

## Review Article

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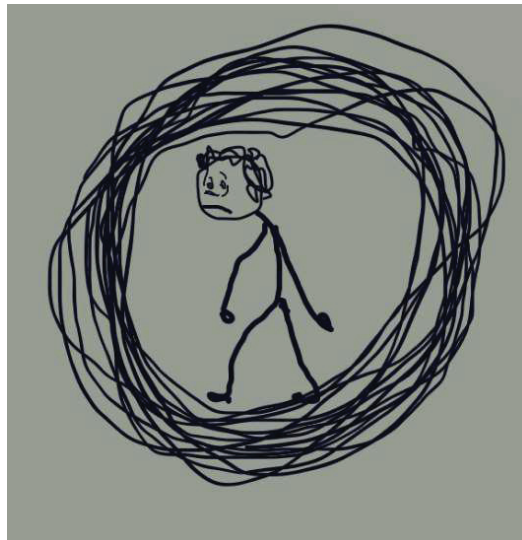
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## The Absence of Emotion in Depression

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Depression is typically associated with emotions and is often mentioned alongside various emotional states. However, one of the fundamental characteristics of melancholy and depression is the absence of emotions and feelings.

People often use the word depression to describe a low mood and despondency, which are part of normal life for most people. There is, however, also clinical depression (Major depression). Between these two extremes, there are additional disorders, expressed in a low mood, such as a depressive reaction to stressful situations or depressive disorders related to physiological changes following

a disease (organic depression). Other expressions of depression or despondency are dysthymia (lasting dreariness and despondency), post-natal depression, and seasonal affective disorder. The Absence of Emotion in Depression © KTAV Web publishing Ltd., Tel-Aviv 2024.

Seasonal affective disorder is usually common in places with long winters and happens mostly during the winter.

It is characterized by a decline in dopamine, caused by low exposure to light. It is also possible that the rise in melatonin levels, a hormone responsible for regulating the sleep and wakefulness cycle, hinders the production of normal levels of serotonin and noradrenaline.

The concepts of despondency and depression (and even major depression) refer to the same phenomenon, in various levels of severity, and mainly various lengths. In general, one can say that despondency is a temporary condition, while clinical depression is a longer-lasting one. A feeling of despondency or depression may come up due to unpleasant events such as personal failures and conditions of uncertainty; problems at home or financial troubles; grief or other experiences related to the death of a close friend or relative; and problems in a romantic relationship, including a breakup. Feelings of despondency often accompany various illnesses such as Addison's disease, mononucleosis, slow thyroid activity, and others. Despondency is common after birth or menopause. These are all dependent on the way a person perceives such events, and it bears mentioning that not every negative event would lead to despondency.

**Despondency can be likened to a muddy surface which makes walking difficult, and a person can get stuck in.**

The Absence of Emotion in Depression © KTAV Web publishing Ltd., Tel-Aviv 2024. A subject leading to it may occupy the person's attention and hinder their function and thinking, although it is usually not focused. Normally, after some time other subjects would emerge and populate the person's stream of awareness, and they would slowly escape their depressed state. That is, discrete would be cultivated in varied topics, and they would trigger other feelings and emotions, allowing the despondency to slowly disappear. If despondency does not disappear after a reasonable time, it is considered a mental disorder termed major depression. Major depression has severe symptoms, and it can last for a long time.

One characteristic of major depression is melancholy. Melancholy is the overcoming of sadness in a person's psyche for no apparent reason, unlike sadness stemming from apparent reasons, such as grief for the loss of a dear friend. Melancholy appears in people suffering from major depression, but not in all cases. It can also appear in people who are not suffering from depression. One typical description of a person suffering melancholy is dissociation, a detachment from personal experience, a feeling as if their life is far away. The word melancholy comes from the Greek for

'Black bile' (Μέλας, melas for black, and χόλη, kholé for bile) is sometimes considered a synonym for sadness. The four senses of humor theory of ancient Greece explain

diseases and personality traits based on four senses of humor: red bile (blood), white The Absence of Emotion in Depression © KTAV Web publishing Ltd., Tel-Aviv 2024. bile (phlegm), yellow bile (gall), and black bile. An excess of black bile was considered the cause of a melancholic mood. As early as the fifth century BCE, Hippocrates defined melancholy as a disease whose symptoms were lack of appetite, despondency, sleeplessness, nervousness, and restlessness. During the Renaissance and the Romantic period, melancholy was considered an experience that enriched the mind. It was perceived as a blessed gift, and some diagnosed themselves with melancholy without having suffered it. In modern times, melancholy is known primarily, but not uniquely, as a phenomenon afflicting those suffering from clinical depression.

