‘Life at the Crossroads’ - Depression: Towards a Philosophical Approach

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The research of depression and suicide has been popular in Finland in recent years. After all, in Finland the rates of suicide are among the highest in the world. Some attribute this to the long, dark and cold winter in the north, but the real reasons are unknown. Depressive symptoms include depressed mood, insomnia, fatigue, loss of interest or pleasure, weight loss or gain, feelings of worthlessness, difficulties in making decisions and suicidal thoughts. Most of these patients also experience anxiety. Depressive symptoms cause much suffering for those affected and increase the risk of suicide. The costs for national health care and the national economy are substantial. It has been estimated that every fourth man and every second woman experience some kind of depressive state during their lives.

The Academy of Finland gave out a consensus-declaration in 1994. The declaration included recommendations for the medical profession on how to treat depression in Finland. This declaration took into consideration many bio-psycho-social factors that can cause depression. What was striking, however, was that philosophical aspects and points of view were totally ignored. Premises were not questioned - for example it was taken for granted that depression is an illness, that it is always something bad that should be removed as fast as possible - preferably with drugs. One of the main points in this paper will be that seeing depression as an illness is only one of many possible ways to see these situations, only one of many possible perspectives.

When this consensus-declaration was given out, I was doing research in a small clinic funded by the Rehabilitation Foundation in Helsinki, Finland. I was part of a team that treated depressed clients using the so-called ‘Solution-Focused Brief Therapy’ model. This is a brief therapy approach developed originally in the United States at the Brief Family Therapy Center in Milwaukee, Wisconsin. An important part of this approach is to focus on the client’s resources, strengths and successes during therapeutic conversations. Our team saw that even the depressed clients had many resources and strengths (a description of this work was published in the Journal of Finnish Medical Association in 1997 (Mattila et al., 1997)). For us the official medical view of depression seemed much too negative. It seemed as if the whole medical profession in Finland was ‘depressed’ over this problem.

An important originator of the ideas behind the family and brief therapies has been the British-American anthropologist Gregory Bateson. Bateson applied the viewpoints of cybernetics, systems theory and the theory of evolution to many fields, such as anthropology, psychiatry, learning theory and biology. In a book called Angels Fear, published and edited after his death by his daughter Mary Catherine Bateson, the Batesons develop the idea of ‘non-communication’. With this term Bateson introduced an interesting point of view. He pointed out that in our culture we usually take it for granted that more communication, more talk is almost always better than less talk. We are expected to ‘open up’ and to ‘talk it through’. And when fluent communication is seen as an ideal, then lack of communication is easily perceived as a sign of inability to express oneself, secrecy, dumbness, stupidity - or illness, as in the case of depression. The Batesons wanted to challenge this truism. With the help of stories from mythology and

1 An earlier version of this paper was presented at the 4th International Conference on Philosophical Practice at Bensberg, Germany in August 1998.
literature they show that there are many situations where ‘silence is golden’, where ‘non-
communication’ is valuable, where communication is not preferable because it can
‘change the whole situation’ (Bateson and Bateson, 1987).

In this paper I will try to show that perhaps depression is a situation where ‘non-
communication’ and ‘non-action’ are appropriate reactions - people have come to a
‘crossroads’ in their lives. As long as they are confused about their situation, about their
goals, values and virtues, it is wise to stop and reflect. Action could take the situation in a
wrong direction. It might be more appropriate to see depressive symptoms as ‘crossroad
symptoms’.

The research project I am presently working on combines philosophical and
psychiatric perspectives to understand the therapeutic technique of reframing, which is
an important part of many family and brief therapies. Reframing in a therapeutic
conversation involves redescribing the client’s situation in new (usually more positive)
ways, in a new light, from different perspectives, so that new ways to act and think
become possible for the client. One of the basic assumptions behind the use of reframing
is that every situation can be described, or interpreted, in many different ways. Therefore
the official medical view of depression as expressed in the consensus-declaration seems
even more strange and one-sided to me. Every student of brief therapy I have been
teaching can easily come up with a hundred different ways to describe a depressed
client’s situation.

