

About Depression on Mind and Body

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Ana was born in Argentina and completed advanced studies in English and French, has a Dip. Journalism and B.A. in Modern Literature and worked as a teacher and journalist writing poetry and social satire. Since arriving in Australia, she has become a professionally accredited translator, has a Grad, Dip and Post Grad. Dip and M. Ed. in information technology and has worked as a radio journalist, language and IT teacher. She has completed diplomas in painting and printmaking and various courses in movement and dance which are her greatest passions. This includes the Dance therapy stream in the Grad. Dip. Visual and Performing Arts at RMIT, Melbourne.

As an introduction to this article Ana offers an impressionistic vignette of depression as it impacts on mind, feeling and body of depressed people based on the material she has been studying, observations and personal interactions.....

I have cobwebs inside my head. I am trapped in a net of impossibilities, slippery and invisible but real.

The world is grey. The world is black. I cannot change the world, and it is oppressing me. I do not know what to do. Everything is difficult. I am so unlucky. I am good for nothing. The past is awful, the present is beyond my control, the future is a dragon eating me in anticipation. I am afraid of everything. It is never going to change. It hurts to breathe. It hurts to live. I want to escape this tunnel, which I cannot change. I want it all to end. I want to disappear.

My movement options have shrunk to the shape, size and texture of an old egg. My body moves sluggishly within it, shrinking, shrinking, and losing the feeling of its shape¹ and its possibilities.

I am hunched, tired, and old. The weight of the world is on my shoulders, which fuse with my arms, with my back and my spine in an impenetrable block. Every movement seems to demand a supernatural strength I do not have.

I feel like a formless amoeba against an obscure background. Whatever I do seems smaller and smaller. My movements are not clear; I

tend not to know where I go, and I change my mind mid way or lose the motivation to complete what I started.

In a monotonous way, I exist in movements oriented towards function and not associated with feelings and emotions. Only the efforts needed for my everyday requirements seem to determine what I do. I want it all to end. I want to disappear.



¹ Bartnieff, I. (1980)

What is depression?

“...a form of emotional pain...with suicide as the ultimate pain reliever.”²

“...the worst non-physical pain known to humans” and “one of the major health concerns of this century.”³

“...a devastating illness...(which) robs people of the capacity to enjoy the basic pleasures of life – eating, drinking, mixing with friends, having sex, working hard, spending time with children...”⁴

“...a disorder of mood affecting the brain and the central nervous system.”⁵

“...it is analogous to seeking sanctuary in a cave. For the human psyche, it is a natural reaction to disruptive situations, and though unpleasant in many ways, it is essential if the psyche is to adapt to, and live through, that situation.”⁶

There are as many definitions of depression as writers trying to define it. The terms vary according to the scientific or spiritual background of the author: whether he or she is a psychiatrist, a doctor, a naturopath, a minister of religion, a psychologist, a stress management consultant...

However, there is a general agreement about the **symptoms** of depression.

In general, the depressed person:

- suffers a marked impact in the capacity to think, feel and respond to those around them;
- experiences extreme gloom and feelings of inadequacy and isolation;
- is unable to concentrate;
- withdraws;
- blames him/herself;
- does not expect anybody to understand or help;
- thinks of suicide as a way of stopping the pain.⁷

The **symptoms** of depression manifest in various levels: *behaviourally*, with the withdrawal from others and from pleasurable activities, relying on alcohol or sedatives; *emotionally*, overwhelmed by with feelings of guilt, disappointment, frustration,

sadness, no self-confidence, confusion;⁸ *physically*, with aches, pains, poor sleep and appetite and as described in the “**effects on body**”; and *mentally*, with negative thinking, as described in “**effects on mind.**”

The **causes** of depression have been outlined as *external*, - or *social* - such as life stressors/events like interpersonal conflicts, losses, bereavement, drugs and alcohol or *internal*, such as genetic factors, psychological factors (childhood, personality, life history), physiological factors (chemical changes, illness, poor diet or lifestyle) and also spiritual/existential and energetic factors (disconnectedness from the primary source and energetic imbalance of life force or Qi).⁹

Some facts and figures

Depression is a leading cause of illness and disability in Australia. It has been identified as a priority under the Second National Mental Health Plan and has been adopted as the first area of focus for mental illness, one of six National Health Priority Areas.¹⁰

I will quote an excerpt of another government report, the National Action Plan for Depression, under the National Mental Health Plan: 1998-2003, to reflect on the seriousness of this mental illness.

