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Depression—a case record to demonstrate diagnostic and treatment approach based on anthroposophical psychosomatics

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■ Abstract

Case record showing psychosomatic treatment for a woman aged 61 treated for depression in the Filder Clinic's Department of Psychosomatic Medicine/Psychotherapy, Art Therapy and Eurythmy. Diagnostic and therapeutic insights are considered, resulting in a treatment plan. Medical treatment on its own proved inadequate in this case.

Success was achieved by integrating a number of anthroposophical therapies, especially anthroposophical psychotherapy.

■ Keywords

Depression
Integral approach to treatment
Diagnosis based on the four levels of existence
Diagnosis based on the soul principles
Medical treatment
Anthroposophical psychotherapy

Introduction

The approach to treatment in the Department of Psychosomatic Medicine/Psychotherapy, Art Therapy and Eurythmy at the Filder Clinic with its 27 inpatient beds has been an integrated one ever since the Clinic was established 30 years ago. This means that processes in body as well as soul and spirit are considered important in diagnosis and treatment. As a former medical specialist I always find it extremely interesting that patients tell quite different stories to the specialist in psychosomatic medicine than they did to the medical specialist. They enter into the psychophysical dualism prevalent in our world and are therefore selective, telling different stories to different specialists. The anthroposophical approach to medicine is fascinating and attractive in that here this dualism can be overcome.

Case report—current situation

This is the case of a 61-year-old woman treated in the Department of Psychosomatic Medicine/Psychotherapy, Art Therapy and Eurythmy for depression.

As is generally the case, the patient presented in the outpatient department asking for inpatient treatment. She was referred by her family physician with a diagnosis of depression, and had been receiving outpatient psychiatric care for two years.

The patient, grave in appearance, entered the room slowly, almost dragging her steps. 1.75 metres tall, she weighed 68 kg. She spoke in a low voice, her mien and gestures seeming to be frozen. She impressed one as being in despair and seriously ill. She said that she had not been well for two years, with no improvement in spite of antidepressant treatment. Unable to take pleasure in anything, she felt that this was the end. She was infinitely tired, with the new day like a mountain before her each morning, a mountain which she feared she would not be able to cope with. She felt better at night than in the mornings. She said she was normally interested in things and was suffering greatly on account of being unable to take an interest in anything, unable to concentrate, or pull herself together for anything. She simply could not and did not want to go on like this, and did not know how to change this. She had now set all her hope on treatment at the Filder Clinic. "I want holistic treatment, and no psychotropic drugs." Many patients come to anthroposophical physicians and to the Filder Clinic with this request. It was agreed that the patient be admitted to the Clinic.

Gaining insight into development in body, soul and spirit and the interaction of the different levels of existence

To provide insight into the diagnostic and therapeutic approach used, let me say the following. From the anthroposophical point of view, human development involves body, soul and spirit. Rudolf Steiner referred to three bodies, three soul and three spiritual principles. The physical body is the first of the three bodies and refers to the unenlivened body. In life it is always endowed with life. This is due to the life or ether body in us. Waking up, we have feelings, and thus also have a sentient body, also known as astral body, in us. The I or self, our spiritual core, shows that as human beings with a physical, an ether and an astral body, we are nevertheless highly individual in nature.

Steiner described the birth and development of those bodies and principles in the first 21 years of life, the period of physical development. In the middle phase of life we are then transforming their powers into the different soul principles, changing the powers of the sentient body into the more subtle soul powers of the sentient soul, those of the life or ether body into the powers of the rational soul, those of the physical body into the powers of the spiritual soul. As life goes on and we mature, we are then able to refine our powers of soul even further and make them into the powers of the three spiritual principles.

When as young adults we transform the free energies of the astral body into the powers and qualities of the sentient soul, the task is to develop trust and certainty concerning our own feelings. The qualities of the rational soul arise when powers of thought are refined. There remains the task of developing spiritual-soul qualities, i.e. to be present in mind and spirit and do the right thing not only on the basis of feelings, nor of the rational mind, but in awareness of our feelings and thoughts, doing so at the right moment, knowing the past and seeking the future.

In life, the different bodies and principles act together in both health and sickness. There is no life without this. Taking the history, the physician arrives at a diagnosis based on the bodies; the psychotherapist broadens this to include the soul principles.

