Winter 12-17-2018

Narrating the Collapse: The Use and Limits of a Phenomenology of Depression

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DISSERTATION

Submitted in Partial Fulfillment of the
Requirements for the Degree of

Doctor of Philosophy
Philosophy
May, 2019

The University of New Mexico
Albuquerque, New Mexico

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ABSTRACT

This project is an attempt to apply certain of the insights of phenomenological philosophy to the analysis of the lived experience of depression. I argue that the centering of experience in phenomenology can, and should, motivate its use in the context of the philosophical analysis of mental health, and may contribute to therapeutic aims as well. While this has been remarked upon in recent and current literature, this project motivates, engages with, augments, and challenges existing philosophical approaches to mental health and depression. I begin by surveying the existing literature, and bringing the critiques of classical phenomenology suggested by Guenther's "critical phenomenology" to bear on the phenomenological analysis of mental health and illness, and depression in particular. Having proposed a shift in emphasis to the intersubjective dimensions of depressive experience, I give an account of aspects of depressive experience in terms of a lived breakdown of "faith" (as the concept functions in Merleau-Ponty and Kristeva). I then proceed, in a more critical vein, to draw attention to the linguistic dimensions of phenomenological reporting that the current literature neglects. I argue that a responsible and robust phenomenology of depression must reckon with the linguistic situation of accounts of depression (from which such a phenomenology necessarily proceeds), complicated as they are by the linguistic symptoms of depression and laden as they are with the gravity and dynamics of the diagnostic and clinical setting. Such an approach can augment and challenge existing literature on depression (phenomenological and otherwise), and its trenchancy is supported by numerous case studies and patient testimonials cited herein.

Table of Contents

Chapter 1

Overview of the Project

Depression is the subject of extensive literature, across the sciences, memoir and fiction, comparative studies, and, increasingly, philosophy. The dominant approach in Anglo-American philosophy of mental health and illness in general has been conceptual analysis. But there is an emerging trend of phenomenological analysis of mental health and illness, less concerned with the classification of mental illness and the necessary and sufficient conditions for the application of the term, and more concerned with mental illness as *lived* (see, for example, Wayne Martin, Matthew Ratcliffe, Thomas Fuchs, and Havi Carel). Such an approach shifts the emphasis necessarily to the subject of narration and testimony, which fact is crucial yet under-attended to in the literature.

I share a commitment with the phenomenological literature that the *lived experience* of depression is particularly important for understanding depression, even if other dominant modes of its analysis do not always adequately attend to it. Taking this experience into account is called for by the nature of depression, it is therapeutically desirable/efficacious (I deal with both of these points in Chapter One), and a holistic emphasis thereupon draws attention to (and in certain cases may ameliorate) social factors contributing to and formative of depression (briefly remarked upon in Chapter Four).

In Chapter One (in addition to a broad survey of phenomenological and non-phenomenological approaches to illness, mental illness, and depression), I articulate how phenomenology is well suited to the analysis of the experience of depression.[1] Owing to

[1] My interest here is both a more robust understanding of depression as well as means its therapeutic amelioration, and it is from this perspective that I see phenomenology as promising.

the exhaustive work of phenomenological analysis undertaken by the authors in this field (notably Matthew Ratcliffe), I do not engage in what we might call a more traditional phenomenological analysis: analyses which, broadly speaking, reveal the structures of their experience, from within the variety of experience (Ratcliffe's analyses, for instance, are of spatiality and temporality in depression.) Rather I augment and extend this approach via the work of critical phenomenology. I bring the work of the later Merleau-Ponty to bear on the phenomenology of depression via an engagement with and application of his concept of perceptual faith.

In the Chapter Two, I argue that, on Merleau-Ponty's account, there is a faith that subtends philosophical and scientific inquiry and speculation, a faith which conceals uncertainty and makes such speculation possible. Given what Kristeva says about faith and melancholic atheism in *Black Sun*, we can read her account as articulating a faith that subtends non-melancholic being-in-the-world, a faith that is never fully secured in the melancholic subject and is thus subject to breakdown. In a sense, the melancholic subject is subject to faithlessness. While Merleau-Ponty's discussion of perceptual faith occupies a meta-register, using Kristeva's account of faith and its breakdown we can articulate a mode in which the menacing obverse of faith becomes dominant. Kristeva illuminates the way in which the threatening incredulity which Merleau-Ponty partially articulates shifts from threatening and enabling (i.e. abjected), yet obverse, to dominant – to the configuring force of experience. In this project I focus on this operation in the lived experience of depression.

I argue that Merleau-Ponty's late articulation of perceptual faith is largely informed by and extends elements of Husserl's account of the natural attitude. In addition

to bringing to light what is taken for-granted in the natural attitude (and how it is taken for-granted), Merleau-Ponty emphasizes the extent to which a philosophy of experience ought to take the natural attitude into account and reveals that the natural attitude is inadequately conceived of as an *attitude* (this point is made explicit by Eugene Fink and a similar insight underlies Matthew Ratcliffe's "existential attitude" and Kristeva's "narcissistic depression"). Further, Merleau-Ponty brings to light the nature of this taking(-for-granted), which is properly conceived of along the lines of *faith*. I read Merleau-Ponty's *The Visible and the Invisible* and "The Philosopher and his Shadow" in a way that highlights A) how faith in a shared world subtends intersubjective communication, and B) the extent to and manner in which the "I am able to" is linked to "the other exists". For Merleau-Ponty, faith is reversible, and I consider the way in which faith in a sole, shared world gives way to its opposite. Such an experience is attested to in numerous accounts of the lived experience of depression. I close this chapter with a look at numerous case studies that distinguish between the actual presence of a support system for people with depression and the sense of belongingness to such a system and consider, along the lines of Merleau-Ponty's perceptual faith, the possibility of being-alongside others or being-in-the-midst-of-others without being-with others.

Then in Chapter Three, I offer an interpretive summary and analysis of Kristeva's account of melancholia (drawing primarily from *Black Sun: Depression and Melancholia*, as well as aspects of *New Maladies of the Soul* and *Revolution in Poetic Language*). This analysis highlights the way in which depression may be understood as a breakdown of faith and shows the depth to which the breakdown of faith is formative of the lived experience of the melancholic subject.

This chapter also begins the shift to the more critical edge of my project to be taken up in greater depth in Chapter Four: Specifically, I argue that Kristeva, while furnishing compelling resources for a thinking of depression/melancholia in terms of faith, and/or the lack thereof, also foregrounds an understanding of depressive *expression* in a way that A) is consistent with, and complementary to, the Merleau-Pontian account I sketched in Chapter One, and B) takes (symbolic or linguistic) expression not as one aspect or symptom of the lived experience of depressive experience, but as central to the understanding and treatment thereof. Such an approach has important differences from, and, I argue, advantages over, much of the current phenomenological literature on depression which take alterations/modifications of speech merely as *symptom(s)* among others. Such an attunement to language places a demand on us to attend critically to the condition under which testimonies of depression—which any phenomenology of depression must take as its starting point—are necessarily produced.

In short, I argue in Chapters Two and Three that depression can be understood as a *living of unfaith*: the abjected constituting obverse of faithful navigation of the world. As Merleau-Ponty claimed faith, in a sense, is reversible. The melancholic lives the other side -- the obverse. Whereas everyday perceptual faith is haunted by incredulity which marks the sense of certainty as *faith*: faith which is ordinarily abjected and concealed, erased, forgotten. The melancholic lives unfaith, haunted by the specter of an impossible faith. The melancholic lives the forgotten—the abjected unfaith that is faith's constant counterpart.

In Chapter Four, I flesh out the aforementioned critical edge after recasting the need for an analysis of the experience of depression along the lines of the call for a

feminist holistic, qualitiative analysis issued by the editors and contributors of *Situating Sadness: Women and Depression in Social Context*. In light of a more robust motivation for a phenomenological approach to depression, I turn to the problems that inhere in an insufficiently critical deployment of phenomenology. Specifically (drawing from Judith Butler's work in *Giving an Account of Oneself* and *The Psychic Life of Power*, and thus carrying forward her Foucaultian approach in these texts) I problematize the naivete of aspects of the existing phenomenological literature on depression, failing as it does to take into account A) that the testimonial narration of depression is a linguistic exchange, and B) is produced under conditions of a particular clinical power relationship that is itself formative of the depressive subject who testifies. While leaving this question open, broadly, I take a stand against the position (articulated by, for instance, Joan W. Scott) that an analysis of experience is always necessarily, and devastatingly, impoverished. It is my hope that this might flesh out the critical edge of critical phenomenology, and thus fortify the feasibility of a phenomenological approach, important as it is to the philosophical understanding and treatment of depression (as I elaborate in Chapters One and Four).

Note

The ontological status of depression will be left occasionally remarked upon (insofar as I draw attention to the normative valences of illness) but I will not make a commitment regarding its status as illness or disease**.** I am concerned here primarily with the *experience* of depression insofar as it is labelled as such. I am also concerned insofar as it *functions* as label—gives rise to experiences and specific relations.

Relatedly, I do not offer a definitive definition of depression. Again, my concern is with

the experiences of those whose experience is labelled “depressive”, i.e. those who are said to suffer from depression (a label often applied in light of the DSM criteria). In this sense, then, I am, by the nature of such a phenomenologically informed and motivated project as this, working along the lines of family resemblance. Further, I leave largely intact the vacillation between melancholia and depression found in Kristeva, for whom the Freudian concept of melancholia is formative and, at least as a set of symptoms, is preserved in our contemporary understanding of depression.

§ I) Philosophical Approaches to Understanding Depression

> A complex interplay of interpersonal concepts and their role in the onset and course of depression is suggested. Despite the prominence of biologic approaches to depression, this research supports continued attention to the interpersonal relationships of depressed individuals.[2]

Much of the justification for turning to phenomenology (a philosophical method that proceeds from first-person experience in order to reveal the basic structures of experience) to better understand mental and somatic health and illness is framed in relation to naturalistic approaches: either as a rejection, alternative, or complement. Havi Carel, for one, argues in favor of a naturalistic approach to *disease* while maintaining that such an approach is inadequate to the understanding of (and medical/therapeutic

[2] Hagerty and Williams, “The Effects of Sense of Belonging, Social Support, Conflict, and Loneliness on Depression,” in *Nursing Research* 48, no. 4 (1999), pp. 215-219.

engagement with) the experience of *illness.* (I will review and engage this distinction below).

Naturalism's prevalence in analytic philosophy, and the nature of its relationship to phenomenology~~,~~ and the philosophy of illness is variously noted. According to David Cerbonne, "[phenomenology]'s general disregard for causes is symptomatic of a further point of agreement [across the field of phenomenology]: its opposition to what is perhaps the most dominant trend in contemporary philosophy (which was also a heavy hitter at the time of Husserl), namely 'naturalism.'"[3] Carel states, "My main discomfort with the orthodox concept of illness is that it originates in a *naturalistic* approach."[4] She goes on to offer a stipulative definition of naturalism: "Naturalism is a label for a broad spectrum of views saying, roughly, that natural or physical facts are sufficient to explain the human world."[5] By this definition then, a naturalistic philosophical understanding of depression would say that natural or physical facts are sufficient to explain depression. Whether this is a fair characterization of the rich naturalistic literature on health and illness is debatable, but the characterization is important to note as a self-understanding of the phenomenological literature I below consider.[6]

It is, perhaps, better to characterize, at least for the narrow purposes here, the naturalistic approach as entailing the view that in an account of depression, for example, "natural or physical facts" have explanatory primacy. This means that the *experience* of illness is also radically reducible to said natural and physical facts, or is at the very least

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[3] David Cerbonne, *Understanding Phenomenology* (New York: Routledge, 2014), 7.
[4] Havi Carel, *Illness* (New York: Routledge, 2013), 9.
[5] Carel, *Illness*, 9.
[6] On the question of whether philosophical naturalism necessarily entails a claim to explanatory exhaustiveness, c.f. Adrian Johnston and Catherine Malabou, *Adventures in Transcendental Materialism*: *Dialogues with Contemporary Thinkers*, Chapters Six and Eight.

best explained by them. The sadness, listlessness, or fatigue associated with depression would, therefore, be best explained in terms of neurons, neurotransmitters, the stimulation of certain regions of the brain on a naturalistic view, even if such a view leaves open a place for other explanations of illness.

The status of such "facts," as facts and in their relation to illness, health, and disability is of course a critical question: research in illness and disability studies compellingly imperils the relationship between physical facts and disability and, for example, argues that the facts that explain disability include those outside the body, such as social norms and expectations, even architecture. This is not the line of critical questioning with which this project is primarily concerned; rather, I will be concerned here with medical methodologies, and the ways in which a patient's encounter with them may affect, or even substantially constitute, the phenomenology of depression. Rather than analyze the ontological status of the facts that subtend the naturalistic conception, I will analyze the motivations, and with them the presuppositions, of medical practice around depression, and the surveillance that characterizes these methods with an eye to their impact on the experience of depression, and the ontogenesis of the depressed subject.

What phenomenologists' criticisms of naturalism reveal is not necessarily that natural and physical facts have no explanatory power with regard to illness, nor do they suggest idealism with regard to these facts; rather they demonstrate that understanding the physical and natural facts of disease, even if we understand them all, is incomplete. The phenomena of illness are multiple and complex, and the physical facts of disease are merely among them. What this would mean for a philosophical approach to

understanding depression is not immediately clear, but we can loosely characterize the phenomenological approach as understood (both in and out of relation to naturalism) along the following lines: a phenomenological approach to understanding depression centers philosophical investigation on the experience of living with depression (rather than, for example, the elucidation of "natural facts" or conceptual analysis,) which experience is insufficiently explained by exclusive or primary recourse to such facts. This is consistent with Cerbonne's claim that "[Naturalism], which gives pride of place to the findings of the natural sciences, tends to be preoccupied with precisely the kinds of causal structures that phenomenology disregards."[7] Causal structures, if you will, are largely bracketed on this approach, and explicitly so in the accounts I consider below.

Carel states, "On a naturalistic view, illness can be exhaustively accounted for by physical facts alone."[8] Again, it is not important at this juncture to determine whether this applies to all naturalisms worthy of the name. It is important, though, to avoid from the start the sort of vicious circularity into which such a statement might otherwise lead, as the *experience* of having a disease inheres in Carel's definition of *illness,* not disease.[9] Illness, on Carel's definition, exceeds naturalistic explanation. This claim can, and should, be nuanced. It is not the case that physiological facts have no place in a robust philosophical understanding of depression. Rather, the claim ought to be that that which exceeds these physiological facts—the experience of depression—should be centered in any such understanding of illness. In fact, Carel argues that centering the experience of the diagnosed, i.e. of the ill person, is important for more than mere theoretical or

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[7] Cerbonne, *Understanding Phenomenology*, 7-8.
[8] Carel, *Illness*, 9-10.
[9] Carel, *Illness*, xviii – xix.

conceptual completeness; rather phenomenological perspectives must be centered for reasons of *therapeutic efficacy*.

This distinction between disease and illness shows the ways in which diagnosis, treatment, and suffering all exceed their underlying causes: the physical facts of disease. This distinction recalls another, important for understanding illness, and particularly disability: the distinction between naturalism and constructivism. This distinction points to the ways in which various experienced phenomena of diseases and impairments do not inhere in the diseases and impairments themselves—that is in the *facts* of certain bodies—but rather that impaired bodies are cast into a world which does not accommodate them, making more difficult their experience. That is, some of the most difficult experiences that come with impairment exceed the natural facts of the impaired body, because the world outside this body has more fundamental explanatory power over them. The illness/disease distinction with the constructivist/naturalist distinction point to the ways in which experience exceeds physical facts of illness: on the one hand because experience *within* the subject is not reducible to these facts of her body, and on the other because this body is in a broader world, a world which either receives her or does not, and which shapes her experience through its acceptance and aid, or its rejection and impediment.

> The crucial difference between naturalism and constructivism is that for naturalists, diseases are objectively malfunctioning processes that cause harms. For constructivists, diseases are harms that we blame on some biological process

because it causes the harm, not because it is objectively dysfunctional.[10]

This distinction likewise has a hold in the philosophical treatment of mental illness. The hard naturalist claim about mental illness is that mental illness is a matter of the objective malfunctioning of physical parts and processes and is thus explicable in terms of these parts and processes. This seals mental illness within the subject, locating it within the skull, the nervous system, the *private* and *individual* recesses of a single body. The constructivist approach, on the other hand, acknowledges that the mentally ill person is an experiencing subject, produced in part by the world in which she lives, and diagnosed with her condition in this world by another person. Because her diagnosis is given to her by another, and because such a diagnosis can only occur within the context of a shared world, a shared concept of health, a shared investment in the future, etc., her illness cannot be understood outside of her relations with others. The impact of her diagnosis on her daily life, prognosis, and eventual cure, cannot be found by tunneling into her individual, factical, body in isolation.

This analysis is born out in contemporary research on depression by the psychologists Daughtry and Kunkel, who, in a study of depression in college students, note that there is a "consequent lack of understanding of the experience of depression," within "previous depression-related research, which has emphasized conceptual and measurement issues."[11] Further they argue that "Future investigations could more fully analyze statistically these and other data, maintaining a focus on depression as a

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[10] Carel, *Illness*, 9.

[11] Donald Daughtry and Mark A. Kunkel, "Experience of Depression in College Students: A Concept Map," in *The Journal of Counseling Psychology* 40, no. 3 (1993), 316.

phenomenological experience."[12]

The proponents of the phenomenological method applied to questions of somatic and mental health and illness with which I am here concerned (e.g. Ratcliffe, Carel, and Fuchs) argue that the naturalistic approach is woefully impoverished particularly in its inability to account for the *experience* of the depressed patient. This inadequacy is especially evident because the experience of depression is inherently social, something for which a hardline naturalist approach may not fully account, because it means depression exceeds the organic limits of the depressed individual.[13]

> One way of thinking about interpersonal experience in depression is to consider all of those ways in which one might feel estranged from a particular individual or alone in his presence: shame; guilt; vulnerability; detachment; discomfort; lack of any shared, meaningful context; unworthiness."[14]

While Merleau-Ponty, lamentably, does not feature in these discussions as frequently as other phenomenologists, let alone his psychological work prior to *Phenomenology of Perception*, this motivation reiterates Merleau-Ponty's early motivation of and engagement with phenomenology in *The Structure of Behavior*.[15]

Of course, these objections to hard-naturalist approaches are inadequate as a

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[12] Daughtry and Kunkel, 323.

[13] This claim can be read as immanent to the phenomenologically motivated philosophical literature with which I am here dealing, as I do not intend to make claims about the scopes and limits of the recent movement of "naturalistic phenomenology" and/or its engagement with externalism.

[14] Matthew Ratcliffe, *Experiences of Depression* (Oxford: Oxford University Press, 2015), 226.

[15] Maurice Merleau-Ponty, *The Structure of Behavior*, trans. Alden Fisher (Pittsburgh: Duquesne University Press, 1983).

description of the phenomenological approach to depression, as there are particular reasons that proponents of the phenomenological approach give to employ the method, which I will survey below. Rather these analyses go some way toward motivating the use of a phenomenological method, and the stakes of ignoring whatever phenomenological datum such a method may render up. These distinctions are important insofar as they identify and motivate the experiential focus of the literature I survey here and my own (germinal) critical project.

As we shall see, centering experience leads to a much more complicated, and arguably more complete picture of what depression *is*. Depression will not, on a phenomenological account, be some abnormal event occurring within the body of some particular individual. Rather, exceeding the sinews and nerves of the depressed subject, understanding depression philosophically demands attendance to a *lived* experience that effects the world and its meaning, its objects and meanings, and their very reality (as contemporary psychologists and Carel indicate.) Depression will extend into the lives of *others*, implicating, incorporating, and effecting them, as an inherently social and intersubjective phenomenon. We will see, also, that a more critical phenomenology may light on an even more expansive and complex depressive structure, interwoven, complexly enmeshed, with diagnostic, medical, and normative frameworks. (In addition, productive and complex challenges may be brought forth for phenomenology, as for any method of analysis of experience, as demonstrated by, e.g. Foucault, Guenther, Scott, and Butler.) At any rate, such a reconsideration of depression, from the side of experience, defines this phenomenon in such a way that it is irreducible to one particular nervous system or person, and the chemicals with which it is imbued. Depression is a

phenomenon of the world, of community/communion and their absence, and of shared normative dimensions of social life.

Of course, phenomenology does not have a monopoly on the philosophical analysis of experience. For those writers who take the approach, phenomenology is best suited to the examination of somatic and mental illness, including depression, it is the *centering/prioritization* of experience in phenomenology that nominates it as best suited for the task of a philosophical understanding of depression. It doesn't intuitively follow from the fact that naturalistic approaches detrimentally ignore lived experiences of the ill, that these experiences should be centered in any understanding of depression. Why not merely supplement naturalistic approaches with experiential accounts and data? For Carel, the answer to this question is a matter of therapeutic efficacy. That is, if our understandings of disease and illness are *for* anything, it is therapy, healing, the alleviation of suffering. All of these phenomena take place in the realm of experience. Such an intuition is evident in situations of palliative care, wherein doctors treat nothing other than suffering as it is experienced by their patients. But, this model quickly dissipates as doctors seek to *cure*, and focus upon causes. As Carell recounts from her own experience, professional neglect of the experiences of suffering that accrue around diagnosis and treatment themselves can be devastating. Centering experience means centering this suffering and attending to it, even eradicating it for some patients: a supreme therapeutic aim.

§ II) Why Phenomenology? Carel and Gadamer in Dialogue with Naturalism

Gadamer and Carel both advance broad claims regarding the necessity of a

phenomenologically informed and motivated rejoinder to the medicalization of health. Which is to say, they both argue that our understanding of health and illness may be supplemented or even radically changed if we approach the phenomenologically (and, for Gadamer, hermeneutically).

Carel explicitly links this medicalization of health to the prevalence of naturalistic approaches to understanding and treatment: understanding a naturalistic approach to treatment as one that takes the proper locus of treatment to be a matter of "natural facts". This of course, raises an important Foucaultian question regarding the relationship between health and medicalization and, specifically, whether there even *are* facts of health and illness independent of technological processes of medicalization and upon which such processes may or may not intervene. I will turn to this and related questions as they bear specifically on depression in the final chapter. At this point, however, it is better to focus on the broadly existential motivations for applications of the phenomenological method to health and illness, and to turn to these important challenges once this groundwork has been laid.

For Carel, both the scientific and philosophical modes of discourse surrounding illness aim for a kind of objectivity. This aim is crystalized in the primacy of the naturalistic approach. Medical practitioners privilege physical facts, while medical ethicists look to the application of ethical theory, both of which, it is hoped, will apply to *every* case regardless of the unique subjective contents of cases.[16] The presupposition that objectivity enjoys absolute primacy in understanding illness and disease, however, appears prejudicial when we turn to the phenomenologies of illness, diagnosis, and

[16] Carel, *Illness,* 138.

treatment. This prejudice may well be an injustice, an assumption that accounts given by ill persons are not truth-preserving, or at least not truth-preserving in a way that sheds light on their illness and treatment.[17] In evacuating medical and medico-ethical discourse of all subjective material, certain of the phenomena of illness which most urgently press upon the patient are left completely unexamined, much less therefore are they taken into account in therapeutic approaches. According to Carel, this is in fact exemplified by depression:

> If someone suffers from depression, a physiological description of their illness will tell us very little, if anything, about the illness itself. Such a description may provide some information about brain function, neurotransmitters, and serotonin levels and so on. But in order to understand fully what depression is, we must turn to the experience of depression: the loss of appetite, the dark thoughts, the listlessness and sense of doom and so on. If you tried to give a description of depression without recourse to any subjective experiences you would struggle to do so. This demonstrates that a purely physiological description of an illness is insufficient.[18]

Carel also contends that "Disease, therefore, can no longer be understood as a mere physiological process that affects the person only secondarily."[19] In fact, these "effects" must be considered alongside their "cause," which is to say that a basic naturalistic causal model does not have the specific weight contemporary medicine gives it, i.e. taking root-

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[17] Carel, *Illness*, xvii.
[18] Carel, *Illness*, pp. 11.
[19] Carel, *Illness*, pp. 16.

cause analysis and physiological fact as the sole or primary basis for treatment, and even as the sole and primary consideration for therapy.[20] Rather, the effects have mutual explanatory power over the phenomenon illness itself—what illness is as much a question of its effects and the experience to which it gives rise as it is a question of its cause. Furthermore, these effects, the lived experiences of illness, demand remediation. That is, they demand that therapy act and take place in these effects -- in experience. After all, the patient's suffering is a subjective experience, not easily isolated without her account, and it is this suffering that brings her to the doctor to ask for treatment. Freud notes that, even if we are methodologically suspicious of the veracity of a patient's account, "We must at once confirm some of [the patient's] statements without reservation. He really is as lacking in interest and as incapable of love and achievement as he says."[21] The call of her suffering, and its attendant call for amelioration, are as much a normative call as the objective presence of aberrant disease at the level of physiology.

While Gadamer does not deal with naturalism *per se* in the text with which I am concerned, *The Enigma of Health*, we can compellingly group his and Carel's criticisms as targeting the medicalization of health and illness, both nominating the understanding and treatment of depression as paradigmatic. The shortcomings of the medical model of understanding depression—from both the therapeutic and philosophical standpoints –

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[20] Bracketing the prevalent ordinary connotation of therapy as usually referring to mental health, I mean therapy more broadly here. In fact, the therapeutics of mental health treatment do not necessarily manifest this "naturalistic" approach in the same way as therapeutics of somatic health treatment (to draw an admittedly crude distinction) as cognitive behavioral therapy (a dominant approach to mental and behavioral health) could be said to complicate this distinction.

[21] Sigmund Freud, "Mourning and Melancholia," in *The Freud Reader*, ed. Peter Gay, trans. James Strachey (New York: W.V. Norton & Company), 245.

intertwined as they are to some of the thinkers whom I consult here—are articulated compellingly by Carel and Gadamer.

Along broadly Heideggerian lines, Gadamer, in *The Enigma of Health*, draws attention to the inherent limits of the sciences and shows how this bears on the understanding of health, illness, and medicine. Science is invoked, *qua science*, to provide a complete picture of what it is to be healthy or ill, what is health and illness, yet is necessarily and always already circumscribed, unable to provide a complete account of what it is to *be* ill (or healthy) and to ground its own presuppositions (echoing certain of Heidegger's remarks on science with the latter).[22] Gadamer's criticisms of the clinicalization/medicalization of healthcare follow from his more general critique of modern scientism, as well as a concern for the therapeutic efficacy. He argues that a more robust understanding of human health evades complete articulation within the resources of medical science. Attending to those phenomena of health for which medical science cannot completely account, on his view, is more philosophically responsible and therapeutically efficacious. As we will see, his proposed remediation via the deployment of hermeneutic method is importantly similar to Carel's phenomenological proposals.

> Although health is naturally the goal of the doctor's activity, it is not actually 'made' by the doctor. Connected to this is something further: the goal of health is not a condition that is clearly definable from within the medical art. For illness is a social state of affairs. It is also a psychological-moral state of affairs, much more than a fact that is determinable from within the natural sciences. All this,

[22] See, e.g., Martin Heidegger, *The Essence of Truth*, trans. Ted Sadler (London: Bloomsbury, 2013).

> which formally made the family doctor a friend of the family, indicates the elements of medical efficacy of which we today are often painfully deprived. But even today the doctor's power of persuasion as well as the trust and the cooperation of the patient constitute essential therapeutic factors which belong to a wholly different dimension than that of the physical-chemical influences of medications upon the organism or of 'medical intervention.'[23]

Gadamer makes a compelling case for the interest and importance of the philosophical consideration of health and illness (and, to be clear, I am considering this as relevant for depression without an ultimate commitment to depression's belongingness to the category of illness, mental or otherwise) because A) Gadamer nominates it as an illuminating example, and B) depression is treated as illness and its treatment as such informs the experience of it. There are shortcomings of his account, which I will briefly outline, that throw into relief why the dominant phenomenological approaches, from a phenomenological perspective and for reasons of the trenchancy of the phenomenology, must be augmented.

