
From Depression to Sadness in Women's Psychotherapy

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Irene Pierce Stiver, Ph.D., presented this paper at a Stone Center Colloquium on April 6, 1988.

Abstract

Twice as many women as men experience depressive episodes. In order to understand this finding better, it is important to clarify the concept of depression and to do this through a focus on sadness.

Current literature tells us that twice as many women as men experience depressive periods, and one out of ten women can expect to have a serious depression in her life¹ (Weissman & Klerman, 1977). Married women in particular are more prone to develop depressions than both married men and single women who are heads of households (Radloff, 1986). Some workers stress difficulty in the marital relationship as a precipitant of depression in women rather than the marital status per se (Weissman & Klerman, 1987).

Traditional theoretical and psychodynamic approaches to depression do not adequately take into account this greater incidence of depression in women, nor do they help us understand these striking findings. Newman (1984) has raised questions about the accuracy of the diagnostic methods which lead to the findings of higher rates of depression in women. While this point awaits further clarification, we know that depression is certainly very common in women. In papers which emphasize a relational conception of women's development, Kaplan (1984) and Jack (1987) have offered new views on depression. Kaplan notes that some of the key elements of depression, such as inhibition of activity, inhibition of anger and low self-esteem are in fact encouraged in women's development. They are very similar to the characteristics used to describe women in our culture, e.g., the need to please others, to accommodate to the expectations of others, not to listen to one's own wishes and to blame oneself for one's unhappiness. Jack describes women's relational self coming into conflict with societal and familial social norms of the "good woman" and "good wife". These views lead the women "to lose themselves in the process of trying to establish an intimacy they never attained" (p. 179) because others were not there for them, nor

allowing and encouraging them to engage authentically.

We would like to continue the exploration of why women become depressed. We will do this through a focus on sadness, and consider some therapeutic implications of this emphasis.

Sadness and depression

Depression has been classified and divided in a variety of categories including depression as a personality type, neurotic and psychotic depressions, and endogenous and reactive depressions. Although we will be discussing clinical depressions which are *reactive* to a range of life events, we will also be talking about those women who have a history of an underlying depression and are vulnerable to become more acutely depressed when existing coping methods are disrupted by stress in their current lives. We believe that many women have been depressed over long periods of time, largely as a consequence of disconnections in their day-to-day experiences with the people important to them. As Kaplan noted (1984), the losses in women's lives are not of "oral" and "narcissistic supplies" as the traditional literature indicates, but rather of the *opportunity to participate* more fully in relationships, with both authenticity and a sense of empowerment.

The kind of chronic depression which many women experience occurs along a continuum of dysphoric reactions from mild to more severe expressions of underlying hopelessness, low self-esteem, a sense of helplessness or powerlessness in effecting any change in their lives and with a more or less constricted self-concept. These characteristics become more intense and more symptomatic when an acute depressive episode develops; in addition, depressive symptoms would then include a profoundly dysphoric mood, retardation of functioning, suicidal ideation and the potential for suicidal behavior.

We would like to delineate depression as a clinical syndrome from the emotion of sadness. This distinction will help to clarify the psychological meanings of each. In addition, the distinction between sadness and depression has important implications for the psychotherapy of depressed women.

Considerable confusion exists in the literature in the variety of terms used to talk about dysphoric experiences, such as sadness, sorrow, melancholia and mild and severe depression. Some writers use sadness, sorrow and depression interchangeably, while others carefully distinguish sadness as "a

normal emotion" from depression as a pathological state. With the exception of those more biologically oriented who view depression as a distinct illness with particular biochemical and genetic characteristics, most writers tend to see sadness on a continuum leading to depression.

Freud, in his classic paper, "Mourning and Melancholia" (1917/1961), said that mourning was characterized by "normal grief" in response to a major loss, while melancholia was a more pathological reaction. Unlike normal grief, it was accompanied by a significant lowering of self-regard and an intensification of guilt feelings. Gutheil (1959) believes that pessimism adds the element that changes sadness to depression. Arieti and Bemporad (1978), in talking about "mild depression", say that it "is difficult to differentiate it from the feeling of depression as a normal emotion, generally called sadness, which is part of the gamut of feelings of the average individual" (p. 63).

We would like to suggest that, phenomenologically, significant and qualitative differences exist between sadness and depression. It is a difference between a "feeling state" and a state in which feelings are hidden; what is left is a "nonfeeling state" but with clear dysphoric components. Although we do not see sadness and depression on the same continuum, we do believe that when there is not an adequate relational context in which sadness can be experienced, expressed and validated, depressive reactions develop.

The relative lack of attention to sadness and its role in depression may occur because sadness is a powerful emotion. Intense affect is often seen as more characteristic of women's experience than men's. It is both devalued in our culture and threatening to those who are more defended. Not only does no entry exist for sadness in the indexes of many major books on depression, but our own professions give little attention to helping trainees (and more experienced clinicians) recognize, identify and experience their patients' sad feelings with them. The tendency in our culture to admire and value more stoical responses and to devalue intense open expressions of sadness and grief occurs in family settings and to a large extent in the practice of traditional psychotherapy as well.

In particular, the resistances in families to help others, especially children, stay with their feelings of sadness and disappointment probably follow from the readiness with which parents experience their children's feelings of pain as accusations which lead mothers and fathers to feel they are bad parents. Also,