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# The Diagnosis of Depression, New Epidemiological Data from Germany and Several Aspects of Depression

Three Remarks to a Panel Discussion for the Symposium:  
Depression in Anthropological Perspective

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## 1. The Diagnosis of Depression

Depression is a very high complex interaction between genetic, neurobiological, psycho-logical, cultural and sociological factors. To diagnose depression you have to take into account **several factors**: The acceptance by the society to listen to depressive symptoms, not to reject them like after the Second World War in Germany. The willingness of the people to report their symptoms and to ask for treatment, the capacities of the doctors and clinical psychologists to diagnose the symptoms and to communicate these symptoms to the patients, the definition of the symptoms and the duration of the symptoms. All these factors have changed in the last 20, 30 years. So it is very difficult to compare the prevalence in China (0.5%) with the prevalence in the western countries in Europe (25%).

## 2. New Epidemiological Data from Germany

The question if the incidence of depression has raised or if we can speak of an epidemic is not so evident. So the diagnosis of burn-out, which is correlated with depression, has changed in Germany. In 2010 you have pro 1000 people **80 days**, where you are considered as ill for the assurance company because of the diagnosis burn-out. In 2011 **102 days**, in 2012 **100 days** and in 2013 **67 days** (Dornes & Altmeyer, 2015). So you can observe a significant decrease in diagnosing burn-out. A great study made by the Robert-Koch-Institute in Germany has found, that a diagnosis burn-out had been made for 4,2 % of the people (Kurth, 2012). This new result doesn't confirm the hypothesis of an epidemic. Further: Martin Dornes (2015), a German Psychologist, has published an article with the question: Is Capitalism responsible for Depression? The author gives a survey about the national and international research done in the last 10, 20 years. His résumé: **there is no increase in depression between 1997**

**and 2008/2011.** There is also no increase in other mental illness (p. 129). Dornes argues that there is a change in the frequency to give this diagnosis by the doctors or psychologists. You have to study in details the research to make your own opinion.

This research of Dornes has been made before the great emigration wave to Germany in August 2015. It is estimated that Germany has to integrate about 800.000 emigrants only in 2015. It is for sure that this enormous emigration wave will have a great impact on the prevalence of depression. These emigrants are very deperate and they are confronted some times with an intense animosity of the population or the neo-nazis in Germany. The fact that there is no common politics on the European level will reinforce these problems dramatically. The European politics has failed totally.

### 3. Different Aspects of Depression

I would propose to take into account at least **seven aspects of depression**. These **seven factors** can be linked with each other. Every depression is embodied, i.e. has simultaneously a neurobiological and emotional-cognitive basis. There is no dichotomy between mind and body.

1) Depression after a loss of a partner or a very important person. In this case the depression has the function to slow down, to mourn. Why do we mourn? In mourning we are aware of our own importance for the other people if we are dying. Mourning has a great importance in the perspective of evolution to strengthen the cohesion of a community. With the aim to survive.

2) Depression after a loss of capacity (after an accident), illness or in the context of aging, which is linked with loss.

3) Depression in the context of Thanatosis and Apoptosis (cf. the approach of B. Wasilewski). Examples: Voodoo death, the death of aborigines in Australia, the death of a woman several weeks after the death of her husband. Tapajas stress (if a Tapaja loss a battle with a rival and if he rest in the same cage he will die). The function is to die, because the individual don't see nor more sense in his life or the individual sacrificed his life to a higher divine or metaphysical entity like the family perhaps. Mortality is high correlated with depression; here is the crucial factor: loneliness. You can get very old suffering from depression like Churchill or Freud. So it depends of special factors and the resilience (Victor Frankly, Antonowsky).

4) Depression can trigger inflammatory processes which can reinforce arteriosclerosis, heart attacks or strokes.

5) Depression and Somatisation. Depression is often linked with fear. Somatisation like pain in the breast, needles in the extremities etc. No psychic conflict or tension can be put outside of the body even you can split or repress emotions or dissociate them. Emotions remain embodied and the psyche has to deal with them.

6) Neurotic Depression which can be correlated with personality disorders. These are patients who are very masochistic, perfect, narcissistic and ambitious. They have a dichotomy: *Aut Căsar or nihil*. The defence mechanism are broken down, the individual is

not confronted with its “real self” and its „real needs”. The camouflage has broken down, a change for the individual „to come to himself”. The danger could be suicide. Concerning this hypotheses you have to integrate psychodynamic with humanistic approaches.

7) You have to differentiate between depression and a shock. There are a lot of traumatic events (for expl. rape) where the victim reacts with an immobility response (van der Kolk, B., 1987).

### **Résumé**

Depression is not Depression. There are several forms of depression with different functions, different psychodynamic (OPD, 2008) and behavioural backgrounds (Perrez & Reichertz, 1992) and different neurobiological and different contents of meaning. The ICD-10 or DSM-5 makes no comment on these factors. The Therapy has to make into account these different functions of depression. The psychology of depression has to be analyzed in a completely new perspective in front of the emigration wave to Europe in the summer of 2015.

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