

RON SMITH'S STORY



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Ron Smith's Story

What is *chronic depression*? Before trying to answer this question scientifically or theoretically, let me share an instance. Dr. Ronald Smith came to me in his early sixties, having felt hurt and misunderstood by his previous therapist. He told me the following story. Try to identify with the doctor, not in the particulars of his life, but rather in the pain of his depression.

“Dr. Levin, I’ve no idea what happened or why. I was a reasonably happy child. My parents fought a lot, one of my sisters committed suicide, and one of my brothers died of a drug overdose, so it couldn’t have been such a bed of roses. But I remember it that way. Happy. I had artistic talent and started drawing, later painting, very young. My father, in particular, was very proud. He would show my work to guests and I really got off on that until puberty when I became very shy. But there was a lot of fun. We skied and had summer trips to the mountains. I had friends. I did well in school. Nothing, I repeat nothing, forecast the misery and failure of my adult life. In high school my art teachers told me I would never be more than a gifted amateur. I don’t remember being hurt by that. I never actually thought of a career as an artist. My parents joked that I might be a genius, knowing that wasn’t true, and wanted me to have a more conventional, safer profession. My father taught biology in a junior college and had pushed me towards medicine. The only problem was I was lousy at science—well, not quite, but not very good. If I suffered disappointment about not having the stuff to be an artist, it passed. I was a reader and discovered Freud early. He intrigued me. My guidance counselor suggested clinical psychology as an alternative to medicine. I didn’t even know there was such a thing. But that’s what I am, a clinical psychologist. I’m embarrassed, ashamed to tell you that. For you see, I had a depressive breakdown in my late twenties and I haven’t really recovered since. Better times and worse, but never really well. Me, a psychologist! So sick in the head I can’t work. I haven’t held a job or practiced for the past thirty years.

“I was in the army when it happened. That doesn’t make sense either. I loved the army. I was an officer. I enjoyed the life; the structure and discipline appealed to me. I got to travel. Yet I wound up in a booby hatch—a military one—just like the ones I had staffed. It’s appalling; it’s humiliating. You’d think that after all those years it wouldn’t bother me. But it does, especially knowing I was coming here and

would have to tell you. Such shame. I'm sick of shame. It's haunted me since I was thirty. And my last shrink—I've had lots of them—told me that I was one of those 'treatment-resistant' cases that don't want to get well. I got angry—something very unusual for me—and I became assertive. I have a tough time talking back to authority figures, but I told him he was a sadistic idiot and ran out of the room. That felt good, but not for long. I got scared. I realized that I couldn't be without a therapist, so I called you.

"Let me tell you more about my breakdown. No, let me tell you something about my 'pre-morbid' self and its—that is my—earlier experiences. I knew from my studies that there is often a 'red line' running way back before people get sick. I don't have one. When I was a kid and into Freud my family joked that I should be a psychiatrist. So I don't think they thought me very strange then.

"But I do remember a few traumatic—sort of cumulatively traumatic—aspects of my childhood. My mother never punished us. Instead she would say to me (I'm not sure if she said it to my sibs), 'I'm going to drop dead from you,' when I misbehaved. Not that I did much of anything. I was a very docile, obedient kid. She would say 'You're going to be the death of me' or 'I'm going to die from you' when I did things like come home from school late or punch one of my brothers. Nothing very major. When she did drop dead, well after my breakdown, decades later, was absolutely sure that I had killed her. I was terribly depressed by then—something she hated—and I believed my depression killed her—triggered her heart attack. In my saner moments I know that isn't true. Still, when I'm real down I think of myself as a rat who killed his mother.

"Then there was sex. My parents didn't talk about it, yet I 'knew,' felt, they would be disappointed by any sexual expression by me. My father was something of a Calvinist, a tepid Congregationalist in practice, and he only had to look at me to make me feel guilty. My mother had given us enemas when we were sick—I hated them—all those cramps and ugh—yet when I felt stirrings when I was 13, I got the crazy idea of giving myself an enema. I did and I came. Speaking of ugh, even talking about it makes me sick, even now. I never did that again. I knew enough Freud to know it was a kind of incest—sex with my mother, her being the 'phallic mother' who used to be in all those papers I read in grad school. I'm blushing even now. Horrible. Killed my mother and had perverted sex with her. Again, I know that's crazy. Yet when I'm depressed I think about it—obsessively. 'You killed her, you pervert,' I used to say to myself when I was at my very worst, in my blackest depressions.

