New Ideas in Psychology 49 (2018) 18–26

Contents lists available at ScienceDirect

New Ideas in Psychology

journal homepage: www.elsevier.com/locate/newideapsych

The quiet virtues of sadness: A selective theoretical and interpretative appreciation of its potential contribution to wellbeing

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ARTICLE INFO

Keywords:
Sadness
Depression
Flourishing
Wellbeing
Virtue

ABSTRACT

Critical emotion theorists have raised concerns that "normal" human emotions like sadness are increasingly being pathologised as disorders. Counter efforts have consequently been made to normalise such emotions, such as by highlighting their ubiquity and appropriacy. This paper goes slightly further by suggesting that sadness may not merely be normal, but could have inherent value, and might even be an integral component of a flourishing life. It offers a selective theoretical and interpretative review of literature on the potential "virtues" of sadness. Three overarching themes are identified, each comprising four subthemes: (a) sadness as a mode of protection (including as a warning, as prompting disengagement, as a mode of conservation, and as enhancing accuracy); (b) sadness as an expression of care (including as a manifestation of love, of longing, of compassion, and eliciting care); and (c) sadness as a vehicle for flourishing (including as a moral sensibility, as engendering psychological development, as an aesthetic sensibility, and as integral to fulfilment). It is thus hoped that the paper can contribute to a more "positive" cultural discourse around sadness, suggesting that, for many people, experiences of sadness may serve an important function in their lives.

Depression has come to occupy an increasingly prominent place in the cultural landscape; for instance, the World Health Organization (2006) have made the much-cited assessment that it is likely to be the second leading cause of global disability burden by 2020 (see e.g., Kessler et al., 2009). However, hand-in-hand with this prominence has come heightened critical scrutiny of the construct itself. For example, theorists such as Jerome Wakefield (1992, 2005) have argued that the psychiatric concept of depression has essentially "colonised" a whole spectrum of dysphoric feelings. Thus, as Horwitz and Wakefield (2007) argue in their book *The Loss of Sadness*, emotions that were previously regarded as natural and inherent dimensions of the human condition, from sadness to grief, have to an extent been re-framed as psychopathologies. So, while it is generally accepted that clinical levels of depression are indeed problematic and warranting of medical or psychotherapeutic help, there has been something of a countermovement in recent years aimed at normalising sub-clinical dysphoric states like sadness (Thieleman & Cacciatore, 2014). The current paper aims to contribute to this process, showing that sadness – used here as an overarching term for states of low mood that fall short (in terms of intensity and/or duration) of warranting a clinical diagnosis of depression – is not only normal, but can even be valuable in helping people live full and fulfilling lives. It will do so by exploring how sadness appears to play three important roles, as: (a) a form of protection; (b) linked to caring; and (c) a vehicle for flourishing. Before considering these three in turn, the first section introduces the terrain by exploring the conceptual evolution of depression and sadness, as well as related terms such as melancholy.

1. Outlining the emotional terrain

Over the centuries, humanity has developed a nuanced understanding of the diverse mental afflictions that are today arguably swept up by the overarching term "depression." Even just limiting the focus to words used in the English language, the Oxford English Dictionary (OED; Oxford University Press [OUP], 2015) reveals a detailed lexicon, and moreover one which has evolved subtly over the years, with shifting patterns of usage.

1.1. A lexicon of dysphoria

Among the most prominent words relating to sadness and depression is melancholy, which entered English in the late 14th Century, derived from the Greek *melankholikos*. Its prominence is attributable to the influence of the physician Hippocrates (circa 460-370 BCE), widely regarded as the "father" of medicine (Davey, 2001). Hippocrates propounded the idea that melancholy – described in his *Aphorisms* as "fears and despondencies, if they last a long time" – derived from an excess of black (*melas*) bile (*kholé*), reflecting the more general belief that illness

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https://doi.org/10.1016/j.newideapsych.2018.01.002
Received 14 December 2016; Received in revised form 20 December 2017; Accepted 25 January 2018

was caused by an imbalance of the body's four "humours" (i.e., fluids). The concept remained current throughout the Middle Ages, for instance being depicted as a psychological ailment by the influential Persian scholar and physician Ibn-Sīnā (or Avicenna, 980–1037) (Radden, 2002). The term was further popularised by Robert Burton (1621) in his influential *Anatomy of Melancholy*, a wide-ranging treatise which identified a spectrum of melancholic shades, including feeling "dull, sad, dour, lumpish, ill-disposed, solitary, any way moved or displeased," before reaching even greater cultural prominence through Freud's (1914) *Mourning and Melancholia*, which identified its close association with grief.

Closely intertwined with melancholy over recent centuries, both conceptually and in prominence, is sorrow, which also entered English around the 14th Century, derived from the Old Norse *sorg.* This has a complicated relationship with melancholy; for instance, drawing on Hippocrates, Burton (1621) wrote that sorrow is both "mother and daughter of melancholy," and that these "tread in a ring … for sorrow is both cause and symptom of this disease." One way of disentangling these two states is that melancholy tended to be used in a more overarching sense to depict a range of dysphorias, including those without any apparent cause, as well as the habitual disposition of a melancholic "personality"; in contrast, sorrow was more a lament in response to specific tragedy or misfortune, including in recognition of the universality of suffering (Pies, 2008). An influential example of the latter usage is found in the *Imitation of Christ* by the 14-15th Century monk Thomas à Kempis (1418–1427), generally regarded as the most widely read Christian spiritual text after the bible (Espín & Nickoloff, 2007); in this, à Kempis speaks of the "proper sorrows of the soul," saying that this is the right and proper response to the "vale of tears" that is earthly life, and that "we often engage in empty laughter when we should rightly weep."

