The idea of depression as unbearable[†]

Sep11_17
I think there might be room for a non-philosophical phenomenological investigation of depression. I've now checked out quite a few books and articles, not in depth but enough to get a clear idea of their perspective and content. Most useful so far is Alain Erhenberg's "The Weariness of the Self". Of the works he recommends "Loss of Sadness: How Psychiatry Transformed Normal Sorrow in to Depressive Disorder" and "Bipolar Disorder" look to be the most illuminating of two principal basic approaches – the psychiatric-social-cultural with the first and the first-person testimony, experiential account with the second (Emily Martin's book is "a mixture of interviews and participant observation). Malignant Sadness, Lewis Wolpert, and The Noonday Demon, subtitle An Anatomy of Depression (An Atlas of Depression, in the US), also look useful in combining first-person and others' experience with study of history, treatment methods, and in Wolpert's case the biology and neurophysiology of depression.

Noonday Demon looks to be the richest in experiential description (his own and others'); widest and most extensive in its survey of breakdown, treatment methods, history, politics, evolution, etc. (some of the chapter headings); and most depthful in its investigation. Quotes from Solomon and Wolpert below (§1 and §2).

Experiential description of depression are not phenomenological in the way I have in mind. They are, naturally enough, dominated by the awfulness of depression, the devastation of it, the sense of its intolerableness. Lewis Wolpert's opening sentences:

> "It was the worst experience of my life. More terrible even than watching my wife die of cancer. I am ashamed to admit that my depression felt worse than her death but it is true. I was in a state that bears no resemblance to anything I had experienced before."

Andrew Solomon writes:

> "Perhaps depression can best be described as emotional pain that forces itself on us against our will, and then breaks free of its externals. … Depression is not just a lot of pain; but too much pain can compost itself into depression. Grief is depression in proportion to circumstance; depression is grief out of proportion to circumstance. … Depression is a demon who leaves you appalled."

Before I say what I think I may be able to bring to thought about depression, let me make an effort to grasp the philosophical phenomenological approach, as taken by Matthew Ratcliffe in various papers published before his book "Experiences of Depression" some of which appeared as chapters in the book.

I've leafed through the first two chapters of the book, and can't find any point of contact. One of Ratcliffe's central insights into depression is that it involves a disturbance and shift in 'existential feeling', the feeling of belonging to the world. I wouldn't quarrel with that and yet it sheds no substantial light on the experience of depression or not for me. For the sense of no

[†] In 2017 an English friend who lives in Germany me told he was thinking of joining an academic research project on the phenomenology of depression. We loosely agreed to colloborate. These are notes I took on the topic over the next eight months or so.

longer belonging to the world doesn't bear on the quality and specificity of the depressive experience, perhaps because

> (a) as a descriptive term it is general; it is at one remove from the specificity of the depressive experience. The depressive may indeed entertain the idea of being cut off from the word, from life. It may be one of the principal ideas with which he tries to articulate his experience. Yet it is also possible the depressed person at no point puts it to himself in these terms. A disruption of existential feel then is a general term which names a common element of a cluster or complex or pattern for particular depressed feelings. It says what they have in common is the sense of not belonging to the world. In doing so, however, it says nothing about the quality of the feelings (if that makes sense). I am struggling here to voice something I have an intuitive itch about. I leave it for now in the hope it will become clearer later.
>
> (b) feeling being cut off from the world can be seen as secondary, not the primary ingredient of depressive pain, and not the origin and source of depressive pain. Secondary in the sense that it is essentially a figure for the absence of feelings that go with being not depressed: vitality, energy, contentment or happiness …

What I am struggling to get at is more intimate, very much closer to the quality of depression as experienced. It may (or may not) connect to the sense I've long had of depression being not merely a 'mood disorder' but a disorder of mood and thought, intimately entwined. Thought disorder in this perception is inseparable from mood disorder and thus, in the sense I haven't yet made clear, primary to the experience and quality (also as yet an obscure notion).

Possibly I can begin to make a space for these inklings by pointing out that Ratcliffe's 'existential feeling' is not itself phenomenological. In the sense I am going to use the term 'phenomenology', Ratcliffe's concept is philosophical-theoretical: it sits at a level above the phenomenological aspects of depression. Phenomenological aspects? Not aspects in so far they, these as yet unnameable things, are integral to depressed experience. One wants to say it's all phenomenology.

Ratcliffe remarks on how first-person accounts of depression commonly describe it as indescribable (see §3). Our concern is to understand how and why it is thought to be indescribable. Related to this, I feel, is the question of what it is about depression that makes it so unpleasant, so painful. Or rather – and crucially – what the nature of depressive pain is, and how it differs from physical pain. See what must be an earlier paper with the title "The World of Depression" and substantially different from the first chapter in Experiences of Depression which bears that name.

What makes it so unpleasant, gives it its feeling of unbearableness.

Nothing in the Ratcliffe account (which I don't by any means discount) recognizes the dimension of depressive experience I talked about in The Human Idiom (see passage below). Possibly this is unfair in that he does recognize this dimension but in a different language, with different terminology. I am doubtful though because part of my quarrel with Ratcliffe is with the frame of philosophical thought and his understanding of depression cannot remove itself from this frame.

> "Depression gets you at the centre of your being. You can't escape depressive pain for even a moment, as you may be able to with acute anxiety or a physical pain. There is no

> mental trick you can perform to distance yourself from it – because it is there throughout. You can't shrug it off, or pull yourself together by an effort of will: depression, as it were, gets inside your will and corrupts it. Depression sets the agenda for any thoughts you may have and prescribes that those thoughts should always be painful. No matter what your past achievements may be, depression determines that they will appear to be futile and worthless. The only emotions you can have towards the past are remorse, regret, and guilt. Your life, if you reflect on it, will come to seem nothing but a series of gross mistakes. If you think about the future, you will be crushed by despair as you realise that your prospects are dire and dismal. Any thought whatsoever inevitably curdles and turns sour. Depression at its most severe is almost unbearable."

Husserl's phenomenological accounts of experience are at odds with the phenomenology I'd like to talk about.

Quote §4 from Ratcliffe's short 2013 paper, "The World of Experience" illustrates the problem with Ratcliffe's phenomenology as I see it. He raises the question of why depression is hard to understand, in the process slipping from the puzzling element of depression's indescribability (which I say is not what it seems to be) to the question about understanding depression by which he means giving a philosophical-theoretical story about … what? (he'd say about its structure, which he sees as a departure from the non-depressed "structure of experience"):

> "But, we might ask, why is depression so hard to understand?"

From there he chooses to pursue his "existential feeling" hobby-horse, now making the lack of existential feeling primary to the depressive experience.

> "What we find in almost all detailed first-person accounts is the claim that depression involves something quite alien to what – for most people – is mundane, everyday experience. One finds oneself in a 'different world', an isolated, alien realm, adrift from social reality."

I note that the first-hand accounts[†] he gives in support of his thesis are not representative, as he claims, and must be considered accounts of certain forms of extreme clinical depression.* My view sees clinical and non-clinical depressions, or 'large' or 'small' depressions as Andrew Solomon puts it, as on a continuum; still distinct from the loose concept of depression which Sarah Matheson took up the other day, because in both cases the subject experiences his state as distinct (as something unmistakeably there and unmistakably not the same as feeling a bit low or down in the dumps). If we allow this, allow depression its categorical distinctness and include non-clinical or minor depressive states in our experiential data, the claim that depression involves something quite alien to everyday experience takes on quite a different, less extravagant sense (which I will explore later).

† The three first-hand reports say more or less the same sort of thing, each in figurative language, e.g.:

> "You know that you have lost life itself. You've lost a habitable earth, You've lost the invitation to live that the universe extends to us at every moment."

Note again that these are not representative. If they were – if his sense of being cut off was primary – most of those people who rightly think themselves depressed would not qualify as

pukka depressives, since it just is the case that most people who are depressed do not see themselves in these terms. Depression doesn't need to fit this figurative mould to be as unbearable as it is.

* Are they accounts? How can they be when they're presented under the rubric of the indescribable? What is it that is thought to be indescribable? In my understanding, the quality of the depressive's experience. On this view, then, a sense of indescribability is an element of the experience rather than … its basis? the source of it? its distinctive, characteristic feature? Ratcliffe doesn't consider the extremely murky question of what it means to talk of experience as describable or indescribable.

Ratcliffe comments:

> "Such reports give us a good sense of the nature of the problem: depression involves a radical departure from 'everyday experience'. And it is not a localized experience that one has within a pre-given world; it encompasses every aspect of one's experience and thought – it is the shape of one's 'world'."

Depression is a radical departure from everyday experience in so far as it's depression. And that refers to the primary distinctness of the depressive experience: the imposition and commandeering of thought by mood. Ratcliffe's elevation of the figures of being cut off from everyday experience is a means to avoid recognizing the essential qualities and phenomenology of depressive experience.