"I'm glad I told you that. Guilty secrets are tormentors. I know that, so, painful as it is, I try and talk about it. With most of my shrinks I was too afraid, too ashamed, but I told the last one and you know how that turned out.

"Unfortunately, I have a more serious guilty secret. I had sex with a patient. I was in Europe when I was in the army. Diane was in the service too. She came for anxiety and became a weekly psychotherapy patient. She was on the hysterical side and tended to exaggerate, so I'm not sure this was true. She told me that she lost her virginity to a boxer—her boxer dog, that is. Probably he humped her without penetrating, but who knows? That really turned me on—I told you I was a pervert—and when she came on to me I forgot all about interpreting the transference and asked her out. Treatment stopped and we became lovers. It wasn't just sex; I really loved her. After a year I was transferred, and then I had my breakdown. Being separated from Diane when I was transferred was a real, deep loss for me. I still think about her and miss her. We occasionally correspond even now. Diane has grown children now and I'm sure she feels sorry for me because of the way my depression has ruined my life. I don't think she has romantic feelings, but even if she did, I don't think they would do me any good. My affair with Diane is the thing I should feel most guilty about. Not about the stupid kid thing with the enema bag, but I don't. My relationship with Diane was one of the best things that ever happened to me. I don't feel guilty about it, I don't think. What I do feel is guilty about not feeling guilty. I never had another girlfriend.

"I think my mother was depressed. She used to go to her room for hours and sleep and think about God knows what. She covered it up and was cheerful around us. She had a Jewish background. I think it was her grandparents' generation that had converted. My mother had no time for religion. She said it was all balderdash. My father was active in his church and he read his Bible every day, but he didn't push it on us, at least not very hard. Still, I think he believed in Darwin more than in Christ and yet the Calvinist God of predestined damnation was vaguely present in our home. I think He played a role in my depression. I certainly feel damned. Yeah, predestined to be damned. It was never talked about but I sure as hell felt damned from the time I was thirty till now. Well, not all the time—it recurs and it recurs.

"Back to my mother. She told me, more than once, about a great aunt who had drowned falling into a river while koshering a pot in some godforsaken *shtetl* in Russia. The story seemed important to her. Drowned koshering a pot? I doubt it. She must have been a suicide. My mother was very secretive about

her past, her family, and their ancestors. My feeling—no, conviction—is that there was a lot of mental illness in her family—probably depression—and she was ashamed of it. My father would occasionally ask Mother to take us to synagogue because of her Jewish roots. She never did. It's sad, but I've gotten less comfort from religion than I've had pleasure from sex.

“My high school years were unremarkable. I did okay, had some friends, was horny, didn't do well with the few girls I approached, enjoyed sports a lot as a fan, had all the baseball stars and their stats at my fingertips, and I loved to swim. Doesn't sound depressed to me. Maybe a little. College was very much the same. The trouble started in graduate school. I was away from home for the first time and very lonely. Unlike my undergraduate psych major, I found the clinical psych program forbiddingly difficult. I worked very hard and still wound up flunking statistics and physiological psychology. I was almost thrown out, but they let me repeat those courses and two others I had barely passed. In effect, I redid the year. That was the first time I was consciously depressed. I walked around saying to myself, 'Ron, you stupid fucking idiot.' No great shakes in high school. Still I never flunked anything and I did really well in college. That first year in graduate school really shook me up—washed out whatever confidence I had. And now I was overtly afraid of women. If they got to know me they'd find out I was a stupid fucking idiot. I don't think I've ever really regained my confidence. Nevertheless I plugged away, repeating the year, went on to get my doctorate, writing a pretty damn good dissertation.

“I didn't even try and get a job. I went directly into the service. That seemed like salvation. Like I told you, I came to love it. I had rank, I really enjoyed the clinical work, and I think I helped people. I was something of a patriot, so being an army officer was good for my self-esteem. Then it was the affair with Diane. When I was transferred and she didn't seem to mind, I was devastated. I had thought she loved me, while most probably to her I was, as the kids say now, a friend with benefits. And somewhere I had to feel guilty about the way that started.