Melancholy is normally accompanied by changes in appetite and an inability to enjoy daily actions, such as social and sexual contact. Often melancholy is deeper in the mornings. Those afflicted by melancholy usually suffer guilt and exhibit a psychomotor disorder expressed in slower reaction and movement, lack of facial expression and difficulty in focusing. Melancholy has similar symptoms to depressive mood.

### Symptoms of depression

As mentioned, the terms despondency and depression refer to the same phenomenon, in different levels of severity, and mainly different The Absence of Emotion in Depression © KTAV Web publishing Ltd., Tel-Aviv 2024. lengths. The symptoms are mostly similar, but are more severe and last longer - weeks, months, or even over a year - in the case of major depression. In general, symptoms of despondency and various states of depression, such as seasonal affective disorder, post-natal depression, and major depression are low mood, apathy, feelings of helplessness, despair, low self-esteem, lack of interest, lack of enjoyment of activities one used to enjoy. As mentioned, major depression may last longer and have more severe symptoms: lack of enjoyment, feelings of worthlessness, and no meaning to life, accompanied by rejection, emotional emptiness (apathy), anxiety, discomfort, and helplessness. There is no desire to spend time with others; most of the time there is a compulsive preoccupation with unfocused, unhelpful thoughts that don't lead to conclusions and real decisions. These thoughts are inherently pessimistic and normally deal with self-hatred, self-blame, and regret over something, with no logical explanation. These thoughts may, in certain situations, become worse and turn into suicidal thoughts or compulsive hallucinations.

In the physiological-cognitive aspect: the person's memory and concentration diminish (particularly in cases of melancholy or psychosis); sexual drive is decreased; sleep patterns are disturbed; insomnia, early waking and

inability to return to sleep, or oversleeping (hypersomnia); eating disorders – lack of appetite or excessive eating; a feeling of physical weakness, lack of energy; a glazed, apathetic stare; slower movement and speech, or even unexplained pains. All these lead the depressed person to become closed off inside themselves and to draw away from people and social activity. Despite the emotional emptiness, these people exhibit restless behavior, as if they are troubled by something. Depression can cause symptoms but also result from them. Physical pains, for example, can be symptoms of depression, but can also cause it. Depression can also appear following diseases such as a stroke or Parkinson's disease. Depression can also accompany additional mental disorders - anxiety can lead to depression and vice versa. A depressive episode can also appear as part of a bipolar disorder.

### Lack of Emotions in a Depressed Person

Depression is usually linked to emotions, and in many cases is considered a type of emotion. For our discussion, however, the basic characteristic of despondency and depression seems to be a lack of feelings and emotions. Apathy, an emotional deficit, is recognized as a symptom of depression. A despondent person tends to make fewer decisions and take less initiative. Their state can be described as having a low level of emotional directing factors - which normally direct the cultivation of discrete to aid a person's decision-making. No, The Absence of Emotion in Depression © KTAV Web publishing Ltd., Tel-Aviv 2024. emotions drive them to reach, and act on, decisions.

It is as if something is preventing emotional triggers and feelings from acting and activating the physiological mechanisms that secrete the neurotransmitters required for feelings and emotions to be aroused. In controlled experiments, physiological findings showed that despondent people have low levels of noradrenaline, serotonin, and dopamine. In a certain sense, despondency is an expression of helplessness and desperation, expressed by a person unable to decide and act upon their decisions, as if something is preventing them from entering their stream of awareness and is inhibiting the development of subjects important for their regular function. Such a person finds it difficult to decide on various topics, including the one that preoccupies them and brings on their despondency. A despondent person tends to see the negative side of everything. They find it difficult to perform simple actions, such as taking a trip, shopping, calling a friend, and so on. Even if they think of doing these things, the thoughts are not focused enough, and in most cases remain unrealized. The reason is that there is not enough direction to cultivate discretion around a certain subject - and they are directed out of a lack of trust rather than an emotional directing

factor. That is, such a person would be beset by many doubts and insecurities regarding their ability. They would not see the point of doing certain things.

