

What is Depressive Illness? Is it Anything Real?

So, what is depressive illness? Well, it is tricky to pin down conclusively. It is classified as, and described as, a ‘mood disorder’. This is reasonable: it can fairly be noted about people experiencing depressive illness that, on average, they are not happy, positive and oozing enthusiasm (although some will manage to appear so externally). But it involves much more than mood alone: it affects pretty much every facet of how a sufferer leads his/her life: emotions, feelings, thoughts and behaviours.

Depressive illness has a credibility problem. Some people simply refuse to accept that it is a real thing that is bodily experienced. The credibility problem stems ultimately from the absence of any identified, concrete, physical, biological identifier, which means depressive illness is inevitably difficult to pin down with precision. It can’t be denied that it is a nebulous concept. The credibility problem also stems from the nature of the symptoms, which can easily appear very mundane and every day. People will say, ‘oh yes, I sometimes have a low mood/feel a bit run down’ and suggest this is depression. Part of the problem here is that it is called ‘depression’ which is such a lame sounding term. It is fair enough for people to describe low mood as ‘feeling depressed’. This is not, however, the brain/mind malfunction that can, and all too frequently does, cause people to kill themselves. That is why I would prefer to use the term ‘depressive brain malfunction’ to refer to the virulent, pernicious and destructive disorder which we are considering, whilst settling for ‘depressive illness’. Diagnosis of depressive illness is not the namby-pamby, mollycoddling, indulgent medicalisation of a bit of unhappiness. To suggest this, as some do, or that depressive illness is just feeling a bit down is “a bit like saying that paraplegia

is ‘difficulty walking.’”²⁷

Many of those refusing to accept the reality and validity of depressive illness, will accept the reality of bipolar (type 1, full manic depressive bipolar, at any rate). The symptoms of the down mood of bipolar are very similar, at the very least, to the symptoms of depressive illness. Bipolar’s credibility derives from its up-mood symptoms. These include psychotic delusions and hallucinations. For the purposes of credibility, these symptoms have the advantage of being sufficiently out-of-the-ordinary that they immediately strike any observer as undeniable symptoms of something real. I struggle to find any coherence in a position which accepts the existence of bipolar disorder, but denies the veracity of depressive illness, which basically involves the symptoms of one side of the bipolar coin. Why is it not perfectly likely that symptoms fundamentally indistinguishable from the down mood symptoms of bipolar, but without the markedly out-of-the-ordinary and attention-grabbing manic element, can constitute an illness?

There are descriptions over centuries and indeed millennia of a condition which came to be categorised as ‘depression’. These descriptions show a remarkable consistency and agreement on the core symptoms. In ancient times it was referred to as ‘melancholia’. In the fourth century BC, Hippocrates, a Greek often referred to as the father of medicine, suggested that melancholia was the result of an excess of black bile in the body (black bile being one of four ‘humours’ in the body which needed to be in balance for good all-round health). He described melancholia as characterised by: “sadness, anxiety, moral dejection, tendency to suicide, aversion to food, despondency, sleeplessness, irritability and restlessness”. It is

.....
²⁷ I have stolen this magnificent riposte from Randolph M. Nesse, Good Reasons for Bad Feelings. His original wording was “Some people think that anxiety disorders are ‘just nervousness’. That’s a bit like saying that paraplegia is ‘difficulty walking’.”

DEPRESSIVE BRAINS

no stretch to say that here is a description of a group of symptoms, identified by observation, where those afflicted could fit within the current definitions and understanding of depression. For almost two and a half thousand years this cluster of symptoms has been accepted as a real affliction, that affects real people, such that it is incumbent upon medical practitioners to try to identify the cause of it, and treatments for it. Huge numbers of people, across time, cultures and geographic locations have described experiences which have sufficient commonality, consistency and coherence to be grouped together and described as depressive illness.

Anybody who has suffered the symptoms of depressive illness knows that it is all too real, even if, whilst experiencing it, and just to add to the fun, you feel like the reality might be (or, in fact, certainly is) that you are just pathetic, useless, worthless and quite possibly insane. Once sufferers encounter other participants in the wonderful world of depressive illness and find that they describe feelings, emotions and thinking which seem remarkably similar to their own, it becomes possible to accept that it really is a thing. It is depressive illness. The degree of consistency of description simply rules out the possibility that each has somehow, and for some unknown reason, fabricated or imagined their experience. This awareness of others experiencing similar feelings, emotions, behaviours and thinking is a process of normalisation which can, in itself, have a substantial impact in alleviating some elements of the experienced oppressive burden of isolation, guilt and shame.

From my contact with significant numbers of people diagnosed with depressive illness, and hearing their descriptions of the experience, especially in the intimate, supportive and 'confessional' context of group therapy sessions, I have absolutely no doubt that they have experienced symptoms of sufficient consistency that it makes obvious sense to group them together under the umbrella of

a diagnosis of depressive illness, and that such diagnosis describes a real disorder. More authoritatively than my observations of other sufferers, mental health professionals across cultures report seeing patients whose description of their struggles are remarkably coherent and consistent, to the extent that they are clearly experiencing a real thing, whose manifestation, at least, represents a coherent condition.

I have read numerous accounts written by others with direct acquaintance with the symptoms of depressive illness. I will share some of their descriptions that I have found most moving, profound, wise, poetic and enlightening in chapter 6. The nature of the disorder is, I believe, such that descriptions of the symptoms as experienced are much more illuminating about the true nature of the disorder than a checklist of symptoms.

My firm belief, not universally shared, is that depressive illness and its consistent and coherent symptoms and experiences amount to something real, which is different to feeling 'low' or 'down', miserable or unhappy. From my own experience, I can vouch for the fact that I am perfectly adept at feeling fed up, grumpy, glum, gloomy, grouchy, miserable, disgruntled, dissatisfied and unhappy, without experiencing anything that remotely compares to the utter, profound, existential despair, anhedonia and hopelessness of an episode of depressive illness. I have experience of being a miserable sod as a distinct and separate experience to that of depressive illness. It is only personal experience, but that is experience that I feel I can legitimately rely on: depressive illness is qualitatively, not just quantitatively, different from other experience of being 'unhappy'. It seems apparent to me that others share this perception and experience of depressive illness as a distinct 'life challenge'.