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Introduction

Mood disorders have long captured interest in society (Comer, 2009). In any given year within the past two decades, more than seven percent of adults in the United States have been reported to suffer from a severe unipolar pattern of depression (NIMH, 2017; Taube-Schiff & Lau, 2008; Kessler et al., 2005). Furthermore, the economic costs (e.g., work loss, costs of medical and psychological treatment and hospitalization) of mood disorders amount to more than 80 billion dollars each year (Sullivan, Valuck, Saseen, & MacFall, 2004; Greenberg, Kessler, Birnbaum, Leong, Lowe, Berglund, & Corey-Lisle, 2003). Depression is a major mental health issue in society, and is at times reflected in the content of visual media such as film and television. In this paper, the author conceptually discusses the psychopathology of George in a movie titled “*A Single Man*.” More specifically, in order to exemplify the multi-pathway perspective on depression, the author investigates George’s symptoms and etiology of depression from a psychodynamic perspective using Cohen’s (1995) model, deliberating the link between affective conditions and physical illness.

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Description of George

The protagonist of the movie entitled “*A Single Man*” is a middle-aged college professor named George who originates from the UK but lives in Los Angeles. He has endured depression since the death of his longtime partner, Jim, who was killed by a car accident 8 months prior to the events of the film. At the outset of the film, George plans to commit suicide by gun, and writes letters to some of his friends and a housekeeper to say good-bye. It is important to note that George is living in 1962 U.S., a month after the Cuban missile crisis. This suggests although George has been depressed since the loss of his partner, he aligns with the general anxious mood experienced in the U.S. at that time (Horwitz, 2010).

A recurring theme in the film, from a psychodynamic perspective, is George’s fixation on eyes and lips. This is because Jim’s dead face had such a strong impression on George. Namely, when Jim was dying after being involved in the accident, his eyes and lips seemed to have bright blue color, which George interpreted as beautiful. Hence, after the loss, George suffers from his own cathexis. Every time George encounters anyone with beautiful eyes and lips in his daily life, he is reminded of Jim’s dead face, which triggers flashbacks and a sense of loss. This indicates that George is experiencing profound grief over the death of his longtime partner, reflected in intermittent flashbacks and nightmares. George is

also socially isolated. He does not have life outside of teaching at his college or staying at home. He is unwilling to socialize with any friends or neighbors except for his neighbor Charley and a student of his called Mr. Potter (Kenny Potter). It is ironic that both Charley and Mr. Potter are interested in George and want to approach him, but that George is not really interested in talking about his own personal life with them. Finally, it is also important to address that George, as a homosexual individual, is not permitted to openly express his sadness and sense of loss of his male partner due to the more conservative views held in 1962 U.S. society. Accordingly, George experiences pressure as a minority and copes with it poorly. In his lectures, he raises questions about minority status and social fairness, but is simply projecting his own general opinions in an academic setting. This might indicate that he is not capable of expressing his personal feelings outside of this context, even though he is shown to angrily debate the status of minorities in the classroom.

George and depression (George's idiosyncratic symptoms)

Rather than taking the taxonomic and diagnostic perspective of *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V: American Psychiatric Association, 2013), this article aims to describe the idiosyncratic states of George. It is clinically important to adopt such an approach because it describes George as a person with depression (i.e., a holistic approach), rather than merely lists his symptoms (i.e., reductionist approach). Beyond the diagnostic symptoms typically reported within the DSM-V, George presents the following three idiosyncratic symptoms of depression.

First, since becoming depressed, George has begun to experience a unique time-orientation; that is, he is living in the past and his sixteen-year-long relationship with Jim, and cannot live in the present. This is

apparent in his obsession with associating physical features such as eyes and lips with memories of Jim. This makes it difficult for George to let go of the past completely.