See report , Page 21.

What can dance therapy do for the depressed individual?

As this report shows, the depressed population is increasing solidly in the world and depression is predicted to be the second largest cause of years of life lost due to disability and mortality.

Members of this population try different strategies and therapies that could help them. Some use psychologists and / or antidepressants, and either accept or reject them leading to periods with and without medication. Some find psychotherapists, psycho dramatists and psychiatrists to be useful and develop long relationships with them.

It is not possible to dictate a therapy for depressed people, as each case is unique and requires a unique treatment. It is up to an expert in the health field to determine the basic treatment for each individual. What has been found to help some individuals in the realm of music and dance therapy, follows the report.

² Strohecker, J. (1998) (p. 25)

³ Atkinson, Sue. (1993) (p.23)

⁴ Hickie, I., Davenport. T., Scott, E. (2000) (p.7)

⁵ Hinds, D. (2001) (p.11)

⁶ Rosen, D. (1993) (p.3)

⁷ Hickie, I. Davenport. T., Scott, E. (2000); Hinds D. (2001).

⁸ Hickie, I., Davenport. T., Scott, E. (2000) (p.14)

⁹ Hickie, I., Davenport. T., Scott, E. (2000)(p.20); Atkinson, Sue. (1993). (p.28); Strohecker, J. (1998). (p.9)

¹⁰ National Action Plan for Depression (2002), (p.2)

From: National Mental Health Plan 1998-2003

Depressive disorders are a major cause of impaired health. About 6 per cent of Australians experience depressive disorders in the course of one year. Depression is the third most common cause of illness among women and the tenth most common cause for men. If one calculates the average number of years that people live with a disability, mental illnesses account for about 27 per cent of them. Depression is one of the main reasons. The World Health Organization and World Bank estimate that depression will be one of the greatest health problems worldwide by the year 2020 and the second largest cause of years of life lost due to disability and mortality. The cost of depression is high in personal, social, and economic terms.

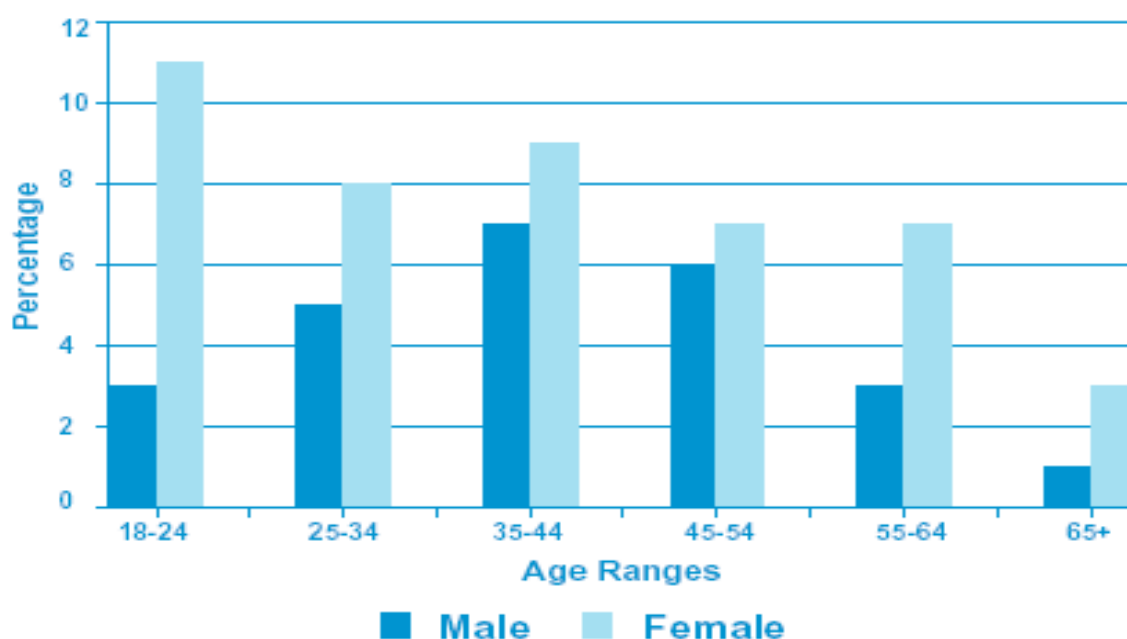
As detailed in the *National Health Priority Areas Report: mental health 1998* (Commonwealth Department of Health and Aged Care and AIHW, 1999), of all the mental disorders, depression and related disorders are the most pervasive and costly. The one-year adult prevalence rate for depressive disorders alone in the Australian community is estimated to be approximately 6 per cent, but the proportion of the adult population suffering from major depression *at some stage over their lifetime* is much larger. Women are about twice as likely as men to have a depressive disorder. Rates for adolescent and younger women are particularly high, as shown in figure 1. Bipolar affective disorder