It is here that I introduce my considerations of the social and intersubjective dimensions of depression on which I will center much of my own account. Carel particularly attends to the social aspect of illness, drawing largely from Sartre, on its isolating impact. Ratcliffe, likewise drawing much from Sartre, makes "the interpersonal" a "consistent theme" throughout *Experiences of Depression*. Gadamer places even greater emphasis on the social dimensions/aspects of health and illness, calling illness a "social

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[23] Hans-Georg Gadamer, *The Enigma of Health*: *The Art of Healing in a Scientific Age*, trans. Jason Gaiger and Nicholas Walker (Stanford: Stanford University Press, 1996), 20.

state of affairs," but this seems only to refer to the way that illness is felt and lived socially, as he does not consider the ways in which health, illness, ability, and disability are socially constructed. While Gadamer's approach compellingly recommends a hermeneutic (and phenomenological) understanding of illness, he rather uncritically considers this to be important to maintaining the role of the physician as one who restores the patient to a natural state of health. When considering the question of mental illness, this becomes particularly questionable. Consider the following quotations from *The Enigma of Health*: "This art, unlike the arts for producing artifacts, has as its task the restoration of something natural."[24]

In general, if various critiques of naturalism with which we are dealing (Gadamer's included) demonstrate anything, it's that we should be suspicious of the recourse to the "natural," at the very least. On the naturalistic account, mental health is something that has been *lost*, something that once belonged to the person who is not mentally well, by virtue of her "nature" or by virtue of a kind of species-being. But, is mental health really a component of human nature? Or is this problematic normative claim, which ignores the fact that many people may not have "mental health" as their basic "nature." they may not be capable of it at all. Further, the claim fails to take into account the presuppositions operative in making a claim about who enjoys the status of health to begin with. Gadamer also says:

> The extreme case of mental disturbance, where we attempt to help someone to rediscover their own internal balance and equilibrium, strikes

[24] Gadamer, *Enigma of Health*, 19.

> me as prototypical for the general experience of disturbance and the task of readaptation with which humankind has always been confronted, and with which it always will be confronted.[25]

Again, what is disturbed is a kind of natural equilibrium, which Gadamer seems to take as the fundamental state of the mind. Unlike various thoughts, sensory impressions, moods, memories, and the like which might occupy it, mental *disturbances* worthy of the name (especially of a diagnosis) must *interrupt* this base equilibrium. We know that this generally means those disturbances which impede everyday function, which disrupt us in and may frustrate our work, goals, and expectations. The natural state of the mind may deal with its various and sundry, and often ephemeral, phenomena without being kept from its everyday tasks. If any of these phenomena come to interfere with these tasks, then they are part of a disturbance, occasionally worthy of diagnosis. Abnormality, or a shift from nature, is, therefore, a disruption of this natural everyday function.

Though we may leave intact the related therapeutic aim—to either restore to the patient her everyday functioning —we have reason to believe there is no such *natural* state of mind: or at least that phenomenology will not discover it.

> Our personal existence is clearly something which is everywhere denied and yet it is also something which is always involved in the attempt to regain that balance which we need for ourselves, for our lived environment and for the feeling of being at home in the world. It extends far beyond the

[25] Gadamer, *Enigma of Health*, 78.

> sphere of medical responsibility and includes the integration of individuals into their family, social and professional lives.[26]

Gadamer, unfortunately, does not question the criteria for the "natural," the naturalness of that to which the patient is being restored, the production of the natural, or that by virtue of which it is natural. These same questions hold with regards to "internal balance" and "equilibrium." Is the aspiration to an Aristotelian ideal state of affairs truly a desideratum of a theory of mental health? Gadamer's unflinching normativity stands in stark contrast to, and as I will show in Chapter Four, is less compelling than, a more critically oriented and socially informed approach. To what does the patient readapt? In what do they feel at home? Is the proper goal seamless participation in structures of power, including the workforce, as Gadamer seems to suggest in the last quote above? (Of course, anti-psychiatry might say this is in fact the [misguided] goal of therapy).

It is, of course, not the case that normative claims have no place in a phenomenological understanding of depression, as invested in enhancing the therapeutic capacity of medicine as these accounts are. Rather, it seems that we cannot productively analogize from the equilibrium of the cell some kind of lost nature to which the patient is restored. We must consider that important Heideggerian insight into experience: that all experience occurs within a mood, that mood is an environing medium through which experiences happen at all. The dis-order may well be a medium through which the patient has any experience *at all.* (Again, this is not to dismiss with all normative claims or the pursuit of alleviation of felt suffering). It cannot be peeled away from experience to get

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[26] Gadamer, *Enigma of Health*, 81.

at its truth. Rather, it is integral to this experience and must be understood as such if we are to produce a phenomenology of illness in the first place, much more so if we intend to apply it to therapy.

In the coming section, I will be looking at a burgeoning philosophical method often called "critical phenomenology," which might well promise to avoid some of the pitfalls of this naive normativity, while nonetheless preserving some of the many benefits of a phenomenological approach to understanding and treating illness. Carel's and Gadamer's accounts certainly give us some intimation of these possible benefits, but it bears rendering these stakes even more explicit.

This is accomplished in important ways by S.K. Toomb's "Illness and the Paradigm of the Lived Body." Like Carel and Gadamer, Toomb believes that any understanding of illness which does not take into account the lived experiences of the patient is likely to be impoverished in important ways, and that this impoverishment bears on therapeutic capacity and even its possibility. These stakes alone are certainly sufficient to motivate a phenomenological approach to illness.

But Toombs argues that there exist further important and existential stakes for taking the experience of illness seriously, both in medico-theoretical, and, especially, in therapeutic contexts. Phenomenology does not merely have the potential to expedite treatment, more efficiently and thoroughly ameliorate felt symptoms, or help practitioners to avoid damaging, dehumanizing, or overly invasive therapies (though it seems incredible to think such a benefit is anything but remarkable.) Rather, phenomenology has the potential to mitigate certain existential pains (deteriorations of world and self) that may also constitute the lived experience of illness. As Merleau-Ponty argues, at a

fundamental level the experience of the lived body is an experience of an "I can," an ability to act in all of the various ways we take for granted, in our most unconsidered approaches to the world. It is therefore possible that diagnosis *itself*, might well be a site of world collapse (felt, for instance, as deep dehumanization and/or helplessness). Diagnosis (in addition, of course, to the experiential symptoms from which such diagnosis may derive in a mental health setting) may even undermine these fundamentals of our being and might well render the patient's world meaningless, might make her body a cumbersome "I cannot," a body impossible to live. Such are the ways in which diagnosis resonates in the lived experience of the patient.

> Moreover, under the "gaze" of the physician, the patient perceives his body to be an object of scientific investigation.[27]
>
> …bodily intentionality, primary meaning, contextual organization, body image, gestural display, lived spatiality and temporality, are disrupted in illness causing a concurrent disorganization of the patient's self and world".[28]

Such existential collapse is, we shall see, doubly important to consider for the patient diagnosed with clinical depression. The dissolution of world, sense, and possibility can characterize this illness, and such a diagnosis is one of struggle. This is to say that this existential disruption is both a consequence and the content of diagnosis in the case of depression.

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[27] S.K. Toombs, "Illness and the Paradigm of Lived Body," *Theoretical Medicine* 9, no. 2 (1988), 216-7.
[28] Toombs, "Illness and the Paradigm of Lived Body," 201.

Gadamer argues the relationships patients once formed with their doctors—often in the comfort of their own homes, in their most familiar spaces—has become little more than a relic (to what degree this claim is historically trenchant and what degree rosy nostalgia is not relevant here).[29] The relationships patients now forge with their doctors have replaced this familiarity, and even camaraderie in a felt sharing of the curative project, with unavoidable alienation. Naturalistic understandings of illness that underpin their interactions have something to do with this alienation, but so do institutional difficulties that arise in such contemporary clinical against the patient's sharing her experiential account. This two-fold alienation, of course, does little to reaffirm the personhood of someone who, confronted with a diagnosis and its experiential basis and effects, becomes an "I cannot," as I explore further below. In part, this may be because the naturalist's ear does not hear this phenomenological call. It is likely in larger part because the clinic does not allow it to resonate. Attentiveness to a phenomenology of illness can bring these existential dimensions of illness to light, according to Toomb, and thus might well mitigate dehumanization and return something like felt agency to the patient: an agency felt not just in the sense of a consent to treatment, but in a restoration, a taking-up(-again) and becoming (again) of the "I can".

> Thus, in the experience of illness, the significance of past, present and future take on a different character. The patient may be caught in the past (obsessed with the meaning of past experiences), confined to the present moment (preoccupied with the dictates and demands of the here and

[29] Gadamer, *The Enigma of Health,* pp. 126.

> now), or projected into the future (living in terms of what may happen). This change in temporal significance is experienced as a chaotic disturbance.[30]

For example, one existential disruption that might inhere in illness is in the patient's relation to *time*.[31] Such a disruption can render her experience chaotic; and might well intervene in her therapy. After all, treatment is always over time and wellness is a futural aim of medical therapy. Even if a patient's care is not directly impacted by these distortions in everyday temporality—even if, that is, she maintains a methodical treatment schedule, attends all doctor's appointments, etc., regardless of her obsession with the past or her aversion to a future in which she may well not be—this disturbance in temporality itself may well be a phenomenon from which she legitimately suffers. It is, therefore, a phenomenon which calls forth address and amelioration.

> It is important for the physician to recognize the changed character of lived temporality which is manifested in the experience of illness. He can do much to help the patient address the problems associated with a change in temporal significance. Past meanings and future fears can be directly addressed in a realistic fashion, thus enabling the patient to live more effectively in the present.[32]

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[30] Toombs, "Illness and the Paradigm of Lived Body," 213.

[31] Time and temporality are, arguably more than any other aspect of phenomenology, thoroughly remarked upon in the existing literature. I will thus make only brief reference to the issue. See, e.g., Fuchs "Depression, Intercorporeality, and Interaffectivity," and Ratcliffe, *Experiences of Depression*, *passim*.

[32] Toombs, "Illness and the Paradigm of Lived Body," 213.

A purely naturalistic approach, though, may be unable to hear or heed the call of this existential phenomenon – i.e. the call of illness-distorted temporality—no matter how painful dehumanizing or disorienting. [33]

Now that the stakes of a phenomenology of illness are more clear in their theoretical, therapeutic, and existential valences, the question still remains: is it possible to take critical questions about wellness, nature, and the objectives of healthcare into account in a phenomenological approach to understanding and treating depression? Or is it, as it might first appear, that well-known claims regarding phenomenology's naïveté are a problem for the project itself? Indeed, as I will note throughout, there are critical points of naïveté in many of the extant phenomenological analyses of depression. These include insufficient attention to social dimensions/aspects of the experience of depression, its incommunicability, and the conditions under which the narratives and testimonies on which phenomenology must rely are produced. If there is hope for a robust phenomenological approach to depression, it would be not merely in an annexing, or overlaying, of social concerns to an account of lived experience (for instance, taking intersubjectivity and language as one concern among others), since it is clearly the case that these concerns get at something that resonates in the register of lived experience. Rather, these concerns must be integrated into the phenomenological account as the social is, after all, constitutive of experience. It is for this reason that I turn to critical

[33] Ratcliffe and Fuchs have remarked upon temporality at length. I am here illustrating a particular instance of the trenchancy of Toombs' project. Given the depth of Ratcliffe's and Fuch's thorough phenomenological work on aspects of experience and their variability in depression (temporality, space, self-understanding, others) I will not engage in this analysis in great degree, although I will briefly critically engage their compartmentalization of these aspects and thus cast a critical light on the content of their analyses to the resultant degree.

phenomenology.

§ III) From Somatic Illness and Mental Illness, to the *Existential* Conditions of Possibility for Health and Illness

Havi Carel's work, specifically in 2008's *Illness* and 2014's *Phenomenology of Illness,* has been uniquely important in the emerging field of phenomenology of illness, as well as notable within the seemingly revitalized field of philosophy of health and illness more broadly, and the nebulous field with which I am most engaged in this project which can be tentatively unified under the label of critical and applied phenomenology.

Carel claims that aspects of her robust phenomenology of illness, while focused on somatic illness, are applicable to the analysis, and seemingly consequential for treatment of, mental illness as well. Carel nominates depression in particular, repeatedly, as a suitable object of, and as conceptually contributing to, her analysis:

> It is important to note at the outset that illness is distinguished from disease, and an illness experience encompasses those phenomenological changes that can be directly or indirectly attributed to the effects of the disease process. However, some illnesses, for example, some kinds of mental disorder, may not involve disease (physiological dysfunction) at all. So are those conditions still to be characterized as illnesses, even if they are not tied to the presence of disease? In other words, what characteristics unite all and only illness experiences?...The emphasis in

> this work is on those experiences that are indeed associated with disease, but I note that some experiences are sufficiently similar in at least some respects, to fall under the same phenomenological account, regardless of whether or not we choose to extend the term 'illness' to such cases.[34]

And Carel nominates depression in particular as a site of necessity for the phenomenological (versus, or rather in addition to, naturalistic) approach to understanding and treating illness that she recommends. I again quote:

> If someone suffers from depression, a physiological description of their illness will tell us very little, if anything, about the illness itself. Such a description may provide some information about brain function, neurotransmitters, and serotonin levels and so on. But in order to understand fully what depression is, we must turn to the experience of depression: the loss of appetite, the dark thoughts, the listlessness and sense of doom and so on. If you tried to give a description of depression without recourse to any subjective experiences you would struggle to do so.[35]

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[34] Carel, *Phenomenology of Illness*, 3.

[35] Carel, *Illness*, 3.

I will here be leaving aside, for the most part, the important question of whether somatic illness and mental illness are A) distinct in this way, and B) can nevertheless be theorized together with relatively little complication, as well as the question of depression's status as a mental illness[36], and grant these presuppositions for the sake of a productive critical engagement with Carel's analyses. Such an engagement is warranted by Carel's prevalence in the aforementioned fields (to which my project speaks), and yields fruitfully interesting consequences for the analysis of depression which I am here concerned to undertake.

Specifically, I wish to critically take up Carel's phenomenology of illness, with an eye to its applicability to depression (which applicability, again, she claims as valid). In particular, I address her proposed phenomenological emphasis on therapy, elucidated in the previous section, her proposal of a "phenomenological toolkit" as a (partial?) solution to the problem of epistemic injustice in healthcare and her characterization of illness in terms of an inability *to be* or a *being unable* to be, and, though implicitly, the solutions her motivation and project may furnish for issues of epistemic injustice raised in recent literature in medical ethics and the medical humanities.

Carel characterizes illness phenomenologically in terms of an inability-to-be, which, she claims is a missed or neglected other-side of Heidegger's account of *Dasein*. For Heidegger, the Being that human existence *is* in all its daily facets is a being-able-to-be (sometimes rendered "possibility," which interestingly contrasts, as we shall see, with

[36] While Carel's phenomenologically-grounded definition of illness may seem to avoid problematic normative valences, we will see below that it at least raises some important attendant questions.

depressive accounts and diagnostics: depression as *"impossibility*.")[37] But is the inability to be really neglected in Heidegger? Does he, in spite of a world rife with phenomena of inability, of disability, of illness and depression merely elide the impossibility that creeps into human experience? I would argue not. I argue, instead, inability-to-be is not necessarily absent from Heidegger's account, rather, we can draw an analysis of the "inability to be" out of *guilt* in *Being and Time*. Such an account derived from Heidegger's thought here is A) structurally similar to what Carel proposes as an augmentation to this thought and B) can function as a lens through which important questions for Carel's account, and its underlying presuppositions, come into relief. Important to note here, as well, is that guilt is a fundamental, and primordial phenomenon of our experience because "Dasein can exist solely as the entity which it is."[38] In other words, we can only be on the basis of that which we have done and have not done. On this analysis guilt also obtains on account of the inability-to-be, and this possibility of human experience—the possibility of *impossibility*—is equiprimordial with the ability-to-be. In other words, Heidegger does not ignore or neglect the possibility of impossibility that creeps into human experience. "Inability-to be" is encoded in the ability to be, and thus in Being. "This implies that in having a potentiality-for-Being [Dasein] always stands in one possibility or another: it constantly is *not* other possibilities, and it has waived these in its existentiell projection."[39] In being-anything I am haunted by, am *guilty* of, those possibilities upon which I have not seized. Carel's account may, then,

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[37] C.f. Carel, *Phenomenology of Illness*, Chapters Six and Seven.

[38] Martin Heidegger, *Being and Time*, trans. John Macquarrie and Edward Robinson, (New York: Harper Collins, 2008), 330.

[39] Heidegger, *Being and Time*, 331.

take Heidegger into account without losing its focus on the existential evacuation that characterizes illness.[40]

Unpacking Heidegger's concept of *Dasein* as a being able-to-be—i.e. a being that is able to be/a being whose being is being-able-to-be—Carel suggests, seemingly contra Heidegger, that "'inability to be' needs to be recognized as a way of being."[41] Carel's account is at turns enlightening and phenomenologically robust, but it may not necessarily be a departure from Heidegger's account of being. The individual in illness, as Carel describes her, still acts within and from among various possibilities, but such possibilities are *circumscribed* (at least from the perspective of a normative phenomenology).

> Heidegger's...characterization of existence as "being able to be" needs to be modified...[Inability] to be needs to be recognized as a way of being...We should interpret the notion of 'being able to be' as broadly as possible. It should include cases in which the smooth operation of the body, its assistance in carrying out plans and projects, is no longer there. Current projects may have to be abandoned and new projects created.

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[40] It does, however, seem to me that putting Heidegger and Carel into dialogue still leaves something to be desired as we advance toward a critical phenomenology of depression. For reasons I hope will become evident as this work unfolds, I will put these thinkers into dialogue with the phenomenology of Merleau-Ponty. Thus, the phenomenological account with which I respond is a critically augmented concept of inability-to-be, which I sharpen via an engagement with aspects of Merleau-Ponty's later account of intersubjectivity and alterity, as well as psychoanalytic sources, in order to think depression in terms of an inability to be that is a being without others in the midst of others.

[41] Carel, *Illness*, 81.

> These new projects have to be thought of in light of new limitations and therefore arise within a restricted horizon. But radically differing abilities all count as abilities to be. Take a person in a wheelchair, someone with terminal-stage cancer, learning disabilities, or Down's syndrome – all of these are ways of being that differ in some respects from the mainstream.[42]

Likewise, inability conceived as a circumscription of (livable) possibilities follows as a necessary aspect of Heidegger's account of Dasein. This fundamental being of the human being, as a being-able-to-be, is shot through with the possibility of ability's circumscription, and with the possibility of impossibility in a number of ways.

First, and most obviously, Dasein's ability-to-be certainly entails (and this seems to be the extent that inability-to-be functions in Heidegger according to Carel) certain inabilities so mundane as to be irrelevant, i.e. *trivial inabilities*, such as the inability to fly: I am obviously unable to fly, or thus be a being whose being involves flying. My being is trivially curtailed by these inabilities (meaninglessly if at all) in part because they are inabilities *shared by all other human beings insofar as they are human*. Many trivial inabilities are constitutive of the shared mode of life that our bodies and worlds take for granted.[43]

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[42] Carel, *Phenomenology of Illness*, 81.

[43] In a Heideggerian sense that's maybe worth mentioning that it is, perhaps, possible for the inability/ability to fly to be a part of my being if I *allowed* it to be or *made* it so. In other words, on a Heideggerian account, if flying *mattered* to me to a great enough degree for some reason, perhaps this inability would not be so trivial *for me.* In such a case, my being would involve (not) flying. This would be distinct from the sense in which my, as the non-flight obsessed person I am, being involves flying.

Second, there are inabilities which may be more prevalent, more everyday—even if they are not as formative and *haunting* as Carel's idea of inability-to-be. For instance, as a 34 year old person who is 5'5, it is extremely unlikely I could become a professional basketball player. It is up to me what impact this exercises on me. I could, as is not actually the case, live a life shaped by the failure to be a basketball player (all the easier if I had previously labored under the delusion that it was a real possibility). This (in)ability-to-be certainly follows from Heidegger's account in *Being and Time*.

On Iain Thomson's view, this class of haunting inabilities to be are, in fact, fundamental to Dasein's existence, and they show up in *Being and Time* in what he calls "existential death." Existential death occurs when some event counters our skillful tarrying with the world, frustrates our aims and intentions, and reveals and disturbs the horizons to which we aim, and thus renders meaningless our projects (at least momentarily). This revelation makes explicit the relation between my activities and a future which is significant for me, in that a future makes coherent all of these activities. (This breakdown also reveals the the precarity of said horizons.) Heidegger theorizes this as a kind of *death* because it renders all the activities of my life incoherent and without significance for me. This breakdown of possibilities understood as death can likewise flesh out an account of inability-to-be.

As a more compelling example, we might think of the film *Little Miss Sunshine.*[44] [45] The teenage Dwayne has devoted his (short) life so far to becoming a fighter pilot; he

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[44] *Little Miss Sunshine.* Directed by Jonathan Dayton and Valerie Faris. Los Angeles: Fox Searchlight Pictures, 2006.

[45] "Little Miss Sunshine -- Dwayne's Meltdown." YouTube Video, 2:18, https://youtu.be/zcLlq4Lml7A/ .

is towards becoming a fighter pilot, and makes sense of his life within the horizon drawn by this possibility. On a family road trip, Dwayne discovers (with the aid of his little sister and mentally ill uncle) that he is colorblind and thus *unable to be* (as) a fighter pilot. A meltdown ensues as Dwayne's life, in a sense —in the existentially relevant sense of his *future*— ends. Inability-to-be moves to the fore because of the felt impact of Dwayne's physiological condition. This impact is importantly felt in existential registers, as well as within the somatic and psychological registers we generally consider. It is easy to cash this scene in Heideggerian terms, and we could even consider it as an instance of what Iain Thomson calls, in his interpretation of death in *Being and Time,* "existential death."[46]

This seems to meet Carel's criteria for illness, the definition of which guides her work in *Illness:* as the inability *lived* dimension of a physiological dysfunction (disease) which is characterized by inability. This raises an interesting question: is colorblindness an illness and disease? It is not clear whether Carel's phenomenological account can furnish a workable definition of illness. It would seem that colorblindness indeed counts, at least in instances where this diversion of "normal" functioning renders someone in the existential ruins of an inablity-to-be discussed above. Myriad other examples that fall further from an intuitive or conventional definition of illness—and even physiological dysfunction or disease, at least in cases where such an existential inability arises—are easy to imagine, given the existential paradigm of inability upon which Carel bases her

[46] See, e.g., "Death and Demise in *Being and Time*" in Wrathall, ed. *Cambridge Companion to Being and Time* (Cambridge: Cambridge University Press, 2013), 260-290.

analysis.

In *Phenomenology of Illness,* Carel hones her definition and suggests that "illness is serious, chronic, and life changing ill health."[47] Indeed, colorblindness in Dwayne's case is life changing, certainly chronic, and serious insofar as it determines his possibilities as horizon. The question of whether it counts as ill health—and, indeed whether this is a circular criteria —is a bit trickier. Carel defines "disease" as physiological dysfunction, of which illness is a lived experience (or, we could say, which illness *expresses,* following Merleau-Ponty). I can only indicate, for now, the problems of uncritically adopting this normative operative definition of disease for the purposes of a phenomenology of illness, and, specifically, the ways these normative presuppositions may be problematic for understanding and treating depression. (Carel, if inadvertently, does raise the interesting possibility that illness, at least in mild cases, might be understood as *illness without disease.*) I cannot fully address the question, but for now, it is important to note, looking forward, that this uncritical normativity in fact limits the possible efficacy of a phenomenology of illness, and necessitates the kind of critical turn that my project takes.

Most evidently demonstrating Heidegger's attention towards something like an inability-to-be is this concept of "ontological guilt." This concept, given the specifics of Carel's, I think compelling, account of inability to be, make it useful for a phenomenology of depression.

Heidegger, here at perhaps his most obviously proto-existentialist, asserts that one

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[47] Carel, *Phenomenology of Illness,* 2.

is “guilty” for those possibilities upon which we did not seize when they were open to us. In becoming a student, there are any number of variably realistic possibilities that I did not take up – for instance, seeking more traditional employment, or remaining in close geographical proximity to family members that exercise a certain obligation on me. The being that I am now is responsible for, and carries forward, my not having seized on them. This carried forward as a constitutive absence that makes it possible for me to live those possibilities which I *have* made actual (possibilities which, to use Merleau-Ponty’s terminology again, I have *expressed*). It in this sense I am guilty. Not only guilty, I am *constituted* by this guilt: I would not be as I am, *who I am,* had I not foreclosed those possibilities, the foreclosure of which is the source of my guilt. I *am* and my life *is*, in other words, meaningfully defined by the necessary consequences of my having seized on certain possibilities and thus the abandonment, refusal, etc, of others. One of these necessary consequences is, of course, the inability-to-be that which was not chosen. I cannot now live having stayed near my family for the elapsed portion of my adulthood; I cannot now live having chosen employment over school. This inability-to-be the version of myself that took up these other possibilities is a necessary condition for my being who I am now, and is in fact a feature of that person and a feature that shapes it in relief. In that these possibilities, and my not-having-seized-upon-them, are carried forward in my living other possibilities, they remain with me, they *haunt* me, as specters structurally similar to the haunting of inability-to-be Carel describes.

> In cases of aging, disease or disability we need to acknowledge an inability to be as a way of being. One way of thinking about aging and illness is as

> processes of coming to terms with being unable to be. As coming to think of one's existence as more reliant and less independent, more interlinked and less autonomous. The inability (or the altered ability) to be and do is the flipside of Heidegger's account of being able to do (*sic*). For some individuals it is there throughout life, as in cases of chronic illness or disability. For all of us it is there as a late stage in life, the stage of aging and decline. Inability and limitation are part and parcel of human life, just as ability and freedom are...Being unable to be is not an independent or context-free concept. It has to be seen in relation to being able to be...It is a *lost* ability or an ability that is never achieved viewed against a background of a common capability. Being unable to be is therefore intimately linked to an ability to be and vice versa. Being able to be is not infinite, unlimited...it is a fragile, transient gift. The notion of inability to be reveals this aspect of being able to be."[48]

Heidegger's account of being-able-to-be furnishes tools for thinking about the phenomenon of lost possibilities that figure in Carel's phenomenology of illness. We can look deeper in response to Carel's critical questioning of Heidegger than she herself does:

> But what about the other part of life, the one in which we become gradually *un*able to do things, unable to be? What about decline and insufficiency? In the

[48] Carel, *Illness*, 82-3.

> physical sense, this aspect of life is undoubtedly there...Does Heidegger's definition exclude this important aspect of life, that of decline, inability, failure to be?[49]

As I have started to here indicate, Heidegger's "definition" does not exclude this aspect, but furnishes a possible way of considering it along similar lines to what Carel proposes, and also leads towards important and critical questions for Carel's account and its framework. The Heideggerian approach I've suggested does not exhaust the problematic dimensions of Carel's account of inability-to-be. A failure to account for the major underpinning conceptual work of disability studies (which is lamentably absent from Carel's work in general) is seen in passages like the following, which may be damaging to Carel's account:

> We should interpret the notion of 'being able to be' as broadly as possible. It should include cases in which the smooth operation of the body, its assistance in carrying out plans and projects, is no longer there. Current projects may have to be abandoned and new projects created. These new projects have to be thought of in light of new limitations and therefore arise within a restricted horizon. But radically differing abilities all count as abilities to be. Take a person in a wheelchair, someone with terminal-stage cancer, learning disabilities, or Down's syndrome – all of these are

[49] Carel, *Illness*, 81.

> ways of being that differ in some respects from the mainstream. But they should nonetheless count as human ways of being. Perhaps the outcome of applying Heidegger's notion of "being able to be" to cases of illness and disability is an acknowledgement of the diverse ways in which it is possible to be and the ways in which human beings differ from one another.[50]

These are, for Carel, paradigmatic cases of being-unable-to-be (although, they are of course also ways of being, as they accompany each other necessarily in such cases [and in all cases on a Heideggerian account]) because of the "restricted horizon." But what is the nature of this restriction? Does it belong to disability? (as in the medical model of disability), or is it better understood in terms of pathologization which functions as social exclusion in the form of failure of accommodation (as in the social model of disability?) This is a crucial question, as failure to think through it clearly leads to problematic consequences for Carel's account, particularly given her examples above.

Surely there is a significant difference between inability as a product of having-chosen-against and as a product of disease and aspect of illness, but the structural similarity is important and will prove productive in the account of social inability and isolation I will offer below. It seems like the difference hinges on the sense in which possibilities are "lost", and it is worth considering the phenomenological difference between the two scenarios: illness and guilt. Certainly, we would recognize a difference

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[50] Carel, *Illness*, 81.

in terms of culpability between guilt and illness, barring what I would call a crude Sartrean existentialism. In both cases we may live in an awareness of what is lost, and it is precisely this living awareness, this haunting, that bears on the social dimension of depression – a dimension under attended to in the literature.