This is because in such situations cognitive directing factors are active, and the absence of emotional directing factors, ones that drive action and encourage the cultivation of discrete related to happiness and enjoyment, is apparent. States of despondency are caused when a person feels, by their subjective perception, that they are at a dead end, in a state of surrender. Such states have similar characteristics to critical situations that, when identified, bring to awareness emotional triggers that activate the emotional mechanisms. In states of despondency and depression, this does not happen. In such states, the person, in a sense, abandons the fight and gives up. They don't decide not to react or even to surrender out of fear. The lack of reaction is because their emotional system is not activated in any way. Emotion is meant to aid the person in preparing for such a situation to decide, act, and react quickly, and the lack of emotions prevents them from doing so. We can say that a swelling emotion can aid a person to escape their despondent state. Feelings such as anger, love, or any other can drive them to decide, and emotional directing factors may direct them to cultivate discretion around subjects linked to the various feelings (mainly enjoyment and happiness). The Absence of Emotion in Depression © KTAV Web publishing Ltd., Tel-Aviv 2024.

### Decline in Memory and Concentration

In states of despondency, and when the person is suffering from major depression, there is a noticeable decline in memory and concentration, leading to significant harm to their function. In major depression, there is also a prominent emotional emptiness or apathy. Both symptoms, reduced concentration and memory on the one hand and emotional emptiness on the other are the result of a disorder or slowing, at times to the point of stopping, the process of directing the cultivation of discrete around a shared subject, to take a central place in the stream of awareness. As mentioned, feelings and emotions are meant to enhance the cultivation of discrete in the direction of a particular subject, and their absence hinders the cultivation and development of discrete, or an enrichment of discrete caches, thereby reducing the links and allowing contents to be recalled from the reservoir of accumulated knowledge. This situation hurts memory, concentration, and various fields in the person's life. That is, in the absence of emotions and feelings, the cultivation of discretion is insufficiently directed.

This reduces the chances of cultivating units of meaning which may trigger feelings and emotions. The result is

not only the emotional emptiness but also a diminished capacity for memory and concentration. The link between neurotransmitters and directing factors and emotional triggers (which are meanings) The Absence of Emotion in Depression © KTAV Web Publishing Ltd., Tel-Aviv 2024. is expressed in the fact that neurotransmitters create stimuli and nerve signals (electrical impulses) that act like primary sensory discrete. When these are missing, it is as if the person has closed their eyes or plugged their ears - and deprived themselves of sensory stimuli. The meaning of an emotional trigger activates the dedicated physiological mechanisms, leading to a secretion of certain neurotransmitters. This secretion creates a physiological stimulus, thereby provoking nerve signals. The information carried by these signals is reflected in awareness as a primary unit of meaning. This is how the secretion of neurotransmitters encourages the cultivation of units of meaning related to the subject that triggered them. When dedicated neurotransmitters are not secreted, there is no push, or spur, to cultivate discrete subjects considered emotional and related to the cultivation of discrete, and therefore links to triggers related to feelings and emotions would also be reduced. That is, the person would have less emotional directing factors and emotions focusing them on a specific subject and would therefore experience a decline in memory and concentration. The Absence of Emotion in Depression © KTAV Web publishing Ltd., Tel-Aviv 2024.