His next sentence lays bare the extent to which his philosophical-theoretical approach ignores the felt phenomenology of depression:

> "Nevertheless, passages like the above do not wear their interpretations on their sleeves, and do not give us a much of a positive appreciation of what is going on."

Only a philosopher … The passages don't need to wear their interpretations on their sleeve: they're perfectly clear. The fact that they are figurative doesn't make them obscure. Earlier, before he ducks the true object of investigation – the real meaning of the claim to indescribability – and surreptitiously swaps understandability for describability – he lets slip without knowing it the philosophical prejudice skewing his approach to depression (and the mind in general):

> Shenk (2001, p.244) observes how most accounts will "have this sort of disclaimer" and that others "disclaim implicitly through dependence on metaphor and allusion".

Only a philosopher would assume a description couched in metaphor and allusion is not a fully-fledged description, with the presupposition that it must be inferior to some imaginary non-figurative description. This is the point where he goes astray – in taking the claim to indescribability at face value. When people talk of their depression as indescribable they are registering not the phenomenology of their experience but their inarticulatable sense of how in itself – as opposed to through its secondary effects, of which the figuration of being cut off from everyday experience is just one instance, and by no means universal – depression disrupts and reverses the normal relations between mood and thought.

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In Ratcliffe's view of depression the state brings about a change in the 'structure of experience'. This reduces to a sense of "belonging to a shared world", an 'existential change'.

> "I will argue that most experiences of depression involve a change in the overall structure of experience, in terms of which a variety of symptoms – including despair, bodily discomfort, inability to act, guilt, worthlessness, anxiety and estrangement from other people – are to be understood. I refer to this as an 'existential change', by which I mean an all-enveloping shift in one's sense of 'belonging to a shared world', in something that all of one's thoughts experiences and activities more usually take for granted.[1] We can start to get an idea of what it amounts to by turning to a theme that is central to many first-person accounts of depression. One might think that certain kinds of familiar experience are heightened in depression while others are diminished: one feels less happy, more tired, less hopeful, more anxious, less enthusiastic, and so on. However, as I noted in the Introduction, sufferers consistently indicate that depression is qualitatively different from what many of us regard as 'everyday' experience. The depressed person finds herself in a different 'world', in an isolated, alien realm that is cut off from the consensus reality where people have more mundane experiences of feeling 'more *x*' or 'less *y*' than usual."
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> 1. I am not committed to the view that an existential change is involved in all cases where a person clearly meets the diagnostic criteria for 'depression' or even 'major depression'. As my discussion proceeds, it will become clear that diagnostic criteria are not sufficiently discriminating. 'Major depression' and other diagnoses most likely encompass many kinds of predicament that do involve existential changes, along with others that do not.
>
> (Experiences of Depression, Chapter 1 The World of Depression, Matthew Ratcliffe)

In saying a variety of depressive symptoms are to be understood in terms of a change in the overall structure of experience, he implies that the existential change is at the bottom of these symptoms. The subject ceases to feel he belongs to a shared world and in consequence experiences "despair, bodily discomfort, inability to act, guilt, worthlessness, anxiety and estrangement from other people". To most depressives, certainly myself and everyone I have spoken to and read about who suffers from depression, the symptoms he mentions are not the primary feature of depression. Ratcliffe manages to leave out the thing that makes depression so unbearable: the pain of depression in its distinct mode of expression, which for now I will describe as its global character, a pain that colours every aspect of one's conscious experience, gives to all thoughts the same "grim hue". I say "pain" for want of any other word at the moment. Yet the word is misleading in so far as it suggests a continuity or at least affinity with physical pain. Depressive pain is thought-pain, not pain as sensation. One might experience Ratcliffe's symptoms, singly or together, and still not feel oneself depressed. Each of them is unpleasant; it is experienced as 'painful', as it could not help but be (these feelings and states are intrinsically unpleasant). And yet it is the case that one could feel these things, singly or together without feeling depressed.

A way into identifying this distinct pervasive depressive hue is to consider what it is that the first-hand reports of depression he gives are referring to when they call the experience "indescribable". Despair, guilt, anxiety, a sense of worthlessness – these are not indescribable. Of course they are not. In naming them we describe them. The indescribable thing is the universal quality of depressive pain, the quality that every depressed person experiences as an inescapable presence, something that is either there or not.

Ratcliffe's account of depression manages to leave out the one thing that makes it depression. He theorizes away the unbearableness of depression.

How does this quality resist description and resist resistance to itself? Through its capacity to insert itself in all thought and experiencing as a grim hue; to inhabit these elements of mind that are otherwise capable of taking some distance between themselves and the objects of their experience. Depressive pain, then, works in a radically different way to physical pain, and perhaps to other forms of mental distress such as 'sadness'. It takes possession of the mind and does so from the inside, in this way undermining everything one might do, not to overthrow or dispel the unpleasant feeling or state, but to see it in at least some small measure as a feeling outside one's inner core, as a feeling one can 'have' and possibly at a later date establish a degree of distance from.

Depression, I suggest, does not come about from a disruption in one's relation to the world – that is a consequence of depression, a secondary element in it – but from a drastic overturning of one's relation to one's feelings and states of mind. This is part of what I mean when I say depression 'objectifies' itself.

Ratcliffe's philosophizing of depression serves to deny and ignore its essential feature. From our perspective – that of a non-philosophical phenomenology – Ratcliffe's phenomenology is anything but: it's an anti-phenomenology, a theory-driven proxy for a phenomenology. The phenomena of depression, how it feels to be depressed – these are just what he systematically avoids.

Nor does he recognize the sense every depressive has of depression as being something that comes down on one, and which may occasionally lift; depression as a malevolent external force. In this perception, which the Ratcliffe conception is committed to denying, depression is unmistakably either there or not, even when not full-strength. It is indeed like a humour, a substance occupying one's body-mind, one's psyche – and in this respect distinct from other negative, ahedonic states. Mild depression differs from major or clinical depression in its debilitating effect: both are experienced as a global presence, and as such predominant (either to the fore or in the near background, overshadowing everything). The difference between mild and major is in the force of its presence: in the former, while it is unmistakably there, its presence is not as oppressive, more of an mild ache, a faint hue, than an active torment (I haven't yet tried to say in what the torment consists in).

The two fundamental questions a true non-philosophical phenomenology of depression must recognize are: (i) what it the nature of depressive pain (and how does it differ, as it does essentially, from physical pain and other forms of mental pain)? (ii) what is it that depressives find so hard to describe?

The difference between being in the grip of an emotion – elation, desire, anxiety, fear – and being inhabited by depression. It may be that depression as a mood is not essentially different in this respect. Positive moods inhabit and energize, and like depression do not present themselves as moods. They too objectify themselves. Depression as mood, and depression as carrier of mood emotions. The latter may at times seem to have one in their grip.

Sarah: Suppose two people were depressed. One gets over it sooner or later, stands up to it and throws it off, the other continues to be in its hold. What's the difference?

I replied that they were not the same states. The key mark of depression was that you couldn't throw it off. She fairly readily agreed that her test case did not involve depression. Even after putting it forward, she said, "Or is this not the same thing, not depression?".

She had compared it to feeling down after the death of her mother, or current circumstance, having a heavy feeling of sadness, etc.

To understand depression or begin to understand it you have to recognize the non-cognitive nature of thought. Only then will the intimate relation between thought and mood become visible and depression's status as a thought-disorder make sense to you.

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The phenomenological difference between depression and sadness. There is one but it is not straightforward, not a matter of greater pain, a more intense pain.

The thing connects with the strange quality of depression that it's felt to be "unbearable" (I used this word about depression a couple of months ago, and straight away wondered why I had used it), a quality that is not what it seems to be, not literally unbearable in the sense of driving the subject to suicide.

Also connected to the phenomenology (and experiential structure) of depression, another expression of this sense of unbearability, the inability to abide it which impels the sufferer to get away – e.g. myself at Cambridge Gardens, unable to stay in the flat, driving over to Marie at Sterndale Road, and Phil (as he described it to Sheena) on the absolute need to get out, go somewhere, travel to Sheena's. This too is not straightforwardly unbearable in its intensity. Perhaps one could say the unbearability is the confrontation with one's depression and the onslaught of accusatory thought.

The key to it, a principal key, is the Buddhist idea of aversion and its resolution, acceptance. When you come across the idea of acceptance in the Buddhist literature, commonly in interviews and Dharma talk transcripts, there is something paradoxical about it. Why should acceptance of this thing you experience as intrinsically painful make you feel better? You tend to dismiss the approach as an ethical precept, an element in the ethos of correct behaviour. If you do treat it as a technique, you understand it as the counsel of stoicism, of putting up with the extreme dis-ease, unease. How can it lessen the drastic uncomfortableness of it, you think.