§ IV) What is *Critical* Phenomenology? Why *Critical Phenomenology?*

What is critical phenomenology? Recently, work in phenomenology has been used for understanding, and at times challenging, the social and political facts of our existence. The movement of critical phenomenology, in particular, has recently emerged as a vital method. As Lisa Guenther puts it, "By critical phenomenology I mean a method that is rooted in first-person accounts of experience but also critical of classical phenomenology's claim that the first-person singular is absolutely prior to intersubjectivity and to the complex textures of social life." In critical phenomenology, experience is analyzed as always already socially and intersubjectively conditioned and situated, and such an analysis is necessarily and importantly political. I contend that a critically oriented phenomenology is necessary for the analysis of (and therapeutic approach to) illness (including depression where it is so categorized) suggested by, e.g. Ratcliffe, Carel, Fuchs, and Gadamer. As Ratcliffe notes of depression, "Each person's tale of depression inevitably speaks to questions of isolation, withdrawal, and lack of connection."[51] If depression is universally characterized by a felt, *lived* experience of isolation and disconnection, then any phenomenology of depression, especially any

[51] Ratcliffe, *Experiences of Depression*: *A Study in Phenomenology*, 218.

phenomenology with an interest in therapeutic efficacy, will have to take sociality and intersubjectivity into account, since "[the] pain of depression arises in part because of separation from others; from an inability to connect, even as one desperately yearns for just such connection."[52] In fact, the pain of depression not only "arises in part because of separation of others…" but that separation is at the heart of its experience (of its characteristic language, of its lost possibility, etc.) Yet, much of the existing literature on depression (e.g. Fuchs) treats intersubjective symptoms as a set of symptoms among others, rather than analyzing depression as fundamentally social.

Insofar as an analysis of experience is crucial for the philosophical understanding of depression, and insofar as phenomenology is suited to the task, critical phenomenology is crucial as well. In fact, an analysis of experience in depression is likewise pressing given that the diagnosis of depression (not unlike some somatic illnesses, like flu) is given on the basis of testimony (and sometimes observation) of experience, rather than on the basis of biological facts, so to speak.

Indeed, by its own criteria, phenomenology, if we wish to apply it to depression, calls for a critical phenomenological approach for the following reasons;

1) Intersubjectivity is central to the experience of being depressed/ being in the world as depressed, as Ratcliffe notes:

> Impaired interpersonal relations are not an 'effect' of depression experiences but absolutely central to them. So it is a mistake to suggest, as

[52] Ratcliffe, *Experiences of Depression*: *A Study in Phenomenology*, 218.

> the DSM does, that depression is merely 'accompanied' by 'impairment in social, occupational, or other important areas of functioning.[53]

2) It is necessary to take seriously not only that depression occur in a world-intersubjectively conditioned and situated, including political situation (as Ratcliffe briefly notes with regards to gender), but that *reports* and *testimonies* of depression are conditioned and situated clinically and are produced under certain conditions, attention to which is crucial to any robust and responsible phenomenology. This will be the focus of my concluding sections of this project. I do this, first by examining and centering Merleau-Ponty's claim that I-can is intertwined with you-are, and implications the implications for the subject—her health and illness—which his arguments raise. As articulated in "The Philosopher and His Shadow,"

> What is a 'flash of meaning?' Is this reversibility? "The reason why I am able to understand the other person's body and existence 'beginning with' the body proper, the reason why the compresence of my 'consciousness' and 'my body' is prolonged into the compresence of my self and the other person, is that *the 'I am able to' and the 'the other person exists' belong here and now to the same world, that the body proper is a premonition of the other person, the Einfűhlung an echo of my incarnation, and that a*

[53] Ratcliffe, *Experiences of Depression*: *A Study in Phenomenology*, 218. Although Ratcliffe notes this here, he could do more to attend to the fundamentally social nature of depression. Often, Ratcliffe still seems to limit discussion of the social to a set of social symptoms, so he seems to be arguing not that interpersonal relations are integral to other aspects of depression, simply that they are as important as them. But more on this later.

> *flash of meaning makes them substitutable in the absolute presence of origins.*[54]

For now, it will do to point out that this phenomenological claim finds expression in contemporary analyses of depression: wherein, as I elaborate in the following sections, an "I-cannot" is bound inextricably with the absence of the other, with a "you-are-not" or, at least, a "you-are-not-there *for me*." In a study on depression in college students, psychologists Daughtry and Kunkel, employing a concept map, report that:

> Feelings classified under the heading of estrangement and helpless/hopeless were frequently sorted together. Most common descriptors of experience sorted under estrangement: "felt alone," "felt like no one understood", "felt like nobody cared", "felt like I didn't belong". Others included "felt like an outcast," "felt like people were against me."[55] [56]

Carel's phenomenology of illness identifies inability as one of its hallmarks,

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[54] Maurice Merleau-Ponty, *Signs*, trans. Richard C. McCleary (Evanston: Northwestern University Press, 1964), 175.

[55] Daughtry and Kunkel, "Experience of Depression in College Students: A Concept Map," 321.

[56] The lower right section of the map contains items sorted together that suggest a sense of helplessness and hopelessness and perhaps related feelings of estrangement. For example, in the former category, items such as "Felt incomplete"; "Felt withdrawn"; "Felt helpless"; and "Felt hopeless" were sorted frequently with items suggesting isolation from others (e.g., "Felt like an outcast"). Items in the Estrangement cluster, such as "Felt like no one understood" were especially poignant in their relation to depression. In summary, it appears that items in the right region of the map reflected depressive patterns of interpersonal and internal frustration related to hopelessness, helplessness, and some aspects of negative affect" (321).

problematizing any phenomenology that presupposes the "I-can" as a necessary condition for experience, and also provides some intimation of the social phenomena which make illness possible: "[Inability in illness] is a *lost* ability or an ability that is never achieved viewed against a background of a common capability."[57] I will proceed from this important point from Carel's analysis, while emphasizing this idea that this "background of a common capability" haunts the social being of the person with depression.

The following account can be introduced by taking the above quote together with Merleau-Ponty's comment that "the 'I am able to' and 'the other person exists' belong here and now to the same world."[58] Next, I proceed with an investigation of depression and the depressive world with an analysis of perceptual faith.

[57] Carel, *Illness*, 83.
[58] Merleau-Ponty, *Signs*, 175.

Chapter 2: Merleau-Ponty, Faith, Intercorporeality, and the Sociality of Depression

§ I) Merleau-Ponty on Perceptual Faith

According to Merleau-Ponty, a "deep-seated set of mute 'opinions' implicated in our lives" underlies our experience of the world.[59] There is an operative conviction that the world is what we perceive, that the things we encounter in the world are the things themselves.[60] This, of course, recalls that which Husserl requires that we bracket under the heading of the natural attitude.

> The natural attitude itself emerges unscathed from the complaints which can be made about naturalism, because it is 'prior to any thesis,' because it is the mystery of a *Weltthesis* prior to all theses. It is, Husserl says in another connection, the mystery of a primordial faith and a fundamental and original opinion (*Urglaube*, *Urdoxa*) which are thus not even in principle translatable in terms of clear and distinct knowledge, and which – more ancient than any 'attitude' or 'point of view' – give us not a representation of the world but the world itself.[61]

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[59] Maurice Merleau-Ponty, *Visible and the Invisible*. Translated by Alphonso Lingis. (Evanston: Northwestern University Press, 1968), 3.

[60] Merleau-Ponty's account of perceptual experience largely, and implicitly, proceeds from visual perception. This tack is criticized by Irigaray in "The Invisible of the Flesh: A Reading of Merleau-Ponty, The Visible and the Invisible, 'The Intertwining – The Chiasm" (In An Ethics of Sexual Difference, trans. Carolyn Burke and Gillian C. Gill [New York: Columbia University Press, 1993].). In this essay Irigaray connects Merleau-Ponty's privileging of the visual with his "labyrinthine solipsism" and elision of femininity and maternity. Conversely, in On Touching – Jean-Luc Nancy (trans. Christine Irizarry [Stanford: Stanford University Press, 2005].) Derrida criticizes what he sees as a problematic individualizing emphasis on touch in Merleau-Ponty.

[61] Merleau-Ponty, *Signs*, 163.

It is through and by means of the faith of the natural attitude that the world is given as world. It is thus prior to any (propositional) attitude. In "The Philosopher and His Shadow" and *The Visible and the Invisible*, Merleau-Ponty focuses on this mystery and attempts to bring to light these evasive *Urglaube* and *Urdoxa* in their operation in perceptual experience. A straightforward bracketing of the natural attitude shorts any attempt at a philosophy of experience, as perceptual experience takes for granted *that* and *how* there is a world. In fact, these beliefs not only subtend but resonate in perceptual experience—variations in, or diminution of, perceptual faith resonates in perceptual experience. It is this "mystery" to which Merleau-Ponty turns his focus in *The Visible and the Invisible*. Completely reducing away the faith of the natural attitude renders impossible the goal of phenomenology. Recall Merleau-Ponty's claim in the preface to *Phenomenology of Perception:* "The most important lesson of the reduction is the impossibility of a complete reduction. That is why Husserl always wonders anew about the possibility of the reduction."[62] To claim that Merleau-Ponty indicates and interrogates the limits of the reduction is not to say that he rules it out wholesale, even in the later work; the reduction *and* its limit are necessary loci of interrogation.[63]

For Merleau-Ponty an illumination of the convictions that make up the natural attitude is a desiderata of any philosophy of experience. Importantly the terms "thesis",

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[62] Maurice Merleau-Ponty,*Phenomenology of Perception,* Translated by Donald Landes, (New York: Routledge, 2013), lxxvii.

[63] Here I will focus on Merleau-Ponty's inheritance of the reduction of the natural attitude in his later work (with a more extended treatment later in the chapter). Sara Heinämaa argues that the *Phenomenology of Perception* does not, as others have claimed, reject Husserl's reduction, but rather that Merleau-Ponty understands the reduction as a way of approaching the world and not as an act of intellectual will. ("From Decisions to Passions: Merleau-Ponty's Interpretation of Husserl's Reduction" in *Merleau-Ponty's Reading of Husserl*, ed. Toadvine and Embree [Dordrecht: Kluwer Academic Press, 2002], 127-146.

"conviction", and "attitude" are all somewhat inadequate to the task carved out for them, since it would be mistaken to conceive of the constituent beliefs of the natural attitude as a set of *propositions*: "The natural attitude really becomes an attitude in the sense of a tissue of judicatory and propositional acts only when it becomes a naturalist thesis."[64] It is by the light of the natural attitude that there comes to be a world about which I may speak. For this reason, Merleau-Ponty later conceives of the workings of the natural attitude as a sort of faith, rather than as a set of convictions or propositions maintained.

> The doxa of the natural attitude is an Urdoxa. To what is fundamental and original in theoretical consciousness it opposes what is fundamental and original in our existence. Its rights of priority are definitive, and reduced consciousness must take them into account.[65]

The doxa, which we could also render 'belief', of the natural attitude are fundamental to perceptual experience. A philosophy that seeks only within theoretical consciousness for the origin and operation of theoretical consciousness can only ever stall:

> This senseless effort to submit everything to the properties of 'consciousness' (to the limpid play of its attitudes, intentions, and impositions of meaning) was necessary – the picture of a well-behaved

[64] Merleau-Ponty, *Signs*, 179.

[65] Merleau-Ponty, *Signs*, 180.

> world left to us by classical philosophy had to be pushed to the limit – in order to reveal all that was left over: these beings beneath our idealizations and objectifications which secretly nourish them and in which we have difficulty recognizing noema.[66]

A philosophy of experience like phenomenology betrays the nature of experience, which it intends to illuminate, if it reduces away and/or leaves aside the natural attitude in favor of an examination of theoretical consciousness which takes theoretical consciousness as its beginning and end. Our experience is shaped by the workings of faith and any philosophy of experience must take that into account. The operation of the faith of the natural attitude in experience is illuminated by the varieties of experience, for example the variations in experience when faith alters, diminishes, or breaks down, as is reported in numerous accounts of depression. As Merleau-Ponty employs examples and case studies as illustrations of breakdown, which illuminate and illustrate the structures of perception in *Phenomenology of Perception*, we too may examine the workings of faith by looking at the way in which its tremors reverberate in lived experience.

Merleau-Ponty's early introduction and later engagement with perceptual faith are both deeply connected to Husserl's idea of the natural attitude. In *Phenomenology of Perception,* faith is revealed in the analysis of the natural attitude, "[the natural attitude] is a mystery of primordial faith," which analysis suffers if it leaves the natural attitude

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[66] Ibid.

aside (for instance in the philosophical privileging of theoretical consciousness.)[67] Merleau-Ponty's later analysis of perceptual faith in *The Visible and the Invisible* can likewise be understood as proceeding from an interrogation of the natural attitude. In the *Phenomenology of Perception*, Merleau-Ponty says of the natural attitude:

> In the natural attitude, I do not have perceptions, I do not posit this object as beside that one, along with their objective relationships, I have a flow of experiences which imply and explain each other simultaneously and successively. Paris for me is not an object of many facets, a sum of perceptions, nor is it the law governing all these perceptions. Just as a person gives evidence of the same affective essence in his gestures with his hand, in his way of walking and in the sound of his voice, each individual perception occurring in my journey through Paris...stands out against the city's whole being, and merely confirms a certain style or a certain significance of Paris.[68]

The study of perceptual faith in *The Visible and the Invisible* turns to various of these aspects of the natural attitude. For instance, the shared affective essence of the other, given in the natural attitude is, according *The Visible and the Invisible*, a matter of faith. In this later work, Merleau-Ponty takes the natural attitude into consideration and ends up

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[67] C.f. Merleau-Ponty's critique of "theoretical consciousness," in "The Philosopher and his Shadow," *passim*.

[68] Merleau-Ponty, *Phenomenology of Perception*, 325 and 281.

revealing knots, tensions, and even paradoxes intrinsic to experience without resolving them by means of a "theoretical consciousness," which stands outside them. Phenomenology from the start attempts to bring to light what is taken for granted in the natural attitude. For the later Merleau-Ponty, a philosophy of experience must take the natural attitude into account. This taking into account of the natural attitude reveals A) that it is inadequately conceived of in terms of "attitude" and B) the importance of the nature of the taking/takenness-for-granted that characterizes the natural attitude.

§ II) Perceptual Faith and the Natural Attitude

While confounding articulation and resisting systematization, the "convictions" of faith accompany perceptual experience and make experience possible in the way that it is:

> We see the things themselves, the world is what we see: formulae of this kind express a faith common to the natural man and the philosopher – the moment he opens his eyes; they refer to a deep-seated set of mute 'opinions' implicated in our lives. But what is strange about this faith is that if we seek to articulate it into these or statements, if we ask ourselves what is this *we*, what *seeing* is, and what *thing* or world is, we enter into a labyrinth of difficulties and contradictions.[69]

The truth of these convictions cannot be known, i.e. established with certainty, even when they are identified and brought to light. It is not that these convictions inherently resist articulation. Rather, their identification and articulation lead us into difficulties and

[69] Merleau-Ponty, *The Visible and the Invisible*, 3.

contradictions we must leave intact. Merleau-Ponty, consistent with his phenomenological approach, takes himself to be bringing these convictions to light, contradictions and all.[70] The most prominent of these contradictions is the simultaneous conviction that the world I perceive is A) the world that there *is*, the sole world which I share with others, and B) the world I perceive is perceived by me, i.e. it is mine. Perhaps, on Merleau-Ponty's account, discomfort with ambiguity, contradiction, "difficulty", can explain the failure of traditional philosophy to achieve perhaps its most cherished and striven for goal: the articulation of the meaning of being.

I comport myself, I *am*, under the idea that I share (and communicate in) a sole common world, but upon reflection I find that I have this impression only through a perception which is irreducibly mine and cannot be otherwise. Is what I perceive a shared world? How can I know? This uncertainty in the reality of my perception as being the perception of a shared world ought not to occasion an adoption of traditional philosophical skepticism, however. Traditional skepticism, in questioning, for example, the veracity of our confidence in distinguishing waking life from dreaming and the "reality" of the external world, is both a non-starter for Merleau-Ponty and always comes on the scene too late; it takes for granted a certain experience of reality, as opposed to and distinct from some unreality. In order to ask whether a perceptual experience belongs to the order of reality or unreality/illusion one must have a criteria by which to judge these things which can only proceed from an experience of something (some *thing*) as real.

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[70] *The Visible and the Invisible* is a phenomenological project in a sense very different from the more classical phenomenological method of investigation that characterizes Merleau-Ponty's early work. The former is phenomenological in a much looser sense, in that fidelity to firsthand experience remains fundamental to Merleau-Ponty's later project. Cf Ted Toadvine, "Phenomenology and 'hyper-reflection'" in *Merleau-Ponty: Key Concepts* (Durham: Acumen, 2008), pp. 27-29.

> …if we can lose our reference marks *unbeknown to ourselves* we are never sure of *having* them when we think we have them; if we can withdraw from the world of perception without knowing it, nothing proves to us that we are ever in it, nor that the observable is ever entirely observable, nor that it is made of another fabric than the dream. Then, the difference between perception and dream not being absolute, one is justified in counting them both among "our experiences," and it is above perception itself that we must seek the guarantee and the sense of its ontological function.[71]

Rather, what is revealed in tending to experience is two-fold. 1) We proceed with a sense of reality, with a sense of the reality of the world of our experience, as distinct from dream or illusion. 2) Any attempt to ground and cement this distinction, to *know* in a Cartesian sense whether and when our sense is correct, will slip through our fingers. In keeping with the mission of his text, Merleau-Ponty leaves this difficulty intact, noting this tension as an irreducible and ineradicable dimension or element of our experience.

Merleau-Ponty's "faith" comes out of a desire to keep intact this two-fold revelation in its irreducibility. Our sense that the world is what we see is operative but not ultimately justifiable in terms of the criteria that (Cartesian) philosophy sets for itself. It is prior to and a necessary condition for any (philosophical or scientific) position. To begin to draw a connection to Kristeva: faith is abjection, the covering over of uncertainty by certainty, a covering that *reveals* (we could, following Heidegger, call this

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[71] Merleau-Ponty, *The Visible and the Invisible*, 6.

revealing an unconcealing or uncovering) my world as really there, as continuous, and above all as singular and shared. Here, I perhaps extend and maybe even depart from Merleau-Ponty, because I feel compelled by this analysis to describe the world as endowed with meaning, as soliciting my engagement. Either way, this phenomenon by which the world is revealed to us as meaningful, endowed with possibilities and with others with whom we may forge deep connections, imbuing our lives with further meaning, is nonetheless phenomenologically salient. And it is of significant importance for a phenomenology of depression since the degree to which someone is depressed may well be the degree to which the world of significance shows up, or rather does not, for her. This is highlighted in research by the psychologists Pyszczynski and Greenberg, working within the framework of Beck's cognitive theory of depression.[72]

> Whereas non-depressed people exhibit a generally positive self-schema, mildly depressed people's self-schemata are mixed, including both positive and negative aspects; as the depression deepens, the self-schema becomes increasingly negative. Consistent with this reasoning, Kuiper et al. (1982) demonstrated a tendency for non-depressed people to be most efficient in processing positively toned information, severely depressed people to be most efficient in processing negatively intoned information, and mildly depressed people to show no differences in efficiency of processing as a function of the information's affective tone."[73]

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[72] Aaron Beck, *Cognitive Theory of Depression*, (New York: Guilford Press, 1979).

[73] Tom Pyszczynski and Jeff Greenberg, "Self-Regulatory Perseveration and the Depressive Self-Focusing Style: A Self-Awareness Theory of Reactive Depression,"*Psychological Bulletin* 102, no. 1 (1987): 124.

Here we can think of Kristeva's reading of Celine in *Powers of Horror*.[74] In Celine's *Journey to the End of the Night* the abjected appears in and as the felt breakdown and making-incoherent of the subject. The themes of atheism and incoherence of the subject come to the fore in their interconnection. A collapse of faith, in a sense we could call post-Death-of-God, is lived as a collapse of meaning and the integrity of the borders of self. In the absence of a transcendental guarantor, meaninglessness, absurdity, and death are no longer abjected, no longer the enabling obverse of life but instead become its dominant and visible features. If we live, and perhaps can only live, with a faith in a meaningful shared world, then faith is indeed constitutive of our existence. Yet Kristeva does not describe the inevitable outcome of melancholia as a Celine-esque hellscape escapable only by turning a blind eye (which is perhaps impossible anyway, in the wake of such an atheistic revelation) to meaninglessness, mortality, and solipsism, and leaping back into the shared world. Overcoming melancholia is not a matter of inauthentically fleeing the death of God back into a world transcendentally endowed with meaning. Rather, Kristeva's "faith" is a faith without a transcendent guarantor. A faith which can never be validated. It is a faith in a sense more faithful (never certain, never validated, always evasive) than religious faith, as the latter may hold the promise of validation in the sweet hereafter. For Kristeva, a meaning to symbolic communication guaranteed by a full coincidence of signifier and signified and, relatedly, the promise of full satisfaction of what is contained within a demand (in a Lacanian sense), is never given. In communication with others, in our very purposive action in the world, we live a leap of

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[74] Julia Kristeva, *Powers of Horror: An Essay on Abjection*, trans. Leon Roudiez (New York: Columbia University Press, 1982).

faith – faith because there is no guarantee. As Kristeva does not rely on a God or other *deus ex machina* to reinstate the connection of the melancholic to language and her world, but rather describes the way in which psychoanalysis and artistic production (particularly creative writing) may revivify the bonds of faith, we can say that the problem of melancholia is less atheism, in the ordinary sense, than faithlessness (*apistism*).

As mentioned above, I mean revelation in a way similar to what Heidegger, on a certain reading, means by unconcealment (*aletheia*). The concealing of unfaith that is accomplished by faith unconceals, or reveals, the world as sole, singular, shared, i.e. as really there for me, and as really there for others as well. Unconcealment, though, can reveal either side of the coin, as both sides (faith and unfaith) have a share in fidelity to experience: both solipsism and inter-subjectivity can be felt as real.[75] Conversely, unfaith can come to cover over faith. Faith can move from dominant force, shaping and making possible any perception of the world, to the specter that haunts it. Faith becomes impossible: a seemingly irrecoverable memory. Apparent meaninglessness, discontinuity, arbitrariness and isolation move from enabling/threatening obverse to configuring force. As I will show in the next chapter, Kristeva's account articulates this switch: the arbitrary nature of signification that makes language possible absorbs the melancholic. This enabling arbitrariness is lived in melancholia. Instead of becoming the covered over

[75]On this point, see the literature on depressive realism, the (controversial) phenomenon attested to in certain of the psychological literature in which depressed patients seem to have a mooe accurate sense of their own abilities than non-depressed subjects). See, e.g., L.B. Alloy and L. Y. Abramson. "Depressive Realism: Four Theoretical Perspectives," in *Cognitive processes in depression*, ed. L.B. Alloy (New York: Guilford Press, 1988): 223-265. Also, Cf. Rachel Adelson, "Probing the Puzzling Working of 'Depressive Realism.'" *APA Monitor on Psychology* 36, no. 4 (April 2005): 30.

necessary condition of language, arbitrariness comes to the fore, collapsing the borders which enable identification and communication and becoming the primary feature of the world of the depressed subject.

There is here a lived experience of what Merleau-Ponty calls reversibility. While faith is reversible, Merleau-Ponty focuses on only one side. There is, nonetheless a "what it's like" to live the other side, as a transposition of his account out of a meta-register and into a practical register, reveals. Melancholia, on Kristeva's account, seems to be just such an experience: one in which those negative features which make possible meaningful being-in-the-world move from forgotten negative constitution to center. Arbitrariness and the threat of impossibility lie beneath confident navigation of the world and meaningful symbolic communication for Merleau-Ponty and Kristeva respectively. We may look as well to the following experience of a depressive subject, for the affective features of a failure in faith, and for the fear that comes with depressive uncertainty:

> Mrs. P., aged 30, suffering from a depressive state, was so disturbed by her feelings of bodily strangeness and the unreality of the outside world, that for a while she was, in spite of all reassurance, convinced that she was either mad or a different person and begged to be certified to avoid further uncertainty."[76]

For Husserl, the natural attitude gives to experience the presence of the natural world: the natural world is there, is *where I am*.[77] Merleau-Ponty, in finally turning the

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[76] Brian Ackner, "Depersonalization: Aetiology and Phenomenology," in *Journal of Mental Science* 100, no. 421 (October 1954): 850.

[77] See, e.g., *Experience and Judgement*, trans. Churchill and Ameriks (Evanston: Northwestern University Press, 1975).

phenomenological eye to this attitude, reveals that this presence of the world is deeper, and rife with existentially vital dimensions including the sharedness with which I am here concerned, and the faith that subtends it (as seen also in Husserl's concept of doxa). (In my next chapter, I will consider, by means of a study of Kristeva, the way in which sharedness is A) crucial for meaningfulness and B) sustained/subtended by a certain faith.)

> For Merleau-Ponty, even the basic unity of experience can falter/is variable: [The natural world] is not like a crystal cube, all possible aspects of which can be conceived by their laws of construction, and which even reveals its hidden sides in its actual transparency. The world has its unity, although the mind may not have succeeded in inter-relating its facets and in integrating them into the conception of a geometrician. This unity is comparable to that of an individual whom I recognize with unchallengeable evidence before I possess the formula of his character, because he retains the same style in everything he says and does...I experience the unity of the world as I recognize a style.[78]

The world is experienced as a unity, but is wrongly understood in terms of the theoretical/intellectual unity of the geometer. There exists always-already a *unity of the world* upon which intellectual acts of unification rest. The unity of the world in experience, then, according to Merleau-Ponty, is comparable to that of an individual

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[78] Merleau-Ponty, *Visible and the Invisible*, 13.

whose diverse actions are experienced as style by which I know her from one moment or meeting to the next.

This unity is operative in perceptual experience and is distinct from the theoretical unity of the geometer. Yet this unity of the other as a style, which I recognize, and which elaborates a particular view on the world is likewise variable and even collapsible. Examples of such oscillation in the reception and recognition of the other are plentiful within psychology: facts about the world and about others hang together for the schizophrenic, but appear in a kind of disarray that could never characterize *a world* for those of us not thus afflicted, much less *the world*. In Capgras delusion, recognition of even the most intimate and important others breaks down. Receiving and sharing *the world* is therefore not a guarantee: and even if the schizophrenic or the Capgras afflicted patient has *faith* in the peculiar world of her delusion, she does not have faith in *the world* most of us share. Among the things at work, making possible the everyday fact that we share one and the same world with others is the fact that we share the same *faith* in that world.

(The question of whether it is correct to label a phenomenon the function or product of a mechanism or work that subtends it on the basis of the phenomenon's collapsibility remains open. But for Kristeva, at least, faith is an *accomplishment*, while Merleau-Ponty speaks of the "success" of such a unity).

§ III) Embodiment, Vision, and the Other

On Merleau-Ponty's account, my body is contained by and within the world and is a necessary condition for any experience of it. My body is the site of perception and in a sense is constituted for me by perception. I experience my body as built around "the

perception that dawns through it."[79] It is on account of my being embodied/a body that I experience things in perception, and it is on account of perceptual experience of things that my body comes to be *my* body for me. While embodiment is such a condition, the experience of embodiment appears to stand in the way of seeing things themselves. As the mineness of my perception cannot be dissolved we run into another knot (for Merleau-Ponty, concerned as he is to let the world be revealed in its being: paradoxes, enigmas, and all, this is not reason to abandon the line of thinking); how is it that my embodied perception touches upon the things themselves, the things of a shared, sole world? I am sure that it does, but I can never be sure that it does – hence, *faith*.

This knot is even more stubborn in my consideration of the other's perception. It is even harder to imagine that the same thing, a perception of a thing itself by means of the body, by a process that seems, in my case, to occur deep within the recesses of my body, is happening for others. While I experience myself as brought into being by a perceptual experience occurring in the body but not localizable, I see the other as a whole being, closed and external.[80] I see her from the outside and the outside alone, a way in which I can never see myself; this vision renders even more difficult the already challenging link between self as center and subject of its own world and the sole world. As challenging as it is to imagine that my perception reaches out from my body to the things themselves, that linking of private world and sole world, it is immensely more

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[79] Merleau-Ponty, *The Visible and the Invisible*, 9.

[80] It is important to note here that Merleau-Ponty does not think that the other remains in this state for me at all times. Importantly, we can open up to each other, complete each other. Since this *can* happen, we can say, then, that this possibility of being open always haunts intersubjective experience. I turn to the issues of intersubjectivity and communion shortly.

challenging to imagine it on the part of this not-me, this other, this outside. And, of course, I pose the same challenge to her.

