A Phenomenological Study of Interpersonal Relationships in Experiences of Depression

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ABSTRACT

In this thesis, I conduct a phenomenological investigation of the intricate and often perplexing dimensions of experiences of depression, with a specific focus on disruptions that occur in the interpersonal relationships of depressed individuals. Central to this exploration are key facets of the subjective experience of depression, such as the pervasive sense that depression manifests as an unhomelike state of being-in-the-world. Within this framework, I analyse first-person depression accounts which report both that the experience of depression cannot be effectively articulated or described in ordinary language, and that other people cannot understand the experience of depression unless they have experienced it themselves. In doing so, I examine the disrupting implications of such reports for depressed individuals' interpersonal relationships. An additional aspect of the experience of depression which I explore in this thesis concerns claims in the literature which support that the experience of depression is characterised by a complete loss of mood and a total loss of attunement to other people and the world. In evaluating these claims, I argue that the depressed individual, as a mooded being, retains the ability to attune to the world in distinct ways. Within this context, I further suggest that we can characterise the depressed individual's world-experience as spectatorial - that is, as involving the sense of spectating toward other people actualising worldly possibilities which the depressed individual cannot actualise herself. In this respect, I propose that the metaphor of being a spectator in the world can illuminate other kinds of metaphors that individuals use to describe their experience such as "suffocating", "incarcerated", or "living in a bubble". In this regard, via the metaphor of being a spectator, I introduce the distinction between possibilities-for-others and possibilities-for-me, which elucidates the depressed individual's lack of connection to other people and belonging in the world. In these terms, through a comprehensive analysis of first-person accounts of depression, I argue that phenomenology can provide us with a nuanced and thorough understanding of disruptions that occur in depressed individuals' interpersonal relationships.

ΠΕΡΙΛΗΨΗ

Στην παρούσα διατριβή, πραγματοποιώ μια φαινομενολογική έρευνα των περίπλοκων διαστάσεων της εμπειρίας της κατάθλιψης, δίνοντας ιδιαίτερη έμφαση στις διαταραχές στις διαπροσωπικές σχέσεις που την χαρακτηρίζουν. Μέσω εκτενούς ανάλυσης προσωπικών αφηγήσεων καταθλιπτικών ανθρώπων, δείχνω πώς η φαινομενολογική μέθοδος έχει τη δυνατότητα να παρέχει μια πλούσια και βαθιά κατανόηση της εμπειρίας της κατάθλιψης. Κεντρικά στοιχεία της ανάλυσής μου αποτελούν ορισμένες βασικές πτυχές της εμπειρίας της κατάθλιψης, όπως για παράδειγμα η αίσθηση πως η κατάθλιψη βιώνεται ως μια ασυνήθιστη (unhomelike) κατάσταση του είναι-μέσα-στον-κόσμο (being-in-the-world). Εντός του πλαισίου αυτού, εξετάζω αφηγήσεις στις οποίες αναφέρεται έντονα πως τα άτομα που βιώνουν την κατάθλιψη βρίσκουν δύσκολο ή ακόμη και αδύνατο να εκφράσουν αποτελεσματικά την εμπειρία τους σε άλλους ανθρώπους. Αναφέρουν, επίσης, πως υπάρχει βαθιά έλλειψη κατανόησης από όσους δεν έχουν προσωπικά βιώσει την κατάθλιψη. Ένα ακόμη κεντρικό στοιχείο που εξετάζω αφορά ισχυρισμούς στη βιβλιογραφία πως η εμπειρία της κατάθλιψης χαρακτηρίζεται από μια παντελή έλλειψη συναισθημάτων και μια ολοκληρωτική απώλεια συντονισμού (attunement) με άλλους ανθρώπους και με τον κόσμο. Αξιολογώντας τις θέσεις αυτές, υποστηρίζω πως ο καταθλιπτικός άνθρωπος, ως συναισθηματικό ον (mooded being), διατηρεί την ικανότητα να συντονίζεται με άλλους ανθρώπους και με τον κόσμο με έναν ξεχωριστό τρόπο. Αυτή η κατανόηση της εμπειρίας της κατάθλιψης οδηγεί στην πρότασή μου πως η εμπειρία μπορεί να επεξηγηθεί μέσω της μεταφορικής έννοιας του να είναι κάποιος θεατής (spectator) προς τον κόσμο. Σε αυτό το πλαίσιο, όπως υποστηρίζω, η έννοια του θεατή έχει τη δυνατότητα να διασαφηνίσει άλλες μεταφορικές έννοιες οι οποίες χρησιμοποιούνται για να περιγράψουν την εμπειρία της κατάθλιψης, όπως "ασφυκτική", "σαν φυλακή", ή "σαν να ζει κάποιος μέσα σε μια φούσκα". Επιπλέον, μέσω της έννοιας του θεατή, εισάγω τη διάκριση μεταξύ των δυνατοτήτων-για-άλλους (possibilities-for-others) και των δυνατοτήτων-για-εμένα (possibilities-for-me). Αυτή η διάκριση εξηγεί τα συναισθήματα αποξένωσης από τους άλλους ανθρώπους και από τον κόσμο, αφού ο καταθλιπτικός άνθρωπος, ως θεατής, περιορίζεται στο να παρακολουθεί άλλους ανθρώπους να πραγματοποιούν δυνατότητες (possibilities) στον κόσμο, τις οποίες ο ίδιος αδυνατεί να πραγματοποιήσει.

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AUTHOR'S DECLARATION

I declare that this thesis is a presentation of original work and I am the sole author. This work has not previously been presented for a degree or other qualification at this University or elsewhere. All sources are acknowledged as references.

I declare that parts of this thesis have been accepted for publication or are currently under review:

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ABBREVIATIONS

BN	Jean-Paul Sartre, *Being and Nothingness*
BT	Martin Heidegger, *Being and Time*
CM	Edmund Husserl, *Cartesian Meditations*
Crisis	Edmund Husserl, *The Crisis of European Sciences and Transcendental Phenomenology*
EJ	Edmund Husserl, *Experience and Judgement*
HCT	Martin Heidegger, *History of the Concept of Time*
Hua	Husserliana series (Edmund Husserl)
Ideas I	Edmund Husserl, *Ideas I*
LI	Edmund Husserl, *Logical Investigations*
OTB	Martin Heidegger, *On Time and Being*
PP	Maurice Merleau-Ponty, *Phenomenology of Perception*
SB	Maurice Merleau-Ponty, *The Structure of Behaviour*
VI	Maurice Merleau-Ponty, *The Visible and the Invisible*

INTRODUCTION

According to the Global Burden of Disease study (Global Burden of Disease Collaborative Network, 2020), published by the *Institute for Health Metrics and Evaluation*, about 280 million people worldwide have depression.[1] This figure corresponds to 3.8% of the global population, and more specifically to 5% of adults. The prevalence of depression is more common among older population groups (Global Burden of Disease Collaborative Network, 2020) and is around 50% higher in women compared to men (Zhao et al., 2020), demonstrating its highest prevalence (7.5%) among women between 55-74 years old (World Health Organization, 2017). A lower socioeconomic status is associated with higher depression symptomatology (Freeman et al., 2016), and stigma related to depression is more prevalent among ethnic minorities than ethnic majorities (Eylem et al., 2020).[2] Depression has a wide range of consequences on an individual's life, affecting their mental and physical health, as well as their daily functioning and interpersonal relationships (Hammer-Helmich et al., 2018; Chen, Chen, & Song, 2023). Depression can also increase the risk of developing other health problems, such as cardiovascular diseases (Harshfield et al., 2020) and diabetes (Menezes Zanoveli et al., 2016). In addition, depression can lead to substance abuse (Martínez-Vispo et al., 2018) and suicidal thoughts and behaviour (Schneider et al., 2020). Some researchers have reported that depression stands as the primary factor posing a risk in relation to suicide (Roca et al., 2019) and that individuals diagnosed with Major Depressive Disorder (MDD) face an increased susceptibility to suicidality when compared to those without MDD (Cai et al., 2021). According to the World Health Organization (2017, 2023), depressive disorders are the "single largest contributor to non-fatal health loss" (2017, p. 13) and the "leading cause of disability around the world" (2023, "Overview" section). The Global Burden of Disease study (Global Burden of Disease Collaborative Network, 2020) additionally reports that depressive disorders account for 37.4% of mental disorder

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[1] It is worth noting that this number refers to pre-COVID-19 data. Although no similar large-scale study was conducted to assess the epidemiology of depression on a global scale, it is reasonable to expect that the number of people diagnosed with depression today could be higher, given the high prevalence of depression cases amongst the 770 million people infected by COVID-19 (WHO, 2023). In fact, certain studies have reported that the occurrence of clinically significant depressive symptoms among individuals who have recovered from COVID-19 varied from 21% (Khraisat et al., 2021) to 45% (Deng et al., 2021). Notably, Dong et al. (2021) demonstrated an even higher prevalence (66.3%) of depression symptoms among COVID-19 patients who had been severely ill. In Great Britain, the Office of National Statistics (2022) reported that the prevalence of depressive symptoms is 10% higher than it was pre-COVID-19. In the United States of America, Goodwin et al. (2022) reported an overall rise in depressive symptoms over the past years, particularly amongst young people, without taking into consideration COVID-19-related symptoms.

[2] Although not within the scope of this thesis, further phenomenological research can investigate and identify differences in how depression is experienced amongst groups with different identity characteristics - for example, in regard to gender - which could contribute toward developing more targeted, effective, and suitable treatment and therapy. A potential way to do this would be to further develop ideas raised by Young (1980) regarding how the experience of one's lived body (*Leib*) is shaped by the particular situation in which the individual finds herself in, as well as by the "historical, cultural, social, and economic limits of her situation" (p. 138). Certain suggestions have already been made in discussing the experience of disability (e.g. Martiny, 2015; Carel, 2012, 2014, 2021) which point to how we can apply such a discussion on examining potential gender differences in the experience of depression, and what implications these may have.

Disability-Adjusted Life Years (DALYs)[3] and that depressive disorders are globally the 4th cause of DALYs in people aged 10 to 24 and the 6th cause of DALYs in people aged 25 to 49. In a systematic analysis of the Global Burden of Disease study by Ferrari et al. (2022), the authors noted that depressive disorders are "among the leading causes of burden worldwide…with prevalence estimates and disability weights comparatively higher than many other diseases" (pp. 144-145). The staggering global prevalence and impact of depression, affecting millions of individuals across various demographics, emphasises the urgency of understanding its profound impact on the human experience.

The tool which will be used in this thesis to address and examine the experiential aspect of experiences of depression is a phenomenological one. Whereas statistics and data can reveal the widespread occurrence of depression and its repercussions on mental and physical health, the phenomenological perspective can dive deeper into the lived experience of depression and help us understand the various complexities, intricacies, and nuances that characterise the subjective experiences of depression. In this regard, in understanding the various experiential aspects of depression experiences, it is key that we listen to how depressed individuals themselves describe their experiences. In this respect, this thesis will primarily focus on phenomenologically examining first-person accounts of depression.

As will be discussed throughout this thesis, the experience of depression can fundamentally alter the way in which the depressed individual relates, connects, and attunes to other people in the world. In this respect, the aim of this study is to provide a coherent account of the depressed individual's being-in-the-world, with respect to disruptions in the individual's interpersonal relationships.

In this thesis, the phenomenological analysis of first-person accounts of depression is conducted through memoirs and autobiographies (e.g. Wurtzel, 1994; Solomon, 2001; Styron, 2004; Brampton, 2008) as well as interviews and research studies (e.g. Rowe, 1978; Karp, 1996; Dowrick & Martin, 2015; Ratcliffe, 2015). As this thesis provides a phenomenological analysis of subjective experiences of depression, I begin by introducing the phenomenological framework on which such an analysis will take place, primarily through

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[3] As defined by the Global Burden of Disease Collaborative Network (2020), "DALY is an abbreviation for disability-adjusted life year. It is a universal metric that allows researchers and policymakers to compare very different populations and health conditions across time. DALYs equal the sum of years of life lost (YLLs) and years lived with disability (YLDs). One DALY equals one lost year of healthy life. DALYs allow us to estimate the total number of years lost due to specific causes and risk factors at the country, regional, and global levels." ("Overview" section)

the works of Edmund Husserl (1859-1938), Martin Heidegger (1889-1976), Maurice Merleau-Ponty (1908-1961), as well as Jean-Paul Sartre (1905-1980) and Hans-Georg Gadamer (1900-2002).

In recent years, there has been a notable growth in research focusing on the phenomenological exploration of depression experiences. This surge in research is aimed at achieving a deeper understanding of the various facets of depression experiences. For instance, in examining first-person accounts of depression, it is often the case that depressed individuals describe their experience in terms of alienation, detachment, and isolation from other people and the world. In this regard, phenomenologists have attempted to conceptualise these disruptions through discussing various aspects of the experience of depression, such as one's bodily experiences (e.g. Svenaeus, 2000b, 2013; Fuchs, 2005, 2013a; Osler, 2021), temporal experiences (e.g. Wyllie, 2005, Fuchs, 2005, Ratcliffe, 2012, 2015; Lenzo & Gallagher, 2020), and intersubjective experiences (e.g. Fuchs, 2017; Ratcliffe, 2018; Osler, 2022). The various dimensions of one's experience of depression are explored through concepts such as mood (e.g. Fuchs, 2013a, 2014, 2017), attunement (e.g. Fuchs, 2013a; Fernandez, 2014, 2019), unhomelikeness (e.g. Svenaeus, 2014), and worldly possibilities (e.g. Ratcliffe, 2015, 2018). However, there has been a considerable gap in the literature regarding the integration of the concepts of mood, attunement, unhomelikeness, and worldly possibilities. These concepts have not been effectively synthesised to provide a coherent account of the experience of depression, particularly within the realm of one's interpersonal relationships. In this respect, in this thesis, I attempt to bridge this gap in the literature by highlighting and discussing in length how the concepts of mood, unhomelikeness, worldly possibilities, and attunement interlink within the experience of depression.

Depressed individuals frequently report that their interpersonal relationships are constituted by a profound sense of alienation, detachment, and isolation. In this thesis, I examine such experiences by exploring the phenomenological concepts of mood, attunement, unhomelikeness and worldly possibilities as they arise within one's world-experience in depression. For instance, I discuss how the diminishing or loss of certain kinds of moods (such as happiness and pleasure) from one's world-experience in depression, and the emergence of certain other kinds of moods (such as anxiety and guilt) disclose the attunement of the depressed individual to other people and to the world in a distinct way. In these terms, I challenge certain claims within the literature which have defended the view that the

experience of depression is constituted by a loss of attunement (e.g. Fuchs, 2005) or by the erosion of the category of moods in its entirety (e.g. Fernandez, 2014). In response, drawing on Martin Heidegger's account of mood and attunement, I suggest that the depressed individual's distinct affective experiences (or the lack thereof) precisely disclose her attunement to the world as a mooded being. In this regard, I suggest, a thorough examination of first-person depression accounts through the lens of mood and attunement can disclose the constitutive aspects of the depressed individual's world-experience. In expanding on the notions of mood and attunement, I further explore the notion of unhomelikeness in experiences of depression through Ernst Jentsch's (1867-1919) and Sigmund Freud's (1856-1939) work on the concept of "The Uncanny" (*Das Unheimliche*). I explore the concept of 'the uncanny' as indicating an intricate interplay between the homelike (*heimlich*) and the unhomelike (*unheimlich*) within the depressed individual's world-experience.

In these terms, I emphasise that the profound feelings of unhomelikeness that arise in experiences of depression disclose the distinct way in which the depressed individual is attuned to the world. In this regard, what this thesis brings within the discussion is an exploration of how the notions of mood, attunement, and unhomelikeness can be analysed not independently of one another but as co-dependent notions that all form an individual's being-in-the-world. As such, the way in which these notions affect one another will be examined. For instance, this thesis will explore how the diminishing or loss of certain kinds of moods from the depressed individual's experience affects the depressed individual's sense of attunement to other people and their feeling of homelikeness in the world.

In addition, I discuss how the profound feelings of unhomelikeness in the world that the depressed individual experiences illustrate an additional aspect of the experience of depression - that is, the individual's alienation, detachment, and isolation from other people. In particular, individuals highlight that the experience of depression is such a fundamentally distinct way of being-in-the-world that any attempts to articulate one's experience and have it understood by other people proves futile. In these terms, the realisation that the depressed individual's world-experience fundamentally differs from the world-experience of other people. In this regard, the fact that the depressed individuals' world-experience is indescribable to, and incomprehensible by, other people comes to constitute the interpersonal dimension of the feeling of unhomelikeness. As a result, feelings of unhomelikeness are solidified, as the depressed individual does not feel that they belong in a world in which they

can mutually attune their world-experience to the world-experience of others. However, as I emphasise, we cannot characterise the depressed individual's world-experience as a complete loss of attunement as, notably, the individual remains able to meaningfully connect with other depressed individuals, and is thereby able to re-establish feelings of belonging in the world.

In these terms, I suggest that in depression emerges a distinction between possibilities-for-others and possibilities-for-me within the depressed individual's world-experience. Through this distinction, we can conceptualise the depressed individual's awareness that other people can actualise worldly possibilities which the depressed individual cannot. In effect, I argue, the depressed individual's world-experience can be understood in spectatorial terms. The notion of being a spectator in the world describes how the depressed individual physically exists within a shared world, but remains limited in spectating toward other people actualising the possibilities which the world offers. At the same time, the depressed individual feels unable to actualise those possibilities and participate in the world herself. Nevertheless, as I note, whereas the metaphor of being a spectator in the world allows us to have a better understanding of the depressed individual's experience and of the content of the metaphorical language that they use to describe their experience, the depressed individual retains their experience of the world as fundamentally distinct. Consequently, a degree of indescribability and incomprehensibility remains. In this regard, while the metaphor of being a spectator can be easier to grasp, communicate, and understand - hence providing an improved understanding of the experience of depression - it remains challenging or even impossible for non-depressed individuals to *fully* understand the experience of depression.

In illuminating the subjective experience of depression, this thesis additionally aims to inform other approaches which are targeted at understanding experiences of depression. In this respect, I present, and subsequently critically approach, the psychiatric portrayal and understanding of depressive disorders as presented in the 5th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5; APA, 2013). In examining the diagnostic criteria for depression in the DSM-5, I discuss certain ways in which the psychiatric portrayal and understanding of depression lacks clarity, portrays complex and multidimensional experiences in simplistic and superficial terms, and omits core aspects of the experience of depression. For instance, I suggest, symptoms which constitute the DSM-5 diagnostic criteria for diagnosing MDD, such as "depressed mood" (p. 161) or "psychomotor agitation or

retardation" (ibid.) do not capture the unique subjective experiences and meanings that individuals with mental disorders associate with these symptoms. Consequently, a partial or misinformed understanding of what constitutes depression experiences has severe implications for diagnosis, therapy, treatment, and teaching regarding depression.

An additional critique that is raised toward the psychiatric portrayal and understanding of depression in the DSM-5 concerns core aspects of the experience of depression which are omitted in the manual. Notably, as highlighted in this thesis, it is rare to find a first-person account of depression that does not underscore the profound feelings of alienation, detachment, and isolation from others. However, the DSM-5 diagnostic criteria for depressive disorders scarcely address disruptions in interpersonal relationships. Additionally, the criteria do not encompass other frequently reported aspects of depression experiences, such as spatiotemporal disruptions in one's world-experience (such as, feeling that space is 'suffocating' or that time is 'slow'), feelings of depersonalization and derealization, or particular kinds of somatic symptoms (such as, feeling their body as 'lethargic' and 'heavy'). In these terms, a comprehensive understanding of the experience of depression necessitates a thorough exploration of the depressed individual's background, their description of their own subjective experiences, and the context within which their experiences arise. In this respect, through the works of Karl Jaspers (1883-1969), Ludwig Binswanger (1881-1966), and Eugène Minkowski (1885-1972), I outline suggestions which highlight how the incorporation of phenomenology within the practice of psychiatry and psychopathology can lead the medical professional toward having a more solid and accurate grasp of depression by exploring the individual's experience,

Furthermore, a phenomenological approach to the study of depression experiences can enable us to delve even deeper into the most intricate aspects of depression experiences. Examining the concepts of mood, attunement, unhomelikeness, and worldly possibilities in unison further allows us to highlight an additional aspect of depression experiences that is largely absent from the literature - that is, an analysis of the metaphorical language that depressed individuals use to describe their experience. As mentioned above, due to how fundamentally distinct the experience of depression is from one's ordinary way of being-in-the-world, depressed individuals often report that the experience of depression is incommunicable to, and incomprehensible by, other people in ordinary language. As a result, depressed individuals often use metaphors to describe their experience of depression, such as "being

underwater", "incarcerated", "suffocating", "existing in a world 'in-between'", or "living in a bubble". However, it is not immediately clear what these metaphors aim to convey or which aspect of the depressive experience they attempt to highlight. Hence, if we are to develop a comprehensive and coherent phenomenological account of depression experiences, it is crucial that we explore and potentially understand the phenomenological content of such metaphorical language. Doing so will allow us to conceptualise particular aspects of the experience of depression which individuals aim to express using metaphorical language. In examining the phenomenological content of such metaphors of depression, I will argue that a particular metaphor - that is, the metaphor of being a spectator in the world - offers a way to conceptualise different metaphors of depression and offers an improved and more nuanced understanding of the experience of depression.

In sum, in this thesis, I will provide a phenomenological analysis of first-person accounts of depression, which illuminates the experience of depression as a distinct way of being attuned to other people and to the world. As a mooded being, I argue, the depressed individual continues to be attuned to the world in a particular manner. At the same time, however, the individual experiences themselves as a spectator in the world, as they feel restricted in spectating toward other people actualising worldly possibilities while feeling unable to actualise those possibilities themselves. This phenomenological analysis of the experience of depression can hopefully provide fruitful ground for the improvement of diagnosis, treatment, and therapy for the hundreds of millions of people who are currently under the grip of this mysterious, and often elusive, disorder.

Before proceeding by presenting the thesis outline in the next section, I wish to make it clear what is original about this thesis and what this thesis aims to contribute within the literature on the phenomenology of depression.

In particular, an aspect of the experience of depression which I discuss in this thesis concerns the pervasive and all-encompassing feeling of unhomelikeness that arises in the depressed individual's experience of the world. I argue that this feeling is constituted by the feeling that the experience of depression is incommunicable to, and incomprehensible by, non-depressed individuals. In this regard, I expand on previous phenomenological literature where the notion of unhomelikeness was examined (e.g. Svenaeus, 2000a, 2013b, 2014) to highlight interpersonal disruptions that take place in depression due to the experience of the world as

unhomelike. Subsequently, I proceed by exploring what *constitutes* the feeling of unhomelikeness with respect to the interpersonal disruptions that the depressed individual experiences. In addition, what this thesis further brings into the discussion is a connection between the feeling of unhomelikeness and changes in how the depressed individual experiences worldly possibilities. In particular, I demonstrate that in depression there is a renewed set of worldly possibilities that the depressed individual experiences - in particular, they experience themselves as lacking the opportunity to actualize worldly possibilities which are available to other individuals in the common life-world. Whereas this aspect of the experience of depression has been previously explored (e.g. Ratcliffe, 2015, 2018), what I offer in this thesis is an examination of how possibilities are experienced in depression by analysing them through the notion of unhomelikeness. More specifically, the fact that the depressed individual lacks access to particular kinds of possibilities in the world further exacerbates the feeling that the individual 'inhabits another world' - that is, experiences the world as unhomelike.

Where this thesis additionally contributes to the literature of the phenomenology of depression concerns the connection between the notions of mood and attunement. In this regard, another aspect of the experience of depression which I discuss concerns first-person accounts which report an all-encompassing lack of feeling with respect to certain kinds of moods. In short, as first-person accounts of depression highlight, depression involves the diminishing or loss of certain kinds of moods, such as pleasure and happiness. This aspect of the experience, as individuals highlight, brings about a loss of connection with other people in the world. In effect, as certain accounts suggest (e.g. Fuchs, 2013a; Fernandez, 2014, 2019), the depressed individual's experience is characterised by a complete absence of mood and a total lack of attunement to other people and to the world. According to these approaches, the depressed individual experiences a complete absence of mood in the world and is thus not able to be moved by other people or be attuned to the world in a particular manner. In response, what I aim to clarify in this thesis, and thereby contribute to the overall understanding of the experience of depression, is that the experience of depression does not (and, following Heidegger's account of mood as will be examined further, *cannot*) involve a complete absence of mood. Instead, whereas it is the case that certain moods diminish or even disappear from one's experience (such as, pleasure and happiness), other moods are more profound in one's experience (such as, guilt and grief). In these terms, in contrast to certain other approaches (e.g. Fuchs, 2013a; Fernandez, 2014, 2019) which suggest that the

depressed individual's world-experience can be described as completely 'unmooded' or 'out of tune', I will argue that the particular moods which are absent (or are more prevalent) in one's experience precisely disclose the way in which the depressed individual is differently attuned to the world.

In this way, this thesis aims to expand on, revise, or challenge certain positions that have been offered within the literature in regard to the understanding of particular phenomenological notions which arise within the experience. In examining the notions of unhomelikeness, mood, possibilities, and attunement not as individual notions but as interdependent ones, this thesis aims to offer a unique and multidimensional approach to the study of the experience of depression.

Furthermore, besides exploring how the aforementioned notions manifest with one another within the experience of depression, these notions are brought together in order to bring into light and subsequently examine an underexplored, yet core, I argue, aspect of the experience of depression - that is, the depressed individual experiencing the world as a spectator. In particular, I suggest, as the individual experiences the world as unhomelike and as being differently attuned to it, they find themselves physically within the world but they are restricted at spectating toward other people actualising the possibilities the world offers, while being unable to do so themselves. Therefore, what this thesis aims to contribute to the phenomenological study of experiences of depression concerns not only an examination of the synthesis between the notions of unhomelikeness, mood, possibilities, and attunement, but additionally a novel aspect of the experience of depression that this synthesis reveals - namely, the spectatorial aspect of depression experiences.

Thesis outline

In this section, I provide an outline of each of the five chapters of this thesis. This is done in order to provide a concise narrative flow of the main positions of this thesis and guide the reader through its key arguments and ideas.

In **Chapter 1**, I introduce certain key aspects of the phenomenological framework based on which I will examine and analyse first-person accounts of depression throughout this thesis. I begin by presenting particular concepts within the work of the founder of phenomenology, Edmund Husserl, starting with the concept of the epoché. In our ordinary experience of the world, Husserl says, we experience the world through the "natural attitude" (*Ideas I* 56). The natural attitude expresses our everyday and unreflective mode of interacting with the world, which is characterised by the absence of questioning the assumptions that ordinarily underlie our world-experience. In order to break free from the natural attitude, Husserl says, as phenomenologists "we must go back to the 'things themselves'" (*Wir wollen auf die 'Sachen selbst' zurückgehen*; *LI* 168). That is, we must set aside any kinds of biases and prejudices that we have about the world, as these obstruct us from having a pure experience of the world.

However, Husserl's suggestion that it is necessary to perform the epoché in order to attain a pure experience of the world has been criticised by other prominent phenomenologists, such as Hans-Georg Gadamer and Maurice Merleau-Ponty. In particular, Gadamer thought that biases and prejudices should not be vilified or set aside in order to attain a pure experience of the world. Instead, Gadamer argues, biases and prejudices are precisely the means through which we can attain a pure experience of the world. In addition, Merleau-Ponty not only thought that biases and prejudices are unproblematic, but his critique focused on the concept of the epoché as a whole as he suggested that it is impossible to perform the epoché. According to Merleau-Ponty, our existence in the world is inherently intertwined with our embodied engagement with the world. As such, Merleau-Ponty suggests that having a pure experience of the world necessitates our engagement with the world rather than distancing ourselves from the world. In this manner, a pure experience of the world necessitates that we embrace and utilise the various biases and prejudices that we experience in the world rather than distancing ourselves from the world.

In this chapter, I additionally provide an introduction to some of the key tenets of Martin Heidegger's phenomenological work. In particular, I emphasise Heidegger's focus on understanding Being through the practical and historical dimensions of human existence. In his work, Heidegger highlighted that our world-experience is shaped by our own practical interests, projects, and motivations in the world. In this regard, the endeavour of phenomenology to unveil the essence of our being-in-the-world by examining specific types of experiences necessitates an exploration of how the individual is situated in the world. In addition, within this context, Heidegger emphasised that the way in which an individual is situated in the world inherently includes the presence of other people.

Provided that the conception of the world as an essentially intersubjective world underpins phenomenological thought, and provided that this thesis is a phenomenological study of interpersonal relationships within the context of depression experiences, in this chapter I proceed by examining how phenomenologists have conceptualised the intersubjective constitution of the world. For instance, I expand on Husserl's idea that the Other, as a subject who transcends my own subjective experience of the world, confirms to me that I exist in an 'objective' world which I share and experience *with* other people. I also introduce core notions within Heidegger's work on intersubjectivity. Additionally, as Heidegger emphasises, to be-*in* the world already means to be-*with* other people in a common world; in his words, "the world is always the one that I share with Others" (*BT* 155/118). At this point, I make sure to note certain points of contention between Husserl and Heidegger on intersubjectivity; more precisely, between Husserl's claim that my experience of the world as an intersubjective world is something which is primarily rooted in my own subjectivity and which I come to realise after being 'thrown' into the world, and Heidegger's claim that the world is always already the one that I share with other people. In light of this disagreement, I expand on Heidegger's, and later Merleau-Ponty's, idea that our world-experience always already reveals the presence of other people in the world, and hence the fact that our being-in-the-world historically, culturally, and socially manifests as a being-with-others.

Finally, having introduced certain core concepts that underlie the phenomenological tradition, I proceed by discussing how phenomenology can be integrated into psychopathological and psychiatric thought and practice. This will enable us to attain a better grasp of the subsequent phenomenological interpretation of experiences of depression that will follow in this thesis. Through the work of psychiatrists Karl Jaspers, Ludwig Binswanger, and Eugène Minkowski,

who introduced and substantially developed the field of phenomenological psychopathology, I discuss the significance of incorporating the patient's subjective experiences within psychiatric diagnosis, as well as treatment and therapy. By 'subjective experience', we do not only mean the patient's description of their experience of the disorder, but we refer to an understanding of the patient's background, as well as of the situational context in which the patient's experiences arise. Doing so may require the practical application of certain phenomenological concepts, such as the epoché, which can enable the psychiatrist to set aside any biases or prejudices they might have about the patient's background, their experience of the disorder, or the context within which the experience manifests, in order to be able to pursue a more nuanced and thorough exploration of the patient's subjective experience.

In **Chapter 2**, I introduce and critically examine the prevailing psychiatric understanding of depression as presented in the 5th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5; APA, 2013). In examining the diagnostic criteria for MDD, I discuss certain issues that arise within these diagnostic criteria, as well as within the portrayal of depressive disorders more widely. More specifically, I discuss certain issues that arise in regard to the inclusion of "depressed mood" (p. 160) as a necessary component of MDD diagnosis.[4] I claim that such a brief and superficial term cannot capture the multiplicity and complexity of ways in which mood manifests in experiences of depression, which can vary greatly amongst different individuals. In addition, I suggest that the inclusion of 'depressed mood' as a component of the experience of depression leads to circularity, as MDD is taken to be constituted by a term that is itself part of the phenomenon being described. Consequently, a complex and multifaceted experience such as 'depressed mood' is reduced to a response in the affirmative or in the negative by the patient, hence overlooking the various biological, psychological, cultural, or environmental factors which shape one's depressed mood. In these terms, by incorporating the individual's subjective experience within the diagnostic process, the psychiatrist will be able to understand the different intricacies and nuances that characterise how 'depressed mood' is experienced by the individual.

Furthermore, I identify some additional issues with DSM-5's depiction of certain symptoms. For example, DSM-5 authors suggest that the symptom described as "psychomotor agitation or retardation" (p. 161) denotes cases in which the patient reports that "even the smallest

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[4] As will be outlined in Chapter 2, either "depressed mood" or "markedly diminished interest or pleasure in all, or almost all, activities" must be present in order for an individual to be diagnosed with Major Depressive Disorder.

tasks seem to require substantial effort" (pp. 163-164). However, as illustrated in first-person depression accounts, psychomotor changes in one's experience do not only make it difficult for the patient to carry out certain activities but also, in other cases, such changes are so vivid and pervasive that make it virtually impossible for one to carry out certain activities. As a consequence, omitting to incorporate the richness and complexity of subjective experiences of depression within diagnosis, results in overlooking key experiential aspects of particular symptoms.

In this chapter, in addition to examining how certain experiential aspects of depression are misrepresented or overlooked, I also discuss the implications of omitting key experiential aspects of depression experiences in their entirety. For instance, an analysis of first-person depression accounts demonstrates that feelings of depersonalization/derealization as well as intersubjective and spatiotemporal disruptions arise very often in one's experience of the world. However, these key aspects remain absent from the DSM-5 diagnostic criteria. Consequently, as I discuss, such omissions have negative implications for diagnosis, therapy, treatment, and teaching concerning depression.

Finally, in this chapter, in taking into consideration both the psychiatric and the phenomenological understanding of experiences of depression, I make a key clarification before proceeding with my examination of first-person depression accounts in the following chapters. In particular, I note that whereas throughout this thesis I occasionally refer to '*the* experience of depression' and to '*the* depressed individual' this should not be taken to indicate that depression is a disorder which manifests in a particular way or that only certain kinds of individuals can experience depression. As noted, depression can manifest in various ways in an individual's experience, depending on a multitude of factors, such as biological, cultural, societal, historical, or environmental. Nevertheless, I suggest that although there is no single way in which depression can be experienced, there are particular experiential features that arise more often than others, and can thus be regarded as core features of the experience of depression. These include features such as anhedonia, which is a core aspect of the DSM-5 diagnostic criteria, but also include disruptions to an individual's interpersonal relationships which, as noted, very often arise in first-person depression accounts but are absent from the DSM-5 diagnostic criteria. Hence, I emphasise again that a phenomenological examination of first-person depression accounts can reveal the various

ways in which depression can be experienced by different individuals, and thus lead to an improved understanding of the various nuances that constitute the experience.

In **Chapter 3**, I begin my exploration of disruptions that take place in one's interpersonal relationships in experiences of depression. In doing so, I identify particular key characteristics that arise within one's experience of depression, which I proceed to phenomenologically examine. More specifically, in this chapter I explore the profound sense of unhomelikeness or 'living in another world' that the depressed individual experiences, which is an aspect of the experience which frequently arises in first-person accounts of depression. Subsequently, I examine the implications of the sense of unhomelikeness to one's interpersonal relationships, as denoting the immense difficulty or impossibility of finding the words to fully describe such a fundamentally distinct way of being-in-the-world and successfully communicating it to other people.

In these terms, I explore the feeling of unhomelikeness in depression experiences through the concept of "The Uncanny" (*Das Unheimliche*) as developed by Ernst Jentsch (1997/1906) and Sigmund Freud (2023/1919). In particular, Jentsch and Freud suggest that there is an uncanny feeling that arises when there is an interplay between the homelike (*heimlich*) and the unhomelike (*unheimlich*) in one's world-experience. In this regard, I suggest that feelings of unhomelikeness that frequently arise in experiences of depression manifest along with what used to be experienced as homelike, giving rise to an uncanny feeling that pervades one's world-experience in its entirety.

Within this context, I continue by exploring and discussing Fredrik Svenaeus' work (e.g. 2013a, 2022a, 2022b) who developed a phenomenological account of how the sense of unhomelikeness in depression manifests through somatic disruptions in one's being-in-the-world. Svenaeus suggests that in illness the body is not experienced as a medium through which the individual can participate in the world, but instead acts as a barrier to one's participation in the world. Following the discussion on the somatic dimension of one's unhomelike being-in-the-world in illness, I expand on and develop Svenaeus' position to discuss the intersubjective dimension of one's feeling of unhomelikeness in experiences of depression.

In discussing the intersubjective dimension of unhomelikeness, I present first-person depression accounts which explicitly highlight the all-encompassing feeling of unhomelikeness in the individual's world-experience and the implications this has for their relationships with other people. Individuals consistently emphasise that the feeling of unhomelikeness in depression fundamentally differs from one's ordinary or habitual experience of the world, and that it is impossible to experience the world in the homelike way in which one experienced the world before the onset of depression. In effect, I discuss two implications of the profound and all-encompassing feeling of unhomelikeness in experiences of depression: One, depressed individuals report that the experience of depression cannot be articulated and communicated to other people in ordinary language; Two, they report that it is impossible for other people to understand what the experience of depression is like, unless they have experienced depression themselves.

In regard to the first implication, I present and discuss first-person depression accounts which report that the experience of depression is "beyond expression" (Styron, 2004, p. 5), "beyond description" (Wolpert, 1999, p. 1), or "noncommunicable" (Kristeva, 1980, p. 3). Furthermore, as some accounts emphasise (e.g. Wallace, 1984; Styron, 2004), not only is it the case that the experience of depression is reported as being indescribable, but this indescribability itself contributes to the exacerbation of the depressed individual's "terrible and unceasing emotional pain [and] horror" (Wallace, 1984, p. 57) that characterises the experience of depression. In regard to the second implication, I present and discuss first-person depression accounts which express the belief that it is impossible for other people to understand one's experience of depression. Individuals emphasise that the experience of depression involves such a fundamentally distinct way of being-in-the-world that only those who have experienced depression can truly know what it is like to be depressed.

In effect, I discuss why it is problematic that the depressed individual feels that the experience of depression is incommunicable to, and incomprehensible by, other people. I suggest that being able to effectively communicate one's experience and have it understood by other people can serve as a way to relieve the individual of the persistent feelings of unhomelikeness that arise in one's experience of depression. In these terms, I once again explicate the importance of incorporating phenomenology within the setting of depression diagnosis, therapy, and treatment, in order to bridge the gap that the depressed individual experiences between their and other people's (such as, one's therapist, family, or friends)

world-experience. In this regard, bridging this gap can facilitate a re-establishment of the depressed individual's feelings of connection to other people and of belonging in the world.

In **Chapter 4**, I explore the concepts of mood and attunement as they manifest in experiences of depression, through a Heideggerian framework. In doing so, I begin by introducing key concepts within Heidegger's account of mood and attunement. According to Heidegger, mood is core to our being-in-the-world as it is considered to be an *existentiale* of *Dasein* - that is, a fundamental structure of our being-in-the-world. As such, it discloses how one is situated in the world. In Heidegger's words, having a mood "makes manifest 'how one is, and how one is faring'" (*BT* 173/134). Hence, having a mood reveals one's "openness to the world" (*BT* 176/137) which is "constituted existentially by the attunement of a state-of-mind" (ibid.). In these terms, following Heidegger, the particular mood we are in at any moment - whichever that might be - precisely reveals our attunement to the world.

Through a Heideggerian framework, I proceed by examining reports of anhedonia in first-person depression accounts which emphasise the loss of certain moods from one's experience, most notably pleasure and happiness. For example, individuals emphasise that depression involves a profound "absence of feeling" (Thompson, 1995, p. 259), a "frightening...lack of feeling" (Smith & Nairne, 1984, p. 18) or the sense that "you can't get any pleasure or satisfaction from something" (Karp, 1996, p. 32). In discussing such statements, I explore the connection between the diminishing or loss of certain moods and the implications this has for the depressed individual's sense of attunement to other people and to the world. In doing so, I critically approach and challenge certain claims within the literature which have defended the view that "[the depressed individuals'] ability to sense feelings and atmospheres is totally lost [as they] are no more capable of being moved, addressed and affected by things or persons" (Fuchs, 2005, p. 111), or that depression involves "an erosion of the category of moods as a whole" (Fernandez, 2014, p. 20) as well as "a diminished capacity for finding ourselves situated in and attuned to the world at all" (Fernandez, 2016, p. 6).

In response to these claims, I suggest that, when examining reports of anhedonia in first-person depression accounts, we must take into consideration the following: whereas first-person depression accounts emphasise the diminishing or loss of certain kinds of moods (such as pleasure and happiness) from one's experience, they also report that other kinds of

moods (such as anxiety and guilt) become even more emphasised. In these terms, I argue, the moods which are more profound in experiences of depression precisely disclose the way in which one is attuned to the world. Within the Heideggerian framework of this chapter, having a mood is essential in order to *be* in the world in the first place; in other words, there is no way in which one can be a non-mooded *Dasein* in the world.

Even the absence of certain kinds of mood, I proceed to claim, is phenomenologically significant in disclosing one's attunement to the world. What provides support for the claim that the depressed individual does not experience a complete loss of attunement is that, as first-person depression accounts highlight, the depressed individual remains able to mutually attune to the world-experience of other depressed individuals. As individuals report, there is a profound and positive transformation in one's sense of belonging in the world when they encounter and interact with other depressed individuals. This mutual attunement with other depressed individuals, I suggest, lies in the feeling of mutual understanding, and in the feeling that the depressed individual finds that their world-experience is represented in another individual's world-experience.

In effect, I discuss some wider phenomenological implications arising from the claim that other people can imbue one with a sense of connection to others and of belonging in the world. In particular, I suggest that the presence of the other in my world can imbue my world with new kinds of possibilities, significance, and meaning. In this regard, I claim that the appearance of the other person in my world does not serve as a "drain hole" (BN 256) in my world, as Sartre claims, but can also enrich my world. In this regard, it might be that, as certain first-person depression accounts highlight, one experiences a significant degree of alienation, isolation, and detachment from other people, but the fact that particular others - that is, other depressed individuals - are people with whom one can mutually attune their world-experience, demonstrates that even in depression one's feelings of belongingness in the world can be re-instilled.

In these terms, I argue, the kinds of moods which emerge and are more profound in experiences of depression, as well as the ability of the depressed individual to connect with other depressed individuals, demonstrate that the depressed individual, as a mooded being, remains attuned to other people and to the world in distinct ways.

In **Chapter 5**, I consider certain features that arise in first-person accounts of depression, concerning the language depressed individuals use to express their experience. As outlined above, in Chapter 3 I explore the experience of depression as being often characterised by a profound and all-encompassing sense of unhomelikeness, which expresses the individual's isolation from other people and from the world. As such, depressed individuals report that the experience of depression is indescribable to, and incomprehensible by, other people. Furthermore, in Chapter 4 I suggest that the diminishing or loss of certain kinds of moods, and the emergence of other kinds of moods in one's world-experience, can be conceptualised as a distinct way of being attuned to the world. In these terms, articulating and successfully communicating such a distinct way of being attuned to the world is taken to be a challenging task by depressed individuals. In response, in attempting to communicate such a fundamentally distinct experience to other people, depressed individuals resort to using metaphorical language.

In this chapter, I examine the nature of the metaphorical language which depressed individuals use to express their experience of the disorder. In particular, I present certain metaphors which depressed individuals use to express what the experience of depression is like. For example, individuals often refer to depression as a sense of being "imprisoned" (Styron, 2004, p. 49), "in a cage" (Karp, 1996, p. 29), "underwater" (Wallace, 1984, p. 28), "stuck inside a big thick bubble" (Dowrick & Martin, 2015, p. 13), "off on some other planet" (Lewis, 1996, p. 323), or as "a kind of exile into a foreign territory" (Thompson, 1995, p. 44). In evaluating such reports, it is initially unclear which aspect(s) of the experience of depression individuals attempt to communicate by using these metaphors. In this regard, in order to understand what is reflected in these metaphors, I suggest that we explore what is common between them.

In light of this suggestion, I proceed by examining Dorothy Rowe's (1978) claim that what different first-person depression accounts have in common is that individuals describe their experience as akin to being "in solitary confinement" (p. 30). In evaluating this claim, I argue that the experience of depression significantly differs from the experience of being in solitary confinement. The purpose of starting by examining a claim which I argue does not accurately describe what different depression metaphors have in common is that it allows us to uncover the precise experiential features of depression which *are not* like being in solitary confinement, and hence make it clearer which the experiential features of depression *are*.

For instance, an experiential feature of depression which distinguishes it from the experience of being in solitary confinement, is that in depression the individual can find themselves physically amongst other people in a shared world. As such, the depressed individual might seemingly live an ordinary life, engage in particular activities with other people, and physically exist within society. In this respect, feelings of alienation, isolation, and detachment arise not when one is physically secluded from society but when one finds oneself within society. In fact, as I argue, the feeling of being physically amongst other people and at the same time feeling unable to connect with them is a feature of the experience of depression which highlights and further exacerbates the feelings of isolation from other people and the lack of belonging in the world.

In this regard, I propose that a term which can help us understand what different depression metaphors have in common is the feeling of being a spectator in the world. This describes the experience of the depressed individual as spectating toward other people who actively participate in the world while feeling incapable of participating in the world herself. In these terms, while experiencing the world as unhomelike or as being attuned to the world in a different way, the depressed individual spectates toward other people who seem to experience the world as homelike or attune to it in a homelike manner. In effect, this expresses a profound sense of 'not being like others' in one's world-experience.

Within the context of the spectatorial account of the experience of depression, I introduce a distinction which explicates the depressed individual's experience of spectating toward other people participating in the world while she cannot participate in the world herself. In particular, I introduce the distinction between possibilities-for-others and possibilities-for-me. This distinction highlights the awareness of the existence of worldly possibilities in the world, but only as possibilities which are available to other people to actualise (i.e. as possibilities-for-others) and not by the depressed individual (i.e. not as possibilities-for-me).

Finally, I discuss how it is possible for the depressed individual to acknowledge the existence of certain possibilities in the world which she cannot actualise herself. In doing so, I refer to Merleau-Ponty's distinction between what is "manipulable for one" (*PP* 95) and what is "manipulable for me" (ibid.). By discussing somatic disruptions in one's being-in-the-world in reference to the phantom limb syndrome, Merleau-Ponty suggests that what makes it possible for sensations such as pain to arise on a removed limb is the fact that the individual

had habitually engaged with the world using the (now removed) limb. In these terms, the individual is aware of what is available in the world as 'manipulable for one' and at the same time experiences the practical impossibility of carrying out actions involving certain objects, hence not experiencing those objects as 'manipulable for me'. In a similar manner, first-person depression accounts demonstrate that depressed individuals are aware of the range of possibilities that exist in the world, but are limited to spectating toward other people actualising those possibilities while feeling that they cannot actualise those possibilities themselves.

