

DEPRESSION AND SUICIDALITY IN MODERN LIFE

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SUMMARY

This paper describes the relationship between depression and the difficulties experienced in the postmodern world for human beings who must reconcile their consciousness of their own death and the feelings of powerlessness in the face of inevitable consequences. Depression and suicide are closely linked, and the consequences in terms of philosophy and psychology are described.

Key words: *philosophy – psychology – depression - suicide*

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“There is only one philosophical matter really serious: the one of suicide. To judge whether life is worth living or not, is to answer the fundamental question of philosophy.”

Albert Camus, Il mito di Sisifo, 1942

INTRODUCTION

Depression and suicide, even if to a different extent, have always been classified as two ancient evils existent in many cultures and societies. In continuity with more advanced scientific studies, the causes that propitiate the depressive pathology and motivate suicide, in an evident overtaking of the classical thesis and in a wider vision, are definable as multifactorial. This has been widely corroborated; many elements concur to give shape to the same pathology. Among them stand out the social, economic and psychological-existential aspects, often underestimated to the detriment of the purely clinical aspect, but which we suggest are of prime importance in their determinism; and as we will try to demonstrate in this discussion, the exponential increase of these two evils in post-modern society and particularly in industrialized countries, is determined by these factors (Carabetta 2002).

DEFINITION OF DEPRESSION AND STATISTICAL DATA

Depression is a complex and articulated clinical picture, characterized by a melancholy state of mind and a profound affliction. The depressed subject loses interest in what surrounds him, has a pessimistic vision of life and no joy of living, he lacks concentration and he is often tormented by thoughts concerning death. He experiences the threat of loss and feels “betrayed” by life. This overload of negative sensations feeds the decrease in every interest in what surrounds him. So depression is an individual answer, not necessarily or not exclusively pathological in itself, which could be considered as the translation of a pathologic condition, existent if not on an individual level, at least on a relational level, or a social one, or an existential level in general.

Depression has for several years been qualified as one of the most widespread and expensive pathologies, according to WHO. It is considered that by 2020 depression will be the first cause of mobility and disability in more advanced societies, or rather in more affluent and industrialized societies. According to reliable valuations, 10-15% of the global population had got or is going to have one or more depressive episodes in the course of life. In the United States there are 10 million persons suffering from depression, equal to 6% of the total population. In Italy it is considered that the same illness has an incidence of around 5 million, equal to 12% of the population, with a total cost of 1% of the Gross Domestic Product. In a study conducted by ODIN (Outcome of Depression International Network), Ayuso-Mateos JL of the University of Cantabria-Spain and his co-workers analyzed a mixed sample of 8.764 people in 5 European countries. The study showed how the depressive disorders, equal 8.56%, follow a different development for gender stratification, so that women are more involved, with a percentage of 10.05%, next to a percentage of 6.61% of men suffer from depression. Furthermore, the authors pointed out that the incidence of the pathology varies with the area of residence. The female population of the United Kingdom and Ireland that live in urban and metropolitan centers, in terms of percentage, are more likely to suffer from depression than women living in the semi-urban areas of the same countries. In a study made by Evelin Bromet of the State University of New York, a study conducted in 10 countries considered of high income and in 8 countries of low income, has ascertained that in those 10 countries of high income the predominance of depressive disorder was between 14.6% and 5.5%; whereas in the 8 countries of low and average income, the same phenomenon had a spread of between 11.1% and 5.9%. The average age of onset, retrospectively verified, was 25.7 for the high income and 24.0 for the low-average

one. The ratio of men to women was two to one, and in the countries with high income, a younger age was associated with a larger predominance, while in many countries with low income the prevalence was in the older age groups.

DEFINITION AND STATISTICAL DATA ON SUICIDE

Suicide can be defined as the voluntary and conscious act of taking one's own life. Shneidman (Shneidman 1985) proposed the following definition of suicide: "At the present time in the western world, suicide is a conscious act of self-annihilation, better definable as a widespread state of unease in a needy individual, whom when facing a problem considers suicide as the better solution, an attempt, although an extreme and not appropriate one, of making an end to the unbearable sorrow of a human being."

Much more often associated with the graver presentation of a depressive state, even though from this perspective there is no unanimity of views, and we are not yet capable to express a final judgment because of the number of motivations and causes that can lead to the decision to take one's own life. One valid consideration is that of the psychiatrist Rapisarda, who sees the principal causes of suicide in the existential uneasiness of young people, in the solitude of elderly persons and in the psycho-physical sufferings. In advanced societies, involved in the present economic crisis, it is not difficult to detect as a motivating factor economic changes, as we will try to demonstrate in this work. The Sicilian psychiatrist delves into the subject of who chooses to give up living, pointing out that the fragility of a man who had lost a solid reference system and is therefore unable to adapt himself to the problems that life presents, will paradoxically bring him to the hope for salvation committing suicide.