Second, related to the first point of time-orientation, George lives in a melancholic cycle. The eyes and lips of others affect him by triggering images of a lost object, i.e., his partner Jim. George is clearly suffering from these triggered images, an argument which stems from the psychodynamic perspective on etiology and clinical presentation, and which synthesizes with Freud's discussion on melancholia due to object loss (Freud, 1917). According to Freud (1917), mourning is a type of loss which is totally conscious and related to an object. The loss of this object causes the world to become poor and empty, and one's libido can attach onto a different object in the process of mourning. Melancholia is distinct from mourning in terms of how the nature of the psychopathology is framed. In the case of melancholia, a relationship might exist between a person and a lost object, but it is often a false (subjective) one. In addition, one is generally not aware of the loss, even if they recognize what has induced the melancholia (e.g., a break-up of romantic relationship). Thus, one is unaware of what has been lost within them. It is of note that this unconscious status relates to how the ego is constituted in the case of melancholia. Notably, it is hard to know what is lost, and thus it is the ego, not the world, which has become poor and empty. Instead of displacing libido onto another object (as someone does in mourning), in melancholia one withdraws into the ego and associates the ego with the abandoned object. Hence, one cannot cathex a new object. In this sense, George's emotional attachment, or cathexis, on eyes and lips are central elements of his lost object (i.e., Jim), and his depression is arguably due to this object loss.

Third, since becoming depressed, George has re-experienced challenges with acculturating to a foreign country, as evident in his oft-repeated statement "I

sometimes miss London.” This suggests that his acculturative issues (i.e., acculturative stress) are currently revisited and reactivated. Acculturation refers to adaptation to new cultural norms by individuals and groups (Rudmin, 2003; Berry, 2006). Since his depression, the quality of George’s acculturation is different from its initial state. This is because from a psychodynamic perspective, acculturation is the process of mourning the loss of the life experienced prior to immigration (Choudhry, 2001). What George reports in the movie is that acculturating to a new culture equates with mourning the loss of his home country, England. In light of this, this sense of loss of life experience seems to have a great impact on him because acculturation does not only deal with something new, but with something lost.

To summarize George’s three idiosyncratic symptoms, he is perseverating on and living in the past; is experiencing melancholia due to a lost object (i.e., Jim); and is experiencing acculturative stress, which has been reactivated since his depression. George feels hopeless due to his mental state, and is consequently having suicidal thoughts.

Medical Condition

Generally speaking, individuals with depression have a shorter life expectancy than those without depression, partly because they are at risk of committing suicide (Cassano, & Fava, 2002). However, they also have a higher rate of death from other causes (Rush, 2007), as they are more susceptible to medical conditions such as heart disease (Alboni, Favaron, Paparella, Sciammarella, & Pedaci, 2008). Depression is also more common after cardiovascular illnesses, and is related to poor health outcomes (Alboni, Favaron, Paparella, Sciammarella, & Pedaci, 2008; Strik, Honig, & Maes, 2001).

In the film, George has coronary heart disease (CHD), specifically angina pectoris. He often experiences chest pain in the morning, which exacerbates his stress. As Figure 1 indicates, depression and angina pectoris are interrelated, interacting on the psychosocial level represented by high levels of anger and depression, and the physiological level, represent by behaviors such as smoking and a lack of

