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Clinical Depression: A Transpersonal Point of View

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First of all, we must clarify the terms used in the title of this reflection and communication. In psychology, as well as in spirituality, the meaning given to terms needs to be very clear, as the variety in terminology, the epistemological richness, and the resulting possibility of an ethereal and even ambiguous discourse, is in both areas great. In this respect, the words of Carl G. Jung come to mind:

It is highly sensible ...to make clear the supremacy of the Psyche, as this is the only thing that life does not leave clear to us.”(Collected Works, 1966: 841).

Definition

Understand the term *depression* in its most exact etymological significance. In the classical Latin of Cicero, *depressio* meant “fall” and/or “to go down.” “To get depressed” means to fall, or go down, descend. In this sense, the term is used in engineering to speak about, for example, a road that one makes “descending” below the level of the other roads; it is also used in geography to refer to a portion of earth that, in relation to a mountain, is lower; in meteorology to indicate a lowering of the atmospheric pressure (an atmospheric depression); in economy to indicate a fall in the values that define the economic health of a country (the economic depression in the United States in 1929); in aeronautics to refer to an aeroplane suddenly losing altitude. And of course the term depression, with this same meaning of fall and/or descent, is applied to human beings, animals, plants, and the dense matter which we so lightly consider as inanimate or dead. In fact we can speak of depressed animals, plants, or earth.

1. *Image of the Self*

Clinical depression, as I understand it, is the ideative, sentimental, emotional, and behavioral result of an incapable and powerless image of the self, that

makes itself manifest also in that powerlessness and incapability of living that we call “depressive attitude.” This means that the deep and unconscious image of the self is that which determines that type of depression, the “fall” or “descent” that clinical psychiatry and psychology usually call “endogenous,” to differentiate it from the “reactive fall,” that is, from the one not produced by the powerless and incapable image of the self.

It is important to note that the image of the self is an image that “directs”—in all details and from the deep unconscious—the life of each one of us. For this reason, it may be referred to as a “directive image” (*Directrix Imago*).

2. *Symbiotic Depression and Schizodepression*

The powerless and incapable image of the self produces not only the depression I call “symbiotic,” but also the one I call “schizodepression,” the latter not only in a neurotic but also in a psychotic version, due to its greater regressive intensity.

Symbiotic depression is caused by an image of the self that has still not accepted the process of separation from the mother and has not established a relationship of “due distance” with the object. It “gets depressed,” it “falls” over the object searching to relieve the analitic relationship with the mother, and as this point of support disappears, the subject “falls” or “descends,” suffering the symptoms that we have called symbiotic depression.

In neurotic schizodepression, people are so afraid of losing the object that they unconsciously decide not to give themselves the opportunity for this to happen. They do not choose, nor look for object relationships, overwhelmed by the fear of not succeeding and the fear of a negative response from the object. However, they wish and accept to be looked for or to be chosen, and if that happens, their relationships are symbiotic;

therefore their “fall,” in those cases where the object is lost, reinforces their fear of being rejected and their defensive imaginal regression is close to the psychotic position.

Psychotic schizodepression is characterized by the regressive intensity with which the subject establishes his relationship, this time not with the object but with its ghostlike representation. It is a deep “fall,” because the fear of losing the object is really utmost. The image of self as powerless and incapable of living in a relationship touches at its deepest point.

3. Fall of Vital Energy

Depression manifests itself clinically as a fall or descent of the vital energy tone, of what may be called the “biophilous” attitude. The depressed subject has ideas, feelings, emotions, and conduct that are opposite to the interests of the biophilous. Clinical depression involves negative feelings, at a more or less marked degree, toward the experience of living, and this is why depressed subjects adopt their well-known negative attitude, which is “necrophilous” in nature.

4. Reactive Depression

“Reactive depression” implies a nonacceptance, and on occasion, a virulent, rejection of an event bonded affectively to the subject. The subject, thus depressed, reacts negatively to the totality of life as a “protest” to the rejected event: in the reactive depression, the subject takes the part as the whole.

Although the reactive depression does not carry with it necessarily a “powerless and incapable image of the self,” the intensity, globality, and duration of the reactive depressions will obviously vary depending on the greater or smaller solidity of the image of the self.

