The passion of will in depression
Towards a philosophy of mental disorders

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Introduction

The present study outlines a new philosophy of depression as the passion of will. Generally, in the history of Western philosophy doctrines of reason dominate doctrines of volition (Windelband,1976). The same is the case in the philosophy of mental disorders. In ancient philosophy the common denominator of the mentally ill is the deficient and disturbed functioning of the rational soul (Ahonen, 2014). What melancholia (corresponding to the concept of depression) concerns, Aristotle focuses also on the role of volition. In the Nicomachean Ethics melancholic people are characterized as being prone to blindly following the impulses of their irrational souls as they suffer from weakness of will (Aristotle, 2002). However, this interpretation of melancholia maybe an exception in the history of philosophy. For example, in the German philosophy of enlightenment, Kant elaborated a comprehensive philosophy of mental disorders and typically interpreted melancholia as a disorder of the faculty of cognition (Kant,1980).

Current philosophical explanations of psychopathologies attempt to incorporate empirical results into philosophical reflection on rationality and voluntary actions (Frierson, 2009). Importantly, Graham (2010) suggested that intentionality and consciousness are what count in mental illness. Generally, interdisciplinary approaches to disorders of volition seek to advance our understanding of the processes supporting voluntary action and their impairments (Sebanz and Prinz, 2006). However, in my view most philosophical interpretations of mental disorders or depression as disorders of volition lack a comprehensive theory of volition. In the following, I propose five principles of volition which enable the interpretation of depression as the passion of will on the existential level.

The study starts out with a philosophical model of volition defined as five principles running in the time scales of ontogenesis, evolution and permanence. Then the action styles of acceptance and rejection as elementary decision mechanisms are described. Based on this theoretical framework, depression is interpreted as the passion of will on the existential level. In addition, the concept of rejection depression is introduced explanatory for the commitment of suicide. Finally, the central role of the will to permanent existence and immortality as a high creative power of patients with depression is briefly discussed.

The principles of volition

Basically, a theory of volition is faced with two elementary issues: What is volition as action and what is volition as purpose? Interdisciplinary research on this problem over the years led me to a new theory of volition that is based on these elementary principles:
the primordial volition to act;
the volition to self-instrumentalize;
the volition to program realities;
the volition to generate realities by acceptance and rejection;
the volition to permanent existence.

Primordial volition is the fundamental action that underlies all operations of volitive action processes. Augustinus was the first who described primordial will as absolutely free from external and internal constraints and especially independent on reason (Augustinus, 2001). Most importantly, primordial volition is not only a philosophical conception, but can also be shown in quantum mechanics. Recently, W. Baer (2010) elaborated the quantum mechanical theory of cognitive action cycles that I interpret as primordial cyclic processes of volition, since their permanent movement does not primarily represent a cognitive process.

The volition to self-instrumentalize generates organs and mechanisms necessary for producing action effects.These are the bio-physical mechanisms of the body organs and the brain. One can also speak of “self-organ-ization.”

Based on the equipment with organs and mechanisms volition generates inner and outer realities programmed by cognitive processes representing intentional programs. The volition to realize these programs operates on the action styles of acceptance and rejection that enable a living system to decide which reality becomes generated selected from two or more possibilities. Basically, the possibility to generate a reality depends on the availability of appropriate objects and subjects in the environment.

If we interpret the volition to act and the volition to self-instrumentalize as efficient causes, then the volition to program realities and the volition to generate realities represent the purposeful causes. Most importantly, Leibniz stated that efficient causes can only be understood, if we also refer to purposeful causes (Leibniz, 1956). Since purposeful causes represent the will to program goals by cognitive processes, volition and cognition must interact in generating realities (Günther,1976). Significantly, the volition to act described as a permanent rotating cycle allows the interpretation that we are striving “deep in our soul” for permanent existence or immortality. Explicitly, Whitehead differentiated between the World of Action and the World of Value. “Organization is creation, whereas Value issues into modification of creative action. Creation aims at Value, whereas Value is saved from futility of abstraction by its impact upon the process of Creation. But in this fusion, Value preserves its immortality (Whitehead, 1947).