affects between 1 and 3 per cent of the Australian population over their lifetime. Studies show that, on average, it takes ten years after onset for the disorder to be diagnosed. Depressive disorders are second only to schizophrenia and related disorders as the reason for utilisation of mental health services in our community. Figure 1 shows the one-year prevalence rates for depression across the lifespan, whether or not people reach health services. This information was obtained as part of the National Survey of Mental Health and Well-being (Andrews et al, 1999; Australian Bureau of Statistics, 1997).

There is some evidence, albeit inconclusive, that depression may be more prevalent now than in earlier decades; and that the increase is seen in people born since around the Second World War. No one knows the reason for this. It could be due to biological or psychosocial factors, earlier and more accurate detection, or a combination of these.

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Figure 1. Prevalence (%) of depressive disorders by gender and age



¹¹ National Action Plan for Depression, under the National Mental Health Plan: 1998-2003 Commonwealth of Australia, 2001 .(pp.12,14-15)

What has helped some depressed people

The following has been found to help some depressed individuals, with or without psychotherapy and medication, in the realm of music and dance therapy.

I - The notion of pleasure

Truly depressed people often excel in doing their duty and depriving themselves of the fun and pleasant things in life. Claiming a segment of time for a real pleasurable activity, involving music and beautiful visual props, can make an impact. The dance class is what Weissman calls an “activity intrinsically pleasant”, in contrast with those that encourage positive social interactions or that make you feel useful, also advised for people feeling depressed.¹²

Hickie¹³ suggests elaborating a schedule for the depressed person, including one pleasant activity per day. These activities should include relaxation, meditation and breathing exercises, and also include physical exercise, such as walking or dancing.

II - A time to relax, meditate, breathe

As depressed people explore the mysterious folds of pleasurable activities, they can discover that they like them and usually want more. Yoga, Tai chi, relaxation, meditation: authors writing on holistic therapies to treat depression now recommend stress - reduction techniques such as these in order to achieve “greater capacities for self-regulation, inner peace and to better control anxiety and mood swings.”¹⁴ Hickie describes detailed techniques for breathing and muscle relaxation¹⁵, in the style contained in relaxation tapes. These techniques can be incorporated into the dance class to make it a truly memorable experience.

III - A time not to think, and to be “spatial”

A journey into meditation can lead to the discovery of negative thinking patterns and their influence in feelings and actions. Techniques to dismantle powerful ingrained bad thinking habits similar to the ones described by Atkinson can be developed.¹⁶ The author analyses the automatic thoughts, the rational responses and the feelings/emotions connected to both. People can learn that practising meditation offers a break in the ceaseless activity of the mind. The effects can be restful and energising.

Dancing provides a shift to the right side of the brain – holistic, spatial, intuitive, nonverbal, nontemporal, nonrational, synthetic, concrete and analogic - establishing a bridge to these faculties of the human brain. An expansion from the left side of the brain characteristics – linear, digital, logical, verbal, temporal, rational, analytic, symbolic and abstract – is achieved thus.¹⁷

Practising Tai-chi, moving to music composed with seventy beats per minute – as many beats as the human heart beats per minute – depressed people can find a true experience of meditation in movement, where the logical, verbal left side of the brain stops its activity to let the spatial and holistic side take over. This practice results in a great feeling of well-being which can also be found doing creative dance.