Beyond sorrow and melancholy, a rich vocabulary of conceptually similar terms also remain in use, albeit sometimes with new inflexions, as detailed in the OED. For instance, "care" entered old English (from the Proto-Germanic *karo*) as an expression of concern, grief and lament, and it was not until the 16th Century that it also took on the positive nuances it now carries (e.g., to have fondness for). Likewise, "pathos," taken in the 17th Century from Greek, was used to express pity and suffering, as was the adjective sorry (whose use in an apologetic sense did not occur until 1834). Other prominent terms include: the adjective "woeful" (14th Century, meaning afflicted with sorrow); the noun "chagrin" (1650s, taken from French, meaning melancholy or anxiety); the adjective "lamentably" (14th Century, from the Latin *lamentabilis*, meaning mournful and full of sorrow); the verb "condole," meaning to sorrow (15th Century, from the Latin *condolere*, to suffer with another); the noun "plaint" (13th Century, from the Latin *planctus*, meaning lamentation or wailing); and the noun "misery" (14th Century, from the Latin *miseria,* i.e., wretchedness, which took on connotations of great sorrow and distress from the 1530s onwards).

1.2. The emergence of depression

The term "depression" first emerged in English in the late 14th Century from the Latin (via French) *depressionem*, the past participle stem of *deprimere,* meaning "to press down." Originally a term in astronomy, by the early 15th Century it took on meanings of dejection and "depression of spirits." Its usage as a clinical term is often dated to 1856, when the French psychiatrist Louis Delasiauve began using it in place of the word melancholy (Andrews, 2010). The latter term initially continued to be more prevalent, as evinced by Freud's (1914) *Mourning and Melancholia*. However, through the work of clinicians such as Emil Kraepelin (e.g., 1899), who referred to different kinds of melancholia using the overarching label "depressive states," depression gradually became the nomenclature of choice for medical professionals. In 1952 the first edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) featured "depressive reaction," described as low mood and poor self-esteem triggered by loss. The term "major depressive disorder" (MDD) then emerged in the 1970s as part of a drive to develop diagnostic criteria based on symptoms, and was incorporated into the DSM-III in 1980 (Andrews, 2010). MDD remains the dominant construct relating to depression in the latest fifth edition of the DSM (APA, 2013), albeit with updated considerations, such as the removal of the DSM-IV's "bereavement exclusion" (where clinicians were advised to refrain from diagnosing MDD in individuals within the first two months following the death of a loved one).

While the specific omission of the bereavement exclusion continues to be a matter of debate, it also highlights a broader point about shifting and contested trends with respect to what constitutes depression, and indeed what constitutes a psychopathology more generally (Wakefield, 2013). (This point is made even more strikingly, in another context, by the fact that homosexuality was deemed a disorder until the publication of DSM-II in 1973 (Meyer, 2003).) As such, recent years have seen much debate around not only what constitutes a clinically significant form of depression, but moreover about the ideal conceptualisation and nomenclature for forms of dysphoric low mood that fall short of this threshold. For instance, as scholars like Horowitz and Wakefield (2007) have pointed out, if these variants of low mood are still referred to using the term "depression" – even if this is qualified as being "non-clinical" – it nevertheless implies that such states are maladaptive and dysfunctional (given that depression is used culturally as an illness label). While this debate includes consideration of the various terms highlighted above, such as melancholy and sorrow, much of it has recently centred on the concept of *sadness* (Freed & Mann, 2007).

1.3. Disentangling sadness and depression

Sadness entered English in the early 14th Century carrying implications of seriousness, but soon took on connotations of sorrowfulness (OUP, 2015). Sadness today is widely seen as being characterised by many of the same features of depression, as outlined in the DSM-V (APA, 2013), from diminished interest in pleasure, to a lack of energy (Leventhal, 2008). Indeed, as Horwitz and Wakefield (2007) argue persuasively, it has become increasingly common to find sadness being conflated with depression, constructed as a "milder" form of the disorder; less problematic or noxious perhaps, but nevertheless an invidious, undesirable, and even pathological state, and one we should similarly seek to treat and attenuate. Various reasons have been identified for this pathologizing of sadness. A prominent culprit is the modern tendency to medicalise problematic aspects of living – constructing such aspects as "disorders" requiring treatment – driven in part by the power and influence of the pharmaceutical industry (Derek, 2006; Greenberg, 2010). At a deeper and more historical level, one might also argue that a certain "intolerance" for suffering has been a prominent current within North American culture for centuries (Becker & Marecek, 2008b; Ehrenreich, 2009). This tendency is reflected in discourses ranging from the inalienable right to the "pursuit of happiness" in the Declaration of Independence, to the prevalence of movements such as "New Thought" in the 19th Century, and "Mental Hygiene" and Peale's (1952) "Positive Thinking" in the 20th (Moskowitz, 2001). Moreover, the global influence of the United States is such that these values have to an extent filtered out towards much of the rest of the world, including the field of psychology as a whole (Watters, 2010).

However, amidst a general cultural intolerance or distaste for sadness, some scholars have sought to disentangle it from depression, and to challenge the widespread notion that it is necessarily a maladaptive or otherwise unhealthy state. A starting point for this challenge is the recognition that whereas depression is a psychiatric disorder, sadness – which encompasses a range of dysphoric states of low mood – is a "normal" emotion. This perspective is captured by Wolpert (1999) in his book on depression, entitled *Malignant Sadness*: "Depression I believe is sadness that has become pathological" (p.74). That said, theorists differ on how sadness (as a "normal" emotion) differs from