Time experience in volitive processes

The Architectonic Philosophy, elaborated over the years, is based on the elementary time principles of ontogenesis, evolution and permanence (Mitterauer, 1989; 2009a). In ontogenesis the volition to self-instrumentalize is determined by the finite function of the available material for self-embodiment (Mitterauer, 2018a). This time period runs from conception to death. Evolution is an open time period beginning at a time point and developing during a potential endless process. The volition to create realities works in this time period and is driven by the volition to permanent existence or immortality. This timeless time is permanence.

It can be shown that the theory of cognitive action cycles, mentioned above, provides a formal interpretation of ontogenesis, evolution and permanence (Baer and Mitterauer, 2015). Accordingly, action cycles are time cycles that intersect as parallel-cycles generating the content of a space. This cyclic movement generates the space and not vice versa. In the perspective of volitive processes an action cycle comprising all sub-cycles urges permanently to self-embodiment. This action cycle of all action cycles can be interpreted as our soul. Ontogenesis runs in repetitive subcycles within the cycle of permanence. In evolution a hierarchical complexity of subcycles becomes generated driven by the volition to permanence. Basically, the volition to self-instrumentalize and the volition to program realities follow the time scale of ontogenesis, and the volition to create realities represents a process of evolution. However, the volition to program realities and the volition to generating them may work in both ontogenesis and evolution as well. Most importantly, all operations of volition are driven by the volition to permanent existence.

I suggest that this interpretation of volitive processes as different time experiences may deepen our understanding of patients suffering from depression on the existential level.

The action styles of acceptance and rejection

The logical operators of acceptance and rejection has been formalized by Günther (1962). I introduced these operators in brain research, psychopathology, robotics and philosophy (Mitterauer,1983; 2000; 2009a; 2013). If an intentional program generated in the brain works, it is decisive, if it can be realized in the inner and outer environment in the sense of its feasibility. Given that the subject perceives all intended objects and subjects in the environment, the intentional program can be realized by the will to generate this reality. One can also say that the situation in the environment is fully accepted. This is somewhat an ideal situation, since intentional programs are highly individual and do not often fully accept the possibilities in the environment, but intend to structure the environmental situation by the will to creativity. In doing that, inappropriate conditions must be rejected. This capability of rejection is the index of subjectivity and individuality (Günther, 1962) representing an elementary action style.

Most importantly, in communication the action style of rejection is decisive, since it not only rejects inappropriate conditions, but is also able to reject appropriate conditions, if the will to create a novel reality absolutely determines the selection process. Normally, human behavior is based on the interactions between the action styles of acceptance and rejection.

In the perspective of cognition decision-making can be interpreted as a selection process between determination and overdetermination as shown in legal responsibility (Mitterauer, 2002a). Basically, decision processes are determined by mechanisms of the brain representing efficient causes, and by mental factors working as purposeful causes.Human subjects are normally able to set priorities between efficient causes and purposeful causes by selecting one of these for action based on cognitive reflection of the event-oriented

situation. On the one hand, the power to act is generated by brain mechanisms that can overdetermine mental determination, typically for compulsive actions. On the other hand, mental arguments of the personality can overdetermine and structure the behavior determined by the mechanisms of the brain such as in ethical decisions. In each case of decision a subjective reality becomes generated. Note, overdetermination is not necessity, but the freedom to choose a behavior for realizing the intended purpose.

