false self) and rebirth of the true self, which results in a reconstituted ego being secondary to the Self (the center and totality of the psyche).
COMMONSENSE MODEL OF EGOCIDE AND TRANSFORMATION

In a period of failing, falling or losing, the depressed individual experiences such grief or despair that the person wants to die, i.e., commit suicide.

The depressed person does not have to die totally; only part of the individual's psyche has to die or be symbolically killed off.

Letting go of or killing off the destructive part of the psyche, the dominant ego-image or negative identity, through egocide.

Egocide makes possible a psychic transformation and a new ego-Self axis evolves, allowing for one's full potential to develop and one's personal myth to be affirmed.
Stage I - Egocide and Transformation

Suicidal Depression

Bad News
Depressed, suicidal, alone, alienated
Negative ego and shadow identity related to loss and sense of failure
Feels worthless, helpless, hopeless
Indescribable suffering

Hell: A no-exit situation

Disorganized and disabled
Unable to function

Symbolic Death

Individual Analytical Psychotherapy

Resistance by patient and negative personal transference
Acceptance and empathy by therapist/analyst
Building trust and positive transference
Regression in the service of positive ego
Personal unconscious conflicts and complexes

Through analysis, negative introjects die
Death of the false self
Egocide and shadowcide
## Stage II - Egocide and Transformation

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<thead>
<tr>
<th><strong>Suicidal Depression</strong></th>
<th><strong>Individual Analytical Psychotherapy</strong></th>
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</thead>
<tbody>
<tr>
<td>Feels numb, dead, anxious</td>
<td>Strong therapeutic alliance develops</td>
</tr>
<tr>
<td>Confused, despondent, withdrawn</td>
<td>Archetypal positive and negative transference</td>
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<td>Senses light in the darkness</td>
<td>Regression in the service of the Self</td>
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<tr>
<td><em>Good News</em></td>
<td>Ego-Self axis and connection</td>
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<td>Collective unconscious complexes</td>
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# Stage III - Egocide and Transformation

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<tr>
<th><strong>Suicidal Depression</strong></th>
<th><strong>Individual Analytical Psychotherapy</strong></th>
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<tbody>
<tr>
<td>Less depressed and withdrawn</td>
<td>Regression in the service of the self</td>
</tr>
<tr>
<td>Brighter and hopeful</td>
<td>Sees self and therapist/analyst realistically</td>
</tr>
<tr>
<td>New directions, relationships, and creative acts</td>
<td>Self-self axis and connection</td>
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<tr>
<td>Meaning in live</td>
<td>Rebirth of the <em>true self</em></td>
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<tr>
<td><em>New Life</em></td>
<td>Action and creative resolution</td>
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<td></td>
<td>Sense of wholeness and self-realization (self-actualization)</td>
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Sharon, 26-year-old graduate student with suicidal depression, anorexia nervosa and a borderline personality disorder.
2nd year of analytic treatment

“Giving birth to myself”

Self-Portrait
Humor increases hope (Vilaythong, Arnau, Rosen, & Mascaro, 2003).
Spiritual meaning increases hope and decreases depression and anxiety (Mascaro, Rosen, & Morey, 2004 and Mascaro & Rosen, 2005).
Existential/Spiritual Meaning acts as a buffer against stress (Mascaro & Rosen, 2006).
Over time Hope decreases anxiety and depression (Arnau, Rosen, Finch, Rhudy and Fortunato, 2007).
Various forms of creative artistic expression (such as writing, painting, dancing, or working with clay) are healing by enhancing hope and spiritual well-being and decreasing depression and anxiety (Rosen, 2002; Rosen & Weishaus, 2004). Drawing mandalas are healing by decreasing symptoms of PTSD (Henderson, Rosen, and Mascaro, 2007).
Regarding depression in medical students, hope and spiritual meaning, buffer the expression of stress related depression in those students who are most genetically vulnerable, that is, those who have s/s alleles determined from genotyping the 5-HTT serotonin transporter gene. (Rosen, et al, 2010).
Summary

- A comprehensive systems approach (biological, psychological, social, and existential/spiritual) is the most effective way to treat suicidal depression.

- The innovative in-depth psychotherapeutic approach of egocide and transformation represents a meaningful alternative to suicide.

- Hope, humor, meaning, creativity, and existential/spiritual experiences seem to be essential for transforming depression and facilitating the healing process.
References and Other Helpful Readings


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