Diagnostic insight

Back to our patient. It is evident from the above that she suffered from a severe depressive disorder. An oppressive heaviness governed the physical image in gait, posture and speech. At the level of subjective well-being, she spoke of tiredness, even the desire not to get up at all in the mornings. The heaviness and darkness had also affected the psyche. In the sphere of feelings, the heaviness took the form of sadness, lowness, despair, joylessness, lack of interest and absence of hope. Her thinking had narrowed down to the depressive condition, including latent thoughts of suicide. Her actions showed the heaviness and darkness in form of apathy, paralysis of the will, inability to act.

As to the somatic aspect of diagnostic insight, the patient felt tired and apathetic. We know this phenomenon in the evenings when soul and spirit are exhausted. Spirit and soul, or we may also say I and astral body, withdraw from physical and ether body. Their withdrawal is complete in sleep.

The patient felt in the mornings the way we do at night, i.e. astral body and I were not adequately taking hold of the ether and physical bodies.

The patient's situation thus was that her soul principles did not adequately take hold of the physical, so that the laws of the latter gained dominance, above all in heaviness of soul. The astral body was not sufficiently connected with the ether and physical bodies. This was why she found it difficult to wake up in the morning. A normal connection would only come about at night,

when physical and ether body were tired. This is why the patient would only be really awake at night. Sentience of the ether body not being properly connected with the astral body and I caused depression, sentience of not being properly connected with the physical body, tiredness and apathy.

Treatment for the body

The aim was to stimulate the I and astral body to connect with physical body and ether body in the regular way; on the other hand there was need to stimulate the living physical body to accept proper connection with the astral body again.

For medical treatment, I'd refer to two anthroposophical medicines which are important in this. *Levico D1*¹ consists mainly of arsenic, copper and iron. Arsenic is found as a trace element in all life forms. The fact that this element is vaporized directly on heating, without melting, points to a marked relationship to the airy element and hence the soul sphere. Arsenic acts in an astral-body way in the human organism. Rudolf Steiner used the term "arsenicize" as synonymous with "astralize", this being a normal process in the human organism which allows the astral body to enter more into the living body. "Mild arsenification" occurs physiologically at the moment of waking up, which is the same as the astral body entering into the living body. Giving the patient arsenic served to stimulate ensoulment, so that the living body would again be configured in the right way. The second medicine she was given was *Phosphorus D6*, with the aim of strengthening the I-organization, letting it take hold of the physical body in a better way and thus bring light into the heaviness. White phosphorus is generally used for this. It is luminous in the dark and ignites on contact with air. The word phosphorus means "bearer of light". The light is spiritual and related to the spiritual core of the human being. The light-bearer phosphorus can thus be seen to be also a bearer of the I, helping the I to connect with the body right down to the bone. In the patient's case, phosphorus supported the I-powers in their intervention in and configuration even of bodily substance. She was also given medication to treat the liver, using *Hepar/Magnesium D4* in order to get the astral body involved in the metabolism, especially liver metabolism. *Gentiana 5 %* was given as a bitter to make the ether body prepared to receive astral body and I.

The patient had been taking a number of different antidepressants over the previous two years. At admission she was on 100 mg of sertraline (*Zoloft, Gladem*). She wanted to manage without psychotropic drugs, and sertraline was therefore slowly phased out.

Apart from medical treatment she was given a warm, moist liver compress with yarrow after her midday meal each day. Again the aim was to encourage the astral body to connect with metabolism, especially liver metabolism.

Another important element used was physical movement. The aim was to get the astral body and I to connect in the right way with the ether and physical bodies.

Note

1) The German notation for decimal potencies is D (e.g. D6, which would be the English 6x). Tr.

Movement was particularly important in the mornings, when it was particularly difficult for the patient to establish the waking relationship between levels of existence. She regularly joined the nursing staff for their morning run. This always proved helpful, and for a time afterwards she'd feel better in mood and stronger in energies. It makes sense, for movement makes astral body and I connect with physical body and ether body right into the system of metabolism and limbs. The patient said that physical exercise had always been important to her and had often been a help to her.

To influence the interaction between I and astral body on the one hand and physical body and ether body on the other, we prescribed sleep deprivation once a week. The aim was to connect astral body and I to connect with the ether and physical bodies at 1.30 a.m. when they had withdrawn from the living body. The process of involving astral body and I in the body was supported by taking breakfast at that time. Making the connection in a way that went against the healthy rhythm supported their interaction as the rhythm was slowly returning to a state of health. The patient would stay awake until the following evening. The morning after her night vigil, a deeper connection between the bodies was evident in a markedly improved mood and increased activity.

Eurythmy therapy was prescribed to encourage harmonious interaction of I and astral body with physical and ether body.

