

## **An Interview with Dr. Jim on the Analytical Treatment of Depression**

Interviewer (INT): During our first interview, you identified yourself as a psychologist who works with couples. Is your work with depression something new?

Dr. Jim (DRJ): I've worked with depression quite a bit. Early in my career, the emphasis in my work was slanted more toward individual rather than couples' therapy, and I often worked with depression.

INT: But apparently, that changed.

DRJ: The approach I use has changed, and while my involvement in treating depression declined for a while, new insight has revitalized my interest in helping depressed people.

INT: Why did your interest in treating depression decline?

DRJ: The approach I used earlier in my career was Cognitive-Behavioral Therapy, or CBT, which is certainly still the dominant therapeutic paradigm for treating depression. I obtained formal training in CBT and was committed to it in practice. But something about it bothered me that I could not quite put my finger on.

INT: So, have you ever put your finger on it?

DRJ: Yes. It was something I had studied years earlier in graduate school, but for some reason had never made the right connections. As I continued using CBT, and had opportunities to reflect on what I was doing, it finally caught up with me.

INT: What caught up with you?

DRJ: Something social psychologists call *depressive realism*.

INT: Depressive realism (*eyebrows raised*). Hmm.... Like reality and depression are supposed to go together?

DRJ: You might say that. Essentially, researchers in social psychology found that people who suffer depression are actually more realistic about life and experience than non-depressed people.

INT: Really? Please explain....

DRJ: Well, many of us who are not depressed buffer our view of reality with rational defenses. We might explain things away, deny or distract ourselves from uncomfortable realities, stay busy, stay extraverted, stay goal oriented, stay energetic, and so on. Innately depressed individuals, however, don't know how to do this—at least not in a sustained way. Their

connection with reality might be called a raw connection without much defensive buffer. They can try all the tactics I just mentioned, but they don't work. They feel little defense against the stark realities of life, and lack the skills to deceive themselves about it.

INT: They lack the skills to deceive themselves.... So, you're saying that depressed individuals are more emotionally honest than the rest of us? Who would have thought that?

DRJ: Who would have thought...right? But the important point for me is that the findings of social psychology challenge the central tenets of CBT.

INT: How so? What central tenets?

DRJ: CBT assumes that depression results from belief systems that do not accord realistically with evidence. Wrong conclusions are drawn about events and experiences in life that result in emotional disturbance. Depression, according to CBT, is cured by bringing the patient's belief system into realistic agreement with the evidence. By contrast, however, social psychology surprisingly suggests just the opposite: that individuals who suffer depression are more realistic in their assessment of life than their non-depressed counterparts.

INT: Are you saying, then, that happiness is an illusion? Something we might fool ourselves into?

DRJ: No. Not exactly. But I am saying that CBT may have less to do with correcting wrong beliefs, and more to do with teaching patients rational defenses, than anyone wants to admit.

INT: But, does it work?

DRJ: In my opinion, it's not at all clear that it works. At least not in the long run. And certainly, not in a way superior to other approaches. When people improve in psychotherapy, the evidence strongly supports the quality of the therapeutic relationship as the critical factor, not the so-called rational re-assessment of belief systems. Ironically, it seems, CBT itself has overlooked the evidence and is, therefore, in violation of its own tenets. (*Smiling*) It may do well to become the patient of its own methods!

INT: Ha!... But, from what you're saying, it may NOT do so well!

DRJ: Ha-ha! ...Seriously, though, it's interesting and telling that, from the time CBT was developed in the 1960s by Aaron Beck, studies have shown that the effectiveness of the treatment has demonstrably declined.<sup>i, ii</sup>

INT: How can that be?

DRJ: Well, quite simply, studies on the effectiveness of CBT as a treatment for depression have shown increasingly unimpressive results as the research methods used to study it have

correspondingly improved. In double-blind studies, for example, with controls for placebo effects in place, the seemingly impressive results so often touted for CBT just aren't there.