CHAPTER 1

PHENOMENOLOGY AND INTERSUBJECTIVITY

Throughout this thesis, I examine first-person experiences of depression by exploring and developing concepts introduced by phenomenologists such as Edmund Husserl, Martin Heidegger, Maurice Merleau-Ponty, and Jean-Paul Sartre. In doing so, I deem it necessary to start by introducing certain key ideas within the phenomenological tradition in order to highlight what a phenomenological study of first-person experience entails. In this chapter, I begin by introducing certain fundamental tenets of the philosophy of Edmund Husserl. In his work, Husserl, by introducing and developing the concept of the epoché, argued that phenomenology can aid us uncover our experience of the world in its purest form, free from biases and prejudices. I proceed by presenting certain points of contention within phenomenology, particularly via Heidegger's response to Husserl's phenomenological account. This will be done in order to demonstrate the significance of understanding our being-in-the-world by engaging with the world through our own practical concerns and motivations, and not by detaching ourselves from the world. Additionally, as this thesis is a phenomenological study of interpersonal relationships in experiences of depression, it is also crucial to understand how phenomenology conceptualises our ordinary experience of the world as an intersubjective world that we inhabit with other subjects (i.e. other human beings). Finally, I explore how phenomenology is applied to the understanding and interpretation of mental disorders within the context of phenomenological psychopathology. In doing so, I explore the contributions of prominent phenomenological psychopathologists such as Karl Jaspers, Ludwig Binswanger, and Eugène Minkowski, who propagated prioritising human experience as key to achieving a comprehensive and nuanced understanding of mental disorders. In sum, this chapter is aimed at establishing the phenomenological groundwork upon which a thorough analysis of first-person depression experiences will be conducted throughout this thesis.

1.1. What is phenomenology?

Phenomenology explores the somatic, spatiotemporal, intersubjective, cultural, and sociohistorical, dimensions of one's existence in the world through the analysis of subjective experience. Life being experienced as gaining or losing meaning, time being experienced as slowing down or speeding up, or space being experienced as narrowing or expanding, are just

a few of the features of one's world-experience which can be studied phenomenologically. Importantly, phenomenology focuses on the study of human experience without making any assumptions about the metaphysical nature of a particular experience or its underlying causes. As Dermot Moran (2000) explains in his book *Introduction to Phenomenology*,

> Phenomenology is best understood as a radical, anti-traditional style of philosophising, which emphasises the attempt to get to the truth of matters, to describe phenomena, in the broadest sense as whatever appears in the manner in which it appears, that is as it manifests itself to consciousness, to the experiencer. As such, phenomenology's first step is to seek to avoid all misconstructions and impositions placed on experience in advance, whether these are drawn from religious or cultural traditions, from everyday common sense, or, indeed, from science itself. (p. 4)

In these terms, the phenomena which are studied by phenomenology refer to the content of one's consciousness at any given moment. In studying the phenomena of consciousness, Moran adds, phenomenology seeks to "reinvigorate philosophy by returning it to the life of the living human subject" (p. 5), hence placing human experience is put at the forefront of the phenomenologist's project.

According to the founder of phenomenology, Edmund Husserl, in understanding human experience by focusing on the 'living human subject', the first step of phenomenology involves the setting aside of any preconceptions, biases, or impositions on human experience which may impair one's understanding of the phenomenon under investigation. This approach was first introduced and developed by Husserl (1970/1900) in the *Logical Investigations* where Husserl famously exclaimed that, as phenomenologists, "we must go back to the 'things themselves'" (*Wir wollen auf die 'Sachen selbst' zurückgehen*; *LI* 168). That is, we must explore how things are presented in our pure experience of the world, free from any biases or prejudices. In the *Crisis of European Sciences and Transcendental Phenomenology*, guided by the maxim that "we must go back to the things themselves", Husserl (1970/1936) formulates the task of phenomenology as follows: "to take the conscious life, completely without prejudice, just as what it quite immediately gives itself, as itself, to be" (*Crisis* 233). Martin Heidegger, in *Being and Time*, expresses the task of phenomenology in a similar way: "to let that which shows itself be seen from itself in the very way in which it shows itself from itself" (*BT* 58). In these terms, phenomenology endeavours to explore

phenomena with an impartial and prejudice-free approach, aiming to apprehend precisely what manifests within one's lived experience.

1.1.1. Edmund Husserl and the epoché

According to Husserl (e.g. 2006/1910-11, 1970/1900, 1970/1936), humans live our lives with the assumption that the world is exactly as it appears in our consciousness at any given time. In this regard, Husserl says, we assert that our experience of the world is a product - more precisely, an "achievement" (*Leistung*; *EJ* 13) - of a particular attitude toward the world: the natural attitude. In Husserl's terms, (2006/1910-11),[5] the natural attitude is "the attitude of experience" (p. 10-11) which is "prior to all the inferential, let alone scientific, thinking…as much as it is exclusively that of the animals and pre-scientific man" (ibid.). As such, the natural attitude describes our ordinary, unreflective, and undisputed interaction with the world around us in our everyday lives. In these terms, what Husserl considers the most natural standpoint upon life is what Husserl calls "the general thesis [*Generalthesis*] of the natural attitude" (*Ideas I* 56). In Husserl's view, the *Generalthesis* encompasses the universal 'affirmation' of the world and all its contents as objectively existing and expresses a perspective which remains undeterred by skepticism or questioning attitudes. As Husserl elaborates,

> No doubt about or rejection of data belonging to the natural world alters in any respect *the general positing which characterizes the natural standpoint*. (*Ideas I* § 30 p. 57)

As Mall (1973) further explains it,

> [the general thesis] is…posited by the natural standpoint. We as human beings in the world find ourselves continually present and standing over against us the one spatiotemporal fact-world. This world I am aware of is for me "simply there". It is an endless world, spread out not only in time, but also in space. Not only things and beings, but even we ourselves belong to it…This factworld is not confined only to the facts of the world, but it includes with the same immediacy the world of values, of goods and of practical ends. (p. 29)

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[5] Husserl's reference to the natural attitude first appeared in The Basic Problems of Phenomenology (*Grundprobleme der Phänomenologie*) lectures and in Philosophy as a Rigorous Science (*Philosophie als strenge Wissenschaft*) lectures in 1910-11 and was first introduced in print in *Ideas I* in 1923.

Hence, the natural attitude, following Husserl, expresses our everyday, unreflective mode of perceiving and interacting with the world. For instance, within the natural attitude, we make a number of assumptions about the world, for instance about the nature of objects in the surrounding environment, or in regard to the 'truth' or 'validity' of certain cultural practices and societal norms which we follow unquestioningly. The problem with the natural attitude, Husserl thought, is that it is "seduced by the spirit of unquestioning ('naïve') acceptance of the world" (*Ideas I* 129) which hinders us from adopting a truly philosophical and transcendental attitude toward the world and hence a pure experience of it.

In order to achieve a pure experience of the world, Husserl thought, we must perform the epoché, also known as phenomenological bracketing or transcendental reduction. The epoché describes the suspension of our beliefs, biases, and prejudices within the natural attitude, and more specifically of what "blocks the way to the phenomena" (Taminiaux, 2004, p. 9), in order to facilitate a pure understanding of our experience of the world.[6] In this effect, for Husserl, 'going back to the things themselves' means to "consult them [i.e. things] in their self-givenness and to set aside all prejudices alien to them" (*Ideas I* 35). In this sense, Husserl adds, we should strive to adopt the attitude of "a nonparticipating spectator, surveyor of the world" (*Crisis* 285) which essentially calls us to adopt a preeminently philosophical attitude toward the world. As he puts it in full,

> [in the transcendental attitude] man becomes gripped by the passion of a world-view [*Weltbetrachtung*] and world-knowledge that turns away from all practical interests and, within the closed sphere of its cognitive activity, in the times devoted to it, strives for and achieves nothing but pure theoria. In other words, man becomes a non-participating spectator, surveyor of the world; he becomes a philosopher. (*Crisis* 285)

According to Husserl, the discovery of philosophy itself enabled a "breakthrough" (*Durchbruch*; *Crisis* 285) into the transcendental attitude of the 'nonparticipating spectator'. In effect, by becoming "a nonparticipating spectator, surveyor of the world" (ibid.), we place

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[6] It has been suggested that the practice of employing the epoché extends beyond the confines of phenomenology and can find application in fields such as psychology and the sciences more generally (e.g. Giorgi, 1994, 2012; van Manen 2014). In particular, Giorgi (1994) says, "scientists are also human beings in the everyday world and they carry their prejudices, hopes, and ambitions with them even when they begin to assume ascientific roles or attitudes. Thus, in order to be sure that such wishes or ambitions are not projected onto scientific findings, phenomenologists recommend the use of the reduction…in which such hopes and dreams may be temporarily disengaged so that the phenomena can manifest themselves "as they are" to the temporarily "disinterested" human subject who is the researcher (p. 205). In this effect, Giorgi (2012) adds, the researcher can employ the epoché and become as neutral as possible in order to reach valuable findings by "[resisting] from positing as existing whatever object or state of affairs is present to her" (p. 4).

ourselves in a position which allows us to examine our experience of the world, free of prejudices and biases. As Moran (2020) explains,

> The disinterested spectator[7] stance only becomes possible when the transcendental *epoché* has been performed to be free of practical engagements and interests and is in a position to understand the natural attitude precisely as an *attitude* or stance. The disinterested spectator, in its transcendental version, according to Husserl, has broken free of the bewitchment or entrancement of the natural attitude which is permeated by what Husserl calls an unexamined or naïve belief in the actual existence and reality of the world precisely in the manner in which it is given in straightforward natural experience. The uninterested or disinterested spectator or observer no longer is captivated by the fundamental belief in the world or the general thesis of the natural attitude. (pp. 36-37)

In this regard, Moran (2019) adds, for Husserl, our stance within the natural attitude "fails to recognize its own nature as an *attitude* (*Einstellung*)" (p. 313) - that is, we fail to recognise that the natural attitude is simply one subjective viewpoint amongst other subjective viewpoints in the world. In effect, Husserl utilises the term "transcendental attitude" (*Ideas I* 95) to express our capability as humans to conceptualise and adopt different attitudes toward the world. Within the transcendental attitude, our experience is not merely directed outwards toward an 'objective' world, but also inwards as a form of self-awareness that recognizes itself as the source of all experience. In this sense, Husserl calls for an exploration of consciousness which is free from biases and prejudices, aiming to reveal the pure structures of experience. The transcendental attitude allows for a thorough examination of the phenomena of consciousness themselves, leading to insights into the nature of perception, cognition, and consciousness. In this regard, following Husserl, the natural attitude always "presupposes the realm of transcendental being" (*CM* 21) and as such it is secondary to the transcendental attitude. In these terms, following Husserl, what we achieve by adopting the transcendental attitude is not a naïve acceptance of how the world appears in consciousness as "an obvious matter of fact" (*CM* 18) but instead as "an acceptance-phenomenon" (ibid.). In adopting the transcendental attitude, then, we avoid committing ourselves to "every believing involved in or founded on sensuous experiencing" (*CM* 19), in which Husserl also includes scientific ideas.

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[7] As Moran (2020) points out, Husserl expressed the notion of the 'nonparticipating spectator' in various ways, such as "'disinterested spectator' (*uninteressierter Zuschauer*, Husserl, 1970, §69), 'non-participating spectator' (*unbeteiligter Zuschauer*, Husserl 1954: 331; Husserl 1968: 314), 'pure theoretical spectator' (*Rein theoretische Zuschauer*, Husserl 1954: 346), 'sheer transcendental spectator' (*bloss transzendentaler Zuschauer*, Hua IX 341), and 'uninterested onlooker' (*uninteressierten Erschauer*, Husserl 1991: 103)" (p. 35).

According to Husserl, scientific thinking is itself not free from prejudices and biases and hence does not provide us with a pure understanding of the world. As he puts it, "each of the results of science has its foundation of sense in this immediate experience and its corresponding world and refers back to it" (*EJ* 45). Scientific thinking, Husserl thinks, prioritises the existence of a world 'out there' which is asserted to exist in an objective manner and independently of experience. Husserl traces this kind of thinking that prioritises an objective world 'out there' over subjective experience to Galileo. As Husserl puts it,

> The mathematization of nature, prepared for by the creation of Euclidean geometry with its ideal forms and, since Galileo, become exemplary for the investigation of nature in general, has become so much a matter of course that, already in its Galilean conception, the exact world was from the first substituted for the world of our experience, and men entirely neglected to question the original sense-bestowing activities by means of which the exact space of geometry developed from the space of intuition. (*EJ* 44)

To claim the opposite (i.e. that experience is founded in the results of science), Husserl says, ignores the very process through which scientific theories are introduced and developed - that is, through sense-experience. As he states,

> The world of our experience is from the beginning interpreted by recourse as an "idealization" - but it is no longer seen that this idealization, which leads to the exact space of geometry, to the exact time of physics, to exact causal laws, and which makes us see the world of our experience as being thus determined in itself, is itself the result of a function of cognitive methods, a result based on the data of our immediate experience. (*EJ* 43)

The products of science, then, as Husserl emphasises, do not point toward an objective interpretation of a world which is identical for all experiencing subjects. Instead, the products of science are secondary to what primarily becomes apparent through subjective experience. As Husserl states elsewhere, "every sort of existent itself, real or ideal, becomes understandable as a "product" of transcendental subjectivity" (*CM* 85). According to Husserl, transcendental subjectivity refers to the subjective dimension of experience and to the process through which the world is given meaning and significance through the subject's intentional acts, such as perception, imagination, memory, and intentionality. In this regard, Husserl emphasises, "the essential rootedness of any objective world [is] in transcendental

subjectivity" (*CM* 137). It is only then, in transcendental subjectivity, that the world becomes intelligible as it is able to be examined through subjective experience.

In these terms, according to Husserl, in order to adopt the transcendental attitude and achieve a pure experience of the world, one must "*exclude all sciences relating to this natural world no matter how firmly they stand there for me, no matter how much I admire them, no matter how little I think of making even the least objection to them*" (*Ideas I* 61/56-57). Therefore, Husserl claims, by putting aside any biases and prejudices we hold about the world, we can observe phenomena precisely as they manifest in our consciousness, free from the distorting (as Husserl claims them to be) effects of those biases and prejudices.

At this point, it is important to note that by suggesting that we should be 'excluding all sciences relating to the natural world', Husserl is not advocating a denial of the existence of the world that can be scientifically investigated. In other words, he does not reject the idea that there is a tangible, external world which is observable and which can be studied by science. As Husserl emphasises,

> If I do that [i.e. the phenomenological bracketing], as I can with complete freedom, then I am *not negating* this "world" as though I were a sophist; I am *not doubting its factual being* as though I were a skeptic; rather I am exercising the "phenomenological" ἐποχή [epoché] which also *completely shuts me off from any judgment about spatiotemporal factual being*. (*Ideas I* 61)

In fact, Husserl recognises both the limits of what can be studied by science and what can be studied through subjective experience. However, as Husserl claims, "experience in its immediacy knows neither exact space nor objective time and causality" (*EJ* 43). In this respect, Husserl wishes to clarify the domain of scientific enquiry and the domain of the phenomenological project. Hence, what Husserl wishes to advance by his claim that we should be 'excluding all sciences relating to the natural world' is that our understanding of worldly objects can only take place through subjective experience, and that the products of science are themselves rooted in subjective experience. As Husserl elaborates in regard to the distinction between what can be studied scientifically and what can be studied phenomenologically,

> The *tree simpliciter*, the physical thing belonging to Nature, is nothing less than this *perceived tree as perceived* which, as perceptual sense, inseparably belongs to the perception. The tree simpliciter can burn up, be resolved into its chemical elements, etc. But the sense—the sense of *this* perception, something belonging necessarily to its essence—cannot burn up; it has no chemical elements, no forces, no real properties. (*Ideas I* 216)

In this regard, Husserl distinguishes between the *tree simpliciter*, which refers to the physical object that exists in the natural world, and the *perceived tree,* which refers to the tree as it appears in consciousness. According to Husserl, the perceived tree includes not only the physical attributes of the tree but also the perceptual experience of the tree. In particular, he emphasises that whereas the *tree simpliciter* may undergo particular changes such as burning, the subjective experience of the tree cannot be reduced to or explained by the scientific analysis of the tree. In this regard, Husserl suggests that understanding the essence of objects requires considering not only their physical attributes but also the subjective meanings and experiences associated with them.

In these terms, Husserl suggests, our understanding of the world is not exhausted by the scientific description of the world, and scientific theories are not the starting point through which we can attain a pure experience of the world. Instead, this manifests the other way round: we start from experience and examine how the world is given to us in consciousness in order to understand the world. In doing so, Husserl adds, we can successfully perform the epoché only by attempting to "return to experience before such objectifications and idealisations" (*EJ* 44-45) - that is, before we take any kind of scientific objectification of the world for granted.

In effect, by setting aside certain assumptions pertaining to the sciences during our phenomenological investigation, we can achieve a pure examination of the phenomena as they appear in our consciousness. In this regard, the phenomenological investigation reveals the world of experiencing subjects, which includes oneself, and at the same time a world that "exists in itself, over against all experiencing subjects and their world phenomena" (*CM* 91).

However, Husserl's position that the bracketing of our biases and prejudices is necessary in order to achieve a pure experience of the world is not a position that is embraced by all phenomenologists. In what follows, I will outline two responses to Husserl's concept of the

epoché by Hans-Georg Gadamer and Maurice Merleau-Ponty, and subsequently delve into a more detailed discussion of Martin Heidegger's phenomenology.

1.1.2. Two critical responses to Husserl's epoché

In his works *Philosophical Hermeneutics* (2008/1976) and *Truth and Method* (2013/1960), Hans-Georg Gadamer argued that prejudices are not to be considered as flawed forms of judgement; instead, they are integral to achieving a pure experience of the world. As he writes, prejudices are "simply conditions whereby we experience something — whereby what we encounter says something to us" (p. 9). For Gadamer, prejudices are fundamental to our being-in-the-world as they "constitute the initial directedness of our whole ability to experience" (ibid.) and thus function as "biases of our openness to the world" (ibid.). In this sense, prejudices do not constrict but, rather, expand our access to the world. As such, according to Gadamer, prejudices should neither be dismissed nor vilified, but should be embraced and applied as the means of understanding what constitutes our being-in-the-world.

Further criticism of Husserl's concept of the epoché is targeted not only at Husserl's claim that prejudices can only hinder our attempt to have a pure experience of the world, but also at the concept of the epoché as a whole. As Merleau-Ponty famously put it in the Preface to the *Phenomenology of Perception*, "[t]he most important lesson which the reduction teaches us is the impossibility of a complete reduction" (*PP* xv). In particular, Merleau-Ponty argues that the epoché creates a false dichotomy between subjective experience and the external world in which it is suggested that the subject can adopt a spectatorial attitude toward the world. Instead, in introducing the concept of the 'intentional arc', Merleau-Ponty suggests that in order to have a pure understanding of our world-experience we cannot become what Husserl calls a "nonparticipant spectator, surveyor of the world" (*Crisis* 285) - that is, we cannot completely detach ourselves from the world and observe it. Instead, achieving a pure understanding of our world-experience arises through our embodied *engagement* with the world. In these terms, Merleau-Ponty's claim that it is impossible to perform the epoché is based on the fact that in doing so we would turn into spectators, and not embrace our nature as embodied beings-in-the-world.

Therefore, Merleau-Ponty says, what the epoché reveals to us is that the world "is always 'already there'" (*PP* vii) and he emphasises that this is something we acknowledge "*before*

reflection begins" (ibid.; emphasis mine). In this regard, following Merleau-Ponty, a "break with our familiar acceptance of [the world]" (*PP* xv) - that is, performing the epoché - reveals "nothing but the unmotivated upsurge of the world" (ibid.). In contrast to Husserl's claim that the epoché allows us to encounter a world of pure phenomena, Merlau-Ponty's reference to 'the unmotivated upsurge of the world' suggests that in performing the epoché what we find is a world which does not seem to be structured by any pre-established notions, such as biases and prejudices. Instead, the world presents itself to us in a more spontaneous, unfiltered, and unmediated manner. Hence, Merleau-Ponty suggests, the bracketing of our biases, prejudices, and preconceptions about the world will not lead to a purified realm of phenomena in our experience of the world, but will reveal the world as it emerges to our consciousness *with* (rather than without) all its intricacies, including all its biases and prejudices. What Husserl's account misses then, according to Merleau-Ponty, is the embodied nature of human existence and the inherent intertwining of subject and object which makes the epoché not only undesirable, as Gadamer had suggested, but also impossible.

1.1.3. From Husserl to Heidegger

In his work, Martin Heidegger reinvigorated, revised, and also criticised key tenets of Husserl's phenomenology departing from key notions of Husserl's work such as the natural attitude, the epoché, and the transcendental ego. Nevertheless, as a student of Husserl, Martin Heidegger was undoubtedly influenced by Husserl in his own work. As Heidegger expresses it in the Introduction to *Being and Time*,

> The following investigation would [not] have been possible[8] if the ground had not been prepared by Edmund Husserl, with whose *Logischen Untersuchungen* [Logical Investigations] phenomenology first emerged. Our comments on the preliminary conception of phenomenology have shown that what is essential in it does not lie in its actuality as a philosophical movement. Higher than actuality stands possibility. We can understand phenomenology only by seizing upon it as a possibility. (*BT* 62–3/38)

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[8] In Macquarrie and Robinson's (1962) translation of *Sein und Zeit*, this sentence is translated as follows: "The following investigation would have have [*sic*] been possible if the ground had not been prepared by Edmund Husserl, with whose *Logische Untersuchungen* phenomenology first emerged" (p. 62). However, a look at the original text of *Sein und Zeit* reads "Die folgenden Untersuchungen sind nur möglich geworden auf dem Boden, den *E. Husserl* legt, mit dessen »Logischen Untersuchungen« die Phänomenologie zum Durchbruch kam" (p. 38) which translates to "The following investigations have only become possible on the grounds that *E. Husserl* laid, with his »Logical Investigations« through which phenomenology achieved a breakthrough". As such, an accurate translation of *Sein und Zeit*, being as close as possible to Macquarrie and Robinson's (1962) translation should read: "The following investigation would [*not*] have been possible if the ground had not been prepared by Edmund Husserl, with whose *Logischen Untersuchungen* [Logical Investigations] phenomenology first emerged", which is what I have included in the text.

In his work, Heidegger echoed Husserl's call to go "back to the things themselves" (see *BT* 50/28) which Heidegger expressed as follows,

> [The maxim "to the things themselves!"] is opposed to all free-floating constructions and accidental findings; it is opposed to taking over any conceptions which only seem to have been demonstrated; it is opposed to those pseudo-questions which parade themselves as 'problems', often for generations at a time. Yet this maxim, one may rejoin, is abundantly self-evident, and it expresses, moreover, the underlying principle of any scientific knowledge whatsoever. (*BT* 50/28)

Heidegger's phenomenological inquiries were primarily centred on the examination of lived experiences, with a particular emphasis on understanding the practical, historical, and temporal dimensions of human existence. Through this lens, Heidegger sought to uncover the underlying structures and meanings that underpin our encounters with the world, shedding light on the complex interplay between our practical engagements and the historical backdrop against which they unfold.

Interestingly, Heidegger did not think that the origins of phenomenology are to be traced to Husserl but back to the ancient Greeks, and more specifically Aristotle. As Heidegger puts it in *On Time and Being*,

> What occurs for the phenomenology of the acts of consciousness as the self-manifestation of phenomena is thought more originally by Aristotle and in all Greek thinking and existence as *aletheia* [truth], as the unconcealedness of what is present, its being revealed, its showing itself. (*OTB* 79)[9]

In these terms, for Heidegger the task of phenomenology can be understood through the etymology of the Greek word 'phenomenology'. As he points out, the word 'phenomenology' (φαινομενολογία) is comprised of the words 'phainomenon' (φαινόμενον) and 'logos' (λόγος). As Heidegger says, the word 'phainomenon', as derived from the Greek verb for 'to show oneself' (φαίνεσθαι/phainesthai), is "that which shows itself in itself, the manifest [*das*

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[9] It is worth noting that in Heidegger's 1962 talk *On Time and Being*, from which this quotation originates, Heidegger comes in direct confrontation with *Being and Time*. This confrontation Heidegger himself called 'the turn' (*die Kehre*). In *On Time and Being* Heidegger raised his doubts on the very notion of *Dasein* which he now claimed had too many metaphysical connotations. More specifically, he thought that *Dasein* carried too many subjective and anthropological assumptions, which were the very assumptions Heidegger had been striving to overcome throughout *Being and Time*.

Offenbare]" (*BT* 51/28). 'Logos', meaning 'word', 'thought', 'speech', 'reason', or 'ratio', is conceptualised by Heidegger as 'discourse' (*Rede*). As he puts it,

> *Λόγος* [Logos] as "discourse" means…to make manifest what one is 'talking about' in one's discourse…The *λόγος* lets something be seen (*φαίνεσθαι*), namely, what the discourse is about. (*BT* 56/32)

In this way, Heidegger aims to make human subjects active participants in their quest to reach *ἀλήθεια* (truth) by incorporating their own discourse - that is, their own motivations, projects, and interests - into their phenomenological inquiry. Notably. in agreement to Husserl, Heidegger also denied that 'discovering the truth' means simply discovering what is 'out there' in the world in some merely scientific, factual or objectivist sense. Instead, 'discovering the truth' means to discover the intricate meanings that could be hidden or concealed within the entity which is the object of phenomenological investigation. Although not making explicit mention of it, Heidegger here seems to utilise and develop a phenomenological concept introduced by Husserl; that is, the concept of an object's "mode of givenness" (*die Gegebenheitsweise*; *Ideas I* 66). As Husserl explains it, when encountering an object, we are limited in visually perceiving only a particular side of the object. Yet, at the same time, the object is present in consciousness in its entirety. As Husserl describes it,

> I see a thing, e.g. this box, but I do not see my sensations. I always see the one and the same box, however it may be turned and tilted. I have always the same content of consciousness. Very different contents are therefore experienced, though the same object is perceived. (*LI* 565-566)

In this regard, following Husserl, an object's perception in consciousness is not limited to a particular 'mode of givenness' through which it appears to the individual, but it transcends that. Heidegger extends the notion of an object's 'mode of givenness' to suggest that the 'mode of givenness' of an object is inherently tied to our interests and worldly projects. To illustrate this idea, Heidegger introduces the notions of "ready-to-hand" (*zuhanden*; *BT* 82) and "present-at-hand" (*vorhanden*; ibid.). An object as 'ready-to-hand' expresses how it is experienced by us based on our everyday practical engagement with the world. In this regard, when an object becomes seamlessly integrated into our ongoing activities and tasks without interruption, we tend not to focus on it as an isolated object. For instance, Heidegger says,

when using a hammer to strike a nail, one's attention is directed toward the task at hand and not at the hammer itself. As such, the tool is integrated into our activity and becomes an extension of one's purpose. In these terms, Heidegger adds, the way the hammer is given in experience depends on one's own practical concerns in regard to the hammer; for example, a painter will experience the hammer differently than a craftsman as the painter's goal presumably is to paint the hammer and not to use it to strike a nail.

On the contrary, when an object manifests itself as 'present-at-hand' in our experience, it transforms into an object of contemplation and scrutiny. In this mode, the object is disengaged from its practical context and becomes an object which can be examined in isolation. For instance, if a hammer breaks while it is being used, it ceases to function seamlessly as a tool for a specific practical purpose and instead becomes an object warranting investigation and analysis. In these terms, there are multiple ways in which an object can be given in experience, and not all of them are present in consciousness at any given time. In this regard, as Heidegger further suggests, in experiencing an object in its completeness, we must consider not only how the object is given in a particular situation, but also consider the ways in which the object is *not*, but *could*, potentially, be given to experience - that is, through its various 'modes of givenness'. Therefore, Heidegger, again influenced by Aristotle, emphasises that in reaching ἀλήθεια (truth) we must consider not only what appears in experience but also what is hidden. As Heidegger puts it,

> The 'Being-true' of the λόγος [logos] as ἀληθεύειν [being true] means that in λέγειν [to talk] as ἀποφαίνεσθαι [in the manner of appearing] the entities *of which* one is talking must be taken out of their hidenness; one must let them be seen as something unhidden (ἀληθές); that is, they must be *discovered*. Similarly, 'Being false' (ψεύδεσθαι) amounts to deceiving in the sense of *covering up* [*verdecken*]: putting something in front of something (in such a way as to let it be seen) and thereby passing it off *as* something which it is *not*. (*BT* 56-57/33)

As such, following Heidegger, phenomenology's mission to unveil our pure experience of the world should not be construed as a purely descriptive endeavour, where the phenomenologist merely describes a world which exists 'out there' independently of her experience of it. Instead, the external reality, often considered as being 'out there,' cannot be comprehended in isolation from a person's goals, interests, and motivations. From this standpoint, the very nature of what exists 'out there' becomes intricately connected to the way in which a person

finds herself within a world that is shaped through her own motivations and projects; a world which she also shares with other subjects.

In this context, phenomenology's endeavour to unravel the essence of our being-in-the-world by scrutinising specific types of experiences necessitates a thorough exploration of the situational context in which an individual finds themselves within the world. Importantly, this context inherently includes the presence of other people. Therefore, to truly comprehend one's being-in-the-world, it becomes imperative to recognise our being-in-the-world as a being-with-others within a shared world. In the following section, I will explore how phenomenology conceptualises the constitution of the world as fundamentally intersubjective.

1.1.4. The intersubjective constitution of the world

As mentioned in the beginning of this chapter, this thesis is a phenomenological study of interpersonal relationships in experiences of depression. Hence, in this section, I will be discussing the phenomenological foundations on which the intersubjective dimension of experiences of depression will be examined throughout this thesis. To initiate this exploration, it is pertinent to draw from the foundational work of Husserl, particularly from his discourse in the fifth chapter of the *Cartesian Meditations*, where Husserl says the following,

> within myself, within the limits of my transcendentally reduced pure conscious life, I *experience* the world (including others) – and according to its experiential sense, not as…my private synthetic formation but as other than mine alone, as an *intersubjective* world, actually there for everyone else, accessible in respect of its objects to everyone. And yet each has his experiences, his appearances and appearance-unities, his world-phenomenon; whereas the experienced world exists in itself, over against all experiencing subjects and their world phenomena. (p. 91)

In Husserl's terms, we experience the world through our own subjectivity, but at the same time we experience the world as also being available to other subjective beings too - that is, other people. As such, following Husserl (1974/1924), the world is "there for everyone" (*für Jedermann daseiend*; p. 240) to be experienced as a shared world. In examining the intersubjective constitution of the world, Husserl acknowledges two initial challenges which

concern the phenomenological analysis of the intersubjective structure of the world, and which Husserl proceeds to address: First, there arises the question of how, within an intersubjective world, I can distinguish my own experience from the experience of another subject. Second, there arises the question of how I, as a subject, can experience another entity as a subject within the world. Husserl's response to both is that the other is experienced through empathy (*Einfühlung*), through which my own subjectivity is distinguished from the other's subjectivity. In this regard, according to Husserl (1973b), subjectivity constitutes the basis for intersubjectivity. As he puts it,

> The ideally firstly constituted reality is the solipsistic, and it is completely grounded on the solipsistic stream of consciousness. The intersubjective reality, the objectivity for "every" subject is constituted by empathy. (pp. 7-8)

Therefore, Husserl suggests that understanding one's own subjectivity is the starting point for comprehending others' subjectivity and, consequently, for conceiving the world as intersubjective. In these terms, Husserl provides a fundamental insight into what constitutes our being-in-the-world - that is, our experience of the world as a coherent and meaningful world is based on the realisation that the world extends beyond our individual horizon. For instance, our perception of an object in our immediate environment is not exhausted by the perspective we have toward that object at any given time, but our perspective is also complemented by the - actual or potential - perspective other people may have. In this regard, the world is characterised by an 'open intersubjectivity' which discloses the transcendence of our own individual experience of the world toward a world that is shared with other people. As Husserl (1973a) emphasises,

> everything objective that stands before me in experience and primarily in perception has an apperceptive horizon of possible experience, own and foreign. Ontologically speaking, every appearance that I have is from the very beginning a part of an open endless, but not explicitly realized totality of possible appearances of the same, and the subjectivity belonging to this appearance is open intersubjectivity. (p. 289)

In these terms, according to Husserl, the other is present in my world as another 'I' who transcends my own horizon of experience. As van Duppen (2016) explains,

the distinction between me and other plays an important role for our world-experience. In order to experience the world as real and independent of myself, I need an experience of otherness. Otherness in this context is called transcendence, as it involves what transcends my immanent sphere. The other transcends this immanent sphere – even though they first appear in it as given to me. However, as previously argued, the other is more than just given to me, and what is given is only partial. The otherness of the other provides a clear grasp of the transcendence, and consequently, of the objectivity of the world. (pp. 60-61)

In this regard, the other is necessary in order for me to experience the world as real and objective, as the other possesses a perspective of the world which *transcends* my immediate and subjective sphere of experience. Our perception of the world as an 'objective realm' entails co-existing with other subjects in a shared world. In these terms, to speak of an objective world points toward a world which is constituted by multiple 'I's - that is, as offering the potential for one's world-experience to be *validated* by other people (see Husserl, 1973b, pp. 107, 109) through the fact that one's world-experience can be shared with others.

However, Husserl's claim that our understanding of the world's intersubjectivity stems from our subjective experience of the world has not gone unchallenged. For instance, Heidegger, in *Being and Time*, offers a different perspective that shifts the focus from individual subjectivity to a shared and collective understanding of the world. For Heidegger, the world is not merely "there for everyone" (Husserl, 1974/1924, p. 240), but it is also both inhabited *and* collectively shaped by other people with whom we co-exist. As Heidegger highlights,

> Being towards Others [is] an autonomous, irreducible relationship of Being: this relationship, as Being-with, is one which, with Dasein's Being, already is. Being-with…is possible only if Dasein, as Being-in-the-world, already is with Others. 'Empathy' does not first constitute Being-with; only on the basis of Being-with does 'empathy' become possible. (*BT* 162/124-125)

In his work, Heidegger wishes to avoid the solipsistic - as he asserts it to be - phenomenological account of Husserl. As discussed above, Husserl suggests that in order to understand the intersubjective structure of the world, it is essential that we first have a grasp of our own subjectivity. However, such an approach, Heidegger thinks, treats the 'I' as a *solus ipse* and thus immediately faces the challenge of having to account for how the 'I',

precisely as an isolated subject, can reach the Other, who is also an isolated - to the 'I' - subject.

In Heidegger's phenomenological account, the issue of how the 'I' and the Other communicate and reach mutual understanding does not arise as, for Heidegger, being-with (*Mitsein*) fundamentally constitutes our being-in-the-world. In this regard, according to Heidegger, we always already experience the world as intersubjective, and this is not a realisation that we reach at after being 'thrown' into the world. That is, to be-*in* the world already means to be-*with* other people in a shared world. In Heidegger's words, "the world is always the one that I share with Others. The world of *Dasein* is a *with-world* [*Mitwelt*]. Being-in is *Being-with* Others" (*BT* 155/118) as being-in-the-world "always directly includes being with one another" (Heidegger, 1995/1983, p. 67/100-101). Instead, following Heidegger, being-with-others is what makes it possible for one to *be* in the world in the first place. In this regard, Heidegger suggests, we can notice two elements of our world-experience which facilitate the intersubjectivity of the shared world: The *mit* (with) and the *auch* (too/also). As Heidegger puts it,

> This Being-there-too [Auch-dasein] with them does not have the ontological character of a Being-present-at-hand-along-'with' them within a world. This 'with' is something of the character of Dasein; the 'too' means a sameness of Being as circumspectively concernful Being-in-the-world. 'With' and 'too' are to be understood *existentially*, not categorially. By reason of this *with-like* [*mithaften*] Being-in-the-world, the world is always the one that I share with Others. The world of Dasein is a *with-world* [*Mitwelt*]. Being-in is *Being-with* Others. Their Being-in-themselves within-the-world is *Dasein-with* [*Mitdasein*]. (*BT* 154-155/118)

In this regard, the world is not simply a world which is shared, but the constitution of the world as a with-world is experienced as such because we have jointly *constructed* it with other individuals who *also* [*auch*] exist in the world. As Kontos (2022) explains,

> Heidegger emphasises that intersubjectivity is established, from a phenomenological-ontological perspective, in two existential elements, the "too" [auch] and the "with" [mit]: the "too" expresses the multiplicity of beings whose constitution is Dasein, whereas the "with" expresses that this multiplicity acts as such or is revealed as such at the moment of the formation of a world. This world, in turn, is a "common" world or a

with-world (Mitwelt), not because we share it while living inside it or drawing from it the means for our survival but, primarily, because we have jointly built it with others. (p. 119; translation mine)

Therefore, according to Heidegger, comprehending Being as a Being-with-others (*Miteinander*) in a shared world does not merely rely on physically co-existing with other people in the world but also on our joint practical engagement with other people in the world and our participation in it. As such, the other person, as a co-subject, is a co-participant in a world that we both share and constitute. In these terms, as Heidegger points out, the fact that we live in a social world with other people is evident in our everyday world-experience as in navigating ourselves in the world we find evidence of other people's existence, not merely as physical beings but as beings with whom we can practically engage with in the world. In Heidegger's words,

> When, for example, we walk along the edge of a field but 'outside it', the field shows itself as belonging to such-and-such a person, and decently kept up by him; the book we have used was bought at So-and-so's shop and given by such-and-such a person, and so forth. The boat anchored at the shore is assigned in its Being-in-itself to an acquaintance who undertakes voyages with it; but even if it is a 'boat which is strange to us', it still is indicative of Others. (*BT* 153-154/117-118)

Heidegger highlights that our sense of being-with-one-another (*Miteinandersein*) in a shared world becomes apparent through our interactions with various objects in our everyday lives. For instance, in using a coffee machine, a car, or a chair, we find evidence of other people's presence in the world: the coffee machine was made *by someone*; the car previously belonged *to someone*. As Heidegger puts it, "the Dasein-with of Others is often encountered in terms of what is ready-to-hand within-the-world" (*BT* 156/120) - that is, our interactions with objects in the world reflect our belonging in the shared world as we can observe traces of human presence in the objects that we encounter and use. Importantly, Heidegger clarifies something crucial here: He emphasises that the realisation of ourselves as a being-with-others in a shared world through our use of everyday equipment is not a realisation that emerges as a consequence of our use of an object. That is, it is not *because* of our use of everyday objects that we come to experience the world as a shared world; rather, our existence as being-with-others in a shared world is already in place when we encounter everyday objects

or equipment. In other words, our co-existence in a shared world is what makes it possible for us to engage with other people as subjects. As Heidegger states,

> even if Others become themes for study, as it were, in their own Dasein, they are not encountered as person-Things present-at-hand: we meet them 'at work', that is, primarily in their Being-in-the-world. Even if we see the Other 'just standing around', he is never apprehended as a human-Thing present-at-hand, but his 'standing-around' is an existential mode of Being-an unconcerned, uncircumspective tarrying alongside everything and nothing…The Other is encountered in his Dasein-with in the world. (*BT* 156/120)

In these terms, our being-with-one-another in a shared world is primary to our interaction and engagement with other people and with objects within the world. Simply put, Being-with is "equiprimordial [with]" (*BT* 149/114) and "an existential constituent of" (*BT* 163/125) Being-in-the-world (also see *BT* 176/137). Even some of the most mundane instances of encountering another person, as Heidegger notes in his *History of the Concept of Time* lectures, such as "passing by and avoiding one another on the street" (*HCT* 240), demonstrate our co-belonging with other subjects in a shared world. This is due to the fact that such an interaction already involves "this environmental encounter, based on this street common to us" (ibid.). According to Heidegger, then, all instances of encountering other people can only be understood with reference to a shared world in which the encounter happens. As such, being-with-one-another is "understandable only if being-with-one-another means *being-with-one-another in a world*" (*HCT* 241).

Therefore, when Heidegger talks about "being-with-one-another in a world" (*BT* 175) he does not suggest that the notion of 'being-with-one-another' manifests in the kinds of interpersonal relationships that any 'I' may have with any 'You' ['Thou']. Instead, he suggests that the very possibility of any I-You relationship emerging is based on the very notion of 'being-with-one-another'. As Heidegger (2001) puts it,

> The With-one-another [*Miteinander*] cannot be explained through the I-Thou relation, but rather conversely: this I-Thou relation presupposes for its inner possibility that Dasein functioning as I and also as Thou is determined as with-one-another; indeed even more: even the self-comprehension of an I and the concept of I-ness arise only on the basis of the with-one-another, not from the I-Thou relation. (p. 145–146, as translated in Zahavi, 2019, p. 253)

Interestingly, Heidegger suggests that one's being-in-the-world is constituted as a being-with-one-another in the world, even in the case where there are no actual others in one's surrounding environment or one is the last surviving human. Even in such cases, one will find themselves immersed in some culture, tradition, language, and ideas which were historically created, developed, and shared by other people. As Heidegger explicitly states,

> Being-with is an existential characteristic of Dasein even when factically no Other is present-at-hand or perceived. Even Dasein's Being-alone is Being-with in the world. (*BT* 156-157/120)

It is important to recognise, however, that although the idea that we are a being-with-others even when in solitude or alone in the world was substantially developed by Heidegger, this idea predates him. For instance, Husserl (1974/1924) emphasises that the world we share with other people is tangibly present and immediate in everyday experience, hence the realisation that we live in an intersubjective world is apparent in experience even when we are physically isolated from other people. As Husserl puts it,

> If we begin with human life and its natural conscious course, then it is a communalized life of human persons who immerse themselves in an endless world, i.e. viewing it, sometimes in isolation and sometimes together with one another, imagining it variously, forming judgments about it, evaluating it, actively shaping it to suit our purposes. This world is for these persons, is for us humans, continually and quite obviously there as a common world surrounding us all; obviously there it is the directly tangible and visible world in entirely immediate and freely expandable experience. It embraces not merely things and living beings, among them animals and humans, but also communities, communal institutions, works of art, cultural establishments of every kind. (p. 19)

In this regard, the world encompasses not only objects and other beings, but also communities and institutions or concepts such as traditions and cultural norms, which can be experienced both with other people and by each of us in isolation, hence revealing the intersubjective constitution of the world to us.

Even earlier than Husserl, Max Scheler, in *Formalism in Ethics* (1973/1913) and later in *Nature of Sympathy* (2017/1923) introduced the idea that as humans we inherently belong in a social world from the very beginning and continue to belong in it even when in solitude. In

particular, Scheler uses the example of Robinson Crusoe from the novel of the same name by Daniel Defoe (2012/1719). As the story goes, Robinson Crusoe, shipwrecked on a remote island, uses his knowledge and skills to construct tools, build a habitat, grow food, hunt, and raise animals. He also creates a calendar and becomes religious by reading the Bible. In doing so, Robinson Crusoe relies on forms of knowledge, skills, ideas, and language that are products of past communities and societies, originating from the contributions of people throughout history. Scheler (1973/1913), in his account first developed in *Formalism in Ethics,* slightly modifies Daniel Defoe's character of Robinson Crusoe and introduces the "epistemological" (p. 542) - as Scheler calls him - Robinson Crusoe. The epistemological Robinson Crusoe, Scheler says, has never encountered or interacted with another human being in his entire life. However, even in this unique circumstance, Scheler claims, Robinson Crusoe would not experience himself as being completely detached from any sense of community and does not adopt a solipsistic mindset. Instead, as Scheler (1954/1923) puts it in the *Nature of Sympathy*,

> Robinson Crusoe would never think: 'There is no community and I belong to none: I am alone in the world'. He would not only possess the notion and idea of community, but would also think: 'I know that there is a community, and that I belong to one (or several such); but I am unacquainted with the individuals comprising them, and with the empirical groups of such individuals which constitute the community as it actually exists.' (p. 234)

The epistemological Robinson Crusoe recognises that he is 'unacquainted' with the individuals comprising the community he belongs in as, for him, no other individuals exist in the world. Nevertheless, he maintains a profound awareness of the concept of community and his sense of belonging in it. This awareness, Scheler emphasises, persists even in the complete absence of direct encounters with others and the practical impossibility of such encounters.

Therefore, if our sense of being-*with* other people does not specifically mean spatiotemporally co-existing with others in a shared world, what does it mean to be *with* other people in the world? As Kontos (2022) suggests,

> this preposition or prefix must be understood on two levels: first, on an ontological level, it appears in the notions of being-with (Mitsein) and with-world (Mitwelt), denoting the existentiality of Dasein as being-in-the-world…; second, on an ontic level, as it appears in the

notion of Dasein-with (Mitdasein), and denotes the particular Others whom we encounter at each instance in the environment,[10] or Others as beings in the world. (p. 119; translation mine)

Here, Kontos highlights one of the fundamental tenets of Heideggerian phenomenology: to be *with* other people is constitutive of the identity of *Dasein* as *Dasein* is always already situated in a with-world (*Mitwelt*).

The position that the constitution of our world-experience is inherently intersubjective has been further developed within phenomenology. For instance, in *The Visible and the Invisible*, Merleau-Ponty contends that the foundation of our experience of the world as intersubjective lies in the intercorporeal relationship between the 'I' and the Other, which exists a priori. This relationship takes the form of what Merleau-Ponty terms the "intercorporeal being" (*VI* 143). Merleau-Ponty places a central emphasis on the lived body as the means through which our various interactions with the world take place. The most significant attribute of the lived body, according to Merleau-Ponty, lies in its capacity to reveal an individual's potentialities, thus embodying a practical orientation toward the world. In effect, for Merleau-Ponty, the problem of how I encounter other subjects in the world does not arise because, to begin with, our embodied existence is fundamentally intertwined with the world and with other people - that is, the world we experience is, from the very beginning, intersubjective. The distinction, then, between the 'I' and the other is secondary to experiencing the world as intersubjective. As Merleau-Ponty puts it in the Preface to the *Phenomenology of Perception*,

> In so far as I am a consciousness, that is, in so far as something has meaning for me, I am neither here nor there, [...] I am in no way distinguishable from an 'other' consciousness, since we are immediately in touch with the world and since the world is, by definition, unique, being the system in which all truths cohere. [...] The world is precisely that thing of which we form a representation, not as men or as empirical subjects, but in so far as we are all one light and participate in the One without destroying its unity. Analytical reflection knows nothing of the problem of other minds, or of that of the world, because it insists that with the first glimmer of consciousness there appears in me theoretically the power of reaching some universal truth, and that the other person, being equally without thisness, location or body, the

[10] By 'environment', we can understand Kontos as referring to the 'surrounding world', expressing Heidegger's *Umwelt* which, as Macquarrie and Robinson explain in their 1962 translation of *Being and Time*, is "customarily translated as 'environment', means literally the 'world around' or the 'world about'. The prefix 'um-', however, not only may mean 'around' or 'about', but, as we shall see, can also be used in an expression such as 'um zu…', which is most easily translated as 'in order to'" (*BT* 93/65). In these terms, the 'surrounding world' encompasses the phenomenal space where one finds themselves and which is defined through one's goals and projects.