The passion of volition in depression

The core symptoms of depression are depressed mood, diminished interest or pleasure, disturbance of circadian rhythms, retardation or agitation, feelings of insufficiency and cognitive impairment (American Psychiatric Association, 2013). In the present study I will attempt to elucidate depression as a disorder of volition. I propose that in depression the will to act is dominated by the will to program realities which should permanently work, mainly unconsciously felt as striving for permanent existence and immortality. Since these programs are non-feasible in the environment, patients with depression are burdened by a hyperintentional psychobiological state (Mitterauer, 2004; 2009b; 2016). On the behavioral level we observe an inability to act: " I cannot do what I used to do" (expression of a patient). Importantly, at the beginning of a depressive episode the volition to program realities operates undisturbed, but the volition to realize these hyperintentional programs affects the self-instrumentalization of the brain. The mechanisms that may underly the impaired self-instrumentalization in depression can be shown on dysfunctions of tripartite synapses as follows:

The brain consists of the neuronal cell system and the glial cell system. The neuronal cell system processes information from the inner and outer environment, whereas the glial cell system generates intentional programs that modulate neuronal information processing. These interactions mainly occur in so-called tripartite synapses, since they are composed of the presynapse and the postsynapse as the neuronal component, and the astrocyte and its network as the glial component. Both the neuronal and the glial part of a tripartite synapse are equipped with receptors for occupancy by transmitter substances. Normally, neurotransmission between the neuronal system and the glial system is balanced, since all the receptors are activated with an appropriate amount of transmitter substances. However, in depression glial receptors are overexpressed so that not enough transmitter substances are available for the activation of all receptors. This leads to protracted information processing in depression (Mitterauer, 2018b).

I suggest that the pattern of overexpressed glial receptors embodies hyperintentional programs. One can also say that in depression the intentional programs are "frozen" so that the volition to act in real time cannot work. Clinically, the repertoir of normal behavior (e.g. working, communicating, sleeping) is severely disordered in depression leading to the incapability of constructive communication. Although the volition to program realities dominates the psychobiological state in depression, the impotency of realizing them causes a progressive cognitive impairment (Mitterauer, 2009b, 2016, 2018b).

Importantly, Kalis and coworkers proposed a model of the weakness of will and its role in the neuropsychiatry of decision making. Based on a theoretical framework of decision making it is focused on option generation as a neglected aspect of most models of decision making (Kalis et al., 2008). In this context, Schneider interpreted clinical depression as a failure of action control (Schneider, 2006). In my model of depression, option generation corresponds to hyperintentionality characterized as unfeasible intentional programs.

Moreover, if we consider the will to permanent existence and immortality as a fundamental desire of human subjects (Plato, 2006; Taylor, 1927), in depression the pathway to eternity is very painful, since the disordered functions of volition inhibit the generation of constructive realities in everyday life. Although a chronic course of the illness can occur, after the remission of a depressive episode the volition to create novel realities towards a permanent existence and immortality is working again. Excitingly, in the history of science and culture we observe that geniuses inclined to depression regain their creativity after the remission of a depressive episode (Aristotle, 2002).

Rejection depression and suicide

In an episode of major depression the interplay between the action styles of acceptance and rejection is severely affected. The patient cannot cope with the circumstances of everyday life and must accept this painful situation characterized as depressive helplessness (Seligman, 1975). Since the intentional programs are “frozen” and volition to create realities does not work, the patient is unable to adapt intentional programs to the environmental situation and is forced to accept his (her) burdened existence. This type of depression I call “acceptance depression”.
However, most of these patients suffer from open or concealed suicidal ideas. We, as observers, usually interpret suicidality as a kind of reaction for the unbearable pain in depression. In this context, the existential question arises, why are certain patients capable of committing suicide and others are not? I suggest that, if the volition to permanent existence absolutely dominates the reality experience in depression, the action style of rejection becomes radically activated at a time point in the depressive episode. In metaphysical terms, the commitment of suicide is a radical change of locations from the hopeless Now to a fulfilling Beyond. This type of depression can be characterized as rejection depression. Importantly, suicidal notes provide some evidence for my philosophical interpretation of suicide in depression. Suicides are often convinced that their lives will continue in paradise. For example: ”Goodbye my dears, we will see each other in paradise”. Similarly, suicides who were rescued by accident report a feeling of liberation after the decision to commit suicide (Mitterauer, 2002b). Together, the conception of rejection depression allows the interpretation that depression is not primarily a disorder of cognition, but a disorder of volition dominated by the desire to permanent existence.