Suicide is one of the first causes of death among adult people in urban communities. In Europe, the urban rate is higher than the rural one, in USA they almost equal. In the United States, about 75 persons commit suicide every day. Suicide represents 10% of the causes of death among subjects between the age of 25 and 34, and 30% of these are university students. It is moreover, the second principal cause of death among teen-agers. The constant increase of suicide in adolescence in the last 10 years is principally due to an increase of suicide among the male sex, in which it had doubled. Over 70% of the subjects that take their own life are over the age of 40 years and the incidence grows clearly among the subjects over 60 years of age, especially of male sex. About 65% of the subjects who commit suicide are under the age of 40 years. Of the 200.000 attempts at suicide occurring every year in the USA, 10% has a fatal outcome. Attempts at suicide represent 20% of the ER emergency and 10% of all hospitalizations. Women attempt suicide between two or three times more than

men, but the latter are more likely to succeed in reaching their goal.

Several studies show a more elevated incidence in attempt at suicide among the relatives of patients that who have tried to take their own lives. The WHO estimates that in 2020 the deaths caused by suicide worldwide will be a million and a half.

PSYCHOLOGICAL BASIS OF HUMANISTIC-EXISTENTIAL TYPE. SUICIDE AND DEPRESSION IN THE OPINION OF L. DE MARCHI

According to the psychologist Luigi De Marchi (De Marchi 1984), who has recently passed away and with whom we collaborated for a long time, with the development of the conscience man sensed his death fate and had the ability to imagine, wait and foresee his own annihilation, taking painfully part in the agony and death of his fellow creatures. He also daily repeats this torment through memory, bereavement and anticipation.

One essential psychic characteristic in man, both as an individual and as a species, would be the one of living in a much more anguished and immanent way the waiting and the experience of death than every other living organism. He experiences his own death and the other persons' death. Part of this aspect of humanity would also include the process of raising up several psychic and somatic defenses against this recurring distress. Thus, the development of a human culture already neurotic and distressed from the beginning, being born from the conscience of death and directed to exorcize an inescapable fate would seem understandable and rather necessary. According to De Marchi, in this new existential perspective, the anguish for death appears to be the prime emotion of the human being as a conscious being, and seems to be the basic humus of his psychic disorders.

From this point of view, thus, the distress is no more nor mainly the result of the repression of natural sexual impulses, as it was for Freud of Reich, neither the result of a bad inserted aggressiveness during individual development, as it was for Alder of Klein; but it is, above all, a primordial emotional burden constantly repeated in the pediatric and adult psyche, which contributes to feed various forms of neurosis and psychosis.

Not underestimating the biological and hereditary causes that lead to depression, and apart from depression being an illness, the awareness of his death fate is innate in man. And suicide, though an extreme one, is an attempt to make an end to the unbearable pain of the indifference and uselessness of life, or the effort to defeat death, anticipating it by the person's own volition. Looking at psychopathology from this point of view, we should see the depressive state and the suicidal act as the weakening and the collapse of the defense mechanism that man used in the course of his evolution

to repress the existential anguish of the fear of death. Religions, feelings and love, family, political belief, firm reference points, hope for the future, assets, have been and are the fundamental bases to overcome the primary shock and live with an acceptable psycho-physical balance.

The psychological aspect and De Marchi's theory reconcile well with the social causes that today more than ever influence and ease the "mal de vivre", and depression with it.

SOCIAL DISTRESS, DEPRESSION AND SUICIDE

Bauman (Bauman 2002) defines our society as the "society of uncertainty", "liquid modernity", "individualized society", to indicate the predominance of uncertainty, loss of sense, liquidness, and individualism (Durkheim 1906). The new climate and the new freedoms which are the result of the split of the intimate and private sphere of the individual from the social world, feed those conditions which the interior uneasiness that conceals the depressive syndrome settles upon. This is consequent on an accelerated change that has unhinged the previous life system. The loss of meaning of the past and the future, that ceases to be an object of existential investment and to function as a "meaning reservoir", stops stimulating the individuals to grow up and enhance, because they limit the desire to the present time, transforming it into a compulsive state. The emptying of the perception of the future entails the inability to justify deprivation and frustration states, that are no longer appeased by a personal intercession system, such as moral or social conscience, and becomes the cause of a "meaningless suffering that assumes the shape of an impending and inescapable fate, as well as the procedural and iterative modality of suffocation. This kind of suffering is clinically designated as depression..."