> Alter and the Ego are one and the same in the true world which is the unifier of minds. There is no difficulty in understanding how I can conceive the Other, because the I and consequently the Other are not conceived as part of the woven stuff of phenomena; they have validity rather than existence. (*PP* xii-xiii)

In these terms, the 'I' and the Other form a primordial unity as we both find ourselves practically engaged with the world from the very beginning. Our embodied engagement with the world, according to Merleau-Ponty, is not a detached and isolated act but is inseparable from our embodied interactions with other people and the world. As he further emphasises,

> There is here no problem of the alter ego because it is not *I* who sees, not *he* who sees, because an anonymous visibility inhabits both of us, a vision in general, in virtue of that primordial property that belongs to the flesh, being here and now, of radiating everywhere and forever, being an individual, of being also a dimension and a universal. (*PP* 142)

In this regard, according to Merleau-Ponty, the world's fundamental constitution hinges on intersubjectivity, and more specifically within our embodied interactions with other subjects in a shared world. In these terms, recognizing the other as a subject is not a matter of analogical representation or inference. That is, when I experience the other as a subject, I do not first experience an object-body (*Körper*) which is merely spatiotemporally located and which I only then proceed to apprehend as a subject-body (*Leib*). Instead, as Merleau-Ponty posits, the recognition of the other as a subject arises from our immediate and direct engagement with our embodied existence. This recognition is possible because, within the shared experience of the 'I' and the Other, we form a primordial unity, emphasising the direct perception of one another as a subject.

Having established certain foundational elements of the phenomenological framework that will guide my examination of intersubjective experiences of depression in this thesis, I will now delve into the synergy between phenomenology and psychopathology, particularly within the realm of mental disorders. The field of phenomenological psychopathology, as I will discuss next, can offer a profound and all-encompassing comprehension of mental disorders by prioritising the subjective experience of the individual and conceptualising the disorder being studied within the wider context in which it manifests.

1.2. Phenomenological applications to psychopathology

The integration of phenomenology into psychopathological and psychiatric thought and practice is not a contemporary development. The roots of this integration can be traced back to the early 20th century, when psychiatrists such as Karl Jaspers, Ludwig Binswanger, Eugène Minkowski recognised the limitations of traditional diagnostic approaches which were based on purely biomedical models of mental disorders. In response, Jaspers, Binswanger, and Minkowski advocated for a more holistic understanding of mental disorders that took into consideration the individuals' subjective experiences of the disorder, in order to provide more patient-centred and contextually informed diagnoses and therapies.

More than a century ago, psychiatrist Karl Jaspers (1963a/1913) in his book *General Psychopathology* (Allgemeine Psychopathologie) advocated for the incorporation of descriptive psychopathology in clinical practice, which involves an in-depth examination of individuals' experiences in diagnosis and therapy. For Jaspers, diagnostic classifications which are solely based on observable symptoms and behaviour by the medical professional do not capture the unique subjective experiences of individuals with mental disorders, nor do they capture the unity of different dimensions of the individual's experience of the disorder. In *General Psychopathology*, Jaspers aimed to challenge what he considered to be the dominant stance in psychiatry at the time, which asserted that "mental illness is cerebral illness" (p. 459) - that is, that mental disorders could be exclusively explained by underlying cerebral symptoms. Jaspers attributed this perspective to prominent psychiatrists of the time, such as Wilhelm Griesinger, Theodor Meynert, and Carl Wernicke. As Jaspers explains it,

> This declaration [i.e. that "mental illness is cerebral illness"] is as dogmatic as its negation would be. Let us clarify the situation once more. In some cases we find connections between physical and psychic changes taking place in such a way that the psychic events can be regarded with certainty as consequences. Further, we know that in general no psychic event exists without the precondition of some physical basis. There are no 'ghosts.' But we do not know a single physical event in the brain which could be considered the identical counterpart of any morbid psychic event. We only know conditioning factors for the psychic life; we never know the cause of the psychic event, only a cause. So this famous statement, if measured against the actual possibilities of research and the actual findings, may perhaps be a

possible, though infinitely remote, goal for research, but it can never provide a real object for investigation. To discuss statements of this sort and to try and solve this problem in principle indicates a lack of critical methodology. Such statements will vanish from psychiatry all the more quickly in proportion as philosophic speculations vanish from psychopathology and give place to a philosophical maturity in the psychopathologist. (ibid.)

Jaspers contends that psychiatry has not given psychopathological theories of mental disorders due consideration and, as a result, psychiatry remains incomplete due to its insufficient understanding of psychopathology, as it remains rooted in the unwavering belief that mental processes can be entirely explained by brain processes. As Jaspers further puts it,

> Unwittingly many a psychiatrist has been overcome by the feeling that if only we had an exact knowledge of the brain, we would then know the psychic life and its disturbances. This has led psychiatrists to abandon psychopathological studies as unscientific, so that they have lost whatever psychopathological knowledge had been gained up to then. (ibid.)

In this context, Jaspers' central emphasis revolved around establishing a structured framework for exploring mental disorders, which aimed to integrate the subjective experiences of individuals into diagnosis and treatment. Through this approach, Jaspers' psychopathological methodology sought to equip psychiatry with a way of interpreting and accommodating mental disorders as experiences rooted primarily within the individual's experiential realm. In this regard, Jaspers urged psychiatrists to accompany the physiological and psychological facets of an individual's encounter with a mental disorder, alongside their "Bios" (p. 671) - a term he employed to denote an individual's history, personal relationships, and societal interactions. As he puts it,

> The disease-entity, since it is linked so closely with the nature of the person as a whole, can only be sought by means of biographical and eidological investigations…The psychic life of everyone forms a temporal whole. If we are to comprehend a person this demands a view of his life from birth to death…Every good case-history grows into a biography. Psychic illness is rooted in the person's life as a whole and it cannot be isolated from this if it is to be comprehended. We term this whole the individual's 'Bios' or life and any description or account of it we term his 'Biography'. (pp. 557, 671)

Then, what kind of methodology should the clinician adopt to understand the individual's 'Bio' and, by extension, their 'disease-entity'? Jaspers suggests that the most appropriate method for psychiatrists to use in understanding the individual's experience of the disorder under investigation is the phenomenological method. In his article *The Phenomenological Approach in Psychopathology* (Die phänomenologische Forschungsrichtung in der Psychopathologie), Jaspers (1968/1912) provides his formulation of how a phenomenological understanding of the patient's subjective experience can be effectively applied in clinical practice:

> subjective symptoms, if they are to be understood, must be referred to some process which, in contrast to sense-perception and logical thought, is usually described by the same term, "subjective". Subjective symptoms cannot be perceived by the sense-organs, but have to be grasped by transferring oneself, so to say, into the other individual's psyche…They can only become an inner reality for the observer by his participating in the other person's experiences, not by any intellectual effort. Subjective symptoms include all those emotions and inner processes, such as fear, sorrow, joy, which we feel we can grasp immediately from their physical concomitants; these we thus take to "express" underlying emotion…We must begin with a clear representation of what is actually going on in the patient, what he is really experiencing, how things arise in his consciousness, what are his own feelings, and so forth… (pp. 1313, 1316)

In this respect, Jaspers suggests that the clinician must suspend any preconceived notions or prejudices they may hold regarding the patient's background, present circumstances, or the nature and causes of the disorder. As such, Jaspers thinks, performing the epoché is key to understanding the experience of a mental disorder:

> we must put aside altogether such considerations as the relationships between experiences, or their summation as a whole, and more especially must we avoid trying to supply any basic constructs or frames of reference. We should picture only what is really present in the patient's consciousness; anything that has not really presented itself to his consciousness is outside our consideration. We must set aside all outmoded theories, psychological constructs or materialist mythologies of cerebral processes; we must turn our attention only to that which we can understand as having real existence, and which we can differentiate and describe. (p. 1316)

In this regard, Jaspers considered Husserl's phenomenology as providing a reliable method for exploring the subjective experiences of individuals with mental disorders. As Jaspers (1963b) puts it in his philosophical memoir,

> As a method I adopted and retained Husserl's phenomenology – which he initially called 'descriptive psychology' – discarding only its refinement to essence perception. It turned out to be possible and fruitful to describe the inner experiences of the sick as phenomena of consciousness. By the patient's own self-description, not only hallucinations but delusive experiences, modes of ego-consciousness and types of emotion could be defined well enough for positive recognition in other cases. Phenomenology became a research method. (p. 23)

In suspending their beliefs and judgements and focusing on the patient's description of their experience, Jaspers (1968/1912) suggests that the psychiatrist can uncover "all those psychic experiences and phenomena which patients describe and which only become accessible to us [i.e. psychiatrists] at secondhand through the patient's own judgment and presentation" (p. 1313). The psychiatrist's task, therefore, according to Jaspers, is the following:

> to make clear both to themselves and to others what particular psychic experience is meant, for they are confronted with a manifold diversity of psychic phenomena which cannot be surveyed or investigated as a whole but from which particular elements must be selected for investigation. (p. 1314)

Hence, the integration of an individual's subjective experience into psychiatric practice can provide the psychiatrist with a comprehensive framework that encompasses both physiological and psychological aspects of the individual's experience. This, in effect, enables a more nuanced exploration of the individual's encounter with a mental disorder.

The pursuit of incorporating the phenomenological method into clinical practice has continued throughout the 20th century to the present day. Psychiatrists such as Ludwig Binswanger and Eugène Minkowski further developed and expanded upon Jaspers' ideas, contributing to the more concrete establishment of phenomenological psychopathology.

In 1946, Ludwig Binswanger published his essay *The Existential Analysis School of Thought*, in which he advocated for the integration of the individual's subjective experience of a mental disorder into clinical practice. More specifically, Binswanger (1958/1946) says,

If for a moment we remember the definition of being-in-the-world as transcendence and view from this point our psychiatric analysis of existence, we realize that by investigating the structure of being-in-the-world we can also approach and explore psychoses as specific modes of transcending. In this context we do not say: mental illnesses are diseases of the brain (which, of course, they remain from a medical-clinical viewpoint). But we say: in the mental diseases we face modifications of the fundamental or essential structure and of the structural links of being-in-the-world as transcendence. It is one of the tasks of psychiatry to investigate and establish these variations in a scientifically exact way. (p. 193)

Investigating the structure of one's being-in-the-world, therefore, enables us to 'explore psychoses as specific modes of transcending' one's ordinary experience of the world. Within this context, as psychologist Gail Hornstein (2009) puts it, drawing from her rich experience of speaking with individuals who struggle with mental health disorders,

First-person accounts of psychological distress serve two powerful functions—they expose the limits of psychiatry's explanations and treatments for mental illness and they offer competing theories and methods that might potentially work better. The more of these accounts I've read, and the more people I've met in the psychiatric survivor movement, the more convinced I've become that first-person experience is crucial to understanding madness and its treatment. (p. xxii)

By applying phenomenology in clinical practice, psychiatrists can bridge the gap between their own world-experience and that of their patients, facilitating a deeper understanding of the patient's perspective. An illustration of how phenomenology can facilitate a connection between the clinician's perspective and the patient's lived experience can be seen in cases in which the patient communicates a feeling of 'living in another world', a theme which will be examined in more detail in Chapter 3. For instance, when elucidating her own encounter with some illness, Toombs (1987) suggests that there is a "decisive gap" (p. 220) between the experience of the clinician and the experience of the patient which hinders understanding of the disorder from the clinician's perspective. This disparity is attributed to the notion that the patient and the clinician 'exist within distinct worlds', each world being characterised by its own unique meaning horizon. In her account, Toombs recounts her struggle with her psychiatrist's inability to comprehend her experience and the implications this had on exacerbating her feelings of existing in a different world:

In attending to the experience of illness, the physician and patient do so from within the context of different "worlds", each "world" providing its own horizon of meaning. Consequently, there exists a decisive gap between the patient's experience of illness and the way in which physicians think about it in terms of disease…In discussing my illness with physicians, it has often seemed to me that we have been somehow talking at cross purposes, discussing different things, never quite reaching one another. This inability to communicate does not, for the most part, result from inattentiveness or insensitivity but from a fundamental disagreement about the nature of illness. Rather than representing a shared reality between us, illness represents in effect two quite distinct realities, the meaning of one being significantly and qualitatively different from the meaning of the other. (p. 219, 220)

In these terms, phenomenology can contribute to an improved and more comprehensive understanding of the patient's experience by bridging gaps that arise in accounts such as Toombs', where the individual expresses the 'otherworldly' aspect of depression experiences by noting that the individual's and the psychiatrist's world-experiences represent "two quite distinct realities" (p. 220). As Binswanger (1958/1946) further describes it,

the mentally ill live in "worlds" different from ours. Therefore, knowledge and scientific description of those "worlds" become the main goal of psychopathology, a task which it can perform only with the help of existential analysis. The much-discussed gap that separates our "world" from the "world" of the mentally ill and makes communication between the two so difficult is not only scientifically explained but also scientifically bridged by existential analysis. (p. 213)

As such, the integration of the individual's lived experience into psychiatric practice makes it possible to bridge, through a coherent and reliable method, the gap that otherwise hampers effective communication and understanding between the psychiatrist and the patient. Nevertheless, it is worth noting that, as will be further discussed in the thesis - particularly in Chapter 3 - a common aspect of the experience of depression is that depression is experienced as indescribable to, and incomprehensible by, other people. This is due to the fact that depression is experienced as a fundamentally distinct way of being-in-the-world. Hence, within experiences of depression it seems to be that some level of indescribability and incomprehensibility will remain.

In addition to Binswanger's approach as outlined above, Eugène Minkowski (1970/1933), in his book *Lived Time: Phenomenological and Psychopathological Studies*, also draws on his own experience as a psychiatrist and contemplates the potential applications of phenomenology in clinical practice. Minkowski further advanced the idea that employing the phenomenological approach in clinical practice can significantly improve a psychiatrist's grasp of the patient's perspective, leading to more accurate diagnoses and more effective treatments. Minkowski suggested that certain concepts which are fundamental to our experience of the world, such as space and time, are not the exclusive domain of the natural sciences and, as such, these are to be studied phenomenologically. In his words, "there exists a lived space and a lived time" (p. 400), which play a pivotal role in shaping our holistic understanding of space and time, transcending the boundaries of a merely scientific description of these concepts. Within this context, Minkowski underscored the significance of lived experience in comprehending the human condition. As he says,

> space cannot be reduced to geometric relations, relations which we establish as if, reduced to the simple role of curious spectators or scientists, we were ourselves outside space. We live and act in space and our personal lives, as well as the social life of humanity, unfolds in space. Life spreads out in space without having a geometric extension in the proper sense of the word. We have need of expansion, of perspective, in order to live. Space is as indispensible as time to the development of life. (ibid.)

In this regard, following Jaspers and Binswanger, Minkowski rejected reductionist approaches that solely focused on biological or physiological factors in understanding mental disorders. Instead, Minkowski also advocated that it is vital that the psychiatrist takes into consideration the unique lived experiences of individuals with mental disorders, allowing for a study of different aspects of one's experience. In this effect, as Minkowski puts it, using a phenomenological framework in the study of mental disorders,

> [can] provide us with an important way to gain understanding of what is at first an enigmatic and inaccessible world, the world in which patients live, patients who initially seem delirious. In this respect, psychopathology has had the great merit of leading me and my philosopher-psychiatrist colleagues back to the concrete reality of our patients' lives again and again, forcing us to achieve vital contact with them. (p. xxxix)

In this sense, the integration of the phenomenological approach in clinical practice enables psychiatrists to attain tangible insights into the patient's unique world. As such, following Minkowski, one's experience of an illness can be understood as "a 'fact'" (p. xxxix). Minkowski's use of single quotation marks around the word 'fact' can be interpreted not as affirming the content of a particular claim, but rather as recognising the existence of a particular feeling. That is, to affirm an individual's saying "I am worthless" as a fact does not mean to accept the content of this statement - that is, to affirm the individual's worthlessness - but it means to recognise the existence of the feeling of worthlessness. As Minkowski puts it,

> Some people, faithful to what they call the "facts" and adamant in their belief that the word "philosophical" has a pejorative connotation, will avoid this orientation and even criticize it. Yet what they fail to consider is that the data brought to light in psychopathology, by means of this so-called philosophical method, do not arise from abstractions but are "facts" also, but simply of a different order. In any case, these facts provide us with an important way to gain understanding of what is at first an enigmatic and inaccessible world, the world in which patients live, patients who initially seem delirious. (p. xxxix)

Hence, we can understand accounts of mental disorders (and depression more specifically) not simply as a 'delirious' - as Minkowski puts it - experience, but as an experience which can give as an insight into an otherwise 'enigmatic and inaccessible world…in which patients live'. In these terms, applying the phenomenological method to psychiatric diagnosis and therapy enables the psychiatrist to delve into the world of individuals who struggle with a mental disorder, shedding light on certain experiences that may not be visible via a merely biomedical or psychological assessment of the individual's condition.

The field of phenomenological psychopathology continues to evolve in the 21st century and has gained significant attention in the past two decades through the work of scholars such as Matthew Ratcliffe (e.g. 2010, 2015), Josef Parnas, Louis Sass, and Dan Zahavi (2013), Havi Carel (e.g. 2012, 2013, 2021), Shaun Gallagher (e.g. 2013), Thomas Fuchs (e.g. 2010, 2014), Giovanna Colombetti (e.g. 2013), and Anthony Vincent Fernandez (e.g. 2014, 2019). For instance, in her work, Carel (2012, 2021) proposes that pathology can itself be used as a phenomenological tool in attaining a holistic understanding of the patient's experience of illness. Hence, not only can the phenomenological method be used for understanding the

experience of illness, but the experience of illness itself can, in its own right, be utilised as a phenomenological method. More specifically, in her work, Carel (2012) introduces what she calls a "phenomenological toolkit for patients" (p. 96). As she describes it,

> The toolkit includes viewing illness as a form of phenomenological reduction; thematising illness; and examining illness as changing the ill person's being in the world. I suggest that this toolkit could be offered to patients as a workshop, using phenomenological concepts, images and film clips to reflect on illness. (ibid.)

As Carel (2021) adds elsewhere,

> The phenomenological patient toolkit provides patients with tools for cultivating alternative, non-dominant interpretations of their illness experience [and] is also designed to help patients move away from the natural attitude towards illness. (p. 208)

In developing the 'phenomenological toolkit' as a way of understanding the patient's experience, Carel draws on Husserl's epoché, as she observes similarities between the epoché and the experience of illness. More specifically, Carel identifies three features that the epoché and the experience of illness share: They both i) enable an individual to be distanced from habitual ways of being-in-the-world, ii) enable open and non-prescriptive ways of experiencing the world, and iii) set a renewed basis on which new metaphysical assumptions about the world can be made. These similarities, Carel suggests, allow us to explicate the phenomenological work that is to be done in understanding patients' experiences. In Carel's understanding, illness *forces* the epoché on the ill individual as the epoché calls for temporarily setting aside one's ordinary and habitual way of being-in-the-world. In this way, Carel suggests, the individual is able to attain a pure understanding of their world-experience within the illness. In these terms, Carel (2021) suggests, "[t]he epoché can pave the way to exploring the unique significance illness has for a particular individual, within a particular context and situation" (p. 209) as the illness prompts a form of philosophical contemplation about the losses incurred due to the illness. As medical sociologist Arthur Frank (1991) puts it in his memoir, *At the Will of the Body: Reflections on Illness*,

> Critical illness offers the experience of being taken to the threshold of life, from which you can see where your life could end. From that vantage point you are both forced and allowed to

think in new ways about the value of your life. Alive but detached from everyday living, you can finally stop to consider why you live as you have and what future you would like, if any future is possible. Illness takes away parts of your life, but in doing so it gives you the opportunity to choose the life you will lead, as opposed to living out the one you have simply accumulated over the years. (p. 1)

Hence, by performing the epoché, the ill individual can engage in profound introspection about the meaning and purpose of their lives. In this light, leveraging the experience of illness as a "phenomenological toolkit for patients" (Carel, 2012, p. 96) can prompt a deep contemplation of the patient's life within the specific context and circumstances of illness, hence contributing to a more thorough and nuanced understanding of the patient's experience.

1.3. Conclusion

In this chapter, I presented some of the fundamental phenomenological ideas based on which first-person accounts of depression will be examined in this thesis. I started by introducing some key ideas within Edmund Husserl's phenomenological work, such as the natural attitude and the epoché. I expanded on Husserl's call that, as phenomenologists, "we must go back to the 'things themselves'" (*Wir wollen auf die 'Sachen selbst' zurückgehen*; *LI* 168) in order to free ourselves from the biases and prejudices that characterise our everyday engagement with the world within the natural attitude. In performing the epoché, according to Husserl, we must set aside any biases and prejudices that obstruct us from having a pure experience of the world. In addition, I outlined two critical responses to Husserl's concept of the epoché by Hans-Georg Gadamer and Maurice Merlea-Ponty. According to Gadamer, prejudices are key to comprehending the way in which we are situated in the world, and as such they are not to be vilified as obstructing us from understanding our experience of the world. In Merleau-Ponty's terms, performing the epoché is impossible because in understanding the world we cannot detach ourselves from it but, instead, as the embodied beings we are, we are to bodily engage with the world in order to understand it.

Furthermore, in this chapter I presented certain key phenomenological ideas within Martin Heidegger's work. In particular, I highlighted Heidegger's emphasis on understanding our being-in-the-world through our practical engagement with the world and Heidegger's claim that the way in which we experience the world is shaped by our own interests, motivations,

and projects within the world. Drawing primarily on Husserl and Heidegger, I proceeded by examining the phenomenological conception of the world as intersubjective, which suggests that as beings-in-the-world we are also from the very beginning beings-with-others. As such, other people are essential in our Being and their existence can ascertain us that we live in a shared world which we can collectively construct and shape.

Finally, having discussed certain core phenomenological concepts and ideas in this chapter, I continued by exploring the work of Karl Jaspers, Ludwig Binswanger, and Eugene Minkowski, who played a key role in advancing the field of phenomenological psychopathology. Their work highlighted the significance of integrating the patient's subjective experience into psychiatric and psychopathological practice. This discussion sets the stage for recognizing the potential of applying the phenomenological method to first-person accounts of depression within the context of psychiatric diagnosis, as well as within therapy and treatment.

CHAPTER 2

DEPRESSION, PSYCHIATRY, AND PHENOMENOLOGY

In this chapter, I embark on an exploration of the prevailing psychiatric understanding of depression as presented in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). In elucidating the current diagnostic framework for depression in the DSM-5, I pinpoint specific concerns inherent in the diagnosis and the broader understanding of what constitutes the experience of depression. These concerns encompass aspects such as the superficiality of certain symptoms detailed in the DSM-5 and the exclusion of fundamental experiential dimensions of depression from the diagnostic criteria. I suggest that these concerns arise from the omission of the individual's subjective experience of depression. In these terms, I propose that phenomenology can enrich our comprehension of depression experiences by integrating the individual's subjective experiences into depression diagnosis, therapy, and treatment. Subsequently, I delve into a nuanced delineation of the precise focus of my phenomenological investigation of the experience of depression. As I discuss in this chapter, a phenomenological investigation of the experience of depression reveals that there is no such thing as '*the* experience of depression' or '*the* depressed individual'. While I employ these terms throughout the thesis for the sake of convenience, I take care to elucidate that a closer examination of depressed individuals' subjective experiences through first-person accounts reveals that depression can manifest in various ways. At the same time, however, I identify certain features of depression experiences which are more common than other features and as such, I suggest, can be conceptualised as constituting a typical example of the experience of depression. In sum, the purpose of this chapter is to elucidate certain issues associated with the current psychiatric understanding of depression, in order to make the target of my phenomenological investigation of depression experiences in the subsequent chapters clearer.

2.1. The psychiatric understanding of depression

The *Diagnostic and Statistical Manual of Mental Disorders* (DSM), published by the American Psychiatric Association, and the *International Classification of Diseases* (ICD), published by the World Health Organisation, hold significant sway as leading classification manuals in the world today. As Horwitz and Wakefield (2007) have noted in regard to the

topic of mental disorders diagnosis in particular, the DSM definitions "have become the authoritative arbiter of what is and is not considered mental disorder throughout our society" (p. 7) and have been used widely "in epidemiological studies of disorder in the community, in research studies of treatment outcomes, in marketing of anti-depressant medications, in preventive efforts in schools, in screening in general medical practice [and] in court proceedings" (ibid.). Currently, the 5th version of the DSM is in use - which was first published in 2013 - and particularly the 2022 text revision (DSM-5-TR). The DSM-5-TR defines a mental disorder in the following way:

> A *mental disorder* is a syndrome characterized by clinically significant disturbance in an individual's cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological, biological, or developmental processes underlying mental functioning. Mental disorders are usually associated with significant distress or disability in social, occupational, or other important activities. An expectable or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental disorder. Socially deviant behavior (e.g., political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental disorders unless the deviance or conflict results from a dysfunction in the individual. (p. 14)

In regard to Major Depressive Disorder (MDD), the DSM-5-TR classifies MDD under the category of depressive disorders, which also includes "mood dysregulation disorder, persistent depressive disorder, premenstrual dysphoric disorder, substance/medication-induced depressive disorder, depressive disorder due to another medical condition, other specified depressive disorder, and unspecified depressive disorder" (p. 178). What characterises the category of depressive disorders, according to the DSM-5-TR, is "the presence of sad, empty, or irritable mood, accompanied by related changes that significantly affect the individual's capacity to function (e.g., somatic and cognitive changes in major depressive disorder and persistent depressive disorder)" (ibid.). More specifically, the DSM-5-TR provides the following criteria for the diagnosis of MDD,

1. Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others (e.g., appears tearful). (Note: In children and adolescents, can be irritable mood.)
2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day (as indicated by either subjective account or observation).

3. Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day. (Note: In children, consider failure to make expected weight gain.)

4. Insomnia or hypersomnia nearly every day.

5. Psychomotor agitation or retardation nearly every day (observable by others, not merely subjective feelings of restlessness or being slowed down).

6. Fatigue or loss of energy nearly every day.

7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilt about being sick).

8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).

9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide. (p. 184)

In order to be diagnosed with MDD, the individual must experience five or more symptoms from the list above, during the same 2-week period.[11] At least one of the symptoms must be one of the first two listed, i.e. "depressed mood" (ibid.) or "markedly diminished interest or pleasure in all, or almost all, activities" (ibid.) which must be present "for most of the day nearly every day" (ibid.). Depression diagnoses can differ in degree and are classified as mild, moderate, or severe, and identified with a number of 'specifiers' such as, depression with psychotic features, with atypical features, with melancholic features, with catatonic features, with postpartum onset, in partial remission, or in full remission.

An initial reflection on these diagnostic criteria leads to two prevailing perspectives on depression that are evident in empirical and philosophical literature: ontological descriptivism and the causal view on depression. According to Jennifer Radden (2003), ontological descriptivism asserts that certain categories of depressive disorders - in particular, MDD - exclusively pertain to the observable clusters of signs and symptoms, without encompassing any underlying causal framework. Importantly, as Radden adds, "[t]his is not to assert that such signs and symptoms are uncaused, nor…that their causes are unknown, but merely that they are not part of the meaning, or reference, of *depression*" (p. 41). In contrast to the ontological descriptivist approach, the causal view on depression asserts the existence of underlying causal or etiological factors that give rise to certain signs and symptoms of

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[11] The DSM-5-TR authors, however, note that there is an exception to this, concerning the 9th symptom - that is, "thoughts of death and suicidal ideation" which, they note, "must be recurrent", as well as "attempting suicide or making a specific plan" which, they specify, "only needs to occur once." (p. 185)

depression which are more readily observable. As Radden further explains, in the 20th century, the causal models of depression have taken two primary forms: the biological and the psychological. Within the biological model, the signs and symptoms of depression are taken to be constituted by an "underlying biological state causing those symptoms and/or…signs, together with those signs and symptoms" (p. 42). In contrast, within the psychological model, as Radden adds, "the underlying structures causing the signs and symptoms of disorder are psychic rather than biological" (ibid.), meaning that the signs and symptoms which comprise a disorder such as depression are caused by some kind of emotional trauma or disruption of one's affective agency.

2.1.1. Certain issues with the psychiatric understanding of depression

In examining the above criteria for the diagnosis of MDD in the DSM-5-TR, in this section I identify certain issues with particular criteria. More specifically, I discuss (i) how the above criteria can be taken to pathologize ordinary behaviour, (ii) the problem with the core criterion of "depressed mood" as a criterion which presents depression as being constituted by a term that is itself part of the phenomenon being described, and (iii) the issue of omitting to include all dimensions of a particular symptom, by reference to the symptom of "psychomotor agitation or retardation". In exploring such issues, I will briefly discuss how the above exploration can be informative in regard to revising the diagnostic criteria for MDD in a way in which the experience of depression is more accurately depicted in diagnostic manuals.

2.1.1.1. The pathologization of ordinary behaviour

In examining the DSM-5 diagnostic criteria of depression, there emerges the question of what exactly do the DSM-5 diagnostic criteria represent, whether they are successful in picking out the experiential aspects of depression experiences, or even whether these particular symptoms necessarily capture the subjective experience of depression. For instance, Horwitz and Wakefield (2007) have argued that the above criteria for depression make it possible for clinicians to incorrectly attribute a disorder to the patient, leading to the issue of "overdiagnosis" (p. 163) of depression cases. This is because, as Horwitz and Wakefield claim, when following the current criteria and guidelines for diagnosing MDD, clinicians are unable to distinguish between sadness "with cause" (p. 71) - that is, normal sadness - and

"sadness without cause" (ibid.) - that is, abnormal sadness. According to Wakefield (2013), therefore, the essential question that clinicians must address when tasked with making a diagnosis for an individual is the following:

> is there a sufficient cause in the individual's circumstances to explain the individual's depressive symptoms as likely a normal reaction to loss or stress, or are the symptoms so severe or enduring or independent of context to be better explained as a pathological failure of normal mood regulation? (p. 30)

In this regard, according to the Chair of the DSM-IV Task Force, Allen Frances (2013), the failure to distinguish between normal behaviour and pathologised behaviour has caused the "medicalization of ordinary life" (p. 1). One example that demonstrates this, Frances claims, concerns the removal of the 'bereavement exclusion' on the move from the DSM-IV (1994) to the DSM-5 (2013).[12] Under the DSM-IV diagnostic criteria, an individual who exhibited symptoms of MDD in the first few weeks following the death of a loved one could not be diagnosed with MDD. Under the DSM-5 criteria, however, such individuals are no longer excluded from being diagnosed with MDD. According to Frances, the removal of the 'bereavement exclusion' has resulted in the medicalisation of normal response to loss and sadness.

2.1.1.2. The problem with "depressed mood"

In examining whether the DSM-5 accurately depicts the variety and complexity of the symptoms that arise within depression, some researchers have also questioned the representativeness of the diagnostic criteria and how well these diagnostic criteria can capture specific experiential features of depression. For instance, specific issues arise with the core criterion of 'depressed mood'. As one of the two core depression symptoms in the DSM-5, 'depressed mood' is present in the majority of depression diagnoses - more precisely, in 93.7% (Zimmerman et al., 2015) to 98.2% (Park et al., 2017). However, within the context of a diagnostic manual, it is unclear what aspect of the experience of depression 'depressed

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[12] Apart from the removal of the 'bereavement exclusion', there are two more ways in which the entry on 'Major Depressive Disorder' changed from the DSM-IV to the DSM-5: 1) MDD has been moved from the class of 'Mood Disorders' to a new class of 'Depressive Disorders', and 2) MDD symptoms no longer fulfil the criteria for a mixed episode of depression, which previously required meeting the criteria for both a major depressive episode and a manic episode. Instead, mixed episodes of depression are now understood as cases in which an individual primarily experiences either depression or mania while displaying certain characteristics of the other.

mood' aims at capturing, and in what way is 'depressed mood' to be distinguished from depression as the disorder which it is designed to diagnose. As Ratcliffe (2015) highlights,

> the suggestion that we identify something called 'depression' by identifying something else called 'depressed mood' is uninformative, as it is unclear what a depressed mood is. (p. 5)

In these terms, incorporating 'depressed mood' as a component of depression can be seen as circular as depression is taken to be constituted by a term that is itself part of the phenomenon being described. 'Depressed mood' is a highly superficial and brief term for an experience which is extremely diverse and complex, and which varies, sometimes to a great extent, amongst different individuals. As such, it is not immediately clear what exactly the DSM-5 diagnostic criteria aim to capture when referring to 'depressed mood' as a core symptom of their experience of depression. A more thorough exploration of what the individual means by referring to 'depressed mood' can illuminate the specificities of the individual's *experience* of depression, which goes beyond a superficial response in the affirmative or in the negative on whether the individual experiences 'depressed mood'. As Nordgaard, Sass, and Parnas (2013) explain,

> When a patient says "I feel depressed, sad, or down," such statement may, *if further explored*, be found to indicate a bewildering *variety* of experiences with varying affinities to the concept of depression: not only depressed mood but also, for instance, irritation, anger, loss of meaning, varieties of fatigue, ambivalence, ruminations of different kinds, hyper-reflectivity, thought pressure, psychic anxiety, varieties of depersonalization, and even voices with negative content, and so forth...[M]ood is not an isolated mental object, easily dissociated from its experiential context and identified in an act of introspection (i.e., converted to a reportable symptom). It is, so to say, a pregiven and pre-reflective manner of our experiencing, something that, to the one who lives, is almost too immediate and encompassing to be recognized as such. It therefore requires a careful interviewing effort to specify the salient profile of the presented distress. Taking a confirmatory or disconfirmatory answer at face value endangers the validity of the response. (p. 360)

Hence, it is problematic when a core symptom of *depression* is labelled as *depressed* mood for it is not explained what "depressed mood" is or whether the underlying features of the experience of "depressed mood" necessarily call for pathologising that particular experience. In this sense, understanding depression in terms of "depressed mood" can result in making

superficial claims about depression in medical circles such as that "depressed mood is the most reliable DSM-5 symptom to discriminate moderate depression from non-depression" (Tolentino & Schmidt, 2018, p. 5). Such a claim is no different from saying that 'schizophrenic mood is the most reliable symptom to discriminate moderate schizophrenia from non-schizophrenia' or that 'the mood of grief was the most reliable symptom to discriminate grieving individuals from non-grieving individuals'. Such simplistic comparisons highlight a reductionist approach as they characterise complicated and multifaceted mental disorders merely by a single mood descriptor. In effect, this emphasises the need for a more nuanced and comprehensive understanding of a mental disorder such as depression beyond superficial symptom categorizations, which takes into consideration the subjective experience of the individual. As Parnas and Gallagher (2015) say,

> [the] ontological oversimplification [of the "psychiatric object"] has resulted in an epistemological naïveté with reliance on methodologies (e.g., the structured interview, checklists) that are unsuited and therefore unable to capture valid phenomenal ("phenotypic") distinctions concerning the patient's experience, expression, and existence (p. 66; also see Nordgaard et al., 2012)

In this regard, by focusing on symptoms as if they are superficial phenomena, we risk overlooking the interplay between biological, psychological, cultural, and environmental factors that contribute to the complex experience of a mental disorder, such as depression. As such, the fundamental question persists: What exactly is the experiential nature of depressed mood? Addressing this question requires a more comprehensive understanding which takes into consideration the individual's experience as well as the context in which the experience manifests.

2.1.1.3. The problem with "psychomotor agitation or retardation"

In going beyond superficial descriptions of depression symptoms and in examining the underlying aspects of different depression criteria, we can illuminate the experiential aspects of depression that these symptoms are trying to capture. What calls for such an approach is that certain depression symptoms in the DSM-5 are not only superficially described (such as 'depressed mood', as discussed above) but are also incomplete and inaccurately depicted. For example, we could consider the DSM-5 (APA, 2013) authors' suggestion that, in

experiencing "psychomotor agitation or retardation" (p. 161), the individual reports that "even the smallest tasks seem to require substantial effort" (pp. 163-164). It is indeed the case that somatic disruptions in depression entail the feeling that immense effort is required to carry out even the simplest of everyday activities, such as getting out of bed, having a shower, or making a cup of tea. For instance, as two first-person depression accounts describe,

> everything seems like it takes so much more effort and sometimes even getting out of bed seems like such a monumental task that it can take hours to do. [Depression Questionnaire (DQ), #277][13]

> I feel tired, all the time. It doesn't matter how much sleep I've had, I have no energy. I'm exhausted. It's an effort to do anything. I feel so heavy, like gravity has increased or there's an enormous weight on my shoulders, pushing me down. Sometimes it's all I can do to get out of bed and get dressed, and I feel completely worn out when I've done that. (Dowrick & Martin, 2014, p. 7)

However, these accounts capture only a specific aspect of the experience of depression and are not representative of the full range of somatic and motor-coordination challenges that depressed individuals may experience. As Ratcliffe (2015) points out, such cases "[do] not accommodate those cases where action seems not merely difficult but impossible, in a way that is not attributable solely to the amount of actual or perceived effort required" (p. 5). In fact, in other first-person accounts, depressed individuals report that carrying out certain tasks is virtually impossible. As sociologist David Karp (1996) notes in his book *Speaking of Sadness* in which he provides an extensive analysis of interviews he conducted with depressed individuals: "depression, during its bleakest moments, utterly robs them of concentration, motivation, and energy [and even] the simplest acts can become impossible" (p. 30). The following accounts precisely capture not only the difficulty of carrying out certain actions, but the impossibility of doing so too,

> [W]hen you're really depressed, you know, if you're in your bedroom and someone said there's a million dollars on the other side of the room and all you have to do is swing your feet

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[13] Matthew Ratcliffe's and Achim Stephan's Depression Questionnaire was developed as part of an AHRC-funded project titled Emotional Experience in Depression: A Philosophical Study, led by Prof Matthew Ratcliffe and Prof Achim Stephan. The complete set of responses to the questionnaire is not publicly available, but selected responses are available in Ratcliffe (2015). All accounts from the Depression Questionnaire that are used in this thesis are presented verbatim, with minor grammar or spelling errors. Throughout this thesis, references to the Depression Questionnaire will be made as 'DQ', followed by the number of the participant whose testimony is presented in each case.

over the edge of the bed, and walk over and get the million, you couldn't get the million. I mean you literally couldn't. (Karp, 1996, p. 30)

On very bad days, as much as I might want to focus on things outside of myself, I can't. For instance, since I am unable to muster enough concentration to read a newspaper with any comprehension, attention to local, national, or international events is impossible. In fact, the strain of the effort to forget myself as the day proceeds only affirms the power of depressive feelings over my will to transcend them. (Karp, 1996, p. 105)

I wake up tired, amazed that I can even get out of bed. And often I can't. I usually sleep ten hours a night, but often it's many more. I am trapped in my body as I have never been before. (Wurtzel, 1994, p. 2)

Don't get me wrong there are some days where I physically and mentally can not cope with day-to-day life; I can not cope with the idea of getting out of bed and going to university or being around people or doing any of my assignments. (Keele University & Staffordshire University, 2019, p. 17)

Sometimes [depression] comes with a despair that sucks all power of movement from my limbs and renders me incapable of the smallest decisions, so that all I can do is lie down with the curtains closed, facing the wall, and pray to be left alone. (Merritt, 2009, p. 5)

As such, in certain cases, carrying out particular activities goes beyond the will of the individual to put in enough effort, and enters the realm of the impossible. In this regard, therefore, there is a considerable aspect of the experience of depression that will be omitted from diagnosis if the psychiatrist only focuses their understanding of "psychomotor agitation or retardation" as only involving cases in which "even the smallest tasks seem to require substantial effort" (APA, 2013, pp. 163-164) and not cases in which certain activities become virtually impossible to perform.

In this regard, the DSM-5, as a diagnostic manual, does not exhaust all the ways in which depression can be experienced. In effect, by exploring first-person depression accounts, we can investigate the various dimensions in which the experience of depression unfolds. Further analysis of depression experiences can unveil the multiplicity of ways in which depression can be experienced, and hence inform the dominant psychiatric understanding of depression.

2.1.1.4. Going beyond the DSM-5 diagnostic criteria for depression

Taking issues such as the above into consideration, there emerges the question of how we can then revise the DSM-5 diagnostic criteria in order to better reflect the experiential nature of depression. In a review titled *The Phenomenology of Major Depression and the Representativeness and Nature of DSM Criteria*, psychiatrist Kenneth Kendler (2016) explored how accurately the DSM-5 criteria for depression capture the phenomenology of depression experiences. By examining 19 textbooks of psychiatry and psychological medicine published from 1899 to 1956 and evaluating the extent to which the symptomatic criteria for MDD in the DSM-5 align with the clinical descriptions of depression within the post-Kraepelinian Western psychiatric tradition, Kendler concluded that "important features of major depression are not captured by DSM criteria" (p. 771).[14] More specifically, Kendler identifies 18 signs and symptoms of depression mentioned in the 19 textbooks of psychiatry and psychological medicine which he examined. Kendler reports that ten of those signs and symptoms are "well described" (p. 773) in the DSM-5 criteria for depression, and one ('circadian effects') satisfies the criterion for melancholia. In addition, Kendler notes, two of the signs and symptoms ('mood changes' and 'changes in cognitive content') are "partly covered" (ibid.) by the DSM-5 criteria, and five signs and symptoms ('changes in volition/motivation', 'slowing of speech', 'anxiety', 'other physical symptoms', and 'depersonalization/derealization') are not included in the DSM-5 criteria at all.

As Kendler notes, some aspects of the experience of depression - such as depersonalization and derealization - are not included in the DSM-5, yet such aspects arise often in first-person accounts of depression. For instance, in certain accounts, individuals describe their experience of the world as fake, artificial, two-dimensional, or lacking depth (Church, 2003; Medford et al., 2005; Gaebler et al., 2013). Further exploring the intricacies and nuances of these terms can give us a deeper and more thorough understanding of the characteristics and specificities of depression experiences. For example, we could examine whether experiencing the world as unreal also entails experiencing other people as unreal in a way in which "the

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[14] At first, it might seem troubling that Kendler is assessing the accuracy and representativeness of DSM-5 criteria by looking at textbooks published primarily in the first half of the 20th century. One could say that it is unfair to assess the psychiatric understanding of depression in 2013 (the year DSM-5 was published) through the psychiatric and psychological understanding of depression from 1899 to 1956. However, as Kendler notes, this period was chosen because "the clinical features associated with what we now call depression were considerably more diverse in earlier epochs" (p. 771; also see Berrios, 2002) and thus allow us to examine a wider range of depression experiences which go beyond the DSM-5 symptoms. In fact, what we see in phenomenological analyses of first-person experiences of depression is the richness and diversity of different individuals' experiences of depression. As mentioned above, certain symptoms identified by Kendler which are common aspects of depression experiences are missing from the DSM-5 list of symptoms. In this sense, the textbooks do not reflect an obsolete and outdated way of thinking about depression but reflect accurate descriptions of depression through which we can diagnose and understand the disorder today.

line between 'my world' and a 'shared world'...becomes blurred" (Ratcliffe, 2015, p. 261), or whether experiencing the world as two-dimensional bears resemblance to claims that in depression the individual experiences the loss of "participation in the shared space of affective attunement" (Fuchs, 2013a, p. 228). In this approach, attaining a comprehensive understanding of depression necessitates not only grasping individual symptoms in isolation but also recognizing their interconnectedness within an individual's lived experience of depression. For instance, throughout this thesis, the notions of unhomelikeness, mood, attunement, and worldly possibilities will be thoroughly examined not only as independent notions but as interdependent ones. This will be done in order to highlight the experiential aspects of depression that are highlighted via a phenomenological analysis of depression accounts and thereby investigate how they affect one another.

In this sense, solely relying on the DSM-5 criteria as if they exhaust everything one can know about depression, and thus neglecting the subjective experience of depression, promotes an incomplete and inaccurate understanding of the disorder which has encouraged, following Kendler, "the rise of diagnostic literalism" (p. 771). The rise of diagnostic literalism refers to taking the DSM-5 criteria at face value and neglecting or dismissing broader perspectives or additional dimensions of the experience of depression. As a result, by focusing exclusively on the DSM-5 criteria, we risk obtaining a narrow and limited understanding of the experience of depression, potentially overlooking certain key aspects and nuances of the experience. As Kendler further adds,

> The DSM symptomatic criteria for major depression do a reasonable but incomplete job of assessing the prominent clinical symptoms and signs of depressive illness as described in the Western post-Kraepelinian psychiatric tradition. In their use as diagnostic criteria, this is unproblematic because, across all of medicine, diagnostic criteria are designed to index rather than exhaustively describe a clinical syndrome. That is, criteria need only to identify true cases with sufficient sensitivity and specificity, and not to reflect complete catalogs of important symptoms and signs. But it is problematic when we focus our teaching, our clinical work, and our research solely around DSM criteria. (p. 779)

In these terms, there is more to the experience of depression than what the DSM-5 diagnostic criteria outline: First, with respect to the specific symptoms being listed, these manifest in various ways in the individual's experience and cannot represent nor capture the experience

simply through a 'yes' or 'no' answer on whether a particular symptom is present. As Pearce (2014) has put it, "the uncritical use of diagnostic checklists puts clinicians and researchers at risk of an overconfident and decontextualised approach to diagnosis" (p. 515). Second, the DSM-5 depression criteria do not capture the multitude of ways in which depression can be experienced, which goes beyond the nine symptoms listed in the manual. For example, as will be discussed throughout this thesis, depression experiences also prominently involve disruptions in the intersubjective dimension of one's experience of the world.