But that's not the object of acceptance. Your response to the depression is not the thing to be accepted. The 'wisdom' of it is not that you should accept your extreme unease ('pain' is the wrong word). The object you accept is the depression itself (treating it, as it were, as something apart from you).

And – this is crucial – these reports always finish with the reduction of the pain. In accepting the for-want-of-a-more-adequate-word feeling (the supremely uncomfortable thing), you introduce a distance between the emotion and the thing you experience as causing it. The two no longer coincide with each other. Depression's power depended on your experience of it as insuperable, as having taken possession of you, occupied you. See interview below with Sayadaw U Tejaniya.

This relates to my intuition, 10 or 15 years ago, of the logic of "fear of fear".

Ideas of a scale of pain intensity are inappropriate, as is the related, barely suppressed thought of comparing physical pain to the psychic pain of depression – the wrong conception altogether.

Also part of it, the personification of depression, talk of it getting the better of you.

Acceptance of depression means recognizing your aversion to it. The process is mutual: in accepting it – allowing it to be, allowing it space to be, in Vimalaramsi's diction – you see it as something apart and from there can come to see that its grip on you is not all it seems to be (still not fully clear here (why don't I want to talk about 'detaching' oneself from it?)); and in recognizing your aversion to it, you realize that the response comes from you. Re the last point: it's not that in recognizing your aversion you divest the depression of its painfulness; more perhaps a matter of coming to see the disproportion between your response and the depression in itself. As I used to put it, you see the depression as punching above its weight. No, not quite that with depression. Rather, you see how that element which makes depression seem 'unbearable', its peculiarly 'painful' quality, does not reside entirely (or does not reside at all) in the depression itself. That is, or an initial approximation to it: The logic of depression's unbearableness is bound up with the way it objectifies itself; in objectifying itself, it makes you experience it as having taking up permanent residence in you; of being the way things are. Both U Tejaniya and Vimalaramsi invoke ideas of the personal.

> "By just recognizing the depression and being present with it. I would just recognize that this was nature, that this was just a quality of mind; it was not personal." (Tejaniya)

> "So the whole thing comes down to, Is it my pain or is it just a pain?" (Vimalaramsi)

If it is just "a pain", it loses its inexorability and objectivity; experiencing it as your pain – a manifestation of the way things are with you – constitutes its unbearability. Allowing it space to be itself loosens its claims to be the way things are with you. You no longer have to experience it as global occupation.

See U Tejaniya's interview below, from which:

> "Before that I'd been at the depression's mercy, but I learned I could actually do something. I was choosing to be proactive, to find out about depression, and then it lightened."

> "That was the main thing, complete acceptance. I saw I was helpless to do anything, so I just let it be there. But I could examine it, do something with myself. I couldn't do anything to it, but I could investigate it and come to know it."

Interview with Sayadaw U Tejaniya about the Defilements (Hindrances)

> "*You've spoken often of the depression you experienced as a layperson, and how you got through it. Can you say something about that?*
> I began practicing at age fourteen, so long before I experienced depression I'd already developed the ability to regard anything that came up in my mind and deal with it objectively, without getting involved or taking it personally when ugly stuff came up. When I became depressed I could apply all these skills. I've been depressed three times. The first time I made a strong effort, just snapped myself out of it. And the second time,

too. But each time the depression came back, and each time it came back stronger. The first two times I overcame depression, my recovery didn't last long. I know now that the first two times I'd used effort but no wisdom, no understanding. During the last depression, I had no energy left in me to make the effort. Depression followed me everywhere.

What did you do?
The key for me in dealing with my depression was right attitude. I realized I'd have to use my wisdom to learn about it, understand it.

How?
By just recognizing the depression and being present with it. I would just recognize that this was nature, that this was just a quality of mind; it was not personal. I watched it continually to learn about it. Does it go away? Increase? What is the mind thinking? How do the thoughts affect feelings? I became interested.

You often use the word "interest" to describe this attitude of investigation. Why?
I saw that when I'd do the work with interest, my investigation would bring some relief. Before that I'd been at the depression's mercy, but I learned I could actually do something. I was choosing to be proactive, to find out about depression, and then it lightened.

Was it acceptance that changed it?
That was the main thing, complete acceptance. I saw I was helpless to do anything, so I just let it be there. But I could examine it, do something with myself. I couldn't do anything to it, but I could investigate it and come to know it."

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Svenaeus paper (§6) starts off

> "That the suffering of depression has an impact on selfhood may seem like a rather self-evident claim."

The very striking thing about this and just about every other paper on depression, including those by people who think of themselves as taking a phenomenological approach, is that none of them stop to ask what the suffering of depression consists in. Why is depression so very unpleasant? Why is it experienced as 'unbearable'? As I've said before the term 'unbearable' can't be taken literally – it doesn't mean the depressive feels suicidal – and has to be seen as a response to the quality of depression that makes it so very painful.

This and related questions about the central constitutive element of depression never get discussed in the philosophical and psychological literature. Ratcliffe has nothing to say, he barely recognizes the centrality of depressive pain.

Other repressed, denied, neglected, and ignored questions:

➢ In what way is depressive pain like physical pain? Is it 'pain' in anything like the same sense, or quality, as physical pain, or is not rather the case that 'pain' here is used in a figurative, analogical sense? Depressives do sometimes liken it to physical pain, but I think this is an expression of the same kind as the feeling of unbearability, an attempt to convey –

figuratively, analogically – the essential quality of depression that makes it so very hard to bear. What we want to investigate are the phenomenology and structure of depression. Our starting point is the recognition that the suffering of depression can't be understood in terms of the intensity of painful feelings. Is it not at all clear that depressive pain has anything common with physical pain. Comparisons between the two are most certainly invidious, as is any attempt to rank them on a scale of painfulness. A psychiatrist who both suffered from depression and treated patients with depression described the condition as the "worst thing in the world". She was not making a comparison with physical pain. My strong intuition is that depression's unbearableness is directly connected with its nature, which means the way it inserts itself at the very centre of your being – in that part of you that experiences suffering (a misleading way of putting it). Depression overruns the self that feels good and bad and thereupon dictates its relation to itself and the world.

- The extraordinary fact that Ratcliffe's book, "Experiences of Depression: A Phenomenology of Depression" has nothing to say about the phenomenology of depression. You get no idea whatsoever from the book of what it feels like to be depressed.

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Ehrenberg (quote below, §8):

> "In both cases, we are faced with an illness of the affect – that is, a mood disorder."

Again, the idea of affect as a given, implicitly with depression on the model of pain sensation, and the idea of mood as generalised condition of a particular affect. Heidegger's conception of the intimate link between moods and world thought-perception or experience ignored. As though depressive affect were a simple.

The ignoring of two fundamental phenomenological facts about depression – the experience of it as an external malevolent force, an invasive entity which has taken up residence at the core of your being, and, from this, the perception of it as either on or off, as present or lifting, its palpable presence.

What would a phenomenology of depression be? Not solely, not even primarily, a first-hand account – since that would require an inner sense idea of introspection. The point being, phenomenology is not an account of experience by the person having the experience. It's not a first-person description of their 'subjective experience'. Not the least of the objections to the idea of subjective experience is the fact that subjective experience is not patent to view. Its nature may not reveal itself to you. Those states qualifying as subjective experiences extend vastly beyond the simple qualia posited by the 'consciousness studies' community. The mind is not pellucid to itself.

Shall we concede that there is an irreducible core in any 'experience' (for the moment overlooking the dubiousness of the cognitivist notion)? Yes and no. There has to be something experienced for there to be experience. But that something doesn't necessarily come stamped with its identity – or, as the Derrideans say, it doesn't exist in experience as a self-standing, self-identifying entity; the concept and what it's a concept of don't have to coincide.

Yes, I'd forgotten this perspective, perhaps as a result of prolonged exposure to the literature of cognitivist philosophy; forgotten Toby's response when shortly after starting meditation, he wondered what sort of thing the Buddhist instructor was referring to when he talked about

a thought as an object. Toby was puzzled. What is a thought as mental object? The mind's objects are not there for one as objects of perception. And if you allow thoughts to join simple qualia as objects of consciousness, even less are they straightforwardly there as determinate things, secure in their self-identity. This is actually the phenomenological truth of the psychoanalytic view of mind. Psychoanalysis doesn't have a phenomenology. No training and inclination in Freud to give consideration to a phenomenology; no thought, for instance, of the possibility of a phenomenology of resistance.

…
…

All of which leads to the acknowledgement that phenomenology must include a critical-theoretical dimension. Hurlburt's cod-description is not phenomenology. Thought is not inner speech and not just because inner speech is "radically elliptical".

Any view of mind that doesn't recognize the possibility of a phenomenology of resistance is not in a position to sustain a phenomenology.

Put another way, there is no 'pure' phenomenology, one that dispenses with reflection. Feel and the description or account of feel – for 'feel' read whatever does duty for 'subjective experience' – are inseparable.