Similarly, for Kristeva there is an inadequacy of language to fully express myself. I feel myself immersed in communication with the other, and I forget that this communication is always already the result of arbitrariness and misrecognition. When I turn the light of philosophical reflection upon my communication with the other, then, something similar appears: I communicate with another, but I can only trust, can only have faith, that I am communicating myself faithfully. There is a fundamental misrecognition of myself as the one who addresses, and I bracket this enabling dimension of intersubjective communication, of being-in-the-world as being-with-others. The sharedness of the world, the meaningfulness and efficacy of communication. My mutual addressing to another is taken for granted. This taking for granted is necessary to inter-subjective communication, to the being-in-the-world of the speaking being. I am a stranger to myself, lost in speech; the other, as likewise a speaking being, is likewise strange—stranger.[81] Arbitrariness and misrecognition are fundamental, are indeed necessary conditions, for speaking-being-in-the-world. Certainty in my understanding of the other's address, and hers of mine, can only ever evade me. In melancholia, as I will explore later, I can only feel, I only live this arbitrariness and misrecognition.[82]

For Merleau-Ponty, while reflection reveals that perception doesn't occur behind my body or inside my head, this can't help but be how the other's perception seems to me, and mine to her. In this knot, then, the other cannot confirm that my perception is of

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[81] Cf., *Black Sun*, 51-55.
[82] Cf., *Black Sun*, 33.

a sole and shared world. In this knot we live a Kantian moment, for a moment: it is as though we have a world within a sole world but onto which our perceptual experience does not open. From a Kristevan perspective, the melancholic does not and cannot open onto the shared world — signifying bonds become undone. Because these signifying bonds animate the shared world, the melancholic's external reality may:

> …be strangely altered: it may appear somewhat artificial -- as if 'painted, not natural,' or 'two-dimensional' or 'as if everyone is acting out a role on stage, and I'm just a spectator'. Even though the world does not necessarily look unreal, it is nevertheless experienced as 'less interesting and less alive than formerly.[83]

How are we to understand the experience of another? What role does her experience play in my experience of the world?[84] Indeed, sometimes the other does appear to me as a curious spectacle.[85] A mundane example: consider the experience of "people-watching." I am sitting in an airport, at the beginning of an hours-long layover. I take a seat near a particular gate, not because my flight is departing from that gate, but because there is plenty of empty seating, maybe a few power outlets, and I am as yet in no hurry, and am

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[83] Ratcliffe, *Experiences of Depression*: *A Study in Phenomenology*, 169.

[84] Merleau-Ponty, *The Visible and the Invisible*, 10.

Here Merleau-Ponty also says: "There is *the one he perceives*, God knows where, and there is the one I see, outside of his body, and which I call the true thing – as he calls true thing the table *he sees* and consigns to the category of appearances the one I see."

[85] Merleau-Ponty, *The Visible and the Invisible*, 10.

perhaps more present in the city towards which I am heading or from which I am departing than I am in this airport. I see someone in a noticeable hurry, sprinting to a nearby gate to make a flight I am not taking, departing at a time that is of no particular importance to me, from a gate that appeared to me only as a place to sit or not sit. Her rush at first strikes me as strange, her concerns different from mine, her basic orientation towards an urgent goal that I do not share, she is in the airport in an entirely different sense than I am—alien. Time passes differently for me than for her, the space of the airport is for me not an obstacle.

I may feel sympathy, I may think of ways to help, but perhaps for a moment the whole thing appears to me as simply curious. This would likely be just for a moment, because of course my empathetic response overcomes me very quickly, with almost imperceptible speed. She elicits my empathy *almost* immediately which takes us to what we might call a communion theme in this chapter. Merleau-Ponty observes that: "no sooner has my gaze fallen upon a living body in process of acting than the objects surrounding it immediately take on a fresh layer of significance. There is a shift in one's sense of the possibilities that things offer; now they are perceived as offering possibilities for someone else too."[86]

And what is my sympathy, if not an experience I have by virtue of the *possible* experience this other is having? I experience my sympathy for her as a comprehension of the suffering that comes with *her* current experience: or my experience is *due* to the experience she is likely having. These moments occur, this experience of spectacular

[86] Saun Gallagher, "Two Problems of Intersubjectivity," *Journal of Consciousness Studies* 16, no. 6-8 (2009): 212-213.

otherness wherein sympathy is suspended and the other is a spectacle for me; but the other, perhaps more often, instead offers a sense of a life lived in a shared world, a sense which breaks forth in what we might call moments of communion, rather than moments of spectacle. Another world within the shared, "sole" world shines through, though "through the fabric of my own."[87]

By communion I mean that mode of intersubjectivity that Merleau-Ponty describes as follows:

> To begin with [other people] are not there as minds, or even as 'psychisms,' but such for example as we face them in anger or love -- faces, gestures, spoken words to which our own respond without thoughts intervening, to the point that we sometimes turn their words back upon them even before they have reached us, as surely as, more surely than, if we had understood each one of us pregnant with the others and confirmed by them in his body.[88]

Merleau-Ponty seems to intend this as a basic account of intersubjectivity. The breakdown, in which others are experienced otherwise than this, occurs when we reflect back upon it, when faith becomes an object of reflection rather than operative in perception. Such a breakdown is characteristic of depression on both Ratcliffe's phenomenological and Kristeva's psychoanalytic accounts. Ratcliffe notes that in

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[87] Merleau-Ponty, *The Visible and the Invisible*, 11.

[88] Merleau-Ponty, *The Visible and the Invisible*, 11.

understanding this aspect of intersubjectivity, in which every day, undisrupted, experience must place its *faith*:

> …we will be better placed to interpret interpersonal experience in depression, given that depression often involves an experienced inability to enter into exactly this kind of interpersonal relation: 'There is the realization that you have never connected with anybody, truly, in your life.'[89]

As Kristeva's account of depression shows, I will argue, faith in the world and in the possibility of the communion that defines our ideal relations with others can break down or fail to take hold: not only in modes of philosophical reflection, but in lived experience as well. Through depression, this perception of others becomes not a breaking-down that is a function of a higher-order reflection but is, rather, a way of being.

And depression is certainly not the only such example; Merleau-Ponty's description is perhaps a description of one type of experience of others, one mode of intersubjectivity. Major depression is far from the only example of instances in which my experience with/of others is not that of mutual bodily confirmation. Awkward interactions, interactions in which I or the other fail to take or understand the other's points, first meetings: these are instances in which I do not conceive of the other as a "mind" or "psychism," but neither do I have the feeling of communion Merleau-Ponty

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[89] Ratcliffe, *Experiences of Depression*: *A Study in Phenomenology*, 210.

This language is, however, absent from his work on this aspect of depression.

describes. Though these other scenarios might not entail the faithlessness with which I will characterize certain experiences of depression, they do highlight the ways in which communion is not exclusive, and perhaps not even dominant.

For Merleau-Ponty, in "genuine conversation," for instance, I am taken into the other's private world, interpolated there by her as respondent (the question remains as to whether this experience of interpolation into another private world is more primary than a sense of shared world that emerges in conversation). Indeed, when I reflect on this, again differentiation and distinctness take the fore. But for a moment my private world is not mine alone, rather it becomes a "dimension of a generalized life which is grafted onto my own."[90] Private worlds overlap and intertwine, appearing as dimensions of the sole, general world. In moments of communion there is a sense of one shared world, but still I take the true world to be that which *I* perceive. The private worlds are conjoined, but the site of conjunction remains my private world—the knot remains. I witness a sole, shared world, but certitude evades me.

Spectacle and communion both obtain as possibilities within the world, and their primacy is reversible. When a different behavior or exploring body appears to me through a first

> …'intentional encroachment,' it is the man as a whole who is given to me with all the possibilities (whatever they may be) that I have in my presence to myself in my incarnate being, the unimpeachable attestation. I shall never in all strictness be able to think the other person's thought. I

[90] Merleau-Ponty, *Visible and the Invisible*, 8.

> can think *that* he thinks; I can construct, behind this mannequin, a presence to self-modeled on my own; but it is still my self that I put in it, and it is then that there really is 'introjection.'...On the other hand, I know unquestionably that the man over there *sees*, that my sensible world is also his, because *I am present at this seeing*, it *is visible* in his eyes' grasp of the scene."[91]

I can render the other person as mannequin, I can analogically construct her as a person like me, given to the same sort of perceptual experience as me. And yet, ordinarily, when faith in sharedness is operative, this is not how I encounter her. The analogy is not primary, indeed the perception of her as perhaps a mannequin who I bestow with personhood is analogous to seeing the table not as table but as a series of appearances:

> A form that resembles me was there, but busy at secret tasks, possessed by an unknown dream. Suddenly a gleam appeared a little bit below and out in front of its eyes; its glance is raised and comes to fasten on the very things that I am seeing. Everything which for my part is based upon the animal of perceptions and movements, all that I shall ever be able to build upon it—including my 'thought,' but as a modalization of my presence at the world—falls at once into the other person. I say that there is a man

[91] Merleau-Ponty, *The Visible and the Invisible*, 11.

> there and not a mannequin, as I see that the table is there and not a perspective or an appearance of the table.[92]

Still, on reflection, the intractable mineness remains. Certitude of a shared sole world is impossible by the criteria of reflection, but this impossibility is nonetheless *lived*. As Merleau-Ponty elaborates later in the chapter, certainty is lived but always haunted by uncertainty, and likewise faith by incredulity. We can, I think, shift our focus to the underside—illuminate faith by its underside: its constituting and threatening obverse, along with a real dimension of lived experience in which haunting uncertainty becomes primary. It is possible, I will argue, in depression that not only does formalization of a shared world evade the depressed subject (which evasiveness Merleau-Ponty highlights) but so too does the *lived sense* of this world. There are moods, modes and moments in which we cannot occupy that seat of truth that is the certitude of a common world of experience: experiences in which the unjustifiability of our faith comes forward rather than receding, in which unjustifiability and uncertainty do not vanish in the flow of experience, but rather shape it, experiences wherein, "I'm not part of anything and so nothing seems real."[93] Pervasive mineness becomes intractable at a level other than that of formalization—not just a problem of/for philosophical grounding.

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[92] Merleau-Ponty, *The Visible and The Invisible*, 11.

[93] Filip Radovic and Susanna Radovic, "Feelings of Unreality: A Conceptual and Phenomenological Analysis of the Language of Depersonalization," *Philosophy, Psychiatry, and Psychology* 9, no. 3 (2002): 27.

> The methods of *proof* and of *cognition* invented by a thought already established in the world, the concept of *object* and *subject* it introduces, do not enable us to understand what the perceptual faith is, precisely because it is a faith, that is, an adherence that knows itself to be beyond proofs, not necessary, interwoven with incredulity, at each instant menaced by non-faith. Belief and incredulity are here so closely bound up that we always find the one in the other, and in particular a germ of non-truth in the truth: the certitude I have of being connected up with the world by my look already promises me a psuedoworld of phantasms if I let it wander.[94]

There is a taken-for-granted certitude of being linked to the world that is always interwoven with incredulity as a specter. But the inversion of this certitude can be lived in depression. I live disconnected from the world, and the possibility of connection to it haunts me, "I seem to have no personality, as if I had no background, no future and no ties at all with anyone or anything. I feel non-existent as a personality -- like a vacuum."[95] Incredulity, the menace, is constitutive of faith (otherwise it isn't faith) and this plays out across a range of registers. While in Merleau-Ponty this discussion primarily occupies a meta-status (science is enabled and threatened by the obverse of the certainty it must presuppose,) by reading it together with the earlier account of alterity and embodiment that I summarize and interpret above, we see the relevance of this discussion for

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[94] Merleau-Ponty, *The Visible and the Invisible*, 47.

[95] Radovic and Radovic, "Feelings of Unreality: A Conceptual and Phenomenological Analysis of the Language of Depersonalization," 271.

understanding a particular lived experience. There is a "what it's like" to be menaced, or to live in the mode of being-menaced, or rather in the realization or grip of that which menaces. Normally, we get around in the world in a mode of credulity, with a possibility of incredulity, but the latter can become definitive. An incredulity in meaning, in the shared world.[96] As an emphasis on faith (and its abjected enabling obverse) shows, Kristeva's account of melancholia is an account of the living of this other side of certainty, this other side that marks faith *as* faith. It is with this angle in mind that I will later turn to my interpretation of Kristeva's account of melancholia in *Black Sun*.

In the following sections of this chapter I will carry forward elements of the account of *Phenomenology* along with the above highlighted elements of Merleau-Ponty's later ("ontological") philosophy, particularly as articulated in Chapter One of *The Visible and the Invisible*. In the previous chapter I endeavored to show the ways in which, drawing on Merleau-Ponty's account, a sense of futurity, a futural orientation, underpins our experience in/of space, i.e., futurity subtends spatiality. I closed this portion of the project with a rendering in terms of "faith" that operative futural orientation that makes possible purposive, expressive movement. Here, I will turn to Merleau-Ponty's own account of perceptual faith and offer a reading of Chapter One of *The Visible and the*

[96] This is particularly interesting in the register of inter-subjectivity, which I am exploring elsewhere. The other can be for me an affirmation of a shared world, or a reminder of loneliness of separation and (my own) otherness. While the presence of the other may be a necessary condition of my having a world (see Lisa Guenther, *Solitary Confinement*: *Social Death and Its Afterlives* [Minneapolis: University of Minnesota Press]), but this leaves open a twofold possibility: the other may be there for me as affirming my belonging to the world, or as denying it (as a form of the latter, they may even show up as, though constituting the world, anonymous, indifferent, and unable to affirm or deny my belonging to it). We can even say, and I will touch on this below, in the language of faith, others have the (com)possibility of constituting my faith or being objects of it.

Invisible so as to highlight the unique resources offered by an emphasis on intersubjectivity and expression when viewed through the prism of perceptual faith.

Arguably, a look at these elements of Merleau-Ponty's philosophy can ground a philosophical account of depression different from, and, I think, more robust than, the more classical phenomenological accounts that characterize the existing literature. These aspects of Merleau-Ponty's work can ground a shift in focus to the possibility of a more robust account of intersubjectivity and alterity that avoids certain of the problems of classical phenomenology when it comes to understanding depression [subjectivism] and account for the depressed person's use of and relation to language, particularly the language of self-description in/of depression.

IV. Faith, Embodiment, and Being-Alongside: What of an Inability to be with Others?

> *"The 'I am able to' and the 'the other person exists' belong here and now to the same world."*[97]

As made clear in my first chapter, for Merleau-Ponty, spatiality is tied up with an "I am able to." In the above quote from *Signs*, Merleau-Ponty connects the 'I am able to,' the I *can*, to being-with-others. This connection runs deeper than a mutual belongingness-to-the-world. Indeed, my "I am able to" is always already tied up with the presence and existence of the other such that my purposeful navigation of the world varies with the nature of the presence and existence of the other. "'The world' is 'our world,' and

[97] Merleau-Ponty, *Signs*, 175.

changes in the structure of interpersonal experience are inseparable from more enveloping disturbances in the sense of reality and belonging."[98] That is, any genuine disturbance in my being-with is a disturbance in my being-in-the-world, in my being-*real*, even in my being-*at-all*: and thus in my "I can." In this chapter I use Lisa Guenther's critical engagement with Husserl's account of (inter-)subjectivity as a starting point to discuss the different ways in which others may or may not be existent and present to or for me, and the impact of these various and variable modes of alterity on ability and experiences in/of the world.[99]

As an entry point, I will here consider the passage from *Signs* from which I have excerpted the above brief quote:

> The reason why I am able to understand the other person's body and existence 'beginning with' the body proper, the reason why the compresence of my 'consciouness' and my 'body' is prolonged into the compresence of my self and the other person, is that the 'I am able to' and the 'the other person exists' belong here and now to the same world, that the body proper is a premonition of the other, the *Einfuhling* and echo of my incarnation, and that a flash of meaning makes them substitutable in the absolute presence of origins.[100]

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[98] Lisa Guenther, *Solitary Confinement: Social Death and Its Afterlives* (Minneapolis: University of Minnesota Press, 2013), 38.

[99] Guenther, *Solitary Confinement: Social Death and Its Afterlives*, Chapter Two.

[100] Merleau-Ponty, *Signs*, 175.

The point made here, I attempt to show below, is central to Chapter One of *The Visible and the Invisible*. There, Merleau-Ponty is concerned with the question of how the bodily presence of the other grounds, and whether and how it *can* ground, my experience of the other as having an internal life in which I play the role of other, just as she does for me. Is it a matter of analogical reasoning—of a move from my own compresence of body and consciousness to that of the other (the analogical inference, as it is termed in analytic philosophy)? Merleau-Ponty, of course, rejects such a (rational, intellectual) account whereby my confidence in the presence of the other is a product of deliberation or inference: analogical or otherwise. Rather, my being-in-the-world is inextricably tied up with that of the other. The analogical inference can never be confirmed by the criteria it introduces and necessitates, nor indeed can the presence of the other and my communion with her ever be known once and for all. It always exceeds me and evades reflection.

Ordinarily, this is covered over—a leap is taken and faith is operative. For Merleau-Ponty, "I am" entails "I can," and the "I can" always already entails a belief in the existence, if not presence, of the other. But, importantly, one is not the guarantor of the other. The compresence of "the 'I am able to' and the 'the other person exists'" does not mean (at least not necessarily) that my doing implies the other's existence. Rather, the expression of my being *in doing* is compresent with a belief in the presence of others. In acting, in doing, I *express* the I-can *and* the you-exist. The particularities of my being-able express variable modes of being-with: "This feeling is not just a matter of connecting with other persons; it is an experience of connecting with them as persons."[101]

[101] Ratcliffe, *Experiences of Depression*, 214.

So, what if I am for some reason *unable to* connect with other persons in this way, *as persons*? What if my experience of the world is such that I do not tarry with the world in the mode of the I-can? What if, by virtue of my depression, for instance, I comport myself to the world and to others as an "I-cannot," as Carel argues I do in illness? Ratcliffe says: "The experience of being with that person also involves our having possibilities and our transforming a shared space of possibilities together."[102] But the possibilities of an 'I-cannot' are greatly diminished and as such she does not share as fully in the possibilities of the other. There may be ways in which she is existentially unequipped to work with the other to build or transform a world. This phenomenological insight sheds light on why some depressed persons often do not fully perceive the world as completely real or take it up as site of their action.

> Some but not all depression experiences involve depersonalization: the person feels curiously detached from other people and from the world more generally, and she goes about her business mechanically rather than being drawn in by things.[103]

The psychological literature defines these phenomena of 'derealization' and 'depersonalization' as below, and it is worth noting these variable modes of being-in-the-

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[102] Ratcliffe, *Experiences of Depression,* 214.
[103] Ratcliffe, *Experiences of Depression*, 262-3.

This may also explain the remote worlds inhabited by some who suffer delusional states like Capgras.

world, and being-with actually *lived* by patients have long been noted in said literature. Which is to say that the intersubjective/intercorporeal valences of depression are unavoidable even within a more naturalistic paradigm:

> [Derealization is]…An alteration in the perception or experience of the external world so that it seems strange or unreal (e.g., people may seem unfamiliar or mechanical.)[104]

> Classical features of depersonalization: "emotional numbing, feelings of not being part of the experience, of being on automatic pilot, change in the sense of time, derealization, self-observation, and feelings of bodily change.[105]

We may think derealization and depersonalization are *faithless* phenomena, suspensions of the perceptual faith which allows us to share the world. To these experiences of world-decay are added affective dimensions. It is not merely the case that the patient comes to inhabit a different world, rather she is forced to inhabit a *strange* and even frightening world:

> In addition to the mere subjective awareness of a feeling of change [1], must be added a further necessary quality of experience, namely that of unreality or

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[104] M. Sierra and G.E. Berrios, "Depersonalization: Neurobiological Perspectives," *Biological Psychiatry* 44, no. 9 (November 1998): 898. (Quoted from DSM IV)

[105] Sierra and Berrios, "Depersonalization: Neurobiological Perspectives," 900.

> strangeness [2]. Subjects considered to be depersonalized usually experience their personalities as changed, unreal and lacking in their former qualities. The outer world seems strange and has 'lost its character of reality'...The quality of unpleasantness thus emerges as a further important feature of depersonalization; it is, in fact, the feature which brings the patient to the doctor, for those experiences of unreality, commonly designated as depersonalization are usually unpleasant and at times very distressing [3]...But what of the patient who insists that his body is not the same as formerly, that his organs are rotting or have disappeared, and that the world in which he is living is a strange one people by demons? His is certainly a distressing experience of unreality...Another important feature, in addition to the above, is a particular type of affective state, often characterized by a complaint of lack of capacity for emotional response, variable in degree and extent [4].[106]

Integral to these failures of faith in the world and in others is an experience of grave discomfort, which drives the subject to become a patient and drives her to regain (or, in Kristevan terms, re-*establish*) her faith and a sense that she shares in the world.[107]

In the compresence of being-able and being with, which Scott Marratto compellingly argues informs the *Phenomenology of Perception* (contra other interpretations), emerges a possible locus of the investigation of depression unique from

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[106]Ackner, "Depersonalization: Aetiology and Phenomenology," 845.

[107] Kristeva, *Black Sun*, 23-25.

the accounts I considered in the previous chapter.[108] In Merleau-Ponty's thought, particularly his accounts of anonymity and intercorporeity, a dimension is articulated that is covered over in what we might term the more subjectivist tendencies of classical phenomenological accounts. As I will explore in the applications in the final two chapters of this project, depression takes hold and resonates in this dimension. After quoting a novel about a mentally ill poet, Ratcliffe remarks that: "the protagonist inhabits a world from which the possibility of interpersonal connection is absent; even those closest to him look strangely impersonal, distant, and frightening."[109] Not even proximity and familiarity can make the other real or guarantee our connection, communication, and relation with her in depression.

As Marratto points out, "Merleau-Ponty's insight into the intercorporeal constitution of the subject affirms a kind of an-archic dimension in our conscious experience that makes it resistant to any form of reductionist explanation." Merleau-Ponty's insight, particularly as articulated in *Signs*— that my experience of the world always already entails a relationship to the other, that the expression of the subject necessitates and affirms a relationship to others—can be brought to bear on the questions with which I am here concerned. Merleau-Ponty gives us a dimension in and from which we may inquire whether there is a more primordial operation of depression, i.e., more primordial than a mode in which a subject relates to a world and those in it. In other words, how might depression take hold in this 'an-archic dimension'—how might the very formation of the subject be colored by melancholia, a coloring deeper than

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[108] Marratto, Scott. *The Intercorporeal Self: Merleau-Ponty on Subjectivity.* (Albany: SUNY Press, 2012)

[109] Ratcliffe, *Experiences of Depression*: *A Study in Phenomenology*, 38.

Ratcliffe's "existential feeling" insofar as the experiencing subject, rather than only acting upon the world and those who dwell within it in a particular mooded way, is itself an expression of a primordial relationship to others, which relationship itself may vary in a way that produces meaningful and variable affective valences. Others' existence and presence with and for me is subject to depressive modification which thus inflects the very lived experience which is the focus of more classical phenomenological accounts. This possibility of such a dimension of depression in Merleau-Ponty's thought brings his work closer to that of Kristeva: and thus we shall have to see which thinker is more compelling on the subject, but more on this later.

> Between my body and those of others, from a dimension that precedes both the differences between us and the differences between our own bodies and the worlds they inhabit, there is always already emerging a self-articulating structure, a 'wildflowering of world and mind.'[110]

There is a structure to which we can turn our attention which undergirds the relation between self and world and self and other that is the focus of the preceding accounts. Such a structure is also recognized in contemporary psychological analyses of depression, wherein this illness becomes much more than an affective mode, inflecting all other cognitive and perceptual processes. Aaron Beck argues that depression-prone individuals,

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[110] Merleau-Ponty, *Signs*, 181. Cf. Marratto, *The Intercorporeal Self: Merleau-Ponty on Subjectivity*, 9-10.

"possess deep level knowledge structures -- depressive schemas -- that lead these individuals to see themselves and the world in pervasively negative terms."[111]

In what way is this (always already inter-subjective) structure affectively variable? It seems this structure certainly does vary with affect; "the fact that feelings of immediacy and vividness seem to accompany perceptions that are fragmentary and cognitively underprocessed (as those generated by amygdala stimulation) also supports the view that emotional feelings play a crucial role in the way reality is experienced."[112] Attention to this question is of use for several important further questions: how might the emphasis on anonymity and intersubjectivity distinguish Merleau-Ponty from the Husserlian and Heideggerian inflected phenomenology of the literature on depression? How might a consideration of this dimension challenge or enrich these accounts?[113]

According to Marratto, "There is, according to Merleau-Ponty, beneath my explicit self-consciousness, a fecund layer of anonymous life; it is this dimension of anonymity characterizing my bodily experience that Merleau-Ponty designates with the term 'intercorporeity.'[114] As with psychoanalysis, Merleau-Ponty provides, in his articulation of this fundamental layer, a possible locus for the examination of the impact of depression on lived experience beneath the level of "explicit self-consciousness." It is my contention that not only the existence and/or presence (or non-existence/non-

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[111] Beck, *Cognitive Theory of Depression*, 1121.

[112] Sierra and Berrios, "Depersonalization: Neurobiological Perspectives," 901.

[113] Also, while it is beyond the scope of my project here, there is the potential for a critical response to certain of Merleau-Ponty's critics/inheritors, particularly Levinas and Irigaray, that foregrounds anonymity as a dimension of analysis.

[114] Marratto, *The Intercorporeal Self: Merleau-Ponty on Subjectivity*, 10.

presence) of others, but also the mode *in which* others exist and are present for me, transforms the nature of intercorporeity and anonymous life. Such a transformation resonates in lived experience, and might be conceived as a transformation or breakdown of faith in the Merleau-Pontian sense.

Importantly, Merleau-Ponty's account suggests faith subtends expression as intersubjective communication. Temporal faith and futural intention subtend expressive movement. In this sense, an "I can" expresses a "you exist," because taking up one's body in a futural orientation is a necessary condition for intersubjective communication, aims toward it as to its completion. If the "I-can," which makes possible my relation to the world and its things—to what is present and the future to which I am oriented—is always at the same time tied up with a "you exist," then being is always-already being-with (as Heidegger points out). The other is as necessary as my sensory apparati, or the world itself, to my having any experience at all. The other and my relation with her is as primordially an object of this faith as is the rest of the world, and as important for its maintenance, its confirmation: necessary to save me from faithlessness, worldlessness, and senselessness. A sense that I am understanding the other's meaning, that she is understanding mine, and that we are speaking in (and, often, of) a shared world make intersubjective communication possible, and these convictions belong to the faith of the natural attitude. As we shall see the collapse in this faith leads to strange and incommunicable worlds "…world[s] of horror all [their] own…" to subjects of these

worlds who cannot share them, who may themselves become "…sort of horror people would not want to be near…"[115] [116]

[115] Kristeva, *Black Sun*, 7.

[116] Ackner, "Depersonalization: Aetiology and Phenomenology," 850.

Chapter 3: Guenther and Kristeva on the Present Absence of the Other

§ I) How, and in What Way are Others Present for Me?

Lawrence Hass takes up the phenomenology of the presence of others in the context of a defense of Merleau-Ponty against the Levinasian criticism that Merleau-Ponty levels difference and reduces the other to the same. According to Hass, others are present, and our/their alongside-ness is constitutive of subjectivity. Indeed, expression is impossible without alterity. When Merleau-Ponty claims that. "the 'I am able to' and the 'the other person exists' belong here and now to the same world," it is important to note that the other person exists *as other* person.[117]

> Others are here in the flesh; others transcend us in their living carnality. The "in" here is not a reduction of the self or psyche to the body, but a "beyond" that is not allergic to the flesh and desire, that does not drive it to despair. The radically other, I would insist, is not "without complexion," but is lived in and through complexion. For instance, my daughter is here, *present, but beyond*, in her soft smooth skin, the freckle on her nose, the incessant bounce in her gait, and the smell of her neck. My son is here, *present, yet beyond*, in his flesh, in the slope of his posture, the ruffle of his hair, and the joy of his laughter. Indeed, corporeal

[117] Merleau-Ponty, *Signs*, 175.

> style – so familiar to dancers, actors, athletes – is the trace of the other in their bodies, and there is no behavior at all if alterity is outside it.[118]

This is a description, though, of one dimension of alterity/intersubjectivity. Hass seems to acknowledge this in framing this account in juxtaposition with what he understands as Levinas' more grim account of alterity/intersubjectivity, which also has phenomenological trenchancy with regard to certain situations. A more robust phenomenology of intersubjectivity might take into account more than Merleau-Pontian communion or Levinasian confrontation. There are situations, some experiences of depression for instance, in which the present other is not experienced as present, though also not wholly other: situations in which I am haunted by the absence of the other's presence.

> "There is no reason to cast transcendence exclusively in terms of loss, suffering, and negation, for it is also warmth, excitement, approach, and love. To be sure, while Levinas is evocative of the pain of exposure, he simply cannot appreciate the soaring joy we find in our living relations. Finally, with Merleau-Ponty you find an explicit language that is noticeably missing from both *Totality and Infinity* and *Otherwise Than Being*: the language of community. As we have already seen, for Merleau-Ponty, communion is not about fusion or synthesis, not about totalizing systematics, but rather a 'coming together' between people who

[118] Lawrence Hass, *Merleau-Ponty's Philosophy*, (Bloomington: Indiana University Press, 2008): 49.

