**The circles of ‘depression’**

**by Marianne Broug**

When doctors ask what depression is, they look for the answer within the framework of thought called Medicine.

When psychiatrists ask what depression is, they look for the answer within the framework of thought called Psychiatry.

When Cognitive Behavioural Therapists ask what depression is, they look for the answer within the confines of a framework of thought called Cognitive Behavioural Therapy.

When energy healers ask what depression is, they look for the answer within the confines of a framework of thought called Energy Medicine.

When life coaches ask what depression is, they look for the answer within the confines of a framework of thought called Life Coaching.

The list could go on almost endlessly …

… on and on …

My name is Sue and for months now my life feels hopeless and empty. I’m putting on weight, I’m always tired, I don’t see the point in doing anything and I stumble over my words when I talk with people. Sometimes I think of killing myself and at other times I get scared that I might be dying of cancer. I’ve taken leave from work and lie in bed much of the day. I know I am suffering from depression.

I’ve read magazines and newspaper articles about depression. I’ve seen ads on TV. I can even remember some statistics: ten times more people suffer from depression than they did sixty years ago, by 2020 depression will be the second most disabling condition after heart disease, depression affects 20% of the population, the losses to productivity in business are skyrocketing, teenage suicide is on the rise, children are prescribed medication, families are falling apart. Perhaps I’m just one more statistic.

My life was actually going along quite well: I had a job, I was paying off a house, I had a loving partner, I had a brand new TV, the latest computer, a nice car. I walked my dogs, talked with the neighbours, went to the pictures with friends, ate in restaurants … and now it’s all falling apart … and I don’t really understand why …

I know I have to do *something*. I *have* to get better. It’s been going on for far too long now. My partner is getting worried, my friends are wondering what’s wrong with me, my boss is getting impatient, my mother is telling me to put a smile on my face, and my brother is ignoring me. I know I can’t keep lying in bed for the rest of my life.

But where do I go for help?

What do I do?

How do I get rid of this awful feeling of depression?

How do I get my old life back?

Medicine believes that when people are suffering the cause of that suffering lies in a part of their body. If a person has a broken leg, the doctor can put a plaster cast around it. If a person has blocked arteries, the doctor can operate, offer medication or suggest lifestyle changes. If a person has arthritis, the doctor can give a prescription for medication or may even suggest an operation to give the person a new knuckle, a new shoulder or a new knee. Medicine believes that by finding a disorder or dysfunction in the body or brain and then fixing it, a person will then be healthy again.

If Sue were to go to a doctor, the doctor would ask Sue about the details of her life and her symptoms. He might ask Sue how long her symptoms had been present and if she had any recent traumas or bereavements in her life. He might do some tests to rule out any other causes. But as he does all these things, he has already decided that what is happening to Sue is probably a disorder in her body called ‘depression’. The doctor believes that this ‘depression’ is caused by a problem with the chemicals in her brain.

Although Medicine hopes to one day have tests so doctors can see or measure these chemicals, at the moment they have none. They don’t even have an evidence base to account for this belief. They don’t have any laboratory tests, X-rays, imaging, scans or blood tests. All they have is a large diagnostic manual that lists symptoms and then categorises them under different diagnostic labels.

If enough of Sue’s symptoms fit into this list, the doctor then gives Sue’s disorder the name of ‘depression’. Because Medicine believes that depression can be fixed in the same way that a broken leg or arthritis can be fixed, the doctor would put Sue on a course of anti-depressant medication to fix it. This is the doctor’s way of drawing a circle around Sue’s suffering and life and only looking for the things that fit her into Medicine.

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If Sue did not respond very well to anti-depressant medication or if her depression worsened or refused to lift, the doctor might then decide that Sue should see a psychiatrist.

A psychiatrist would ask Sue similar questions to the doctor, but possibly in a lot more detail. The psychiatrist would ask Sue about her life, her health, her family, her childhood, her siblings, her medical history, her sex life, her symptoms, when the symptoms started, how the symptoms are affecting her life … But as he was asking these questions he would already have decided that Sue’s suffering is due to a disorder in the brain that psychiatrists call ‘mental illness’. The psychiatrist would then use the same manual of symptoms the doctor used, to give this mental illness the name of depression. This is the psychiatrist’s way of drawing a circle around Sue’s symptoms and life and only looking for the things that fit her into Psychiatry.