Treatment for the soul—music therapy

Music therapy addresses the sphere of inner experience, stimulates creative faculties and establishes order even at the level of interrelationship between organs. Music can be experienced even in subdued states of mind, so that this therapy is particularly indicated with severe depression. Understanding, capacity for experience and communication can be encouraged at a non-verbal level. The therapy also helps with listening and powers of concentration. Movement processes are eased and given impulses (see the paper by the music therapist in this issue).

Treatment for the soul—psychotherapy

A relationship of trust gradually developed. First we had to deal with her suicidal thoughts. The patient promised not to harm herself, and to come and tell me if suicidal thoughts beset her. I felt I could rely on her, and this proved to be true. In psychotherapy everything first turned on the question why she was unable to get out of her low state, seeing that she had always been able to cope with things in life. The aim of the therapy was to work together with the patient so that she would be able to accept her illness, work through it and then perhaps overcome it. In our first session I had gained the impression that the patient was not paying enough attention to her feelings in everyday life. I suggested that she might tell me about her current situation in life, especially how she felt about things. Her whole biography then poured forth, as if something had been dammed up

for a long time. Speaking of her biography, sharing the experience and reflecting on it occupied the first phase of her therapy. She spoke of severe deprivations suffered during the war and how she had to work to help her mother at an early age, often having to take responsibility for herself, her siblings and her mother until her father came home from being a prisoner of war. She cooked for the whole family when only 10 years old. When her father came home, only work and achievement counted for him. He immersed himself completely in his new occupation and had no understanding at all for her needs as a young person. She had accepted this. Melancholic by temperament she would quickly withdraw. The normal crisis of puberty probably did not take place. She went on to say that apart from going to school and helping in the house she studied a great deal, and did very well in her final examinations, gaining much praise, also from her father. The years at university which followed were successful, she started early on a career as a linguist. She worked hard, allowing herself hardly any luxuries apart from her studies. Then a change came in her life. She was much devoted to sport and there met a young man, fell in love, got pregnant, was happy about this and got married. She was dreaming of a large family. As she said, this was the first time she was really happy in her life. But the dream did not come to fulfilment. Her husband had a fatal climbing accident one year after her son was born. She was 28 then and took up her career again, devoting herself very much to her work and taking on a leadership role at a research institute. She put her son in day-care. Asked about how she felt at that time she said that she did no longer permit herself any feelings following her husband's death. She had a crisis concerning the meaning of life when 54. Her son had left home by then, completed his professional training and was about to establish a family. The patient continued to work a lot, but was beginning to want a change. She married again. A few days after the wedding, when she was 56, she felt a lump in her breast. Breast cancer was diagnosed. She went through surgery, radiotherapy, chemotherapy and mistletoe therapy without complications; her feelings were left aside. She recovered, and had not had a recurrence so far. A short time after this, a Hashimoto thyroiditis was diagnosed. When her son then told her two years ago that he wanted to separate from his wife, although they had several children, she developed the current depressive crisis.

It became clear in this biographical review that emotional development had been inhibited and burdened all her life. Even as a young person she had to take much responsibility because of the post-war situation on the one hand and her mother's weak constitution on the other. She had many obligations. Later she made her father's achievement principle her own. A puberty crisis could not be identified. At 28 she followed her newly awakened feelings, but then her husband died and with him her life's dream. She was unable to grieve, did not work through her first husband's early death, and her developing sentient soul was deeply injured. Feelings were

not given due space; they piled up. Lack of emotional expression and verbalization developed over a long period.

Diagnosis relating to the soul principles

The patient had lived her life mainly on her powers of intellect. Puberty and adolescence had been in the sign not so much of getting to know and try out one's feelings but of duty, responsibility and achievement. When sentient life was brought to bear for the first time at 26 or 27, her newly awakened sentient soul was shaken to the core by her husband's early death in an accident. Sentient-soul development was interrupted, and the qualities of the spiritual soul could not really develop after this.

Continuing therapy

So far we had worked through the feelings recalled in relation to the patient's biography. She realized that following her first husband's death she had been suppressing her feelings, which had been late in developing anyway. At this point in our talks she experienced profound grief. Anger also arose, not known to her before, because her husband had pursued such a dangerous hobby when he did, after all, have responsibility for a wife and a young son. She dreamt a great deal about her first husband at this time. We talked about her dreams in the sessions. After one dream she was as if suddenly released: "I can let go of him now; he says he is alright".