> are irreducibly different through interanimate behavior and conversation. While the interruption of the self, being questioned, and vulnerability are fundamental aspects of our relations, so too indeed are the communities, the living bonds, we find and forge as elemental beings."[119]

Hass understands Merleau-Ponty as presenting positive and negative pictures of intersubjectivity which are complementary, if not mutually necessary. Indeed, Hass is correct that 'interruptions' etc. are aspects of our relations (of our being[-in-the-world]) and even of communion. Merleau-Ponty can furnish a much subtler picture than this "one half of what intersubjectivity is" that Hass attributes to him. Rather, the reversibility of faith in Merleau-Ponty's work gives a robust description of these aspects and their inter-relations as well as something that Hass does not address: the absence of relatability to/with others in interruption/questioning or communion.

And yet, this relationship of "present, yet beyond" is itself reversible. It is perhaps optimal, or at least unremarkable, this situation that Hass is explaining: the other in front of me is present, yet beyond, in that they stand before me, engage with me, evidently share/commune with me, and yet remain beyond, ungraspable, inexhaustible—even, we could say: unknowable. My unpacking of Chapter One of *The Visible and the Invisible* above makes clear that this is consistent with Merleau-Ponty's text: it is one of the "paradoxes" (perhaps paradoxical because 'problem' suggests as to-be-solved, which, as Hass points out, is contrary to Merleau-Ponty's project) of perceptual experience—there

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[119] Hass, *Merleau-Ponty's Philosophy*, 49.

are indications of a shared world, of the other as here with me. This, though the way it is described is an *ideal*, and not transcendental or universal, element/aspect/mode/condition of otherness: the other may be only beyond, or present yet not present. This structure of presence yet unpresence may resonate in different ways: the present, yet beyond, the presence not balancing or countering the beyond, if anything the presence as only a reminder of hereness —presence as haunting trace of presence. Presence yet beyond—it could be conjunctive; presence yet beyond—the two intertwined, but not as leaves, not as symmetrical, but instead as haunting/haunted. Not just present, but beyond upon reflection, but fully present (in a sense) and fully beyond (unpresent).

For Merleau-Ponty, faith has a threatening obverse, and makes possible intersubjective communication. What might it look like if the faith that subtends intersubjective communication is reversed? This is fairly obviously the case in Capgras delusion, but also it seems in depression.

> We can understand this in the following way: The person still anticipates experiencing the possibility of interpersonal connection when in the presence of certain others, and she 'needs' this kind of connection, as her world is impoverished without it. However, whenever she encounters another person, the kind of relatedness she anticipates and/or needs is not experienced as possible. Indeed it may be experiences as impossible -- the world appears as a place from which it is altogether gone.[120]

[120] Ratcliffe, *Experiences of Depression*, 220.

This *haunting* by possibility characterizes Kristeva's account of melancholia as well, as we shall see. We can respond to Hass's account of alterity that such a present yet beyond is ideal, always precarious, always the function of a certain *faith* and that intersubjectivity/alterity can be lived/experienced otherwise, which reversibility is borne out in accounts of concrete lived experience.

§II) The Present Absence of the Other

In *Solitary Confinement: Social Death and its Afterlives*, Lisa Guenther takes up the question of the extent to which the presence of others informs and/or constitutes our subjective, embodied experience in/of the world. Drawing upon testimony from prisoners subjected to solitary confinement, Guenther challenges Husserl's insistence on the primacy of the transcendental ego over intersubjectivity vis-a-vis the constitution of our experience of the world. According to Guenther, for Husserl it is first and foremost by the work of the transcendental ego that the world comes to be in the way that it does (*how* and *that* the world is). The experience of intersubjectivity is layered on top of this work, the former occurring within a world constituted by a sole transcendental ego, which then—that is, only once it has *realized the world* for itself— comes to realize its being-with in a shared world. The lived death of the prisoner in solitary confinement testifies, according to Guenther, to the fact that being-with-others, as a support for my own experience of the world, is a primordial factor, a necessary condition for having a stable and coherent world.

Proceeding from a critique of Husserl's relegation of intersubjectivity behind the primacy of the work of the transcendental ego, Guenther is guided by the following question[121]:

> How does the experience of other people beyond myself support my own experience of the world as the most general context for meaningful

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121 The question of whether Guenther's reading of Husserl is faithful to the *Ideas* is worth keeping in mind here, though ultimately not decisive either for her project or my engagement with it, as Merleau-Ponty himself seems to see Husserl as criticizing the understanding of subjectivity which Guenther ascribes to him, i.e. that intersubjectivity as an aspect of concrete personhood follows transcendental subjectivity. In "The Philosopher and His Shadow," Merleau-Ponty states, "For the 'solipsist' thing is not *primary* for Husserl, nor is the *solus ipse*. Solipsism is a 'thought-experiment'; the *solus ipse* a 'constructed subject'" (*Signs*, 173).

For Husserl, according to Merleau-Ponty, solipsism, as a conceptual posit, comes after and presupposes intersubjectivity: "The subject would would be left alone in this case would still be a human subject, still the intersubjective object understanding itself and still positing itself as such" (*Signs*, 174). On this reading, for Husserl the phenomenon of solipsism, of pure alone-ness, is available as the product of a sort of reverse construction by a subject always already in the world with others, not as a constituting stage or condition of subjectivity.

However, it is possible, I think, to take seriously (as Merleau-Ponty does) Husserl's claim that the *solus ipse* is conceptually incoherent but also assert (with Guenther) that this does not mean that it doesn't occur as a stage or condition for robust subjectivity. In this case, it is important to keep a clear distinction between the *solus ipse* and the transcendental ego. It may be possible to maintain that the transcendental ego is still a necessary operative stage or condition in the development of the subject. In that case, the question remains whether Merleau-Ponty is faithful to the account in *Ideas* when he claims that for Husserl there can be no solipsistic ego ("The 'layer' or 'sphere' which is called solipsist is without ego and without ipse" (*Signs*, 174) and that "Egotism and altruism exist against a background of belonging to the same world; and to want to construct this phenomenon beginning with a solipsist layer is to make it impossible once and for all -- and perhaps to ignore the profoundest things Husserl is saying to us" (*Signs*, 175).

Importantly, what Merleau-Ponty proposes in "The Philosopher and His Shadow" is fundamentally similar to Guenther's account of intersubjectivity. The former's assertions that "the constitution of others does not come after that of the body; others and my body are born together from the original ecstasy," and "we must conceive of a primordial *We* that has its own authenticity and furthermore never ceases but continues to uphold the greatest passions of our adult life and to be experienced anew in each of our perceptions. For as we have seen, communication at this level is no problem and becomes doubtful only if I forget the perceptual field in order to reduce myself to what reflection will make of me" (*Signs*, 175) share a fundamental conviction with Guenther's account: The presence of the other (and, as Guenther points out, their absence) shapes perceptual experience *ab initio*. As the accounts I draw on over the course of this project make clear, drawing on Guenther's insight that absence plays such a role, the mode of the presence of the other and my mode/possibilities of being with them are likewise fundamental.

> experience, even if (or perhaps because) these others contest my own account of what this or that particular object or situation means?[122]

What I'd like to do here, using Merleau-Ponty, is ask how the nature of the "experience of other people beyond myself," and particularly the possibility of the emptiness of that experience, vary the manner and degree in which the *world* is supported. While the chapter in question does not deal with Merleau-Ponty, I will be drawing a number of connections to both Merleau-Ponty's early and later work in my extension of Guenther's chapter.[123] I do so because Merleau-Ponty is in many places an effective and important foil to the aspects of Husserl's philosophy that Guenther highlights, and because the nature of the Merleau-Pontian response I will formulate here points towards an augmentation, to the existing phenomenological accounts of depression.

I will follow Guenther's phenomenological question of what happens when there is no intersubjective experience (as in solitary confinement), or when there is a severe diminution of such experience with a second, related question: is it possible for me to be bodily present with others, but for their presence to nonetheless fail to support a world for me?[124] Is it possible, in other words, to find myself insulated from the other's affirmation of my world, as well as from the challenges she presents to my egoism, such that her

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[122] Guenther, *Solitary Confinement: Social Death and Its Afterlives*, 23.

[123] For Guenther's explicit engagement with Merleau-Ponty, see Chapter Five of *Solitary Confinement*.

[124] This may be an important distinction for Merleau-Ponty's work, as on his account any embodied experience in the world *is* intersubjective. In this case, what is described here (and perhaps in Guenther's book) takes the form of something felt missing, or perhaps as an *incompleteness/incompletion* of the body.

presence, and even interaction with me, *fail* to support a world for me? Guenther's investigation shows that the consequence of bodily isolation, of being removed physically and communally from others in space and conversation, is that one's own experience in/of the world is not supported (or challenged, which challenge provides support), which brings with it serious psychological and somatic ramifications. Does the impoverishment of intersubjective experience, characteristic of depression, give rise to a similar collapse of support for the world, even though others are present: even when I am embodied and embedded among them? I argue that depression opens up the possibility of a paradoxical being-with-others. The mode of being-with which constitutes depressed subjectivity is being-with others by being-without them. The depressed subject is haunted by the possibility of this primordial communion. And it is this present-absence from which she suffers, for it is painful to live in a solitary world.

In Chapter Two of *Solitary Confinement*, "Person, World, and Other," Guenther focuses on Husserl's phenomenology, deploying the phenomenological method both to articulate the world-collapse suffered by those subjected to solitary confinement and to critique Husserl's relative diminution of the role of inter-subjectivity in world constitution. For Husserl,

> The most fundamental condition for [the personal ego's] possibility is the transcendental ego, but this alone is not sufficient for a concrete sense of personhood. For that, experience of other embodied egos in a shared world

> is needed, where each has a singular unsharable perspective on a shared world.[125]

The transcendental ego creates a world which can then appear as populated by others. The presence of and communion with these others, these overlapping subjectivities make "concrete personhood." Yet, in solitary confinement, it seems as though there is a loss or collapse at a level more fundamental than that which Husserl labels "concrete personhood." Basic perception of objects, of time and space, is changed, seemingly unhinged in the absence of others who can affirm or deny my perceptual experience, others with whom I tarry and can commune. By way of anticipation, I want to nominate a conceptual distinction and draw attention to the myriad ways in which others can be present for and with me. The embodied presence of others and their ability to confirm or deny, to reinforce or to challenge, my perceptual engagement in and of the world, can be made conceptually distinct, i.e., there is a possibility of living the former without the latter, what we might call an experience of inter-corporeality without inter-subjectivity.

> The testimony of survivors of solitary confinement suggests that if one is deprived for long enough of the experience of other concrete persons in a shared or common space, I is possible for one's own sense of personhood to diminish or even collapse, while the transcendental ego, or the pure capacity for experience, remains now unhinged from a shared world in which its perpetual flow of impressions could receive the bodily validation

[125] Guenther, *Solitary Confinement: Social Death and Its Afterlives*, 28.

> of others. Without the concrete experience of other embodied egos oriented toward common objects in a shared world, my own experience of the boundaries of those perceptual objects begins to blur.[126]

The "pure capacity for experience" that is the transcendental ego can be undermined by the absence of other people. This reveals a problem with Husserl's account: a loss or collapse of what ought to belong, on Husserl's account, to the level of concrete personhood, registers at its very basis, at a more fundamental level of experience, that which Husserl classifies as the work of the transcendental ego. Inter-subjectivity, contra (a certain reading of) Husserl, turns out to be foundational.

> The inter-subjective basis for [the prisoner's] concrete personhood, and for their experience of the world as real and objective, as irreducible to their own personal impressions, is structurally undermined by the prolonged deprivation of a concrete, every day experience of other people.[127]

One might take this further and claim that an existence in the presence of others can obtain and yet the concrete personhood Husserl and Guenther describe might not. In "Sense of Belonging a Vital Mental Health Concept," psychiatric nursing scholar Bonnie

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[126] Guenther, *Solitary Confinement: Social Death and Its Afterlives*, 34-35.

[127] Guenther, *Solitary Confinement: Social Death and Its Afterlives* 35.

Hagerty highlights the way various mental health phenomena are characterized by this existence in the presence of others, which nonetheless cannot support concrete personhood, but rather unravels the subject:

> Psychiatric nurses hear similar statements regularly from clients who are psychotic, depressed, anxious, or suicidal: 'I don't fit in anywhere...I feel so unimportant to anyone...I'm not a part of anything.'[128]

Mental illness of this kind demonstrates that the intersubjective experience necessary for world-support—and, indeed, feeling that one *is part of the world* is a principle of *reality*, which is needed for everyday consciousness—may require more than the bodily and communal presence of others. Following the phenomenological tradition, we can say that the presence of others must be *felt*, must be a *felt sense of belonging*, if it is going to support a world for us:

> Building on the definition of belonging proposed by Anant, we have defined sense of belonging as the experience of personal involvement in a system or environments so that persons feel themselves to be an integral part of that system or environment.[129]

We can, having articulated above a basis in Merleau-Ponty's late philosophy, motivate

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[128] Hagerty et al., *Sense of Belonging: A Vital Mental Health Concept*, 172.
[129] *Ibid.*, 173.

the claim, drawing upon Guenther, that the concrete, everyday experience of other people is not itself sufficient for the robust experience of inter-subjectivity at work in the mutual affirmation and contestation: the ebb and flow of communion/communication, i.e., in the world-experience of Guenther's "concrete personhood." Guenther is right to make the case that this embodied sociality is *necessary* for such an intersubjective experience, but evidence from these case studies and Merleau-Ponty's thought indicate that this is not the sole condition necessary for everyday intersubjectivity. Without a *felt* sense of belonging, or without a meaningful futural orientation, without language as robustly shared, the subject falls out of communion with others, and is to some degree exiled from the shared world. A failure of experience to meet any of these conditions may mean the subject is confronted with a world to which she does not belong, surrounded by others with whom shares little, and forced to navigate a reality in which she may have no faith. Depression involves many of these failures of experience, even while others remain bodily present.

In depression we may see the recession of the world, and of others, from the subject. We can look to Hagerty's psychiatric research, as she proposes a two-fold definition of belonging which articulates certain of these necessary conditions—conditions with which embodied sociality must also be imbued if robust intersubjectivity is to be attained.

> Two attributes of a sense of belonging: "(1) the person experiences valued, needed, or important with respect to other people, groups, objects, organizations, environments, or spiritual dimensions; and (2) the person experiences a fit or congruence with other people, groups, objects, organizations, environments, or

spiritual dimensions through shared or complementary characteristics."[130]

Such a *felt* sense of belonging enables us to engage with the world and with others as though we are "indispensable and integral part[s] of the [social] system."[131] Not only does the social system appear as *real* for us, but we appear as real within it, i.e., we appear as *necessary* to something outside us, which certainly exists, and is certainly populated with *real* others who share it with us. This formulation echoes also Ratcliffe's analysis of intersubjectivity: "The other person need not say or do anything specific; the simple feeling of being with her can at the same time amount to enrichment or impoverishment of one's world."[132] This feeling does not inhere in mere presence. Rather, the experience of being-with entails a certain set of shared possibilities. Thus, the mere presence of others may be inadequate to support concrete personhood. As accounts of depressive sociality attest, the mere presence of others is not enough for a robust sense of communion with them. In fact, if this sociality is impoverished in the ways depressive sociality often is, then this presence can give way to depersonalization and derealization as world-corrupting, or even world-collapsing, phenomena, rather than as world supporting phenomena. [133]

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[130] Hagerty et al, "Sense of Belonging: A Vital Mental Health Concept," 174.
[131] Hagerty et al, "Sense of Belonging: A Vital Mental Health Concept,".173.
[132] Ratcliffe,*Experiences of Depression*: *A Study in Phenomenology,* 214.

[133] Ratcliffe,*Experiences of Depression*: *A Study in Phenomenology,* 218.

Although Ratcliffe does not deal with this literature, his work lights upon a similar felt sense of belonging as medically vital, and as something missing for all depressed subjects. His argument may indeed be satisfied by the following quote:

The highly metaphorical speech that characterizes accounts of depression, and of depressed persons, frequently likens the experience of depression to a kind of incarceration, i.e., experiences of being "locked up in oneself," forcibly isolated. Furthermore, the phenomena of derealization and depersonalization that arise for persons in solitary confinement arise for those confined by depression. Ratcliffe notes:

> A pervasive sense of estrangement features consistently in first-person accounts of depression, but it takes different forms. The theme of incarceration involves isolation from other people and from the world more generally. With this, others may appear not quite real or, in extreme cases, strangely impersonal, mechanical. Other themes, as we have seen, include guilt, shame, worthlessness, and dread. In all cases, though, there is a sense of disconnection from the interpersonal world.

Two things are important to note here: first, Ratcliffe's analysis presupposes that the sense of incarceration and isolation (inability to do/ the "I-cannot" and the inability to fully be-with) are symptoms or themes among others ("shame, guilt, worthlessness and dread") and not the foundations upon which these other depressive phenomena are laid. Hence Guenther's insight about the classical phenomenological relegation of intersubjectivity is trenchant. Second, Ratcliffe only accounts for the way in which *others*

"Our sense of being in the presence of a person consists in a felt receptiveness to the potential for engaging in a certain kind of relation, along with other kinds of relations that fall short of it in various ways. I will now show how this view serves to make sense of changes in the structure of interpersonal experience that occur in depression, which centrally involve an inability to enter into [certain] kind[s] of interpersonal relationship[s]"

become unreal and impersonal for the depressed subject. The fact is that the depressed subject *herself* is also rendered unreal by depression, and especially by the fundamental isolation and solitude it foists upon her.

Ratcliffe goes on to analyze the following excerpt of Plath's *The Bell Jar*:

> The two of them didn't even stop jitterbugging during the intervals. I felt myself shrinking to a small black dot against all those red and white rugs and that pine paneling. I felt like a hole in the ground...It's like watching Paris from an express caboose heading in the opposite direction -- every second the city gets smaller and smaller, only you feel it's really you getting smaller and smaller and lonelier and lonelier, rushing away from all those lights and that excitement at about a million miles an hour.[134]

Ratcliffe elaborates:

> Here, the experience of social isolation is inseparable from that of feeling cut-off from the world more generally and somehow diminished as a result. The self does not detach from the interpersonal world unscathed, to become a passive but fully intact spectator. The sense of self is eroded as the potential for certain kinds of interpersonal engagement is lost."[135]

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[134] Sylvia Plath, *The Bell Jar*, (New York: Harper and Row, 1966), 15.

[135] Ratcliffe, *Experiences of Depression*: *A Study in Phenomenology*, 202-203.

For Ratcliffe, this is tied up with personhood. Others are experienced as somehow non-personal; "...the diverse ways in which we experience, think about, and respond to others also presuppose a more general appreciation of personhood. This is illustrated by contrast with forms of anomalous experience where it is absent."[136] But is this best explained in terms of personhood or lack thereof? Or does this estrangement from others strike at a more primordial level? In what follows we shall see that personhood is inadequate for understanding what depressive isolation *does*: because the subject as a *body*, as a *capacity* to take up a world, is constituted by and radically presupposes, and *needs*, a relation with others. As Merleau-Ponty puts it, **"**I borrow myself from others."[137]

III) Transcendental Subjectivity and Inter-subjectivity

Husserl, according to Guenther, insists that first-person consciousness is not just "necessary methodological starting point for phenomenological reflection" but also "an irreducible ontological structure…[and] the transcendental being upon which the meaning of the world ultimately and absolutely depends."[138] This is likewise an issue with the existing phenomenological accounts of depression, which risk relegating solitude to just one among many symptoms of depression, no more important or world-defining than fatigue, for instance. Since Husserl takes the transcendental *ego* as an

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[136] Ratcliffe, *Experiences of Depression*: *A Study in Phenomenology*, 206.

[137] Merleau-Ponty, *Signs*, 159.

[138] Guenther, *Solitary Confinement: Social Death and Its Afterlives*, 25.

irreducible structure, separable from sociality, a Husserlian phenomenology of depression (which Ratcliffe's and Fuch's work, broadly speaking, are) risks missing the fundamental importance of isolation and incommunicability as *worlds* of depression.

As Guenther argues, and case studies of depression likewise indicate, one thing sociality does for a person is to confirm the reality of her perceptions.

> An entity can appear 'currently perceptually and practically accessible only to me' and still be experienced as 'here'. However, if nothing appeared 'practically and/or perceptually accessible to others', our sense of belonging to the world would be radically altered. According to Husserl, the ability to experience something as 'here' rather than, say, 'imagined' is tied up with an appreciation of potential interpersonal access. To encounter something as an enduring entity distinct from oneself is to experience it as available to others, as not exhausted by one's own actual and potential perspectives upon it: "The 'true thing' is then the Object that maintains its identity within the manifolds of appearances belonging to a multiplicity of subjects" (Quoting Husserl, 1989, 87).[139]

This is importantly different from the Merleau-Pontian perspective, according to which the *world* and the *ego* are radically constituted and shaped by the other—a phenomenological result borne out in Guenther's analysis of solitary confinement, as well as in a phenomenological analysis of depression. In further distinction from the Merleau-

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[139] Ratcliffe, *Experiences of Depression*, 78.

Pontian approach I here advocate, in the quote above Husserl gives the other only the power to *confirm* reality. Husserl does not acknowledge that the other *challenges* us in such a way that the *ego* and the *world* with which it tarries might be fundamentally shaped by such an intervention. But, as Ratcliffe argues:

> The point concerns our ability to experience entities as 'present' and also our more general grasp of what it is to be 'real'. There is more to the real than what is present; we can take something to be real without experiencing it as present at the time. Nevertheless, if we lacked all sense of what it is for something to be present, our broader sense of what it is to be real would be substantially eroded as well.[140]

This distinction between what is 'real' and what is 'present' is a useful one. This is to say that the other does not *automatically* confirm, through parallel perception, the thing which I contemplate internally, which I regard as real. Further, if something is not experienced as *present* I may not be able to *confirm* it through parallel perception at all.

> An entity can appear 'currently perceptually and practically accessible only to me' and still be experienced as 'here'. However, if nothing appeared 'practically and/or perceptually accessible to others', our sense of belonging to the world would be radically altered. According to Husserl, the ability to experience

[140] Ratcliffe, *Experiences of Depression*, 53.

> something as 'here' rather than, say, 'imagined' is tied up with an appreciation of potential interpersonal access. To encounter something as an enduring entity distinct from oneself is to experience it as available to others, as not exhausted by one's own actual and potential perspectives upon it: "The 'true thing' is then the Object that maintains its identity within the manifolds of appearances belonging to a multiplicity of subjects" (Husserl, 1989, 87). The point concerns our ability to experience entities as 'present' and also our more general grasp of what it is to be 'real'. There is more to the real than what is present; we can take something to be real without experiencing it as present at the time. Nevertheless, if we lacked all sense of what it is for something to be present, our broader sense of what it is to be real would be substantially eroded as well.[141]

What a Merleau-Pontian analysis acknowledges first and foremost is that Husserl overvalues the transcendental ego. Our world would be impoverished if we experienced things only as 'here for me' rather than 'here for others' or even 'here with others,' and our world is not "built up" from impoverished to robust. That is to say that the objects of a transcendental ego, unconfirmed by others, are not the *things of a world*, or at least of any *livable* world. Guenther raises these questions of different sorts of perception; what sort of thing is there, can there be, only for me? If the presence of others confirms persistence and reality of hereness for me, what kind of faith could I have in a world that is only perceived by me? How could that world be lived? How would I *be*? For Guenther

[141] Ratcliffe, *Experiences of Depression*, 53.

this baseline confirmation by others is required. Again, in short, robust perception of reality qua reality requires other people. But, also, I require at an equally fundamental existential level the *felt check* the other puts on me and a *felt* belonging with her (or at least the possibility thereof), and the challenge she presents to my perceptions.

On a Merleau-Pontian, and, as I will contend below, Kristevan, account, the very possibility of expression and perceptual experience arises out of a fundamental sociality the mark of which it bears. For Merleau-Ponty, unlike Husserl, first-person consciousness always *already* implies a relation to others.[142] For Merleau-Ponty, then, the transcendental ego is neither an irreducible ontological structure, since it always arises out of a more primordial being that is a being-with-others, nor is it a necessary methodological starting point.

On this latter point, in particular, it is worth considering the differences between the early ["phenomenological"] and late ["ontological"] Merleau-Ponty. From the perspective of *The Visible and the Invisible*, we might say that a (perhaps *the*) fundamental problem with *Phenomenology of Perception* is its chosen methodological starting point. Also, the difference between Husserl and Merleau-Ponty's philosophies is, in places stark, and thrown into relief by certain of Guenther's articulations of Husserl's account of transcendental subjectivity. (This suggests that the relation to Husserl may be a particularly fecund site of analysis of the difference between Merleau-Ponty's early and

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[142] Marratto, *The Intercorporeal Self: Merleau-Ponty on Subjectivity*, 2012.

Cf. Hass, *Merleau-Ponty's Philosophy*, 2008.

late philosophies).[143] I think this critical approach offers much for scholarship *on* Merleau-Ponty as well.

The distance between Merleau-Ponty's later ontology and Husserl's phenomenology is particularly evident in the latter's conceptual distinction between world and consciousness which is crucial to the account of transcendental subjectivity in *Ideas*.

> Husserl proposes the phenomenological reduction as method for demonstrating both that there is an irreducible *distinction* between consciousness and world—such that consciousness is not just 'a little tag-end of the world' (1991, 24), a substantive thing that can be studied like an object—and also that there is an essential *correlation* between consciousness and world, such that it would be incoherent to speak of the mind as if it were separable from that of which it is mindful.[144]

For the later Merleau-Ponty, this distinction is incorrect and perhaps unimaginable. There is not just an essential correlation, but rather perception is *of* the world (in the dual sense of the word 'of'—perception takes the world as its object and itself belongs to the world).

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[143] Cf Leonard Lawlor, *Thinking Through French Philosophy: The Being of the Question* (Bloomington: Indiana University Press, 2003), Chapters Three and Four.

[144] Guenther, *Solitary Confinement: Social Death and Its Afterlives*, 25.

This difference is further evident in Husserl's account of the genesis of intersubjectivity in *Ideas*:

> Persons are constituted not only in relation to a pure Ego and a stream of consciousness with its manifolds of appearances but also in relation to an intersubjective consciousness, that is, in relation to an open manifold of their streams of consciousness which, by reciprocal empathy, are unified into a nexus which constitutes intersubjective objectivities.[145]

For Husserl, intersubjectivity is a necessary condition of "personhood," but it is an intersubjectivity onto which a transcendental ego (itself the product of a solitary constitution from out of a consciousness of appearances) opens and which itself exists prior to intersubjectivity. For Merleau-Ponty, the very idea of a transcendental ego which I first and foremost *am* is fundamentally problematic because of its neglect of the primordiality of others/otherness. In taking the relation to others as one among other symptoms of depression, Ratcliffe's analysis may likewise run afoul of the Merleau-Pontian critique, a critique borne out by several studies on and accounts of depression.

Guenther's critique of Husserl follows along Merleau-Pontian lines, in part. According to Guenther, the presence of others, rather than being a sort of accomplishment of the transcendental ego that is the perceiving subject, is necessary for

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[145] Edmund Husserl, *Ideas I*, Translated by Daniel O. Dahlstrom (Indianapolis: Hackett, 2014), 118.

veridical perception itself. Hass likewise argues that the other fundamentally constitutes the subject: "the disruption of my stability and self-command [by the other] is a fundamental way others are experienced, and the self takes shape through this experience and sets up egoistic defenses against it."[146] The ways in which I take up the other and her influence, or defend myself against it, shape me as a subject. I could not exist as a medium through which the world, or her, are revealed if I were primordially alone. A key problem with Husserl is that he misses the *sharedness* of the perceptual world.

> …a chicken-and-egg question…haunts Husserl's phenomenology: On the one hand, I encounter others within the world, just as I encounter cups, tables, and other objects, but on the other hand, the alter ego is not just an object within the world but another subject with his or her own perspective on the world. Just as an alter ego is 'there' from the perspective of my 'here,' so too am I 'there' from the perspective of that ego's 'here.' Precisely because the world does not merely appear to me but also co-appears to others from their own singular perspectives, I am able to experience the world as something more than just a subjective projection or hallucination, as an objective world that exceeds my own personal experience of it. The experience of other subjects oriented toward a common world is crucial for the constitution of objective reality.[147]

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[146] Guenther, *Solitary Confinement: Social Death and Its Afterlives*, 34.
[147] Guenther, *Solitary Confinement: Social Death and Its Afterlives*, 32.