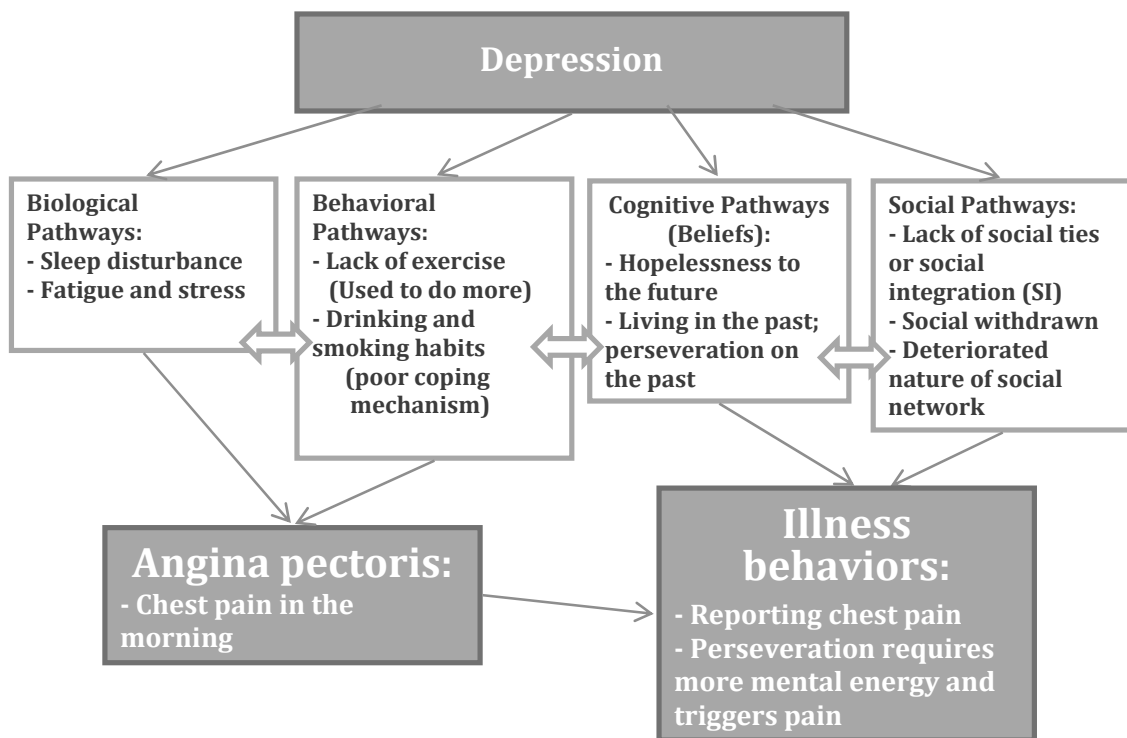


Figure 1 . Pathways linking affective conditions and physical illness based on Cohen’s model(1995).

exercise (Comer, 2009). The pathways linking the affective conditions and physical illness in George’s case stretch from depression to angina pectoris. In addition, there may also a link between social ties or “social integration (SI)” and angina pectoris (Joseph, 1980; Reed, McGee, Yano, & Feinleib, 1983; Cohen, 1988). Namely, the quality of George’s interpersonal relationships plays a significant role in how his depression is associated with his angina pectoris; in other words, if George’s SI is weak, he may be at higher risk for angina pectoris. It is additionally important to consider George’s behavioral patterns. From looking at his house, one can observe that George is a perfectionist (e.g., his house is very neat). His way of speaking also suggests that he is somewhat grandiose (behaves and talks as a “professor”). These factors are important because such behavioral patterns may be impediments to establishing and maintaining social ties.

Figure 1 illustrates the links of the pathways between George’s affective conditions and his physical illness. First, George’s depression affects his biological pathways in that he suffers from sleep disturbance, fatigue, and stress. His behavioral pathways include

a lack of exercise and poor coping habits such as drinking and smoking. These biological and behavioral pathways can lead to higher risk of angina pectoris. In terms of his cognitive pathways, his perseveration on the past and hopelessness are associated with his social pathways, e.g., social isolation and a deteriorated social network. As shown in the movie, George had more friends to socialize with before becoming depressed, which helped him to not perseverate on the past. Perseveration is by nature a cognitive process that requires cognitive energy, which might cause stress for George.

Figure 2 focuses on the link between angina pectoris and depression. First, in terms of the biological pathways, George suffers from sleep disturbance and slow metabolism due to angina pectoris, which may adversely affect his depression. In terms of the behavioral pathways, angina pectoris makes George feel hesitant to exercise because he feels something is physically wrong with his body. This lack of exercise (e.g., swimming and tennis) makes him depressed because he is not able to enjoy these activities as he did before. In terms of the cognitive pathways, the chest pain that George experiences has led him to