Concluding remarks

The philosophical interpretation of depression as the passion of will may open a new dimension to our understanding of patients suffering from depression. Although current models of the pathology of depression consider the incapabilities of decision-making, of intentional programming and of the generation of appropriate modes of behavior (e.g. working, communicating, sleeping), these abnormalities of behavior are mostly interpreted as cognitive disorders (Pierce and Hoelterhoff, 2017). The same holds for current approaches that explain depression as a disorder of volition (Schneider, 2006). These models focus on problems of decision making with regard to experimental results that are rarely based on a comprehensive theory of volition.

One may argue that biological research on depression progressively elucidates the pathophysiological mechanisms of depression and enables a successful treatment so that the question, if volition or cognition is primarily affected, is a more academic one. However, the philosophical considerations outlined in the present study speak for the primacy of volition in depression.

The principles of volition here proposed operate on distinct domains of action based on the primordial will. The permanent movement of primordial will generates self-instrumentalization, the programming of realities by cognitive processes, and the generation of reality. These operations of volition enable an action-oriented explanation of the abnormal behavior in depression. Most importantly, volitive processes run in time epoches and strive for permanent existence. This allows the interpretation that the volition to permanent existence is the fundamental power of the immortal soul. If we recognize depression as a passion of will, the current “omnibus term” mental disorder becomes founded by the philosophical conception of volition. In this context, Kalis and colleagues emphasize that neuropsychiatric knowledge may not be relevant for all aspects of a philosophy of volition of mental disorders (Kalis et.al., 2008).

Admittedly, it is difficult to communicate these philosophical arguments here proposed with patients during a depressive episode, but if depression is remitted, they provide an existential explanation why the patient is inclined to depression, and why he (she) is gifted with a high create power towards immortality.

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To compare attitudes towards mental disorders in professionals working in mental health and professionals working in different areas of medicine. Levels of emotional empathy in both groups were also investigated. In total, 58 mental healthcare professionals and 60 non-mental healthcare professionals completed our attitudes towards mental disorders questionnaire and Balanced Emotional Empathy Scale. Results. The results reveal generally positive attitudes towards people with mental disorders in both groups. Non-mental healthcare professionals regarded people with a mental disorder as significan Schizophrenia, depression, obsessive-compulsive disorder, substance abuse, and mania are examples. The concept of mental disorder or illness plays a role in many domains, including medicine, social sciences such as psychology and anthropology, and the humanities, including literature and philosophy. Philosophical discussions are the primary focus of the present entry, which differs from the entry on Philosophy of Psychiatry in noting several different approachesâ€”not only those of the philosophy of science and mind, but also those arising from phenomenological and social theory traditions. As a Depression. Mental decline is rapid. Patients can state the correct date, time, and they are. Patients have difficulty concentrating.Â [3] American Psychiatric Association, â€œDiagnostic and Statistical Manual of Mental Disorders, Fifth Edition,â€ American Psychiatric Publishing, Washington, D.C., (2013): Pages 160-168. [4] Geriatric Mental Health Foundation, â€œDepression in Late Life: Not a Natural Part of Aging,â€ The American Association for Geriatric Psychiatry, retrieved from: http://www.aagponline.org/index.php?src=gendocs&ref=depression&category=Foundation. [5] Birrer, R., Vemuri, Sathya, â€œDepression in Later Life: A Diagnostic and Therapeutic Challenge,â€ American Family Physician, Volume 69(10), May 2004: 2375-2382 Depression varies from person to person, but there are some common signs and symptoms.Â Some people experience just a single depressive episode in their lifetime, but major depression can be a recurring disorder. Atypical depression. Atypical depression is a common subtype of major depression with a specific symptom pattern.Â But while it can help relieve symptoms of depression in some people, it isnâ€™t a cure and is not usually a long-term solution. It also comes with side effects and other drawbacks so itâ€™s important to learn all the facts to make an informed decision. Authors: Melinda Smith, M.A., Lawrence Robinson, and Jeanne Segal, Ph.D. Will you help keep HelpGuide free for all? One in four people will struggle with mental health at some point in their lives.