As Blumenberg confirms, the loss of order and points of reference leads the individual in a double disorder: the inner and the external one. These are elements that feed some sort of global uneasiness that conceals the depressive syndrome, understood as pathology of change. The confirmation that change is a source of uneasiness can be found in some epidemiological studies that examined the effects of the shift on Beijing inhabitants. The results of the research demonstrated clearly how in the last decade of the last century – 1991/2000 – a progressive increase of depression has been registered, referable to the relevant process of social, cultural and economic change that has affected the inhabitants of the above-mentioned megalopolis. The transformation processes, and particularly the transit from rigidly disciplined modalities of life to more free social types, often qualify themselves as reasons for disorientation, which fluster and confound a significant percentage of individuals.

In these conditions, people lose conscience so that knowledge, Church, family, work, justice, schools, parties and labor unions, even if in a different degree, had ceased to function as reliable categories and intangible values. Nowadays, in our society only a few believe in the reliability of the working world, by now temporary and uncertain, and furthermore many people do not trust justice, clergymen or emotional and sentimental ties. In view of a culture that glorifies youth, the anguish of age is recorded, and the advertising agents, real masters of marketing, always find an aspect of vulnerability to affirm their calculated power or the one of their clients, manipulating desires and creating new necessities. Overweight, hair color, height, posture, nose, old age, buttocks or breast are stigmatized in order to create a state of crisis to which, afterwards, remedies such as diets, esthetic surgery, gym, "star factories" etc. are suggested, in complete adherence with the ideal patterns. Possibilities of unlimited adjustments are offered to many, and to many others they enlarge the feeling of frustration, which is the defeat state that propitiates the depressive condition.

On the basis of these considerations, it is quite clear that these elements give shape to the ontogenesis of mental illness, which is frequently interrelated with what Schiavone calls multifactoriality of the elements so that we cannot disregard the analysis of the variables of the socio-cultural pictures that lead to markedly different parameters of estimation, tolerance and identification.

In coherence with the previous conceptualizations, we can see the validity of the conviction that in the weak-self specific of the narcissistic, oppressed by what the scholars that followed what American researchers had called psychic vulnerability, depression encounters the perfect ground for its pathological achievement. In this way it is clear that depression is loaded with social significances, not just for the specific references and the pertinent thematizations corroborated by classical sociologists, but also for what stands out from the theorizations of more recent scholars like Sennet, Lasch and Lipovesky, in whose works a significant interest for psycho-existential analysis is present, and whose works demonstrate the responsibility of society for the individual's dismay.

CONCLUSIONS

As the psychiatrist G.B. Cassano highlights "none of the problems that torment the depressed person has to be considered banal, because this pathology leads to a kind of suffering that has no equal, and in some cases, goes beyond the breaking point". The extreme consequence of this sorrow can lead to suicide, which in recent years had become one of the first causes of death among adults in urban communities. Depression is a brain disease, in which biochemical and hereditary causes play a fundamental role, and suicide, as by now

widely confirmed, represents in 80% of the cases a consequential event of a depressive state. In the last 20 years, pharmacological therapies have been notably refined and in a good percentage of the cases they aid illness recovery. Nevertheless, in this piece of work we have considered the psychological predisposition to Depression, through De Marchi's theory of the "existential shock" (De Marchi 1984), which in our opinion well explains the humus from where depression takes its energy, and shows how, as has happened in contemporary societies, the social, economic and cultural transformations tend to eliminate all that is bulky, like emotions, feelings, deference, parental authority, decencies, and also shows how these transformations benefit a process of desertification of meaning, that proves itself as a rich soil from where the culture of minimalism takes its nourishment and also feeds the entirety of phenomena and symptoms of mental illnesses (Carabetta 2007). In addition to a pharmacological therapy, it seems indispensable that we should offer a humanistic-existential approach, which put the "persona" in the centre, through psychotherapy and a counseling. As De Marchi writes, this method not only recognizes and deals with the last taboo of psychology – the death anguish – in the interest of the client, of the operator and of an effective clearing up of individual and social dissatisfaction, but also offers the opportunity to elaborate and cope with the terrible

existential and rational tensions of every human being (and particularly of the psychic destitute), in the empathic climate of solidarity and creativity that humanistic psychology can assure.

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