Much pain came to the fore when she explored motherhood. She regretted having largely handed her son's upbringing over to others. She then felt sure that she had taken refuge in her career, having suppressed her grief over her husband's death and hence her life's dream. She realized that she had ignored the subject of family. Speaking of weekends and holidays with her son she grew aware of feelings of loneliness and having been abandoned. The patient was now suffering, yet getting better day by day. We explored the question as to whether years when emotions were not expressed or voiced, with feelings suppressed, had in due course of time sought somatic and organic expression in cancer, with physical and organic life taking the place of emotional life. This, of course, in awareness that carcinogenesis is multifactorial and also has physical and spiritual dimensions. We then explored the question as to whether the current depressive crisis wanted to tell her once again that she should "finally" listen to her feelings. Here the patient grew quite calm. She sensed that she had guilt feelings about her son's impending separation, feeling that she had not given him enough security so that he was now unable to give this to his family. Guilt feelings which might have triggered the depressive crisis. As she had developed cancer at the age of 56 we looked at the moon node rhythms in her biography. The orbits of sun and moon cross at 18-year and 7-month intervals. At those intervals we find the constellation to be as it was at birth. These are times when one can try and get a feeling for one's prebirth intentions. Going through the third moon node at 55.5 years of age, it is important to ask how the individual sees himself or herself

brought to realization in the world as a personal self, and if there are new challenges to be taken up on behalf of humanity that are within one's possibilities, even if physical energies may be less resilient. We looked at this. The patient felt that she had allowed life to make her hard, and that the challenge for her was to grow softer, and, having done much in the outside world so far, now to do something also for the other aspects of life. From then on until therapy concluded, practising awareness of her own feelings became important, taking them seriously and giving expression to them. The patient started to keep a diary of her feelings, and to do a daily review of them. She started to write poems and stories. She started to write for her son, her daughter-in-law and her grandchildren who were still very young. She wrote about all the events and things she had learned in her life from birth to the crisis in which she now found herself. She wrote in her best hand so that the grandchildren might also be able to decipher it one day. She put some of her life experiences in words. The process was supported by music therapy. A rich, differentiated life of feelings emerged. Sentient soul qualities achieved a late maturing. It also proved important to the patient to perceive connections in life and destiny. In shared reflection, she established links between her wartime childhood and the way in which she would later avoid destiny situations. She saw the consequences of the pathological habit of keeping silent. Thus her father had never really spoken of what he had gone through; he focussed above all on achievement and outward success. Problems would not be discussed or at least played down. She found that she had adopted all his strategies in dealing with her own strokes of destiny. She realized that she had also failed to give consideration to her son's needs, mainly looking only after his physical needs, she said. Having gained this awareness she started to talk with her son and daughter-in-law, letting the two of them share a great deal in her own inner processes. This new inner openness between them also brought about a change in her son. The patient came to realize, and this was important to her, that if she could do it all over again she would give more weight to her own and her son's feelings, making as much space for immaterial as for material things in life. She started to apply the knowledge gained through insight in her life, looking to the future. Her inner relationship to her second husband changed, she discovered that she was only now able to be really open towards this marriage. She tried to make contact with her grandchildren, discovering folk tales in the process, not only for them but also for herself. She entered into the soul and spirit of those tales.

The patient was progressively better as she received the whole range of treatment. At her discharge she said that she felt as free and good as she had at the time when her son was born, that her soul was released from its prison and she was now open to the good things which could be found everywhere in spite of pain and suffering. She felt she had picked up the threads in her life again. Some late maturing and sentient-soul quality

development had occurred, and with the help of her well-developed rational-soul powers she had been able to see through, work through and give new order to life situations. Looking for the essential things in her life whilst maintaining some distance, she found that spiritual-soul qualities began to shine out. The question as to the spiritual—she called it the immaterial—had come alive in her. What kind of depression had this been? Probably an endogenous depression which had persisted for two years. Asked in detail, the patient knew the times of her depressive moods, though until now she had been able to or had flooded them out by keeping busy. She had therefore never consulted a physician about this before.

Conclusion

The integrated approach, here presented from my anthroposophical psychosomatic point of view, involves diagnosis and treatment at the level of the living body as well as that of soul and spirit. Processes between these were stimulated using medicines, compresses, movement, sleep withdrawal and eurythmy therapy, to establish healthy interaction. The patient found the work done in psychotherapy important to her, seeing that two years of medication had not helped her to recover. It was important for the evolution that the patient perceived and realized how she was dealing with her feelings and thoughts relating to her illness and her life. Music therapy proved helpful in this. The depression improved. The patient got out of her low state, was able to accept her illness and so begin to work through it. She may be able to overcome it completely. The future lost its terror; on her discharge she was looking forward to what lay ahead. She continues to do well. The period of inpatient treatment was some years ago.

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