The psychiatrist may talk in a lot more detail than the doctor about the brain chemicals. He may tell Sue about the monoamine neurotransmitters called dopamine, serotonin and norepinephrine. He may talk about scientific studies that seem to show that there may be some relationship between depression and low levels of these neurotransmitters. Because he has asked lots of questions about Sue’s family, he may also talk about the possibility that her genetic makeup might be causing her depression.

But unlike the doctor, the psychiatrist will know and use a broader range of medications and will also be able to give Sue many more details about their side effects. If Sue becomes very depressed the psychiatrist also has other treatments available. He can use ECT (electroconvulsive therapy): he can anaesthetise Sue, put electrodes on Sue’s scalp and then pass an electrical current through her brain. It has been shown that this may help some people who have very severe depression. A psychiatrist can also involuntarily hospitalise Sue if he feels that she has become a danger to herself or to others.

In some films and books, psychiatrists spend a lot of time talking with their patients about their problems, their life and their feelings. These are psychiatrists who are also trained in psychotherapy or psychoanalysis. Most psychiatrists don’t choose to do this extra training because their qualification or certification as a psychiatrist does not depend on it. To become a psychiatrist all they need to do is know a lot about diagnosis and medication.

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If Sue had been hospitalised during the time she was seeing the psychiatrist, she might have become part of the caseload of a social worker.

Because social workers haven’t studied medicine they generally don’t diagnose people with depression. If Sue were to see a social worker, the social worker would already know what Sue’s diagnosis was and would have access to the psychiatrist’s case notes. A social worker would still draw his own circle around Sue, but he would also have to take into account the circle that the psychiatrist has drawn.

A social worker might come into Sue’s life when she leaves the hospital. He might draw up an Eco-Map with lots of lines and circles to represent the relationships in her life. Some of the lines might be bold when her relationships are solid. Other lines may be dotted or non-existent when her relationships are poor or need development.

Once he has used the Eco-Map he might help her to strengthen her weaker relationships. He might ensure that she receives support from her family or a support group. He might talk with Sue’s employer so that Sue has a plan in place that allows her to return to work gradually. He might ensure that Sue has a regular appointment scheduled with her psychiatrist. The social worker might also visit Sue at home to check that she is taking care of herself, cleaning the house and eating well. If Sue was having difficulty doing these things, the social worker might organise a care worker to visit her once a week to help her.

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My life hasn’t improved. I can barely get through every day.

I have been on two different courses of anti-depressants and I don’t feel any better. Perhaps anti-depressants help other people, but they don’t seem to help me. They make me constipated, I have strange dreams, I have night sweats, I have a dry mouth and it feels like there is a veil all around that separates me from the rest of the world.

I had assumed that the doctor and psychiatrist would be able help me, but they haven’t. There were times I tried to talk with them about my life and my problems, but all they really wanted to do was to talk about medication and side effects. The social worker was nice but I felt he was taking decisions away from me. I still know that I have to do something but I don’t know what to do. I am confused. I feel so alone and even more hopeless than I did before. .

Why doesn’t anything help? I am so … depressed … I feel like a useless piece of shit … I want to curl up in bed and never get up again. I know everyone’s sick of me.

Nobody really wants to listen to me. Nobody really wants to talk about anything. They just listen for the stuff that *they* want to hear. I wish someone would just shut up and listen. Perhaps it would be good to find someone to talk with.

Because doctors and psychiatrists often don’t have the time to talk at length with people like Sue, they may suggest that she see a counsellor or psychologist. Because of time and money constraints, such a course of counselling might be limited to one hour per week for a ten-week period.

Sue’s counsellor or psychologist might practise Cognitive Behaviour Therapy (CBT). CBT understands that the cause of a person’s suffering lies in their unhealthy thinking processes, feelings and behaviours; when people’s thoughts are irrational or distorted, people’s feelings and behaviours also become distorted. A counsellor or psychologist believes that by helping people to change or fix their thoughts, people will then be able to live healthy and functioning lives.

The counsellor might tell Sue that people become or remain depressed when they think in ways that are faulty or unhelpful. So that he can draw a circle around Sue and look for the things that fit her into CBT, the therapist must find such thoughts in Sue’s life.

Therapist: Thoughts have a profound impact on your feelings and your depression, and also on your ability to pursue activities that you used to enjoy.

Sue: My thoughts are making me depressed?

Therapist: Exactly. Do you ever have any thoughts like ‘I’m always depressed’?

Sue: Well, yes. But that thought is true.