One important starting point for this inquiry was also the ‘interactional’ or
‘contextual’ view of human problems that is a cornerstone of systemic and brief
therapies. This view is skilfully applied to depression by J.C.Coyne (1989). This means,
for example, that we should, before we attribute depressive symptoms to some personal
pathology, look carefully at the clients’ whole current life situation - there might actually
be many real reasons for them to be depressed. Coyne has sharply criticised cognitive
therapies for ignoring this interactional context. He notes that the clients

‘...complain because what is happening is depressing. Perhaps they are able to find
ample reason to feel unsupported, invalidated, unloved, powerless, suppressed, or a
failure. These experiences may be the result of how they handle a situation that others
would not find difficult or depressing, their failure to adapt to changes that require new
ways of coping, their simply being in a situation that to most anyone would be
devastating, or - more likely - some combination of these possibilities.’ (Coyne, 1989,
p.230)

According to Coyne, depressive self-complaints may also be self-manipulative: ‘If
successful, depressive self-complaints and simply being depressed may allow one to
reduce one’s own expectations for oneself, avoid the implications of potential failures,
and serve as a self-handicapping strategy...’ (Coyne, 1989, p.230) Depressive
symptoms can also be seen as ‘interactional strategies’. For example the self-complaints
of a depressed wife can diminish, at least temporarily, her husband’s aggressive
communications toward her (Coyne, 1989). Depressive symptoms can also be seen as a
‘self-indoctrination’ strategy in a threatening situation, i.e. one tries to prevent a bad
situation becoming even worse. (Coyne, 1989)

In what follows I will first explore as steps towards the philosophical approach a
few psychological perspectives to depression, then examine the close relationship
between depression and creativity. I will then go on to describe some philosophical
perspectives to depression. Finally, I will suggest some ways to talk with depressed
clients and how to apply the aforementioned perspectives to these dialogues.
It is important for the reader to note that most of the points made in this paper are philosophical perspectives, not strictly scientifically tested ‘hypotheses’. Each philosophical point is usually a part of some wider discussion and often completely opposite points have been defended by someone else. What I hope to do is to open some new points of view to the subject in question. Have I understood these philosophers correctly? Well, I take consolation in philosopher H.G. Gadamer’s words, ‘To really understand, is always to understand differently.’

Some psychological perspectives on depression

On the basis of recent research, cognitive psychologists Power and Dalgleish (1997) have speculated that the basic emotions behind depression are sadness about some loss in life and self-disgust or self-disappointment because of failing to live up to expectations one has set for oneself. Possible losses could be losing an important person or relationship and thereby the loss of mutual goals, roles and plans. It could also be losing some ambition or ideal or capacities through chronic illness. Even the apparent ‘loss’ of an important goal because of its successful completion could be the trigger, or as the tenth-century Arab doctor Ishaq ibn Imran noted, the loss of a beloved child, or of an irreplaceable library (Jackson, 1986, p.58). The role of simple exhaustion - too much work and trying - should not be ignored. Imran emphasises: ‘If doctors, mathematicians, or astronomers meditate, brood, memorise and investigate too much, they can fall prey to melancholy.’ (Jackson, 1986, p.58)

Psychiatrists and cognitive psychologists note that most depressed patients also suffer from anxiety (Power and Dalgleish, 1997, p.266). However, in extreme cases of depression, the patient might show less anxiety. This could, according to Power and Dalgleish, mean that ‘a state of anxiety in which the individual remains hopeful may turn into a state of depression in which the individual feels hopeless.’ (p.287). Power and Dalgleish also speculate about the functions the depressive symptoms might have in people’s lives. The symptoms could have social functions by making ‘emotional and practical demands on others’ (260). This can strengthen social bonds and ‘lead to altruism in which others feel sympathy or pity’ (260). They also note that sadness might have a personal function: the increase of self focus (260). By this they mean:

‘...the individual may review priorities given to important goals and roles in the light of an experienced loss or the possibility of such loss. Such reviews may enable individuals to alter the balance of their lives, for example, to reassess the overvaluing of one goal such as work at the expense of others such as personal relationships. Following an irrevocable loss, such as that of a partner, the implications for shared goals and plans may be so widespread that the individual may take a considerable length of time to realise the extent of the loss (e.g. the first holiday or the first Christmas without that person) let alone to replace both the person and any mutual plans.’ (Power and Dalgleish, 1997, p.260)

