Supervision of
The First-Year Psychiatric Resident

PART V
NOTES ON DEPRESSION*

Depression is a ball game unto itself. Both as to diagnosis and treatment, it is one of the most difficult clinical entities. Although severe depression can be diagnosed today by laymen, moderate depression may very well be missed by the inexperienced professional worker. And mild depression, especially in the psychiatrically ill, is too often overlooked by the psychiatric resident. Furthermore, one should not be lulled into a sense of security by the adjective "mild." A depression is a serious clinical entity, whether it is rated severe or not.

Other more obvious symptoms—agitation, anxiety, or somatic complaints—may obscure the depression and lead the doctor to attempt to attend these primarily. While these symptoms may have a dramatic qual-

ity at the time of hospitalization, an underlying depression may have limited this patient for most of his life. Because it is my belief that every psychiatric patient comes in with some measure of depression, the treatment program should include, at least, recognition of the existing depression and some attempt to treat it.

Included among the many components usually present in depression, especially the severe one, are feelings of incompetence, inadequacy and worthlessness. The patient fully believes he is "low man" and will argue relentlessly, "You just don't know, Doctor, how little I really know about that." A severely depressed patient once insisted that, although he had graduated from a dental school, had been licensed and had practiced and supported a family for many years, he knew nothing about his work. To argue against this position is usually

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fruitless. One reason is because there is often some grounding, however slight, for such statements. While it was true that the patient's term "nothing" was a gross exaggeration, it was also true that there were large areas of dentistry with which he was no longer familiar. He had been treating youngsters for the most part, and had referred any complications to a specialist. It was conceivable that over the years, he would feel less and less competent in many areas of his profession, where his only exposure had been during his early training.

Taking any exaggerations into consideration, it is well for the doctor to listen carefully and to believe, judiciously, what the patient says about himself. However alienated he may be, the patient is still the best source of information about himself. His view of others may be open to some question, but he needs to feel that the doctor believes him when he talks about himself. The doctor can spare himself a sense of hopelessness if he remembers three points: (1) The patient may be speaking a somewhat exaggerated truth when he derogates himself and depletes his ignorance; (2) He may be indeed ignorant about the areas of his work, but there is good reason for this when his work is limited to a small segment of his field and he has not bothered to keep informed in a broad sense; and (3) He is not telling you about the things he does know and can do. Among his assets in this case may be the kind of personality which puts children at their ease immediately.

He may then be able to proceed with a routine examination and make it something of a fun experience for the child. This particular incompetent (in his view) dentist may have a talent for alleviating anxiety or even avoiding the arousal of anxiety. He may have a particularly gentle touch, which is a precious gift in professionals who must, upon occasion, inflict physical pain.

I think the point has been sufficiently made that while the patient is bemoaning his limitations, he is not informing the doctor as to his capabilities and his formerly demonstrated talents. He is not in touch with these (alienated from) during a period of depression, but one can assume that there are strengths, and be comforted that this patient is not the epitome of pathology that he believes himself to be.

Such an assumption leads to the use of techniques I have described earlier. If the doctor assumes the existence of assets in his depressed patient, he is alert to whatever clue is presented to him regarding this positive side of the clinical picture. The smallest hint has to be seized with avidity. This patient may say in a self-depreciating manner, "I can only treat children." The clue here lies in the words—"can treat." The word "only" is the self effacing part of the statement. "Oh," replies the resident, following the clue, "are they difficult patients to treat?" "Not really," says the patient sadly. "That's the only reason I can treat them." ZONG! Again the double play—"can treat" and "only." He's still