

Depression: Towards an Integrative and Holistic Approach ©

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Depression is one of the most common psychological diseases, and as it happens for many other, the most widely used form of therapy is drugs: about one in every 10 Americans takes an antidepressant and the percent is more than double among women, especially in their 40s and 50s. Although the most widespread this treatment is not at all the better, for both its side effects and the fact it acts only on the symptoms, without in any way solving the causes, thereby forcing the patient to become drug-dependent for years, and sometimes for life. Counseling and psychotherapy treatment can lead instead to the identification and resolution of the causes but have limitations as well, including an apparently higher cost than drugs and a level of effectiveness not always optimal regarding the traditional psychological treatments but significantly increasing if integrative (or better holistic) approaches are applied.

The evolutionary significance of depression

From a holistic perspective every disease, especially if chronic, is a message whose purpose is to inform our consciousness that something in our life is not going in the right direction. Depending on the type of disease, this "something" can relate to diet, lifestyle, relationships, work, identity etc. Depression is an emotional disease and as such is not about feeding the body but the soul; in fact, it can be considered a form of *chronic sorrow*, informing us that something in our lives makes us sad. In some cases this "something" is a traumatic event (job loss, death of a loved one, a serious chronic disease, etc.) and the main goal of the therapy is to help the patient to overcome the event and move on. In much more cases depression is not related to a specific event but to an unsatisfactory way of life: a work not enough rewarding, an excess of duties with respect to the pleasures, the lack of a life purpose, loneliness, poor relationship with the partner (or with yourself) etc. In this article I will focus on this second kind of depression, whose purpose, although in a painful way, is to encourage our

evolution, making us aware of what in our lives should be changed, improved or reduced, and pushing us to do so.

Helping the patient understanding what really makes him sad should be the main objectives of a holistic psychotherapy treatment of this kind of depression. In fact, why so many people have to wait to get sick from depression to understand that something is wrong in their life? Why they do not listen to the message of sadness at his first event and wait until it becomes chronic? And furtherly, why, once they receive the message, fail to grasp its meaning?

In my opinion this is due to several causes, some socio-cultural and other psychological.

The socio-cultural causes of sadness/depression

As mentioned above, depression is a chronic sadness, and sadness is the emotion connected to frustration, that is the inability to meet one's own needs, especially relational, affective and self-actualization ones. This inability would not create wonder in a poor and backward country, but why is it rather widespread even and especially in countries where most of the population has money, freedom and opportunity in abundance? The answer is simple: many of these resources are used in the wrong directions, pursuing false needs and false goals that, once achieved, give no real gratification. This illusion depends mainly by the excessive importance given by society to the materialistic values of HAVING - money, power, social success, consumerism, etc. - at the expense of values of BEING - love, friendship, good relationships, personal development, spirituality, etc.¹ This leads many individuals to invest all their resources and expectations in the pursuit of illusory goals that, even if achieved, do not nourish their souls at all, leaving them disappointed, sad and hopeless, that is depressed. Clarified that, another question arises: why after the first disappointment, do these people continue on the same road? I think it depends mainly on their insufficient emotional self-awareness that prevents them to perceive and correctly interpret the precious messages that their soul sends to consciousness through emotions. Not only the values and skills related to the dimension of being, but also those regarding awareness are very much neglected by our society, as evidenced by the fact that neither the school nor the university involve in any way to cultivate and develop them. It follows that the majority of depressed people are not aware that they are lacking important nutrients, or that some of the people, activities and rewards they consider desirable and beneficial in reality are not.

¹ I here use the words *having* and *being* in the meaning given to them by Erich Fromm in his book *To Have or To Be?* – see bibliographic references.

The intrapsychic factors related to depression

As advanced, depression depends also on intrapsychic factors, such as: *defense/self-deception mechanisms* (as explained by psychoanalysis); *erroneous/limiting beliefs* (as evidenced by cognitive therapy); *dysfunctional scripts* (as remarked by transactional analysis); the tendency to mentally brood over past joys and sufferings and over future opportunities and risks - a tendency that is stigmatized by some oriental spiritual traditions (Yoga, Zen, Sufism etc.), which attach great importance to the attainment of so-called *peace of mind* or *mental void*.

In these cases (and in many others that we can not deal here), the goal of psychological treatment is not only to help the individual become aware of his false goals but also to identify and change those intrapsychic factors that make him dependent on such false goals and prevent him from freeing from them, even when their illusory nature is evident.

Assuming a holistic perspective I consider both socio-cultural and intrapsychic factors as influent and interdependent, but unfortunately most counselors and psychologists do not know (or agree) with such assumption, tending to focus only on the intrapsychic factors, and not on the whole range of them, but only on those that are acknowledged by the psychological current which they belong to. In fact, the factors involved are different from person to person and in some cases may be valid the psychoanalytic approach, while in other the cognitive one and in still others the transactional one, or rather the humanistic, bio-energetics, transpersonal one etc. This is the main reason that, many years ago, led me toward an integrative approach to psychotherapy (i.e. applying and interconnecting assumptions, concepts and tools coming from different approaches) and later urged me to create an integrative and holistic approach to psychotherapy, which not only integrates different approaches but also changes the worldview (or paradigm) in which this integration is done, including also contributions coming from other disciplines (sociology, medicine, biology) and even from the ancient psychologies of the east (yoga, tantra, vedanta, zen, etc.). Unfortunately, there are not many health care professionals who know the great opportunities offered by an approach that is both integrative and holistic, since most of the universities completely neglect it in the training of medical doctors, psychologists and other health professionals. Only a few small, innovative universities are inspired by this new paradigm, and most of them are located in California, with very few exceptions including, with respect to the east coast, The Graduate Institute (Bethany, CT), which offers interesting and innovative certificate and master's programs of study in *Integrative Health and Healing*; *Integrative Psychology*; *Positive Psychology* and so on. The basic characteristic of these programs (and of the

holistic approach in general) is to consider the human being as such and not as a mechanical device, which implies taking into consideration not only the body or the rational mind but also other interrelated dimensions: emotional, affective, intuitive, interpersonal, transpersonal and spiritual. In addition to these internal dimensions, are holistically relevant also the external ones, that is the relations between the individual and his environment, which extends the concept of mental health to including also the health of society and of the ecosystem.

Referring such holistic assumption to depression we may say that this pathology, usually treated as an individual and private disease, should be considered a social disease as well, whose treatment requires not merely drugs but also and mainly changes on both the individual and the socio-cultural and ecosystemic level. In other words, a treatment addressed to help the patient to become aware of his false goals and his true needs accordingly attuning his life style and learning new effective ways to positively fulfill such needs.

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