One basic distinction in theories of depression needs to be mentioned, the so-called ‘continuity’ and ‘discontinuity’ hypotheses. ‘The discontinuity hypothesis’, held by many practising psychiatrists, emphasises that the depressive moods that almost everyone experiences every now and then are qualitatively quite different from the ‘real’ illness of depression, i.e. the symptom complex defined in DSM-IV classification. The so-called ‘continuity hypothesis’ states that there is no qualitative difference, only difference in degree, i.e. depressive disorder is just an extreme variant of normal experience. This view is common among psychologists (e.g. Seligman, 1975) and in modern cognitive science (Power and Dalgleish, 1997, p.267). The issue is still controversial and therefore it is quite possible that depressive symptoms do not amount to an ‘illness’ at all.
Cognitive psychologists are also finding evidence that could account for the link between creativity and depression, that we will explore shortly. It seems that people who are vulnerable to depression ‘typically over-invest in one role or goal, but under-invest and do not value other areas of their lives’ (Power and Dalgleish, 1997, p.278). But, as we know, this is just what it takes, if you want to be extremely good in your own field of occupation or study! To be able to pursue one goal to the maximum, that is just what creative people do. But this makes them vulnerable to depression and there is evidence that ‘further occurrence of negative events in the most invested domain delays recovery from depression or increases the likelihood of relapse in someone who has already recovered’ (Power and Dalgleish, 1997, p.279). When this overvalued goal is threatened or lost, the resulting self-disappointment can lead to depression.

**Depression and creativity**

It is common knowledge among psychiatrists that creative and gifted people such as artists, writers and philosophers are especially prone to depression. Aristotle knew this and wondered, ‘Why is it that all those who have become eminent in philosophy or politics or poetry or the arts are clearly melancholics...’ (Aristotle, 1927). Among the great melancholics Aristotle mentions Empedocles, Plato, Socrates, and the god Hercules. For Aristotle a melancholic temperament seemed to make giftedness and genius possible. Philosophical counsellor Shlomit Schuster has, following Ben-Ami Scharfstein, noted that many philosophers of the western world have had an inclination toward depression, for example Hume, Rousseau, Kant, Hegel, Schopenhauer, Mill, Kierkegaard, James, Nietzsche, Santayana, Russell and Wittgenstein (Schuster, 1997, p.22). Psychiatrists approach this connection between depression and creativity from a ‘depression as an illness’ perspective. From this point of view it is first taken for granted that depression is an illness and then the creativity of these people is seen neither as a way to cope with that illness or its consequence in some way. But in the light of the philosophical and psychological perspectives I will review in this paper, depression and creativity seem to arise from the same sources - they could be seen as signs of the same mental abilities: firstly, the ability to pursue your goals so intensely that you work harder than you should (and exhaustion or burn-out follows). Secondly, the ability to let go of your old goals, to stop and let something new grow in their place.

**Saturn and melancholy**

Even if the current medical view of depression is exclusively negative, the renaissance view of melancholia was more balanced; it included positive as well as negative aspects. The medieval thinker belonged not to himself, but to God. The rise of humanism in the Renaissance carried with it the ideals of ‘the dignity of man’ and ‘the sovereignty of the human mind’ (Klibansky et al.,1964, p.234). This involved the ideal of the speculative life - ‘vita contemplativa’ - that was based on the self-reliance and self-sufficiency of processes of thought (p.243). The Renaissance humanist Pico della Mirandola foreshadows the themes of modern existentialism in his book *On the Dignity of Man*. He describes how God in the first five days created all the creatures that have solid essence. On the sixth day he thought that something more can be done, even though all the essences had already been used: what was still missing was a creature without a general essence. So he created man and gave him reason, will and emotions, which he could use to choose what he will become. Klibansky et al. write:

‘A position in the ‘center of the universe’, such as Pico della Mirandola's discourse had attributed to man, involved the problem of a choice between innumerable directions...which was soon to show an inherent danger. For in the measure in which

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human reason insisted on its ‘god-like’ power, it was bound also to become aware of its natural limits. It is significant that the early Renaissance turned with real concern to the theme of ethical choice, which the previous epoch had either ignored entirely, or left to the province of the theological doctrine of grace; it found visible expression in the picture of ‘Hercules at the Crossroads.’ (Klibansky et al., 1964, p.246)

This refers to the ancient story told by the sophist Prodikos about Hercules, who has a dream, where he meets with two women and each woman is trying to seduce him - he is faced with the ethical choice between ‘Virtus’ and ‘Voluptas’, i.e. between Virtue and Vice, Good and Bad. This theme was pictured in innumerable paintings in renaissance art. For illustrations see Panofsky (1930), who has written on the subject in his book called Hercules am Scheidewege.