IV - Exercise and the blessed endorphins and serotonin

Physical exercise has proven efficient as an alternative treatment for depression,¹⁸ as a means for relieving physical and mental tension.¹⁹ The positive outcomes are, not only stress reduction and ameliorating mid-to-moderate depression but, enhancing psychological well-being, and encouraging prosocial behaviours.²⁰ Strohecker²¹ explains how exercisers are three times less likely to be depressed than non-exercisers. This is due to the increase in energy production and monoamine synthesis in the brain: more serotonin, epinephrine and endorphins, which cause a sense of well-being, are released.

Many people have found that such activities as walking and cycling produce a feeling of power and well being in them, just as different kinds of dance – flamenco, tango, ballroom, trapeze, salsa, classical, jazz, creative, modern – produce this as well.

V - Depression and creativity

There is a substantial amount of evidence which proves the association of mental illness and creativity, and the list of illustrious artists or other achievers includes names like Ernest Hemingway, Sylvia Plath, Tchaikovsky, Kafka, Dostoevsky, Balzac, Van Gogh, Virginia Wolf, Schumann, and Maupassant amongst others.²²

¹² Weissman, M. (2001) (p.261)

¹³ Hickie, I., Davenport. T., Scott, E. Morgan, H. Sumich, S. Naismith, T, Hadzi-Pavlovic, D. Gander, J. (2000) (p.30-46); Hickie, I., Davenport. T., Scott, E. (2000) (pp.29, 60)

¹⁴ Strohecker, J. (1998) (pp.255-259).

¹⁵ Hickie, I., Davenport. T., Scott, E. (2000) (pp.60-61)

¹⁶ Atkinson, Sue. (1993) (pp.87-94)

¹⁷ Edwards, B. (1979) (pp.35-43)

¹⁸ Hickie, I., Davenport. T., Scott, E. (2000) (pp.29-30)

¹⁹ Hickie, I., Davenport. T., Scott, E. Morgan, H. Sumich, S. Naismith, T, Hadzi-Pavlovic, D. Gander, J. (2000) (p.31)

²⁰ Aahperd, (2002) (p.1)

²¹ Strohecker (1998) (p.58)

²² Clare, A. & Milligan, S. (1994) (pp.123-129)

“ Creativity helps to fight madness and the fear of madness... Creativity is the triumph of life over death, of health over madness...” says Pichon Riviere, an Argentinian psychiatrist.²³

It is possible to “transform depression” in the way Rosen²⁴ proposes. In a truly Jungian style, this analyst uses painting, drawing, writing, ceramics and dance for the patients to confront their fears and for them to recognize and recast them.

VI - Dance therapy, movement plus music plus social interaction

“When the physical and the creative come together we can get great benefit from the combination”, says Atkinson.²⁵ This can be found when improvising with music, on one’s own or with others. There is an awakening of sensitivity, a quality of “existing in motion”, a challenge to find expression to the sound and to relate non-verbally to other people. At the same time, being exposed to certain sounds has a healing quality per se. The colour and timbre of any sound act upon the subconscious area bringing either small or drastic changes, influencing the mental, emotional and physical well being of humans.²⁶

“Music can function as a catalyst for discovering, soothing and disentangling deep-rooted sadness and internal mayhem.”²⁷ Putting together the power of music with the power of human movement results in one of the oldest therapies known to man: dance.

Case studies of dance therapy sessions for depressed people showed a positive response from the subjects: they were very responsive to movement and sought the rhythmic experience as a way out of their “heightened experience of bodily awareness.”²⁸ They find the session to be a laboratory where they can try new ways of moving and behaving, with no judgements or expectations.²⁹

Anne Peek³⁰ tells us how dancing restored her health from physical pain, depression and self-hatred. She discovered a connection with sound and movement that healed her mind and soul.

In the same way, many depressed people have found this connection.

The therapeutic tool of dance invariably increases the serotonin and endorphin levels, shifts them to a holistic dimension, and enriches them with exquisite sounds and shapes. It also puts them in touch with their intimate self, and the self of others.

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²³ Zito Lema (1976) (p.139)

²⁴ Rosen (1992) (p.xxix)

²⁵ Atkinson, Sue. (1993) (p.66)

²⁶ Gimbel, T.(1987) (9.56)

²⁷ Hinds, D. (2001) (p.157)

²⁸ Stanton- Jones, K. (1992) (p.233)

²⁹ Levy, F . (1995) (p.127)

³⁰ Peek, Anne (2000)