The question that Husserl faces is whether others are a feature of objective reality that the transcendental ego discovers, or whether others are a constituting feature of even originary perception. Thinking from the account of faith in *The Visible and the Invisible*, as I've articulated above, Merleau-Ponty can be brought to bear on this question (which is at root a question of the relationship between transcendental subjectivity and intersubjectivity) in two ways. First, the primacy can be felt as mutually reversible. Second, a sense of sharedness is not necessarily guaranteed by being-with-others. Guenther identifies a dual sense of "world" in Husserl's account such that inter-subjectivity is both necessary and unnecessary for worldedness, depending on the sense in which 'world' is meant. The world of "concrete personhood," on Guenther's reading of Husserl, is the world of the everyday, a world more robust than the perceptual world belonging to solipsism and which can be produced by the transcendental ego from out of manifold perceptions. While the solipsistic world of the transcendental ego is necessarily impoverished, it is a necessary condition for the world of concrete personhood. For Merleau-Ponty, the solipsistic viewpoint can itself only be a product of intersubjectivity. The possibility of the world of solipsism belongs to and presupposes the intersubjective world. Yet, belief in the shared, objective world cannot withstand solipsistic questioning, although such questioning is itself borne out of a being-in-the-world that is always inter-subjective. This is among the key problems that Merleau-Ponty would insist we leave intact.

We can follow Guenther's parsing of the senses of world in Husserl and note another conceptual distinction at work in the reading of "world." Following Merleau-

Ponty, we might distinguish between a world that includes others and a properly shared world; the former may be doubted upon reflection ("does the other exist?"), and the latter may be felt as precarious, even if the presence of others is indeed felt (a presence without sharedness).

Guenther continues, "Without the concrete experience of other embodied egos oriented toward common objects in a shared world, my own experience of the boundaries of those perceptual objects begins to waiver."[148] Yet, even with the presence of others we can be denied a shared world. Sense of belonging, or a lack thereof, is a better predictor for depression, and with it the derealization and depersonalization which undermine immersion in and even perception of a shared world:

> It may be that perceived social support refers to the perceived presence or absence of potentially supportive relationships, but that sense of belonging is more concerned with the perception of self as integrated within an interpersonal system. This experience of integration involves cognition, affective, and behavioral components that speak to the quality and specific characteristics of interpersonal relationships.[149]

Something else is necessary other than the presence of others, i.e., the sense that Merleau-Ponty and Kristeva both nominate as *faith*. The presence of others is reversible—it may

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[148] Guenther, *Solitary Confinement: Social Death and Its Afterlives*, 35.

[149] Hagerty et al, 222.

reinforce or cast into doubt sharedness. For now, I am drawing this as a consequence of Merleau-Ponty's account of faith and sharedness in *The Visible and the Invisible*. In the following chapters, I demonstrate the phenomenological trenchancy of this insight. Thus far I have marked and conceptually justified the distinction between the concrete experience of other people and concrete experience of other embodied egos oriented towards common objects in a shared world.

§IV) This Faith is Accomplished and Sustained: Kristeva on Melancholia

> One feels passive, incapable, vulnerable, and threatened. Encounters with other people no longer offer the possibility of change for the better. There is only the prospect of further eroding one's already impoverished sense of belonging.[150]

In order to understand Kristeva's theory of melancholia and narcissistic depression, as it both challenges and carries forward Freud's theory of melancholia, I will here provide a brief summary of Freud's 1917 essay "Mourning and Melancholia."

> If the love for the object—a love which cannot be given up though the object itself is given up—takes refuge in narcissistic identification, then the hate comes into operation on this substitutive object, abusing it, debasing it, making it suffer and deriving sadistic satisfaction from its suffering…The melancholic's erotic cathexis in regard to his object has thus undergone a double vicissitude: part of it has regressed to identification, but the other part, under the influence of the

[150] Hagerty, *et. al.* 222.

> conflict due to ambivalence, has been carried back to the stage of sadism which is nearer to that conflict.[151]

This passage sums up the key points of Freud's essay, and those that are most crucial for Kristeva's account of melancholia. Here Freud points out the roles of love, narcissistic identification, ambivalence, and cathexis, all of which are important elements of his theory of melancholia and his metapsychology broadly speaking and are elucidated by means of the study of melancholia.

Crucial to the psychoanalytic demarcation, analysis, and treatment of melancholia is its distinction from mourning. From a Freudian standpoint, in both mourning and melancholia there is a loss at work. The initial distinction between mourning and melancholia that Freud poses is that melancholia is characterized, in part, by its seeming ineffability and incomprehensibility.[152] The melancholic patient is absorbed *somehow* by *something*. In mourning, such loss and the resultant bereavement are more easily identifiable and workable. Melancholia, on the other hand, is puzzling to the outsider.

> In mourning we found that the inhibition and loss of interest are fully accounted for by the work of mourning in which the ego is absorbed. In

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[151] Sigmund Freud, "Mourning and Melancholia," in *The Freud Reader*, ed. Peter Gay, trans. James Strachey (New York: W.V. Norton & Company), 588.

[152] Cf *Black Sun*, 3. " I am trying to address an abyss of sorrow, a noncommunicable grief that at times, and often on a long-term basis, lays claims upon us to the extent of having us lose all interest in words, actions, and even life itself."

> melancholia, the unknown loss will result in a similar internal work and will therefore be responsible for the melancholic inhibition. The difference is that the inhibition of the melancholic seems puzzling to us because we cannot see what it is that is absorbing him so entirely."[153]

Freud goes on to further articulate the distinction between mourning and melancholia. "The melancholic displays something else besides which is lacking in mourning—an extraordinary diminution in his self-regard, an impoverishment of his ego on a grand scale."[154] In melancholia we witness a splitting of the ego, an action of one's critical agency upon and against oneself. The impoverishment and denigration of the ego are manifested in a narrative of worthlessness that takes hold presently and retroactively: extends into the past beyond the onset of the illness. The melancholic patient is convinced of her worthlessness, her guilt, her worthiness of suffering and reproach. She is not even open to evidence of her worth. This is not merely a matter of being able to be compelled by reasons to believe otherwise nor is it merely a matter of being mistaken about her worth or specifiable/unspecifiable guilt:

> It would be…fruitless from a scientific and a therapeutic point of view to contradict a patient who brings these accusations against his ego. He must

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[153] The inexpressibility of the feeling/experience of depression is often attested to in accounts of depression. Freud's statement here calls to mind. See, among others, William Styron, *Darkness Visible: A Memoir of Madness* (New York: Vintage, 1992), *passim*.

[154] Freud, *Mourning and Melancholia*, 585.

> surely be right in some way and be describing something that is as it seems to be to him…(yet it is not) difficult to see that there is no correspondence, so far as we can judge, between the degree of self-abasement and its real justification.[155]

The patient is convinced of reasons for her self-ascription of worthlessness, and is not amenable to any reasons to the contrary. From the perspective of the patient, "[s]he is giving a correct description of his [her] psychological situation. [S]he has lost his self-respect and he must have a good reason for this." According to Freud, this self-ascription of worthlessness indicates a loss at the level of the ego.

This involves Freud in an apparent knot: the connection with mourning reveals that the patient has suffered an object-loss, but it is experienced and described is an ego-loss. This narrative dimension, the self-ascription of worthlessness and contemptibility, in melancholia is important to Freud's analysis and leads argumentatively to his identification of an object loss at the heart of melancholia. Importantly, mourning and melancholia are both related to an object loss. Like mourning, melancholia is a response to the real loss of a loved object. What makes it melancholia (as pathological)—i.e. the necessary and sufficient conditions for mourning to lead to melancholia and inscription of an ego wound—is the disposition to obsessional neurosis and a conflict due to ambivalence regarding the lost object of love:

> The loss of a love-object is an excellent opportunity for the ambivalence in love-

[155] Freud, *Mourning and Melancholia*, 585.

> relationships to make itself effective and come into the open. Where there is a disposition to obsessional neurosis the conflict due to ambivalence gives a pathological cast to mourning and forces it to express itself in the form of self-reproaches to the effect that the mourner himself is to blame for the loss of the loved object, i.e. that he has willed it.[156]

Melancholia emerges out of mourning. Crucial to Freud's account (and problematic according to Kristeva) is that the mourning can be traced to a nameable object-loss, to a discrete event. For Kristeva, there are melancholic patients (and it is this type of melancholia that Kristeva focuses on) for whom dealing with their condition is not just a matter of coping with a discrete nameable loss and redirecting the libidinal energy that has turned inward. The Freudian picture, while trenchant in certain cases, is insufficient, and/or inadequate for, an efficacious and robust understanding of depression. We can say that objectal depression is a demarcation of the Freudian account. While Kristeva's account of narcissistic depression is clearly influenced by elements of classical psychoanalysis, her account of narcissistic depression moves beyond this objectal account of melancholia in the interest of a more robust account of depression that is richer and more faithful to the varieties of lived experience of depression—hence my motivation for putting Kristeva into dialogue with phenomenology.[157]

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[156] Freud, *Mourning and Melancholia,* 587-588.

[157] Arguably, given her emphasis on affect, the semiotic, and empathy, Kristeva's work is generally more amenable to dialogue with phenomenology than other structuralist and post-structuralist psychoanalytic works are.

Kristeva proposes a taxonomy of melancholia, distinguishing between "objectal depression" and "narcissistic depression". Objectal depression, the object of classical psychoanalytic accounts of melancholia, is rooted in an aggression towards a particular, discrete lost object. In melancholia, on Freud's and Klein's accounts, a love/hate ambivalence towards a lost object is internalized and the aggressive pole of that ambivalence is concealed. Because I love the lost object, I imbed it in myself; because I hate it, I come to hate myself.[158] Analysis in cases of objectal depression would consist in making this ambivalence, and thus the hatred for the lost object, explicit.[159] Narcissistic depression, on which Kristeva focuses, is a markedly different condition.

> Far from being a hidden attack on an other who is thought to be hostile because he is frustrating, [melancholic] sadness would point to a primitive self – wounded, incomplete, and empty. Persons thus affected do not consider themselves wronged but afflicted with a fundamental flaw, a congenital deficiency. Their sadness would be rather the most archaic expression of an unsymbolizable, unnamable narcissistic wound, so precocious that no outside agent (subject or agent) can be used as a referent. For such narcissistic depressed persons, sadness is really the sole object; more precisely it is a substitute object they become attached to, an object they tame and cherish for lack of another. In such a case, suicide is

[158] Kristeva, *Black Sun*, 11

[159] Kristeva, *Black Sun*, 11-12.

not a disguised act of war but a merging with sadness.[160]

Narcissistic depression is thus a *fundamental orientation*: one which, we could say, subtends one's being-in-the-world. It is a depression that calls for an understanding and treatment not only of the "modification of signifying bonds" but of the impossibility of such bonds outside of the logic of melancholia.[161]

With this emphasis on narcissistic depression, and an incorporation of more recent neuro-biological research, Kristeva expands upon and moves beyond the Freudian framework. According to Kristeva, narcissistic depression originates in a wound suffered prior to the subject's emergence into the symbolic order. Kristeva's unique elaboration of narcissistic depression is crucial to her account of melancholia and significantly extends and deepens the Freudian account without discarding it. Her work furnishes classical psychoanalysis with unique points for fruitful dialogue and comparison with other phenomenological and psychoanalytic approaches to depression. This challenges John Lechte's claim that the primary problem with Kristeva's account of melancholia is that it remains entirely too mired in the Freudian framework from which it proceeds.[162] Kristeva

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[160] Kristeva, *Black Sun*, 12.

[161] Kristeva, *Black Sun*, 10-12.

Cf. Kristeva, *Black Sun*, 19: Kristeva articulates the logic of melancholia: "[Sadness] reconstitutes an affective cohesion of the self, which restores its unity within the framework of the affect. The depressive mood constitutes itself as a narcissistic support, negative to be sure, but nevertheless presenting the self with an integrity, nonverbal though it might be."

[162] Maria Margaroni and John Lechte, *Julia Kristeva: Live Theory* (London: Bloomsbury, 2005), Chapter

proceeds from artistic and clinical accounts of depression (as well as auto-biographical elements) and draws from these accounts an understanding of a world-shaping depression not found in Freud's works on melancholia: one which takes the form of an impossibility of hope and involvement, which she sometimes casts as an impossibility of 'faith'.[163]

Vis-à-vis a critique and extension of Freud's account of melancholia, Kristeva says that classic psychoanalytic theory does correctly recognize depression in *one* of its forms: that is, objectal depression *exists* and people really do suffer from it. And she gives the following description of its narrative content:

> [D]epression, like mourning conceals an aggressiveness toward the lost object, thus revealing the ambivalence of the depressed person with respect to the object of mourning. "I love that object," is what that person seems to say about the lost object, "but even more so I hate it; because I love it, and in order not to lose it, I imbed it in myself; but because I hate it, that other within myself is a bad self, I am bad, I am non-existent, I shall kill myself." The complaint against oneself would therefore be a complaint against another, and putting oneself to death but a tragic disguise for massacring an other…[164]

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163 Kristeva, *Black Sun*, 13-14.

164 Kristeva, *Black Sun*, 11.

Such a narrative, importantly woven over the course of years' therapy from the analyst's couch, is the very empirical content that lead Freud to his theorization of melancholia; his analytical work involves the production of these deep-consciousness accounts as the source of much of his theory. Once extracted, the account lights on its therapeutic course of action. In fact, said course of action is so obvious within the Freudian paradigm as to serve as the primary (if not the *only*) therapeutic option for the treatment of its monolithic concept of depression: "The analysis of depression involves bringing to the fore the realization that the complaint against oneself is a hatred for the other, which is without doubt the substratum of an unsuspected sexual desire."[165]

But, the treatment of depressed individuals in the intervening period, according to Kristeva, has revealed that there is another depression type, with a distinct and traceable cause, which may not respond to the kind of therapy afforded the melancholic within the Freudian paradigm. And this is because the patient suffering "narcissistic depression" loathes herself differently. No amount of tunneling into her, will find another (incorporated but discrete) buried within that is the *real* object of her loss, of her lost love, and thus of her hatred. Neither will any degree of craning back to look at her past:

> Their sorrow doesn't conceal the guilt or the sin felt because of having secretly plotted revenge on the ambivalent object. Their sadness would be rather the most archaic expression of an unsymbolizable, unnamable

[165] Kristeva, *Black Sun*, 50.

> narcissistic wound, so precocious that no outside agent (subject or agent) can be used as a referent.[166]

The symptoms of narcissistic depression indicate a primordially wounded self. The wound is not that of a speaking subject having suffered an object loss which it grieves, in the process turning grief into (self-)loathing. It is a wound suffered prior even to full entry into the symbolic order, and thus always resists articulation as a discrete object-loss. The moment that sets the symptoms of depression into motion, the moment that awakens or tears open this primordial wound, is just that: a re-awakening of a wound that is never fully sealed—only ever precariously stitched shut.

"Melancholic despair," in Kristeva's terms, importantly can be *triggered*. Her passing use of the term "triggered" indicates an important, *distinctive* dimension of her account. Depression is not always (or even often) *caused*, in a strict sense, by external events in the life of the speaking subject. That is, negative events, however distressing, are not themselves normally sufficient conditions for becoming depressed. Rather there must be a *pre-disposition* in the patient to become depressed due to such events,: she must be susceptible to deep melancholia. Indeed, events that seem to incite depression (end of a romantic relationship, death of a loved one, academic or career setback or failure, to name a few) are suffered by many without a descent into depression.[167]

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[166] Kristeva, *Black Sun*, 11-13.

[167] The problem of why certain triggers and not others take hold, and send the patient into melancholia doesn't seem to be fully answered by Kristeva. Even if she can identify characteristics of the patient that is susceptible to melancholia that mark her as different from those that would not fall into

Kristeva, in emphasizing *triggers* of melancholia moves away from Freud's causal account by locating the cause primordially, motivated by her own lived experience and her attention to cases of patients for whom a sadness is not about some nameable thing (distinct from Kristeva's own concept of *Thing*, which is a deployment of Heidegger's *das Ding*).[168] [169]

Kristeva's account represents a difference in nosology and phenomenology from the classical psychoanalytic account. On a phenomenological level, it emphasizes the pervasive nature of depression, the way it colors everything, the way my existence itself is transformed by it, such that it exceeds a simple, articulable, feeling of self-loathing.

> I am trying to address an abyss of sorrow, a non-communicable grief that at times, and often on a long term basis, lays claim upon us to the extent of having us lose all interest in words, actions, and even life itself. Such despair is not a revulsion…Within depression, if my existence is on the verge of collapsing, its lack of meaning is not tragic – it appears obvious to me glaring and inescapable.[170]

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melancholia after an identical life event, we can still ask why seemingly similar events in the life of the melancholia-prone subject alternatingly do and do not lead to a depressive state.

[168] Kristeva weaves accounts of and insights from her own experience with depression throughout *Black Sun*, adding to the phenomenological trenchancy and texture of her account. "For those who are racked by melancholia, writing about it would have meaning only if writing sprang out of that very melancholia" (3).

[169] Kristeva, *Black Sun*, 13.

[170] Kristeva, *Black Sun*, 3.

Kristeva's opening words reveal a concern with the lived experience of depression, with writing that, "springs out of melancholia," with the way that the world appears to and is lived by the melancholic.[171] She also introduces a central concern of her account—the apparent meaninglessness lived by the melancholic. Existence itself is troubled, unsettled, disjointed, and reconfigured. "Lack of meaning" is paralyzing and comes to characterize existence. We will again recall that, for Merleau-Ponty, existence is fundamentally characterizable by the "I can": the capacious body is oriented toward the world in such a way that we are oriented toward action. This means that, even at the level of our species-being, human experience is futural: that the arms' extension into space, is no different from our extension into the to-come—into possibility—through action. This component of meaning is particularly diminished in narcissistic depression, as all possibilities show up as nihilating possibilities:

> …Sadness is really the sole object; more precisely it is a substitute object [narcissistically depressed patients] tame and cherish for lack of another. In such a case, suicide is not a disguised act of war but a merging with sadness and, beyond it, with that impossible love, never reached, always elsewhere, such as the promises of nothingness, of death.[172]

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[171] Kristeva, *Black Sun*, 3.
[172] Kristeva, *Black Sun*, 11-13.

When the only possibility is impossibility, a kind of absurdity and contradiction arises. The most basic mechanisms through which we are given a world, the meaningful intention of the human body, its entwining with the world and others, reveals itself as absurd. That is, the most fundamental level of our sense shows up as nonsense. In depression, this may run so deep that both communication and its object, the other, cannot be the site of any possible meaning, rather the other may appear as I, the depressed subject am: as already dead:

> I felt as if I was sitting in the window of an enormous department store. The figures around me weren't people, but shop dummies, painted to resemble people and propped up in attitudes counterfeiting life.[173]

The arbitrary nature of symbolic communication, uncanniness, the possibility of doubt, and the lack of inherent meaning in my action are not experienced as tragic possibilities, but the *basic* character of my existence. I see only dullness, arbitrariness, contingency; possibility is impossible. It is this living of meaninglessness that can be understood alongside Merleau-Ponty's "perceptual faith." Indeed, reminiscent of Merleau-Ponty, Ratcliffe says of "trust" in the world, which for him is necessary for engagement with/in it, may be broken by depression, and that such "a profound loss of trust in the world or other people could be described as having no hope, even when a fragile sense of hope lingers on." The future, into which we project, and which gives meaning to our present

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[173] Ratcliffe, *Experiences of Depression*: *A Study in Phenomenology,* 206. (quoting Plath, *The Bell Jar,* 1966, 136).

action is obviously diminished, even obviated, by hopelessness. He continues, "this is also a reason why the distinction between depression and grief is sometimes difficult to draw."[174] In the death of someone we love, there is a set of foreclosures of possibilities: that is, possibilities of living with them, of doing with them. In depression, the limit likewise draws near, but it is somehow more totalizing.

But we must be careful here to distinguish between Ratcliffe's concept of 'trust' and the faith undergirds communication on Merleau-Ponty's account. Ratcliffe acknowledges that ordinary interpersonal encounters rest on a 'trust,' which merely enables us to be in proximity with another. That is, we trust her not to *use* intersubjective vulnerability to *harm* us. When this trust collapses, the consequence is that "…others may be experienced as disapproving voyeurs of one's failings,"[175] or experience may be evacuated of the possibility of encountering anything as enticing "because the world offers only threat, a threat that takes on a more specifically interpersonal form."[176] This kind of trust—trust that the other is not a *threat to us*—is certainly necessary, if we are going to interact with one another, or if we are even to be willing.

But this kind of trust also presupposes the more basic trust, akin to that which Merleau-Ponty calls *'faith*.' There may occur a faltering of trust not just in the kind of trust that translates into our willingness to be vulnerable to the other. Rather, both Merleau-Ponty and Kristeva point to a more radical faltering, one presupposed when entrusting ourselves to others in the way Ratcliffe describes. At this level, the world itself

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[174] Ratcliffe, *Experiences of Depression*: *A Study in Phenomenology*, 123.
[175] Ratcliffe, *Experiences of Depression,* 220.
[176] Ratcliffe, *Experiences of Depression,* 223.

fails, and expression risks meaninglessness. Just such a breakdown may occur in depression.

> It may be that the depressed person's assessment of others' attitudes towards her is largely accurate. But regardless of what others actually say and do, they will be interpreted as unsupportive. They no longer offer the kinds of possibility that the person seeks. Those possibilities are gone from the interpersonal world. Consequently, people look unsupportive.[177]

Ratcliffe's observation here parallels the findings of many of the case-studies studied herein. Even if the depressed subject is largely *right* about others' attitudes and intentions, she is fundamentally mistaken about the *world,* as a site of possibility.

Importantly, contra Ratcliffe's above assertion, it seems that for Kristeva there really *is* a dimension of arbitrariness in symbolic communication, and indeed hopelessness, but in non-melancholic modes-of-being one can leap over hopelessness and arbitrariness and immerse herself in the symbolic—a leap of *faith*. Kristeva continues:

> Where does this black sun come from? Out of what eerie galaxy do its invisible lethargic rays reach me, pinning me down to the ground, to my bed, compelling me to silence to renunciation? The wound I have just suffered, some setback or other in my love life or my profession, some sorry or bereavement affecting my relationship with close relatives – such are often the easily spotted triggers of my despair. A betrayal, a fatal illness, some accident or handicap that

[177] Ratcliffe, *Experiences of Depression*, 225.

> abruptly wrests me away from what seemed to me the normal category of moral people or else falls on a loved one with the same radical effect, or yet...What more could I mention? An infinite number of misfortunes weigh us down every day...All this suddenly gives me another life. A life that is unlivable...[178]

Such events may befall others without narcissistic depression taking hold, without the total devitalization of life, without a spiral towards and into aphonia or asymbolia. Such events may *even* befall *me*, the melancholic, at times and not initiate the melancholy cycle/sequence. I may cope, intact, shaken but not shattered, with the death of a close family member. Yet, something seemingly much less monumental, less critical, less *devastating* may undo me, render me rent—perhaps something that in other moments may not strike me at all—a song, a color of the sky, a missed phone call. When I search for a *cause* of my depression, this seemingly mundane trigger may come to mind for me. But since this is unlikely to actually have robust causal explanatory power, I feel as though I've come up empty-handed, unable to pin my depression to an event (object loss or otherwise), and thus unable to pinpoint a locus for my working-through.

> The power of the events that create my depression is often out of proportion to the disaster that suddenly overwhelms me. What is more, the disenchantment that I experience here and now, cruel as it may be, appears, under scrutiny, to awaken

[178] Kristeva, *Black Sun*, 4.

> echoes of old traumas to which I realize I have never been able to resign myself...My depression points to my not knowing how to lose.[179]

Perhaps, then, there is a general inadequacy in the desire to find an isolable, nameable, and treatable cause for depression. The melancholic is defined by a primordial and foundational insecurity to a degree that a loss can trigger a loss of grip, a loss of meaning, a loss of Being, "Degree of distrust varies considerably. The world might seem irrevocably different in a way that is inescapable. Alternatively, one might feel lost, in need of solid ground, and -- by implication -- able to conceive of there being solid ground."[180]

Narcissistic depression impacts the very possibility of the libidinal object-relation that is the crux of the Freudian account. Freud takes his account, perhaps trenchant with regard to a limited set of depressive patients/experiences, as holding for melancholia *in toto*, whereas for Kristeva narcissistic depression is distinct from the objectal depression that Freud describes. Indeed we could say that for Kristeva, in narcissistic depression, melancholia is a world. It is not merely a sadness about something that happens within an intact world, a sadness about some*thing* in an intact subject who internalizes the negative pole of an ambivalence towards a particular nameable object. Instead, it *is* a world characterized by impossibility and meaninglessness—notably an impossibility of meaning and meaningfulness. It is a world lived without a sense of futural promise, of

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[179] Kristeva, *Black Sun*, 5.

[180] Ratcliffe, *Experiences of Depression*, 125.

meaningful symbolic communication, i.e., a world without faith.

§ V) Melancholia and Faith

In melancholia, one cannot fully make the abyssal leap into language; identification and individuation fail to take hold. According to Kristeva, the leap into the symbolic is accomplished via an identification with the "imaginary father in prehistory," the third term in the Oedipal triad, and a letting-go of the mother.[181] The move into language, into the symbolic order, is a negation: I become, I *am*, distinct from my mother.

My first articulations (initially non-verbal or pre-verbal) are of biological needs. The very existence of a need reveals a split from the mother. The earliest experiences are of a dis-individuated state of oneness with the mother. Later, when need is felt as such, rather than being met in advance of being felt as a need, e.g., being fed before I even feel or have hunger, there is a split from the mother. There is an I/not-I split once I have needs and see the (m)other as one to whom to address those needs. This letting go, this individuation, is traumatic and is refused by the melancholic person.

Her individuation, her loss, is never healed. Her being-individual remains an open primordial wound. Yet a split is a necessary condition for the identification with a third term that enables a full leap over the abyss of meaninglessness. The melancholic cannot reconcile herself to the arbitrariness of the relationship between signifier and signified *(à la* Saussure), nor, relatedly and importantly, to the insufficiency of language to secure its object**.** Language in its arbitrariness and its constitutive inability to reach the object of

[181] Importantly, the third term need not be the father or a male figure per se. See "Julia Kristeva in Conversation with Rosalind Coward" in *The Portable Kristeva*, ed. Kelly Oliver (New York: Columbia University Press, 1997).

desire, or maybe even to articulate desire, comes up short in the eyes of the melancholic. Nothing guarantees that I am understood, I am always done an injustice in speech, which speech can never secure the object for which I yearn, and for the sake of which I speak, *and first spoke*. In Lacanian terms, the *objet petit a*, the object-cause of desire, is unattainable in language, and, for Kristeva, in melancholia this is felt and suffered as pointlessness.

Likewise, some contemporary research demonstrates a seemingly inescapable cycle of meaninglessness and worthlessness that characterizes depression. If the depressed subject was only whole, only *good*, *complete, worthy*, before she became a speaking individual, then it is not surprising that Pyszczynski and Greenberg, for instance, understand depression in terms of a

> …loss of self-worth resulting in 1. Self-regulatory cycle in which inadequacy is inescapable, 2. Constant self-focus results in self-derogation and negative affect, 3.Self-focus on negative rather than positive.[182]

It is not inauthenticity that causes us to blind ourselves to this arbitrariness, but rather a faith in the meaningful possibilities of expression and concatenation. In melancholia this faith becomes untenable, and with it all kinds of intersubjective, futural and worlded possibilities, which reinforce the meaning in which we have faith. It is with this in mind that we should understand Kristeva's claims regarding atheism *in Black Sun*. The atheism in (and of) Kristeva's account resonates across a number of registers bringing to the fore a

[182] Pyszczynski and Greenberg , "Self-Regulatory Perseveration and the Depressive Self-FOcusing Style: A Self-Awareness Theory of Reactive Depression," 226.

sort of atheism that might be better rendered as apostasy: a faithlessness, distinct from the Godlessness of atheism, both more and less than an atheism—an unfaith.

In the following passage, Kristeva connects the distinction between depression and sadness *about* a particular, nominable thing to the atheism of depression. It is *because* meaninglessness cannot be isolated to its cause, constrained in its horizons by some nominable loss, the duration over which it is felt, etc., that meaningless metastasizes, proliferates, and comes to dominate the world of the narcissistic depressive:

> The disappearance of that essential being continues to deprive me of what is most worthwhile in me; I live it as a wound or deprivation, discovering just the same that my grief is but the deferment of the hatred or desire for ascendency that I nurture with respect to the one who betrayed or abandoned me. My depression points to my not knowing how to lose – I have perhaps been unable to find a valid compensation for the loss? It follows that any loss entails the loss of my being – and of Being itself. The depressed person is a radical, sullen atheist.[183]

It is important to note that Kristeva is not necessarily bemoaning atheism or the so-called "death of God" with a goal of propping up the same structures as a curative for depression.[184] Rather, depressive atheism is a means of understanding how narcissistic

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[183] Kristeva, *Black Sun*, 4-5.