Yet nor can one freely say the mind's objects are obscure to it – for that would be to employ the philosopher's sense of introspection and then we would be back with the talk of "subjective feels".

If you understand 'intentionality' as Wollheim does – to mean "thought-content" – what becomes of the insistence on the 'something', the repeated mantra, "all consciousness is consciousness of something"?

Ehrenberg, "The Crisis of Neurotic Depression: A Shift in the Role of the Self", on the divide between the 'conflict model' of psychoanalysis and the 'deficit model' (later also termed the 'medical model') in which the psychic source or genesis of the depressive's state is no longer a concern.

> "In medical terms, the individual experiencing a deficit was first and foremost the object of his illness, in the sense that he was defined by his suffering from something (never mind if it was a lack of mother love going back to early childhood or an insufficient level of serotonin)." (p.103)

Within the conflict model:

> "The individual was overwhelmed by a feeling of inadequacy. Here we had a shift in the self's representation: the private rift became an inner gulf." (quote below, p. 102)

This is as distant from the phenomenology of depression as Ratcliffe's pseudo-phenomenology.

Stanley Jackson's quote from Freud, p. 225 (quote below, §10) on the disconnect between self-reproach and ostensible reason for reproach, more pertinent than Ehrenberg's account, making it still clearer that psychoanalysis is antithetical to the phenomenological approach,

or, if not antithetical, on a different axis, a separate and altogether different schema which is incompatible with it.

p. 104 (Ehrenberg, §11):

> "Depression abandoned all attempts to unearth an underlying pathology. Why force patients to face up to their conflicts when medical assistance can compensate for feelings of inadequacy?"

The phrase "feelings of inadequacy" is singularly inadequate as a general term for the depressive experience.

The fear of fear motif.

Another aspect of the "acceptance" idea, the strategy of not seeing it 'personally', getting in a position where depression's onslaught, the essence of which is attack of the subject as person, is treated as impersonal. Both U Tejaniya and Vimalaramsi use the word "personal" in this way.

Ehrenberg, p. 109: "first-onset major depression".

First-onset – good reason to think the experience of people with first-onset major depression is not as useful, not as phenomenologically valid, as that of regular sufferers. The first-onset subject is overwhelmed by depression's self-duplicity, its deceptiveness.

Better – they're too much in the grip of it (its modus operandi) and thereby less capable of seeing it phenomenologically or identifying it. C.f. Louis friend, off from school with depression, who described it as like being in a dream.

Yesterday:

> "Darian Leader does not consider the question of how CBT has the effectiveness it has, a crucial question opening up the largely ignored issue of the place, force, and efficacy of suggestion, not only in CBT but also in chemotherapy."

See long quote below (§12) from Wollheim's "Desire, Belief, and Professor Grunbaum's Freud" in *The Mind and its Depths*, which ends:

> "It is a sign of just how far apart Grünbaum and Freud are in their conceptions of how psychological theory gains plausibility, that Freud, who also thought that suggestion could not be conclusively dismissed as the explanation of why the patient got better, never ceased to chip away at the problem of what the underlying mechanism could be on which suggestion depended. Freud thought that, if suggestibility was to be an alternative theory to his own, it must be a theory, a psychological theory. It must, in other words, attribute a genuine mind to the mind."

Feelings of Being: Phenomenology, psychiatry and the sense of reality
Matthew Ratcliffe

Depression, Intercorporeality, Interaffectivity, Thomas Fuchs

> "According to current opinion in western psychopathology, depression is regarded as a disorder of mood and affect on the one hand, and as a distortion of cognition on the other."

Depression as distortion of cognition – the nub of the theory of CBT.

Apr20_18
Psychological pain, mental pain, emotional pain – this can't really be compared to bodily or physical pain, let alone ranked in a scale of pain intensity.

Yet people do compare the two and do experience themselves as in intense pain. I do myself, of course I do. Do I think of the felt quality of depressive pain (mental pain, psychological pain, emotional pain, psychic pain, etc.) as the same as physical pain? Not exactly, and I don't believe those people quoted below – "Quotes from depressed patients describing psychological pain using the word 'pain' referring to psychological pain" (§19) – think so either.

The Styron quote in "Psychological pain: A review of evidence" – "The gray drizzle of horrors induced by depression takes on the quality of physical pain" – is misleading in the context. 'Pain' is the word you reach for when you first experience severe depression. You are unprepared for the awfulness of the experience, surprised by it. Naming it 'pain' affords some relief; not a relief from the pain, rather a relief to be able to acknowledge it, if that makes sense. Not clear at the moment how it works.

> People tend to characterise clinical depression in terms of its symptoms: a lack of animation, a sad and grave expression on the subject's face, a lack of response, an inability to do anything. None of these of symptoms conveys the quality of the depressive's experience – they suggest depression is merely an absence of vital spirits, as though the state represented a shutting down of all mental faculties. In truth, there is one sensation that the depressive may feel with great intensity: pain. To be severely depressed is to be in agony. "The worst thing in the world. Total misery." That's how one retired psychiatrist, who has both suffered from it and treated it, describes depression.

Why were you surprised? You didn't think it would be pleasant or indifferently neutral. You were unprepared for the intensity of it, for the extreme painfulness of it. But painfulness of what? Depressive pain doesn't present itself as like physical pain. It doesn't have the quality of physical pain. Styron must have been referring to the sense the first-time depressive has of physical pain as the exclusive home of pain or perhaps he was caught up by the felt concreteness of depressive pain, the element that made me describe depressive pain above as a 'sensation' – which it is not.

Depression is like nothing you have experienced before and that's why you reach for the comparison with physical pain – to try and register its awfulness. Depression is punishing.

The idea of a phenomenology of depression is at once central and problematic. Your experience of depression is a disturbance of your experience, a disruption of the phenomenology of your experience.

Apr21_18
The Concept of Mental Pain
Eliana Tossani
Psychotherapy and Psychosomatics, 2013

> "Indeed, several psychopathologists [e.g. 30] have emphasized that the patients with endogenous depression may manifest a 'distinct quality' of dysphoric mood. This feature was recognized by early clinicians [31, 32] and was described as a uniquely aversive, anguished, or uncomfortable experience that is characterized by painful tension and torment [31] ."

Markedly confused and obtuse, though in this respect not untypical of the literature. I've downloaded some of the references.

Assessment of psychological pain in major depressive episodes
Steven Mee, Blynn G. Bunney, William E. Bunney, William Hetrick, Steven G. Potkin, Christopher Reist
Journal of Psychiatric Research 45 (2011)

> "'Unbearable' psychological pain is one of the most frequent complaints associated with serious depression and when present may lead to suicide (Shneidman, 1993). In this study, intense 'unbearable' psychological (mental) pain is defined as an emotionally-based extremely aversive feeling which can be experienced as torment. It can be associated with a psychiatric disorder or with a severe emotional trauma such as the death of a child. Psychological pain has many metaphors alluding to emotional suffering including psychache, mental pain, emotional pain, psychic pain as well as descriptors borrowed from physical pain (e.g., heartache, broken heart). Although some patients describe psychological pain in terms of physical pain, we specifically focus on the measurement of psychological/emotional pain rather than unexplainable physical pain or physical pain of presumed psychogenic origin. Of relevance is that there appears to be an overlap in physical and psychological pain neuronal pathways. A significant body of data from functional neuroimaging studies suggests that the anterior cingulate, insula, and the prefrontal cortex are implicated in both physical pain and psychological pain while the secondary somatosensory cortex is uniquely activated in physical pain (Mee et al., 2006)."

What does 'unbearable' mean in this context? Some of these writers from the literature on suicide and depression (psychologists of one kind or another, psychiatrists, suicidologists) fail to distinguish clearly between literal and figurative uses of the word, and between the experience of pain as unbearable and the perception of it as such. Shneidman talks about the 'perception' of psychological pain as 'unbearable' ("Suicide as psychache", 1993) without reflecting on what it means to see something as unbearable.

Suicide as psychache
Edwin Shneidman
The Journal of Nervous and Mental Disease
March 1993

p. 146 (among the seven "components" in the "progression to a suicidal outcome":

"(c) the vicissitudes of life as they are perceptually funnelled through the human mind and apperceived (or appreciated) as ecstatic, pleasurable, neutral, inconsequential, or painful. If there is extreme psychache, a necessary condition for suicide is present. "I hurt too much."

(d) the perception of the pain as unbearable, intolerable, and unacceptable, another necessary condition for suicide, in addition to psychache. "I won't put up with this pain."

(e) the thought (or insight) that cessation of consciousness is the solution for the unbearable psychache, still another necessary condition. In a phrase, death is preferable to living, with death as a means of egression or escape. "I can kill myself."

(f) a lowered threshold for enduring or sustaining the crippling psychache, a final necessary condition for suicide. A priori, people with more or less equal amounts of psychache might have radically different overt outcomes depending on their different thresholds for tolerating or enduring psychological pain. (In life, pain is ubiquitous and inescapable; suffering is optional.)