Among the reactive depressions we must include the descent due to overburden. Here, the subjects fall or descend under the weight, finally unbearable, of an excessive load of work, worries, or frustrations. In this case, the reaction of the organism is one of folding up when facing a pressure which there is no strength left to cope with.

A Thesis

I would like to conclude this part of my presentation outlining the following thesis:

- 1) Depression is a group of symptoms, not a syndrome.

- 2) If anything, one has to place the etiology of depression, and any of its clinical manifestations, around the image of the self as powerless and incapable of living.
- 3) Any psychotherapy of approximation has to take into account the need to know and transform the image of the self with a psychocorporeal approach, as it is the internal and external image that rises in a directive image of life.

Transpersonal

I have to say that, personally, I do not have the difficulty Ken Wilber lately has with the term “transpersonal.” Of course I am also pleased with the term “integral”; in fact, I consider both terms so closely joined that I think one cannot speak of transpersonal without meaning at the same time integral. The two terms have absolutely complementary meanings: one in a horizontal/personal sense, the other in a vertical/transcendental sense. It would be the same to say: horizontal/human and vertical/holy.

1. The Word “Transpersonal”

In its horizontal/personal sense, the word “transpersonal” literally means “through the person,” and in its vertical/transcendental sense its literal meaning is “further than the person.” This means that going “further” implies going “through” the here and now, and that the authentic experience of transcendence is only achieved through the experience of immanence. The satisfactory fulfillment of the person, not only in individual life but also in a relational one with the objects around him, is a *sine qua non* condition to reach a transpersonal level of experience.

When we speak of an experience caused by a level of transpersonal consciousness that transcends the ordinary level of awareness, we are opening the third eye of knowledge, that is, the “eye of spirit.” I understand the level of the “transpersonal” as leading us into the level of the “spiritual,” further than the psyche and the body, that is, further than appearances. The level of transpersonal consciousness takes us to listen and not just to hear, to see and not just to look, to relish and not just to taste, to feel and not just to touch, to scent and not just to smell, which is to say, to go through the senses and further than the senses. Inside the conscious, the transpersonal takes us to know and not just to believe, to feel and not just to have sensations.

The horizontal/personal dimension of the transpersonal implies not only the personal fulfilment of the individual as such, as in the process of individualization, but also the fulfilment of the social, relational, and ethical dimensions of life.

2. The Word "Integral"

In its horizontal/personal sense, the term refers to the Latin *integer*, meaning "whole," "true," "coherent," "honest." It is the ethical dimension which redounds in the relationship—which is also whole and true—of the person with the objects outside. In its vertical/transpersonal sense, the term refers to the Latin *integralis*, meaning integral, total, global, universal.

In this way, the person who reaches the level of "integral consciousness" is that one who experiences the absolute, radical, and original unity of the All—and, what is more, who is lived as the All or as the Integral part of the All, as a drop of one and the same Ocean.

We can see how the transpersonal/integral has that double meaning, horizontal and vertical, ethical and mystical, immanent and transcendent; where the human being is composed and embraced in her triple dimension—personal, interpersonal and transpersonal; in the body, psyche, and spirit. Human beings, from their psychosomatic reality and from their relational dimension, are open to their spiritual reality, and therefore to their universal integral dimension.

If we now try to understand clinical depression from the transpersonal/integral point of view, we can affirm that the fall and/or the descent that depression brings with it occurs in the tridimensional reality of the human being, and it is in this triple dimension that one has to approach it.

A transpersonal psychotherapist who is going to accompany a person in the midst of a depressive crisis must start off, in theory and in practice, from the tridimensional nature of the human being. The therapist helps the client to heal and to reinforce the basis of the personal self, to make interpersonal love relationships more dynamic, and to assume the transpersonal/integral dimension, opening up to the consciousness of unity with the All, that is, with the One, with God, through what Lévinas (1974, 1982) calls charity—which, being free of passionate content, surpasses passionate Love, becoming universal.

References

- Jung, C. G. (1966). *Collected works*. Volume 11. Princeton: Princeton University Press.
Lévinas, E. (1974). *Autrement qu'être au delà de la essence*. The Hague: Itijhoff.
Lévinas, E. (1982). *Ethique et infini*. Paris: Fayard

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