“At first I broke down physically. I developed severe asthma, almost died, and was hospitalized several times. I was tested for everything: no allergies, no family history. In retrospect it was psychosomatic. There used to be a theory that asthma was triggered by separation anxiety; I think that was the case with me. I was reassigned, not to an outpatient psychotherapy unit but rather as staff in a psychiatric unit. I started feeling utterly inadequate, got more and more anxious, and became convinced I

couldn't do it. Finally, I locked myself in my apartment and just sat there eating popcorn for days. Finally my commanding officer showed up with two MPs and broke the door down. I wouldn't answer it. I must have been near catatonic. They shipped me out to a mental hospital in the States. The journey was a useless, unending humiliation. The shrink needed shrinking.

"I was an inpatient for two months, released on heavy meds, given light duty, and then allowed to resign my commission and leave the service with an honorable discharge. I went back home and got worse and worse. I would just sit for hours, full of self-hate, rage and despair. My family was at first sympathetic and supportive. They soon became furious at me. They were especially furious when I refused to look for a job. I couldn't, but they just didn't get it. They called me horrible things. One that sticks is 'malingering parasite.' The sister who later committed suicide was the most vicious. Finally I gave it back to her saying, 'You insensitive bitch, I hope you die.' And of course she did, by her own hand, and I blame myself for that, too. Guilt and I are great friends. Sort of Bobbsey twins. But that's not funny. It ruined my life.

"Those years after the service were hell. Leaden deadness, tormenting self-accusation, impotent fury at my parents and siblings, in fact at the whole world, and what felt like terminal aloneness. Nobody understood, nobody could or wanted to reach me. To try and do anything was a crippling struggle. It was like living deep underwater, desperate for air; moving was like walking in molasses. Time sometimes stopped and sometimes rushed pell-mell toward the end—toward death, which would have been welcome.

"I refused to go to therapy, which made my father ballistic. There were terrible, terrible fights. Finally, he dragged me to a shrink, the first of many. It wasn't much help—maybe a little. And the meds—every one in the PDR [*Physicians' Desk Reference*] at one time or another. They helped some, then stopped helping, and then I would try another. Several 'authorities' suggested ECT [electroconvulsive therapy]. My parents wouldn't sign for that. The years passed. I mostly vegetated, becoming the male equivalent of Rochester's wife in the attic. I had 'good days' when I went out, even went on a few job interviews but nothing came of them. My sister checked out. Then a few years later my brother OD'd. Horrible for my parents. I tried to be there for them. I just couldn't. I was too preoccupied with trying not to drown. My father died. It didn't consciously affect me. I stayed with my now-alone mother for over a

decade and was finally able to be helpful. The family stopped assaulting me as they came to accept my role in the family as Mom's caretaker. One of my surviving brothers would 'tease' me, calling me the 'caretaker who can't take care of himself.' I smiled and hated him.

"Over the years I got gradually better in the sense that I wasn't consciously underwater trying to breathe or pushing through molasses, but it wasn't much of a life. I tried from time to time to get back in the ballgame. I wrote some and even occasionally painted. I could never sustain it. I'd lose my drive, feel my energy draining away, and return to dormancy. I did go to major league games and there I actually enjoyed myself. There isn't much that gives me pleasure.

"Then my mother died. At least I felt good about myself—not about her dying—rather about my having taken good care of her in her last years. One of the few things I've done well in my life. It's lonely, though.

"The meds I'm on keep me stable, but the depression still threatens not so far beneath the surface. The waste of my life torments me: all that education, all the psychotherapeutic skill I had in my best years, all that stuffed libido gone to rot. It's so sad, so sad. I decided to go back into therapy and started with your asshole predecessor. He suggested, 'Just mourn those lost years and get on with your life.' Mourn those lost years? I haven't had a life, you asshole. And then he had a few choice words about my anger. 'Isn't it time you let go of your anger?' Not to be angry at having been cheated of a life? 'You're out of your mind, you fucking asshole,' was what I thought. I should have said it.

"I hope you're better at your job than Dr. Foot-in-the-mouth. Are you?"