### **Wading Through the Swamp Created by the Absence of Emotion**

A depressed person can be likened to one stuck in quicksand. The more they try to get out, the deeper they sink. When discussing the various emotions, we mentioned that a person may enter an emotional fixation that would be difficult for them to escape, such as in cases of love that becomes an obsession or fear that becomes a phobia or clinical anxiety. In situations of emotional fixation, there is a constant secretion of neurotransmitters in reaction to meanings created under the influence of the same neurotransmitters. The person is thus unable to break out of this cycle. In depression, however, not only is there no problem of excess neurotransmitters, but there is a lack of them. As already mentioned, the lack of emotions and feelings in states of depression is characterized by a very low level of the neurotransmitters noradrenaline, serotonin, and dopamine. That is, the problem of depression is not rooted in the feedback cycle between meanings that lead to an excessive secretion of neurotransmitters, but something that disturbs the secretion of these neurotransmitters. In the absence of an emotional trigger, there are no neurotransmitters, and when there are no neurotransmitters, there are fewer opportunities to The Absence of Emotion in Depression © KTAV Web publishing Ltd., Tel-Aviv 2024. cultivate meanings that will serve as

triggers. This cycle is more akin to wallowing in a Wamp, sometimes quicksand.

### **Negative Thoughts in the State of Depression**

One characteristic of the various kinds of depression is negative thoughts and in extreme cases even suicidal ones. In the absence of emotions, it is reasonable that the person would not have happy, optimistic thoughts. We still need to explain, however, why negative thoughts become prominent in that situation. Usually, when not depressed or despondent, humans are exposed, among others, to happy, enjoyable stimuli, which activate dedicated neurotransmitters that encourage the cultivation of discreteness related to these stimuli. When dedicated neurotransmitters of happiness and enjoyment are lacking, there are no emotional directing factors, and, lacking emotional directing factors of enjoyment and happiness, negative thoughts become prominent, since we are used to emotional directing factors being part of our considerations. When there are no emotional directing factors there is no cultivation of discrete related to them, and therefore the cognitive aspect becomes decisive. Cognitive directing factors direct the person toward values, religious and social rules, logic, and consideration of the "what if..." sort, that is, considerations of the implications of various decisions we make. The Absence of Emotion in Depression © KTAV Web publishing Ltd., Tel-Aviv 2024.

That is, when depressed and despondent, we lack discretion related to considerations of happiness and enjoyment during the decision-making process, and our array of considerations narrows too mainly cognitively discrete. In this way, thoughts of doubts and questions of "what if" become dominant in our minds, and as a result, life seems to lose its meaning. When a person wants to escape this despondency cycle, perhaps by going to the movies, they ask themselves what's the point of the excursion - to get up, get dressed, drive or take a bus, buy a ticket, sit in the cinema and watch some movie, which undoubtedly wouldn't even be good. What's in it for them? In such cases, without a thought about enjoyment to drive them to decide and act, they are left with thoughts of doubt. As mentioned above, the very fact that the cultivation of discrete around a certain subject is diminished leads to reduced memory and concentration, since there is no focused preoccupation with a specific object - thoughts are scattered and do not lead to a clear conclusion. The result is that frustration and meanings related to that frustration take a relatively large volume in the stream of awareness.

That is, a reduction in the cultivation of discrete related to clusters of discrete around a certain subject reduces concentration and the directing force. As a result, negative and doubtful thoughts are emphasized in the stream of awareness. This can explain why a person is stuck in a situation of apathy and frozen in the decision The Absence

of Emotion in Depression © KTAV Web publishing Ltd., Tel-Aviv 2024. making processes, unfocused, and negative thoughts characterize despondency and depression. In addition, there is no clear answer to the question of whether the lack of neurotransmitters of happiness and enjoyment is a characteristic of situations of sadness and suffering, or whether these feelings have dedicated neurotransmitters. Still, one can point to the fact that aside from a lack of neurotransmitters identified with happiness and enjoyment, at times neurotransmitters identified with stress are found.

Either way, situations of sadness and suffering are identified mainly by a lack of neurotransmitters for happiness and enjoyment. We can say, therefore, that even when a person is not depressed, situations of sadness and suffering are characterized mainly by a lack of emotional directing factors of enjoyment and happiness.