INT: Was this the insight that gave you a new lease on treating depression?

DRJ: No. That insight came somewhat later. After many years, in fact, of studying Carl Jung's writings, and more specifically, the applications of Jung's thinking to depression that were made by Dr. Esther Harding in the 1960s—around the same time Aaron Beck was formulating CBT.

INT: So, what is this insight?

DRJ: Well, you'll have to bear with me here. To understand it requires a little background.

INT: I'm all ears.

DRJ: Let me start with a little information about Dr. Harding, since her work was my source of inspiration.

INT: I've not heard of Dr. Harding.

DRJ: Not many people have. She's a forgotten genius, in my opinion.

INT: Tell me about her.

DRJ: Mary Esther Harding was a British physician who practiced as a psychoanalyst in New York from the late 1930s through the 1960s. She was born in Shropshire, England in 1888, and was among the first women of her generation to achieve distinction as a physician and psychoanalyst. She became familiar with the work of C. G. Jung as a young physician and moved from England to Switzerland to enter psychoanalysis with him. She eventually settled in New York and took up practicing as a psychoanalyst herself.

INT: But how did she impact your thinking on depression?

DRJ: The specific work I came across was at the C. G. Jung Institute of Chicago, where I have been, and remain, a student of Jung's psychology. It was the transcript of an address Dr. Harding gave to the Analytical Psychology Club of New York City in 1970 entitled, *The Value and Meaning of Depression*.

INT: Well, that's intriguing. Who thinks of depression as having value and meaning? It would seem more likely to involve the lack of both.

DRJ: It would, wouldn't it?

INT: So, explain how, according to Dr. Harding, depression can have value and meaning.

DRJ: That goes into a back-story about the relationship between Carl Jung and Sigmund Freud. Specifically, to the break in their relationship in 1912. Early on, Jung and Freud were natural collaborators. Freud had a theory of the unconscious, and Jung provided the data to support it through his experiments in word-association.

INT: So, Freud was the theorist and Jung the empiricist?

DRJ: Yes. Jung's experiments in word-association put him on the international stage, and when Freud became aware of his work, he saw its relevance for his theories.

INT: How did their relationship break?

DRJ: It was over a disagreement on the nature of something they called *Libido*.

INT: You mean *Libido* as in sex drive?

DRJ: It's actually broader than that. *Libido* is popularly thought of as sex drive, but from a psychological point of view, it's what we experience when we feel drawn not only sexually, but more generally, to persons, causes, ideals, and so on. The difference between Freud and Jung was that Freud considered all of these to be ultimately rooted in and driven by biological instincts. For Freud, *Libido* was simply biology in its energetic form. Jung saw it differently.

INT: In what way?

DRJ: For Jung, the *Libido* included an attraction, call it a drive or instinct, that could not be explained biologically.

INT: And what was that?

DRJ: It's what might be called an *instinct for meaning*.

INT: An instinct for meaning.... It seems odd to think of meaning as an instinct. Help me understand.

DRJ: It does seem odd at first, doesn't it? But it also seems self-evident that there is an organizing principle in human nature that operates to create meaning.

INT: How so? It's not all that self-evident to me!

DRJ: Well, think for a moment of the development of mythologies.

INT: Ok.

DRJ: Mythologies are narratives that create meaning. They are stories through which we interpret life and experience. Mythologies are not biologically determined. They are also authorless, usually being the products of centuries of oral tradition. But the themes they embody are universal, existing in all cultures of all times and all places. They represent a non-biological instinct to make meaning of life.

INT: I guess I can see that.

DRJ: Our way of making sense of life involves finding ourselves in a meaningful narrative. Each human life has a story to tell. It has a theme, a plot with sub-plots, that draws our experiences together into a meaningful whole.

INT: So, am I getting the right implication here? Are you're saying that depression has to do with a loss of meaning in life?