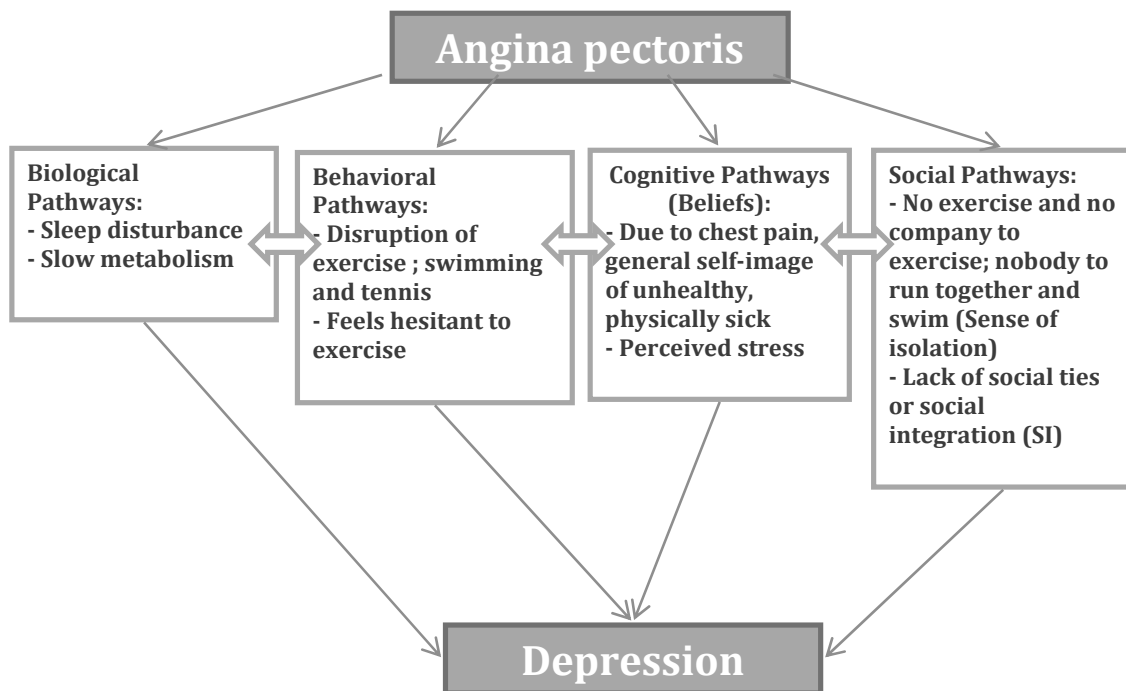


Figure 2 . Pathways linking affective conditions and physical illness based on Cohen’s model(1995).

form a self-image of an unhealthy and sick person. Such a negative self-image could also contribute to his depression. The social pathways are associated with the behavioral pathways because exercise involves a social component. The absence of an exercise partner exacerbates his sense of isolation, which as mentioned previously can be associated with depression. This in turn could strengthen the link between depression and angina pectoris.

Prognosis

The link between depression and angina pectoris in George's case seems to be linked to his SI (Joseph, 1980; Reed, McGee, Yano, & Feinleib, 1983; Cohen, 1988). Thus, the quality of interpersonal relationships will play an important role in his life. For instance, it is important to consider how George will react to Mr. Potter, who shows interest in George, asks him out for a drink, and worries about his mental health. One good example of how social ties become crucial for George is that after having a drink with Mr. Potter, George says, "I can feel rather than think, and things seem so sharp and the world seems so fresh." It is evident that the social and cognitive pathways are intertwined and interact with each other. Conversely, without social and emotional help, George's risk of suicide and heart failure (e.g., myocardial infarction) due to angina pectoris may be quite high.

Conclusion

This paper has sought to exemplify a multi-pathway perspective on depression, using the case of George from the movie "A Single Man". George's depression was analyzed in terms of the psychodynamic and Cohen's (1995) frameworks. While deliberating the link between affective conditions and physical illness, the article also discussed the biological, behavioral, cognitive, and social pathways associated with George's mental condition. A descriptive and holistic

approach was adopted to move beyond the taxonomic and diagnostic approach, focusing on his idiosyncratic symptoms. Future works are encouraged which investigate the possibilities and challenges of using fictional characters and events for clinical case studies.

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