[184] There is a critique of Kristeva's reliance on language of faith and religion, which I cannot unpack or respond to here, as problematically reinscribing the Christian imaginary to be found in, e.g., Kelly Oliver, *Reading Kristeva :Unravelling the Double Bind* (Bloomington: Indiana University Press, 1993).

depression becomes a *world*, how meaninglessness and nothingness can become the basic *structures of experience*, upon which all the features of a life rest, and through whose nihilating powers all its events must pass.

> Primary identification initiates a compensation for the Thing and at the same time secures the subject to another dimension, that of imaginary adherence, reminding one of the bond of faith, which is just what disintegrates in the depressed person.[185]

Melancholia is a breakdown of faith, a faith that subtends expression and intersubjectivity. "Absent from other people's meaning, alien, accidental with respect to naive happiness, I owe a supreme, metaphysical lucidity to my depression."[186] Without faith the signifying bonds that connect me with the world and others become slack. What comes to light is the way in which these bonds were tight-ropes all along, suspended over an abyss. In melancholia I find myself excluded from language and thus isolated from others because I can no longer ignore the dizzying abyss (the arbitrariness of language and my inability in language to achieve the object of desire, to fill and thus heal my wound) as I once did, and as I may again.

Yet, the abyss I am seeing is *there,* felt in the throes of melancholia as more real

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[185] Kristeva, *Black Sun*, 13-14.

[186] Kristeva, *Black Sun*, 4.

than the intersubjective world in which I once existed. There is a metaphysical lucidity because this sense is indeed of something real. What is revealed by Merleau-Ponty and Kristeva, and further illuminated when taking them together, is that both of these realities are always co-operative. Kristeva describes the living of that obversal threat to faith (the faithlessness) that Merleau-Ponty describes, though the latter in a different register. Kristeva's melancholia is an irruption of the obverse, a living of the menacing non-faith. The faith that Merleau-Ponty describes as enabling science and (traditional) philosophy can thus, following Kristeva, be transposed into the register of lived experience, while its role in philosophy is likewise still acknowledged; "My pain is the hidden side of my philosophy, its mute sister."[187] Certainty and doubt, meaning and meaninglessness, faith and unfaith, are, in Merleau-Ponty's language, intertwined and reversible. In other words, in melancholia, the suspension of and over uncertainty—that which Merleau-Ponty sees as essential to philosophy and science—is revealed to be operative in my very lived experience.

This is borne out in contemporary psychological research, as well. An inability to speak and to be understood, and the attendant phenomena of self-isolation are characteristics of depression, as they are understood there: Depression occurs after the loss of an important sense of self-worth when (1) an individual becomes stuck in a self-regulatory cycle in which no responses to reduce the discrepancy between actual and desired states are available. Consequently, (2) the individual falls into a pattern of virtually constant self-focus, which leads to negative affect, self-derogations, and (3) a

[187]Kristeva, *Black Sun*, 4.

depressive self-focusing style in which he or she self-focuses a great deal after negative outcomes but very little after positive outcomes.[188] This last feature of the depressive cycle is such that the self- isolating phenomena of depression are not suggestible to negation, and this includes support and encouragement from one's proximal community. Failures of communion through faith and speech come to bear the kind of *felt and complex* belonging which we have already seen is necessary for staving off depression, in addition to the mere presence and even the good intentions of others.

Psycho-linguistic studies conducted on college students, for instance, showed that, "depressed individuals used significantly more "I" but not other first personal pronouns," compared to non-depressed subjects, an observation that researchers interpreted as correlated with depression because, me and my "typically imply a relation to the world and/or other actors."[189]This is somewhat confusing since it is entirely possible to express a passive relation to the world through use of the pronoun 'me', for example "something happened to me" does not express a particularly active engagement with the world or with others, nor does it ring of the "I-can," though casting one's self as an object (as "me" does) perhaps implies presence and participation among others. Nonetheless, we might think the pronoun 'I' as somewhat more isolating than 'me.' After all, when I solicit the other, the name I give myself is "me." When I ask her to accompany, to help, or to support, I ask her to bind herself to 'me' through these interactions.

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[188] Pyszczynski and Greenberg, "Self-Regulatory Perseveration and the Depressive Self-Focusing Style: A Self-Awareness Theory of Reactive Depression" 226.

[189] Rude, Stephanie S., Eva-Marie Gornter, and James W. Pennebaker, "Language Use of Depressed and Depression-vulnerable College Students." *Cognition and Emotion 18*, no. 8 (2004): 1130.

Importantly, this kind of speech *only* effected students suffering a depressive state at the time they were writing; "formerly and never depressed groups did not have sig diff in use of first person pronouns, negative or positive emotion words, or social references."[190] This is not to say that formerly depressed students are completely free of that "black sun," that was once the light through which they saw the whole world and others. Formerly depressed students, through the process of their writing—that is, over the course of this *solitary* effort at communication—begin to return to language more consistent with depressive speech.

Rude, Gortner, and Pennebaker further interpret this trend: "they became progressively more ensnared in self-preoccupations, while never-depressed students became progressively more absorbed by other (nonself) aspects of their narratives."[191] The morass of depression, which allows meaninglessness and solitude to become a *world*, is something to which the depressive subject may well return: especially in the absence of meaningful communication and tarrying with others who can confirm the world and its reality for her.

§VI) Depressive Accounts, Depressive Silence, and the Need for a Critical Turn

> When I go out, the men that I see give me the impression of being phantoms. When I hear their voices, I am surprised that they are able to speak. I am astonished, and I admire others' ability to do things...I have the feeling of being

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[190] *Ibid.*

[191] Rude, Gortner, and Pennebaker, "Language Use of Depressed and Depression-vulnerable College Students," 1130.

> alone. Conversation with someone seems to me something from far away, airy, intangible. My words no longer correspond to my thought. I am condemned not to be understood.[192]

In depression I find myself silent, unable to make known my experience. This inability is particularly resonant if I choose to seek treatment: I feel myself as fundamentally unable to make known the experience of suffering for which I am seeking alleviation. In what follows I consider the possibility and limits of empathy for a caring therapeutic milieu and argue that an awareness of the necessary limits of the patient-provider setting—as a situation of symbolic exchange—should accompany the effort to foreground empathy in a therapeutic setting.

How can I share my experience with another when language fails me? This is a guiding question. If empathy in the form of shared experience is efficacious, and a desideratum of a caring therapeutic milieu, how might this be accomplished in, for instance, cases of major depression in which I, as the depressed subject, find myself unable to fully convey my experience in what is always necessarily a linguistic exchange?

As we have seen, Havi Carel draws on elements of the phenomenological tradition in order to both motivate and offer an understanding and account of illness that foregrounds the lived experience of ill patients: their variable and varied experiences of, for example, space and sociality. Over the course of the text Carel offers just such a first-

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[192] Ratcliffe, *Experiences of Depression*: *A Study in Phenomenology*, 227. (quoting Minowski, 1970).

personal account, narrating aspects of her experience living with lymph-angio-leio-myomatosis (LAM)—a terminal degenerative condition from which she suffers—guided and illuminated by phenomenological concepts. As we will recall, the account is motivated by a dissatisfaction with what Carel understands to be the dominant model for treating ill patients (which is really, and here is her concern, less about treating ill patients than in dealing with disease), which she understands as philosophically undergirded by naturalistic and objectivistic understandings of illness and the person.[193] Carel thus argues for a reconfiguration of patient-provider relationships and expectations:

> I found phenomenology—the description of lived experience—to be the most helpful approach to augmenting the naturalistic account of illness. Phenomenology privileges the first-person experience, thus challenging the medical world's objective, third-person account of disease. The importance phenomenology places on a person's own experience, on the thoroughly human environment of everyday life, presents a novel view of illness. On the phenomenological account, illness is no longer seen merely as biological dysfunction to be corrected by medical experts. Because of phenomenology's focus on the subjective experience of the ill person, it sees illness as a way of living, experiencing the world and interacting with other people. Instead of viewing illness as a local disruption of a particular function, phenomenology turns to the lived experience of this dysfunction. It attends to the global

[193] Carel. *Illness*, 13.

> disruption of the habits, capacities and actions of the ill person.[194]

Here I turn to the dual questions of empathy and efficacy and their relation. Carel recounts the apathy and confusion which greeted her visible responses to first, her diagnosis, and, later, the progression of her illness—the latter functioning as a sort of concretization of her feeling of diminishing capacities: "I know I failed the unwritten law of the medical world, where everything is impersonal, where news of deterioration and terminal illness are to be met with dry eyes and a steady gaze."[195] The clinical incorporation of phenomenology as a framework for understanding illness as experienced by the ill person can go a great way towards alleviating the suffering of the patient. While Carel does not exactly say as much, I would like to indicate here a particular locus of relief: the therapy of *being understood*:

> A phenomenological approach to illness has tangible benefits. It could improve the patient—health professional relationship by being an antidote to the objectification and alienation that many patients complain of. A phenomenological approach would introduce the missing first-person perspective on illness and would enable health professionals to understand the transformation of the world of the ill person caused by the illness. A phenomenological approach would clarify to the health professional what the impact of illness is on the

[194] Carel, *Illness*, 10.

[195] Carel, *Illness*, 47.

> ill person's life and it would address the asymmetry of the encounter. Addressing this aspect of the patient—health professional relationship may be beneficial to other issues, such as trust and compliance...This approach could also enhance interviewing techniques and ways of listening that could, in turn, lessen the danger of misdiagnosis.[196]

A phenomenologically informed encounter thus makes possible empathy in a clinical setting—which Carel identifies as a crucial yet all-too-often missing feature of the clinical encounter, which feature is doubly efficacious in that being understood may alleviate the lived suffering of the patient and, of course not jettisoning the goals of medical treatment, may also be medically efficacious insofar as empathy enables a shared understanding between patient and provider vis-a-vis trust and accurate communication of mutual concerns.[197] We should note here, although I will return to it in what follows, that if being-understood bears this kind of relation to the efficacy of therapy, then the faithless wordlessness that may result from depression can frustrate its treatment. This means that a phenomenological attunement in medical practitioners cannot take for granted the veracity, the completeness, nor the adequacy of a patient's account, at least in the case of depression. But, depression is likely only *one* limit-case for the veracity of the account: only one ground for suspicion regarding the empathy that springs from it.

In order to critically engage these goals, I want to distill and extend Carel's linking

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[196] Carel, *Illness*, 55.

[197] Carel, *Illness*, 45.

of phenomenology and empathy, which may presuppose a certain naiveté as regards the efficacy of phenomenological narration itself. The phenomenological approach (pre)supposes a certain transparency of self-to-self and self-to-other. Carel's position entails something like the following: My reporting, as patient, of my lived experience, to the provider opens up a space/possibility in which, via my linguistic report (spoken or not), the provider can come to understand my experience. Such a listening may be specifically useful for depressed patients since, "Carroll, Fielding, and Blashki (1973) found that self-ratings of patients thought to be depressed differed from psychiatrist ratings in relative emphasis on 'subjective feelings on the one hand…[and] somatic features on the other.'"[198]Which is to say that a doctor's training might be such that it favors the somatic and medicable, while the subjective is the actual *site* of a depressed person's greatest suffering and concern. Indeed, Carel sees phenomenology as opening up the possibility not just for *understanding*, but for *empathy*. This places a yet higher demand on phenomenology. It nominates phenomenological reporting in a clinical setting as able to ground a therapeutic milieu in which the patient-provider are involved in a shared experience, albeit limited, of the patient's lived experience and, perhaps especially, her suffering.

> The core idea of phenomenology is pertinent here. If health-care practitioners devoted more time to understanding the experience of illness, much of the misunderstanding, miscommunication and sense of alienation that patients report

[198] Daughtry and Kunkel, "Experience of Depression in College Students: A Concept Map," 317. (Citing Carroll, pp. 361)

> might be alleviated. Phenomenologically inspired medicine would become a genuinely human science, where each term illuminates the other. One way of developing such understanding is by enabling the medical practitioner to have first-hand experience of the patient's world.[199]

The centrality of empathy for Carel's proposed reconfiguration is here visible. A phenomenologically informed listening to a patient's report of her experience yields understanding, which in turn enables a "first-hand experience of the patient's world." The patient's suffering is *shared* by the provider. I want to linger on this possibility and ask, "How is suffering communicated and how is it heard such that it might be shared?" And, relatedly, "How can the practitioner come not only to understand, but also to *have* the patient's first-hand experience?" This, I submit, presupposes a two-fold transparency: a transparency of the patient's life experience to herself and, via linguistic exchange, to the provider. My account here will focus more explicitly on the latter, specifically the communicability of suffering from patient to provider, though, as the two are intertwined, I hope my account will be somewhat illuminative as regards self-transparency as well, a concept well covered in the literature of psychoanalytic theory.

What Carel calls for, and in many ways I think, rightfully so, is necessarily a *linguistic* exchange, i.e. that between patient and provider, and calls for analysis as such. It is here worth noting that my engagement is not so much critical, as it is a consideration of the prerequisites of the approach Carel suggests. Mine is a consideration grounded in a

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[199] Carel, *Illness*, 52.

sympathy and agreement with the emphasis on empathy, and a shared sense of its importance.

The possibility of a linguistic exchange founding an empathy/shared experience is complicated, I want to suggest, by looking toward the understanding and treatment of depression. Carel nominates depression as an illustrative example of the distinction between a solely naturalistic vs a holistic phenomenological approach and as a particular site of a reconfiguration of the clinical setting towards the latter:

> An example may help illustrate the shortcomings of naturalism. If someone suffers from depression, a physiological description of their illness will tell us very little, if anything, about the illness itself. Such a description may provide some information about brain function, neurotransmitters, serotonin levels and so on. But in order to understand fully what depression is, we must turn to the experience of depression: the loss of appetite, the dark thoughts, the listlessness and sense of doom and so on. If you tried to give a description of depression without recourse to any subjective experiences you would struggle to do so. This demonstrates that a purely physiological description of an illness is insufficient.[200]

First, Carel's selection of descriptors (and it is important to approach them as such, as

[200] Carel, *Illness*, 11.

descriptors of experience delivered in a patient's account) is telling. Let us consider the experience of a sense of doom, or perhaps the oft-attested to sense of "being dead," or feeling "empty." Kristeva herself, speaking in the first person, attests, "I live a living death, my flesh is wounded, bleeding, cadaverized, my rhythm slowed down or interrupted, time has been erased or bloated, absorbed into sorrow...Absent from other people's meaning, alien."[201]

I suspect that Carel is right that a description of depression without recourse to subjective experiences will lack something essential, but it is worth considering the prevalence of the deployment of metaphor and similes in these descriptions. Yet, it seems difficult to share an experience conveyed in figurative language, to *empathize* properly speaking, with feelings expressed in figurative terms unless A) the provider happens to have had a similar experience or set of experiences of which the description serves as a reminder, or B) the descriptor can be rendered without meaningful loss into more publicly accessible terms. But A, at the very least, should perhaps not be a prerequisite for becoming a therapist, and regarding B, it seems that we might admit of a meaningfulness of such language that resists rendering or reduction into more concrete terms. Dr. David Biro, an associate professor at the SUNY Downstate Medical Center, cites descriptors of pain involving, for instance, "balls of fire," and "gnawing rats." Biro argues in his book, *The Language of Pain* for a deployment of and attentiveness to such figurative language. Such an approach thus leaves intact, rather than reducing or rendering otherwise, such descriptions.[202]

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[201] Kristeva. *Black Sun,* 4.

[202] David Biro, *The Language of Pain* (New York: Norton, 2010).

Second, regarding depression, it is a frequent characteristic of those who suffer that they feel they cannot communicate their suffering. In *Black Sun*, Kristeva speaks of "an abyss of sorrow, a non-communicable grief that at times, and often on a long-term basis, lays claim upon us to the extent of having us lose all interest in words, actions, and even life itself."[203] She continues, "Within depression, if my existence is on the verge of collapsing, its lack of meaning is not tragic—it appears obvious to me, glaring and inescapable."[204] Given that the sort of empathetic relation Carel calls for is founded on a linguistic exchange in which a shared experience of suffering becomes possible, the question of the "communicability" of depressive suffering is crucial.

William Styron, in *Memoir of Madness*, a memoir of his struggle with depression and suicidality, speaks of the opacity of depression, and of how this opacity comes to weigh more and more greatly upon the suffering subject.

The pain of severe depression is quite unimaginable to those who have not suffered it, and it kills in many instances because its anguish can no longer be borne. The prevention of many suicides will continue to be hindered until there is a general awareness of the nature of this pain.

Such depression may render understanding impossible, and this impossibility is borne by the suffering subject. The other, basically unable to understand, can only ever be a black mirror. There is an unburdening in seeing my reflection, which is refused in the depths of my depression. Taking the risk of leaping into language, despite its felt

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[203] Kristeva. *Black Sun*, 3.

[204] Kristeva. *Black Sun*, 3.

pointlessness, despite perhaps the feeling of an inadequacy, meaninglessness, of language, of symbolic communication itself, leaping out from the idle talk and silence that characterize so much of the depressive linguistic experience, I am met with refusal on the part of, in the face of, the other, however willing and well-intentioned they may be.

Returning to Styrons words: "Until there is a general awareness of the nature of this pain." What must this awareness consist of? Carel is right, I think, to point out the clinical insufficiency of an entirely naturalist understanding, i.e. an awareness that would consist of a familiarity with the markers of depression, perhaps its statistics and demographics, its neurophysiological correlates and/or causes; beyond general awareness, an efficacious and empathetic therapeutic relationship calls for a sharing of the sufferer's first-hand experience. For such a purpose, even an intimate familiarity with depression itself on the part of the provider (say, the provider's having lived with depression as well) may turn out inadequate. The nature of depression—and this of course, if we take a phenomenological tack is by no means unique to depression—is such that every instance remains irreducibly unique. My experience with depression is exactly that, *mine*—seemingly deeply and even intractably so.

The difficulty lies in (and this is attested to not only in the philosophical and literary accounts I have here chosen, but in numerous clinical accounts as well) not only communicating the nature of my depression and the specifics of my experience living with, in, and/or under it, but with intersubjective communication at all.[205] It is on this

[205] The depressed person "finds himself, like a walking casualty of war, thrust into the most intolerable

aspect of the depressive experience that Kristeva focuses her attention. The specifics of Kristeva's psychoanalytic account of onto-genesis are not crucial here, and a few words on her understanding of subjectivity and language and their respective modifications in depression will suffice: Kristeva understands her account of subjectivity to accomplish, among other things, a feminist reconfiguration of the traditional philosophical subject that is, in many ways, inherited by psychoanalysis; she articulates subjectivity along the lines of a "*sujet en proces*" which simultaneously means "subject in process," and "subject on trial." I am never complete, closed, fully autonomous in the ways in which I may imagine myself, in the ways in which I see valorized and imagine myself in various degrees of accord. Subjectivity is sustained by intersubjectivity, the basis of which is always already communicative.

Be it in the inescapable silence that haunts the depths of my depression, or in a therapeutic setting (clinical or otherwise) in which I speak, language *necessarily fails* to do justice to my subjective experience and thus make possible a therapeutic shared experience. The failure of speech is thus more than a symptom among others – not merely a linguistic marker of depression. Rather, symbolic collapse is intertwined with the collapse of the subject, linguistic meaninglessness with meaninglessness generalized.

For Kristeva, this felt sense of an impossibility and/or inadequacy of language can be conceptualized. There occurs a disconnect, a severing of the tie between what she

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social and family situations. There he must, despite the anguish devouring his brain, present a face approximating the one that is associated with ordinary events and companionship. He must try to utter small talk, and be responsive to questions, and knowingly nod and frown and, God help him, even smile. But it is a fierce trial attempting to speak a few simple words (Styron, 38).

terms the "semiotic" and the "symbolic." My affect, drive, and desires which normally inflect and saturate my linguistic communication (spoken or otherwise) are divorced from my address to the other: "Depressed discourse bases itself upon a disavowal of the signifier – a signifier that is 'devitalized' because it is separated from affects."[206] Speech is somehow *dead* for the depressed subject, and as such cannot meaningfully interact, cannot meaningfully give voice to that which she lives. Language becomes disconnected from and woefully inadequate to my internal life. (As Noelle McAffee points out, this is at work in both the frenzied and distracted talk and laconic labored speech that often variously occur in depression). Constantly frustrated then, I am, as Kristeva puts it, "absent from other people's meaning". According to Sarah Beardsworth:

> [*Black Sun's*] topic is the suffering subjectivity that struggles with symbolic collapse, once the individual is left to shoulder the burden of connecting the semiotic and symbolic; that is to say, the burden of taking up a relationship to otherness, separateness, loss, and death where the symbolic resources available to aid the subject in the encounter are inadequate... In other words, the subject is suffering drives and affects cut off from representation and refusing extant modes of representation. The sufferer complains of or insists upon a lack of meaning.[207]

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[206] Kristeva, Black Sun, 51.

Cf. Kristeva. *New Maladies of the Soul*, 62.

[207] Sarah Beardsworth, *Julia Kristeva: Psychoanalysis and Modernity*. (Albany: SUNY Press, 2004): 97.

This failure, for Kristeva, is felt; the lack of meaning is lived. I am cut off from communication with the other, and haunted by this impossibility. Loss of language is therefore is a substantial and fundamental, occurring at the level of having a world *at all,* "linguistic changes constitute changes in the *status of the subject* – his relation to the body, to others, and to objects."[208] This alteration of the subject is not simply some symptom among others, but an experience of an entirely distinct reality: an experience structurally similar to many proposed accounts of hell. As one patient put it:

> Patient: It's as if I am living in a world of horror all my own, I feel cut off. I'm a sort of horror people would not want to be near...Trees seem to be stark and staring and ugly, not attractive any more. I used to see people nice and attractive, now even those that are nice look ugly. Even fair people look dark to me now. The rooms seem to be smaller. My eyes don't seem to focus, familiar streets seem different and people's faces seem behind a sort of smoke...My body does not seem any shape or form. There's a hollowness, like a 'sack tied up in the middle' sensation. I *know* my head has shrunk. I think my legs must have shrunk, in fact everything has shrunk. My feet seem to lose themselves at times, and I feel as though I have no neck. I've got a terrible appetite and yet I feel empty all the time...Now that I'm wicked, I'm just horrid. I *know* I look horrible and I feel

[208] Kristeva, Julia. *Revolutions in Poetic Language.*. Translated by Leon Roudiez. (New York: Columbia University Press, 1984), 29.

that other people don't want to look at me for the same reason.[209]

I am shut up inside of myself, my only means of egress (which and/or whom are my very conditions of possibility) are closed. As Kristeva succinctly puts it, "*the signifier's failure* to insure a compensating way out of the states of withdrawal in which the subject takes refuge to the point of inaction...or even suicide."[210] Faith in the meaningfulness and adequacy of communication fades, a necessary condition of therapeutic empathy fails to be realized.

Simply put, if depression is characterized by a felt emptiness or meaninglessness tied up with an impossibility of linguistic conveyance, then how is this to be resolved in a clinical (and always linguistic, intersubjective) setting? How is loss conveyed from a position of loss, when what is lost is precisely this very possibility? For Kristeva, a restoration of form and meaning, of a faith in language is called for. Yet, how can a loss which renders symbolic communication meaningless, impossible, enter into symbolic communication? To quote from the Simpsons' parody of the film *My Dinner with Andre*, I, as the depressed subject "thirst for a way to name the unnamable, to express the inexpressible." Except this is further complicated on a Kristevan picture by the fact that part of what calls for expression is the impossibility of expression.

Hermeneutically suspicious theories, from Freud to Butler, would trouble the assumption of the possibility of transparency and access that underlie Carel's

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[209] Ackner, *Depersonalization: Aetiology and Phenomenology*, 850.

[210] Kristeva, *Black Sun*, 10.

recommendation, but I would suggest that we might retain the recommendation. Here I will briefly articulate a possible approach drawing from Kristeva's psychoanalytic recommendations, particularly in their divergence from those of Freud. For Freud, understanding the patient's lived experience is fundamental to successful analysis. In the interest of developing and cultivating just such an understanding, Freud makes a dual recommendation. First, the analyst must practice an attitude of "evenly suspended attention" whereby she suspends attending to and reacting specifically to any elements of the patient's self-report (in the form of free association). Such suspension ideally forecloses the possibility of the analysts' imposition of their own priorities or interpretations onto the patient's speech or text. Freud claims that the most efficacious deployment of evenly suspended attention entails becoming a "black mirror" to the patient, cold, unreadable and opaque. What evenly suspended attention and opacity likewise discourage is "counter-transference," an affectively charged response to the patient's report and/or condition. While this would seem to be at odds with a caring milieu, Freud (who is in fact a noted influence on and subject of Carel's philosophical work) is motivated by a primary concern with the patients' suffering: "The primary motive force in the therapy is the patient's suffering and the wish to be cured that arises from it."[211]

Kristeva takes a different tack, welcoming the counter-transference that Freud warns against. She claims that, in fact, a loving care, while violating the Freudian rules regarding counter-transference, enables an open listening that further violates Freudian

[211] Freud, "Mourning and Melancholia," 377.

orthodoxy regarding evenly suspended attention. The analyst must be open, even to the rhythm and cadence of speech, what has been hidden by the fact that speech is for the patient no longer a means of communion or sharing.

> Let us take the example of the voice: vocal stresses and rhythms often harbor the secret eroticism of depressed people who have severed the bond between language and the other, but who have nevertheless buried their affects in the hidden code of their vocalizations – in which the analyst may discover a desire that is not as dead as it might seem.[212]

A desire for empathy, for a shared experience, motivated by concern for the patient may take the form of attempting to allow the depressed patient's speech to take shape otherwise: "Considerable empathy is required between the analyst and the depressed patient. On that basis, vowels, consonants, or syllables may be extracted from the signifying sequence and put together again in line with the overall meaning of the discourse that identification with the patient has allowed the analyst to discover."[213]

This requires approaching the discourse with a whole in mind, with an adapted understanding of what it is to suffer, that allows the discourse of the analyst to communicate more, and/or to communicate at all. Not coldly approaching the patient's

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[212] Kristeva, Julia. *New Maladies of the Soul*, 32.

[213] Kristeva. *Black Sun*, 53.

speech as it *is*, but in the environment it weaves, the way it reflects a suffering with which I have a genuine desire to empathize. The analyst imagines the suffering of the patient, and in that milieu considers not just what it is said, but how it is said, its rhythm and images, and what is not said.

Ratcliffe raises "the question...as to when, how, and to what extent interpersonal interactions of whatever kind might serve to reanimate the world and restore access to kinds of interpersonal possibility," and it seems intuitive that a surgical practice of Freudian evenly-suspended attention is a situation in which this is likely impossible.[214] Circular though it may sound, the therapist must put herself into a position of empathy in order to achieve it. Kristeva's practical recommendations, largely centering on therapeutic artistic creation, may make empathy possible. She asks:

> Can we reduce the fate of speaking beings to *language* and *speech*, or do other *systems of representation* have a bearing on their logical features and on the actual psychic level that encompasses meaning for the subject.[215]

Thus, Kristeva's therapeutic method does not rely solely on the account of the patient, of which we are suspicious and with which we may be incapable of empathizing in the way initially required, given that she has been completely from the meanings of others.

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[214] Ratcliffe, *Experiences of Depression*: *A Study in Phenomenology*, 229.

[215]. *New Maladies of the Soul*, 33.

Rather, Kristeva finds other means through which empathetic listening might be accomplished. On her account, this method is therapeutically productive: "my transferential word-play resulted from my empathy with my patient's drive economy. I identified with her narcissistic wound and her oral voracity, as well as with her manic attempts to use devouring and evacuation to avenge the depressive *Thing* for which there were no linguistic signs, but only echolalia that bore the intensities of her drives."[216]

Here, the stuff of therapy consists not only of an account which may be more or less *true* in terms of its correspondence to reality. Instead, the therapist must attend to certain qualities of the *voice* (and its silence) to behavior and unseen wounds. Kristeva likens such work also to "Like the explanatory, rhetorical work" with which she and the patient later approach her therapy[217]. Art and writing are themselves alternate routes for the empathetic listening required by Kristeva's approach. This approach, rooted in care as well as what we could call suspicion, has, I think much to recommend. Guided by caring concern and a desire for shared experience, a *desire* (in this sense, it is almost a Pascalian practice) for empathy put in the service of particular concrete practices for bringing suffering to speech, may allow for the cultivation of shared experience in which patient and therapist might ultimately cohabit: the cultivation of shared suffering, even where such experience challenges immediate linguistic exchange.