(g) the suicidal outcome. "I hurt too much to live.""

With the word 'psychache' he flattens out and reduces psychological pain, turning it from a complex, structured thing to the simple mental equivalent of physical pain. I've used the word "unbearable" myself in a number of places, always noting the oddity of the word in this context, e.g. Oct10_17:

"The thing connects with the strange quality of depression that it's felt to be "unbearable" (I used this word about depression a couple of months ago, and straight away wondered why I had used it), a quality that is not what it seems to be, not literally unbearable in the sense of driving the subject to suicide.

Also connected to the phenomenology (and experiential structure) of depression, another expression of this sense of unbearability, the inability to abide it which impels the sufferer to get away – e.g. myself at Cambridge Gardens, unable to stay in the flat, driving over to Marie at Sterndale Road, and Phil (as he described it to Sheena) on the absolute need to get out, go somewhere, travel to Sheena's. This too is not straightforwardly unbearable in its intensity. Perhaps one could say the unbearability is the confrontation with one's depression and the onslaught of accusatory thought."

Depressive pain is qualitatively different from physical pain. Indeed the two are not comparable except in their unpleasantness, which is usually, if not always, the source of comparisons and other invocations of physical pain re depression. The Osmund paper "Mood pain", 1985, is quite mistaken in saying "severe depression resembles diffuse, unlocalized pain." For that suggests depressive pain is there throughout – when the reality is it's nowhere in the body and everywhere in that non-spatial thing, experience.

"Perhaps our patients, who have experienced both pain and depression, fear the latter much more than the former because severe depression resembles a diffuse, un-localized pain. Pain in human beings, particularly adults, is usually localizable." (§22)

Depressive pain is not even analogous to a sensation. It has a meaning in a way physical pain cannot have. It may be experienced as a malevolent and invasive presence, as a punishing force, as a relentless scourge. Being a depressive pain is inseparable from having the structure it has.

The Shneidman understanding is that depression may be equally intense in its painfulness among suicidal and non-suicidal depressives, but the former have a lower threshold of tolerance for depressive pain. One of the seven components in "progression to a suicidal outcome" is

> "(f) a lowered threshold for enduring or sustaining the crippling psychache, a final necessary condition for suicide. A priori, people with more or less equal amounts of psychache might have radically different overt outcomes depending on their different thresholds for tolerating or enduring psychological pain" (Shneidman)

Suicides are people who find their psychic pain 'unbearable':

> "For the suicidal person, that psychological pain, that pain in the mind, that *psychache,* has a quantitative intensity that pushes it into a special qualitative state; it is deemed unbearable, intolerable, unacceptable; it has crossed a certain critical line somewhere in the mind." (Shneidman)

What then are we to make of my sense of the unbearability of depression which was free from any thought of putting an end to it, and which at the time struck me forcefully as odd?

> "The thing connects with the strange quality of depression that it's felt to be "unbearable" (I used this word about depression a couple of months ago, and straight away wondered why I had used it), a quality that is not what it seems to be, not literally unbearable in the sense of driving the subject to suicide." (Oct10_17)

Could we say that the intense pain of depression is bound up with it being experienced as unbearable? That's what I said to myself last year:

> With the depression I've been through in the past the feeling or sense or experience of it as intolerable, as unbearable, was bound up with it, following a logic I can't make clear to myself for the moment.

What is it that is unbearable? The depressive pain seen as a more intense version of a physical pain? No, that couldn't be. The pain of depression is not a sensation: it is complex thought-emotion package, a punishing thing. Or it is a mood, a pervasive climate of thought and emotion. Most crucial and critical, depressive pain takes hold of you, invades you, inhabits you. You don't experience it as external but as a hostile presence which has taken up residence in every nook and cranny of your being, having penetrated the core of your being.

> Part of the reason may be connected with the fact that depression, unlike a physical pain, is not localised or concentrated; instead the pain permeates the subject's consciousness, colouring all thoughts and feelings with its own grim hue. Depression gets you at the centre of your being. You can't escape depressive pain for even a moment, as you may be able to with acute anxiety or a physical pain. There is no mental trick you can perform to distance yourself from it – because it is there throughout. You can't shrug it off, or pull yourself together by an effort of will: depression, as it were, gets inside your will and corrupts it.

So when we describe it as unbearable, we don't mean the term literally. There is no respite from it, no remission, not when it is full on. There is no escape from it. Is that what unbearable means, something you can't escape from?

Shneidman misses the source of depression's particular unpleasantness, the nature of its unbearability – and with his implicit assimilation of 'psychological pain' to physical pain deprives himself of any possibility of grasping its distinctiveness. Mental pain for him has no content, no structure. It's like physical pain, only more severe, hence his silly term 'psychache', which applies indiscriminately to every kind of psychological pain.

First para:

> "As I near the end of my career in suicidology, I think I can now say what has been on my mind in as few as five words: *Suicide is caused by psychache* (sīk-āk; two syllables). Psychache refers to the hurt, anguish, soreness, aching, psychological *pain* in the psyche, the mind. It is intrinsically psychological – the pain of excessively felt shame, or angst, or dread of growing old or of dying badly, or whatever. When it occurs, its reality is introspectively undeniable. Suicide occurs when the psychache is deemed by that person to be unbearable. This means that suicide also has to do with different individual thresholds for enduring psychological pain (Shneidman, 1985, 1992)."

Nothing, then, to distinguish the pain of depression from any other psychological distress. Shneidman thinks there is nothing distinctive about depressive pain. Wrong from the start.

Apr22_18

The sense of depression's physicality is the source of the misleading idea that depressive pain resembles physical pain. Depression's physicality – the sense of presence and concreteness, permanence and weight, lack of evanescence. Viz.: idea of depression as a black cloud, of it coming down, lifting; not an attribute of the body but a visitation on the body as in a physical pain.

Depressive pain closer to the pain of guilt and shame than physical pain. And, again, the severity of depressive pain is not akin to the imagined intensity of great physical pain.

Mood disorder – is that the key to it? We are not arguing with the awfulness of depression: on the contrary. We are asking what the pain consists in given that it has no quality of bodily pain to it. How does depression work? That is, what is it in depression that makes it so peculiarly painful (such that people with a history of depression almost always say they would prefer physical pain to depression). How does it succeed in being so painful and what is the nature of the pain?

None of the texts I've read today on psychological pain/mental pain acknowledge Freud's notion of depressive pain as punishing.

1. Attempts by cognitively-neuroscientifically minded psychologists to define depression – strikingly inadequate, phenomenologically and conceptually impoverished. E.g. the definition of depression as non-localised and diffuse. This is specifically misleading unless taken as an (unnecessary) figure for depression's difference from physical pain, or a figure (again, off-register) for the global nature of depression.

2. The checklist for depression – listlessness, apathy, hopelessness, insomnia, tearfulness, etc. These and other symptoms are contradicted by first-hand testimonies, which always home in on the painfulness of depression. The misrecognition and refusal of recognition of this aspect

in many academic and clinical approaches to depression, including those that appear belatedly to acknowledge the pain of depression –

> "The examples cited in Table 1 suggest that a subset of depressed patients view and experience psychological pain as one of the dominant symptoms of severe mood disorder. This subjective experience appears to be as much a component of depression as feelings of hopelessness, worthlessness, changes in appetite and libido, sleep disorders and thoughts of death and dying." (§19)

– says a great deal about the limitations built into the academic-clinical approach.

3. The complete absence in the literature of recognition of the dimension I refer to as depression's objectifying power, its sovereignty over thought, the other side of the notion of it as a mood disorder.

4. The Styron quote – how and why it cannot mean what it's taken to mean.

5. The wrongness, perverse blindness, of Matthew Ratcliffe's 'existential feeling' account.

The unbearableness of it is not a function of the severity of depression seen as mental counterpart of physical pain.

Those accounts of the experience of depression – aka the phenomenology of depression – that bring in the self, making the attack on the self part of the experience – where do they take off from?

Mental Pain and Suicide: A Systematic Review of the Literature
Maria Cristina Verrocchio1, Danilo Carrozzino, Daniela Marchetti, Kate Andreasson,
Mario Fulcheri and Per Bech
Frontiers in Psychiatry, June 2016

> "**Background:** Mental pain, defined as a subjective experience characterized by perception of strong negative feelings and changes in the self and its function, is no less real than other types of grief. Mental pain has been considered to be a distinct entity from depression. We have performed a systematic review analyzing the relationship between mental pain and suicide by providing a qualitative data synthesis of the studies."

Changes in the self and its function? I've been through the paper with a search on 'self' and can find no references to this notion. The word "self" occurs again only in "self-destruction". Possible source of muddle – conflation of "perception of strong negative feelings" and having those feelings. Possible source of illumination – the idea that depression involves the sense of an attack on the self.