But while Hercules has to make a choice on a rather general level, between ‘Virtue’ and ‘Vice’, people who seek help today face choices on a more concrete level. I think it is useful to think that these people make choices between different possibilities, goals and roles in their concrete situations. They face questions like ‘what is good for me in this situation?’ or ‘how should I reassess my possibilities, abilities, roles and goals in this new situation, where old premises and formulas no longer apply?’ As Klibansky et al. (1964) describe:

‘As he took up his position, the self-sufficient ‘homo literatus’ saw himself torn between the extremes of self-affirmation, sometimes rising to hybris, and self-doubt, sometimes sinking to despair; and the experience of this dualism roused him to discover the new intellectual pattern, which was a reflection of this tragic and heroic disunity - the true intellectual pattern of modern genius.’ (Klibansky et al., 1964, p.247)

It was especially Marsilio Ficino (1433-99) who was responsible for a revival of neo-platonic and Aristotelian notions of Saturn and melancholy. Saturn was, according to the neo-platonist notions, the ‘highest’ of planets, and it bestowed the highest and noblest faculties of the soul, reason and specutation to man. Ficino took up Aristotle’s note on melancholy: ‘I will agree with Aristotle, who described (melancholy) as a unique and divine gift.’ (Klibansky et al., 1964, p.258).

On the other hand Saturn was, according to the ancient legends, the god with two sides. Saturn, the god of the lost ‘golden age’, when everyone lived happily, was also the ruler of the melancholic temperament, bringing ‘greatest suffering for men’. Ficino made a connection between these two sides of Saturn. For Ficino melancholy meant simultaneously the sufferings that Saturn had sent to us and also a unique gift. This gift was the ability to see the most esoteric, hidden and noble connections of being and to feel a connection with the lost Saturn paradise (Klibansky et al., 1964, p.223). If the melancholic is able to win his destructive traits, he can reach the highest levels of consciousness (p.233). A melancholic could understand a human being’s possibilities for freedom, but he also saw the horrible chains that constrain that freedom (p.223). For Ficino ‘melancholia’ was therefore connected with the introspective, intellectual abilities of human beings. It was part of the renaissance ideal of a ‘contemplative’ human being. The people who had a melancholic, saturnine personality, had the ability for deep meditation - the privilege of geniuses. According to Ficino a man with a ‘saturnine temperament’ was a ‘man of letters’ or a philosopher, who can understand the wide range of possibilities given to him and who, at the same time, must be careful to counteract unhealthy and negative sides of his melancholic character - and enjoy the positive sides, especially abilities for meditation (Ferretti et al., 1989). Ficino’s book De
Vita Triplici (1482-1489) was a study on the symptoms and therapy of the saturnine character.

Philosophical perspectives

Kierkegaard

‘Those human beings...whose soul knows no melancholy, are those whose soul senses no metamorphosis.’ (Kierkegaard, 1944, p.194)

In the light of Kierkegaard’s philosophy the prevailing medical view of human beings is too narrow. A human being is not just the sum of bio-psycho-social influences. There is also something like ‘the personhood’ or ‘the self’ or ‘the spirit’. One has a ‘self-consciousness’ - the ability to examine one’s own feelings, hopes, and dreams in relation to the values one has chosen. One understands oneself as an individual, who is free to act (Wulff, et al., 1990, p.127).

For Kierkegaard angst - unexplained anxiety or dread - is a basic feeling for a human being as a self-conscious and freely acting individual. It helps the individual to realise ‘the possibilities that come with freedom’ (Wulff et al., 1990, p.128). Kierkegaard writes about angst being ‘dizziness’ that comes with the awareness of freedom. He even notes that angst in children is often connected with strong curiosity, with longing to know and explore new things or to experience adventures (Kierkegaard, 1962).

We can discover ourselves only through our decisions. In this sense every choice is an opportunity for us to cultivate ourselves towards that human being, whom we want to become. To ‘exist’ means for Kierkegaard becoming more of an individual. Every act of free choice is a way of realising oneself through self-commitment. One who does not know the melancholy or anxiety that come with the realisation of potentialities of existence is not an ‘authentic’ person.

Heidegger

What Heidegger writes about anxiety applies very much to a depressed clients situation. For Heidegger anxiety is not in the first place a pathological symptom. It makes possible a ‘privileged entry into self-consciousness’ (Heidegger, 1980). Anxiety is a mood that tells us how our former ways to understand the world and our own situation have broken down and our contacts with others have lost their meaning. We face, as Heidegger says, ‘nothingness’ that forces us to build new frames, new points of view, to interpret our situation. We now have the freedom to set up a new horizon of understanding and see ourselves and our life in a new light (see also Wulff et al., 1990, p.129).