In this regard, neglecting or dismissing broader perspectives or additional dimensions of understanding depression that extend beyond the scope of the DSM-5 can hinder not only our understanding of depression, but also research, teaching, and clinical work on depression. Importantly, it has been emphasised that such issues have not appeared with the publication of the DSM-5 but date back to the publication of DSM-III in 1980. As Nancy Coover Andreasen (2007) - a Task Force member of both DSM-III and DSM-IV - has put it,

> Since the publication of DSM-III in 1980, there has been a steady decline in the teaching of careful clinical evaluation that is targeted to the individual person's problems and social context and that is enriched by a good general knowledge of psychopathology. Students are taught to memorize DSM rather than to learn complexities from the great psychopathologists of the past. (p. 108)

In these terms, as Andreasen expresses, a narrow focus on the DSM diagnostic criteria has led to a diminished emphasis on a nuanced clinical assessment which would take into consideration the individual contexts under which a symptom arises and the unique way in which it manifests within the individual's experience. As Andreasen further adds,

> First, the criteria include only some characteristic symptoms of a given disorder. They were never intended to provide a comprehensive description. Rather, they were conceived of as ''gatekeepers'' - the minimum symptoms needed to make a diagnosis. Because *DSM* is often used as a primary textbook or the major diagnostic resource in many clinical and research settings, students typically do not know about other potentially important or interesting signs and symptoms that are not included in *DSM*. Second, *DSM* has had a dehumanising impact on the practice of psychiatry. History taking - the central evaluation tool in psychiatry - has frequently been reduced to the use of *DSM* checklists. *DSM* discourages clinicians from getting to know the patient as an individual person. (p. 111)

Therefore, omitting the subjective dimensions of the experience of depression can contribute to an incomplete, and even inaccurate, perspective of what the experience entails, and can "[discourage] clinicians from getting to know the patient as an individual person" (ibid.). Given the current inability of the DSM to interpret and understand experiences of depression by taking into consideration the context in which they arise, it becomes imperative to accentuate the diverse spectrum of subjective encounters that can characterise these experiences. In these terms, according to Parnas and Zahavi (2002), the DSM's "lack of a suitable theoretical psychopathological framework to address human experience" (p. 140) has led to an insufficient consideration of subjective experience and an excessive focus on behavioural signs and symptoms. In this regard, Parnas and Zahavi suggest, phenomenology can provide a comprehensive framework that enables the creation of precise portrayals of the subjective experiences associated with mental disorders, all while avoiding unwarranted metaphysical commitments or assumptions.

2.2. A typical account of the experience of depression

Before proceeding to the next chapter, with which my exploration of first-person accounts of depression will begin, I deem it important to make certain clarifications in regard to the target of my phenomenological analysis of first-person accounts of depression.

Throughout this thesis, I will be using the terms '*the* experience of depression' or '*the* depressed individual' to refer to specific first-person accounts of depression that will be analysed, or to denote recurring features frequently described in these accounts. However, I make sure to emphasise that in doing so I do not refer to a single experience that is identical across all depression accounts. In fact, an exploration of first-person depression accounts demonstrates that depression is a multidimensional experience that can manifest in various ways and which differs, sometimes substantially, among depressed individuals. Nevertheless, I suggest that we can explore whether '*the* experience of depression' may point toward some kind of experience which we will *typically* expect to find in an individual's experience of depression and what this may entail.

Following the DSM-5 diagnostic criteria, there are 227 different symptom combinations between these criteria for diagnosing MDD. However, not all combinations are reported by

individuals who have been diagnosed with MDD. In a study by Park et al. (2017), the researchers identified the frequency and combinations of depressive symptoms that meet the diagnostic criteria for MDD and reported 119 different symptom combinations (52.4% of all possible combinations) among 853 patients starting psychiatric treatment for first-onset or recurrent MDD. In another study by Zimmerman et al. (2015), the researchers reported 170 different symptom combinations (74.9% of all possible combinations) among 1566 patients diagnosed with MDD.[15] Following Zimmerman et al., based on the DSM-5 criteria alone there are various ways in which depression can be experienced and "it is possible for 2 patients diagnosed with MDD to have no symptoms in common" (p. 30). For instance, Zimmerman et al. reported that all nine DSM-5 depression symptoms were present in only 10% of participants in their study. In addition, 48% of their study participants did not report psychomotor changes, 25.9% did not report feelings of worthlessness, and 12.8% did not report diminished concentration. In Park et al.'s (2017) study, these figures stood at 29.2%, 33.4%, and 37.2%, respectively. Therefore, strictly speaking, based on the DSM-5 diagnostic criteria for depression alone, there is no symptom of depression which we will *necessarily* find in one's experience of depression.

Nevertheless, whereas there is no symptom of depression that we will find in all depression cases, some symptoms appear more commonly than others. For instance, in Park et al.'s (2017) study, 93.1% of participants reported 'diminished pleasure' and 84.6% reported 'fatigue or loss of energy', while in Zimmerman et al.'s (2015) study these figures stood at 82.2% and 87.9%, respectively. As noted earlier, even the most frequently reported depression symptom - that is, 'depressed mood' - appears in 93.7% (Zimmerman et al., 2015) to 98.2% (Park et al., 2017) of depression diagnoses. In this regard, aspects of the experience such as 'diminished pleasure' or 'fatigue or loss of energy', although not necessarily present in all depression experiences, are prevalent to the extent that we can reasonably expect to encounter them in an individual's experience of depression. In these terms, we could refer to a *typical* case of depression, which involves certain characteristics which in most cases constitute one's experience of depression.

This typicality of depression experiences is evidenced not only through the various combinations of DSM-5 symptoms but also in the first-person accounts of depressed

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[15] Both studies used the DSM-IV criteria for MDD which, as indicated above (p. 64, footnote 15), remain largely unchanged in the DSM-5 and we can thus reasonably expect that the above findings would also apply to the DSM-5 criteria.

individuals. In these accounts, individuals frequently report spatiotemporal disruptions in their world-experience (Karp, 1996), loss of hope and meaning (Solomon, 2001), persistent feelings of shame (Lewis, 2006), detachment from the world (Brampton, 2008), and alienation from other people (Rice-Oxley, 2012). In examining such accounts, Karp (1996) notes,

> It was impossible to listen to depressed people without being struck by the frequency with which themes of "isolation," "withdrawal," and "disconnection" came up. (p. 34)

Indeed, as will become evident throughout this thesis, feelings of alienation, detachment, and disconnection are widely prevalent in first-person accounts of depression. Some aspects of the experience of depression in particular, such as one's disconnection from other people, are, as Ratcliffe (2018) notes, "central to most of those predicaments labelled as 'depression' [and] inextricable from other, seemingly distinct depression-symptoms" (p. 1). In these terms, in understanding what constitutes depression experiences we can, following Parnas and Gallagher (2015), further suggest that we can conceptualise the experience of depression as a prototype - that is,

> [as] a central example of the category in question…with a graded dilution of typicality toward the borders of the category, where it eventually overlaps exemplars from neighboring categories. (p. 73)[16]

This approach is essential, Parnas and Zahavi add, as it is unclear how, or even why, the DSM-5 diagnostic criteria for depression are synthesised to pathologize certain experiences or behaviours. The problem, according to Parnas and Zahavi (2002), lies precisely in that "we do not know at all what to look for and are therefore doomed to an endless process of accumulation of disconnected atomistic observations with no obvious prospect of eventual, finite synthesis, into useful categories" (p. 138). In resolving such issues, following Parnas and Gallagher (2015), we can conceptualise the experience of depression as a prototypical *gestalt* - that is, as "a unity or organization of phenomenal aspects…that emerges from the relations among the features of experience" (p. 74). In taking into consideration the various dimensions of one's experience of depression, one comes to recognise "the underlying unity

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[16] In referring to 'exemplars from neighboring categories' with which the experience of depression overlaps, Parnas and Gallagher refer to other disorders with which Major Depressive Disorder (MDD) is comorbid. For instance, according to a study on the epidemiology of adult DSM-5 MDD, Hasin et al. (2018) found that study participants diagnosed with MDD were also diagnosed with substance use disorders (45.3%), anxiety disorders (36.4%), and personality disorders (40.9%).

of what might otherwise look like several discrete symptoms" (Ratcliffe, 2015, p. 64), thus expressing the connection between the different constituting aspects of one's being-in-the-world (such as, the temporal, somatic, spatial, sociocultural, historical, and intersubjective aspects) which are to be studied not as independent features, but as interdependent ones. Such claims which advocate for the incorporation of diverse experiential dimensions to achieve a comprehensive understanding of one's being-in-the-world, can be traced back to Heidegger who argued that,

> if we are to have a fore-sight of Being, we must see it in such a way as not to miss the *unity* of those structural items which belong to it and are possible. Only then can the question of the meaning of the unity which belongs to the whole entity's totality of Being, be formulated and answered with any phenomenal assurance. (*BT* 275/232)

Therefore, following Heidegger, in gaining an insight into the nature of our being-in-the-world, we must apprehend it in a way in which the interconnectedness of its constituent aspects is not overlooked; and this involves acknowledging the unity amongst the experiential aspects. Within the context of this discussion, the unity amongst the various experiential aspects of depression experiences can be expressed through a typical account of the experience of depression, which will not only highlight the most prominent experiential features of depression, but will additionally unveil the intricate connections between them.

At this point, the reader might wonder whether there is a conflict between two of the claims which have been raised so far - that is, the claim that no two depression experiences are identical and the claim that there is a typical kind of the experience of depression. I suggest that these two claims are not exclusive and that a typical account of an experience can arise within experiences which are phenomenologically distinct. In explaining how this can be possible, I will refer to Iris Marion Young's (1980) essay *Throwing Like a Girl* in which Young describes how a typical account of an experience can arise without there being distinctive and unique structures and behaviours which constitute that experience. In this essay, Young explores what it means to be feminine in society in relation to how women's self-perception can affect their confidence and performance in specific tasks. As Young says,

> I take "femininity" to designate not a mysterious quality or essence which all women have by virtue of their being biologically female. It is, rather, a set of structures and conditions which

delimit the typical situation of being a woman in a particular society, as well as the typical way in which this situation is lived by the women themselves. Defined as such, it is not necessary that any women be "feminine" - that is, it is not necessary that there be distinctive structures and behavior typical of the situation of women. This understanding of "feminine" existence makes it possible to say that some women escape or transcend the typical situation and definition of women in various degrees and respects. I mention this primarily to indicate that the account offered here of the modalities of feminine bodily existence is not to be falsified by referring to some individual women to whom aspects of the account do not apply, or even to some individual men to whom they do. (pp. 140-141)

In being feminine, Young argues, a person does not have to adhere to particular distinctive experiential structures or exhibit any particular set of behaviours which are thought to be typically feminine. Nevertheless, following Young, we could express a typical way of experiencing depression as being delimited by "a set of structures and conditions…in a particular society" (p. 140). Whereas no such necessary structures or behaviours exist, it can still be the case that a certain 'set of structures and conditions' *delimits* what it is to be feminine without, at the same time, setting any necessary conditions for being feminine. Importantly, as Young adds, the typical situation of being a woman is not falsified when this 'set of structures and conditions' is not part of a woman's experience - that is, when one does not exhibit what is considered to be 'typically feminine' behaviour.

In a similar sense, we can identify a certain "set of structures and conditions which delimit the typical situation" (ibid.) of experiencing depression. As discussed above, reports of 'diminished pleasure' and 'fatigue or loss of energy' are highly prevalent in experiences of depression (Zimmerman et al., 2015; Park et al., 2017). Additionally, as will be discussed in Chapter 3, it is common for depressed individuals to report feelings of alienation, detachment, and isolation from other people and from the world. As such, these experiential aspects can constitute what we would typically expect to find in one's experience of depression. In addition, in Chapter 5, I will be discussing a common experiential feature that I suggest arises within different metaphors which depressed individuals use to describe their experience - that is, the feeling of being a spectator in the world. Within this context, this feature can be taken to constitute a typical way of experiencing depression.

Notably, it is also the case that a depressed individual may exhibit too much or too little of a particular aspect of the experience, or none of the typical characteristics at all - that is, in

Young's words, they can "escape or transcend [their] typical situation and definition" (p. 141). However, drawing on Young's claims, such cases do not falsify or disprove the existence of a typical way in which an experience, such as depression, is lived.

Hence, my reference to "*the* experience of depression" or to "*the* depressed individual" in this thesis will not refer to a single way of experiencing depression and is not meant to generalise over *all* depressed individuals or *all* aspects of their experience. My use of '*the* experience of depression' or '*the* depressed individual' in this thesis will therefore be done i) for reasons of simplicity, ii) to refer to the experience of a particular individual in the account which will be the focus of the respective discussion, or iii) to refer to typical aspects of depression experiences. In this regard, when I refer to '*the* experience of depression' or to '*the* depressed individual', I refer not to a single experience of depression, but to an experience which can be experienced in a variety of different ways.

2.3. Conclusion

In this chapter, I outlined the diagnostic criteria for Major Depressive Disorder in the DSM-5, and examined certain implications of the way in which MDD is presented in the manual. A critical engagement with the DSM-5 will enable me to identify precisely what a phenomenological approach to understanding depression, as well as the incorporation of the phenomenological method into diagnosis, treatment, and therapy, aims to offer. In particular, within this chapter, I raised certain issues in regard to the pathologization of ordinary behaviour in the DSM-5 which can lead to "overdiagnosis" (Horwitz & Wakefield, 2007, p. 16) of depression cases. Additionally, I argued that the core symptom of "depressed mood" (APA, 2013, p. 160) is a superficial and broad term which captures neither the nuances and intricacies of how one's mood in depression can manifest in their experience nor the inherent interconnectedness of 'depressed mood' to other experiential features of depression. In these terms, I suggested that a phenomenological exploration of a prevailing symptom such as 'depressed mood' can unveil the precise experiential elements which manifest in experience as 'depressed mood'. What further calls for such an approach is the fact that the psychiatrist's understanding of what constitutes a particular symptom can be enriched through phenomenological analysis. For example, in exploring the symptom identified as "psychomotor agitation or retardation" (p. 161), I suggested that examining first-person depression accounts allows us to see not only that "even the smallest tasks seem to require

substantial effort" (pp. 163-164), but also that in certain cases performing even the most effortless of activities is virtually impossible.

In effect, I emphasised the importance of incorporating the individual's subjective experience into clinical practice, to the extent that it can shape diagnosis, therapy, and treatment. Doing so can enable the medical professional to identify frequently reported aspects of the experience of depression which are not mentioned in the DSM-5, such as depersonalization, derealization, temporal disruptions, and intersubjective disruptions in one's being-in-the-world.

Finally, in this chapter, I suggested that certain features of depression which arise frequently in first-person accounts - such as intersubjective disturbances, which will be explored throughout this thesis - can constitute a typical account of the experience of depression. In suggesting that we can conceptualise a typical account of the experience of depression, I noted that my use of the terms '*the* experience of depression' or '*the* depressed individual' does not aim to capture a single way in which depression is experienced. Instead, within this thesis I highlight that depression can manifest in different ways in different individuals' experiences, sometimes even in contrasting manners.

CHAPTER 3
THE EXPERIENCE OF DEPRESSION AS
AN UNHOMELIKE BEING-IN-THE-WORLD

In this chapter, I begin my exploration of the disruptions that manifest in one's interpersonal relationships in experiences of depression. I aim to clarify the nature of these disruptions within the depressed individual's experience of the world, ultimately emphasising how phenomenology can enrich our comprehension of the individual's experience. More specifically, I investigate a prevalent aspect of depression experiences which refers to depressed individuals describing their experience as 'unhomelike', 'unfamiliar', or as 'living in another world'. I subsequently examine the implications of this experiential feature of depression on depressed individuals' interpersonal relationships. Within this context, I explore the notion of the unhomelike through the work of Ernst Jentsch and Sigmund Freud on the concept of *das Unheimliche* (the unhomelike, the uncanny) which illustrates a complex interplay between the homelike and the unhomelike in one's world-experience. I proceed by discussing Fredrik Svenaeus' exploration of the concept of the unhomelike in experiences of depression, which is primarily examined through disruptions in the depressed individual's embodied engagement with the world. I expand on Svenaeus' account to examine how feelings of unhomelikeness in depressed individuals can additionally be examined through disruptions in their interpersonal relationships. In this regard, through an analysis of first-person depression accounts, I illustrate how the enduring and pervasive sense of unhomelikeness often makes it difficult or impossible for individuals to articulate their experience and have it understood by other people. Building upon these observations, I argue that the sensation of depression as an unhomelike state of being-in-the-world renders it exceedingly challenging for depressed individuals to establish successful and meaningful interpersonal relationships with other people. In this regard, the feeling that the experience of depression is incommunicable to, and incomprehensible by, other people comes to constitute the interpersonal dimension of the feeling of unhomelikeness. In sum, the primary objective of this chapter is to pinpoint specific aspects of one's interpersonal relationships that are disrupted in depression and to contextualise these disruptions within the framework of feelings of unhomelikeness that arise in experiences of depression.

3.1. Ernst Jentsch and Sigmund Freud on the (un)homelike

In first-person depression accounts which will be explored in this chapter, individuals report a persistent and all-encompassing feeling of unhomelikeness and unfamiliarity in their experience of the world. As they describe, what was once experienced as homelike and familiar in the world is transformed within the experience of depression as unhomelike and unfamiliar. To gain a broader perspective on the concepts of homelikeness and unhomelikeness, and their relevance in comprehending experiences of depression, I will draw upon the concept of *das Unheimliche* (the unhomelike, the uncanny) as it was formulated and developed by Ernst Jentsch in his 1906 essay *Zur Psychologie des Unheimlichen* (On the psychology of the uncanny) and by Sigmund Freud in his 1919 essay *Das Unheimliche* (The uncanny). In their essays, Jentsch and Freud explore what it means to experience something as 'uncanny' through the notions of homelikeness (*heimlich*) and unhomelikeness (*unheimlich*). In broad terms, Jentsch and Freud posit that the uncanny emerges in experience when the familiar aspects of homelikeness co-exist with the unfamiliar - and unsettling - aspects of unhomelikeness.

In *Zur Psychologie des Unheimlichen*, Jentsch (1997/1906) says that what is familiar in experience "appears not only as welcome, but also…as straightforwardly self-evident" (p. 8). For instance, experiencing the sun rising in the morning is self-evident (hence, familiar) to us as it has been part of our world-experience since childhood and thus it is experienced "as a normal custom not requiring commentary" (ibid.). In contrast, Jentsch says, experiencing something as uncanny means that one "is not quite 'at home' or 'at ease' in the situation concerned, that the thing is or at least seems to be foreign to him" (ibid.). In this regard, the familiarity of the morning sunrise differs from other kinds of experiences which involve both the familiar and the unfamiliar, such as interacting with a wax figure. When encountering a wax figure, Jentsch claims, a sense of uncanniness, perplexity, and unease arises in us due to the fact that the wax figure is experienced as human-like - that is, as homelike and familiar - but at the same time, as an inanimate object, it is experienced as unfamiliar and unhomelike. The uncanniness of the wax figure, Jentsch says, persists in one's experience "[even] after the individual has taken a decision as to whether [the wax figure] is animate or not" (p. 12). As such, for Jentsch, an encounter with a wax figure vividly illustrates how the juxtaposition of the homelike and the unhomelike gives rise to feelings of uncanniness in one's experience.

A similar conception of the uncanny - that is, as emerging from the presence of both the homelike and the unhomelike in experience - is also developed by Freud (2023/1919) in his essay *Das Unheimliche*. In this essay, Freud starts by exploring the concept of the uncanny etymologically. His aim is to demonstrate how, within the realm of the uncanny, the notions of the homelike (*heimlich*) and the unhomelike (*unheimlich*) paradoxically converge and become "identical" (p. 4), despite our conventional perception of them as opposing notions. As he says,

> The German word *unheimlich* is obviously the opposite of *heimlich*, *heimisch*, meaning "familiar," "native," "belonging to the home"; and we are tempted to conclude that what is "uncanny" is frightening precisely because it is *not* known and familiar. (p. 2)

In further exploring the meaning of the *heimlich* and the *unheimlich*, Freud notes that *heimlich* "belongs to two sets of ideas, which without being contradictory are yet very different: on the one hand, it means that which is familiar and congenial, and on the other, that which is concealed and kept out of sight" (p. 3), whereas *unheimlich* expresses something "uneasy, eerie, [and] bloodcurdling" (ibid.).[17] At this point in the essay, Freud acknowledges Friedrich Wilhelm Joseph Schelling (2008/1835) who suggested that the *unheimlich* denotes "everything that ought to have remained [...] hidden and secret and has become visible" (as translated in Freud, 2023/1919, pp. 3-4). In these terms, Freud says, what is homelike (*heimlich*) expresses that which is familiar, non-threatening, and intimate and that which can arouse "a sense of peaceful pleasure and security as in one within the four walls of his house" (p. 5). At the same time, Freud adds, what is homelike, precisely understood as something which exists in the 'four walls of one's house', also expresses what is "concealed, kept from sight, [and] withheld from others" (p. 6). Therefore, Freud adds, *heimlich* also expresses something which is mystical, obscure, and inaccessible - that is, something unhomelike.

In this regard, the uncanny manifests in experience when what is ordinarily obscure or 'in the background' comes to the forefront of experience along with what is homelike. In effect, Freud further adds, "[w]hat is *heimlich* thus comes to be *unheimlich*" (p. 3), further emphasising that "*heimlich is* a word the meaning of which develops towards an

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[17] As Madeira et al. (2019) explain in their analysis of Freud's work, in the German language, *heimlich* stands for familiar, intimate, domestic, but also secret, hidden, and clandestine. Conversely, *unheimlich* accounts for all phenomena that have become strange, sinister, unsettling and for things which were secret, hidden, and private and that have now become exposed" (p. 276).

ambivalence, until it finally coincides with its opposite, *unheimlich*" (p. 4). In these terms, as Freud further suggests, the uncanny is "in reality nothing new or foreign, but something familiar and old" (p. 13) which arises in one's world-experience as a blend between the homelike and the unhomelike.

3.2. Unhomelikeness in depression: from bodily to interpersonal disruptions

Having established the foundational framework on which Ernst Jentsch and Sigmund Freud have built and developed the concept of the uncanny - understood as the incorporation of both the homelike and the unhomelike in experience - I will now proceed by examining how these notions have been applied in phenomenological research, primarily through the work of Fredrik Svenaeus (e.g. 2000a, 2013a, 2022a, 2022b). I will start by providing a brief account of Svenaeus' exploration of the concept of the unhomelike in experiences of illness more generally. I will proceed by examining how feelings of unhomelikeness manifest in experiences of depression through somatic disruptions, as Svenaeus has primarily focused his work on this aspect. I will proceed by developing Svenaeus' ideas in order to further examine how feelings of unhomelikeness manifest in experiences of depression through disruptions in one's interpersonal relationships.

3.2.1. Unhomelikeness and bodily disruptions in illness and depression

In his work, Fredrik Svenaeus investigates how the experiences of health and illness can be conceptualised as homelike and unhomelike states of being-in-the-world. As Svenaeus (2022a) points out, health and illness are not to be regarded as mutually exclusive phenomena nor as polar opposites. Rather, health and illness exist on a spectrum and are both inherent aspects of our being-in-the-world. As such, they can both coexist within the same experiential continuum. As Svenaeus puts it,

> Health and illness, on the phenomenological level, must be seen as graded phenomena, since both homelikeness and unhomelikeness are always present to some degree in our being-in-the-world. The basic alienness of the homelikeness has its counterpart in a basic homelikeness in illness. No illness is severe enough to eradicate *all* sense of being-at-home in

one's body and world. It indeed always remains *my* body and *my* world, no matter how unhomelike the being-in becomes. (p. 94)[18]

In these terms, Svenaeus suggests, following Jentsch and Freud, there is a fundamental homelikeness upon which the sense of unhomelikeness arises, signifying the intricate interplay between the homelike and the unhomelike in experiences of illness. As discussed in the previous section, this interplay gives rise to the uncanniness of illness experiences, as they involve the presence of the unhomelike within what was ordinarily experienced as homelike. As Steinbock (1995) puts it, "[the world] is *normatively* significant as "homeworld" [*Heimwelt*] in a co-constitutive and cogenerative relationship with an alienworld [*Fremdwelt*]" (p. 122). In this sense, Svenaeus (2000a, 2022b) further suggests, even in illness there remains a fundamental connection to one's body and the world which manifests as a feeling of homelikeness. This connection compels one to reconsider the conventional dichotomies of health and illness and invites some more careful consideration of the nuances that shape illness experiences. In this regard, Svenaeus claims, the homelike is not to be understood as the absence of the unhomelike, nor the unhomelike is to be understood as the absence of the homelike. Instead, both can be constitutive of our experience of the world at any moment.

In a similar manner, in applying the notions of the homelike and the unhomelike to the phenomena of health and illness, Svenaeus suggests that health is not merely the absence of illness but health *transcends* illness. Svenaeus expands on this claim through his discussion of embodiment in health and illness. Echoing Merleau-Ponty (1962), Svenaeus notes that in health our body seamlessly integrates with our lived experience - that is, it is a *lived* body (*Leib*) and not a *corporeal* body (*Körper*). As such, our body is not a detached entity which is to be studied as an external object, but is an inseparable and integral component of our being-in-the-world. As Svenaeus (2022b) puts it,

> health makes us at home with our bodies and in the world in which we are constantly striving to realize ourselves through embodied actions. (p. 376)

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[18] It is worth noting that, as Svenaeus (2019) emphasises, this approach is to be distinguished from the Nietzschean approach which considers the phenomenological approach to illness as insufficiently normative, and takes references to 'normal health' to be too dogmatic. Instead, Nietzsche suggests that there are many ways to be healthy, some of them even involving illness. As Nietzsche (1974) puts it in *The Gay Science*, "there is no health as such, and all attempts to define a thing that way have been wretched failures…[T]here are there are innumerable healths of the body;…the concept of a normal health, along with a normal diet and the normal course of an illness [must] be abandoned" (p. 176-177). In response, Svenaeus (2019) defends the phenomenological accounts of illness by arguing that "[n]ormativity cannot be escaped in exploring and defining health, and the way naturalists attempt to cover this up is just as faulty as the way Nietzscheans mix up the norms that determine health with those that determine personal identity and the good life." (p. 465)

In contrast, in illness, the body emerges as a mere object, appearing as foreign and obtrusive to the individual's participation in the world. As Svenaeus (2013a) says,

> illness is an unhomelike being-in-the-world in which the embodied ways of being-in of the person have been thwarted. In illness the body shows up as an alien being (being me, yet not me). (p. 233)

In this context, what Svenaeus wishes to convey by emphasising the paradoxical situation of one's body in illness being experienced as "being me yet not [being] me" (ibid.) is the transformation of the lived body to a corporeal body as the body becomes an object of scrutiny and investigation. As such, in illness, "the body has to be surveyed as something other than oneself, something that has its own ways and must be regulated if one shall be able to survive" (Svenaeus, 2000b, p. 131) and is not experienced as a mode of access into the world.

Svenaeus' observation that in illness the lived body transforms into a corporeal body which obstructs the individual from participating in the world can be seen in first-person accounts of depression too. As the following accounts emphasise:

> The madness of depression is, generally speaking, the antithesis of violence. It is a storm indeed, but a storm of murk. Soon evident are the slowed-down responses, near paralysis, psychic energy throttled back close to zero. Ultimately, the body is affected and feels sapped, drained. (Styron, 2004, p. 47)

> No matter how often I'd tell myself there was no physical reason why I couldn't get up, go for a stroll in the park, my body refused to believe it and mutinied. (Lewis, 2006, p. 39)

> [My body feels] slow, heavy, lethargic and painful. Every morning I wake with a sore throat, headache and blocked nose. Everything feels 1000 times harder to do. To get out of bed, hold a cup of tea, it's all such an effort. My entire body aches and feels like it is going to break. (Ratcliffe, 2015, p.76)

In these terms, in depression, the body transforms from a seamless, background presence to an obtrusive one, necessitating conscious attention and regulation by the individual for their own survival. As a result of the individual experiencing their body as a foreign, obtrusive

entity, their experience of the world manifests as unhomelike. Instead of the body being experienced as a medium through which the individual can access the world, the body becomes an obstruction or even puts one in a state of somatic paralysis. As such, participation and engagement in the world become difficult or even impossible. In this manner, the depressed individual experiences a loss of access to the world which they previously experienced as accessible and familiar, hence experiencing the world in an unhomelike manner.

Within this framework, additionally drawing from Thomas Fuchs (2014), we can interpret these instances of diminished bodily engagement with the world in depression as indicative of a form of bodily rigidity that manifests within the individual's experience. In Fuchs' terms, due to the existence of a "gap between the body and its surroundings" (p. 406), the individual finds it impossible to "*transcend* the body's boundaries" (ibid.) and engage with the world. In these terms, a disturbance of the lived body, which is otherwise conceptualised as the medium of our embodied being-in-the-world, manifests as a feeling of unhomelikeness in the world as one feels they can no longer 'transcend the body's boundaries' and participate in the world.

3.2.2. Unhomelikeness and intersubjective disruptions in depression

In the previous section, I outlined certain accounts which suggested that bodily disruptions in experiences of illness and depression are expressed as unhomelike states of being-in-the-world. This is due to the transformation of the lived body (*Leib*) to the corporeal body (*Körper*), which appears as a foreign entity within one's world-experience, hence making it difficult or impossible for the individual to participate in the world. In this section, I will expand the discussion of somatic disruptions to explore how the depressed individual's world-experience as unhomelike can be conceptualised through disruptions in the individual's interpersonal relationships. In these terms, the experience of depression as indescribable to, and incomprehensible by, other people will be further conceptualised as constituting an interpersonal dimension of the feeling of unhomelikeness that wholly pervades the experience of depression. It is worth noting that my approach is not targeted at undermining attempts to explain depression experiences as somatic disruptions but suggests that we can further develop our understanding of depression experiences by exploring how the notion of unhomelikeness manifests in these experiences through disruptions in one's interpersonal relationships.

In doing so, I begin by examining certain first-person depression accounts in which individuals describe a profound, persistent, and all-encompassing feeling of unhomelikeness in the world. I proceed by discussing two key implications that the feeling of unhomelikeness has on one's interpersonal relationships: One, it is common for depressed individuals to report the difficulty or impossibility of effectively articulating or describing their experience of depression in ordinary language. Two, it is also common for depressed individuals to report that it is difficult or impossible for other people to understand the experience of depression, unless they have experienced depression themselves. In this regard, I suggest that the reason individuals report that their experience is indescribable to, and incomprehensible by, other people, is that depression is such a fundamentally distinct way of being-in-the-world that any attempt to articulate and communicate one's experience to others becomes an arduous or impossible task. Thereby, I argue, the feeling that depression is indescribable to, and incomprehensible by, other people is disclosed as constituting the interpersonal dimension of the feeling of unhomelikeness. In these terms, the connection between (i) the feeling of unhomelikeness, (ii) the feeling of indescribability to others, and (iii) the feeling of incomprehensibility by others manifests in the following way: the pervasive and all-encompassing feeling of unhomelikeness that arises in experiences of depression can be conceptualised as being constituted by interpersonal disruptions that take place in depression, which particularly concern the feelings of indescribability and incomprehensibility that manifest in the experience. Building upon these observations, I demonstrate that the sensation of depression as an unhomelike state of being-in-the-world renders it exceedingly challenging for depressed individuals to establish successful and meaningful interpersonal relationships with other people.

3.2.2.1. The experience of depression as an unhomelike being-in-the-world

In this section, I explore accounts by depressed individuals who describe their world-experience as unhomelike. Such accounts emphasise a profound departure of depressed individuals from their habitual experience of the world, which also underscores a contrast between the individuals' unhomelike experience of the world and the perceived homelikeness in which the world is experienced by other people. In effect, the realisation of this contrast deepens and exacerbates the depressed individuals' sense of isolation, as they

grapple with their inability to engage and participate in what others experience as ordinary life within the common life-world.

To begin, some first-person depression accounts convey the experience of depression in unhomelike terms, as if they inhabit another world or an alternate reality:

> [Depression] is a terrible sense of our own overwhelming reality, a reality that we know has nothing to do with the reality that we once knew. And from which we think we will never escape. It is like living in a parallel universe but a universe so devoid of familiar signs or life that we are adrift, lost. (Brampton, 2008, p. 171)

> [Depression] remakes the world. It begins, and the familiar world without is seen as if through isinglass: recognizable in its outlines, but dimly. It loses substance: sight and sound and scent alike are gone unaccountably bland. Your vision has gone within; you are enwrapped by inner experience, none of it pleasurable. You are resident now in some parallel universe. (Smith, 2001, p. 61)

> The worst thing about depression…is that it's a foretaste of death. It's a trip to the country of nothingness. Reality loses its substance and becomes ghostly, transparent, unbelievable. (Kaysen, 2001, p. 43)

> I felt so dissociated and far from reality that everything just felt like it had that dreamy quality. (Mind, 2020)

> I haven't been on Earth now for almost a year. because I wasn't doing very well on Earth…The Bad Thing[19] is more or less the reason why I'm not on Earth anymore…[T]here's nothing in this world you know but horrible rotten smells, sad and grotesque and lurid pastel sights, raucous or deadly-sad sounds. (Wallace, 1984, pp. 26, 28, 29)

> I felt slightly pulled back from reality, as though there was cotton wool between my brain and my senses. (DQ, #17)

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[19] 'The Bad Thing' is the name Wallace gave to his experience of depression in his 1984 essay *The Planet Trillaphon as It Stands in Relation to the Bad Thing*. In this essay, Wallace describes his experience with depression and antipsychotic medication. 'Planet Trillaphon' refers to his experience of taking the antipsychotic drug perphenazine, which has been marketed as Trilafon in the United States of America.

The world…appears a lot more anxiety provoking and challenging. Everything seems much more tiring and less enjoyable and a sense of unreality sometimes sets in. (DQ, #240)

These accounts highlight how depression profoundly affects the depressed individual's world-experience, as they describe the world as a place which is devoid of any signs of familiarity, and as characterised by an overwhelming sense of unreality or emptiness. This is persistent in experience to such an extent that individuals describe their world-experience as marked by a complete disconnection from the world. In Freud's (2023/1919) account, the profound feelings of detachment that individuals experience in such cases stem "from something familiar which has been repressed" (p. 32). This happens as individuals recognise the distinctiveness of their own world-experience when compared to one's world experience in health. As William James (1902) notes in his book *The Varieties of Religious Experience*,

A much worse form of [depression] is positive and active anguish, a sort of psychical neuralgia wholly unknown to healthy life. Such anguish may partake of various characters, having sometimes more the quality of loathing; sometimes that of irritation and exasperation; or again of self-mistrust and self-despair; or of suspicion, anxiety, trepidation, fear. (p. 147)

Interestingly, what exacerbates feelings of unhomelikeness in depression is the feeling that, as individuals realise that what used to be homelike is now experienced as unhomelike, they find it challenging to envision a return to how they ordinarily experienced the world as homelike. The world that was once experienced as homelike and familiar now appears inaccessible, and individuals also emphasise that the feeling of unhomelikeness is enduring and inescapable. As illustrated in certain first-person depression accounts:

Depression feels like the most isolated place on earth…I thought I had no hope of ever making it back to that place I called life. (Brampton, 2008, p. 1)

I felt sort of overwhelmed by the situation, and I was kind of sad that I was living the way I was living, and I didn't quite know how to get myself out of it … I guess a sense of feeling trapped. I think it was a recognition that this was not the way I wanted to live, but also the fact that I did not know how to get myself out of it. (Karp, 1996, p. 39)

I was terribly alone, lost in a harsh and far-away place, a horrible terrain reserved for me alone. There was nowhere to go, nothing to see, no panorama. Though this landscape

surrounded me, vast and amorphous, I couldn't escape the awful confines of my leaden body and downcast eye. (Shaw, 2001, p. 40)

Mental illness is a kind of exile into a foreign territory of the mind, although this foreign territory is right next door. It is a room - imagine it as plain white, featureless, empty - which most people may not enter, and from which others may never leave. (Thompson, 1995, p. 13)[20]

[I'm] struggling to get out. I don't know where I am and I know I am trying to get out of it. I want to get better and then I think that I can't get better. It's impossible and I just can't get better. I'm in such a tangle. I'm in such a mess. Whichever way I turn I can't get out. I can't explain the blackness but I'm in a hell of a mess and I want to get out. It doesn't matter which way I look I can't get out - it's impossible. (Rowe, 1978, p. 229)

There are times when you can say that being depressed is feeling weighed down. People use words like clouds or blankets and so on. But it's like fighting your way through something - almost marshmallow, which is far too yielding an image - something thick and enveloping and cloying. Even with clouds and blankets, those have boundaries and you know where they end, whereas it's a sense of pushing your way through something which has no boundary, which *you cannot conceive of as ending*. (Smith & Nairne, 1984, p. 19; emphasis mine)

In these terms, a world which was habitually experienced as accessible for the individual to engage and participate in in a homelike manner, is now experienced in terms of unhomelikeness, detachment, and obstruction, offering limited or no possibilities for meaningful engagement or participation.

In this section, I explored certain first-person depression accounts that report a pervasive sense of unhomelikeness in the world. As outlined, these accounts highlight that this state of unhomelikeness is fundamentally distinct from one's ordinary experience of the world, and that escaping the confines of depression seems impossible. In the next two sections, I am going to examine accounts of depression which express the feeling that the experience of depression is indescribable to, and incomprehensible by, other people, an issue which, I argue, arises due to how profound and enduring one's feeling of unhomelikeness in depression is. Thereby, the fact that in depression the world that was once experienced as

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[20] Although Tracy Thompson here refers to 'mental illness', and not to depression specifically, the context of this quotation is situated where Thompson talks about her experience with depression and, in particular, antidepressant medication.

homelike is now experienced as inaccessible to the depressed individual but as remaining accessible by other people comes to highlight certain disruptions that take place in the depressed individual's interpersonal relationships. In this regard, as will be explored, the depressed individual's feeling of unhomelikeness in the world is conceptualised as being constituted by feelings of indescribability and incomprehensibility that characterise the experience of depression.

3.2.2.2. The experience of depression is indescribable and incommunicable.

In his article, *The Phenomenological Approach in Psychopathology*, Karl Jaspers (1968/1912) identifies three groups of phenomena which he argues can be the objects of phenomenological investigation:

The first group, Jaspers says, concerns "phenomena known to us all from our experience" (p. 1318) - that is, phenomena which "come into existence in the same way as the corresponding psychic processes which in normal conditions arise out of others in an intelligible way" (ibid.). These refer to experiences that arise in a similar way to the related mental processes that typically unfold in one's ordinary being-in-the-world. In these terms, the first group of phenomena encapsulates those aspects of human experience which are inherently familiar to human beings and which can be comprehended through the lens of our common lived experience of the world.

The second group of phenomena concerns "phenomena which are to be understood as exaggerations, diminutions or combinations of phenomena which we ourselves experience" (ibid.) and refers to experiences such as, "the ecstasies of some acute psychoses, pseudo-hallucinations, [and] perverted impulses" (ibid.). These kinds of experiences can be understood as variations or distortions of ordinary experiences that individuals may encounter in their everyday lives and which, in Jaspers' terms, are often associated with mental health conditions.

The third group of phenomena, which is particularly intriguing from a phenomenological perspective, pertains to experiences characterised by "complete inaccessibility to any empathic understanding" (p. 1318). These phenomena stand apart from those phenomena identified in the other two groups. As Jaspers specifies, in this third group belong "thoughts

and moods which many patients report as undoubted experiences…but which we can never identify" (ibid.). In such experiences, Jaspers adds, patients "readily admit the impossibility of describing their experiences in ordinary language" (ibid.) and, as a result, the only way we can "get closer to them [is] by means of analogies and metaphors" (ibid.). The nature of these analogies and metaphors, their interpretative significance, and the insights they offer into the experience of depression are topics I extensively explore in Chapter 5. For the purposes of this section, however, my focus will be on depression narratives in which individuals, in line with Jaspers' observations, express the difficulty or impossibility of finding the words to describe their experience. For example, as expressed by William Styron (2004) in his depression memoir, *Darkness Visible: A Memoir of Madness*,

> Depression is a disorder of mood, so mysteriously painful and elusive in the way it becomes known to the self - to the mediating intellect - as to verge close to being beyond description…The horror of depression is so overwhelming as to be quite beyond expression. (p. 5, 83)

As Styron suggests, expressing such an unhomelike being-in-the-world into a language that can be effectively and successfully communicated to other people is impossible. As a result, the experience is concealed from other people as it remains 'beyond description' and 'beyond expression'. An additional account that echoes the struggle which accompanies one's attempt to describe an experience which is ultimately 'beyond description' is found in Lewis Wolpert's (1999) depression memoir, *Malignant Sadness: The Anatomy of Depression.* As Wolpert states,

> Severe depression borders on being beyond description; it is not just feeling much lower than usual. It is a quite different state, a state that bears only a tangential resemblance to normal emotion. It deserves some now and special word of its own, a word that would somehow encapsulate both the pain and the conviction that no remedy will ever come. (p. 1)

Here, Wolpert conveys the sense of estrangement that arises from the experience of depression when the experience is compared to 'normal emotion', to the extent that he suggests that the experience even warrants a 'special word of its own'. In this light, Martha Manning (1994), as a psychotherapist who had also experienced depression herself, reports something similar in her depression memoir, *Undercurrents: A Therapist's Reckoning with*

Depression: "I wish I could tell people my story, but I never have; [s]ome struggles are so solitary that they have drown in words" (p. 68), later adding that "I struggle to articulate how awful and isolating this feels, but I can't find the words" (p. 86). In this respect, further drawing from her own experience, Manning describes a conversation she had with a patient of hers who had also struggled with depression:

> She [i.e. the patient] wrestles with words that could possibly convey her suffering. As she tries to talk to me, deep wrenching sobs drown out the words. Her cries come from that place in us where hell resides. Where we find ourselves in total darkness, alone and afraid. Each time she tries to attach some bit of language to her experience, she becomes more frustrated and drifts farther and farther away. "Sometimes," I admit to her, "hell has no words." (p. 173)

Similar to the unsettling experience of inhabiting an unhomelike world in which one feels as if they are in 'total darkness, alone and afraid' - a comparison which Manning draws to hell - the experience of depression defies adequate description through ordinary language. In this light, as additionally highlighted by Julia Kristeva (1980) in her book *Black Sun: Depression and Melancholia*, the experience of depression is essentially "noncommunicable" (p. 3). In her account, Kristeva emphasises that the challenge or impossibility encountered by the depressed individual to convey their experience extends beyond mere verbal expression; it is comprehensive and pervasive, affecting every aspect of one's life. As Kristeva puts it,

> [melancholia is] 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. (ibid.)

There are various aspects of the experience of depression illuminated by Kristeva here that we could further explore - for instance, the description of melancholia as something that persists on a long-term basis, the lack of agency that characterises depression, the comparison of depression to grief, and the anhedonic aspect of one's world-experience. However, what I want to focus on for the purposes of this chapter, is Kristeva's report that the experience of depression is experienced as essentially being *noncommunicable*. Further in her book, Kristeva elaborates on the noncommunicability of depression experiences by attributing depression to feelings of unhomelikeness in the world. More specifically, Kristeva says, the depressed individual is "a stranger in her mother tongue" (p. 53) - that is, a stranger to

something which is as homelike and familiar as one's native language. In effect, the depressed individual experiences a profound shift in her world-experience as what was once homelike and familiar becomes unhomelike and unfamiliar. As per Kristeva's account, depression concerns such a fundamentally different way of being-in-the-world that one feels that the experience of depression cannot be successfully communicated to other people in ordinary language.

A similar observation is made by Fiona Shaw (2001) in her depression memoir *Out of me* in which she describes one of her experiences of being hospitalised. At the hospital, Shaw says, her experience of the world "was [in] some language I'd once known but long forgotten" (p. 37). In these terms, both Kristeva and Shaw characterise the experience of depression as a feeling akin to losing the ability to speak in one's mother tongue, leaving them unable to articulate and successfully communicate their experience to other people.[21] As a result, meaningful interpersonal interactions are disrupted for there is no 'common language' between the depressed individual and other people through which the depressed individual can describe their experience.

Notably, feeling unable to share one's pain and suffering is an aspect of the experience that magnifies one's pain and suffering. The author David Foster Wallace (1998), who centred much of his work around discussing his own experience with depression, begins his short story *The Depressed Person* in the following way,

> The depressed person was in terrible and unceasing emotional pain, and the impossibility of sharing and articulating this pain was itself a component of the pain and a contributing factor in its essential horror. (p. 57)[22]

As Wallace describes, the depressed individual's realisation that they are unable to articulate and share their pain is not only recognized as constituting the experience of depression, but

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[21] It is worth noting that comparisons likening the experience of a mental disorder to a 'distinct language', characterised by challenges in expressing one's experience to others and achieving mutual understanding, extend beyond depression and can also be observed in other conditions like schizophrenia. In the words of Fuchs (2019), "the situation of the schizophrenic is comparable to that of a person who, without noticing, has been transported to a foreign country and who does not understand the language spoken there. They would not only perceive the expressions and gestures of the speakers more intensively, but, above all, the enigmatic meaningfulness of their "gibberish". Since they cannot decrypt the meanings of the strange language, these meanings seem all the more related to them" (p. 113). Here, Fuchs highlights the fundamentally unhomelike being-in-the-world of the schizophrenic individual, which makes it virtually impossible for the individual to articulate and describe their experience of the disorder to other people.

[22] Wallace wrote this essay in the third-person, referring to a female individual who suffers from depression. It is debatable whether in this essay Wallace refers to his own experience with depression. In any case, Wallace did suffer from severe depression and much of his literary work is centred around his struggle with depression and self-harm. As demonstrated in this chapter, such descriptions of one's experience of depression are common amongst people who suffer from depression. In these terms, we can view Wallace's essay not as a work of fiction but as containing certain experiential elements drawn from his own encounters with depression.

contributes to the exacerbation of that pain. As such, the depressed individual's feeling that the experience of depression is indescribable reveals the interpersonal dimension of unhomelikeness. In these terms, the experience of depression is indescribable precisely because the depressed individual, compared to the non-depressed individual, inhabits 'another world' and thereby experiences the ordinary world as unhomelike. Thereby, following Wallace, the realisation of indescribability itself can contribute to the exacerbation of the feeling of unhomelikeness, hence disclosing the connection between the feeling of indescribability and the feeling of unhomelikeness in the sense that the former (along with the feeling of incomprehensibility, which will be explored further) constitutes the latter. Notably, what Wallace additionally discloses here is the experience of depression as a temporally dynamic experience in the sense that the realisation of incommunicability and incomprehensibility exacerbate the feeling of unhomelikeness which the realisation itself comes to constitute.

Interestingly, however, Styron (2004) emphasises that the feeling of unhomelikeness is pervasive and suggests that even if the experience of depression was in some way describable in ordinary language, this would not imply that the individual's experience would be comprehensible by other people. In this regard, precisely what is indescribable is the depressed individual's feeling that she 'inhabits another world'; a world which is fundamentally distinct from the world experienced by non-depressed individuals. As Styron puts it,

> I was feeling in my mind a sensation close to, but indescribably different from, actual pain...[T]he word 'indescribable' should present itself is not fortuitous, since it has to be emphasized that if the pain were readily describable most of the countless sufferers from this ancient affliction would have been able to confidently depict for their friends and loved ones (even their physicians) some of the actual dimensions of the torment, and perhaps elicit a comprehension that has been generally lacking; such incomprehension has usually been due not to a failure of sympathy but to the basic inability of healthy people to imagine a form of torment so alien to everyday experience. (pp. 14-15)

As Styron emphasises, the inability of other people to grasp one's experience of depression does not arise from other people's lack of sympathy, but from the inherent limitations of

non-depressed individuals to fully grasp an emotional state that is so alien to ordinary experience.