### Depression and Suicide

Another characteristic of depression we mentioned is the loss of meaning in life. In states of depression, self-esteem is very low. Some describe an immense emotional pain they struggle to bear. This grave difficulty of bearing life and the pain it involves may lead to suicidal thoughts and even attempts. This begs the question of whether depression is a situation characterized by a lack of emotion, when decisiveness and the ability to reach practical decisions are diminished, how can the suicide rate among depressed people be so high? The assumption lying behind that question is that a person must make The Absence of Emotion in Depression © KTAV Web publishing Ltd., Tel-Aviv 2024. a decision and act on it to commit suicide. That is, how can someone afflicted with depression make such a fateful decision - and sometimes even act on it - with all the planning it involves. We should clarify that not every person experiencing depression considers suicide and that only a few of those who do commit suicide. However, among those who have committed suicide, there is a large percentage of people afflicted by depression (to the extent that one can even fathom the circumstances of suicide). As mentioned, in a state of depression the cultivation of discretion around a particular topic is not accelerated through feelings and emotions, or this action is diminished. That is, emotional directing factors, such as happiness or enjoyment, do not operate on a usual or even a sufficient level. Despite that, people are accustomed to making decisions, and in many cases, they make decisions based on the few data in their awareness, which are collected as clusters of discretion around a common subject. In day-to-day life, the person experiences the cultivation of emotional discretion, and cognitive directing factors are meant to restrain them through casting doubt, posing questions related to the implication this decision or other would have, wondering whether the action or decision fit in with social norms, and so on. When the action of emotional

directing factors related to feelings of happiness and enjoyment is diminished, there is a suitable background for negative thoughts, including suicidal thoughts, which arise from the depressed person's frustration The Absence of Emotion in Depression © KTAV Web publishing Ltd., Tel-Aviv 2024. and lack of contentment with their life. They are self-critical and repeatedly question the meaning of life.

One can say that the decision to commit suicide results from desperation, which leads to the conclusion that there is no reason to keep living, as well as the unbearable pain - an emotional pain that can be a feeling and a physical pain that is a sensation - these people suffer. Still, determination and will are required to execute this thought. The person must encourage the cultivation of discretion in the subject, reach a decision, and carry it out. That is, they must be infused with some emotions. It seems that due to the lack of emotion in people suffering from depression, the suicide rate among them is lower than one would imagine.

### How Can One Escape Prolonged Depression?

Is it possible that a person stuck in this situation, of a lack of emotional triggers and neurotransmitters, could escape it? The answer to this question is important to understand how we can aid a person caught in this negative cycle. As mentioned, major depression can last for long periods - weeks, months, and more. Eventually, most people who experience major depression overcome it. We can assume that existing the depressive state is made possible when a person returns to a state in which units of meaning cultivated in their awareness are triggers related to feelings or The Absence of Emotion in Depression © KTAV Web publishing Ltd., Tel-Aviv 2024. emotions. Once these units of meaning appear in awareness, physiological mechanisms that secrete dedicated neurotransmitters are instinctively activated, without the inhibitions that previously prevented the secretion or activation. Moreover, the person must identify and develop the emotion or feeling they are filled with.

How can we help someone wallowing in the swamp of depression to escape it? In light of what has been said, we see that on the one hand, we should cause the secretion of neurotransmitters (in particular noradrenaline and serotonin) and on the other hand, identify how and if we can encourage the cultivation of discrete related to emotional triggers, and identify a feeling and emotion that will be developed in their track. Nowadays, the simplest ways to increase or decrease the level of neurotransmitters in general, and those related to emotions (noradrenaline, serotonin, and dopamine) in general, are through medications. Different substances accelerate, block or affect the enzymes which the neurotransmitters are supposed to break down, and so affect their level in the nervous system. For example: The new generation of SNRI (Serotonin-

Norepinephrine Reuptake Inhibitors) psychiatric antidepressants, prevents noradrenaline from being absorbed back to the cell that secreted it, and by increasing the levels of noradrenalin in The Absence of Emotion in Depression © KTAV Web publishing Ltd., Tel-Aviv 2024. synapses.