Therapist: If you look at the truth of the situation it may be that you *sometimes* feel depressed, but that on other occasions you also have good times. Thoughts about *yourself* are generally unhelpful so if you recognise a recurring theme like ‘I’m always depressed’, you can take action to change your thinking. It might be more accurate to say, ‘Sometimes I feel depressed, but other times I do feel some joy.’ Can you remember any occasions recently when you haven’t felt depressed? It might just be a very small thing like, ‘I enjoyed the sunshine today’. Or if you can’t think of anything positive, it may help to think about something else. Some people even find it helpful to think about sex or to relive exciting moments from their lives. It’s important to remember that the first link in the chain of unhelpful thoughts is always the weakest.

As well as focussing on thoughts and feelings, the therapist might focus on Sue’s behaviour. Because people who are depressed often stop participating in the things they once enjoyed, the counsellor might encourage Sue to return to these activities so she no longer feels depressed. Sue might tell the therapist that she once enjoyed walking her dogs. The therapist might suggest that Sue walk her dogs two times before the next appointment. He might suggest she buy a small notebook so that she can keep track of the dates and times she is able to walk her dogs. He might also suggest she make a brief notation of her mood before and after each walk. He might suggest that she show him this notebook at each appointment.

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All the above ‘circles’ are generally thought of as ‘traditional’ or ‘conventional’ approaches to depression. There are also many ‘alternative’ approaches available. If Sue were unhappy with the ‘traditional’ approaches she might choose to pursue an ‘alternative’ approach.

Practitioners of the many different varieties of what is called ‘Energy Medicine’ believe that when people are suffering, the cause of that suffering lies in the energy field or ‘aura’ that surrounds or envelops the body. The aura is like a template for the body. This means that for any sort of healing to take place in the body, it must first take place in the body’s energy field or ‘aura’ and its various centres and channels.

Energy Medicine believes that everything a person can see, hear, taste, smell or touch has a vibration. Moods and emotions also have vibrations. If a person is happy, their vibration is high; if a person is depressed their vibration is low. As a result of this low vibration, the aura of a depressed person is clogged, muddy and dense. Through energy healing this muddiness can be lifted out of the energy field and the person restored to more balanced health.

If Sue were to see an energy healer, he might listen to all Sue had to say. He might listen to the details of her life and the description of her symptoms. He might then ask Sue to lie down so that he could determine whether there were any specific energy centres that were blocked or muddy. He might do this by feeling her energy field with his hands held about five inches above her body or by using a pendulum. But as he is doing this, he is drawing a circle around Sue’s symptoms and life and only looking for the things that fit her into his field of expertise.

If the energy healer were to find a specific area that was dense or muddy he might use slow sweeping hand movements away from this area until all the blocked or muddy energy was completely removed. Sometimes the energy healer might use a complete body sweep, moving from head to toe and using his hands like mini rakes to completely remove blocks and muddiness from the aura as a whole.

Some energy healers might also use massage, crystals or healing touch to unblock or clear energy.

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**around and around in circles …**

For Sue or anyone else suffering from depression, there are many more therapies, fields, disciplines, paths, medicines and psychologies available than just those listed above.

The story of Sue, is of course, a very brief and very simplistic overview, but it contains within it the essential reality of following any one or more of these frameworks of thought or healing.