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[216] Kristeva. *New Maladies of the Soul,* 40.

[217] Kristeva. *New Maladies of the Soul,* 40.

Chapter 4

§ I) Introduction and Context

In beginning to conclude, I will attempt to address a problem that arises for both Carel and Gadamer, and which truly troubles the foundations of their projects: how can one argue for the inadequacy of the naturalistic paradigm of medicine, recommend the course of its supplementation, and yet uncritically accept its definitions of health and illness?

If naturalism of this stripe is inadequate for fully understanding health and illness, why should we accept without further thought its bodily and lifestyle norms, especially when so much literature in the philosophy of health and pathology, of ability and disability have already submitted these to radical questioning, and importantly challenged and reconfigured them, where it has not dismantled them? These questions are especially pressing for Carel, given her stated emphasis on challenging the dominant naturalistic approach to understanding illness, it is worth questioning Carel's respective definitions of disease and illness. Carel attempts to phenomenologically reorient our understanding of illness, but tethers illness to a normative naturalistic definition of disease (except in those liminal cases for which her account provides: wherein illness occurs without underlying disease). Illness as lived experience is, for Carel, the lived *expression* of "physiological dysfunction," but such a definition of illness runs the risk of shorting any attempt to escape normative naturalism by means of accounting for the lived experience of illness. In short, such a definition implicitly runs afoul of one of her project's explicit investments -- undermining naturalism as the sole explanatory power and therapeutic paradigm of illness**.** It's commitments to the normative commitments of the medical

paradigm she challenges render more tenuous its other investments—for instance, motivating the augmentation of the naturalist paradigm for understanding and treating illness—if they remain unengaged.

I argue that addressing these questions is an important component of a *critical* phenomenology of depression and will distinguish it from a more conventional phenomenological approach, rendering the account derived therein more realistic and perhaps more therapeutically actionable. In this sense, close attention to the phenomena that challenge a straightforward phenomenological approach may make the account more honest.

In the previous chapter, I problematized aspects of the phenomenological approach to understanding depression from the perspective of Julia Kristeva's psychoanalytic account of depression. Kristeva thematizes and analyzes the oft-attested to sense that the experience of depression is incommunicable, or not fully symbolically communicable. In foregrounding Kristeva's account, I drew attention to the fact that the testimony that a phenomenological approach to depression requires as its starting point necessarily always takes place within a situation of linguistic exchange. This complicates the seemingly easy picture given in much of the existing literature, i.e., that phenomenology that can *tell* us something about depression that the clinical and biological paradigms miss. But, because depression impoverishes communication of its meaning, and even evacuates the testimony of content, such an exchange may not be capable of *saying much* about depression, at all. This insight into depression is paramount for any phenomenological investigation into it. Using Kristeva, I argue that a failure of symbolic exchange on the order of a breakdown of faith actually characterizes much

depressive experience and that an adequate phenomenological approach to depression must take this into account.

This is one half of the critical edge of this section. The other considers the nature of the setting in, and under, which accounts (testimony) of depression take shape. I contend that the situation of testimony under which depressive accounts are given is the same situation under which the subject of depression is formed. Drawing on accounts of subject formation offered by Judith Butler in *Giving an Account of Oneself* and *The Psychic Life of Power*, I argue for the necessity of attending to the power-dynamics at work in the formation of the depressive subject: the very subject from whose testimony any first-person, informed phenomenology of depression must proceed.

While drawing on a methodology that may be seen as motivating suspicion of the phenomenological method, casting the subject not as transparent/self-transparent, I believe that it may in fact be possible to take suspicion of testimony into account while still favoring phenomenology. Further, understanding A) that clinical testimony is by nature a linguistic exchange, and B) the fact that this testimony, and in a sense the one testifying (as depressive subject/*the subject of depression*), are produced under certain conditions, can augment the phenomenological project that I motivate in the earlier chapters of this project. Such a doubly motivated/informed project may be seen as in line, though extending, the project of critical phenomenology described by Lisa Guenther: "By critical phenomenology I mean a method that is rooted in first-person accounts of experience but also critical of classical phenomenology's claim that the first-person singular is absolutely prior to intersubjectivity and to the complex textures of social

life."[218] Here I aim to show that, in certain cases at least, attending to intersubjectivity and sociality requires a critical attitude toward the first person testimony that anchors, and must anchor, phenomenological projects.

§II) Phenomenology in Critical Context

Butler deploys Adorno in order to caution against an account of subjectivity in which "the 'I' becomes understood apart from its social conditions, when it is espoused as a pure immediacy, arbitrary or accidental, detached from its social and historical conditions—which, after all, constitute the general conditions of its own emergence."[219] And, this is/can be what motivates critical phenomenology. The understanding of the subject as arising from and within certain (historical) conditions can mandate. We can understand the historicity of experience and, even, the subject, without reducing the experiencing subject to the conditions of its emergence. This latter tack is that suggested, for instance by Joan W. Scott in her oft-cited "The Evidence of Experience."[220]

A phenomenological project which, in taking seriously intersubjectivity and sociality, maintains a critical eye as it regards first-personal testimony (such as that which I motivate in this project) can fulfill certain of the desiderata of a feminist qualitative analysis. From a feminist standpoint, Stoppard and Macmullen motivate a holistic qualitative understanding of depression:

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[218] Lisa Guenther, *Solitary Confinement*, 7.
[219] Butler, *Giving an Account of Oneself*, 7.

[220] This raises the question of the excess of the subject: a question that, for instance, occupies and motivates so much of Sartre's work.

> In conventional approaches to research and diagnosis, information about a depressed person's life circumstances and everyday activities is stripped away as unnecessary detail in a process that "decontextualizes" people's experiences. When these details are retained, however, they cast new light on experiences that might be counted as instances of depression by researchers or labeled as depressive symptoms by health professionals. Recontextualizing depression enables researchers or therapists to see depression not just as an individual pathology requiring individual change, but as embedded in relationships and social settings. A qualitative approach highlights the context of people's experiences by paying special attention to the details of their lives.[221]

I maintain this emphasis, which I moved to the fore in my first chapter, and see the "suspicion" of testimony that I motivate here as, in fact, deepening, the qualitative, experiential, account of phenomenology. In fact, suspicion of first-person accounts necessarily *belong* to such an account, since any thorough-going analysis of the experiences of a subject must acknowledge and take seriously the subject's inherent self-opacity, the lossiness and incompletion of her communication, and the various other phenomena of ignorance or near-knowledge, which characterize these experiences in every case. As Butler argues, " [The] self is already implicated in a social temporality that exceeds its own capacities for narration."[222] Indeed, I contend that this critical

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[221] Janet Stoppard and Linda Macmullen, *Situating Sadness: Women and Depression in Social Context*, (New York: New York University Press, 2003), 4.

[222] Butler, *Giving an Account of Oneself*, 8.

approach can be help us to “recontextualize” depression with regard to its emergence in a diagnostic setting—a setting which is certainly *experienced* by the subject, and experienced *differently* than other settings, which are characterized by other objectives, and absent its particular power-dynamics and anxious possibilities. The clinical setting in particular forms the depressive subject. Thus, adopting suspicion also means considering the “embededness” of depression in “relationships and social settings” to include the clinical setting.

Further, this is a necessary complement as the clinical relationship and setting is not simply one relationship or setting among others, but is the site of ontogenesis of the speaking subject who is the speaker and the subject of the account of depression. In simpler terms, a first person account of depression qua depression is always a first person account of someone who has been labelled and understands themselves as such, as depressed. The narration of depression is not simply the narration of an aspect of a subject's life, which may or may not include the clinical relationship, but is the speech of a subject that *arises* nowhere else but within a clinical setting, a setting fraught and overladen with norms and expectations and co-determined by power and vulnerability.

The depressive subject comes to be in and under diagnosis and an understanding of this ontogenetic operation is crucial if we want to listen to accounts of depression, to the testimony of the depressed, and to their insights *about* depression itself. Because the ontogenic operation by which the the clinician identifies depression and attributes it to the subject, speaking, as the depressive subject is necessary for listening to her account of her own depression. Taking it into account does not undermine this listening: rather, understanding her experience of her depression requires that we try to understand all

what it means to be depressed, what it means to become depressed, and how the subject comes to encounter herself as afflicted.

I wish to consider the sense in which testimonies of depression must be understood as being given under depression. In considering Kristeva's psychoanalytic account, I showed how depression operates at the level of speech and that the transparency of the subject and communicability of the account, required by a purely phenomenological approach are problematized by this fact. In these concluding sections, I consider the way, and extent to which, these testimonies occur under and are rendered possible by the label of "depression" and consequent self-understandings. An ethical listening to testimonies of depression must reckon with these dimensions while centering the lived experience of the suffering subject who speaks them. I will explain and argue for this with recourse to various testimonies and case studies and Butler's work in *Giving an Account of Oneself* and *The Psychic Life of Power*.

In *Psychic Life of Power*, Butler offers a theory of subjectivity in which individuals become subjects through a process of "subjectivation," under which the subject becomes legible in and for a specific linguistic occasion informed by the circulation of power. Arguably, the clinical situation that renders depressive testimony is just such an "occasion." In a manner structurally analogous to that described by Butler, the subject of depression, that which narrates and is narrated under a situation of diagnosis, comes into being because it is *occasioned* by analysis, diagnosis, and therapeutic ambition. To use Butler's framework and terminology, I argue that in diagnosis a power is "exerted" on the subject, and that it is the subject formed by this exertion that is both the narrator and narrated in testimonies of depression. There is, we

might say, a coming-to-be of the depressive subject which has always-already taken place in its narration of depressive experience. It is on account of the label of "depression" and its attendant clinical dynamics that there comes to be a testifying subject of depression, a subject that is in this very ontogenesis vulnerable -- as someone suffering and in need of a cure, who must seek knowledge of her own condition, and the paths to its remediation outside of herself -- especially with regard to the clinician who beckons her to testify (to *give an account* of herself) and offers the possible amelioration of her suffering. We might, then, propose another account alongside the various accounts of subjectivization (the process of making-subject) that Butler proffers in *Psychic Life*, namely, a subject who comes into being in the context of a particular power relation through the naming of her suffering.

While this is particularly evident in a clinical setting, arguably aspects of this process are likewise operative in written accounts of depression, as these are always accounts of and by a subject designated as depressed. It is the case even in the analysis of literary accounts of depression which occasionally figure into both the philosophical and psychological literature; when, for instance, we read Virginia Woolf for insights into the lived experience of depression, we render and read her words as the testimony of a subject of depression. .

§ III) The Subject of Depression: Her Production

Throughout *The Psychic Life of Power*, Butler's concern is to understand how it is that regulatory power comes to have the kind of constituting power and hold on us that it does: that is, how do laws and less official norms come to determine the subjects we are, i.e. the parameters of our choices, identities, and lives. In other words, how does

regulatory power come to shape *us*? For Butler, the Foucaultian answer that norms are performed and power is assumed and circulated by means of the threat of discipline is inadequate. Pushing on the Foucaultian concept of subjection, Butler asks how it is that power comes to have the psychic hold on us that it does. From a Foucaultian perspective one could say that the subject itself is produced by power and the subject is always already subordinate to power, but Butler points to a bivalence in this account of power and subjection. The subject comes to be in its submission to power, but how does it happen that there is a subject that can submit to power if the subject is produced by power?

According to Butler, this bivalence (which she calls an ambivalence, though it might be better referred to as a bivalence) is remarked upon by Foucault but never fleshed out.[223] In order to understand how it is that a subject can be produced by power *and* come into being by submission to power, Butler examines a number of accounts of the genesis of subjectivity that employ a similar bivalence, (e.g. Nietzsche's account of the genesis of the subject in the demand to account for oneself in a punitive situation and Althusser's scene of interpellation.) These accounts have in common an idea of the subject as produced by a turning back of the subject upon itself. (For Althusser, for example, I come to be as a subject when I turn around to answer for myself when hailed by a figure of authority. In that moment I recognize myself as a subject by glimpsing myself as subject in my accounting for myself in response to authority's demand.) Butler here sets the stage for her turn to psychoanalysis in an attempt to unpack the operation of turning-back-upon-oneself and seeks out the mechanisms and depth of our attachments to

[223] Butler, *Psychic Life of Power*, 2.

our own subordination, which subordination comes to constitute us as subjects to begin with.

Butler's deployment of Foucault is an attempt to understand the way in which power produces and circulates in subject-formation. In the diagnosis of depression, the patient undergoes a significant change in self-understanding and begins to describe her experience *as* a person with depression—as a depressed person: diagnosis reconfigures her understanding so much that it only makes sense to describe her testimony as now not only being on the subject of depression, but being spoken *by* or *as* a subject of depression. Depression lends a name, and a heuristic to the suffering (different aspects of the patients' experience emerge, come to matter, and/or are categorizable). The diagnosis thus shapes, informs, and even determines the account, and, we can safely say, even she who gives the account; it is in, and on the terms of, the diagnosis that the subject turns back upon itself and narrates itself as being/having been (depressed).

To illustrate this, I will consider aspects of Stoppard and Gammell's work on the ways in which women's self-understanding was influenced by their depression diagnosis. Their research is concerned to uncover whether "women's understanding of being depressed became more medicalized as a result of their treatment."[224] Their article, "Depressed Women's Treatment Experiences" considers the impact of diagnosis on self-understanding, but focuses specifically on the ways in which the medicalization of depression shapes women's understanding of their experiences with depression:

[224] Stoppard and McMullen, *Situating Sadness: Women and Depression in Social Context,* 39.

> If a woman is...diagnosed as suffering from depression, a condition for which treatment consists of being prescribed an antidepressant drug, how does this treatment influence her understanding of the experiences that first prompted her to seek professional help? Does being offered an antidepressant drug medicalize a woman's understanding of her experiences?[225]

The researchers found marked differences in the way that diagnosis had "affected [the patients' view of themselves and their lives in the future."[226] Particularly, the women interviewed considered themselves, their experiences, and their future possibilities in terms of a medical illness.

> All of the women drew upon a medical vocabulary, using words like 'illness,' 'disease,' 'sick,' and 'cure' to describe their experiences of being depressed...During the course of the women's interviews, the content tended to become more 'medicalized' when they talked about being diagnosed as depressed...In an attempt to distance themselves from the negative implications of being diagnosed with a mental illness, several women compared being depressed to having a physical health problem, such as diabetes or heart disease. When women drew this analogy between depression and a physical illness, they emphasized the medical nature of being depressed...The women also drew upon

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[225] Stoppard and McMullen, *Situating Sadness: Women and Depression in Social Context,* 41.

[226] Stoppard and McMullen, *Situating Sadness: Women and Depression in Social Context,* 42.

> various medical explanations in discussing why they had become depressed.[227]

Those who are given a medical diagnosis of depression, and thus those whose testimonies a phenomenology of depression must proceed, then seem to come to understand and recount their experiences in terms of that diagnosis and its attendant medical implications. The one speaking, then, speaks as a medicalized subject. It is essential that the phenomenological analysis of first person accounts take this operation into account. Being consigned to a future with this illness is not, however, a wholly negative thing for these subjects, however. As we have seen, depressed persons feel divorced from the world and its meanings, they are also likely to feel that their suffering is not *real*. But:

> When a depressed woman seeks medical attention and is diagnosed with depression, her depressive experiences are legitimized as symptoms of an illness and given a medical label. In this diagnostic process, a woman's experiences are validated -- "there really is something wrong with me," "it is not just in my head," "I'm not going crazy." Her feelings of distress and ill health are not her fault, she is not to blame -- she has an illness called depression, which involves a chemical imbalance in her brain. When personal blame for being depressed is removed, a woman can attribute her distress to something outside her control -- her brain chemistry. This way of understanding depression implies that a

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[227] Stoppard and McMullen, *Situating Sadness: Women and Depression in Social Context,* 50-51.

depressed woman has a physical disorder, the remedy for which is a drug.[228]

In other words, a therapeutic technique which raises to the level of diagnosis the experiences of the depressed subject has the effect of legitimating those experiences for her, and of drawing up a new horizon wherein the amelioration of her symptoms and her active participation in her own treatment might meaningfully shape her experience. We should note, of course, that the experience described can easily be one of naturalization: wherein the patient comes to see her experience as *fundamentally* a function of "natural" or material-biological phenomena. Though this conceptualization of illness does not stand up to the phenomenological critiques with which I engaged in my first chapter, it is obviously borne of a therapeutic approach which acknowledges the ways illness exceeds physiology, and the benefits are fairly obvious, especially in light of the existential impoverishment that I have shown characterizes depression (in projectlessness, meaninglessness, and the loss of a futural orientation, for example). Diagnosis can be a site upon which depressive derealization is addressed, and the depressive subject is once again allowed into the world. Of course this diagnosis is "…embedded in relationships and social settings," and the very reality made accessible by its pronouncement presupposes definitions of health and normality already problematized in parts of this project.[229] Nonetheless, re-entry into the shared world is necessary for the alleviation of the suffering of depression, since this suffering is so deeply constituted by removal from it.

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[228] Stoppard and McMullen, *Situating Sadness: Women and Depression in Social Context,* 3.
[229]Stoppard and McMullen, *Situating Sadness: Women and Depression in Social Context, 3.*

Parallel with Kristeva's therapeutic technique, approaches to understanding women's depression have focused on creative media for rendering these often incommunicable accounts:

> Their stories are enlivened when their own words are used, and their accounts also point to the importance of context for understanding women's depression. While conventional research seeks general patterns by stripping away social context, qualitative research attends to the details of people's lives.[230]

We might hear in this Kristeva's claim that when treating the depressed subject, one must listen to her *voice*. Through such listening, qualitative research methods (and phenomenology is among these) is granted access to attend to the "details of people's lives," rather than merely to the objective facts of their conditions. Words like "enlivened" here are instructive since, as we have seen, life is lived adjacent to death in certain experiences of depression.

Such qualitative methods are further recommended for understanding *women's* depression because:

> Qualitative research contributes knowledge about the meaning of depression in women's lives and also enables a deeper understanding of the situations in which women become depressed by opening up questions about power, about ideologies and practices of gender, and about other social, structural inequities in

[230] Stoppard and McMullen, *Situating Sadness: Women and Depression in Social Context,* 5.

> women's lives.[231]

I have shown that we should count phenomenology among these methods. But, I have argued that *critical* phenomenology is of greater use for understanding and even treating depression. This is because 1) like all phenomenological methods, it takes seriously the *experiences* subjects have of the conditions under which they are formed and within which they live, but:

> [Modes of analysis] are designed theoretically to enable researchers to connect the personal, psychological experience of an individual—one woman's story—to broader structures and social relations. These analytic approaches help to reveal how a larger set of social forces organizes the way we experience, speak about, interpret, and live our lives.[232]

2) *Critical* phenomenology takes seriously the role of these structures and relationships therein. But, we need to go further than Stoppard and McMullen suggest here. This commitment to the trenchancy of critique and the social emergence of the subject must, challenge and complement rather than justify, a naive phenomenology:

> The dyadic scene of self and other cannot describe adequately the social workings of normativity that condition both subject production and

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[231] Stoppard and McMullen, *Situating Sadness: Women and Depression in Social Context,* 5.
[232] Stoppard and McMullen, *Situating Sadness: Women and Depression in Social Context,* 10.

intersubjective exchange.

> The very being of the self is dependent, not just on the existence of the other in its singularity (as Levinas would have it), but also on the social dimension of normativity that governs the scene of recognition.[233]

Critical phenomenology must therefore also take seriously the roles of these structures in *constituting* a subject and shaping her experiences and the ways she talks about them. I therefore turn again to Butler: What is important is not just how we connect the story to these relations, but how these relations *produce* the stories (and experiences.) A critical phenomenology which takes this into account is in fact doubly useful of understanding depression, because of this bivalence. A more classical phenomenological method may miss much.

The resources for phenomenological analysis of depressive experience are produced under conditions of medicalization, which conditions color the patient's account and self-understanding. When we approach testimonies as testimonies *of* depression, we approach them as the speech of a *medicalized subject* (this is especially true given the pervasiveness of the medical model for understanding depression, which I explain in my first chapter). This is the case even in those instances in which analyses proceed from literary testimonials produced under clinical settings considerably different than our own, for instance Kristeva's analysis of Nerval and Holbein, or the myriad references to Dostoevsky and Woolf in contemporary philosophical literature on depression. Although

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[233] Butler, *Giving an Account of Oneself*, 23.

such accounts are of course not the product of a clinical patient-provider setting, when we read such work *as* testimony of depression we are reading their testimony under the influence of a diagnostic category, and in terms of the norms and expectations of our understanding of depression.

> "If the 'I' and the 'you' must first come into being, and if a normative frame is necessary for this emergence and encounter, then norms work not only to direct my conduct but to condition the possible emergence of an encounter between myself and the other."[234]

This power laden structure is the site of the narration and coming into being and demands the attention of any phenomenology of depression. The I as patient, the you as provider, doctor, professional, the relations of power between. In reading the work as a testimony of depression, we render a subject of depression, and, particularly in the readings which take these works in the context of contemporary philosophical and psychological research, we render a medicalized subject. (Of course such historical re-readings are not isomorphic with the production and reading of contemporary clinical accounts, but here I cannot do much more than note that there is a significant difference and that a more robust account must take into account the power dynamics of reading, and of reading *as.*) Using Butler's account we may go further than claiming that the diagnosis informs and is an aspect of depressive experience, but rather is a project of subject-formation (I consider

[234] Butler, *Giving an Account of Oneself*, 25.

this below).

For Butler, the production of a medicalized subject entails certain power relations. The patient stands in an asymmetrical relationship to the provider. The patient, as suffering, seeks the expertise of the provider for the alleviation of her pain, which alleviation is taken to depend on *obedience* to the provider: one must take her medications when the doctor says, if she hopes to feel better, one must make her appointments, if she hopes to feel better, one must speak honestly and often with her therapist, if she hopes to feel better. The setting of diagnosis and reporting is not only a linguistic setting—as I highlighted with recourse to Kristeva—it is one defined by and overlaid with power relations, which take place within the disciplinary setting of the medical clinic. It is in this setting that both testimony and *testifier* are produced.

> Only in the face of such a query or attribution from an other...do any of us start to narrate ourselves, or find that, for urgent reasons, we must become self-narrating beings.[235]

An application of Butler's Foucaultian analysis of power is unique from the concerns vis-a-vis empowerment found in Stoppard and Gammell. While Stoppard and Gammell's concern is to ensure that the diagnosis enables the patient's empowerment *within* the clinical setting, a more Butlerian approach would highlight the dynamics of power always-already at work in such a setting. These dynamics arguably pre-exist, and in some

[235] Butler, *Giving an Account of Oneself*, 11.

sense are the conditions for, any concern or attempt to empower the patient.

Butler says that "an account of oneself is always given to another, whether conjured or existing, and this other establishes the sense of address as a more primary ethical relation than a reflexive effort to give an account of oneself."[236] This primordial *ethical demand* of intersubjectivity always-already gives more power to the one who calls one to account than it does to the one who renders an account; the one who calls to account determines whether the account itself is satisfactorily *sensical*, whether it says enough or too much, etc. Such a power-dynamic is operative in the clinical setting, as I have said, and it may be all the more troubling where the one rendering an account of herself is depressed, given the ways this illness diminishes the capacity for communication. Simply put, Butler's analysis shines light on which any analysis of depression—including phenomenologies of depression—require a critical evaluation of the norms and clinical situation beyond that provided by the existing literature. This may also mean that a robust understanding of clinical depression requires analyses not attainable within the confines of the resources of phenomenology.[237]

Butler's project in *Psychic Life* and elements of *Giving an Account*, (particularly her at-turns critical revisitation of Nietzsche) is, in large part, to understand our attachment to power, which attachment goes largely unaccounted for in Foucault's work. She reminds us that

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[236] Butler, *Giving an Account of Oneself,* 21.

[237] This question of the scope and limits of phenomenology for understanding depression is not one for this project, but is an important one. I feel I must note here, however, that critical phenomenology still meaningfully augments our understanding of depression, and of illness generally.

> "The 'I' does not stand apart from the prevailing matrix of ethical norms and conflicting moral frameworks. In an important sense, this matrix is also the condition for the emergence of the 'I,' even though the 'I' is not causally induced by these norms. We cannot conclude that the 'I' is simply the effect or the instrument of some prior ethics or some field of conflicting or discontinuous norms."[238]

Here, Butler expresses a critical attitude towards an overextension of the Foucaultian critique (which one arguably finds in, for example, Joan W. Scott's criticism of analysis of experience), which would dissolve the depressed subject and her depression into the mere exercise of power, and would make her suffering contingent to her time and place alone. In not over extending this critique, *Giving an Account of Oneself* leaves open a space for the legitimacy of the analysis of experience which the nature of depression (as I argue earlier) calls for.

For Kristeva, an attachment to sadness holds the melancholic subject together as subject in the face of disintegration (this process of making-coherent is a persistent theme in her work, underlying also her famous analysis of Celine in *Powers of Horror*), perhaps paradoxically the ultimate identification with sadness though, is in suicide.

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[238] Butler, *Giving an Account of Oneself*, 7.

> Their sadness would be rather the most archaic expression of an unsymbolizable, unnamable narcissistic wound...sadness is really the sole object.[239]

Sadness *expresses* the unnamable wound that founds and perpetuates melancholia. Sadness is expressible, to be sad is to *be* in the face of a felt threat of non-being. Sadness, like "depression," gives a name, makes narratable felt, and perhaps inexpressible, suffering. The depressed subject is formed at the limit of symbolization, even as she is beckoned to symbolize. It is also within this limit that Kristeva advocates for empathetic listening as therapeutic praxis. And it is here that Butler's analysis intersects with Kristeva's. Butler says, "With the help of Foucault's self-criticism, it may be possible to show that the question of ethics emerges precisely at the limits of our schemes of intelligibility."[240] How we *should* treat one another emerges where words fail at least one of us.

The diagnosis of depression may likewise *hold together*, or *make coherent*, the subject in such a way that the diagnosis becomes formative. We can, I think, see the label of depression as having a kind of unifying force, which makes sense of the suffering subject's life—present and *past*—and can be cast over its events with a strong explanatory power. Diagnosis, especially as a cite of subjective ontogenesis, also staves off the threat of depressive dissolution. Insofar as sadness *and* depression as productive markers produce an intelligible and *narratable* subject (for more on this see my chapter

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[239] Kristeva, *Black Sun*, 12. Cf., 21-22, 33, 42.

[240] Butler, *Giving an Account of Oneself*, 21.

on Kristeva) it can be meaningfully said that it is a subject of depression which speaks in testimony.

There is an impulse to name that takes the form of an attachment to sadness and depression as *felt* markers: as a rendering-intelligible of the subject's experience as well as the subject herself. There is, perhaps, an impulse to the *authentic* and total experience of sadness, and of depression within the context of diagnosis, which allows these to be the very structures of *sense* for the depressed subject.

Beyond showing a similarity between the clinical setting and those other situations that Butler analyzes in *Psychic Life* and *Giving an Account* (the latter of which does deal, to some extent, with the psychoanalytic setting,) Butler's account of subject formation can, I think, be validated by considering it in the light of the clinical treatment of depression. This setting reveals the ways in which a subject *comes to be* under those processes and conditions that Butler describes.

"The subject" is sometimes bandied about as if it were interchangeable with "the person" or the individual." The genealogy of the subject as a critical category, however, suggests that the subject, rather than be identified strictly with the individual, ought to be designated as a linguistic category, a place-holder, a structure in formation. Individuals come to occupy the site of the subject...and they enjoy intelligibility only to the extent that they are, as it were, first established in language. The subject is the linguistic occasion for the individual to achieve and reproduce intelligibility, the linguistic condition of its existence and agency.[241]

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[241] Butler, *Psychic Life of Power*, 10-11.

The clinical setting, is just such a linguistic occasion and is indeed a setting where a subject is formed in such a way. This sheds light on a necessary aspect of any critical phenomenology of depression as well as validate Butler's account of subject formation. Since, as Butler argues, “the normative horizon within which I see the other or, indeed, within which the other sees and listens and knows and recognizes is also subject to a critical opening,” the clinical setting in which patient and doctor apprehend and conceptualize one another, bound as it is by power and inequity, is itself vulnerable to critique.[242] It is thus that the dimension of *critique* in critical phenomenology is necessary for a robust phenomenology of depression. While I leave open certain of the specifics of such a practice, I close with the suggestion that such critique need not foreclose the primacy of an analysis of experience (as certain critical scholars have suggested), as the justification for phenomenology with which I frame this project is challenged and augmented, rather than devastated, by the Butlerian critical approach with which I close.

[242] Butler, *Giving an Account of Oneself*, 24.

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