Mental Pain and Suicide: A Systematic Review of the Literature

> "Psychache, as the central aspect of suicidal behavior, provides a theoretical definition of this construct as a general psychological pain reaching intolerable intensity that encompasses shame, guilt, humiliation, loneliness, fear, angst, and dread (6). That is, other psychological factors (e.g., depression) are relevant only to the extent in that they relate to psychache (7) that acts as a mediator of other risk factors. In other words,

suicide would not occur without psychological pain (8).”

Testing the Interpersonal Theory of Suicide: The Moderating Role of Hopelessness
Christopher R. Hagan, Matthew C. Podlogar, Carol Chu, and Thomas E. Joiner
International Journal of Cognitive Therapy, 2015

> “Hopelessness is one of the most prominent cognitive factors associated with depression and suicidality (Beck, Kovacs, & Weissman, 1975; Beck et al., 1993; Christensen, Batterham, Soubelet, & Mackinnon, 2013; Romens, Abramson, & Alloy, 2009). Due to these consistent results, one theory of suicide, Hopelessness Theory, was developed and focused largely on hopelessness as the primary component of suicide risk (Abramson et al., 1989). Although recent research has indicated that additional variables are of invaluable importance when assessing suicide risk, hopelessness remains a key factor (O’Connor, 2011).”

How is a sense of hopelessness a “cognitive factor”?

Depression quotes

1. The Noonday Demon, Andrew Solomon

> “Perhaps depression can best be described as emotional pain that forces itself on us against our will, and then breaks free of its externals. Depression is not just a lot of pain; but too much pain can compost itself into depression. Grief is depression in proportion to circumstance; depression is grief out of proportion to circumstance. It is tumbleweed distress that thrives on thin air, growing despite its detachment from the nourishing earth. It can be described only in metaphor and allegory. Saint Anthony in the desert, asked how he could differentiate between angels who came to him humble and devils who came in rich disguise, said you could tell by how you felt after they had departed. When an angel left you, you felt strengthened by his presence; when a devil left, you felt horror. Grief is a humble angel who leaves you with strong, clear thoughts and a sense of your own depth. Depression is a demon who leaves you appalled.”

2. Malignant Sadness, Lewis Wolpert

> “It was the worst experience of my life. More terrible even than watching my wife die of cancer. I am ashamed to admit that my depression felt worse than her death but it is true. I was in a state that bears no resemblance to anything I had experienced before. It was not just feeling very low, depressed in the commonly used sense of the word. I was seriously ill. I was totally self-involved, negative and thought about suicide most of the time. I could not think properly, let alone work, and wanted to remain curled up in bed all day.”

3. The World of Depression (not chapter 1 Experiences of Depression), Matthew Ratcliffe
www.sane.org.uk/uploads/suicide_research_matthewratcliffeworldofdepressionsept2013_15_10_2013.pdf

"In fact, many autobiographical accounts of depression include the claim that the experience or some aspect of it is indescribable. As one author remarks, "I have no words to describe this thing that was totally alien to my life experience" (quoted by Whybrow, 1997, p.23). Shenk (2001, p.244) observes how most accounts will "have this sort of disclaimer" and that others "disclaim implicitly through dependence on metaphor and allusion". It is not clear what exactly the problem is or whether it is the same in all cases. Some state that they struggle to articulate the experience, others that it is simply ineffable, and others that only certain media, such as poetry, are adequate to the task. In addition, sufferers often state that other people are unable to understand the experience or just don't care. Now, although it is often not true that others don't care, I do think there is a problem with understanding and articulating the experience of depression, which applies to both first- and third-person perspectives."

Shenk, J. W. 2001. A Melancholy of Mine Own. In Casey, N. ed. *Unholy Ghost: Writers on Depression*. New York: William Morrow: 242-255.

4. The World of Depression (not chapter 1 Experiences of Depression), Matthew Ratcliffe

"But, we might ask, why is depression so hard to understand? The first thing to appreciate is that it is not simply a matter of the intensification of certain familiar aspects of experience and the diminution of others, such as feeling more sad and less happy, or more tired and less energetic. What we find in almost all detailed first-person accounts is the claim that depression involves something quite alien to what – for most people – is mundane, everyday experience. One finds oneself in a 'different world', an isolated, alien realm, adrift from social reality. Let us consider some first-person reports:

> "Most of all I was terribly alone, lost, in a harsh and far-away place, a horrible terrain reserved for me alone. There was nowhere to go, nothing to see, no panorama. Though this landscape surrounded me, vast and amorphous, I couldn't escape the awful confines of my leaden body and downcast eye." (Shaw, 1997, p.40)

> "You know that you have lost life itself. You've lost a habitable earth, You've lost the invitation to live that the universe extends to us at every moment. You've lost something that people don't even know is. That's why it's so hard to explain." (quoted by Hornstein, 2009, p.213)

> "It is the glass wall the separates us from life, from ourselves, that is so truly frightening in depression. It is a terrible sense of our own overwhelming reality, a reality that we know has nothing to do with the reality that we once knew. And from which we think we will never escape. It is like living in a parallel universe but a universe so devoid of familiar signs of life that we are adrift, lost." (Brampton, 2008, p.171)

Such reports give us a good sense of the nature of the problem: depression involves a radical departure from 'everyday experience'. And it is not a localized experience that one has within a pre-given world; it encompasses every aspect of one's experience and thought – it is the shape of one's 'world'. Nevertheless, passages like the above do not wear their interpretations on their sleeves, and do not give us a much of a positive appreciation of what is going on. This is the point where my own work begins. Amongst

other things, I've been extracting insights from the phenomenological tradition of philosophy and applying them to the task of understanding and articulating depression experiences. That tradition includes philosophers such as Edmund Husserl, Edith Stein, Martin Heidegger, Maurice Merleau-Ponty and Jean-Paul Sartre, all of whom engage in 'phenomenological' reflection – that is, reflection upon the structure of human experience. Why should this be of any help to us? Well, in short, what all of these philosophers claim is that human experience incorporates something that is overlooked by most of those who have tried to describe it – what we might call a sense of 'belonging to' or 'finding oneself in' a world. This is something so deep-rooted, so fundamental to our experience, that it is generally overlooked. Whenever I reflect upon my experience of a chair, a table, a sound, an itch or a taste, and whenever I contrast my experience with yours, I continue to presuppose a world in which we are both situated, a shared realm in which it is possible to encounter things like chairs and to experience things like itches."

5. Malignant Sadness, Lewis Wolpert

"Depression has a confusing number of different meanings. In common usage it refers to lowness and anxiety, common feelings in everyday life. But it is depression as an illness with which this book is concerned, depression that so interferes with a person's life that it is disabling. William Styron's *Darkness Visible* is a marvellous description of depression, and at the very start he makes it clear that the 'pain of severe depression is quite unimaginable to those who have not suffered it, and it kills in many instances because it cannot be borne'. So the focus in this book is on major depression, or, as it is so often called, clinical depression; depression so severe that it can lead to the inability to work or even to suicide. The relationship between major depression and common everyday depression, just feeling low, is, however, an important one and will be explored: is major depression just an extreme form of common depression or is it qualitatively different?"

6. Depression, Emotion and the Self: Philosophical and Interdisciplinary Perspectives
Matthew Ratcliffe, Achim Stephan
Andrews UK Limited, 2014
(all chapters downloaded, no contents page, but seems to be put together from the articles in JCS, Volume 20, Nos. 7-8, 2013

Depression and the Self: Bodily Resonance and Attuned Being-in-the-World
Fredrik Svenaeus

"That the suffering of depression has an impact on selfhood may seem like a rather self-evident claim. Every severe and/or chronic illness has a deep reaching impact on the identity of its bearer (Kleinman, 1988), and depression is surely no exception in this regard (Karp, 1996). To a large extent, for psychiatry, as John Sadler notes, 'the phenomenological foreground *is* the self, the psyche, even, perhaps, the whole person' (Sadler, 2004, p. 165). Also, considering the tradition of psychoanalysis in which depression has often been thought to be dependent on an early abandonment suffered by the depressed person, a loss that has been turned into grief and self-hate, the claim that depression affects the self does not appear novel or exciting (Freud, 1957). Nevertheless, considering the diagnostic and biological turn in psychiatry and the present distrust put in psychoanalytic aetiology, I find it important to reconsider the ways in which depression and selfhood form interdependent phenomena."

7. Depression, Emotion and the Self: Philosophical and Interdisciplinary Perspectives
Matthew Ratcliffe, Achim Stephan

Depression, Intercorporeality, Interaffectivity
Thomas Fuchs

> "Abstract: According to current opinion in western psychopathology, depression is regarded as a disorder of mood and affect on the one hand, and as a distortion of cognition on the other. Disturbances of bodily experience and of social relations are regarded as secondary to the primarily 'inner' and individual disorder. However, quite different concepts can be found in cultures whose members do not experience themselves as much as separate individuals but rather as parts of social communities. Disorders of mood or well-being are then conceived less as intra-psychic, but rather as bodily, interpersonal, or atmospheric processes."