DRJ: Yes, that's the connection I'm suggesting. Without some sort of thematic unity, life would be no more than a meaningless collection of unrelated fragments and random occurrences. When this happens, life seems pointless, and we find ourselves going-through-the-motions with no sense of fulfillment. It shows up as lethargy, lack of motivation, inability to concentrate, withdrawal from relationships and loss of capacity to experience pleasure.

INT: That certainly sounds like depression to me....

DRJ: In a state of depression, we usually feel helpless and disoriented. We may also feel agitated or alarmed. Whatever the case, we are encouraged to seek medication or some form of therapy to make the depression go away. To get rid of it.

INT: And that's bad?

DRJ: It can be, especially when you feel somewhat better for a while and then depression returns. The return to depression after a stretch of seeming improvement can create an imprisoning sense of hopelessness—a dangerous point to reach.

INT: You mean a person could become suicidal?

DRJ: Unfortunately, that's a possibility.

INT: Ok. But what I'm asking is related to your criticism of the attempt to get rid of depression, to make it go away. Why wouldn't someone do that? What are you suggesting someone should do instead? Just accept it?

DRJ: Well, that takes us back to Dr. Harding's work.

INT: And your new insight?

DRJ: It was her insight, not mine. But I found it transformative.

INT: And that insight was....

DRJ: Esther Harding's great insight was that what we call depression is actually an *introversion of Libido*, or better, an *introversion Psychic Energy*.

INT: Let me wrap my head around this.... Depression is an introversion of *Psychic Energy*....

DRJ: Yes. And I prefer the term *Psychic Energy* to *Libido* to distinguish it from Freud's purely biological concept. It includes this idea of an instinct for meaning.

INT: So, you're saying that attention is drawn inward, and this is an instinctual search for meaning.

DRJ: Yes. That's exactly what I'm saying.

INT: You're making it sound as though depression is a normal, or natural part of life.

DRJ: Interesting you say that. Actually, there is evidence from evolutionary psychology that what you are saying may in fact be the case.<sup>iii</sup>

INT: No kidding.

DRJ: Depression has an adaptive purpose.

INT: And what is that?

DRJ: To *find* meaning in life, *gives* life. To be absent of meaning is to lose life. For human beings, meaning has survival value. Among all species, it is a unique necessity for the survival of the us humans. Where there is meaning, there is hope. There is much we can endure if we can find meaning. Without meaning there is hopelessness and risk of death. I don't know if you recall the Old Testament verse: *Without a vision, the people perish.*<sup>iv</sup> For human beings to live, finding meaning in life is not ultimately optional.

INT: So, if depression meaningfully relates the inner to the outer world, then we shouldn't fight it. Is that what you're saying?

DRJ: We need to understand that *Psychic Energy* operates to bring life and meaning together. It moves outward, in an extraverted direction, to engage outer life, but also inward, in an introverted direction, to engage inner meanings. We need to learn the rhythm and flow of *Psychic Energy* and learn how to move with it.

INT: So, in a way, we need to relate to it rather than oppose it.

DRJ: Exactly. And it's not easy. Not only because the movement inward is difficult in-and-of-itself, but introversion is something our extraverted Western culture teaches us to resist. We tend to regard it as a weakness. We then try, in a true act of weakness, to medicate or therapize it out of us. All the while, we fail to realize that we are frustrating a natural, self-regulating aspect of psychic life.

INT: But how does one go about this the way you're suggesting?

DRJ: You've already answered this question for yourself. You learn to relate to it rather than oppose it.

INT: But how does one do that?

DRJ: It requires somewhat of a paradigm shift. A shift from thinking of ourselves as unitary beings and recognizing that a population inhabits each one of us.

INT: What are you talking about?

DRJ: I realize I'm pushing credibility here a bit. But think about the last time you did something out of character. Has anyone ever told you that you did something that just didn't sound like you?

INT: Well, that's kind of a personal question.... But yes....

DRJ: Don't be too embarrassed. It's true of all of us. And it suggests that we are internally more complex than we realize. We are all inwardly divided to some extent, and sometimes a suppressed part of ourselves may get the better of us.