Safranski (1998), in his excellent new biography of Heidegger, connects Heidegger’s view of this experience of ‘nothingness’ to creativity and philosophy:

‘Even more clearly than in Being and Time, Heidegger formulated this initiation experience for a philosophy of authenticity in his Freiburg inaugural lecture of 1929. Philosophy, he then said, only begins when we have the courage to “let nothingness encounter us.” Eye to eye with nothing, we then observe not only that we are ‘something’ real, but also that we are creative creatures, capable of letting something emerge from nothing...’ (Safranski, 1998, p.163).

Guidelines for counsellors

I will shortly review examples of how to apply these perspectives to actual dialogues with clients. But first I will examine a few guidelines or rules that I have found
useful for a counsellor. The four rules that Achenbach has outlined are quite essential (Achenbach, 1997). Here is how I interpret them:

1. **Achenbach's First Rule**
   Every client is unique. S/he is in a unique situation, has a unique history, unique views of the world and unique goals.

2. **Achenbach’s Second Rule**
   Learn to listen to the client. This is the most difficult part, to really try to hear and understand the client’s ideas and goals. The client’s whole bio-psycho-social context needs to be taken into account. The surest way to fail with the clients is when the counsellor and the client have different goals.

3. **Achenbach’s Third Rule**
   With the depressed clients, the counsellor especially needs the virtue of a wise counsellor in the tradition of scepticism - suspend judgement about which way you think clients should take. That is for them to choose.

4. **Achenbach’s Fourth Rule**
   The most important job for a counsellor is to help new points of view and new perspectives emerge in dialogue with the client. As Achenbach puts it: ‘A new perspective helps us to see the things in a new way, they are seen 'with new eyes' ‘ (Achenbach, 1997, p.9, author’s own translation).

In addition to these rules two other points should be added when working with depressed clients:

5. Be ready to suggest to the client that perhaps other (medical or psychiatric) treatments or consultations are needed. They might need, for example, a medical examination (brain tumours etc. are possible), hospitalisation (severe cases) or antidepressant medication. I would however agree with Wulff et al. (1990) that medication should be limited to conditions in which anxiety and depression are clearly pathological and not existential, e.g. manic-depressive psychosis, schizophrenia and perhaps severe cases of unipolar depression. However, in many countries, because of legal considerations, it might be best that a philosopher consults with a psychiatrist about every client who has depressive symptoms.

6. The danger of suicide must be re-evaluated in every session with these clients.

**Themes for dialogues with depressed clients**

Now to the themes or perspectives that a counsellor can employ in dialogues with depressed clients. These themes naturally cover just some of the possible perspectives that a counsellor might explore with clients who are experiencing ‘crossroad’ symptoms. Certainly each client’s situation is unique, and these perspectives will not be useful with every client.

Depression can be seen as a sign that the person needs a change in their life. Perhaps they are discovering a new ‘healthy selfishness’ after having served others for a long time. Perhaps they are just starting to ‘listen to their own inner voice’, or ‘taking their life into their own hands’ or ‘becoming captains in their own ship’ or they are getting in touch with their ‘authentic self’. Perhaps they have begun to question their own values and virtues, and are now weighing them and putting them in a new order.

Taking the crossroads metaphor seriously when speaking with these clients, I would picture with them several alternative possible futures. We would talk about what consequences are to be expected from each possible choice. In this time of change, it is
also good to talk about the things they want to get rid of and the new things that could and should grow in place.

But when talking with depressed clients about the future and about goals, it is especially important to break down any big goals into small steps that will lead toward the right direction: ‘What would be signs that would tell you that you are on the right track?’ This ‘small-steps’ approach is important, because talk about too big goals could increase the client’s feelings of self-disappointment. They could think that ‘I can’t achieve even that!’ which could even increase the risk of suicide. Further, it is important to emphasise, when talking with depressed clients, that since they are facing such a crossroads-situation and are about to make important choices in their life, it is good not to make any quick decisions. It is OK to go slow and think the situation over carefully. After all, if you are planning a trip, you don’t start out before you have decided which way you want to go from here, to Rome or to Paris.

Since the client is in a situation that would make anyone confused, confused about their goals, situation and even themselves, it is important to try to make connections to their strengths, resources and abilities - to counteract the self-disappointment. This can be done by reviewing their past successes in life. Perhaps something can be found that might help in this new situation. A counsellor could also explore where the clients have found strength and resources to go over these recent hard times. How have they coped with all this suffering? What gives them strength to get up in the morning? These so-called ‘coping questions’ are part of the ‘solution-focused brief therapy’ approach (Berg, 1994; De Shazer, 1985).