* Each draws a circle around the patient or client and their symptoms, and then seeks to explain and treat the client’s suffering as caused by some ‘thing’ that is also contained within that circle. A doctor would never include energy in his diagnosis and treatment. A doctor only includes physical matter: blood, bones, cells, chemicals.
* Doctors, psychiatrists, therapists or energy healers become ‘specialists’ within their own narrow circles.
* By simply accounting for things in their specialist circle in terms of *other things* in that same circle or vocabulary, specialists and practitioners assume that they are explaining what things actually *are.* By accounting for depression in terms of the brain and its chemicals, psychiatrists assume they have explained what depression is. By accounting for a human being in terms of cells and blood and bones doctors assume they have explained what a human being actually *is.*
* A client or patient must relate to the language and words of the circle in which the practitioner is working, not to the person themselves.
* Each practitioner or specialist believes that only their circle contains the greatest validity or truth. Even the labels of ‘conventional’ or ‘alternative’ are large circles. Alternative practitioners believe that their approach is superior to conventional practitioners (and vice versa).
* Each practitioner looks at the circles of the others and criticises or denounces them on the basis of their own circle. Some use their criticism of other circles to define their own. A doctor may think that clearing the aura to treat depression is as ridiculous as if one were to clear the aura to treat a broken leg. A cognitive behaviour therapist may think that treating depression like a broken leg, is like treating a person only as a body and forgetting about their thought processes. A social worker may think that relying solely on medication would deny the necessity for interpersonal and social functioning or planning.
* Sometimes the circles overlap. A counsellor may suggest that a client continue to see their psychiatrist and take medication. A social worker may work closely with a psychiatrist. A social worker may practise some of the techniques used by a psychologist. Some psychologists take whatever they think works best out of many different approaches. However large, they still draw a circle around a client. Sometimes a client might choose to pursue an ‘alternative’ therapy, while still relying on ‘conventional’ medicine.
* A psychologist, doctor or energy healer does not see how trapped and limited they are by the boundaries of their circle. A circle limits and restricts a larger or deeper awareness of the world and the people in it.
* Each practitioner has been trained to see the world only through the words or language of their particular circle. The words, jargon, diagnostic categories and terminology of each circle are the limit of each practitioner’s working world. All circles are, in effect, word circles.
* A psychologist, doctor or energy healer does not see the degree to which their circle restricts and limits their patient’s experience of their suffering. A patient or client is only invited to express their suffering in terms of the words contained within any particular circle. A patient would never talk about ‘blocked energy’ to a psychiatrist or cognitive behaviour therapist.
* Practitioners rarely question the generally accepted meanings of the words they use. Practitioners do not acknowledge that the words they use may have had many different meanings over time.

I’m still depressed. I had times when I thought my life was improving, but the depression came back.

Over the years I have seen lots of people. Most were very nice. Their advice was so clear, authoritative and professional and they all were convinced that they could help me. Each one could tell me what was wrong. And apparently there are lots of things wrong. My brain is disordered. I’ve inherited inferior genes. My thoughts are irrational. My relationship to society could be better. My fundamental body energy is blocked. I am sure other people could find more things wrong with me, but I’m not sure I want to know. It has been too long. It has cost too much money.

I have also read lots of books, and they all say the same things. Some even hedge their bets – they say it could be a combination of a lot of these things. Some even promise that if I follow their “Six Easy Steps” I will feel better in a week.

At first I assumed that the enormous amount of information available signalled a hope of sorts. I assumed that it would be easy to work out why I was suffering. But now I’m not so sure. I’m beginning to wonder if the reason there’s such a glut of information is because nobody has a clue what’s going on.

If I look back over the years there’s really only one thing they all agree on …

They might all give it a different name, but they still agree …

… it’s that depression is something I have to …

… GET RID OF

… OVERCOME

… CONQUER

… BEAT

… CURE

… FIX

… UNBLOCK

… WORK ON

… MEDICATE

… EXERCISE AWAY…

… I am so sick of it. I am so sick of working on depression, taking pills, watching my thoughts, unblocking my energy … I am so sick of fighting. I am so sick running. I am so sick of wishing it would all go away. Is this all my life is ever going to be? Fighting? Struggling? Running away? I don’t feel hopeful any more. Perhaps it would be better just to give up … I want to give up. And yet … and yet … sometimes I feel that something more is going on … something deeper …

**This website is about depression …**

… but it is not about one more therapy among others, it is not about one more medicine among others, it is not about one more framework of thought among others.

… it is not a technique on how to walk on other people’s paths.

… it is not a prescription for happiness, success or wealth.

… it is not a quick-fix or how-to tool.

… it is not one more framework of thought that draws a circle and proclaims it has the all answers.

Rather, this website does totally the opposite …

It takes a step back from all these circles …

… and then takes another step back …

… and then another …

… and another …

… on and on … until there are no more steps to be taken …

This website affirms that only circle that counts is the ‘circle’ that is YOU – the ‘circle’ of who you *are.* This ‘circle’ is in truth, ‘no circle’, for it looks at your life and *all* life as a whole – as One, and that One cannot be defined by or confined to any of the feelings, thoughts or things within it. This website is about understanding that the movement or feeling of depression is a meaningful and even necessary movement, a process within our being that calls us always back, down, into our depths and reconnects us with our essential Truth.

What is ‘depression’ without reference to Medicine, Psychiatry, CBT, Energy Medicine

… ?

Who are you, when you are not defined or encircled by Medicine, Psychiatry, CBT, Energy Medicine … ?

What is your Essential Nature?

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