I replied, "Let's try some therapy and we'll both find out." I think I've been helpful to Dr. Smith over what is now many years. But cure his depression? No.

Identifying with Ron Smith

Ron Smith's lifelong depression raises many etiological, treatment, and how-to-endure issues to which I shall return. For the moment, I want to invite your identification with aspects of Ron's experience. First, the absence of a sufficient cause, at least in his mind. Where many explanations can be given, it is

likely that none will convince. This mystery about the why and how of many depressions, perhaps including yours, in spite of all the neurochemical, genetic, psychodynamic and cognitive theories, adds to the torment. We human beings seek to understand, particularly understand pain. Yet frustratingly enough, often we don't.

Then there's the stuckness in the past, the ruminating about long past acts such as Ron's admittedly somewhat bizarre first sexual experience, which hurt nobody, or about things said or done to us, such as Ron's mother's telling the naughty child, "You're going to kill me!" Do you have such tapes running in your head that you can't erase? Then there is what I call "satanic grandiosity," the feeling, indeed conviction, that "I am the worst person in the world." Ron doesn't quite say that. Yet his readiness to say it is always there. Certainly it is one of his beliefs. You may know perfectly well at some level that it isn't true, especially since your name isn't Hitler or Stalin. Yet you can't get the thought that you're the worst person in the world out of your head. And less specifically, you may identify with Ron's self-loathing. How about being stuck in the molasses? Or the slowing down or galloping of time? You may identify with Ron's crippling feelings of shame at having the illness at all. Or with his rage at the harm it is doing to him. Or with his being depressed about being depressed. Or you may identify with Ron's guilty, shameful secrets (although yours will be different) or with his despair. Or you may identify with the fearsome, awesome, punitive, Calvinistic God who inchoately hovers around his childhood home or with his earthly father's vocalizations of the Heavenly Father's injunctions, now becoming part of your self—an internal voice. Psychoanalysts call such internalized voices *introjects* or perhaps a better metaphor, tapes that won't erase running in your head. Such introjects powerfully contribute to depression. To make matters worse, they are often unconscious, yet no less, in fact more, tormenting.

You may identify with the family secrets and silences, especially if there is an intimation of a family curse—depression—as is true of Ron Smith's family or in your family or perhaps your strongest identification with our protagonist is with his sadness at the cost and waste inflicted by that goddam depression. If so, there's some hope here. Sadness has a complex relationship to depression. Persistent, particularly unaccounted for sadness *is* a symptom of depression. Yet to be sad is not necessarily to be depressed. *Sadness is a feeling; depression is a disease* and paradoxically, experiencing the true depth of your sadness can sometimes be an effective antidote for depression. But more of this later.

I invite, indeed urge you to identify with Ron Smith, not with the particulars of the circumstances of his life or with his individual obsessive thoughts, but rather with his feelings and his global experience, because such identification lessens that horrible, horrible grip of isolation, uniqueness, and radical aloneness that so exacerbate the already awful stuff you endure. You don't want to lose yourself in that identification; you do want to know that you're not alone and that opens the possibility of learning something useful from your fellow sufferers. Perhaps most saliently, such identification mitigates shame and guilt, especially shame.

Defining Chronic Depression

Let us go on to review some treatment options and look at what they offer and don't offer. They can be characterized as psychopharmacological, somatic, and psychotherapeutic, respectively.

But before going there, let me say a little more about chronic depression. Its most salient feature is its persistence. The damn thing just doesn't go away. Yes, you have some pretty good interludes when it's in remission, and then there's another episode. Sort of a mental cancer. Every time you think it's gone, it's back. Maybe not quite in the same form. Ron Smith's depression sort of burned out in the sense that the radical torment of his post-service days has passed, but sadly, the gray bleakness he lives in is depressed enough. True, gray is better than black, but it's no great shakes. I once had a patient I was trying to convince to try antidepressant meds saying, "You're living in a black hole. Your life is endless blackness." Before I could press my selling point that medication might brighten his life, he interrupted, "Doctor, couldn't we say dark gray?" That feeble attempt at humor proved prognostically favorable and his depression turned out not to be chronic. Unfortunately, yours is.