We could also ask what the clients have, in spite of all the difficulties and sufferings, learnt from these experiences, how they have learnt to, perhaps, know themselves better or learnt to live better. For example, their sense of justice might have grown stronger, or they might have learnt better to distinguish right from wrong. A sense or need to help others who are struggling might have also grown stronger. Or perhaps they have learnt to defend themselves better.

It should be noted that talk about the ‘authentic self’ is part of the western overemphasis on individuality and selfishness. It is good to remember that some of our clients might place their values in a different order. For example like the Ifaluk people, a group of Pacific Islanders who ‘...treat happiness as a negative emotion and disapprove of it because the ‘sufferer’ may as a consequence come to disregard others.’ (Power and Dalgleish, 1997, p.261).

Questioning goals

It might be useful to put the clients’ possible excessive attachments into question. Attachments to money, power, and honour were the ones that the Stoics were very suspicious about and which they challenged (Nussbaum, 1994, p.319). This is exactly what philosophical counsellor Shlomit Schuster did with a client (Schuster, 1995). She describes how a depressed woman in her thirties came to her office for what turned out to be five meetings. The client had grown up in different institutions, had seen rough times in her life and was now a mother of five. She said she was using too much alcohol. She wanted to get a job, but was pessimistic about it. All in all, she wanted to live like other ‘normal’ people. The philosopher challenged her goals by talking about Herbert Marcuse and his distinction between ‘real’ and ‘artificial’ needs, and how we can know the difference. Another way to challenge the client’s goals was to talk about the principles of the Emmaus community where people try to keep their own needs to the minimum and share with those who are needing (Schuster,1995).

Psychiatrist Milton H. Erickson, whose unconventional therapy methods have been a major influence in family and brief therapies, understood the central role that goals play.
in depression. He has described a case, where he was asked to make a home visit to a woman, who lived alone and had been very depressed for the last nine months. Erickson describes that visit:

'I introduced myself and identified myself thoroughly...and asked to be taken on a tour of that house. In looking around I saw she was a very wealthy woman living alone, idle, attending church but keeping to herself, and I went through the house room after room...and I saw three African violets and a potting pot with a leaf in it being sprouted as a new plant. So I knew what to do for her in the way of therapy. I told her, “I want you to buy every African violet plant in view for yourself...those are yours. I want you to buy a couple of hundred gift pots. As soon as the sprouts are well rooted, for every birth announcement you send an African violet; for every Christening; for every engagement; for every wedding; for every sickness; for every death; every Church bazaar.’ And one time she had two hundred African violets...and if you take care of two hundred African violets you've got a day's work cut out. And she became the African Violet Queen of Milwaukee with endless numbers of friends.” (Gordon and Meyers-Anderson, 1981, p. 19)

**Metaphors**

Often it is useful to find new ways to talk about the client's situation, to find new metaphors that are preferably close to the client's own interests. These metaphors should also open new points of view to the situation, to show it in a different light. For example, symptoms of depression might mean that it is time to make an 'inventory of one's life' - e.g. what items in stock are worth keeping, which new items should be ordered. Or this could be a time to 'recharge' one's batteries, or time to gain strength for some future challenges. Perhaps this is a situation, where 'a mussel is developing a pearl'. With philosophically-minded clients one could talk about Thomas Kuhn's theory of paradigms and revolutions in our belief system - what is needed in this new situation? What presuppositions, premises or basic beliefs are in need of re-evaluation and change?

**Conclusions**

The issues of personal identity, meaning and choice gain increasing currency in our post-modern world. People are given more freedom and responsibilities, but less formulas and rules by which to lead their lives. Perhaps this is why the 'crossroads-symptoms' are increasing in the western world.

The central role of choices in our lives is well summarised by Nussbaum, who refers first to Seneca: ‘When people hurry through a maze, their very haste gets them more and more entangled.’ (Nussbaum, 1994, p. 357) And Nussbaum explains: ‘This image clearly stands, too, for the whole of a life - for the difficulty of choosing well, for the complexity of the choices before us. How does one in fact find one’s way through a maze? By going slowly and deliberately - the pace of good philosophy, as Seneca has written in Letter 40.’ (Nussbaum, 1994, p. 357)

Being depressed seems to be one of the most philosophical times in people's lives - old ways of thinking and old presuppositions and goals are called into question and challenged. Seeing things from several perspectives is what philosophers do best. Therefore, philosophical counselling might be the most appropriate help for clients who suffer from 'crossroad symptoms'.

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References


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