3.2.2.3. The experience of depression as incomprehensible by other people

As discussed in section 3.2.2.1., it is common for depressed individuals to describe their experience as akin to 'living in another world', characterised by persistent feelings of unhomelikeness and unfamiliarity. In this effect, another recurring theme that emerges in first-person depression accounts is the belief that understanding one's experience of depression necessitates direct personal experience. In these terms, in first-person accounts of depression, individuals consistently emphasise that it is impossible for other people to understand the experience of depression, unless they have experienced depression themselves:

> Until one has experienced a debilitating severe depression it is hard to understand the feelings of those who have it. (Wolpert, 1999, p. 1)

> Depression, like love, trades in cliches, and it is difficult to speak of it without lapsing into the rhetoric of saccharine pop tunes; it is so vivid when it is experienced that the notion that others have known anything similar seems altogether implausible. (Solomon, 2001, p. 52)

> The pain of severe depression is quite unimaginable to those who have not suffered it. [Depression] remains nearly incomprehensible to those who have not experienced it in its extreme mode. (Styron, 2004, p. 32)

> To those who haven't experienced it, it is hard to explain clinical depression. This malady is explicable only on its own terms. Depression obliterates the tangible. It removes us to its own landscape, remote as the Yukon[23] from the quotidian world where the great majority - including depressives in remission - live and love and work and plan. Those concepts - live, love, work, plan - scarcely apply here. Depression robs whatever present-day pleasure we're accustomed to deriving from them, and the future, to the depressed person, looks like nothing other than an endless loop of now. (Smith, 2001, p. 21)

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[23] Yukon is a sparsely populated territory in northern Canada and the smallest of Canada's three territories. It is known for its vast wilderness and harsh conditions. In comparing depression to the territory of Yukon we can interpret Smith to express the alienation and isolation of depression experiences.

The people that have really had it, they know what you're talking about. You don't have to try to explain it. You really can't [understand it] if you've never been to the point where it's more than you can do to get your ass out of bed and get in and take a shower. I mean, to take a shower is a major production. You can't even think, "What do I need to do [to take a shower]?" How do I need to do this? A normal person just goes and does it. You don't even think about it. You just do it. But this is a major production [for a depressed person]. My brother put up with me this last time and he helped a lot, but he didn't understand. He really couldn't. (Karp, 1996, p. 42)

Unless people have experienced it themselves, they find it almost impossible to understand that depression is totally different from what we all understand as 'being fed up' 'a bit down' or 'having a bad day'. (DQ, #137)

It is nearly impossible to talk about depression to someone who does not have it or who has never [had] it. I have been told to snap out of it, get some exercise or get the hell out of bed and do something. People do not understand that [depression] is a self perpetuating illness, almost like going down a waterslide..as soon as you notice its usually too late. (DQ, #162)

The fact that if I could 'pull myself together', I would! My depression is not a voluntary feeling of being just a bit fed-up. It is all consuming and debilitating. Unless one has suffered oneself then explaining how one feels is very difficult as reason goes out of the window. (DQ, #228)

The above accounts emphasise the profound and all-encompassing nature of unhomelikeness in the experiences of depressed individuals, to the extent that it becomes challenging, if not impossible, for individuals who have not experienced depression to truly grasp what it is like to be depressed. In this regard, the feeling of incomprehensibility that characterises depression can be conceptualised as constituting an interpersonal dimension of unhomelikeness - that is, as indicating that the world-experience of the depressed individual is to such an extent fundamentally distinct from the world-experience of the non-depressed individual that attempts by the non-depressed individual to understand the experience of depression become futile. In this respect, certain experiential features of the experience, such as one's disconnection from the world, are singled out by individuals as some of the aspects of the experience which are the most difficult to convey to other people. As another individual has said in response to the Depression Questionnaire,

> The disconnection I feel is the most difficult to convey. It's very difficult to explain to others who have never felt it, that the world looks distorted and imposing and alien, and that I don;t have a place in it. It's like being in a bubble with no sound or colour, and a complete lack of familiarity in everything, even in places I know well, like my home. Even people seem very alien. (#169)

As this account emphasises, the feeling of disconnection arises where there is a lack of familiarity even in places one knows well, such as one's home. In this sense, inhabiting a different realm than other people acts as an obstruction both to one finding the words to describe their experience in ordinary language and also to other people comprehending one's experience of depression. As such, the connection between the feelings of indescribability and incomprehensibility is revealed as constituting the interpersonal dimension of the feeling of unhomelikeness. In these terms, depression is experienced as indescribable to, and incomprehensible by, other people precisely because of how fundamentally unhomelike one's world-experience is. As a result, one's interpersonal relationships are disrupted as the depressed individual feels unable to effectively communicate their experience of the world to other people.

At this point, we may ask, what is the significance of others comprehending one's experience of depression? As highlighted in Chapter 1, our being-in-the-world is fundamentally a being-with-others in a shared world. It follows then that the sense of not being able to establish meaningful interpersonal relationships with other people and feeling that one belongs in a shared world are intricately connected and that thereby one can affect the other. As account #169 above from the Depression Questionnaire also emphasises, not having one's experience understood by other people instils one with a feeling of disconnection from others and of unhomelikeness in the world. In contrast, having one's world-experience understood can instil one with feelings of connection to others and of belonging in the world. As such, the understanding of one's experiences by other people can serve as a means to alleviate the feelings of unhomelikeness that often accompany experiences of depression.

This need for mutual understanding becomes particularly crucial in the context of therapy and treatment, as illuminated by accounts that underscore the substantial gap between the world-experience of the depressed individual and the world-experience of the medical professional. This gap acts as a barrier to the medical professional's grasp of the depressed

individual's experience. As further highlighted in Chapter 1, in her work, Toombs (1987) delves into this issue, proposing the existence of a "decisive gap" between the world-experience of the depressed individual and that of the medical professional. This gap, Toombs says, hinders effective communication, thereby obstructing the medical professional's ability to fully comprehend the depressed individual's experience of the disorder. As she puts it,

> The nature of this gap must be recognized by the practicing physician if he is to constitute a shared world of meaning with his patient and thereby assist him in dealing with the existential predicament of his illness. (p. 220)

To assist in acknowledging and subsequently reducing or eliminating this gap, Toombs advocates for what she terms the "eidetic approach" (p. 228) to therapy. As she describes it,

> the eidetic approach makes possible a shared world of meaning between physician and patient. Such an approach requires that the physician temporarily set aside his interpretation of illness in terms of theoretical disease constructs, in order to focus upon and make explicit those characteristics that are fundamental to the experience of illness itself. (p. 229)

Therefore, Toombs suggests, medical professionals can recognise the eidetic characteristics of the illness and seek to understand the individual's own world-experience. In this regard, when dealing with a phenomenon which is, for the patient, indescribable and incommunicable, medical professionals should attempt to make sense of the individual's lived experience of the disorder, by setting aside their own meaning horizon. In order to address the decisive gap, and make comprehension of the individual's experience possible, Toombs says,

> The nature of this gap must be recognized by the practicing physician if he is to constitute a shared world of meaning with his patient and thereby assist him in dealing with the existential predicament of his illness. (p. 220)

Consequently, it appears that depressed individuals seek confirmation and validation of their existence in the same world as other people when they express their experiences. This provides a pathway to overcome the pervasive feelings of unhomelikeness that typically characterise the experience of depression. One illustrative account highlighting the positive

consequences of having one's experience acknowledged by other people is found in Elizabeth Wurtzel's (1994) depression memoir, *Prozac nation: Young and depressed in America*, where Wurtzel describes the moment her mother acknowledged that she (Elizabeth Wurtzel) was depressed,

> "...Elizabeth," she says, in the most reasonable voice I've heard from her in years, "there is something wrong with you: You're depressed. That's a real problem. That's not imaginary. Of course you can't deal with anything. You're depressed." (p. 275)

In further expanding upon her reflection on her mother's response, Elizabeth Wurtzel says the following,

> all the tenured faculty at Harvard Medical School could get together and tell me in their collective opinion that I had a real live chronic illness on my hands, and none of it would have meant as much as my mother telling me, for what I'm certain was the first time, that depression is a problem of its own that needs to be dealt with on its own terms. I got up and sat next to her and hugged her, and thought to myself, She understands. She understands and it will be all right. (p. 276)

What reports such as Wurtzel's demonstrate is the depressed individual's desire to have their own experience of the disorder understood by other people, especially those that matter to them, such as their family, friends, or therapist. What individuals seem to seek is not validation of their pain or suffering per se, but recognition that pain or suffering exists as part of the experience - that is, that they *experience* pain and suffering. Such approaches have further implications within the issue of understanding an individual's wider experience of illness. For instance, in his book, *At the will of the body: reflections on illness*, Arthur Frank (1991) describes his own experience with illness and how having his world-experience recognised had a positive effect on his life,

> In illness there are no "negative emotions," only experiences that have to be lived through. What is needed in these moments is not denial but recognition. The ill person's suffering should be affirmed, whether or not it can be treated. What I wanted when I was most ill was the response, "Yes, we see your pain; we accept your fear." I needed others to recognize not only that I was suffering, but also that we had this suffering in common. I can accept that doctors and nurses sometimes fail to provide the correct treatment. But I cannot accept it

when medical staff, family, and friends fail to recognize that they are equal participants in the process of illness. Their actions shape the behavior of the ill person, and their bodies share the potential of illness. (p. 71)

Here, Frank also emphasises the intersubjective dimension of illness experiences, highlighting that one's experience of illness can be shaped by other people's responses to the individual describing their experience. In a similar manner, in experiences of depression, the way in which other people respond to one expressing their experience can shape the depressed individual's world-experience in its entirety. For instance, having one's experiences dismissed, disputed, or rejected, can exacerbate and solidify one's feelings of isolation from other people and of unhomelikeness in the world. For example, in his short story *The planet Trillaphon as it stands in relation to The Bad Thing,* Wallace (1984) describes a persistent hallucinatory experience that he had, of a "really huge and deep wound" (p. 26) which he believed had opened up on his face. Wallace reports that he was able to look at the wound in the mirror and could even feel the heat of the wound on his face. However, when he tried to communicate his experience to his doctor, his mom, or to other people, he did not receive the response he desired. As he describes,

> Whenever I'd look in the mirror, there it would be, that wound, and I could feel the twitch of the exposed muscle and the heat of the blood on my cheek. all the time. But when I'd say to a doctor or to Mom or to other people. "Hey, look at this open wound on my face, I'd better go to the hospital," they'd say. "Well, hey, there's no wound on your face, are your eyes OK?" (p. 26)

Having a fundamentally different world-experience than his doctor, his mom, and other people, Wallace describes the difficulty of having his world-experience understood, or even being considered without being dismissed right away. Of course, we would not expect Wallace's doctor, mom, or friends to affirm his hallucinatory experience, as there was in fact no wound or blood on Wallace's face. However, as Frank (1991) emphasises in the aforementioned account, "[w]hat is needed in these moments is not denial but recognition. The ill person's suffering should be affirmed, whether or not it can be treated" (p. 71). As another depressed individual whose testimony is provided by the charity *Mind* (2017) highlights, "[w]hat I needed was love, but what I got was judgement". In this context, feeling

that one can effectively and meaningfully communicate their experience with another person and be understood can be therapeutic.

In these terms, affirmation is not to be understood as validation of the individual's experience irrespective of what the experience consists of. For instance, when a depressed individual says, "I am worthless" or "My life has no purpose", affirming their experience does not mean saying, "Yes, you are worthless, indeed" or "Yes, you're right, your life has no purpose". Instead, one could understand the individual's experience by accepting that feelings of worthlessness and purposelessness pervade and dominate one's experience. In other words, what one seems to be looking for when sharing their experience with other people is the recognition that those feelings *exist*. As Brampton (2008) puts it, "the best therapy seems to me to lie in being understood, or in sharing with another human being our most unmanageable emotions" (p. 196). In this regard, there is therapeutic value in feeling understood and effectively communicating one's emotions, which can assist an individual in reinstilling feelings of connection to other people and of homelikeness to the world. It is crucial, then, I suggest, to recognize that feelings of incommunicability and incomprehensibility come to constitute the interpersonal dimension of unhomelikeness. This is in order to highlight the connection between core notions of the experience (i.e. the feelings of indescribability and incomprehensibility, and the feeling of unhomelikeness), which were previously only independently studied, and thereby inform our understanding of the experience of depression for the purposes of improving treatment, therapy, and teaching.

In emphasising the significance of having one's experience of depression understood, we can additionally explore what it is that obstructs other people from comprehending the depressed individual's world-experience. In certain accounts in which depressed individuals fail to be understood by other people, individuals attribute this failure to be understood to other people's inaccurate, prejudiced, or misinformed understanding of what depression is or is not. Consider, for example, the following two testimonies in the Depression Questionnaire,

> When I try to describe it to others it sounds like something you should just be able to "snap out" of or cheer yourself up but that's just not possible, which I know from trying. It's horribly suffocating and tiring, you feel like you can't escape yourself. (#38)

I think for me the hardest part of depression to communicate is the hopelessness and the [disconnection] - and of course the point at which suicide becomes a viable option. People want you to snap out of it, pull your socks [up], look for the positive - they dont get that hopelessness isnt anything to do with lazyness or willpower so much as something that engulfs you because of the depression. (#271)

Suggesting that the depressed individual needs to 'be positive', 'just get over it', or 'snap out of it' is not the response the individual is looking for, and such responses demonstrate other people's mistaken belief that the individual can, in a sense, *choose* to not be depressed. As Stephanie Merritt (2009) highlights in her depression memoir *The Devil Within*, the depressed individual cannot recover from depression through a mere act of will. As she puts it,

Depression is a bleakness that has gone beyond your control: you can no longer climb out of it through any act of will or be jollied out of it by others or by a change of circumstance. In this state of mind, you believe that neither the best nor the worst news imaginable would make any measurable difference to the way you feel. You cannot take your mind off it, because it *is* your mind: bitter, relentless, despairing. (pp. 8-9)

In addition, societal perspectives surrounding depression can make depressed individuals reluctant to share their feelings with other people, in fear that the reactions of others will only exacerbate feelings of their isolation from other people. As an individual named Margaret reports in Smith and Nairne's (1984) book, *Dealing with Depression*,

The worst thing is when you desperately need to talk or to reach your friends and they push you away. They seem to feel you are in a predicament which you shouldn't necessarily be in. 'Why are you depressed? Pull yourself together.' They will perhaps listen for ten minutes and then want to get out of it. They don't want to be involved. They don't understand. They tend to think that it's something which one should be left to deal with. They don't want to help. It's not like flu and very alien to them. So let's leave it. So I feel pushed away. (p. 20)

In these terms, one's struggle does not only lie in one's experience being misunderstood, or not being understood at all, but it also encompasses further challenges associated with societal attitudes toward depression. As Brampton (2008) puts it in her memoir, "the more depressives I met, the more I came to understand that we are not simply fighting an illness, but the attitudes surrounding it" (p. 8). Some other first-person accounts from the charity

Mind and the *National Alliance on Mental Illness* (NAMI) further illuminate what some of these attitudes are:

> Even those friends who do want to help don't know how to…They don't understand that, just as the contents of your stomach change when you get sick, so the content of your mind changes and it doesn't always look pretty. And they respond either by pretending nothing is happening or by looking plain terrified. And who can blame them? No-one likes to discuss the elephant in the room. (Mind, 2014)

> I misunderstood and thought depression meant being sad, mopey, withdrawn, and moody…However, I was completely off course. It is nothing like I thought it was. Instead, I refused to face, and wouldn't share the feelings and thoughts with anyone. I feared that no one would understand and would think I was attention seeking - or worse - lying. (NAMI, 2023)

Consequently, due to the misunderstanding of their world-experience and the misconceptions surrounding the experience of depression, depressed individuals may feel compelled to conform to societal expectations regarding the appearance and behaviour of both depressed and non-depressed individuals:

> I believed [depression] to be what other people expected…I was a character that everybody, that I thought everybody wanted me to be. I was a bubbly, lively person. I was probably one of the people you would never have thought suffered from depression. And, mainly because I hid it. And I hid it so well that it came natural to me. (Ridge, 2008, p. 66).

> It just got to a point when I was in college where I was just like, "I can't keep this up anymore. I hate it. I'm so sick of trying to be happy all the time when I'm not." And people asking me "How are you?" and I'm just like "Great!" when I really want to say, "Life is really biting the big one right now" (laughter), you know. (Karp, 1996, p. 44)

> Irritable and miserable, you push people away from you, and then get scared that they will go and leave you all alone. So you pretend that everything is all right. You try and smile and to be ordinary, but the pretence is so wearying and inside you are silently screaming. (Rowe, 2003, p. 8)

In effect, the depressed individual's attempts to 'appear normal' often result in them not being taken seriously considered by other people, as the depressed individual does not behave

in accordance with societal expectations of how depression manifests in one's behaviour. As a depressed individual highlights in Tripathi and Anand's (2019) collection of first-person depression accounts, *Real stories of dealing with Depression*:

> I've also been pretty much high-functioning, meaning that my depression mostly doesn't conform to expected performative norms. This also means that it isn't visible. I can work and be social and as active as required socially but there is an all pervading feeling of something, or rather a feeling of nothingness that does not go away. (p. 69)

In these terms, the repercussions of the prevailing societal attitudes which surround depression become apparent when depressed individuals attempt to communicate their experiences to other people and their desire to be understood but fail to be understood. Their attempts to communicate their experience and have it understood by others are often met with responses that fall short of adequate understanding, primarily because there exists a foundational misunderstanding of the very essence of what depressed individuals are trying to convey.

In this section, I presented first-person accounts of depression in which individuals express the belief that other people are incapable of understanding the experience of depression, unless they have experienced it themselves As I argued, this arises from the fact that the experience of depression is such a profound alteration of one's being-in-the-world that it is only those who have personally been depressed who can genuinely grasp the nature of this experience. In this regard, due to the fact that the depressed individual feels that her experience of the world is not comprehensible by other people (nor describable to them, as discussed in the previous section) the feeling of unhomelikeness becomes profound in experience. This perspective sheds light on first-person accounts of depression which often describe the experience as existing in a separate realm marked by an inability to connect with others or by a sense of detachment from the common life-world.

3.3. Conclusion

In this chapter, I examined the nature of feelings of unhomelikeness that arise in first-person accounts of depression, and discussed the implications of one's feelings of unhomelikeness on their interpersonal relationships. In particular, I suggested that the depressed individual's

feeling that depression is incommunicable to, and incomprehensible by, other people gives rise to the feeling that one 'inhabits a different world' than other people, a feeling which comes to constitute the interpersonal dimension of unhomelikeness.

In exploring this dimension of the depressed individual's world-experience, I started this chapter by introducing the concept of the uncanny, as it was developed by Ernst Jentsch and Sigmund Freud, which they conceptualised as involving an intricate interplay between the homelike and the unhomelike in experience. In their terms, a sense of uncanniness and unease arises in one's world-experience when a phenomenon is experienced as both homelike and unhomelike.

In applying this to cases of depression, I suggested that a sense of uncanniness arises in the depressed individual's world-experience as what was once experienced as homelike and as familiar in the world, has transformed into something unhomelike and unfamiliar after the onset of the disorder. In examining the notion of the unhomelikeness as it arises in experiences of depression, I started by discussing the work of Fredrik Svenaeus who suggested that in depression, and in illness more generally, feelings of unhomelikeness arise due to the bodily constriction and rigidity that the depressed individual experiences. In this regard, as if in a state of somatic paralysis where the lived body (*Leib*) transforms to a corporeal body (*Körper*), the individual feels that it is difficult or impossible to engage with and participate in the world. As a result, the individual is confined into their own world, which, as they report, fundamentally differs from the common life-world, and from which they feel they cannot escape.

In expanding on Svenaeus' work, I argued that the persistent feelings of unhomelikeness in depression can be examined not only through disruptions in one's embodiment but additionally through disruptions in one's intersubjective realm. More specifically, taking into consideration first-person depression accounts which report that feelings of unhomelikeness in depression constitute a fundamentally distinct way of being-in-the-world, I discussed two implications of this: First, depressed individuals frequently report that it is difficult or impossible to describe their experience of depression in ordinary language, and consistently emphasise that depression is "beyond description" (Wolpert, 1999, p. 1) and "beyond expression" (Styron, 2004, p. 83). In addition, it was highlighted that the impossibility of articulating one's experience itself contributes to the exacerbation of the depressed

individual's pain. Second, depressed individuals also frequently report that it is difficult or impossible for other people to understand the experience of depression, unless they have experienced depression themselves. As a result, the depressed individual feels that any attempts to communicate their experience of the disorder will be in vain. Consequently, the inability of the depressed individual to successfully communicate their experience to other people and have it understood further exacerbates one's feelings of isolation from other people and of unhomelikeness in the world.

CHAPTER 4

THE DEPRESSED INDIVIDUAL AS BEING

DIFFERENTLY ATTUNED TO THE WORLD

In first-person accounts of depression, individuals frequently describe a profound and enduring diminishment or absence of certain kinds of moods from their interpersonal relationships and world-experience. In this chapter, I employ a Heideggerian framework of mood and attunement to examine the ways in which the reported diminishing or loss of certain kinds of moods becomes evident in the depressed individual's attunement to other people and to the world. In discussing how the notions of mood and attunement manifest in experiences of depression, I examine claims in the literature which have advanced the view that "[the depressed individuals'] ability to sense feelings and atmospheres is totally lost [as they] are no more capable to be moved, addressed and affected by things or persons" (Fuchs, 2005, p. 111) or that depression involves "an erosion of the category of moods as a whole" (Fernandez, 2014, p. 20) as well as "a diminished capacity for finding ourselves situated in and attuned to the world at all" (Fernandez, 2016, p. 6). In evaluating these claims, I suggest that the depressed individual does not experience a total absence of moods or a complete loss of their sense of attunement to the world. While certain moods diminish or even disappear (e.g. pleasure and happiness) other moods are more profound in one's experience (e.g. guilt and grief). In this regard, I argue that the emergence of certain moods, and the diminishing of other moods, precisely discloses the way in which the depressed individual is attuned to the world, and not the loss of attunement to the world. Importantly, as I further highlight, depressed individuals report that they are able to connect specifically with other depressed individuals, demonstrating that the ability to attune to other people's experiences is not lost, but can manifest under certain circumstances, such as when communicating with other depressed individuals. A connection between depressed individuals remains possible due to their ability to mutually understand, and thus mutually attune, to the world-experience of one another. In sum, this chapter aims to uncover the ways in which the world-experience of the depressed individual, as a mooded being, can be conceptualised as a distinct way of being attuned to other people and to the world.

4.1. Heidegger's account of mood and attunement

In this section, I discuss Martin Heidegger's account of mood and attunement in order to establish the foundational framework for the subsequent discussion on how the concepts of mood and attunement manifest in experiences of depression. For Heidegger, mood is an existentiale of Dasein - that is, mood is a foundational structure of existence that fundamentally discloses the various modes in which we participate in and engage with the world. As he puts it, "mood is a primordial kind of Being for Dasein, in which Dasein is disclosed to itself prior to all cognition and volition" *(BT* 175/136). In these terms, having a mood is necessary for human beings to have a world in the first place as mood reveals the specific way in which one is situated in the world from the very beginning. In Heidegger's words,

> A mood makes manifest 'how one is, and how one is faring' ["wie einem ist und wird"]. In this 'how one is', having a mood brings Being to its "there". (*BT* 173/134)[24]

Heidegger's understanding of mood as bringing Being to its 'there' does not pertain to a spatial 'there' in the conventional spatiotemporal sense. Rather, *Dasein*'s 'there' signifies a form of "disclosure" (*Erschlossenheit*; *BT* 137) that is - it discloses *Dasein*'s *existential* place within the world. As Heidegger clarifies,

> Having a mood brings Dasein *face to face* with its thrownness in such a manner that this thrownness is not known as such but disclosed far more primordially in 'how one is'. Existentially, "*Being*-thrown" means finding oneself in some state-of-mind or other. One's

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[24] As Gendlin (1978) points out, a common way of asking in German "How are you?" is "Wie befinden Sie sich?" which translates to "How do you find yourself?". The same word (Befinden/befinden) can be used to enquire about someone's health condition by asking "Wie ist Ihr Befinden?" ("How do you feel?"), as well as disclosing the location of a particular object. Therefore, finding oneself ('sich befinden') expresses one's mental states as they manifest through their relation to the environment and the circumstances in which they find themselves. Such an understanding of 'being' and its relevance to the environment is also explored by Edward Casey in his rich account of the link between geography and philosophy, and the connection of both to what he called the 'place-world'. In ancient philosophy, Casey (1993) says, 'to be' meant 'to be in a place' - in his words, "to be a sentient, bodily being at all is to be place bound, bound to be in a place, bonded and bound therein" (p. 313). We also find this approach in Merleau-Ponty's (1962) account of embodiment and belongingness in the world - that 'to be' means to be 'embodied', and to be 'embodied' means to be 'embedded' in the world. Hence, how one is or how they find themselves in the world, is fundamentally tied to one's place in the world, in which one belongs as a corporeal and spatiotemporally located entity. This approach, according to Casey, changed with the modern Western philosophical theories of the self which viewed self-identity and selfhood to one's own awareness and consciousness. In Locke's understanding of self-identity, for example, the self is a product of its own past which it derives through memory. This implies that self-identity is "a matter of linking up one's present consciousness with a past consciousness, and has nothing whatever to do with place" (Casey, 2001, p. 683). Throughout the 20th century, however, this approach has been challenged by both phenomenology and hermeneutics. Hans-Georg Gadamer's concept of the 'historically effected (and effective) consciousness' states that we cannot avoid experiencing the world through our prejudices and the way these have been formed historically. The traditions in which we exist, and in which we found ourselves when thrown into the world, is 'historically effecting' us, and it's through these that we form our self-identity. In Heidegger as well, *Dasein* is understood as 'timeless' and is being determined and understands itself in a historically contingent way.

state-of-mind is therefore based upon thrownness. My mood represents whatever may be the way in which I am primarily the entity that has been thrown. (*BT* 389-390/340)

In these terms, to be-in-the-world as a mooded being highlights that as human beings we are different from objects whose 'being-there' in the world can be understood in merely spatiotemporal terms. Instead, for a human, as a mooded entity, her existence in the world transcends her spatiotemporal situatedness as her being-in-the-world is shaped through her own projects, interests, and motivations in the world. As Moran (2000) puts it,

> Dasein refers to the specific mode of Being of humans, emphasising its individuality and its role in the disclosure of Being. Dasein does not just occur factually like rocks and trees; its Being is an issue for it. But Heidegger does not think our deepest grasp of ourselves comes in some kind of self-reflection of a Cartesian kind; in fact, he thought that concentration on this kind of self-giving can lead existential analysis astray. Access to Dasein comes through living out a life. (p. 238)

In these terms, a human being's 'being-there' manifests through 'living out a life' as a mooded being within a world which is shaped by her own practical concerns. In effect, as mood is understood "precisely [as] a fundamental manner and fundamental way of Being" (Heidegger, 1995, p. 67), mood can also be conceptualised as revealing the ways in which one is attuned to the world. As Heidegger says, "Dasein's openness to the world is constituted existentially by the attunement of a state-of-mind" (*BT* 176/137).[25] In this regard, the varying manifestations of mood represent distinct ways of being attuned to the world. In this context, in *The Fundamental Concepts of Metaphysics*, Heidegger (1995) compares one's attunement to the world to a melody. As he puts it,

> An attunement is a way, not merely a form or a mode, but a way [*Weise*] - in the sense of a melody that does not merely hover over the so-called proper being at hand of man, but that

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[25] What Macquarrie and Robinson translate here as "state-of-mind" is what Heidegger has termed as *Befindlichkeit*. *Befindlichkeit*, however, has also been translated as "situatedness" (Guignon, 1984), "disposedness" (Carman, 2003; Dahlstrom, 2001), or "findingness" (Haugeland, 2013). However, as others have pointed out (e.g. Hadjioannou, 2015; Ratcliffe, 2015; Elpidorou & Freeman, 2015) "state-of-mind" is not an accurate translation of *Befindlichkeit*, as *Befindlichkeit* refers neither to a 'state' nor to a 'mind'. In contrast, Hadjioannou (2015) prefers the term 'disposition' (pp. 13-14) while Ratcliffe (2015) opts for 'attunement' (pp. 55-56). As Ratcliffe explains, in Heidegger's understanding, "moods are not experienced as states of mind possessed by psychological subjects, and we do not experience them as 'out there' in the world either [but] moods are variants of a changeable sense of belonging to the world that is pre-subjective and pre-objective" (p. 56). Ratcliffe, then, opts for understanding *Befindlichkeit* as 'attunement', although he suggests that 'disposedness' would also be an acceptable term. In their work, Elpidorou and Freeman (2015) leave the term untranslated because, as they claim, "[they] do not think that there exists an English term that adequately captures all of the semantic and philosophical complexities of "*Befindlichkeit*" (pp. 4-5). In any case, what Heidegger means by *Befindlichkeit* - and what Macquarrie and Robinson hoped to show with "state-of-mind" - can be interpreted as describing the way in which one is attuned to the world and by way of which *Dasein*'s situatedness in the world is revealed. In Heidegger's words, "What we indicate ontologically by the term "state-of-mind" is ontically the most familiar and everyday sort of thing; our mood, our Being attuned" (*BT* 172/134).

sets the tone for such being, i.e. attunes and determines the manner and way [*Art und Wie*] of his being. (p. 67)

According to Heidegger, moods are not arbitrary occurrences, but emanate from one's *being-in* the world. In these terms, mood is what makes it possible for one to be situated in the world at all. To *be-in* the world, therefore, means to be "absorbed in the world" (*BT* 80/54) and to be embedded in the world in ways that matter to us. As Heidegger puts it, "[mood] comes neither from the 'outside' nor from the 'inside', but arises out of Being-in-the-world, as a way of such being" (*BT* 176/136). As such, moods are born out of our engagement with the world which manifests in accordance with our own projects and motivations within it, thus also disclosing our attunement to the world. In these terms, moods 'open up' the world to us and thereby disclose the practical significance of the world within our experience. In Heidegger's words, "[mood] discloses, in every case, Being-in-the-world as a whole [and] implies a disclosive submission to the world, out of which we can encounter something that matters to us" (*BT* 176-177/137-138). The intricate interplay between moods and the world's practical significance highlights the profound role that moods play in shaping our worldly encounters and the meaning we derive from them. In other words, following Elpidorou and Freeman (2015), moods "can be informative of how to act in certain contexts; and they can even give us guidance as to how to live our lives" (p. 661). In these terms, having a mood acts as a lens through which we engage with the world around us. In being in a happy mood, for example, I may experience that the particular mood of happiness has 'opened up' the world to me and has revealed the practical significance of the world as a source of happiness. In contrast, in being in a gloomy mood, one may experience certain aspects of the world differently; for instance, the colours of the surrounding environment may be experienced as dull or particular sounds as irritating. In this context, the practical significance of the world could be one of indifference or discomfort.

In this regard, as moods unveil the world's significance to us, we can additionally conceptualise moods as having an atmospheric quality. In Fuchs' (2014) understanding, moods "radiate through the environment like warmth or cold, and confer corresponding affective qualities on the whole situation" (p. 404). As such, atmospheres encompass the overall quality, ambience, or disposition that pervades a certain context or situation, shaped by a particular mood. For instance, when attending an event such as a birthday party or a funeral, one immediately senses the prevailing atmosphere of joy or grief. In this regard, the

moods of joy and grief are not solely confined to an internal mental state within individuals or to an external objective world that can be cognitively or intellectually perceived. Instead, according to Fuchs, a mood is an atmospheric quality that permeates one's experience of the surrounding world in its entirety. Hence, the individual finds themselves *participating* in joy or grief; in other words, the atmosphere engulfs them. According to Moran (2017), such situations exemplify how one attunes to the world through a particular mood. As he puts it,

> I enter a room and intuitively grasp that an argument is going on or that the relation between the people in the room radiates awkwardness. Similarly, I am attuned to others (even to consociates I do not personally know) when I negotiate public spaces, step around people in the street, stand behind people in a queue (although the acceptable distances or "body space" involved is highly culturally specific). This *attunement*…is taking place primarily in the intentional space of sense or meaning. (p. 33)

What the respective atmosphere reveals in such instances is the situatedness of *Dasein* in the world and as such the way in which one is attuned to the world. As we encounter various situations in our everyday lives, our experience of the prevailing emotional atmosphere helps us attune to the surrounding environment in ways that matter to us.

Importantly, within our everyday engagement with the world, we do not only attune to particular situations or atmospheres, but to other people too. Our mutual attunement to other people within a particular situation seems to be fundamental to our sense of inhabiting the same world. According to Heidegger (1995/1983), as discussed in Chapter 1, being-in-the-world "always directly includes being with one another" (p. 67/100-101). In this regard, our capacity to attune to each other's world-experiences underscores our mutual sense of belonging within a shared world, enabling us to mutually affect one another. As Heidegger puts it,

> A human being who - as we say - is in good humour brings a lively atmosphere with them. Do they, in so doing, bring about an emotional experience which is then transmitted to others, in the manner in which infectious germs wander back and forth from one organism to another? We do indeed say that attunement or mood is infectious. Or another human being is with us, someone who through their manner of being makes everything depressing and puts a damper on everything; nobody steps out of their shell. What does this tell us? Attunements are *not*

side-effects, but are something which in advance determine our being with one another. (pp. 66-67/100-101)

In these terms, the ways in which we attune to the world do not only concern a personal connection that an individual has with the world, but also reveal how we attune to other people too.

In what follows, I will examine how the Heideggerian understanding of mood and attunement, as has been presented in this section, can be utilised in examining how the notions of mood and attunement manifest in experiences of depression.

4.2. Mood and attunement in experiences of depression

As discussed in Chapter 2, in research studies of individuals diagnosed with depression, reports of anhedonia - that is, the inability to experience happiness or pleasure - have appeared in 82.2% (Zimmerman et al., 2015) to 93.1% of the participants (Park et al., 2017). Reports of anhedonia are widely prevalent in first-person depression accounts too, where individuals report a persistent and all-encompassing sense of the diminishing or loss of feeling. Individuals report the loss of certain moods, such as happiness, warmth, enthusiasm, love, and even sadness, as well as the inability to gain pleasure from performing everyday activities, such as eating, reading a book, or listening to music, or even an overarching sense of not feeling. This is demonstrated in various first-person accounts, such as the following:

> Depression, as I well knew, did not consist merely in feeling sad; it was often heralded by the absence of feeling. (Thompson, 1995, p. 259)

> Depression steals away whoever you were, prevents you from seeing who you might someday be, and replaces your life with a black hole […] Nothing human beings value matters any more—music, laughter, love, sex, children, toasted bagels and the Sunday New York Times—because nothing and no one can reach the person trapped in the void. (Karp, 1996, p. 24)

> You know, if you say to someone when you're depressed, "You lose your pleasure in things" they think of something like eating a cookie and find that insipid. And that's not what anhedonia really is. Anhedonia is when…you name things to yourself that you used to love to

do. Eating! Sex! Even reading a book. Going for a walk in the woods. You can't … even remember what it's like to go and do something and feel pleasure from it. You look at the world, the array of things that you could do, and they're completely meaningless to you. They're as meaningless to you as if you were an earthworm. Because if you can't get any pleasure or satisfaction from something you have no reason ever to do it. (Karp, 1996, p. 32)

I have realised that for me the most frightening thing was the lack of feeling - the lack of warmth or enthusiasm - desperately trying to feel nice about something that I'd got. Not being able to enjoy even the simplest things, like a cup of tea or your own front room. Not finding comfort even in bed or sleep. It was completely raw and frightening. (Smith & Nairne, 1984, p. 18)

The first thing that goes is happiness. But soon other emotions follow happiness into oblivion: sadness as you had known it, the sadness that seemed to have led you here; your sense of humor; your belief in and capacity for love. [...] You lose the ability to trust anyone, to be touched, to grieve. Eventually, you are simply absent from yourself. (Solomon, 2001, p. 19)

I am dead inside. I can't concentrate. I am numb, in pain, torture. No pleasure penetrates my black world. I walk and my body moves but I am dead inside. Vacant, not alive but suffering and in desperate pain. Emotions are dead, I can't feel, only pain and despair. No sunshine. When not depressed I am light, happy, life is easy, all is well. It takes no effort to live, it just happens. Body moves and mind is free and content. Emotions are wonderful to experience, the whole spectrum is ok. Being alive is no effort. The difference is the numbness I think. When depressed there is no life in me I am numb, when not depressed there is life in me and I am animated. (DQ, #9)

Depression at its worst is the most horrifying loneliness… It robs you entirely of your sense of self, of your wit…and sparkle, of your sense of enjoyment. At my very worst I did not feel anything at all; I would describe my mind as a black numbness. (Mind, 2016)

As the above accounts report, experiences of depression include a profound feeling that certain kinds of moods are diminished or absent from one's experience. Within the literature of the phenomenology of depression, by taking into consideration accounts such as the above, some have advanced the view that "[the depressed individuals'] ability to sense feelings and atmospheres is totally lost [as they] are no more capable to be moved, addressed and affected by things or persons" (Fuchs, 2005, p. 111) or that depression involves "an erosion of the

category of moods as a whole" (Fernandez, 2014, p. 20) as well as "a diminished capacity for finding ourselves situated in and attuned to the world at all" (Fernandez, 2016, p. 6). In what follows, I will present and examine such claims, through a Heideggerian framework, in order to advance the position that the reported diminishing or loss of certain kinds of mood in depression is not to be conceptualised as a total erosion of mood or as a complete loss of attunement, but instead as revealing the way the depressed individual remains attuned to the world as a mooded being.

4.2.1. Depression as a loss of attunement

To begin, in his work, Thomas Fuchs (e.g. 2005, 2013a, 2014, 2017) examines disruptions in one's embodied being-in-the-world in experiences of depression through the lens of which he explores disruptions in one's attunement to the world in these experiences. A key position advanced by Fuchs (2005) concerns the claim that depressed individuals "are no more capable to be moved, addressed and affected by things or persons [as] the ability to sense feelings and atmospheres is totally lost" (p. 111). As Fuchs (2014) emphasises, as a result of the body being transformed from a lived body (*Leib*) to a corporeal body (*Körper*) one's experience of their body is characterised by "psychomotor inhibition" (p. 406) which results in the individual experiencing the world as "inaccessible, unreachable and detached" (p. 409). As such, the body is not experienced as a mode of access to the world or as a means to actualise different worldly possibilities, but is instead characterised by constriction and rigidity and as an obstacle to one's access to the world. In these terms, Fuchs suggests, in depression, individuals "feel like isolated objects in a world without relationships [as] there is only an abstract space around them [and] not a lived, embodied space any more" (p. 407). Indeed, as first-person accounts of depression demonstrate, it is common for individuals to describe their body as burdened, fatigued, depleted of vitality, and as if undertaking even mundane tasks demands substantial effort. As the following accounts demonstrate,

> The force of gravity around me has tripled. It takes so much effort just to lift an arm or take a step. When I am not curled up in a ball on the couch, I pace. I rock desperately in my rocking chair. I wring my hands. (Manning, 1994, p. 104)

I wake up tired, amazed that I can even get out of bed. And often I can't. I usually sleep ten hours a night, but often it's many more. I am trapped in my body as I have never been before. (Wurtzel, 1994, p. 2)

Everything seems 10 times harder. I had to do everything in such tiny steps. Just the simple task of getting out of bed or leaving a building would be a huge deal. [. . .] It was an effort to do things like have a shower and get dressed. Everything was so difficult. (Ratcliffe, 2015, p. 169)

What such examples demonstrate, according to Fuchs (2014), is the corporealisation of the lived body as it is experienced as "a heavy, solid body which puts up resistance to all intentions and impulses directed towards the world" (p. 405). In effect, following Fuchs, the bodily constriction and rigidity in depression renders the individual unable to be emotionally moved or influenced by the surrounding environment, which ultimately results in the individual's complete incapacity to experience emotions. As he puts it, depressed individuals are "no longer capable of being moved or affected by things, situations, or other persons" (p. 406) as their world-experience is characterised by "an inability to feel emotions or atmospheres at all" (ibid.). In these terms, Fuchs suggests, depression marks such a profound disruption in the individual's embodied capacity to engage and interact with the world which leads the individual to "lose participation in the shared space of affective attunement" (ibid.) and to experience a complete "numbing of emotional resonance and loss of attunement" (Fuchs, 2013, p. 226).

In addition to Fuchs' claims that in depression the individual becomes unable to be affected by other people or situations in the world and experiences a loss of attunement, other phenomenologists have advanced the view that the experience of depression involves the complete breakdown of moods as a category and the complete loss of one's attunement to the world. For instance, Fernandez (2014) has argued that the experience of depression involves "an erosion of the category of moods as a whole [and] an erosion of the structure of situatedness" (p. 20), as well as "a degradation of the degree to which one is attuned [to the world] at all" (p. 23). In particular, Fernandez argues that the depressed individual cannot experience the world as a lived space where she can engage and interact with the world at all. In these terms, as Fernandez explicitly states:

my depression account is not one in which depressed people are merely situated in and attuned to the world in a distinct way, or mode. Rather, depression involves a degradation of the degree to which one is situated and attuned at all. (p. 23)

In what follows, I will evaluate the above claims in order to develop the position that the experience of depression is not to be construed as a complete erosion of mood or as a total loss of attunement. Instead, I will argue that the particular moods that become more pronounced in experiences of depression, as well as the absence of particular kinds of moods, precisely disclose the way in which the depressed individual remains attuned to the world. I will start by exploring how the broader experience of illness can be comprehended as a distinct mode of being attuned to the world and will proceed by examining how the experience of depression more specifically can be conceptualised as a distinct mode of being attuned to the world, and further by exploring how the notion of attunement can inform, and be informed by, other notions that appear within the current phenomenological examination of experiences of depression - that is, mood and worldly possibilities.

4.2.2. Illness as a way of being differently attuned to the world

In her account of coping with a life-threatening disease, Havi Carel (2012) describes her initial experience of the disease as an intrusion into her existence within the world. Subsequently, Carel details her gradual adaptation both to the disease itself and to her altered way of being-in-the-world. In her own words,

[w]hat initially appeared as an alien intrusion into my peaceful life has transformed into the very essence of my existence. Illness has become my new way of experiencing life. (p. 2)

In these terms, Carel (2021) adds, illness can be conceptualised as a "comprehensive realignment of meaning, values and ways of being" (p. 205), rather than as a complete loss of meaning, values, and ways of being. In this regard, following Merleau-Ponty, we can comprehend illness as a "complete form of existence" (*PP* 123) in which the phenomena of illness experiences can be understood as "modalities and variations of the subject's total being" (*PP* 124). The concepts of 'modalities' and 'variations', as mentioned by Merleau-Ponty, while distinct from one's habitual way of being-in-the-world can be

understood as distinct modes of being attuned to the world in experiences of illness. As Merleau-Ponty emphasises in *The Structure of Behaviour*,

> [illness] is a new signification of behaviour, common to the multitude of symptoms; and the relation of the essential disorder to the symptoms is no longer that of cause and effect but rather the logical relation of principle to consequence or of signification to sign. (*SB* 65)

As such, following Merleau-Ponty (1963), the experience of depression can be understood as a "qualitative alteration…of the conduct of the patient" (*SB* 64-65) as one's behaviour and world-experience in illness can gain a new kind of signification which can be expressed as a distinct way of being attuned to the world. As Binswanger (1958) had expressed this idea in *The Existential Analysis School of Thought*,

> If for a moment we remember the definition of being-in-the-world as transcendence and view from this point our psychiatric analysis of existence, we realize that by investigating the structure of being-in-the-world we can also approach and explore psychoses; and realize furthermore that we have to understand them *as specific modes of transcending*. In this context we do not say: mental illnesses are diseases of the brain (which, of course, they remain from a medical-clinical viewpoint). But we say: in the mental diseases we face modifications of the fundamental or essential structure and of the structural links of being-in-the-world as transcendence. It is one of the tasks of psychiatry to investigate and establish these variations in a scientifically exact way. (p. 194)

In these terms, in investigating the existential structure of a particular illness, we can understand illness precisely as a 'specific mode of transcending' which expresses a *modification* in the structure of one's being-in-the-world, and not as an *erosion* of the structure of one's being-in-the-world in its entirety.

Applying this discussion within the context of the experience of depression specifically, we can conceptualise depression as a distinctive kind of experience in and of itself and, as such, as a distinct way of being attuned to the world, which is what I will be proceeding to discuss in the following section.

4.2.3. Depression as a way of being differently attuned to the world

In this section, I will critically evaluate the claims which suggest that depression signifies a complete erosion of the category of moods in one's experience and a total loss of attunement to the world. In response to Fuchs (2013, 2014) and Fernandez (2014), I will argue that the experience of depression can be conceptualised as a distinct way of being attuned to the world for three reasons: First, I suggest that it is erroneous to assert that depression leads to a complete absence of feeling or a total erosion of mood. While depressed individuals do report the diminishing or loss of certain moods, such as pleasure, happiness, and even sadness, it is the case that other moods, such as anxiety, guilt, and shame, become more pronounced and prevalent in one's experience. Such moods, I will argue, can be understood as ways in which the depressed individual is moved and affected in the world and thus as precisely disclosing the way in which the depressed individual is attuned to the world. Second, I argue that even reports that refer to a complete loss of certain kinds of moods in the world do not entail a total loss of attunement from the world. Following Heidegger, the lack of mood (*Ungestimmtheit*), "is not to be mistaken for a bad mood [and] is far from nothing at all" (*BT* 173/134). In these terms, as I will further elaborate, the loss of certain kinds of moods can itself disclose the depressed individual's attunement to the world. Third, the experience of depression does not signify a total absence of being moved or affected by other people. As discussed in Chapter 3, the experience of depression does often involve profound disruptions in one's interpersonal relationships which are expressed as a sense of detachment and isolation from other people. However, certain first-person depression accounts demonstrate that individuals can still connect and establish meaningful interpersonal relationships with other depressed individuals in particular. As I will argue, this can be attributed to the fact that depressed individuals retain the ability to attune their world-experiences with one another.