Another misfortune lies in the fact that an episode of severe depression makes it more likely that you will have subsequent ones. That phenomenon is referred to as *kindling*. Staying on antidepressants—when they work—lessens the likelihood or possibly delays a new episode, so by staying on your antidepressant, you dampen the kindling, so to speak. Yet, as you know, that doesn't necessarily prevent subsequent episodes.

The American Psychiatric Association has a sort of doomsday book, *The Diagnostic and Statistical*

Manual of Mental Disorders (DSM), now in its fourth edition, revised. It is not as successful as it claims—witness that fact that illnesses come and go as new editions come out. Evidently there are political considerations in deciding what is or is not a mental illness. Depressive disorder, however, appears in all editions. Your problem is called *Major Depression* or *Major Depressive Disorder* to distinguish it from a milder form of depression called *Dysthymia* and from *Bipolar Disorder*, previously called *Manic Depression*, in which episodes of depression alternate with episodes of mania. You even have a number, or rather, more accurately, your disease has a number: 296.33, where the first 3 after the decimal point indicates that it is recurrent and the second that it is severe.

Depressions are further characterized (not in the *DSM-IV*) as agitated or retarded. You probably have experience with both. In agitated depression, you are anxious, restless, filled with directionless energy you don't know what to do with and can't channel usefully. In retarded depression you slow down, just can't get mobilized, or are stuck in the molasses. In the course of a chronic depression one or the other predominates. They are somewhat different but equally awful.

Another distinction is between angry and empty depression. There is more anger, sometimes without much awareness of it, in the agitation and more emptiness in the retardation. Once again, you've probably experienced both: impotent rage and feeling like one of those that T. S. Eliot called "the hollow men, the straw men." Both are awful, but the feeling of hollowness, of having no good stuff, or worse, no stuff at all, is, I think, harder to take than an angry depression. The experience of emptiness in an empty depression is puzzling. Is this purely neurochemical? Is it a representation of the impoverishment concomitant with deep depression? Is it a reflection of the inability to make meaningful emotional connections when you're deeply depressed so it feels like there's nothing inside? Or perhaps it's some combination of these. I would like to suggest yet another possibility. I think sometimes the feeling of emptiness in empty depression comes from the fact that what is present is sealed off, so to speak, under the basement floor, and what is under there is emotion of various sorts, particularly anger, indeed even rage. So if you experience an empty depression, do a self-probe and see if you come up with a lot of anger underneath the emptiness. You may very well do so, and of course you feel so empty because the prime emotion you're currently experiencing is not available being, as I said, underneath the floorboards.

Some of the more acute symptoms listed in the *DSM-IV* such as appetite loss and sleep disturbances

are unfortunately usually integrated into chronic depression and they just linger, impoverishing your life and diminishing your vitality and capacity for joy. Therein lies the chronicity, along with the ever-present possibility of acuteness. There are many ways to explain the chronicity. A now discarded one, although it held the field for hundreds of years, is what's called the *humour theory*, which accounted for differences in temperament by the balance or predominance of one of the four humours: blood, phlegm, choler (yellow bile), and melancholy (black bile). So one could be sanguine (cheerful), choleric (that is angry), phlegmatic (calm), or melancholy (depressed). Your temperament and potential for being depressed are determined by the balance of humors you came into the world with.

It is worth noting that Galen, the second century Roman physician who first articulated the theory, believed that melancholy was a necessary ingredient (in proper balance) for physical and mental health. Modern views of temperament see it as largely genetically determined, and some temperaments do predispose to depression. Some have even proposed the existence of a built-in hapistat that is preset by one's genes to an equilibrium point on a happiness scale. Temperament does play a role in your susceptibility to depression, but the hapistat metaphor is too deterministic for my taste and it's just that, a metaphor.

Considerations of temperament bring to mind the author of *Ecclesiastes*—reputedly Solomon—who famously wrote “vanity of vanities, all is vanity.” Was he a melancholic, (i.e. a chronic depressive) or was he a realist? Would he have written a different book if he had been on Zoloft or Prozac? Impossible to say, but it is noteworthy that the author of *Ecclesiastes* finds power, riches, wisdom and pleasure all empty because death takes the wise man no less than the fool, which suggests that one's attitude toward and beliefs about death are highly consequential determinants of one's propensity to depression. And of course the vector also goes the other way, depression strongly colors one's response to the finality of death.