8. The Weariness of the Self: Diagnosing the History of Depression in the Contemporary Age
Alain Ehrenberg
Montreal: McGill-Queen's University Press, 2010
Original French publication *La fatigue d'être de soi*, 1998

p. 64:

> "In a book published in 1946, Jean Delay placed affect as the centre of psychosis: "It's through this particular angle, as mood disorders, that we consider the two psychoses [i.e., schizophrenia and manicdepressive psychosis]." Why focus on mood when a disturbed belief system is the major sign of psychosis? "The analysis of thymic disturbances has taken on special interest since the introduction of shock therapies into psychiatry … These methods exert a truly remarkable effect on the thymic sphere, and therefore on psychoses where mood disorders constitute the primary disruption."[76] In both cases, we are faced with an illness of the affect – that is, a mood disorder. And this is the basis of hallucinations and delirium."
>
> 76. Delay, Les dérèglements de l'humeur, 5.

9. The Weariness of the Self: Diagnosing the History of Depression in the Contemporary Age

p. 102:

> "The first solution was proposed by psychiatrists with a psychoanalytic bias. They emphasized the idea of a depressive personality. For them, the depressive syndrome was neither psychotic nor neurotic; rather, it was a "borderline state." The neurotic was a conflicted individual, for she was "the one who manifest[ed] the unconscious conflict."[3] The "depressive personality," on the other hand, was unable to bring her conflicts to light, to give them form; she felt empty, fragile, and had a hard time dealing with frustrations. This led her to addictive behaviours and to seek out sensations. In psychoanalytic language, we could say that the personality in question found itself less in a conflictual state than in what we might call a split state, characterized by a sort of inner tearing apart, where the elements were neither in conflict with nor in relation to one another. The individual was overwhelmed by a feeling of inadequacy. Here we had a shift in the self's representation: the private rift became an inner gulf."
>
> 3. Israël, *L'hystérique*, 31.

10. Melancholia and Depression: From Hippocratic Times to Modern Times
Stanley W. Jackson
New Haven: Yale University Press, 1986

p. 225, quote from Freud, Mourning and Melancholia:

> "If one listens patiently to a melancholic's many and various self-accusations, one cannot in the end avoid the impression that often the most violent of them are hardly at all applicable to the patient himself, but that with insignificant modifications they do fit someone else, someone whom the patient loves or loved or should love …"

11. The Weariness of the Self: Diagnosing the History of Depression in the Contemporary Age

p. 104:

> "On the medical front (chapter 5), data now pointed to the increased insistence that a range of personal problems be addressed by general medicine. At the same time, the psychiatric expertise on which this medicine might rely was offering practical solutions to deal with the diagnostic chaos. This expertise emphasized the effectiveness of the deficit model. Depression abandoned all attempts to unearth an underlying pathology. Why force patients to face up to their conflicts when medical assistance can compensate for feelings of inadequacy? The crossroads phenomenon became a catch-all. At the same time, the therapeutic status of psychotropic medications began to be questioned: were we drugging people or really treating them? The disconnect between the two models of illness, along with the erosion of the regulating functions of the forbidden, led to a questioning of the boundary between the normal and the pathological."

12. The Mind and Its Depths [Oct26_10]
Richard Wollheim
Harvard University Press, 1993

Desire, Belief, and Professor Grunbaum's Freud

> "Here it is, in the last two paras of the chapter, his treatment of Grunbaum's suggestion argument, very nicely put, couldn't be better set out, p. 110:
>
> > "One of the key reasons that Grünbaum has for thinking that Freudian theory is clinically unconfirmable is that it is impossible to free the evidence from the taint of suggestion by the analyst.[31] Suggestion, or suggestibility, remains in [typo?] as a possible explanation of – and note the different areas in which this hypothesis is entertained – why the patient recalls his past as he does, indeed why he dreams as he does, and, most sobering of all, why he gets well if he does. According to Grünbaum, the clinical setting is completely unable to keep itself free of such contamination, which treatens every aspect of what occurs within it. Now, as Arthur Fine and Mickey Forbes point out in the issue *Behavioral and Brain Sciences* dedicated to Grünbaum, in a brief note, which is the best single thing I have read on the book,[32] suggestibility starts off rather like Descartes' demon, or as a mere place-holder for sceptical doubt. But gradually it escalates. Its claims upon our credence grow: its content is inflated. Soon it appears as an alternative theory to psychoanalysis, replete with its own hypothesis. It is, for instance,

asserted as a fact that, on balance, we are more suggestible when our positive feelings toward analysts have been aroused, though, once we have fallen victim to suggestion, we carry out susceptibility to it to any other analyst should we happen to transfer.[33] Indeed so powerful is this alternative theory, and so grotesque are the workings of the mind that it postulates, that Grünbaum readily slips from the term 'suggestion' to what he treats as *by* now its synonyms: 'indoctrination' and 'brainwashing'.[34]

But what is interesting is that, for all the serious attention Grünbaum asks *us* to give to this alternative theory, he never for a moment thnks that its plausbility requires *him* to give an account of how suggestion by the analyst would engage with the patient's psychological structure. He never proposes, nor feels the need for, any infilling when he invokes the possibility, indeed the likelihood, of suggestion as the real explanation for what the patient does or says. In the absence of such infilling, the situation is envisaged in the following way: (one) the analyst makes his wishes known; (two) the patient complies. It is a sign of just how far apart Grünbaum and Freud are in their conceptions of how psychological theory gains plausibility, that Freud, who also thought that suggestion could not be conclusively dismissed as the explanation of why the patient got better, never ceased to chip away at the problem of what the underlying mechanism could be on which suggestion depended. Freud thought that, if suggestibilty was to be an alternative theory to his own, it must be a theory, a psychological theory. It must, in other words, attribute a genuine mind to the mind."

"31. Grünbaum, *Foundations*, p. 127, 173-266, and passim.
32. *Behavioral and Brain Sciences*, 9 (June 1986)m oo, 237-238.
33. Grünbaum, *Foundations*, for example, pp. 13-135, 144-145, 161, 180, 242-245, and 257."
34. Ibid., pp. 135, 144, 151, and 215 (quoting Emanuel Peterfreund)."

13. Psychological pain: A review of evidence
Steven Mee, Blynn G. Bunney, Christopher Reist, Steve G. Potkin, William E. Bunney
Journal of Psychiatric Research 40 (2006)

"The examples cited in Table 1 suggest that a subset of depressed patients view and experience psychological pain as one of the dominant symptoms of severe mood disorder. This subjective experience appears to be as much a component of depression as feelings of hopelessness, worthlessness, changes in appetite and libido, sleep disorders and thoughts of death and dying. Its intensity may vary over time and may influence the course of the illness."

14. Is There Such a Thing as Psychological Pain? and Why It Matters
David Biro
Culture, Medicine, and Psychiatry (2010)

p. 660:

"Dan Vento has suffered no physical injury. Nor have patients who experience the psychic pain that accompanies acute depression. Nor have cancer patients (and their parents) who experience the overwhelming fear and anxiety and isolation that accompany the physical symptoms of their illnesses. Their nociceptors, at least with respect to these particular feelings, remain silent, sending no distress signal to the brain.

Therefore, their feelings are not really pain but something categorically different, what the professionals prefer to call suffering or anguish (Cassell 1991, pp. 30–46). And therefore, one will find no mention of grief or depression in medical classification schemes of pain."

Cassell, E.J., 1991 The Nature of Suffering and the Goals of Medicine. New York: Oxford.

15. Is There Such a Thing as Psychological Pain? and Why It Matters
David Biro
Culture, Medicine, and Psychiatry (2010)

p. 660, next para:

"Even psychiatrists are wary of speaking about pain in their patients, reserving it only for those rare and strange cases of psychogenic pain or somatoform pain disorder—that is, physical-like pain localized to a part of the body that has not been injured, the modern-day equivalent to what Freud termed hysteria or conversion reaction (DSM 3, rev.; American Psychiatric Association 1987). The bottom line is that the psychological pain experienced by Dan Vento and millions of patients with acute depression is an oxymoron or, at best, a metaphor. It simply does not exist.[1]"

1. I am arguing here neither that psychic distress is any less real than physical pain nor that somatic complaints can accompany psychiatric illness—in fact, 50% of depressed patients report symptoms of physical pain (Katona et al. 2005)—but that psychic distress can itself be painful in a meaningful sense, that it can be phenomenologically akin to physical pain and, therefore, should be categorized under the same rubric.

16. Redefining Pain
David Biro
Palliative and Supportive Care (2011)

"Introduction
Medicine defines pain as a signal of physical injury to the body, despite evidence contradicting the tight linkage and despite the exclusion of vast numbers of sufferers who experience psychological pain. By broadening the definition to include both functionalist (or objectivist) and phenomenological (or subjectivist) features of pain, we would not only better accommodate the basic science of pain but would also recognizewhat is already appreciated by the layperson, that pain from diverse sources – physical and psychological – share an underlying felt structure."