4.2.3.1. 'Bad mood' as different attunement

As highlighted in section 4.2., it is common in first-person depression accounts for individuals to report a diminishing or loss of certain moods, such as pleasure and happiness. However, other moods such as guilt, grief, pain, and shame become more pronounced and persistent in one's experience. Consider, for instance, the following testimonies:

Lots and lots of dark thoughts rattle around inside my head and it's very hard to stop them. Mostly I think about how useless I am, how I'm a failure and a complete waste of space. I feel guilty about everything. (Dowrick & Martin, 2015, p. 6)

Each sleepless night my head was filled with disturbing ruminations and during the day I felt a sense of intolerable grief as though somebody close to me had died. I was agitated and sensed a melancholy qualitatively different from anything in the past. (Karp, 1996, p. 4)

No pleasure penetrates my black world. I walk and my body moves but I am dead inside. Vacant, not alive but suffering and in desperate pain. Emotions are dead, I can't feel, only pain and despair. (DQ, #9)

I wasn't supposed to be angry. You're not supposed to be angry. So I wasn't angry. So I walked around smiling, like, you know, false. And basically I hid all these things. I had all these things to hide that nobody could know about…There was a lot of guilt and shame. That's what I carried around. (Karp, 1996, p. 83)

As these accounts report, guilt, grief, pain, and shame become heightened and more profound in one's experience of depression, shaping the depressed individual's world-experience in its entirety. These feelings, I suggest, still constitute ways in which the depressed individual remains a mooded being and is affected by other people and by the world and, as such, disclose the way in which the individual is attuned to other people and to the world. As an individual interviewed by Lewis (1996) described, in depression "you do feel so distant from people because you're not really on the same wavelength. You're off on some other planet half the time." (p. 323). In this case, as Lewis adds, the individual emphasises that they are "cut off from others" (ibid.) as they describe 'living in another world'. In 'living in another world', the depressed individual also emphasises that they are not 'on the same wavelength' as other people. In this way, the experience of the depressed individual's experience of being 'off on some other planet' is not conceptualised as being completely devoid of mood or as having lost all attunement to the world, but as disclosing the way in which the individual is differently attuned to the world.

In these terms, the changing moods in depression can disclose one's different attunement to the world. As Heidegger emphasises, "bad moods [*Verstimmungen*]…are by no means nothing ontologically [and the] fact that moods can deteriorate [*verdorben werden*] and

change over means simply that in every case Dasein always has some mood [gestimmt ist]" (*BT* 173/134). Hence, for Heidegger, there is no sense in which *Dasein* is not in some mood, as being in a mood is a fundamental existentiale of *Dasein* - that is, having a mood is necessary for existing in the world in the first place. As Heidegger further adds, "it is in this [i.e. in bad mood] that Dasein becomes satiated with itself. Being has become manifest as a burden" (ibid.).[26] In these terms, being in a 'bad mood', such as experiencing guilt, grief, anxiety, pain, and shame, precisely discloses one's mood in the world. These moods still manifest in experience, as Heidegger puts it, *as a burden*. In particular, following Heidegger, certain moods, such as anxiety [*Angst*] can be understood as ground moods [*Grundstimmungen*], as they offer a "way of disclosure in which Dasein brings itself before itself" (*BT* 226/182; see also *BT* 358/310). As such, a ground mood, such as *Angst*, manifests precisely as the distinct way in which one is attuned to the world. In these terms, as Elpidorou and Freeman (2015) put it, anxiety, as a ground mood, "is the ground of other ways of being mooded or of affectively experiencing the world" (p. 667). Therefore, not only does the presence of anxiety not reveal that one has lost their attunement in the world, but it manifests as the basis on which other ways of being mooded will manifest within one's experience of the world. Hence, following Heidegger, being in a particular mood, such as anxiety or shame, is not an isolated experience but is deeply intertwined with our attunement to the world. As Heidegger puts it,

> neither of these moods, fear and anxiety, ever 'occurs' just isolated in the 'stream of Experiences'; each of them determines an understanding or determines itself in terms of one. Anxiety…springs from Dasein itself. (*BT* 395/344)

Therefore, whereas some moods might diminish or disappear from one's world-experience in depression, other moods become more emphasised and profound in experience, constituting one's being-in-the-world as a whole and disclosing one's attunement to the world. In these terms, it would be inaccurate to conceptualise depression as "an erosion of the category of moods as a whole [and as] an erosion of the structure of situatedness" (Fernandez, 2014, p. 20) as the depressed individual, despite going through fundamental changes to their experience of the world, remains attuned to other people and to the world, as a mooded being.

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[26] The full quotation here reads, "The pallid, evenly balanced lack of mood [Ungestimmtheit], which is often persistent and which is not to be mistaken for a bad mood, is far from nothing at all. Rather, it is in this that Dasein becomes satiated with itself. Being has become manifest as a burden." (*B*T 173/134) At first, it might seem that what Heidegger refers to by "this" ("...it is in this that Dasein…") is the lack of mood (*Ungestimmtheit*) and not bad mood (*Verstimmung*). However, as Hatzimoysis (2009) emphasises, "The translation makes it sound as if it is the 'lack of mood' which is revealing of the being as a burden. The original, though, clarifies that it is 'bad mood' that offers that manifestation: 'Das Sein des Da ist in solcher Verstimmung [not: Ungestimmung] als Last offenbar werden'" (p. 223-224).

In addition, the very possibility of an 'unsituated being-in-the-world', that Fernandez puts forward, raises profound phenomenological questions, as Fernandez does not elucidate how such a state could phenomenologically be conceivable or manifest in lived experience. Additionally, a total erosion of the category of moods and the structure of situatedness would require a radical dismantling and an almost complete restructuring of Heideggerian (as well as, at the very least, Husserlian, Merleau-Pontian, and Waltherian) phenomenology, in which it is emphasised that, as human beings, we are always in some mood in the world, as mood constitutes the very possibility of finding ourselves situated in the world in the first place. Of course, criticising any of these established phenomenological accounts is not itself an issue, but it can be problematic when the criticism risks potentially destabilising the very ground upon which the phenomenological tradition is built, without offering an equally solid and coherent, and perhaps equally complex, phenomenological account in return.

4.2.3.2. *'Lack of mood' as different attunement*

As demonstrated in certain first-person depression accounts at the beginning of this chapter, the experience of depression involves not only the diminishing but also the loss of certain moods, most notably pleasure and happiness. However, as Heidegger suggests, the lack of mood [*Ungestimmtheit*] "is not to be mistaken for a bad mood" (*BT* 173/134) further emphasising that the lack of mood "is far from nothing at all" (ibid.) as even the lack of mood is phenomenologically significant in disclosing one's attunement to the world. More broadly speaking, the phenomenological significance of absence has also been notably emphasised by Sartre. In *Being and Nothingness*, Sartre provides the example of arranging to meet his friend Pierre at a café. When arriving at the café a quarter of an hour late, Sartre realises that Pierre, who is always punctual, is not present. In that instance, Sartre suggests, Pierre's absence engulfs Sartre's experience of the café in its entirety. As he puts it, "it is an objective fact at present that I have discovered this absence. [...] Pierre absent haunts this café and is the condition of its self-nihilating organization as ground" (*BN* 10). In other words, Pierre's '*not being there*' highlights Pierre's *presence* through his *absence*.

In this context, Heidegger's analysis of the Greek word φαινόμενον (phainomenon; *BT* 51/29) can be of help in establishing how what is not there in experience can play a revelatory role in disclosing one's attunement to the world. The Greek word φαινόμενον, stemming from the

Greek word for 'light' (φῶς), refers to the way in which an entity appears, manifests, or is visible in the world. Heidegger applies this linguistic interpretation of φαινόμενον to the concept of disease, specifically the 'symptoms of a disease' (*Krankheitserscheinungen*). In doing so, he suggests that what does not appear within the experience of a particular disease can also be disclosed as a constitutive aspect of the disease. As Heidegger puts it, "one has in mind certain occurrences in the body which show themselves and which, in showing themselves as thus showing themselves, 'indicate' ["indizieren"] something which does *not* show itself" (*BT* 52/29). In this regard, Heidegger highlights that when looking for the symptoms of a particular disease, the medical professional is looking at bodily symptoms that "show themselves" - that is, they are looking for symptoms which are visible. However, such symptoms may also indicate something which is not directly visible, such as the underlying causes or the subjective experience of the disease. In a similar manner, within the context of depression experiences, the absence of certain moods can be conceptualised as a phenomenon which has a disclosive role in revealing one's attunement to the world.

Notably, in depression, there is not only the absence of feeling, but additionally, there is a distinctive felt experience of the absence itself, which can also be significant in disclosing one's attunement to the world. For instance, with respect to the feeling of unfamiliarity in experiences of depression - which was discussed in Chapter 3 - Ratcliffe (2008) points out that the feeling of unfamiliarity should not be taken to indicate an "absence of the feeling of familiarity" (p. 54) but a distinct "feeling of unfamiliarity" (ibid.). In Fuchs' (2005) terms, in experiences of depression there is a distinctive "feeling of not feeling" (p. 5; also see Ratcliffe, 2010, p. 610). In these terms, the loss of a feeling is a positive phenomenon as it is a feeling in itself. As the following depression testimonies demonstrate,

> I lay on my sofa and watched 9/11 played out on the tiny screen of my portable television. I felt nothing, neither horror nor outrage…It was that lack of moral outrage and absence of any feeling that, more than anything else, convinced me that I had to do something to ease the terrible grip depression had on me. I was so lost in my own world that I had ceased to have compassion or feeling for any other. If the sight of bodies dropping from a burning building did not horrify me, *that absence of feeling did*. (Brampton, 2008, p. 16; emphasis mine)

I couldn't get myself to react. I felt very still and very empty, the way the eye of a tornado must feel, moving dully along in the middle of the surrounding hullabaloo. (Plath, 1963, p. 3)

Therefore, the absence of mood in experiences of depression is expressed as also incorporating an awareness of that absence, in that the experience includes a "lack of moral outrage and absence of any feeling" (Brampton, 2008, p. 16) or that the depressed individual is "feeling very still and very empty" (Plath, 1963, p. 3). In this regard, there is not only the absence of feeling, but additionally there is a felt experience of the absence itself. The absence of certain kinds of moods from one's experience still manifests in experience, albeit, in Heideggerian terms, "*as a burden*" (*BT* 173/134; emphasis mine). Consequently, the absence of mood and its conspicuous presence within the experience goes beyond a simple recognition of what has been lost, but additionally signifies an acute awareness that the absence of mood itself constitutes a unique mode of being-in-the-world. In this context, as Steinbock (2007) claims, certain moods arise in experience precisely because they are not accessible to experience - that is, they are present in experience *as unavailable*. As he puts it, such experiences manifest in a paradoxical, and also seemingly contradictory, manner, - that is, "as being accessible *in the mode of* inaccessibility, given *as not being able* to be given, experienced *as not being able* to be experienced" (p. 10). As such, taking into consideration experiences of depression in particular, Steinbock also emphasises that the experience of depression not only highlights the recognition of what has been lost but also the awareness that the absence of certain moods itself represents a distinct mode of being attuned to the world.

In addition, the absence of certain moods, besides revealing how we are attuned to the world, can also reveal how we are attuned to other people. As Hanne De Jaegher (2015) puts it,

What many social encounters have in common is that in them we almost always affect each other. We are moved in one way or another, or *noticeably not* (the latter as such can affect us too). (p. 113; emphasis mine)

Consider situations such as a date where we find ourselves indifferent to the other person, a work party that fails to catch our interest, or a talk that leaves us unmoved. Within these contexts, the lack of certain moods can itself be significant in disclosing one's attunement to other people. Or take, for instance, the example of a drill sergeant berating a cadet soldier

who maintains a stoic, unemotional stance. The absence of happiness, sorrow, or excitement in the cadet's demeanour holds meaningful significance, as it is through this emotional restraint that the cadet presumably conveys obedience, respect, and compliance. Similarly, when an individual communicates to their partner, "I no longer have feelings for you", the statement carries profound meaning despite expressing the absence of certain kinds of moods. These scenarios all pertain to affective states in a 'negative' sense (such as, one's lack of interest or emotional engagement), hence signifying the absence of specific emotional responses , rather than a 'positive' sense (such as, the presence of certain affective states such as boredom or tiredness). In this light, the ways in which we remain unaffected can also offer insights into our attunement with other people in the world.

4.2.4. Being attuned to other depressed individuals

As discussed in this chapter so far, the absence of certain moods in the depressed individual's experience is not to be conceptualised as indicating a total erosion of the category of moods or as a complete loss of attunement, but as a distinct way of being mooded and attuned to other people and to the world. In this section, I examine the notion of attunement within the context of interpersonal relationships between depressed individuals. As discussed in Chapter 3, first-person depression accounts often describe an overwhelming sense of isolation from other people. This sense of isolation has primarily been attributed to the lived inability of depressed individuals to articulate their experience and have it understood by other people.

Notably, however, despite the difficulty or impossibility of communicating one's experience to other people and having it understood, an analysis of certain first-person depression accounts demonstrates that the depressed individual does not experience a complete loss of connection to other people. Instead, it is still possible for the individual to mutually attune to the world-experience of other depressed individuals specifically. In Walther's (1923) terms, in connecting with other people in the world, we experience them as "humans, who also…" ("*Menschen, die auch…*"; as translated in Wilde, 2022, p. 113) - that is, as humans who also have access (or lack access) to the same possibilities as oneself. In these terms, the depressed individual experiences other depressed individuals as *humans, who also* share her world-experience. The capacity to affect and be affected by other people and mutually attune to one another's world-experience ascertains one that they inhabit the common life-world. As Waldenfels (1971) puts it,

A certain inexpressible community is formed by the sharing of the mere sensed. The full actuality is reached, not when we can potentially perceive the same (as in open intersubjectivity and apperception), but when we are affected by the same. And when we are interested in the same, and react in the same way…This is the only way in which we experience the world as the same for each other. (p. 152; as translated in van Duppen, 2016, p. 79)

In effect, in meaningfully interacting with other depressed individuals one is able to re-establish their sense of connection to other people and of belonging in the world, thus taking steps toward recovery. Take a look, for instance, at the following first-person accounts,

After I met two other black women who were willing to openly admit that they were also dealing with depression, the sense of helplessness I had been feeling when I thought I was all alone turned into a sense of hopefulness. They were walking, talking, breathing people - not well-crafted characters. Their experiences authenticated mine in a way that nothing else could. Their presence addressed all of the questions and issues I had about what it means to be a black woman living with a psychological disorder. It means seeing yourself in a way that is often inconsistent with the way the world sees you. It means seeing yourself as a human being who is entitled to a wide range of human emotions and conditions, including illness and wellness. (Danquah, 2001, p. 179)

If we connect with even one other human being who truly understands, we take one step out of the illness. (Brampton, 2008, p. 1)

I particularly saw my friends who are depressives both because it was soothing to be among other people who understood and also because I learned that in helping other people, I began to help myself. (Brampton, 2008, p. 162)

What is particularly emphasised in Danquah's and Brampton's accounts is that their experience is understood by other people, something which, I suggest, becomes possible due to their capacity to mutually attune to other depressed individuals' world-experiences. Such accounts illustrate that the depressed individual has not lost their ability to attune to other people, and as such one's world-experience cannot be characterised by a total loss of attunement. In these terms, therefore, other people with whom one can attune their

world-experiences, can be understood as those amongst whom one does *not* differ. As Heidegger puts it,

> By 'Others' we do not mean everyone else but me - those over against whom the "I" stands out [but] rather those from whom, for the most part, one does *not* distinguish oneself - those among whom one is too. (*BT* 154/118)

In contrast, non-depressed individuals are precisely "those over against whom the 'I' stands out" (ibid.), due to the fact that they can have fundamentally different world-experiences. At the same time, other depressed individuals are "those among whom one is too" (ibid.), as depressed individuals can have phenomenologically similar world-experiences and thus attune to one another's world-experience. As Moran (2021) explains it,

> [The] social world of others is often anonymously given and is experienced in terms of 'the anyone' (*das Man*). In this experience, I am less myself as I am just anyone, I am one of the gang. Further, the anyone is, for Heidegger, a modality of being-with. We all belong to the *same* shared world that occupies us and engages our solicitude. (p. 112)

In this regard, what Danquah (2001), as a black woman, expresses in the aforementioned account is experiencing two other black women who also had a similar world-experience to her own. That is, Danquah experienced them as individuals from whom she was 'not able to distinguish herself' due to their similar experiences of depression, as well as, as she emphasises, due to their shared gender and race.[27] Such cases demonstrate that, despite the core disruptions in one's interpersonal relationships in depression, individuals are still able to establish successful interpersonal relationships with individuals with whom they have similar world-experiences. In effect, it remains possible for individuals to reinstate feelings of connection to other people, as well as a sense of one's lived experiences being validated and authenticated by others, thereby also providing one with a sense of belonging in the world.

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[27] Although not strictly within the scope of this thesis, accounts such as Danquah's reveal insightful aspects of the experience of depression which are worthy of further investigation and which concern the experiences of groups such as black women who are disproportionately under-recognized in the literature and undertreated in medical settings (Holden et al., 2013; Perez et al., 2023). In this regard, the role of identity in experiences of depression is very much worthy of consideration. It seems that the sense of connection to other people and of belonging in the world is not only facilitated through Danquah encountering other individuals who undergo similar world-experiences to her own, but particularly other individuals with whom she shares certain identity characteristics, such as gender and race, thereby suggesting the role that identity might play in establishing feelings of connection to other people and of belonging in the world in experiences of depression, and potentially in experiences of illness more generally.

Similar observations in regard to the potential for connection and mutual understanding amongst depressed individuals are made by Karp (1996) in his detailed analysis of the interviews he conducted with depressed individuals. Karp observes that there is a unique feeling of connection when the depressed individual's world-experience is understood by other individuals who are undergoing similar experiences. As Karp (1996, 2017) highlights,

> [R]egardless of their overall assessment of hospitalization, respondents did find others who understood their experience. One respondent spoke for many when she commented that with others who are depressed "It's like [you] don't have to explain how [you're] breathing. Like [you] don't have to explain the smallest activity. They just got it. (Karp, 1996, p. 45)

> MDDA [Manic Depression and Depression Association] has been for me, and I dare say for many, a most welcome antidote to the yawning silence of an illness that aches to be heard, understood, and soothed. Membership in MDDA is a return to a fellowship and community that strengthens our resolve to be authentic beings who share our tragedies and triumphs alike. We are emboldened by our reliance on and being relied upon in this community. Our nature has been restored; we are, after all, not alone. Our sufferings and our strengths will no longer "echo in the wells of silence." (Karp, 2017, p. 3)

In this respect, being able to reconnect with other individuals with whom one shares a similar experience of the world, can reinstill feelings of homelikeness within the world of the depressed individual. The statement by the individual above who said that "Membership in MDDA is a return to a fellowship and community that strengthens our resolve to be authentic beings" signifies a return to a homelike environment where one can feel understood by other people and hence establish a sense of connection with other people and of belonging in the world. A similar depression account which demonstrates the feelings of reconnection that arise when encountering another individual who shares one's world-experience in depression is expressed by Thompson (1995),

> Trapped behind my own glass wall, loathing my own isolation and contemptuous of others in the same trap, I only wanted escape…But hearing Hugo's[28] story, I had for a moment entered somebody else's isolation. And in that moment, as simplistic as it sounded, he had offered me a fragment of that thing I craved: connection. I had only wanted it from people on the other side of the glass. Now it was as if out of dozens of people trapped with me inside the glass

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[28] Hugo is another patient whom Tracy Thompson met when being hospitalised with depression.

cage, one had stopped, turned to me, and said "I am caught too. A connection with me may seem worthless to you, but it's the real thing. It's yours if you want it." (p. 201)

In effect, despite their profound and prevailing sense of disconnection from other people, depressed individuals still possess the capacity to connect with other people with whom they can attune their world-experiences due to their similar experience of depression.

Following Husserl (1960/1931), sharing one's experience with the experience of other individuals is core to establishing a successful interpersonal relationship. In these terms, it might not be possible to attune one's world-experience (or what Husserl calls it below, an 'appearance-system') to the world-experience of non-depressed individuals, but as one retains the ability to attune their world-experience to others who have similar world-experiences - that is, other depressed individuals - there emerges a sense of belonging in a shared world. As Husserl puts it in the *Cartesian Meditations*,

> It is implicit in the sense of my successful apperception of others that their world, the world belonging to their appearance-systems, must be experienced forthwith as the same as the world belonging to my appearance-systems; and this involves an identity of our appearance-systems. Now we know very well that there are such things as "*abnormalities*" (for example: in the case of subjects who are blind or deaf); we know that therefore the appearance-systems are by no means always absolutely identical and that whole strata (though not all strata) can differ. (*CM* 125/154)

Importantly, as Husserl notes, the 'identity of our appearance-systems', not only includes the ordinary or typical modes of being attuned to others but also encompasses specific 'abnormalities' or deviations in these appearance-systems. Drawing on Husserl, these 'abnormalities' can also serve as the foundation for mutual attunement between two (or more) individuals who have 'abnormal' world-experiences. As Husserl further adds, the identity of our 'appearance-systems' can be understood as a 'harmony' which demonstrates our existence in an 'objective world'. As he puts it,

> The Objective world has existence by virtue of a harmonious confirmation of the apperceptive constitution, once this has succeeded: a confirmation thereof by the continuance of experiencing life with a consistent harmoniousness. (*CM* 125-126/154)

In this context, following Husserl, depressed individuals can effectively attune to each other as a result of their shared experiences, thereby restoring a sense of co-existing with other people in a shared objective world.

4.2.4.1. Feeling represented in other depressed individuals' experiences

Building on Husserl's insights about the identity of our 'appearance-systems' and how individuals can attune to each other even through 'abnormal' world-experiences, mutual attunement in depression unveils another aspect of interpersonal relationships among depressed individuals: that the depressed individual feels *represented* within another depressed individual's world-experience. As Karp (2017) observes in the 'Introduction' to his book, *Speaking of Sadness*,

> The most consistent reaction to the book has been that hearing the stories of others is personally liberating. Over and again letter writers expressed the feeling that the book diminished their isolation by allowing them to see themselves in the experiences of others. They often said that those who tell their stories in the book were speaking for them. They felt represented and personally validated through the words of my respondents. (p. 6)

In these terms, the mutual attunement of world-experiences in experiences of depression does not only manifest as a mutual sharing of the individuals' world-experiences, but additionally discloses a sense of representation and validation. For instance, as Merritt (2009) highlights,

> All my life I had looked in novels and plays for understanding of my own experience and emotions, but in the worst of my depressions, I found I could not read fiction, nor persuade myself that it mattered. The only glimmer of connection in those moments came to me through the accounts of others who had walked where I was then walking, without light or oxygen; brave and honest narratives of despair, and the other side of despair, by writers such as William Styron, Andrew Solomon, Lewis Wolpert, Richard Mabey, Kay Redfield Jamison, and Elizabeth Wurtzel. They had put their agony into words so that I might feel less alone in mine, and I remain profoundly grateful for those books and the wisdom and empathy I found in them. (p. 14)

In examining such accounts, it is remarkable that the sense of encountering other people - whether directly (such as, by personally interacting with them) or indirectly (such as, by

reading their work) - who have also experienced depression can re-instill feelings of connection to other people and of belonging to the world due to one feeling represented in the experiences of those others.

At this point, we can revisit some of the claims discussed earlier in section 4.2.1., such as that, in depression, individuals "are no more capable to be moved, addressed and affected by things or persons [as] the ability to sense feelings and atmospheres is totally lost" (Fuchs, 2005, p. 111) or the claim that depression leads to the "this erosion of the structure of being situated and attuned through moods" (Fernandez, 2014, p. 18). Such claims misconstrue the experience of depression for two reasons. First, first-person depression accounts such as Danquah's (2001), Brampton's (2008), and Thompson's (2005) demonstrate that the ability to be attuned to other people and the world is not lost, as one can still be attuned to other depressed individuals. Second, it is inaccurate to talk, following Fuchs (2005), of losing the "*capability* to be moved, addressed, and affected" (p. 111; emphasis mine) or the "*ability* to sense feelings and atmospheres" (ibid.; emphasis mine). Within the context of the accounts discussed in this chapter, the depressed individual remains both *capable* and *able* of being 'moved, addressed, and affected' by other depressed individuals, with whom they can mutually attune their world experiences. Subsequently, the depressed individual retains the capacity to connect to other people and establish a sense of 'being at home' in the world.

The positive implications of attuning to other individuals with depression have also been demonstrated in the clinical setting. For instance, as Mauthner (1995) reports, mothers with postnatal depression reported feeling less isolated particularly when communicating with other mothers with postnatal depression due to their ability to understand one another's world-experience. In another setting, Spillman (2006) describes how, as a researcher conducting interviews with depressed individuals, he was better able to relate to the interviewees because of his own experience with depression. As he writes,

> I think I have a better understanding of this problem because of my experiences…It's a road I've been down, a road I'm going down and it helps to know the terrain. (p. 182)

In these terms, a feature of interpersonal relationships that arises in such interactions between depressed individuals concerns the constructive and meaningful ways in which they can mutually attune to one another's experience of the world. The presence of other people can

positively affect and alter the way in which we attune to the world, and help us regain our feelings of connection and belonging to the world.

4.2.4.2. Other people as enriching one's world-experience

Accounts emphasising the central importance of mutual understanding and attunement in one's interpersonal relationships have significant phenomenological relevance within the broader study of interpersonal relationships. In particular, such accounts highlight that the appearance of other people in our surrounding environment can enrich our world-experience and highlight new ways in which we can be attuned to the world. Within this context, other people are core to our feelings of connection and of belonging to the world.

In this regard, I will suggest, our interpersonal relationships are not to be conceptualised in the radical Sartrean sense in which the appearance of the other "has stolen the world from me" (*BN* 255), but as also encompassing the various ways in which the presence of the other can *enrich* our world-experience. To briefly present the Sartrean view of how the appearance of the other in the surrounding environment can shape my attunement to the world - and also how my appearance in the other's surrounding environment can shape their attunement to the world - let us consider Sartre's 'man in the park' example (*BN* 254): I am in a public park and I notice a man seated on a bench amidst various objects like the bench itself, the lawn, or a statue. In that instance, Sartre says, I perceive the man as being different from the objects that surround him. He is not the same kind of entity as the bench he is sitting on, the lawn, or the statue. Instead, he is a subject, as much as I am a subject, who is the centre of his universe and attuned to the world in a specific way, just as I am the centre of my universe and attuned to the world in a specific way. In this realisation, Sartre echoes Heidegger who in *Being and Time* emphasises that within my sphere of consciousness, the other person is not experienced as merely another object, but as a subject who possesses the ability to shape my world through their own practical concerns and motivations. As Heidegger puts it,

> Being-alone 'among' many does not mean that with regard to their Being they [i.e. other people] are merely present-at-hand [*vorhanden*] there alongside us. Even in our Being 'among them' they are there with us; their Dasein-with is encountered in a mode in which they are indifferent and alien. (*BT* 157/121)

In these terms, being among other people in the world we encounter them as being 'there with us' as a *Dasein*-with, and not merely as another object which is simply experienced as present-at-hand [*vorhanden*] in the surrounding environment. However, Sartre emphasises that the appearance of the other in my world, precisely as a subject and not as an object, highlights the other's capacity to objectify me and essentially de-centralise my world. As Sartre puts it,

> The shock of the encounter with the Other is for me a revelation in emptiness of the existence of my body outside as an in-itself for the Other. Thus my body is not given merely as that which is purely and simply lived; rather this "lived experience" becomes - in and through the contingent, absolute fact of the Other's existence - extended outside in a dimension of flight which escapes me. My body's depth of being is for me this perpetual "outside" of my most intimate "inside." (*BN* 352)

In this regard, the other, as a subject, holds a perspective on the world that I cannot fully access or control. Hence, when I encounter another subject in my surrounding environment, Sartre highlights, "I am no longer master of the situation" (*BN* 265). Although Sartre points out that the other has the capacity to objectify me and relegate me to the status of just another object in the surrounding environment, there is a significant observation that Rodemeyer (2006) makes regarding this claim, which helps clarify Sartre's account:

> The other's constituting consciousness *affects me differently than any object*, or even any other sort of experience. I recognize a constitution of the world that is not my own, which de-centralizes me. This pulls me to realize that there is another constituting activity besides my own, one that shares and co-constitutes our world. (p. 190-191; emphasis mine)

In this regard, the other may have the capacity to objectify me, but this objectification *affects me*. As such, I am only able to be affected by the other's objectification precisely because I am *not* an object, but a subject. In similar terms, the other is able to affect me precisely because he is not an object, but a subject.

Hence, in being affected by the other's objectification, and in order to save myself from being objectified in the eyes of the other, I attempt to tangibly establish my presence as a subject in the world and thus seek to objectify the other in turn, resulting in a 'battle' between us. In Sartre's words,

> While I attempt to free myself from the hold of the Other, the Other is trying to free himself from mine; while I seek to enslave the Other, the Other seeks to enslave me. (*BN* 364)

In these terms, in being aware that only subjects can objectify other subjects, by objectifying the other, i) I establish my presence as a subject in the world, and ii) save myself from being objectified by the other, as the other, precisely as an entity which I have objectified, will be unable to objectify me. Hence, I and the other mutually perceive each other "as an object and at the same time as a man" (*BN* 278) - that is, as an entity which I have the capacity to objectify, but also as an entity which, as a subject, can attempt to escape my attempts to objectify him by also attempting to objectify me himself. In effect, Sartre says that the appearance of the other is a "drain hole" (*BN* 256) in my world, a characterisation which also applies to me as I appear in the other's world, hence resulting in a 'battle' between us in which we each try to establish ourselves as subjects through objectifying the other, while at the same time trying to escape the other's objectifying presence.

However, it is not clear that this 'battle' between me and the other manifests in all, or even most, of our interactions with other people, or that, following Sartre, the other's appearance in my world manifests as a "drain hole" (*BN* 256) in my world. Instead, the opposite holds true as well: the other's appearance in my world can serve to *enrich* my world-experience. As Zahavi (2019) puts it,

> As soon as the other appears on the scene, my relation to the world will change, since the other will always be given to me in a situation or meaningful context that points back to the other as a new centre of reference. The meaning the world has for the other affects the meaning it has for me. (p. 253)

In this context, the way in which I attune to the other person when they appear in my world can affect the way in which I attune to the world, both in ways in which the other enriches, but also diminishes, my world. The other's transcendence exemplifies our capacity to be open to alternative arrays of worldly possibilities which can imbue our world with distinct ways of experiencing the world. As Ratcliffe (2018) highlights,

Interaction with [other people] can involve re-construing the significance of relevant events, in ways that often cannot be accomplished alone and are not merely a matter of obtaining concrete opinions, advice, or practical support. Other people thus imbue the world with a distinctive degree and kind of openness and spontaneity, a sense that *this is not all there is*, that the possible is not exhausted by those concrete alternatives that I am currently able to entertain. (p. 10)

In ordinary terms, one's world-experience is not exhausted by the current array of possibilities which they can actualise, but one remains open to changing ways in which she can experience the world - that is, there is more out there in the world than those kinds of experiences which one is 'currently able to entertain'.

An example discussed by Jan Hendrik van den Berg (1952) illustrates how the way in which I attune to another person in my surrounding environment can affect my world-experience in a way in which it reveals the potential for my world-experience to be enriched as it discloses alternative perspectives one can have toward the world. In particular, van den Berg's description concerns the various ways in which a town can be experienced when exploring it with different people. As he says,

one who often shows the same town to different people will be struck by the ever new way in which this town appears in the conversation that is held about the sights during such a walk. These different ways are identical with the people with whom one walks, they are forms of subjectivity. (p. 166)

In these terms, our experience of the world can be enriched when we are in the company of certain individuals, impoverished when in the company of certain others, and in general terms the way in which we experience the world, e.g., as threatening, secure, open, closed, imbued with or empty of possibilities and so on, can be shaped via these respective ways by how we attune to other people. Take a look at another quote by van den Berg (1972),

we all know people in whose company we would prefer not to go shopping, not to visit a museum, not to look at a landscape, because we would like to keep these things undamaged. Just as we all know people in whose company it is pleasant to take a walk because the objects encountered come to no harm. These people we call friends, good companions, loved ones. (p. 65)

Here, van den Berg describes something which is common to our everyday experience of the world: there are people with whom we prefer doing certain activities and not others. As he suggests, this is because of how our world-experience manifests in the presence of different individuals, something which is shaped by how we are attuned to others within different contexts. In some cases, attunement will be mutual and thus individuals will attune to the world in the same way. In other cases, attunement will not be mutual, and thus individuals will attune to the world differently, even in contrasting ways. For instance, it might be that in an interaction with another person, my world is enriched but the other person experiences me as a "drain hole" (*BN* 256) in their world. In any case, there will always be a way in which we are attuned to the world. Consider the following example by Ratcliffe (2018),

> two different scenarios…can unfold when you take a visiting speaker out for dinner after a talk. In scenario A, the two of you 'hit it off' straightaway and the conversation glides effortlessly from one topic to the next. As you walk home afterwards, your world seems enriched – it offers all sorts of possibilities, some more determinate than others, that you had not anticipated before the encounter and perhaps could not have anticipated without it. In contrast, in scenario B, the whole evening is characterized by mutual awkwardness – there is no flow of word, gesture, or expression; points are not followed up or developed; and, after a while, everything seems effortful, difficult. The same restaurant now appears small, suffocating, drained of possibility. And, as one heads home, everything seems somehow depleted, diminished. (p. 10)

In this example, the way the two individuals attune to each other shapes the ways in which each individual attunes to the world. When their attunement is mutual, they can both experience the evening in similar ways - that is, as being characterised by mutual enrichment or mutual awkwardness. Importantly, however, not all interpersonal interactions can be characterised by a sense of mutual enrichment or mutual impoverishment. Additionally, we can also consider cases in which the individuals attune to each other in contrasting ways, and thereby attune to the world differently.

In the context of the above scenario as described by Ratcliffe, it is plausible to assert that when taking a visiting speaker out for dinner it could be the case that you each experience the evening very differently, in a way in which your experiences go beyond the polarity of either mutual enrichment or mutual awkwardness to which Ratcliffe refers. Instead, your attunement to the world does not have to be mutual. For instance, it could be the case that you

find the guest speaker an incredibly interesting person to talk to; they might be a world-renowned philosopher from whom you are learning a lot during your dinner interaction. In this context, in being with that person that particular evening, as Ratcliffe (2018) puts it, "your world seems enriched" (p. 10). However, it does not necessarily follow that your experience of the interaction is mutual - that is, that the guest speaker also attunes to you in the same way by feeling that their world 'seems enriched'. For instance, it could be the case that the speaker finds the evening uneventful, monotonous, and boring, thus not sharing your excitement about the interaction, nor feeling that the evening is characterised by 'mutual enrichment'. In these terms, the way in which each individual's presence is experienced by the other can shape their attunement to each other and can subsequently shape the way in which they each attune to the world. Whether the two of you 'hit it off' or encounter 'mutual awkwardness' (to use Ratcliffe's phrasing) is not necessarily a shared experience. Instead, your world-experiences can vary significantly based on how you attune to each other.

4.3. Conclusion

In this chapter, I presented certain challenges to the understanding of depression experiences as involving the incapability "to be moved, addressed and affected by things or persons" (Fuchs, 2005, p. 111) or "a diminished capacity for finding ourselves situated in and attuned to the world at all" (Fernandez, 2016, p. 6). Instead, drawing from Heidegger's understanding of mood and attunement, I argued that the depressed individual's experience can be conceptualised as a distinct way of being attuned to the world in which the individual exists as a mooded being. Following Heidegger, "[a] mood makes manifest 'how one is, and how one is faring'" (*BT* 173/134). In these terms, I suggested, having a mood discloses the way in which an individual is existentially situated in the world, and thereby the way in which she is attuned to it. As has been discussed, this is for three reasons: First, having a mood is necessary for us to *be* in the world in the first place; as such, one's existence in the world necessitates the presence of some kind of mood. Whereas depression involves the diminishing or loss of certain moods, such as pleasure and happiness, other moods, such as anxiety, guilt and shame, emerge as more prevalent and profound in the depressed individual's experience. In experiences of depression, these kinds of moods manifest in different ways, but still continue to move and affect the depressed individual, hence disclosing their attunement to the world.

Second, I further suggested that it is not only the case that certain kinds of moods denote one's attunement to the world, but also that the diminishing or loss of certain kinds of moods can itself disclose one's attunement to the world. Additionally, as it was noted, the experience of depression does not only involve the absence of certain moods, but also the awareness of the absence itself, which manifests as a distinct way in which the depressed individual is attuned to the world.

Third, the fact that the depressed individual can mutually attune with other depressed individuals demonstrates that the ability to attune to other people's world-experiences has not been lost. Instead, the depressed individual remains able to connect with other people with whom she has a similar world-experience, hence re-establishing her sense of belonging in the world.

Finally, I noted some wider phenomenological implications and contributions of the claim that connecting with other depressed individuals can help one re-establish their sense of belonging in the world. In particular, I suggested that the presence of other people in our surrounding environment can enrich our world-experience, rather than only diminish it. In this respect, we are able to conceptualise both cases in which the appearance of other people in the depressed individual's world diminishes their world-experience, and cases in which the appearance of other people can enrich their world-experience.

CHAPTER 5
SPECTATORSHIP AND POSSIBILITIES
IN EXPERIENCES OF DEPRESSION

As discussed in Chapter 3, depressed individuals often describe a profound and all-encompassing feeling of unhomelikeness that makes it challenging or impossible to articulate their experience of depression and have it understood by other people. Then, in Chapter 4, I explored the experience of depression as involving the diminishing or loss of certain kinds of moods, and also the emergence of certain other kinds of moods. In this regard, I argued that the experience of depression can be understood as a distinct way of being attuned to the world. In effect, as depressed individuals attempt to articulate and successfully communicate an experience which is at the same time experienced as a fundamentally distinct way of being attuned to the world, they resort to using metaphorical language.

In this chapter, I start by outlining the metaphors which depressed individuals often use to describe their experience, such as being "imprisoned" (Styron, 2004, p. 49), "in a cage" (Karp, 1996, p. 29), "underwater" (Wallace, 1984, p. 28), "stuck inside a big thick bubble" (Dowrick & Martin, 2015, p. 13), "off on some other planet" (Lewis, 1996, p. 323), or as "a kind of exile into a foreign territory" (Thompson, 1995, p. 44). Given the metaphors' mostly abstract and vague nature, it is, at first, unclear what depressed individuals aim to convey by using such metaphorical language. In addition, the metaphors themselves express different kinds of experiences which seem markedly distinct. For instance, it is initially unclear what the experience of existing in a world 'in-between' and suffocating have in common. Analysing these metaphors, I further suggest, can aid us in making sense of other aspects of the experience that appear in depression, such as the diminishing or loss of certain kinds of moods, the feeling of unhomelikeness in the world, the distinct way in which the depressed individual is attuned to the world, and the different manner in which she experiences possibilities in the world. Exploring the metaphorical language that depressed individuals use to describe their experience through the aforementioned notions will enable us to improve our understanding of the phenomenological content of these metaphors.

In this regard, in identifying precisely which aspects of the experience of depression individuals attempt to convey by using metaphorical language, I suggest that we can start by trying to uncover what is common between the metaphors being used. In doing so, I explore Dorothy Rowe's (1978) suggestion that what different depression experiences have in common is that the depressed individual is "in solitary confinement" (p. 30). In evaluating Rowe's claim by exploring first-person accounts of depression, I suggest that the experience of depression greatly differs from the experience of being in solitary confinement. Expanding on precisely how the two experiences differ can help us identify key features of the experience of depression which *are not* like being in solitary confinement, and hence set the basis for understanding what the experiential elements of the experience of depression actually *are*. For instance, a common feature of the experience of depression which is markedly different to the experience of being in solitary confinement is that the depressed individual can physically be part of the world and live a seemingly ordinary life. Even when depressed individuals employ terms such as 'incarcerated' or 'imprisoned', they do so while existing amongst other people.

In effect, a key claim that I am going to put forward and defend in this chapter is that what different depression metaphors have in common is the experience of *being a spectator* in the world. This means that while depressed individuals spectate toward other people participating in the world, they themselves feel incapable of doing so. In expanding on this claim, I examine the notion of being a spectator in the world through the notion of possibilities, by introducing the distinction between 'possibilities-for-others' and 'possibilities-for-me'. The distinction highlights the presence of certain worldly possibilities in the world which, however, are experienced as actualizable by other people and not by the depressed individual. In examining how it is possible to experience a worldly possibility as a possibility-for-others and not as a possibility-for-me, I will refer to Merleau-Ponty's distinction between how one can experience something not as "manipulable for me" (*PP* 95) but as what "manipulable for one" (ibid.). In essence, I will suggest that one is able to recognise the existence of possibilities which are not actualizable by her due to the fact that those possibilities were habitually actualizable by her in the past. This distinction further underscores the spectatorial aspect of depression experiences, where the individual is physically part of the world and is aware of the existence of certain worldly possibilities, but at the same time feels unable to actualise those possibilities herself. I suggest that understanding one's experience of depression as a spectator in the world can illuminate the content of certain metaphors which

individuals have used in attempting to describe their experience, as well as highlight aspects of the experience which are expressed by depressed individuals as being indescribable to, or incomprehensible by, other people.

5.1. Understanding depression metaphors

As discussed in Chapter 3, depressed individuals often describe their experience of depression as unhomelike or as akin to living in an alternate world:

> Mental illness is a kind of exile into a foreign territory of the mind, although this foreign territory is right next door. It is a room - imagine it as plain white, featureless, empty - which most people may not enter, and from which others may never leave. (Thompson, 1995, p. 44)

> I had always bounced back without help. But this time I sunk deeper. Unable to sleep, unable to be properly awake; I existed in a world in-between. (Keele University & Staffordshire University, 2019, p. 8)

> [In depression] you do feel so distant from people because you're not really on the same wavelength. You're off on some other planet half the time. (Lewis, 1996, p. 323)

In metaphors that highlight the unhomelike aspects of depression, as pointed out by Stern (2003), "[t]he use of the metaphors of place and land suggests the departure from a place that is familiar to a foreign land where the rules, language, and customs are unknown to the traveler" (p. 96). Taking into consideration that the experience of depression is a fundamentally distinct way of being-in-the-world, as well as the fact that depression is experienced as being incommunicable to, and incomprehensible by, other people in ordinary language, individuals resort to using metaphorical language to describe their experience. As the following accounts highlight:

> In our attempts to convey to each other our personal experience of depression we have called upon every kind of metaphor. (Rowe, 1978, foreword)

> Everyone who has experienced depression has a metaphor for that experience, sometimes expressed only in one's private language, sometimes in the language that one shares with another. (Rowe, 1978, p. 19)

Depression is a condition that is almost unimaginable to anyone who has not known it. A sequence of metaphors - vines, trees, cliffs etc - is the only way to talk about the experience. (Solomon, 2001, p. 29)[29]

In psychologist's Gail Hornstein's (2009) book, *Agnes's jacket: a psychologist's search for the meanings of madness*, a patient of Hornstein gives a more detailed account of how he lived through his experience of catatonic depression through a metaphor:

When I was the most seriously ill, I lived through experiences I called lived metaphors. That was my private term. Let me try to explain. I'd have an experience that wasn't hallucinatory exactly but was so real that I could not disentangle myself from it. I was living in a metaphor. In one period, I had the experience of being in a labyrinth. Time and space were an unending maze. I was lost and there was no clear path. I did not know how to find my way out, or to the center, or to find my way at all. I was simply wandering in endless corridors that connected in confusing, dizzying ways. I experienced that I was in a labyrinth, but I didn't literally believe that I was. I knew that I was, say, in my bedroom or in a certain building or in a park, but I had an overwhelming sensation that I was inside a labyrinth. I remember that around the beginning of this time, I just felt so ill that I didn't even leave my apartment for a long time…I never believed that I was dead. But about six months after everything had begun, I did have the experience of feeling as if my forehead were shattered. This is what I mean by lived metaphors. It was as if my forehead were in pieces, and they were pulling apart, and it was just so painful, more painful than I can communicate…I never actually believed that my forehead was shattered. But I didn't know why it felt that way. That's why I say it was a lived metaphor. (p. 210, 216)

In an attempt to depict what the experience of depression is like and effectively communicate it to other people, what individuals seem to be doing is linking the experience of depression to an experience which they believe is structurally analogous, such as drowning, suffocating, or being imprisoned. As the following two accounts emphasise:

This is how [depression] feels: It remakes the world. It begins, and the familiar world without is seen as if through isinglass: recognizable in its outlines, but dimly. It loses substance: sight

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[29] Here, Solomon refers to earlier parts of his book in which he writes that, "At the worst stage of major depression, I had moods that I knew were not my moods: they belonged to the depression, as surely as the leaves that tree's high belonged to the vine" (p. 18) and that "I have said that depression is both a birth and a death. The vine is what is born. The death is one's own decay, the cracking of the sadness that support the misery" (p. 19).

and sound and scent alike are gone unaccountably bland. Your vision has gone within; you are enwrapped by inner experience, none of it pleasurable. You are resident now in some parallel universe, a place inclined to resist the concrete nouns, verbs, and adjectives we use to describe other landscapes. For all its visible pain, insistent reality, and worldly effects, the true melancholic landscape exists, finally, only in the imagination - because that is where melancholia mostly expresses itself. So *for centuries we have resorted to the language of analogy, trying to summon it by comparison*, trying to fit to the imagined melancholic landscape the flora and fauna it might spawn, the creatures we imagine particularly adapted to it. (Smith, 2001, p. 61; emphasis mine)

If you were trying to convey to somebody what the feeling of depression is about, how would you try to do it? I mean, I know it's difficult. Yeah. Well, I've done it before. I've referred to it as a dark storm at sea. The sea would, like, relate to the insecurity. You're going to sink. You're going to lose yourself, your life, your everything, and then sink to death. I guess, maybe the sea is death. And the dark storm is, I think, hopelessness. The sea is below you. There is a storm above you. It's a dark storm between your ears. That's how I see it. (Karp, 1996, p. 29)

Within the account quoted by Karp (2016), the individual initially wonders what would make it possible to communicate their experience of depression to other people. In effect, they use a series of metaphors (e.g. 'a dark storm at sea', 'you are going to sink') or even similes (e.g. 'the sea is death') in an attempt to articulate and communicate their experience to others. In addition, in Smith's account, the author notes that it is unimaginably difficult, or even impossible, to describe the world of depression by using the 'concrete nouns, verbs, and adjectives' that people use to describe the world in ordinary language. Consequently, the only way to describe one's living in a 'parallel universe' in depression is through some kind of analogy to the common life-world - that is, by comparing the experience of depression to something that other people would more easily understand. As Dekkers (2009) notes, in approaching two (or more) seemingly unrelated concepts, using a metaphor provides a way in which we can "make a familiar thing look different and realize that two seemingly unrelated experiences have something in common" (p. 337). In this sense, Dekkers adds, metaphors represent forms of meaning which are already embedded in our daily encounters in the world. As such, metaphors can assist us in constructing conceptual representations of various matters, situations, and affairs that may be challenging to convey through more precise, logical means.