SSRIs (Selective Serotonin Reuptake Inhibitor) do the same with serotonin. However, medications are usually not effective. This is because they are based on studies that seek a physiological interference with processes of awareness and therefore have numerous problems. The source of these problems is the fact these medications act on physiological processes, and a physiological change would not necessarily lead to a desired change in awareness. Engineered solutions such as increasing or decreasing the level of neurotransmitters through an outside intervention are not normally able to extricate the person from prolonged depression (or the cycle in which they are stuck), since even if the secretion of a certain neurotransmitter, such as serotonin or dopamine, rises, it is not at all necessary that the person would be happy or be able to enjoy themselves. A rise in dopamine or serotonin would not necessarily lead to a meaning of an identified feeling of, for example, happiness - which would engender a feeling of happiness in the person. That is, there is no certainty that because of the medical treatment a meaning of "I am happy" or "I enjoy" would be cultivated in their awareness - that an emotional directing factor would be created. This is because the neurotransmitters, as well as nerve signals (electrical impulses), have no meaning in themselves. The information they convey receives meaning through its reflection in awareness. Only after that reflection, primary discrete (primary The Absence of Emotion in Depression © KTAV Web publishing Ltd., Tel-Aviv 2024. meanings) are created in awareness, and in this context, the person cultivates discrete in a certain direction, according to the identified emotion.

Therefore, it is also not necessary that an outburst of Noradrenaline in the blood would cause a certain emotion or another in the person because it is not necessary that it would cultivate a discrete identified emotion; that is, even if we removed the inhibitions and returned the neurotransmitters to their normal levels, we would still not identify an immediate improvement in the person's depressed state of awareness. They would still not experience enjoyment or happiness and would not have emotions driving them to decide. Although we could assume that there is a possibility that if this action continues, the person's systematic exposure to these stimuli would gradually lead them out of the state of depression they are in. To achieve this goal, a complementary action is required - assistance to the cultivation of discrete which are triggers of feelings and emotions, and - discrete which would lead to the identification of a feeling or an emotion. That is, the

cultivation of meanings in awareness must be combined with an increase in neurotransmitters, and vice versa. Even then, a person would not necessarily immediately escape the swamp of depression, since even during such an attempt it is very difficult to aim exactly at contents that would be perceived in the person's awareness. An increase in neurotransmitter levels must therefore be complemented by arousing meanings to act as triggers that will activate the physiological The Absence of Emotion in Depression © KTAV Web publishing Ltd., Tel-Aviv 2024. mechanisms and lead the person to recall patterns. Patterns identify the complex meanings in awareness under the label of a certain emotion, for the cultivation of discrete to happen in the path of the identified emotion. If there is a physiological problem that inhibits or blocks the secretion of neurotransmitters, there would not be a drive to cultivate discrete around the emotional subjects; there would not be the stimuli leading to the creation of primary meaning. The probability that these subjects would develop and take a central place in the stream of awareness is therefore low. Treatment of the physiological problem and a change in the level of neurotransmitters is not a guarantee that the person would develop a meaning - a cluster of discrete creating a conceptual picture - of emotional topics that would take a central place in the stream of awareness. In addition, it is not certain that we could cause the creation of meanings that can be, or include, triggers of feelings and emotions through medication or uncovering information. About uncovering information - the main difficulty lies in that we don't know how the information is perceived in the patient's awareness. It is therefore possible that even if we elevate the level of these neurotransmitters, we would not be able to produce the meanings of enjoyment or happiness, for example, in the person's awareness.

For such discrete to be cultivated, the person must have the suitable will and background; a sort of psychological preparedness that will serve as The Absence of Emotion in Depression © KTAV Web publishing Ltd., Tel-Aviv 2024 background that has sufficient and suitable links to cultivate discrete that include emotional triggers. With the rise in links in the person's awareness, we can expect the secretion of neurotransmitters. Excluding a physiological problem blocking these transmitters, they would be able to bolster and develop clusters of discrete around the subject, whether it is a subject of a feeling or emotion, or another subject required for the person's function and necessitating their decision. That is, the person must have suitable preparedness or background if revealing this information is to lead to the cultivation of discrete that could be emotional triggers. These, in turn, would drive a process of cultivation of discrete around a focused subject and a process of decision-making, which would aid the person to escape the swamp of despondency they wallow in.