17. Redefining Pain
David Biro
Palliative and Supportive Care (2011)

"Broadening the Definition
The problem with current definitions of pain is their focus on the objective features of pain at the expense of subjective ones, what pain tells us (its functional significance) rather than how it feels (its phenomenology). Yet what unites the many varieties of pain is not physical damage but a shared phenomenal experience. An ideal definition should be able to accommodate the subjective nature of pain and its biological significance. For

this reason, I propose the following definition

Pain is an aversive internal experience that threatens to destroy everything except itself.

Although the definition focuses on the felt characteristics of pain, it also preserves its function as a warning signal to the body."

18. On the capacity to endure psychic pain
Robbert S.G. Wille
The Scandinavian Psychoanalytic Review, 34, 2011

"The foundations of the capacity to endure psychic pain are laid in the earliest phases of human life when the somatic and the psychic are still hardly, if at all, differentiated from each other, so that psychic and somatic pain more-or-less coincide. This foundation may cast some light on Joseph's (1989) observation that psychic pain is often experienced as quasi-somatic and therefore seems to be a phenomenon on the boundary between the somatic and the psychic."

19. Psychological pain: A review of evidence
Steven Mee, Blynn G. Bunney, Christopher Reist, Steve G. Potkin, William E. Bunney
Journal of Psychiatric Research 40 (2006)

"Table 1
Quotes from depressed patients describing psychological pain using the word 'pain' referring to psychological pain

Can't live without my wife, this *pain* and misery is too much

Pain felt like. . . a heavy hearted stomach-ache

The pain feels like it's in my heart

The pain is all over, not centralized

The *pain* feels like my heart hurts … a heaviness on my shoulders … hurts in my gut, I just want to sleep

It hurt, it was emotional not like other pain

My *pain* is like a black abyss, it hurts so bad I'd rather go to hell!

It's worse than any *pain* anyone can feel, its depression, I couldn't stop crying. It just kept coming out

The *pain* of depression was so bad. I used all of my strength to keep from killing myself as I was afraid that if I went to hell I would come back again to the depression

What I'm feeling is nearly unexplainable. . . It comes out of nowhere. No warning. I almost killed myself to make *the pain* go away. . . Depression is a black pit. . . And that's that, sometimes for weeks, sometimes for days, most of the time for months

The *pain* of depression is "unbearable". I just want to die to escape from it

It is like being in a black hole and trying to claw my way up to get out of it but I keep slipping further and further down that hole. The suffering is torture. It is the worst *pain* that I know

Suicide is the out, the option, because the *pain*, the *psychological pain* would stop

The *pain* feels like a crunching up–inside. ''I want to drop into a moaning ball''

I have suffered from severe, recurrent depression for 40 years. The psychological *pain* that I felt during my depressed periods was horrible and more severe than my current physical pain associated with metastases in my bones from cancer

The *pain* from my recent episode passing a urinary stone did not compare in severity to the *pain* and suffering I experienced during my depression when I was so intensely suicidal

I woke up in the middle of the night to use the bathroom and forgot that my furniture had been re-arranged. I accidentally tripped over my cocktail table, breaking both of my legs. I want you to know that the *pain* that I experience from depression is so much worse than the *pain* associated with my breaking both of my legs

The first five quotes were obtained from suicide notes written by depressed patients Leenaars (1988). Additional sources of quotes include unpublished clinical and anecdotal sources from depressed patients. These quotes were not systematically collected and serve only as an illustrative example of the intensity and suffering associated with psychological pain."

20. Psychological pain: A review of evidence
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Journal of Psychiatric Research 40 (2006)

At the front of the piece:

"The gray drizzle of horrors induced by depression takes on the quality of physical pain" (William Styron in *Darkness Visible: A Memoir of Madness* (Solomon, 1992))

21. Mood pain: A comparative study of clinical pain and depression
Osmond, H., Mullaly, R., & Bisbee, C.
Journal of Orthomolecular Psychiatry (1985)

"Abstract
Interviewed 30 depressed psychiatric inpatients who had previously experienced severe physical pain as a result of injury, illness, or surgery. 15 of the Ss were female (mean age 38.8 yrs) and 15 were male (mean age 39.9 yrs); psychiatric diagnoses included depressive neurosis or anxiety, dysthmic disorder, schizo-affective disorder, and manic depressive illness. Ss were asked to compare the pain of depression with their previous physical pain, indicating which was worse and which, if they were forced to make a

choice, they would rather re-experience. Results indicate that Ss viewed depression as more painful than physical pain. Implications for the further investigation of pain and depression and for the clinical management and treatment of chronic pain, depression, and suicide are discussed. First-person accounts of depressed and often suicidal patients suggest alternative ways of viewing and understanding depression."

22. Mood pain: A comparative study of clinical pain and depression
Osmond, H., Mullaly, R., & Bisbee, C.

"Perhaps our patients, who have experienced both pain and depression, fear the latter much more than the former because severe depression resembles a diffuse, un-localized pain. Pain in human beings, particularly adults, is usually localizable. We ask our patients exactly where the pain is and expect them to be able to tell us. It would be very difficult for patients to discuss or for doctors to recognize a pain that has no place. Severe pain, evenly distributed throughout the body might be something very like depression. It is likely that some of the same brain mechanisms are involved in both pain and depression."

23. Mood pain: A comparative study of clinical pain and depression
Osmond, H., Mullaly, R., & Bisbee, C.

"Our patients described wave after wave of agony beyond expression or understanding, an unsharable misery, a deep hurt powerful enough to take away the will to live. This experience is what we have called, for want of a better word, the "mood-pain" of depression that our patients considered was "worse than anything" and far worse than the physical pain which they had previously experienced and which they said they would take in preference."

24. Further Reflections on Suicide and Psychache
Edwin Shneidman
Suicide and Life-Threatening Behavior, Vol. 28(3), Fall 1998

"In retrospect, in almost every case I have ever seen, it appears that suicide is pushed by pain, and that suicidal fantasies and suicidal acts are efforts to escape or put a stop to the pain that flows through the mind. It is a special kind of pain, psychological pain, the pain of the negative emotions – guilt, fear, shame, defeat, humiliation, disgrace, grief, bereftness, dread, woe, loneliness, hopelessness, frustrated love, fractured needs, rage, hostility. For the suicidal person, that psychological pain, that pain in the mind, that *psychache,* has a quantitative intensity that pushes it into a special qualitative state; it is deemed unbearable, intolerable, unacceptable; it has crossed a certain critical line somewhere in the mind."

25. Mental Pain and Suicide: A Systematic Review of the Literature
Maria Cristina Verrocchio1, Danilo Carrozzino, Daniela Marchetti, Kate Andreasson, Mario Fulcheri and Per Bech
Frontiers in Psychiatry, June 2016

"Mental pain seems to be a leading cause of suicide only when it is experienced as unbearable according to the cubic model of Shneidman (5). Recently, studies highlighted the clinical relevance of tolerance as a component of mental pain to explain its association with suicidality. In this regard, Levinger et al. (40), by using a multivariate

analysis of covariance (i.e., MANCOVA), have demonstrated that suicidal respondents reported higher levels of mental pain, as well as a lower tolerance for such pain compared to non-suicidal group. Furthermore, when testing the hypothesis that mental pain and tolerance for this pain predict the suicidal risk, the authors confirmed that current mental pain was the strongest predictor of many aspects linked to suicidal behavior (i.e., self-reported suicidal ideation, suicide preparation, repulsion by life, and attraction to death)."

26. Reducing Suicide
Institute of Medicine [US], 2002

p. 17:
"Suicide is ultimately a private act. It is difficult to put into words the suffering and agonized state of mind of those who kill themselves. But personal accounts of those who have completed or attempted suicide provide a glimpse of the psychological pain that culminates in a desperate act. A minority of those who kill themselves actually write suicide notes, and these only infrequently try to communicate the complex reasons for the act. Still, some consistent psychological themes emerge. Clearest of these is the presence of an unendurable heartache, captured in the simple phrase, "I can't stand the pain any longer," a phrase often seen in suicide notes or heard by clinicians after an attempt."

27. Psychological pain: A review of evidence
Steven Mee, Blynn G. Bunney, Christopher Reist, Steve G. Potkin, William E. Bunney
Journal of Psychiatric Research 40 (2006)

The examples cited in Table 1 suggest that a subset of depressed patients view and experience psychological pain as one of the dominant symptoms of severe mood disorder. This subjective experience appears to be as much a component of depression as feelings of hopelessness, worthlessness, changes in appetite and libido, sleep disorders and thoughts of death and dying. Its intensity may vary over time and may influence the course of the illness. New strategies to further investigate psychological pain symptoms are suggested below under "Future studies".

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