In these terms, as the following accounts by Joshua Wolf Shenk (2001) in his essay *A Melancholy of Mine Own* suggest, in attempting to convey an otherwise indescribable experience, the best that individuals can do is use another metaphor to make sense of that experience:

> An imperfect word is sometimes better than silence, a pale metaphor better than suicide. (p. 250)

> While we cannot be silent, or forsake the available word or metaphor to the perfect one that eludes us, we also cannot stop at those less-than-perfect words and metaphors. Insufficient or overused phrases - which resolve eventually into cliches - lose their power to evoke a fresh, tartling image. They stop tapping into the field of primal meaning that precedes language and to which, through language, we are forever trying to return. (p. 251)

In examining first-person accounts of depression, we can explore the particular metaphors that individuals use to describe their experience. These include references to being underwater, incarcerated, suffocating, existing in a world 'in-between', living in a bubble, living in another world, or experiencing the world as colourless and grey. Now, let us see precisely how people incorporate such metaphorical language into their own depression accounts.

To begin, some accounts emphasise a sense of entrapment, incarceration, and imprisonment that engulfs one's experience of the world in depression:

> [Depression] is this big, black empty space. It's like a great, big prison. I can move further into it, but I can't move out of it. (Rowe, 1978, p. 53)

> However the image [of depression] is expressed, all the images have one thing in common. You are enduring a terrible isolation. You are alone in a prison. (Rowe, 2003, p. 3)

> [Depression] comes to resemble the diabolical discomfort of being imprisoned in a fiercely overheated room. And because no breeze stirs this caldron, because there is no escape from this smothering confinement, it is entirely natural that the victim begins to think ceaselessly of oblivion. (Styron, 2004, p. 49-50)

Besides expressing a sense of entrapment, incarceration, and imprisonment, the above accounts also report that escaping the world of depression is impossible. Other accounts place a greater emphasis on the feeling that the world of depression is inescapable, characterised by an all-encompassing sense of suffocation:

> I feel like I'm in a cage and I'm trapped, and I can't get out and it's night time and the daylight's never going to come… Sometimes I feel like I'm being smothered in that I can't breathe. I am being suffocated… (Karp, 1996, p. 29)

> Some people liken [depression] to being underwater, under a body of water that has no surface, at least for you, so that no matter what direction you go, there will only be more water, no fresh air and freedom of movement, just restriction and suffocation, and no light. (Wallace, 1984, p. 28)

> Wherever I sat -- on the deck of a ship or at a street café in Paris or Bangkok -- I would be sitting under the same glass bell jar, stewing in my own sour air. (Plath, 1963, p. 13)

> My brain had begun to endure its familiar siege: panic and dislocation, and a sense that my thought processes were being engulfed by a toxic and unnameable tide. (Styron, 2004, p. 14)

Furthermore, in other accounts individuals report their experience as akin to living in a bubble or in a balloon, which separates them from other people and from the world around them:

> Sometimes it seems like I'm stuck inside a big thick bubble. I can see through the bubble all right to see what's happening – but everything and everyone outside seems distant and remote. I feel cut off. (Dowrick & Martin, 2015, p. 13)

> Another way I can describe what you feel when your depressed, is that you have a sort of bubble round you. It's a thick, Perspex bubble that you cannot break and nothing from outside gets through to this…Even if the Queen came here, I…you wouldn't snap out of it. (Ridge, 2008, p. 54)

> It was like being inside a very, very thick balloon and no matter how hard I pushed out, the momentum of the skin of the balloon would just push me back in… So I couldn't touch

anybody, I couldn't touch anything... I didn't know where it was going to go. (Ridge, 2008, p. 54)

Additionally, other individuals emphasise experiencing the world as dark, grey, or colourless, noting how this experience was all-encompassing, permeating one's being-in-the-world in its entirety:

When I'm depressed the main thing I'm aware of is how horrible I feel. I feel totally fed up, unhappy and miserable. Everything seems dark and grey. All colour has drained out of the world. (Dowrick & Martin, 2015, p. 13)

[Depression is a] very deep pit. Bottomless, well, not entirely bottomless but so steep you couldn't climb out. Much as you tried, the more you tried to grovel your way up, the more you would slide. Grey and nothing, like you see when a volcano's erupted, all the lava, when it's died down, all that sort of clinkery, burnt-away nothingness, no life, nothing colourful in it at all, no colour or anything like that. The darker it was, the worse it would be to me. (Rowe, 1978, p. 26)

The world looks very different when I am depressed, because everything looks dark/black and bleak. To me it looks like the colour and joy has been sucked out of the world and that the world looks completely dull. (DQ, #23)

[The world is] totally different. It is bleak, threatening, full of horrid people I want nothing to do with. It even looks different, as my perception of colour changes, so that everything looks dull and lifeless. (DQ, #270)

In analysing different first-person depression accounts, it is worth highlighting the frequency with which individuals bring up themes of suffocation, imprisonment, or living in another world. As Karp (1996) also highlights in his own analysis of the interviews he conducted with depressed individuals, "[i]t was striking how many people independently equated the depression experience with drowning, suffocating, descending into a bottomless pit, or being in a lightless tunnel" (p. 28). However, given that we are not to take such descriptions of one's experience in literal terms - that is, by saying that the depressed individual is literally in prison or suffocating - we can then ask, *what exactly* do these metaphors describe? An initial challenge in understanding the different metaphors depressed individuals use to describe their

experience is that these metaphors differ, sometimes substantially, from one another. For instance, how does the experience of suffocating and of being imprisoned, or the experience of living in a world in-between and living in a bubble relate to each other? I suggest that in understanding what depressed individuals are aiming to get at by using different metaphors, we can attempt to identify which experiential aspects of depression these different metaphors have in common. Of course, before we begin by identifying potential common aspects between different metaphors, it would be reasonable to suggest that each metaphor serves to describe a distinct phenomenological aspect of depression. However, in understanding what is common between different metaphors, their overlapping phenomenological aspects can be identified, hence illuminating the experience which they aim to describe. In these terms, following Jaspers (1968/1912), in understanding what constitutes a particular phenomenon of experience,

> it is necessary to identify the specific psychic phenomena which are to be its subject, and form a clear picture of the resemblances and differences between them and other phenomena with which they must not be confused. (p. 1314)

Therefore, in trying to understand what depressed individuals are trying to get at by using particular metaphors, we can explore some of the proposed ways in which we can understand, following Jaspers, the 'resemblances and differences' between depression and other phenomena of experience, as well as with which kinds of phenomena depression experiences 'must not be confused'. One of the proposed ways in which we can understand the different metaphors being used to describe the experience of depression is psychologist Dorothy Rowe's (1978) suggestion that the common experiential element inherent in all metaphors used to describe depression is the experience of being in solitary confinement. In the following section, I will argue that the claim that in depression one is 'in solitary confinement' does not capture what the different depression metaphors attempt to convey and does not reflect what the experience of depression is like. Gaining insight into the reasons behind this experience will enable us to grasp specific experiential aspects of depression that are distinct from the experience of being in solitary confinement. This, in turn, will provide a foundation for comprehending the particular experiential elements that the metaphorical language used in first-person accounts of depression attempts to convey. In the following section, I am going to start by examining the claim that what different depression experiences have in common is the feeling of being in solitary confinement.

5.2. Understanding the experience of depression as 'being in solitary confinement'

In her book *The Experience of Depression*, psychologist Dorothy Rowe (1978) recounts her interactions with numerous individuals who had been diagnosed with depression. Upon reflecting on these interactions and drawing from her broader experiences, Rowe suggests that "the underlying concept" (p. 30) of different depression experiences is that the depressed individual is "in solitary confinement" (ibid). As she puts it,

> While different people describe their experience of depression in different ways, there is one feature that all share. Each person describes the experience as one of being enclosed. Some say it is like being in a dark prison cell, some say it is like being at the bottom of a deep hole, some say it is like being wrapped in an impenetrable cloth, some say it is like being unable to move in the middle of a vast and empty desert, some say it is like being enclosed by thick, soundproofed glass. The images vary, but the underlying concept is the same. The person is in solitary confinement. (p. 30)

More specifically, Rowe suggests, the experiential feature that the experience of depression and the experience of being in solitary confinement have in common is the lack of interaction. As she says,

> reports by prisoners who have experienced long periods of solitary confinement and experiments where the subject is deprived of all sensory exchange show that the person's whole being, body and mind, is affected by this isolation. (p. 29)

In what follows, Rowe further expands on what she suggests likens the experience of depression to solitary confinement - that is, physical isolation,

> Some people build low walls, or walls with special gaps, and they can reach others easily across these walls. But some of us build walls which are high and difficult to climb, and when we make these walls too high, quite impassable, then we start to suffer a torture which is even worse than that suffered by the solitary prisoner facing an indeterminate sentence. In my discussions with people who have experienced the torture of depression it has become clear

that each of them has built such a wall. (p. 29-30)[30]

However, in examining a variety of different first-person depression accounts, it does not seem to be the case that what these accounts share is the sense of being in solitary confinement. In contrast, a number of experiential features of depression experiences arise through these accounts which are notably not like being in solitary confinement.

One way in which the experience of depression and the experience of being in solitary confinement differ lies in the nature of the isolation that the individual experiences in each case. In solitary confinement, the inmate is physically isolated from the world and has minimal to no contact with other people. In contrast, as certain depression accounts highlight, in depression we can refer to one's isolation *amongst* people where the walls that separate one from other people are not opaque, as in solitary confinement, but transparent. For instance, Dowrick and Martin (2014) have described the experience of depression as follows,

> I can see through the bubble all right to see what's happening – but everything and everyone outside seems distant and remote. I feel cut off. (p. 11)

In this regard, while the individual may feel that 'everything and everyone…seems distant and remote', they are able to see through what separates them from other people and from the world. Whilst being inside a bubble, the depressed individual can see through the bubble but at the same time she feels that she inhabits a separate realm, detached from other people and the world. In these terms, rather interestingly, feelings of isolation and detachment arise even when one finds themselves physically being amongst other people in the world. As the following examples highlight, there is a profound sense of isolation endured by individuals while they are physically in the world:

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[30] Whereas here I focus on whether we can understand depression experiences by likening them to experiences of solitary confinement, I cannot but question Rowe's overall approach here for shifting the blame for being depressed and the full responsibility to the depressed individual to heal themselves of depression. As Rowe (2003) mentions, "depression is…something which we create for ourselves, and just as we create it, so we can dismantle it" (p. 12). Rowe thinks that the way we think about the world shapes the world around us - i.e. that the world does not have an objective nature which we simply come to perceive, but we experience the world around us through how we interpret it. This approach does have some phenomenological ground. As discussed in Chapter 1, it is the case that the world may be experienced in distinct ways by different individuals based on their own interests, goals, and motivations in the world. However, we can raise some doubts about Rowe's claim as to whether we can so easily assign blame to the individual for creating the situation they are in, or assign to someone the burden or the responsibility of dismantling depression themselves. This seems to me a different way of saying to someone to 'just snap out of it', or to assign blame or responsibility to the individual for being depressed, when it is already the case that a sizable number of depressed individuals have feelings of guilt and shame for being depressed, as previous phenomenological research has demonstrated (Fuchs, 2002; Ratcliffe, 2010, 2015; Henriksen & Skodlar, 2019).

I spent hours walking around campus at all times of day, encased in a loneliness as palpable as armor, armed with an unreasoning hostility. If anyone spoke to me, I glared at them. (Thompson, 1995, p. 45)

My image of depression, and this is probably not a generalised one but I'll advance it as a personal one, is um, you know these sort of old hermits that used to live at the top of a pillar. Well, I would say you know, that that would be the individual being on top of that pillar. And he'd sort of be surrounded by um things that were, could be fulfilling of needs or wants but not able to...you know, contact them, use them. (Lewis, 1996, p. 324)

I feel like I am watching the world around [me] and have no way of participating. (DQ, #138)

In this regard, the key response to Rowe's claim that depression is like being in solitary confinement is that, unlike being in solitary confinement, in depression one can physically be part of the world. In these terms, while depressed individuals frequently describe their feelings in terms of alienation and isolation, this does not necessarily imply some kind of physical seclusion from the world, akin to the experience of someone who is in solitary confinement. Instead, it suggests being in the midst of others within the common life-world but at the same time feeling unable to connect with them.

In fact, as Lucy Osler (2022) highlights, the feeling of isolation that arises in depression does not refer to some kind of physical isolation or to one's lack of connection with others *per se*, but refers primarily to one's inability to connect with other people *while being physically part of the shared world*. As Osler puts it, "the initial pain of isolation seems to be rooted in the feeling of isolation while being physically surrounded by other people [and] does not appear to be grounded in being physically absent from others" (p. 5). In these terms, the presence of other people in one's surrounding environment can even *magnify* one's sense of isolation in depression. Hence, it seems to be the case that it is precisely one's inability to connect with others while being surrounded by them that induces the profound and all-encompassing feelings of isolation that the depressed individual experiences. As two individuals whose accounts are discussed by Karp (1996) emphasise,

Everyone else seemed to be moving through their days peacefully, laughing and having fun. I resented them because they were experiencing such an easy time of it; I felt utterly cut off

from them emotionally. I was angry because there was no way they could understand what I was going through. Their very presence seemed to magnify my sense of isolation. (p. 7)

Sometimes being in the presence of others and ritualistically moving through the motions of interaction can dramatically magnify a sense of loneliness and isolation. (p. 34)

In this regard, the depressed individual continues to experience the world as a shared world in which the individual physically finds themselves. As Osler (2022) adds, "we might suppose that we could lose our sense of being in a shared world with others if we no longer experienced the world as available to other people" (p. 5). However, in depression, it is the case that the world continues to be experienced as available to other people - that is, as a world in which others can participate, engage in worldly activities, and actualise worldly possibilities. In this regard, in additional first-person depression accounts, individuals provide some even more explicit accounts about being surrounded by other people in the common life-world, and at the same time feeling unable to connect with them:

[Depression is] like I can be surrounded by my friends, and yet I feel like I'm still alone. (DQ, #51)

I feel like the world is happening around me and I am standing still, almost like in a haze. (DQ, #112)

You do, I think, feel kind of closer to yourself or closer to, er, to, to certain, to certain emotions and things. And th', that's, I mean that's the feeling of it, that your day to day life is just like really superficial and, and a real sort of, you know, sham if you like. You're down the pub and having a laugh and its just so meaningless, that you know, sitting in your room and brooding seems to be more, you know, more real and less sort of superficial. (Lewis, 1996, p. 324)

As such, changes in one's world-experience in depression do not refer to how the structure of the world *itself* changes but what changes is the depressed individual's experience *of* the world. As another participant in the Depression Questionnaire said in response to a question about whether, and how, the world looks different in depression,

On one hand yes. My own world is different - Everything is impossibly difficult. Nothing flows or seems easy. All things are an effort. Turning over in bed requires massive effort, getting up is impossible. On the other hand no. In that the world at large is the same, it is still there, trees, other people, sunshine, rain - all neutral, no different either way. I don't see the world as 'against me' in any way. It's a beautiful world and I can see that all the time, just my place in it seems different. (#9)

The individual here makes a clear distinction between the common life-world and the world of depression. They report the awareness that the common life-world has not changed as the structure of the world is the same as it has always been. What has changed is the individual's experience of the shared world; as they say, '[my] place in it seems different'. In these terms, the individual experiences themselves as physically being part of a world that is a 'beautiful world' which, however, they do not experience as such. In this regard, such accounts also highlight the unhomelike aspect of depression experiences, as discussed in length in Chapter 3. In particular, there is a sense in which the world-experience of the depressed individual is markedly distinct from the world-experience of the non-depressed individual, as it appears as alien, different, and superficial. It is notable that the feelings of unhomelikeness are often tied together with the feeling that one feels unable to connect with other people in the world, hence demonstrating how feeling 'at home' in the world and being able to establish meaningful interpersonal relationships with other people are interconnected notions, both of which seem to diminish or even disappear in experiences of depression.

At the beginning of this chapter, I started by presenting various metaphors that depressed individuals use to describe their experiences. In outlining the difficulties in understanding what these metaphors attempt to convey, I suggested that we could proceed by identifying the common experiential aspects between these metaphors. In this regard, I proceeded by evaluating, and subsequently challenging, Dorothy Rowe's (1978) claim that what different depression metaphors have in common is the experience of being in solitary confinement. As discussed, unlike the experience of an individual who is in solitary confinement, first-person accounts of depression highlight that the individual physically finds themselves amongst other people in a shared world. In fact, as it was emphasised, the depressed individual's presence amongst other people and her simultaneous inability to connect with other people can further magnify and exacerbate her feelings of isolation.

In these terms, if we are not going to conceptualise the different metaphors used to describe the experience of depression by referring to the experience of being in solitary confinement, what could then possibly express the common experiential element between the various and distinct experiences of depression? In the following section, I will argue that we can conceptualise the diverse range of metaphors used by individuals to describe their depression experiences by exploring the experience of depression as *spectatorial*. At this point, before proceeding with analysing the experience of being a spectator in depression, I would like to address a potential concern that might arise here: The reader might justifiably wonder, "What is the point of using a metaphor to explain other metaphors? It seems we are still stuck in a 'metaphor loop'." There are three key reasons why it is unproblematic to use the metaphor of being a spectator in the world of depression to analyse and understand other metaphors used to describe the experience of depression. First, perhaps it is true, as some depressed individuals report, that ordinary language lacks the words to adequately describe the experience of depression, and that the world of depression is to such an extent fundamentally different from one's ordinary experience of the world that any attempt to describe the experience of depression will prove largely inadequate or incomplete. As discussed in Chapter 3, depressed individuals very often express that the experience of depression is indescribable to, and incomprehensible by other people, unless others have themselves gone through the experience. For these reasons, it might be that the 'metaphor loop' is inescapable; we might be restricted in using a metaphor to describe depression experiences. Hence, instead of seeking to engage in the overambitious task of escaping the unavoidable 'metaphor loop', we can do the explanatory work by using a metaphor which encompasses experiential aspects from a variety of metaphors in order to shed light into unexplored or underexplored aspects of the experience of depression.

Second, as will be demonstrated in the following section, the notion of being a spectator arises often in experiences of depression. This aspect of the experience, however, is much understudied in the literature and no specific focus has been given to describe the spectatorial aspects of depression. In this respect, the metaphor of being a spectator can do the explanatory work of revealing underexpressed or understudied aspects of the experience of depression. By illuminating certain aspects of the experience of depression through the notion of the spectator the aim of the current thesis is twofold: to help depressed individuals themselves reach a better understanding of aspects of the experience which feel indescribable to and incomprehensible by other people, and to help non-depressed individuals develop a

better understanding of the experience of depression. Nevertheless, as discussed in Chapter 3, the feelings of indescribability and incomprehensibility that arise in the experience of depression constitute disruptions in the depressed individual's interpersonal relationships, which are also expressed through the notion of unhomelikeness. In these terms, the claim being put forward in this chapter is not that by using the metaphor of being a spectator the experience of depression becomes fully describable and comprehensible by other people. Instead, while the metaphor of being a spectator can help depressed individuals conceptualise and express their experience in a way in which it becomes comprehensible by other people, some degree of indescribability and incomprehensibility can remain, due to the fundamentally distinct way in which the depressed individual experiences the world.

Third, the experience of being a spectator is something most people can relate to, as they have engaged in being spectators in some manner; at the theatre, cinema, at a concert, sports match, or even just in people-watching. Of course, the experience of being a spectator in depression is not identical to any of these other ways of being a spectator, but what can be of help here is to identify which characteristics of being a spectator in other settings can aid us in better understanding the experience of being a spectator in depression. As such, spectatorship, being an experience with which most people can relate, can offer a better way in which non-depressed individuals can conceptualise experiences of depression. For instance, following the aforementioned depression accounts, far fewer people have experienced imprisonment, suffocation, or been sent into exile. Of course, one can imagine what it is like to be imprisoned, suffocating, or sent into exile, but this will be insufficient to understand depression experiences, compared to something such as being a spectator which has been a common experience amongst people in different contexts. Finally, in regard to some particular metaphors, it is not even clear how one could begin to conceptualise the experience of depression. For instance, what could it mean to say that one 'exists in a world in-between' or is 'stuck inside a bubble'? In order to develop a better understanding of such vague and abstract metaphors, we can analyse them using another metaphor which seems more clear, concrete, and accessible, such as the metaphor of being a spectator.

Nevertheless, the suggestion being put forward here is not that the metaphor of being a spectator can make it possible for other people to fully understand the experience of being depressed. As discussed in Chapter 4, the depressed individual remains differently attuned to the world compared to the non-depressed individual, hence giving rise to feelings of

alienation, isolation, and detachment from other people and from the world. In this respect, it will remain difficult or impossible for other people to fully understand the content of the metaphors that depressed individuals use to describe their experiences. This is in contrast to other kinds of metaphorical language that we use in everyday life (e.g. "the elephant in the room" or "the tip of the iceberg") the meaning of which more easily comprehensible among people due to their being rooted in our shared world - that is, the common life-world. In this regard, speakers of the same language develop a mutual and immediate understanding of such metaphors when these are used in ordinary language due to the speakers' shared world-experience. In contrast to these metaphors, the suggestion that is being put forward in the following sections in regard to depression experiences is that the metaphorical language depressed individuals use to describe their experience is not easily comprehended by non-depressed individuals due to the fundamentally different nature of the depressed individual's experience of the world. This is due to the fact that the shared world of the depressed and the non-depressed individual is severely disrupted to the extent that the lived experiences of the former cannot be effectively communicated or comprehended by the latter.

However, despite the difficulties that arise, in what follows I will argue that the metaphor of being a spectator is easier to be conceptualised by non-depressed individuals, compared to other metaphors which depressed individuals use to describe their experience. In particular, I will argue the metaphor of being a spectator will enable us to conceptualise how the depressed individual physically exists in the world amongst other subjects but is restricted in merely spectating toward other individuals actualising worldly possibilities while feeling unable to do so herself. In effect, understanding the depressed individual's experience through the metaphor of being a spectator gives rise to the distinction between possibilities-for-others and possibilities-for-me in one's world-experience, which I will be discussing further in order to highlight the nature of the depressed individual's isolation from the world.

5.3. The depressed individual as a spectator

In examining what constitutes the experience of being a spectator in depression, we can understand how it is possible for one to physically co-exist with other subjects in a shared world and at the same time feel isolated, as well as how it is possible for one to recognise the

presence of certain worldly possibilities which are not actualizable by the depressed individual.

The experience of being a spectator in depression will be analysed with reference to how possibilities are experienced in depression. I will argue that there is a distinction to be made between possibilities-for-others (i.e. non-depressed individuals) and possibilities-for-me (i.e. the depressed individual), which helps clarify which worldly possibilities are actualizable by other people and not by the depressed individual. In this sense, feelings of isolation that arise in depression can be understood in terms of worldly possibilities. That is, it is not only the case that the depressed individual feels isolated due to the fact that they lose access to certain kinds of worldly possibilities; in addition, feelings of isolation are exacerbated as the individual, while physically being in the world, is aware of others actualizing worldly possibilities which she cannot actualise herself. Isolation therefore manifests as certain worldly possibilities present themselves *as not available to one* while they are available to, and actualizable by, other people.

5.3.1. Accounts of being a spectator in depression

In first-person accounts of depression, individuals often describe their experience in spectatorial terms - that is, as if they are spectating toward other people actualising the possibilities the world offers while being unable to actualise those possibilities themselves. Within this context, let us visit certain accounts in which the feeling of being a spectator arises.

In particular, some depressed individuals describe their experience by making explicit reference to being like a spectator in the world:

> I stop doing things. Nothing seems attractive. I feel disconnected from the rest of the world, like a spectator. (DQ, #84)

> [I am] a mere spectator of other men's fortunes and adventures, and how they act their parts, which methinks are diversely presented unto me as from a common theatre or scene. (Burton, 1883, p. 17)

…some patients report feeling 'like a robot', 'different from everyone else' and 'separate from myself'…Others describe feeling 'half-asleep' or 'as if my head is full of cotton wool', with associated difficulties in concentration. External reality may also be strangely altered: it may appear somehow 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'. (Medford et al., 2005, p. 93)

The sense of grief for the lost self was profound. I didn't feel like my old self at all, and had no idea where the old self had gone [...] I soon came to feel that my self had been left behind, across a border or a canyon. Where exactly was I? [...] I felt spectral. (McMurtry, 2010, p. 146)

Every week feels like the same cycle leading to nowhere: it's as if my whole life was a play, and each day is an ongoing scene at the stage while I'm there sitting with the crowd just watching how my day goes by. Sometimes I feel like I'm no longer the director of my "play," and not even a secondary character; I'm a spectator — I watch as everything is falling apart from my lack of response to certain situations. (Matute, 2020, 3rd paragraph)

Matute's reference to life being experienced as 'a play' in depression is seen in other first-person depression accounts as well:

It looked, to me, like a scene from a play that I was witnessing. I could not say that I was even engaged enough to be watching it. Any focus was absent. (Brampton, 2008, p. 66).

There is a theatrical quality about all this, and during the next several days, as I went about stolidly preparing for extinction, I couldn't shake off a sense of melodrama—a melodrama in which I, the victim-to-be of self-murder, was both the solitary actor and lone member of the audience. (Styron, 2004, p. 64)

I stood inside the window, separated by more than glass. [Other people's] play was like some language I'd once known but long forgotten. Then they were aeroplanes, arms outstretched, roaring round the hospital grass. 'Why don't we go out and join them?' [This] question took me by surprise. It hadn't occurred to me to do so. No aeroplane could reach the country I was in. (Shaw, 2001, p. 37)

Other accounts describe the experience as if one is watching a film, or participating in one:

Depression is a silent film; a monologue shot underwater. (Myers, 2017)

[Depression is] like I'm watching a Technicolor movie that is slowly fading to black and white. (Manning, 1994, p. 34)

I feel as if I am in a bubble, like being in a film. (DQ, #143)

When [you're] in a social situation time seems to go slow like you are watching a playback of a movie. (DQ, #151)

Sometimes I feel like the world has departed from me and I look at people on streets or at cars passing by like they were scenes from a movie, distant yet discernible. (DQ, #205)

I passed friends who said hello. But I could barely see or hear them. Their voices seemed to be coming from somewhere else, like a movie whose soundtrack was not in sync with the visuals. Or maybe it was more like home movies, everything flashing by me in clipped, grainy frames, with the click-click-click of the projector buzzing in my ears. (Wurtzel, 1994, p. 101)

Additionally, in other first-person accounts, depressed individuals frequently report that there is something in-between them and the world, highlighting the presence of a medium through which the individual spectates toward the world. In such accounts, individuals often describe a sense of separation between themselves and the world, positioning them on a contrasting 'side' from other people. From this vantage point, they feel confined to the role of mere spectators, observing the world from a distance. As the following accounts demonstrate:

There is only emptiness around me; it fills the space between me and my husband; instead of conducting it keeps me away. I am kept away from the whole world; there is an abyss in between. (von Gebsattel, 1954, p. 25, as translated in Fuchs, 2013a, p. 229)

Sometimes I felt like some creature caught in a net, thrashing around and unable to get free. I didn't know what the net was, but I knew it was there. I didn't know what was standing between me and deep connections with other people, but that was there too. (Thompson, 1995, p. 89)

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. (Plath, 1963, p. 141-142)

If I was with people, I felt as if I were surrounded by strangers on a bus. The world seems to be telescoping away; I saw everything through the wrong end of a pair of binoculars, watching tiny, animated people at the other end engage in activities I could not fathom. (Thompson, 1995, p. 45)

"What I've done," I remember [Sylvia Plath] saying, "is to throw together events from my own life, fictionalizing to add color -- it's a pot boiler really, but I think it will show how isolated a person feels when he is suffering a breakdown. . . I've tried to picture my world and the people in it *as seen through the distorting lens of a bell jar.*" (Plath, 1972, p. 134; emphasis mine)[31]

I spent an increasing amount of time alone. If I was with people, I felt as if I were surrounded by strangers on a bus. The world seems to be telescoping away; I saw everything through the wrong end of a pair of binoculars, watching tiny, animated people at the other end engage in activities I could not fathom. (Thompson, 1995, p. 91)

Often, the world feels as though it is a very long way away and that it takes an enormous amount of effort to engage with the world and your own life. It feels as though you're watching life from a long distance. At times *it felt as though I was looking through a fish eye lens*, and couldn't see clearly around the periphery, or even very well at all. I felt slightly pulled back from reality. (Ratcliffe, 2015, p. 31; emphasis mine)

In such accounts, we can identify a common theme that emerges and which is repeatedly emphasised: the depressed individual is physically in a world with other subjects, yet at the same time she feels unable to participate in the world as she feels that she is "a mannequin in the window of an enormous department store" (Plath, 1966, p. 141-142). Therefore, it becomes challenging for the individual to establish feelings of connection with other people in the common life-world. As Thompson (1995) highlights in her memoir,

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[31] This quote is from a letter written in 1970 by Aurelia Plath, Sylvia Plath's mother, to Sylvia Plath's editor at Harper & Row publishing house, in anticipation of the first publication of Sylvia Plath's *The Bell Jar* in the USA. The letter is included in the 1972 edition of *The Bell Jar*.

It seemed to me the basic definition of any mental illness,[32] this persistent, painful inability to simply *be* with someone else: It might be lifelong. Or it might descend like a sudden catastrophe, this blankness between ourselves and the rest of the world. The blankness might not even be obvious to others. But on our side of that severed connection, it was hell, a life lived behind glass. (pp. 199-200)

In these terms, the depressed individual is at a place from where they can merely spectate toward other people actualising worldly possibilities which she cannot actualise herself. Therefore, I suggest that we can further understand the experience of being a spectator in depression by introducing the distinction between possibilities-for-others and possibilities-for-me, which I will develop in the following section.

5.3.2. The distinction between possibilities-for-others and possibilities-for-me

As outlined in certain first-person accounts above, the sense of being a spectator arises as the individual feels restricted in spectating toward other people actualising certain worldly possibilities while feeling unable to actualise those possibilities herself. In these terms, the individual is aware that certain kinds of possibilities exist in the world, but these possibilities are only actualizable by other people, as possibilities-for-others, and not by oneself, as possibilities-for-me. In what follows, I discuss how the spectatorial nature of depression experiences manifests through the distinction between possibilities-for-others and possibilities-for-me.

To begin, in discussing how the feeling of being a spectator gives rise to the distinction between possibilities-for-others and possibilities-for-me, I will refer to how possibilities are experienced within the context of a theatre play.[33]

Within the setting of a theatre play, the contrast between possibilities-for-others and possibilities-for-me is taken to refer to the possibilities which can be actualized by the actors and the members of the audience, respectively. For example, a chair on a theatre stage is experienced as offering the possibility for one to sit on, and a glass of water on the stage is

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[32] Although Thompson makes reference to 'mental illness' here, this is within the context of discussing intersubjective disruptions in experiences of depression.

[33] It is worth noting that in relating the experience of being a spectator in depression to the experience of being a spectator at a theatre play I am not talking about theatre styles such as pantomime or immersive theatre, in which the fourth wall can disappear or is not there in the first place. Instead, I am referring to cases in which the audience adopts the third-person perspective toward the actors, which Fuchs (2013b) defines as "the observer perspective, referring to situations of one-way remote observation of others" (p. 658).

experienced as offering the possibility for one to drink from. In these terms, following Gibson (1979), objects in our environment offer certain affordances. Within this context, the chair on the stage is presented as 'sit-on-able' and the glass of water is presented as 'drink-from-able'. Such affordances, Gibson notes, are not absolute and are not properties of objects themselves but can appear differently to different individuals - that is, what is 'sit-on-able' for a child may not be "sit-on-able" for an adult. Likewise, within the context of a theatre play, a glass of water may be presented as 'drink-from-able' to the actors, but not to the members of the audience. As such, the possibility of drinking from the glass of water is present as a possibility-for-others (i.e. as a possibility actualizable only by the actors) and not as a possibility-for-me (i.e. not as a possibility actualizable by the members of the audience). Interestingly, in his analysis of the interviews he conducted with depressed individuals, Karp (1996) describes the experience of depression as being "like dying from thirst while looking at a glass of water just beyond one's reach" (p. 343). In this regard, the feeling of isolation from others arises as one is restricted in spectating others actualising worldly possibilities which she cannot herself actualise.[34]

In spectating toward other people actualizing the possibilities that the world offers, there is a profound feeling that the depressed individual is 'not being like others'. For instance, Mark Rice-Oxley (2012), in his memoir, *Underneath the Lemon Tree: A Memoir of Depression and Recovery*, describes experiencing other people in the world as "healthy, vigorous souls going purposefully about their business" (p. 255), while Rice-Oxley himself grapples with a profound sense of fragility and diminished vitality which render him unable to participate in the world. Earlier on in his memoir, Rice-Oxley reports the following,

> I want to be everyone, anyone I see. The guy opposite me is reading a book. Oh the simple pleasures of reading a good book on a train. I want to be a guy reading a book on a train. (p. 135)

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[34] Of course, it could be argued that it still is practically possible for an audience member to step onto the stage and sit on the chair or drink from the glass of water. However, there are two reasons why the experience of depression differs from these kinds of claims about spectatorship. First, as also outlined in Chapter 2, in the majority of depression cases, the individual experiences bodily disruptions, as they experience their body as heavy, sluggish, exhausted, and drained of energy (Fuchs, 2005, 2014; Ratcliffe, 2015; Fregna, Locatelli & Colombo, 2020; Osler, 2021). As such, individuals report that carrying out daily tasks becomes profoundly difficult or even impossible. In these terms, it is the case that actualizing a worldly possibility can be experienced as a practically impossible task which the individual cannot overcome by a mere act of will. Second, in case an audience member steps onto the stage to drink from the glass of water, then the fourth wall which otherwise separates the actors from the audience disappears, and consequently, the very existence of the play is disrupted. In other words, the 'fourth wall' is essential in there being a play in the first place.

In these terms, while co-existing in the same physical space as other people, Rice-Oxley becomes acutely aware of himself engaged in an act of observing another individual actualising certain worldly possibilities - in this case, reading a book - while Rice-Oxley himself feels incapable of doing the same. As such, one experiences a profound sense of disassociation from other people, but at the same time expresses the desire to be like them, in the sense of being able to actualise the worldly possibilities which are available to them. As Rice-Oxley puts it elsewhere in his memoir,

> As I drag my exhausted body around the streets of Kingston I look at people and think, 'He's not me, she's not me, that man crossing the road is not me, that old woman in an electric wheelchair is not me…' And I envy them all. (p. 58)

In this context, whereas the depressed individual expresses feelings of detachment from other people, she also expresses the realisation that certain possibilities exist in the world. However, she remains restricted in spectating toward other people actualising those possibilities. In these terms, as previously discussed in section 5.3., the isolation that constitutes experiences of depression can arise when one is amongst other people and can even be magnified by the fact that one spectates toward other people actualising worldly possibilities which the depressed individual cannot actualise. As the following responses to the Depression Questionnaire highlight,

> It seems like everyone is having an amazing time and you're the one missing out. It's so easy to beat yourself up and think there's something wrong with you. It feels like no one else has ever experienced anything like this before, like you're all on your own. (#22)

> [The lives of other people] are just going on while mine has stagnated. (#41)

> [T]he world seems to be happening around you. It is all busy and hectic around you. Its like on TV when the main character stands still and they fast forward the street scene of people milling around them. (#112)

> Everything around me seems to carry on with routines and time scheduled activities, it feels like i'm watching it all happen but am not part of it: as though i'm inside a bubble. (#117)

These accounts profoundly demonstrate the distinction that the depressed individual makes between how they experience the world and how other people experience the world. In a study conducted by Damien Ridge (2008) exploring depression experiences, an individual named Anne describes her world-experience in a similar manner,

> On the one hand, it's like your mind's racing because I had so much to think of…But on the other hand, it's almost as if you're going in slow motion. If you've seen these films where you're standing still and everyone's going around you, it was almost like that. (p. 52)

In these terms, what seems to constitute the depressed individual's isolation from other people and the world is her inability to participate in the world she is spectating at. Within this context, as Fuchs (2013a) observes, the depressed individual feels that she is "unable to keep pace with others" (p. 227). This observation by Fuchs is reflected by a responder to the Depression Questionnaire:

> The world appears to move faster, as if you are moving slowly and they are moving more quickly. It is difficult to keep up with it. It is as if there is a barrier between you and the rest of the world, and perhaps there is, but it is sometimes a visible manifestation of the feeling inside. (#118)

In this regard, the way we can understand how one can feel isolated while physically existing in the world is explained through the distinction between possibilities-for-others and possibilities-for-me. As such, feelings of isolation emerge as one feels unable to actualize worldly possibilities which are experienced as being available to, and actualizable by, other people.

A question that arises at this point, however, is: How is it possible for one to be aware of the existence of worldly possibilities which they themselves cannot actualise? In exploring this question in the next section, I will explore what constitutes the notions of possibilities-for-others and possibilities-for-me by discussing Maurice Merleau-Ponty's distinction between what is 'manipulable for one' and what is 'manipulable for me'. In developing this distinction by Merleau-Ponty, I will argue that the depressed individual can be aware of worldly possibilities which are not actualizable by her, due to the fact that those possibilities used to be habitually actualizable by her in the past.

5.3.2.1. Manipulability in Merleau-Ponty and the notion of possibilities

In the *Phenomenology of Perception*, Merleau-Ponty draws a distinction between what is "manipulable for one" (*PP* 95) and what is "manipulable for me" (ibid.) within the somatic aspect of one's being-in-the-world. Merleau-Ponty elucidates this point within the context of discussing the phantom limb syndrome. In this section, I develop Merleau-Ponty's distinction in order to highlight how the concepts of 'manipulable for one' and 'manipulable for me' manifest within the intersubjective realm, and hence how they can be informative of how possibilities manifest in experiences of depression.

For Merleau-Ponty, having a body is a prerequisite for there being a world in which we can exist in the first place, as having a body enables us to access the world and actualise worldly possibilities. As he puts it, having a body "is the vehicle of being in the world, and…is, for a living creature, to be intervolved in a definite environment, to identify oneself with certain projects and be continually committed to them" (*PP* 94). In these terms, as Merleau-Ponty asserts, it would be expected that the dysfunction or loss of certain body parts would mean that one would no longer be able to experience certain worldly possibilities as actualizable. Within this context, the sensation of experiencing a phantom limb stimulates an interesting discussion in Merleau-Ponty's work. In most instances in which an individual loses an arm or a leg, they retain the sensation that the missing arm or leg is still there, and they can sometimes even feel pain or movement in that arm or leg. In phenomenological terms, following Merleau-Ponty, retaining such sensations despite losing a limb means that one remains open to "all the actions of which the arm alone is capable" (ibid.). In effect, one is able to "retain the practical field which one enjoyed before mutilation" (ibid.) by having phantom sensations or by retaining the belief that certain actions are actualizable when they no longer are.

For Merleau-Ponty, however, retaining the practical field which one enjoyed before the loss of a limb is a paradoxical situation. In this context, Merleau-Ponty wonders how it is possible for one to retain a sense of particular kinds of possibilities as *potentially* actualizable when such possibilities are *practically* not actualizable by the individual. In explaining this paradox, Merleau-Ponty makes the distinction between what he calls 'the habit-body' (i.e. the

body before the loss of a limb) and 'the body at this moment' (i.e. the body after the loss of a limb). As he explains,

> In the first [i.e. the habit-body] appear manipulatory movements which have disappeared from the second [i.e. the body at this moment], and the problem how I can have the sensation of still possessing a limb which I no longer have amounts to finding out how the habitual body can act as guarantee for the body at this moment. (*PP* 94)

In these terms, the habit-body and the body at this moment clash as an object which used to be manipulable for the habit-body is no longer practically manipulable for the body at this moment. In effect, Merleau-Ponty adds,

> The manipulable must have ceased to be what I am now manipulating, and become what *one* can manipulate; it must have ceased to be a thing *manipulable for me* and become a thing *manipulable in itself*. (*PP* 95)

What the body ceases to experience as 'manipulable for me' but only as 'manipulable for one' reflects the distinction between possibilities-for-me and possibilities-for-others in experiences of depression. As discussed, Merleau-Ponty suggests that what makes it possible for one to experience certain objects as 'manipulable for one' and not as 'manipulable for me' is the fact that these objects were *habitually* manipulable for the individual in the past but no longer are. In this regard, in what follows, I develop Merleau-Ponty's position and suggest that what makes it possible for the depressed individual to experience certain worldly possibilities as possibilities-for-others and not as possibilities-for-her is that these possibilities were *habitually* actualizable by the depressed individual but no longer are.

5.3.2.2. Possibilities as habitual experiences in depression

Certain first-person depression accounts emphasise more precisely which possibilities one could actualise in the past but is no longer able to do so. For instance, Karp (2016) discusses the account of a 31-year-old individual who described persistent feelings of anhedonia in depression. The individual expresses that in the past she used to experience certain activities as actualizable, but currently notes the awareness that those activities are not actualizable by her. As she puts it,

You know, if you say to someone when you're depressed, "You lose your pleasure in things" they think of something like eating a cookie and find that insipid. And that's not what anhedonia really is. Anhedonia is when…you name things to yourself that you used to love to do. Eating! Sex! Even reading a book. Going for a walk in the woods. You can't…even remember what it's like to go and do something and feel pleasure from it. You look at the world, the array of things that you could do, and they're completely meaningless to you. They're as meaningless to you as if you were an earthworm. Because if you can't get any pleasure or satisfaction from something you have no reason ever to do it. And you come to this terrible still point where there's no reason to move because there's nothing out there for you. (p. 32)

Therefore, activities like eating, engaging in sexual activities, reading, or going for a walk in nature are identified as examples of the worldly possibilities that individuals used to find enjoyable but can no longer find enjoyable. Hence, the absence of pleasure from the world is also highlighted, rooted in the fact that one is unable to actualise certain worldly possibilities. Another individual whose account Karp discusses also notes the activities that one used to be able to actualize but no longer can:

Depression steals away whoever you were, prevents you from seeing who you might someday be, and replaces your life with a black hole […] Nothing human beings value matters any more—music, laughter, love, sex, children, toasted bagels and the Sunday New York Times—because nothing and no one can reach the person trapped in the void. You have no idea of what will happen next, when it might be over, or even where you are now. (p. 24)

As if they have lost a limb with which they used to be able to actualise a wide array of possibilities in the world, individuals seem to mourn their habitual world-experience that has now been lost. The possibilities that used to be actualizable by one, especially ones which provided the individual with a sense of purpose and belonging in the world, are no longer experienced as such. The individuals note that 'you look at the world, the array of things that you could do, and they're completely meaningless to you' and that 'nothing human beings value matters any more' while noting the contrast with how they used to habitually experience the world. Activities that the individuals above mention - such as, listening to music, eating, reading a book, going for a walk, or laughing - are experienced as still existing in the world but are not experienced as actualizable by the depressed individual. Notably,

such activities refer to activities which can establish a sense of connectedness of an individual with other people and instil a feeling of belonging in the world. As such, such activities can be interpreted as providing the individual with a sense of 'being at home' in the world. Consequently, in the absence of the opportunity to actualise such possibilities, the depressed individual experiences unhomelikeness in two ways: i) A world which used to be habitually experienced as homelike is now experienced as unhomelike, and ii) The world is experienced as unhomelike by the depressed individual but as homelike by other people, thus noting the distinction that exists between the world-experiences of the depressed and the non-depressed individual.

In this regard, encountering other people in the world who have access to worldly possibilities which are non-actualizable by the depressed individual, can isolate the individual from other people and from the world. In further discussing this point, I would like to revisit Ratcliffe's (2018) claim that,

> Other people thus imbue the world with a distinctive degree and kind of openness and spontaneity, a sense that *this is not all there is*, that the possible is not exhausted by those concrete alternatives that I am currently able to entertain. (p. 131)

In this respect, taking the above accounts into consideration, I suggest that we can expand Ratcliffe's (2018) claim that "other people…imbue the world with a distinctive degree and kind of openness and spontaneity" (p. 131) to cover situations in which the realisation that "*this is not all there is*" (p. 131) imbues the world with a distinctive kind of *closeness*, instead. This is due to the fact that the depressed individual becomes aware of worldly possibilities which are present in the world but which are not actualizable by her. Such an example is found in Sylvia Plath's (1991) poem, *Tulips*. In this poem, Plath, who suffered from depression, describes her experience of being hospitalised, when her world-experience changes when she is given some tulips as a gift. Plath emphasises that coming to be aware of certain worldly possibilities which are not actualizable by her, magnifies her sense of detachment from the world. In an excerpt from the poem,[35] Plath says the following,

> The tulips are too excitable, it is winter here.
> [...]

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[35] At 63 lines, *Tulips* is too long to present here in its entirety. I have selected the parts of the poem which are most relevant to the current discussion. The full poem can be found here: bit.ly/PlathTulips

I didn't want any flowers, I only wanted
To lie with my hands turned up and be utterly empty.
How free it is, you have no idea how free——
The peacefulness is so big it dazes you,
[...]

The tulips are too red in the first place, they hurt me.
Even through the gift paper I could hear them breathe
Lightly, through their white swaddlings, like an awful baby.
Their redness talks to my wound, it corresponds.
They are subtle: they seem to float, though they weigh me down,
Upsetting me with their sudden tongues and their color,
A dozen red lead sinkers round my neck.

Nobody watched me before, now I am watched.
The tulips turn to me, and the window behind me
Where once a day the light slowly widens and slowly thins,
And I see myself, flat, ridiculous, a cut-paper shadow
Between the eye of the sun and the eyes of the tulips,
And I have no face, I have wanted to efface myself.
The vivid tulips eat my oxygen.

Before they came the air was calm enough,
Coming and going, breath by breath, without any fuss.
Then the tulips filled it up like a loud noise.

[...]

The water I taste is warm and salt, like the sea,
And comes from a country far away as health.