INT: So, impulsive behavior would be an example?

DRJ: Absolutely. The out-of-character reaction that shows a part of us we normally keep well under wraps is a way this inner complexity shows up in life.

INT: But how does this relate to depression?

DRJ: We have to be careful about labels. Suppose what we've been taught to call depression is actually a form of inner wisdom searching for deeper truth?

INT: Ok, suppose it is....

DRJ: Then, as you suggest, we need to learn to relate to it. Not try to kill it. The attempt to kill it creates a much worse problem.

INT: But, it's hard to relate to depression as inner wisdom. Depression doesn't feel like wisdom.

DRJ: Well, whether inner wisdom is the right label for any given individual or not is an open question. However, the principle still holds. We need to get to know the inner world in order to be more intentional about how to relate to it. What we call depression can then be seen as an invitation to an inner journey.

INT: So, how does one embark on this inner journey?

DRJ: Well, in different cultures, or within different spiritual systems, there have been different paths to follow.

INT: So, this is a religious path?

DRJ: No. It is a spiritual path.

INT: What's the difference?

DRJ: Religion has to do with conformity to a set of beliefs and practices. Spirituality has to do with finding ultimate meaning in life. It is a spiritual, not a religious path.

INT: How does one start on this path?

DRJ: Usually by connecting with a mentor who him-or-herself has found their own path inward. In our culture, among the possibilities is the psychotherapist well-trained in Jung's Analytical approach.

INT: Are there specific methods involved?

DRJ: There are many possibilities. One, for example, may be the analysis of dreams.

INT: That's intriguing. There are therapists who still use dream interpretation as a method of treatment?

DRJ: Yes. Analytical psychologists in particular. Dreams are a way of getting to know the inner world. But there is no one approved method. Some people don't easily remember dreams. There are other ways. Each individual finds his-or-her own way with the help of a mentor who has wrestled with these issues personally, and who ideally is also trained in the theory and technique of Analytical Psychology.

INT: Are you saying Analytical Psychology is the superior approach?

DRJ: No. It is one approach. But the evidence is that when psychotherapy succeeds, whatever the therapist's consciously espoused theory or approach may be, whether intentional or not, something similar to analytical techniques are usually involved.<sup>v</sup>

INT: If someone is interested in pursuing this approach to depression, how would they go about it?

DRJ: I'm glad you asked that. To me, individuals who suffer depression, especially those for whom standard medication and therapies have not worked, have a special calling. It is not one most people understand. I am interested in reaching out to these individuals. I have adapted the transcript of Dr. Harding's original address, *The Value and Meaning of Depression*, for the use of those interested in this approach.

INT: How can I obtain a copy?

DRJ: Email me at [DrJimFid@gmail.com](mailto:DrJimFid@gmail.com) and I will forward a PDF of the text to you. Also, consider paying me a visit.

INT: Sounds good. Thanks for the informative interview.

DRJ: Thank you for the opportunity.

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<sup>i</sup> Lynch D, Laws KR, McKenna PJ (2010). "Cognitive behavioral therapy for major psychiatric disorder: does it really work? A meta-analytical review of well-controlled trials." *Psychological Medicine*. 40(1): 9–24.

<sup>ii</sup> Johnsen, TJ; Friborg, O (July 2015). "The effects of cognitive behavioral therapy as an anti-depressive treatment is falling: A meta-analysis." *Psychological Bulletin*. 141(4): 747–68.

<sup>iii</sup> Andrews PW; Thompson, JA (July 2009). "The bright side of being blue: Depression as an adaptation for analyzing complex problems." *Psychological Review*. 116(3): 620-654.

<sup>iv</sup> Proverbs 29:18

<sup>v</sup> Shedler J (Feb-Mar 2010). "The efficacy of psychodynamic psychotherapy." *American Psychologist*. 65(2): 98-109.