In this poem, Plath expresses how she was habituated to the hospital's environment, where everything carried on with set routines and activities. Plath's account resonates with Tracy Thompson's (1995) own experience of being hospitalised. As Thompson highlights in her depression memoir, "[i]t was a relief to be told what to do, to forget about the pretence of

normality" (p. 162). Plath, however, emphasises that her habitual, peaceful, and calm world-experience at the hospital was violently interrupted by the emergence of the tulips in her world. More specifically, the tulips reminded Plath of features of the world which do not exist in her hospital room - such as colour - while she experiences the tulips '[eating her] oxygen' and as a 'loud noise' disturbing the calmness of the hospital room. Subsequently, the presence of the tulips causes Plath to experience herself in a way in which she had not experienced herself before, - that is, as a 'flat, ridiculous, cut-paper shadow'. Plath's world-experience at the moment the tulips appear changes as she describes the effect the tulips had on her visual, auditory, and gustatory perception, specifically describing that the latter 'comes from a country far away as health', hence also expressing the 'otherworldly' aspect of the experience of depression.

The tulips, therefore, reminded Plath that "*this is not all there is*" (Ratcliffe, 2018, p. 131) - that is, she is reminded of the worldly possibilities that lie outside the confines of her hospital room. However, the realisation that "*this is not all there is*" (ibid.) did not "imbue the world with a distinctive degree of openness and spontaneity" (ibid.), as Ratcliffe suggests, but quite the opposite: it reminded Plath of the kinds of possibilities that exist in the world and which she is currently unable to actualise. In these terms, the tulips do not function as re-construing Plath's sense of belonging in the common life-world, but as the opposite - that is, as isolating her from the world.

A similar point regarding the effect of being reminded of the kinds of worldly possibilities which one cannot actualise is made by Fiona Shaw (2001) in her depression memoir, *Out of me*, where Shaw describes her struggle with postnatal depression. After giving birth, Shaw describes that as she was "driving away from the hospital on Sunday afternoon" (p. 24), she was "thrilled with [her] baby and eager to be back with [her] little girl" (ibid.), However, Shaw then describes the impact of being sent flowers to her house,

> The flowers that arrived smelt sweet, the cards of congratulation, set out on the dresser, spoke true. But in the space of days all that pleasure became vicarious. It was not mine. (p. 24-25)

Shaw conveys the feeling of pleasure that the flowers evoked in her, a feeling which, however, as she emphasises, was not hers. In this sense, Shaw describes that the flowers

could induce the feeling of pleasure, and the awareness that the possibility of pleasure exists in the world, but not as a possibility-for-her.

What expresses the spectatorial element in such cases is not merely Plath's or Shaw's own physical isolation in the hospital room or house, but the awareness that worldly possibilities which exist 'out there' in the world are largely not accessible by the depressed individual, as she is limited in being aware of such possibilities only as possibilities-for-others and not as possibilities-for-her. Interestingly, as Plath describes, she did not experience her physical isolation in a negative light, but instead described the calmness and peacefulness that characterised her experience at the hospital. It was only when the tulips reminded her of the kinds of worldly possibilities to which currently does not have access that feelings of isolation emerged. Similarly, in the case of Shaw, she anticipated experiencing joy and pleasure when returning from the hospital, but the flowers reminded her of the presence of worldly possibilities which she could not actualise, hence a sense of detachment emerged.

5.4. Conclusion

In this chapter, I built on key claims I advanced in Chapter 3 and Chapter 4, to discuss certain features that arise in first-person accounts of depression in regard to the language depressed individuals use to describe their experience. More specifically, in Chapter 3, I discussed the persistent and profound sense of unhomelikeness that arises in experiences of depression which manifests in the individual's experience as being unable to be communicated to, and be comprehended by, other people. In Chapter 4, in examining first-person accounts of depression which report the diminishing or loss of certain kinds of moods from the individual's experience, I suggested that this diminishing or loss can be conceptualised as a distinct way in which the individual remains attuned to the world as a mooded being. In effect, in Chapter 5, I discussed certain implications of the claims that the depressed individual's experience of such a fundamentally distinct way of being attuned to the world cannot be articulated or understood by other people. In effect, by exploring first-person depression accounts, it seems that individuals often talk about their experiences by using metaphorical language. Metaphors used by depressed individuals to describe their experience include being underwater, imprisoned, in a bubble, on another planet, or sent into exile. In coming across such metaphors, however, it is initially unclear what depressed individuals attempt to convey. In these terms, I suggested that in order to understand which aspect(s) of

the experience is reflected in these metaphors, we can explore what are their common experiential features.

In doing so, I started by exploring Dorothy Rowe's (1978) claim that what different depression accounts share is the sense that the individual is "in solitary confinement" (p. 30). In evaluating this claim, and arguing that the experience of depression substantially differs from the experience of being in solitary confinement, certain key features of the experience of depression came to light. For instance, in experiences of depression, as certain first-person accounts demonstrated in this chapter, the individual can physically exist in the world and live a seemingly ordinary life. However, the feeling of physically existing in the world but feeling unable to connect with other people or establish a feeling of belonging in the world further serves to magnify one's sense of isolation from other people and from the world.

In countering the claim that what connects different experiences of depression is the feeling of being in solitary confinement, I proposed that a metaphor which can highlight core features of the experience which arise in different depression metaphors is the feeling of being a spectator in the world. As I discussed, the feeling of being a spectator in the world characterises the depressed individual's experience as spectating toward other people actualising the possibilities the world offers, while feeling unable to actualise those possibilities herself. In this regard, I introduced the distinction between possibilities-for-others and possibilities-for-me which highlights the existence of certain possibilities in the world which manifest as only being actualizable by other people (i.e. as possibilities-for-others) and not by the depressed individual (i.e. not as possibilities-for-me).

Finally, I made an important clarification in regard to the distinction between possibilities-for-others and possibilities-for-me, which further highlights the spectatorial nature of the experience of depression. In particular, I suggested that the reason the depressed individual is able to recognise the existence of certain possibilities which she cannot actualise herself is the fact that those possibilities used to be habitually actualizable by her in the past. In doing so, I referred to Merleau-Ponty's distinction between what is "manipulable for one" (*PP* 95) and what is "manipulable for me" (ibid.). In a similar manner, by looking at first-person accounts of depression, I demonstrated that in experiences of depression, the individual acknowledges the existence of certain worldly possibilities, but is limited in

spectating toward other people actualising those possibilities while feeling that she cannot actualise those possibilities herself.

Thesis Conclusion

In this thesis, I conducted a phenomenological study of first-person accounts of depression, with a particular focus on disruptions that occur in the depressed individual's interpersonal relationships. I started by introducing certain foundational ideas of phenomenology which helped set the ground for the application of the phenomenological method toward the study of experiences of depression throughout this thesis. In particular, I started by introducing Edmund Husserl's suggestion that as phenomenologists "we must go back to the 'things themselves'" (*Wir wollen auf die 'Sachen selbst' zurückgehen*; *LI* 168) in order to escape the "natural attitude" (*Ideas I* 56). In this regard, Husserl claimed that we must get rid of all the biases and prejudices that characterise our everyday experience in order to achieve a pure experience of the world. Subsequently, I presented certain critical approaches toward Husserl's claim by Hans-Georg Gadamer and Maurice Merleau-Ponty who suggested that as beings-in-the-world, we cannot get rid of biases and prejudices when attempting to understand the world. Rather, they suggested, biases and prejudices are to be embraced and are necessary for our understanding of the world. In what followed, I provided a more detailed analysis of Martin Heidegger's phenomenological work, giving particular focus to Heidegger's emphasis on our practical engagement with the world, as well as Heidegger's phenomenology of intersubjectivity. Taking into consideration that this thesis is a phenomenological study of disruptions that occur in the depressed individual's interpersonal relationships, I considered it imperative to elucidate the phenomenological foundations of intersubjectivity on which my analysis of first-person depression accounts was done. For instance, taking into consideration Heidegger's claim that "the world is always the one that I share with Others" (*BT* 155/118), it follows that disruptions in an individual's interpersonal relationships, such as in cases of depression, disrupt one's world-experience in its entirety. It is with this perspective in mind that I further approached and examined first-person accounts of depression, which besides highlighting disruptions in one's interpersonal relationships, also emphasise disruptions in one's world-experience as a whole.

Before delving into examining particular kinds of disruptions that take place in the depressed individual's interpersonal relationships, I deemed it important to first highlight the gaps which my phenomenological approach to intersubjectivity in depression aims to fill. In particular, by discussing the work of psychiatrists Karl Jaspers, Ludwig Binswanger, and

Eugène Minkowski, I emphasised the significance of integrating the depressed individual's subjective experience into psychiatric practice. Drawing on Jaspers', Binswanger's, and Minkowski's work, I suggested that through the phenomenological method, we can explore subtle and intricate aspects of the individual's experience, hence illuminating aspects of the experience which would otherwise remain hidden. In this context, I explored the consequences of neglecting the inclusion of the individual's subjective experience within the prevailing psychiatric diagnostic model, as delineated in the DSM-5. For instance, certain issues and complexities that arise in regard to the DSM-5's diagnostic criteria for Major Depressive Disorder (MDD) concern the symptoms of "depressed mood" (APA, 2013, p. 160) and "psychomotor agitation or retardation" (p. 161). More specifically, I discussed that the superficial way in which these symptoms are presented, and thereby the way in which diagnosis takes place based on these symptoms, fails to capture the complex and multidimensional ways in which these symptoms may manifest in the depressed individual's experience. In these terms, I suggested that the incorporation of the individual's subjective experience within the diagnostic process can have positive effects with respect to improved diagnosis, better treatment and therapy, and better-informed teaching regarding depression. Building on this discussion, I further suggested that giving due consideration to the depressed individual's subjective experience can further highlight particular core aspects of the experience which are, however, missing from the DSM-5 diagnostic criteria. One such aspect concerns disruptions in one's interpersonal relationships, which this thesis was focused on conceptualising and understanding.

In these terms, I proceeded by examining certain disruptions that take place in an individual's interpersonal relationships in experiences of depression, by analysing first-person accounts. In particular, I examined the persistent and all-encompassing feeling of unhomelikeness that arises in experiences of depression, and explored its implications for the depressed individual's interpersonal relationships. As demonstrated, in first-person accounts of depression, individuals frequently report profound feelings of unhomelikeness or unfamiliarity, which pervade their world-experience as a whole. In elucidating the concept of unhomelikeness in one's being-in-the-world, I drew on the work of Ernst Jentsch and Sigmund Freud. In developing the concept of *Das Unheimliche* (the unhomelike, the uncanny), Jentsch and Freud suggested that a feeling of uncanniness arises when the homelike (*heimlich*) and the unhomelike (*unheimlich*) both appear in one's world-experience. In these terms, I explored certain first-person depression accounts which highlight feelings of

unhomelikeness that manifest in the individual's world-experience along with feelings of unhomelikeness, thus giving rise to an uncanny feeling that permeates one's world-experience in its entirety.

In this regard, in exploring feelings of unhomelikeness that arise in experiences of depression, and their implications for one's interpersonal relationships, I introduced and developed Fredrik Svenaeus' (e.g. 2013a, 2022a, 2022b) work on unhomelikeness. In particular, Svenaeus explores feelings of unhomelikeness which arise in experiences of depression through somatic disruptions that take place within the individual's experience. In expanding on Svenaeus' claims, I further explored the implications of one's feeling of unhomelikeness in the world to the depressed individual's interpersonal relationships. More specifically, as discussed, depressed individuals frequently report that due to how different the experience of depression is to one's ordinary world-experience, it is difficult, or even impossible, for the individual to describe their experience to other people and have it understood by them. Through this discussion, particular experiential aspects of the depressed individual's interpersonal relationships which can be studied phenomenologically were illuminated, such as not feeling 'at home' in a world in which one co-exists with other people. In this regard, once again, I emphasised the role of phenomenology in bridging the gap between the depressed individual's and other people's world-experience, in this way facilitating an understanding of the individual's experience, hence a re-establishment of their feelings of connection to other people and of belonging in the world.

In further examining disruptions that occur in the depressed individual's interpersonal relationships and their relation to disruptions in one's world-experience as a whole, I proceeded by discussing how the concepts of mood and attunement manifest in experiences of depression. As demonstrated in exploring first-person accounts of depression, a theme that seems to appear in the majority of depression accounts concerns the diminishing or loss of certain kinds of moods from one's world-experience in depression. In phenomenologically exploring the diminishing or loss of certain kinds of moods, I discussed claims within the literature which have advanced the view that "[the depressed individuals'] ability to sense feelings and atmospheres is totally lost [as they] are no more capable to be moved, addressed and affected by things or persons" (Fuchs, 2005, p. 111), or that depression involves "an erosion of the category of moods as a whole" (Fernandez, 2014, p. 20) and "a diminished capacity for finding ourselves situated in and attuned to the world at all" (Fernandez, 2016, p.

6). In response, I argued that depression does not involve a complete loss of mood or a total lack of being attuned to the world. Instead, the depressed individual, as a mooded being, remains attuned to the world in distinct ways. This is illustrated by the fact that certain kinds of moods (such as pleasure and happiness) are more profound in one's experience of the world, and hence disclose the ways in which one is attuned to the world. In addition, it was demonstrated that depressed individuals retain the ability to mutually attune with the world-experiences of other depressed individuals, hence showing that their experience is not characterised by a complete loss of attunement but as a distinct way of being attuned to the world.

Conceptualising the depressed individual as a mooded being who is attuned to the world in a distinct way, I proceeded by examining what could help us comprehend this fundamentally distinct - and profoundly unhomelike, as discussed earlier - way of being-in-the-world. The issue, however, lies in that, as also pointed out earlier, depressed individuals consistently report that the experience of depression cannot be communicated to, or understood by, other people, unless others have experienced depression themselves. In effect, depressed individuals resort to using metaphorical language in an attempt to articulate and communicate their experiences. In these terms, I suggested that we could investigate the metaphors depressed individuals use in an attempt to understand their fundamentally distinct way of being-in-the-world.

In particular, the metaphors which depressed individuals use to describe their experience include references to being "imprisoned" (Styron, 2004, p. 49), "in a cage" (Karp, 1996, p. 29), "underwater" (Wallace, 1984, p. 28), "stuck inside a big thick bubble" (Dowrick & Martin, 2015, p. 13), "off on some other planet" (Lewis, 1996, p. 323), or as "a kind of exile into a foreign territory" (Thompson, 1995, p. 44). However, at first sight, it is unclear which aspect(s) of their experience depressed individuals aim to convey by using such metaphors. In this regard, I suggested that in order to understand what is conveyed through these metaphors, we could explore their common experiential elements. In doing so, I examined Dorothy Rowe's (1978) claim that what different first-person depression accounts have in common is that depressed individuals' experiences can be described as akin to being "in solitary confinement" (p. 30). In response to Rowe, I argued that the experience of depression and the experience of being in solitary confinement are profoundly distinct experiences. The key distinction that I made between the two experiences lies in that the depressed individual can

physically exist in the world among other people, but feel that she cannot participate in the world. In fact, I further added, it is precisely the fact that the depressed individual feels that she cannot participate in the world while physically existing in the world that constitutes the pervasive and profound feelings of detachment and isolation that arise in experiences of depression.

In these terms, I argued that a metaphor which can help us conceptualise different experiences of depression is the metaphor of being a spectator in the world. Within this understanding, the depressed individual physically exists in the world with other people but she feels limited at spectating toward other people participating in the world, while feeling unable to participate in the world herself. In this context, I introduced the distinction between possibilities-for-others and possibilities-for-me, which helps illuminate the depressed individual's experience as constituting a sense of being a spectator in the world. In particular, through this distinction, I highlighted that the depressed individual is aware of the existence of certain possibilities in the world, but she experiences these possibilities merely as possibilities-for-others (i.e. as possibilities which are actualizable by other people) and not as possibilities-for-me (i.e. as possibilities which are not actualizable by her). In elucidating this distinction, and in discussing how it is possible for one to be aware of the existence of worldly possibilities which she cannot herself actualise, I referred to Maurice Merleau-Ponty's distinction between what is "manipulable for one" (*PP* 95) and what is "manipulable for me" (ibid.). In discussing these terms, Merleau-Ponty makes reference to the phantom limb syndrome, and suggests that what makes it possible for one to have experiences that involve a missing limb, is the fact that the individual was habituated to engaging with the world using the (now removed) limb. In this effect, the individual becomes aware of a worldly possibility as 'manipulable for one' and at the same time does not experience that possibility as 'manipulable for her' due to the practical impossibility of doing so. Similarly, in experiences of depression, depressed individuals report being aware of the possibilities which exist in the world, but at the same time, they report being limited in spectating toward other people actualising those possibilities, while they cannot actualise those possibilities themselves.

In effect, in this thesis I undertook an in-depth phenomenological analysis of first-person accounts of depression, particularly focusing on disruptions in the depressed individual's interpersonal relationships. Rooted in the philosophical underpinnings of phenomenology and

the need to integrate depressed individuals' subjective experiences into psychiatric practice, I have discussed various experiential aspects of depression experiences which shed light into the experience of depression, such as unhomelikeness, mood, attunement, and metaphorical language. In doing so, I emphasised the vital role of phenomenological inquiry in bridging the divide between the depressed individual's and other people's world-experiences, potentially enriching our understanding of the depressed individual's experience and enhancing their feelings of connection to other people and of belonging in the world.

References list

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders. DSM-IV*. Washington, D.C.: American Psychiatric Association.

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. *DSM-5*. Arlington, VA: American Psychiatric Publishing.

American Psychiatric Association. (2022). *Diagnostic and Statistical Manual of Mental Disorders. 5th ed. Text Revision. DSM-5-TR* . S.L.: American Psychiatric Association.

Andreasen, N. C. (2007). DSM and the Death of Phenomenology in America: An Example of Unintended Consequences. *Schizophrenia Bulletin*, *33*(1), 108–112.

Berrios, G. E. (2002). *The history of mental symptoms: descriptive psychopathology since the nineteenth century*. Cambridge: Cambridge University Press.

Brampton, S. (2008) *Shoot the Damn Dog: A Memoir of Depression*. London: Bloomsbury

Binswanger, L. (1958). The Existential Analysis School of Thought (E. Angel, Trans.). In R. May, E. Angel, & H. F. Ellenberger (Eds.), *Existence: A new dimension in psychiatry and psychology* (pp. 191–213). Basic Books/Hachette Book Group.

Burton, R. (1883). *The anatomy of melancholy*. [online] Philadelphia: E. Claxton & Company. https://ia600203.us.archive.org/20/items/anatomyofmelanch00burt/anatomyofmelanch00burt.pdf

Cai, H., Xie, X.-M., Zhang, Q., Cui, X., Lin, J.-X., Sim, K., Ungvari, G.S., Zhang, L. and Xiang, Y.-T. (2021). Prevalence of Suicidality in Major Depressive Disorder: A Systematic Review and Meta-Analysis of Comparative Studies. *Frontiers in Psychiatry*, *12*, 690130

Carel, H. (2012). Phenomenology as a Resource for Patients. *Journal of Medicine and Philosophy*, *37*(2), 96–113.

Carel, H. (2013). Illness, phenomenology, and philosophical method. *Theoretical Medicine and Bioethics*, *34*(4), 345–357.

Carel, H. (2014). The philosophical role of illness. *Metaphilosophy*, *45*(1), 20–40.

Carel, H. (2021). Pathology as a phenomenological tool. *Continental Philosophy Review*, *54*(2), 201–217.

Carman, T. (2003). *Heidegger's Analytic: Interpretation, Discourse, and Authenticity in Being and Time*. Cambridge University Press.

Casey, E. S. (1993). *Getting Back Into Place*. Indiana University Press.

Casey, E. S. (2001). Between geography and philosophy: What does it mean to be in the place-world? *Annals of the Association of American Geographers*, *91*(4), 683-693.

Chen, C., Chen, Y., & Song, Y. (2023). Reciprocal relationship between interpersonal communication and depressive symptoms and the mediating role of resilience across two years: Three-wave cross-lagged panel model. *Journal of Affective Disorders*, *334*, 358–369.

Church, J. (2003). Depression, depth, and the imagination. In J. Phillips & J. Morley, *Imagination and Its Pathologies*, (pp. 335-360). Cambridge, MA: MIT Press.

Dahlstrom, D. O. (2001). *Heidegger's concept of truth*. Cambridge, England: Cambridge University Press.

Danquah, M. N.-A. (2001). Writing the wrongs of identity. In: N. Casey, ed., *Unholy ghost: writers on depression*. (pp. 173–180). New York: Morrow.

De Jaegher, H. (2015) How we affect each other. *Journal of Consciousness Studies*, *22*(1-2), 112–32

Defoe, D. (2012). *The adventures of Robinson Crusoe*. London: Sovereign. (Original work published 1719)

Dekkers, W. (2009). On the notion of home and the goals of palliative care. *Theoretical Medicine and Bioethics*, *30*(5), 335–349.

Deng, J., Zhou, F., Hou, W., Silver, Z., Wong, C. Y., Chang, O., Huang, E., & Zuo, Q. K. (2020). The prevalence of depression, anxiety, and sleep disturbances in COVID‑19 patients: a meta‑analysis. *Annals of the New York Academy of Sciences*, *1486*(1), 90–111.

Dong, F., Liu, H., Dai, N., Yang, M., & Liu, J. (2021). A living systematic review of the psychological problems in people suffering from COVID-19. *Journal of Affective Disorders*, *292*(1), 172–188.

Dowrick, P. and Martin, S. (2015). *Can I tell you about depression? - a guide for friends, family and professionals*. Jessica Kingsley Publishers.

Ellis, H.D. and Lewis, M.B. (2001). Capgras delusion: a window on face recognition. *Trends in Cognitive Sciences*, *5*(4), 149–156.

Ellis, H.D. and Young, A.W. (1990). Accounting for Delusional Misidentifications. *British Journal of Psychiatry*, *157*(2), 239–248.

Elpidorou, A. and Freeman, L. (2015). Affectivity in Heidegger I: Moods and Emotions in Being and Time. *Philosophy Compass*, *10*(10), 661–671.

Eylem, O., de Wit, L., van Straten, A., Steubl, L., Melissourgaki, Z., Danışman, G. T., de Vries, R., Kerkhof, A. J. F. M., Bhui, K., Cuijpers, P. (2020). Stigma for common mental disorders in racial minorities and majorities a systematic review and meta-analysis. *BMC Public Health*, *20*(1), 1–20.

Ferrari et al. (2022). Global, regional, and national burden of 12 mental disorders in 204 countries and territories, 1990–2019: A systematic analysis for the Global Burden of Disease Study 2019. *The Lancet Psychiatry*, *9*(2), 137–150.

Fernandez, A. V. (2014). Depression as existential feeling or de-situatedness? Distinguishing structure from mode in psychopathology. *Phenomenology and the Cognitive Sciences*, *13*(4), 595–612.

Fernandez, A. V. (2016). *Phenomenology and the Crisis of Contemporary Psychiatry: Contingency, Naturalism, and Classification* [PhD Thesis].

Fernandez, A. V. (2019). Phenomenological Psychopathology and Psychiatric Classification. In G. Stanghellini, M. Broome, A. V. Fernandez, P. Fusar-Poli, A. Raballo, & R. Rosfort (Eds.), *The Oxford Handbook of Phenomenological Psychopathology* (pp. 1016–1030). Oxford University Press.

Frances, A. (2013). *Saving Normal: an insider's revolt against out-of-control psychiatric diagnosis, DSM-5, big pharma, and the medicalization of ordinary life*. New York, New York: William Morrow, An Imprint Of HarperCollins Publishers.

Frank, A. W. (1991). *At the Will of the Body*. Boston: Houghton Mifflin.

Freeman, A., Tyrovolas, S., Koyanagi, A., Chatterji, S., Leonardi, M., Ayuso-Mateos, J. L., Tobiasz-Adamczyk, B., Koskinen, B., Rummel-Kluge, C., Haro, J. M. (2016). The role of socio-economic status in depression: results from the COURAGE (ageing survey in Europe). *BMC Public Health*, *16*(1).

Fregna, L., Locatelli, M. and Colombo, C. (2020). The Phenomenology of Depression. *Phenomenology and Mind*, *18*, 38-54.

Frith, C. D. (2007). *Making up the mind: how the brain creates our mental world*. Hoboken, New Jersey: Wiley.

Freeman, L. (2015). Defending a Heideggerian account of mood. In A. Elpidorou, D. Dahlstrom, & W. Hopp. (Eds.), *Philosophy of mind and phenomenology*. (pp. 247-267). New York, NY: Routledge.

Freud, S. (2023). *Das Unheimliche* [The Uncanny]. https://web.mit.edu/allanmc/www/freud1.pdf (Original work published 1919)

Fuchs, T. (2002). The Phenomenology of Shame, Guilt and the Body in Body Dysmorphic Disorder and Depression. *Journal of Phenomenological Psychology*, *33*(2), 223–243.

Fuchs, T. (2005). The phenomenology of body, space and time in depression. *Comprendre*, *15*, 108-121.

Fuchs, T. (2010). Temporality and psychopathology. *Phenomenology and the Cognitive Sciences*, *12*(1), 75–104.

Fuchs, T. (2013a). Depression, intercorporeality, and interaffectivity. *Journal of Consciousness Studies*, *20*(7-8), 219–238.

Fuchs, T. (2013b). The phenomenology and development of social perspectives. *Phenomenology and the Cognitive Sciences*, *12*(4), 655–683.

Fuchs, T. (2014). Psychopathology of depression and mania: symptoms, phenomena and syndromes. *Official Journal of the Italian Society of Psychopathology*, *20*, 404-413.

Fuchs, T. (2016). Intercorporeality and Interaffectivity. *Phenomenology and Mind*, (11), 194–209.

Fuchs, T. (2019). The uncanny as atmosphere. In: G. Francesetti and T. Griffero , eds., *Psychopathology and Atmospheres. Neither Inside nor Outside*. (pp. 101–118). Cambridge Scholar Publishing,

Gadamer, H.-G. (2008). *Philosophical hermeneutics*. University Of California Press.

Gadamer, H.-G. (2013). *Truth and Method*. London: Bloomsbury Academic.

Gaebler, M., Lamke, J.-P., Daniels, J.K. and Walter, H. (2013). Phenomenal depth: A common phenomenological dimension in depression and depersonalization. *Journal of Consciousness Studies*, *20*(7-8), 269–291.

Gallagher, S., and Zahavi, D. (2012). *The Phenomenological Mind*. London: Routledge

Gendlin, E. (1978) Befindhichkeit: Heidegger and the Philosophy of Psychology. R*eview of Existential Psychology and Psychiatry*, *16*(1-3), 43-71

Gibson, J. J. (1979). *The ecological approach to visual perception*. Boston, MA: Houghton Mifflin.

Giorgi, A. (1994). A Phenomenological Perspective on Certain Qualitative Research Methods. *Journal of Phenomenological Psychology*, *25*(2), 190-220.

Giorgi, A. (2012). The descriptive phenomenological psychological method. *Journal of Phenomenological Psychology, 43*(1), 3–12.

Global Burden of Disease Collaborative Network (2020). *Global Burden of Disease Study 2019 (GBD 2019)*. Seattle, United States: Institute for Health Metrics and Evaluation (IHME). https://www.healthdata.org/data-tools-practices/interactive-visuals/gbd-results

Goodwin, R. D., Dierker, L. C., Wu, M., Galea, S., Hoven, C. W., & Weinberger, A. H. (2022). Trends in U.S. Depression Prevalence From 2015 to 2020: The Widening Treatment Gap. *American Journal of Preventive Medicine*, *63*(5), 726–733.

Guignon, C. (1984). Moods in Heidegger's Being and Time. In: R. Solomon and C. Calhoun, eds., *What is an Emotion? Classic and Contemporary Readings.* Oxford: Oxford University Press.

Hadjioannou, C. (2015). *The emergence of mood in Heidegger's phenomenology.* [PhD Thesis].

Hammer-Helmich, L., Haro, J. M., Jönsson, B., Tanguy Melac, A., Di Nicola, S., Chollet, J., Milea, D., Rive, B., Saragoussi, D. (2018). Functional impairment in patients with major depressive disorder: the 2-year PERFORM study. *Neuropsychiatric Disease and Treatment*, *Volume 14*, 239–249.

Harshfield, E.L., Pennells, L., Schwartz, J.E., Willeit, P., Kaptoge, S., Bell, S., Shaffer, J.A., Bolton, T., Spackman, S., Wassertheil-Smoller, S., Kee, F., Amouyel, P., Shea, S.J., Kuller, L.H., Kauhanen, J., Zutphen, E.M. van, Blazer, D.G., Krumholz, H., Nietert, P.J. and Kromhout, D. (2020). Association Between Depressive Symptoms and Incident Cardiovascular Diseases. *JAMA*, *324*(23), 2396–2405.

Hasin, D.S., Sarvet, A.L., Meyers, J.L., Saha, T.D., Ruan, W.J., Stohl, M. and Grant, B.F. (2018). Epidemiology of Adult DSM-5 Major Depressive Disorder and Its Specifiers in the United States. *JAMA Psychiatry*, *75*(4), 336-346.

Hatzimoysis, A. (2009). Emotions in Heidegger and Sartre. In *The Oxford Handbook of Philosophy of Emotion*. (pp. 215-235). Oxford University Press.

Haugeland, J. (2013). *Dasein Disclosed: John Haugeland's Heidegger* (J. Rouse, Ed.). Cambridge, MA: Harvard University Press.

Heidegger, M. (1962). *Being and Time*, (J. Macquarrie & E. Robinson Trans.). Oxford: Blackwell.

Heidegger, M. (1972). *On Time and Being*. Harper & Row.

Heidegger, M. (1992). *History of the concept of time: prolegomena*. Bloomington: Indiana University Press.

Heidegger, M. (1995) *Die Grundbegriffe der Metaphysik. Welt-Endlichkeit-Einsamkeit. Frankfurt am Main: Vittorio Klostermann*, 1983. [The Fundamental Concepts of Metaphysics: World, Finitude, Solitude] (McNeill, M. & Walker, N. Trans.) Bloomington: Indiana University Press.

Heidegger, M., Medard Boss, Franz Mayr and Askay, R. (2001). *Zollikon Seminars Protocols-conversations-letters*. Evanston, Ill. Northwestern Univ. Press.

Heidegger, M. (2001). *Einleitung in die Philosophie* [Introduction to Philosophy], Gesamtausgabe 27. Frankfurt, Germany: Vittorio Klostermann.

Holden, K. B., Bradford, L. D., Hall, S. P. and Belton, A. S. (2014). Prevalence and Correlates of Depressive Symptoms and Resiliency among African American Women in a Community-Based Primary Health Care Center. *Journal of Health Care for the Poor and Underserved*, 24(4A), 79–93.

Hornstein, G. A. (2009). *Agnes's jacket: a psychologist's search for the meanings of madness*. Rodale Books.

Horwitz, A. V., & Wakefield, J. C. (2007). *The loss of sadness: how psychiatry transformed normal sorrow into depressive disorder*. Oxford: Oxford University Press.

Husserl, E. (1960). *Cartesian meditations: an introduction to methodology*. The Hague: Martinus Nijhoff.

Husserl, E. (1970). *Logical investigations. 1*. London: Routledge & Kegan Paul.

Husserl , E. (1970). *The Crisis of European Sciences and Transcendental Phenomenology. An Introduction to Phenomenological Philosophy* (D. Carr, Trans.). Evanston, IL: Northwestern University Press.

Husserl, E. (1973a). *Zur Phänomenologie der Intersubjektivität*. [Phenomenology of Intersubjectivity.] 1905-1920: Erster Teil [First Part]. The Hague: Martinus Nijhoff.

Husserl, E. (1973b). *Zur Phänomenologie der Intersubjektivität*. [Phenomenology of Intersubjectivity]. 1921-1928: Zweiter Teil. Den Haag: Martinus Nijhoff.

Husserl, E. (1974). Kant and the Idea of Transcendental Philosophy. *Southwestern Journal of Philosophy*, *5*(3), 9–56.

Husserl, E. (1975). *Experience and Judgment*. Northwestern University Press.

Husserl, E. (1989). *Ideas pertaining to a pure phenomenology and to a phenomenological philosophy*. Dordrecht: Kluwer Academic Publishers.

Husserl, E. (2006). *The Basic Problems of Phenomenology. From the Lectures, Winter Semester, 1910–1911*. (J. J. Hart, Trans.). Husserl Collected Works Volume XII. Springer.

Husserl, E. (2012b). *Ideas: general introduction to pure phenomenology*. London: Routledge.

James, W. (1902). *Varieties of Religious Experience: A Study in Human Nature*. New York: Longmans.

Jaspers, K. (1963a). *General psychopathology*. Manchester: Manchester University Press.

Jaspers, K. (1963b). Philosophical Memoir. In E. B. Ashton (Trans.), *Philosophy and the World: Selected Essays and Lectures*. Henry Regnery Publishing Co.

Jaspers, K. (1968). The Phenomenological Approach in Psychopathology. *British Journal of Psychiatry*, *114*, 1313–1323.

Jentsch, E. (1997). On the psychology of the uncanny. *Angelaki*, *2*(1), 7–16.

Karp, D. A. (1996). *Speaking of Sadness*. New York: Oxford.

Karp, D. A. (2017). *Speaking of Sadness*. Oxford University Press.

Katz, D. (1979). *Gestalt Psychology: Its Nature and Significance*. Praeger Publishers Inc.

Kaysen, S. (2001). One Cheer for Melancholy. In N. Casey (Ed.), *Unholy Ghost: Writers on Depression* (pp. 38–43). New York: William Morrow.

Keele University and Staffordshire University (2019). *Our Stories*. [online] Keele University & Staffordshire University. https://www.keele.ac.uk/students/counsellingmh/ourstories/mental-health-ebook-2019.pdf

Kendler, K. S. (2016). The Phenomenology of Major Depression and the Representativeness and Nature of DSM Criteria. *American Journal of Psychiatry*, *173*(8), 771–780.

Khraisat, B., Toubasi, A., AlZoubi, L., Al-Sayegh, T., & Mansour, A. (2021). Meta-analysis of prevalence: the psychological sequelae among COVID-19 survivors. *International Journal of Psychiatry in Clinical Practice*, *26*(3), 1–10.

Kontos, P., & Kakolyris, G. (2022). *Η φαινομενολογία της διυποκειμενικότητας* [Phenomenology of Intersubjectivity] – *Husserl, Heidegger, Merleau-Ponty, Levinas*. Kallipos, Open Academic Editions. http://hdl.handle.net/11419/8222

Kristeva, J. (1980). *Black sun: depression and melancholia*. New York: Columbia University Press.

Lenzo, E. A., & Gallagher, S. (2020). Intrinsic Temporality in Depression: Classical Phenomenological Psychiatry, Affectivity, and Narrative. In C. Tewes & G. Stanghellini (Eds.), *Time and Body: Phenomenological and Psychopathological Approaches* (pp. 289–310). Cambridge, UK.: Cambridge University Press.

Lewis, G. (2006). *Sunbathing in the Rain*. Jessica Kingsley Publishers.

Madeira, L., Leal, B., Filipe, T., Rodrigues, M.F. and Figueira, M.L. (2019). The Uncanny of the Illness Experience: Can Phenomenology Help? *Psychopathology*, *52*(5), 275–282.

Mall, R.A. (1973). The Theory of the "Generalthesis der Natürlichen Einstellung" (Husserl) and the System of the "Vulgar Consciousness" (Hume). In: *Experience and Reason*. (pp. 29-36). Springer, Dordrecht.

Manning, M. (1994). *Undercurrents: a therapist's reckoning with her own depression*. New York, N.Y.: HarperCollins Pub.

Martínez-Vispo, C., Martínez, Ú., López-Durán, A., Fernández del Río, E. and Becoña, E. (2018). Effects of behavioural activation on substance use and depression: a systematic review. *Substance Abuse Treatment, Prevention, and Policy*, *13*(1).

Martiny, K.M. (2015). How to develop a phenomenological model of disability. *Medicine, Health Care and Philosophy*, *18*(4), 553–565.

Matute, A. (2020). *How Autopilot Mode With Depression Makes Me Feel*. [online]. The Mighty. https://themighty.com/topic/depression/autopilot-mode-with-depression-spectator/

Mauthner, N. S. (1995). Postnatal depression: the significance of social contacts between mothers. *Women's Studies International Forum*, *18*(3), 311–323.

McMurtry, L. (2010). *Walter Benjamin at the Dairy Queen*. Simon and Schuster.

Medford, N., Sierra, M., Baker, D., & David, A. (2005). Understanding and treating depersonalisation disorder. *Advances in Psychiatric Treatment*, *11*(2), 92-100.

Merleau-Ponty M. (1962). *Phenomenology of Perception*. (C. Smith Trans.) Routledge: New York and London.

Merleau-Ponty M. (1963). *The structure of behaviour*. (A. Fisher Trans.). Methuen & Co. Ltd.: Great Britain.

Merleau-Ponty, M. (1968). *The Visible and the Invisible*. Northwestern University Press.

Menezes Zanoveli, J., de Morais, H., Caroline da Silva Dias, I., Karoline Schreiber, A., Pasquini de Souza, C. and Maria da Cunha, J. (2016). Depression Associated with Diabetes: From Pathophysiology to Treatment. *Current Diabetes Reviews*, *12*(3), 165–178.

Merritt, S. (2009). *The Devil Within*. London: Vermilion.

Mind. (2014-2020). *Your stories*. Retrieved from Mind Charity Official Website website: https://www.mind.org.uk/information-support/your-stories/

Minkowski, E. (1970). *Lived Time: Phenomenological and Psychopathological Studies*. (Metzel, N. Trans). Evanston, Illinois: Northwestern University Press.

Moran, D. (2000). *Introduction to Phenomenology*. London: Routledge.

Moran, D. (2017). Intercorporeality and Intersubjectivity: A Phenomenological Exploration of Embodiment. In C. Durt, T. Fuchs, & C. Tewes (Eds.), *Embodiment, Enaction, and Culture: Investigating the Constitution of the Shared World* (pp. 25–46). MIT Press.

Moran, D. (2019). Husserl's and Heidegger's Transcendental Projects: From the Natural Attitude to Functioning Intentionality. In M. Burch, J. Marsh, & I. McMullin (Eds.), *Normativity, Meaning, and the Promise of Phenomenology* (pp. 307–325). Routledge.

Moran, D. (2020). Defending the Objective Gaze as a Self-transcending Capacity of Human Subjects. In A. Daly, F. Cummins, J. Jardine, & D. Moran (Eds.), *Perception and the Inhuman Gaze: Perspectives from Philosophy, Phenomenology, and the Sciences* (pp. 21–43). Routledge.

Moran, D. (2021). Being-with (Mitsein). In M. Wrathall (Ed.), *The Cambridge Heidegger Lexicon* (pp. 111-115). Cambridge: Cambridge University Press.

Myers, R. (2017, August 31). *Depression Is Funny Like That* [Video].

    YouTube: www.youtube.com/watch?v=Zr16eHb4YNU

National Alliance on Mental Illness (NAMI) . (2023). *Personal Stories*. Retrieved from

    National Alliance on Mental Illness (NAMI) Official Website website:

    https://www.nami.org/Personal-Stories/Chronic-People-Pleasing-and-My-OCD

Nietzsche, F. (1974). *The Gay Science* (W. Kaufmann, Trans.). New York: Random House.

Nordgaard, J., Revsbech, R., Saebye, D., & Parnas, J. (2012). Assessing the diagnostic

    validity of a structured psychiatric interview in a first-admission hospital sample.

    World Psychiatry, *11*(3), 181–185.

Nordgaard, J., Sass, L.A. and Parnas, J. (2013). The psychiatric interview: validity,

    structure, and subjectivity. *European Archives of Psychiatry and Clinical*

    Neuroscience, *263*(4), 353–364.

Office of National Statistics. (2022). *Cost of living and depression in adults, Great Britain:*

    29 September to 23 October 2022. Retrieved from Office for National Statistics

    (ONS) Official Website website:

    https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/mental

    health/articles/costoflivinganddepressioninadultsgreatbritain/29septemberto23octobe

    r2022

Osler, L. (2021). Bodily saturation and social disconnectedness in depression.

    Phenomenology & Mind, *21*, 48-60

Osler, L. (2022). 'An illness of isolation, a disease of disconnection': Depression and the

    erosion of we-experiences. *Frontiers in Psychology*, *13*.

Park, S.-C., Kim, J.-M., Jun, T.-Y., Lee, M.-S., Kim, J.-B., Yim, H.-W. and Park, Y. C.

    (2016). How many different symptom combinations fulfil the diagnostic criteria for

    major depressive disorder? Results from the CRESCEND study. *Nordic Journal of*

    Psychiatry, *71*(3), 217–222.

Parnas, J., Sass, L. A., & Zahavi, D. (2013). Rediscovering Psychopathology: The Epistemology and Phenomenology of the Psychiatric Object. *Schizophrenia Bulletin*, *39*(2), 270–277.

Parnas, J., & Zahavi, D. (2002). The role of phenomenology in psychiatric diagnosis and classification. In M. Maj, W. Gaebel, J. J. López-Ibor, & N. Sartorius (Eds.), *Psychiatric Diagnosis and Classification* (pp. 137–162). John Wiley & Sons.

Parnas, J., Sass, L. A., & Zahavi, D. (2013). Rediscovering Psychopathology: The Epistemology and Phenomenology of the Psychiatric Object. *Schizophrenia Bulletin*, *39*(2), 270–277.

Parnas, J., & Gallagher, S. (2015). Phenomenology and the Interpretation of Psychopathological Experience. In L. Kirmayer, R. Lemelson, & C. Cummings (Eds.), *Re-Visioning Psychiatry: Cultural Phenomenology, Critical Neuroscience, and Global Mental Health* (pp. 65-80). Cambridge: Cambridge University Press.

Pearce, S. (2014). DSM-5 and the rise of the diagnostic checklist. *Journal of Medical Ethics*, *40*(8), 515–516.

Perez, N.B., D'Eramo Melkus, G., Vorderstrasse, A.A., Wright, F., Yu, G., Sun, Y.V., Crusto, C.A. and Taylor, J.Y. (2023). Latent Class Analysis of Depressive Symptom Phenotypes Among Black/African American Mothers. *Nursing Research*, *72*(2), 93–102.

Plath, S. (1963). *The Bell Jar.* Robin Books.

Plath, S. (1972). *The Bell Jar*. Faber.

Plath, S. (1991). *Ariel*. London: Faber And Faber.

Radden, J. (2003). Is This Dame Melancholy?: Equating Today's Depression and Past Melancholia. *Philosophy, Psychiatry, & Psychology*, *10*(1), 37–52.

Ratcliffe, M. (2008). *Feelings of Being: Phenomenology, psychiatry and the sense of reality*. Oxford: Oxford University Press.

Ratcliffe, M. (2010). Depression, Guilt and Emotional Depth. *Inquiry*, *53*(6), 602–626.

Ratcliffe, M. (2012). Varieties of Temporal Experience in Depression. *Journal of Medicine and Philosophy*, *37*(2), 114–138.

Ratcliffe, M. (2015). *Experiences of depression: a study in phenomenology*. Oxford: Oxford University Press.

Ratcliffe, M. (2018). The interpersonal structure of depression. *Psychoanalytic Psychotherapy*, *32*(2), 122-139.

Rice-Oxley, M. (2012). *Underneath the Lemon Tree*. Little, Brown Book Group.

Ridge, D. (2008). *Recovery from Depression Using the Narrative Approach*. Jessica Kingsley Publishers.

Roca, M., del Amo, A.R.-L., Riera-Serra, P., Pérez-Ara, M.A., Castro, A., Roman Juan, J., García-Toro, M., García-Pazo, P. and Gili, M. (2019). Suicidal risk and executive functions in major depressive disorder: a study protocol. *BMC Psychiatry*, *19*(1).

Rodemeyer, L. M. (2006). *Intersubjective temporality: it's about time*. Dordrecht, The Netherlands: Springer.

Rowe, D. (1978). *The Experience of Depression*. John Wiley & Sons.

Rowe, D. (2003). *Depression: the way out of your prison*. London: Brunner-Routledge.

Sartre, J. P. (1989) *Being and Nothingness*. (Barnes, H. E. Trans.). London: Routledge

Scheler, M. (1973). *Formalism in ethics and non-formal ethics of values: a new attempt toward the foundation of an ethical personalism*. Evanston: Northwestern University Press.

Scheler, M. (2017). *The Nature of Sympathy*. Routledge.

Schelling F. W. J. (2008). *Historical-critical Introduction to the Philosophy of Mythology*. Albany: SUNY Press. (Original work published 1835)

Schneider, R. A., Chen, S.Y., Lungu, A. and Grasso, J.R. (2020). Treating suicidal ideation in the context of depression. *BMC Psychiatry*, *20*(497).

Shaw, F. (2001). *Out of me: the story of a postnatal breakdown*. London: Virago.

Škodlar, B., & Henriksen, M. (2019). Toward a Phenomenological Psychotherapy for Schizophrenia. *Psychopathology*, *52*(2), 117–125.

Solomon, A. (2001). *The noonday demon: an atlas of depression*. New York: Scribner.

Smith, J. (2001). *Where the Roots Reach for Water: A Personal and Natural History of Melancholia*. North Point Press.

Smith, G. & Nairne, K. (1995). *Dealing with depression*. London: Women's Press.

Spillman, B.D. (2006). *Men's Experiences of Depression: A Phenomenological Investigation*. [PhD Thesis]

Steinbock, A.J. (1995). *Home and Beyond*. Northwestern University Press.

Steinbock, A. J. (2007). Phenomenology and Mysticism: The Verticality of Religious Experience. Bloomington: Indiana University Press

Stern, T. (2003). Border Narratives: Three First-Person Accounts of Depression. *Studies in The Literary Imagination, 36*(2), 91-107

Styron, W. (2004). *Darkness visible: A memoir of madness*. London: Vintage Books.

Svenaeus, F. (2000a). Das unheimliche--towards a phenomenology of illness. *Medicine, Health Care and Philosophy*, *3*(1), 3–16.

Svenaeus, F. (2000b). The body uncanny -- further steps towards a phenomenology of illness. *Medicine, Health Care and Philosophy*, *3*(2), 125–137.

Svenaeus, F. (2013a). Naturalistic and Phenomenological Theories of Health: Distinctions and Connections. *Royal Institute of Philosophy Supplement*, *72*, 221–238.

Svenaeus, F. (2013b). Depression and the self: bodily resonance and attuned being-in-the-world. *Journal of Consciousness Studies 20*, 15–32.

Svenaeus, F. (2014). Diagnosing mental disorders and saving the normal. *Medicine, Health Care and Philosophy*, *17*(2), 241–244.

Svenaeus, F. (2019). A Defense of the Phenomenological Account of Health and Illness. *The Journal of Medicine and Philosophy: A Forum for Bioethics and Philosophy of Medicine*, *44*(4), 459–478.

Svenaeus, F. (2022a). *The hermeneutics of medicine and the phenomenology of health: steps towards a philosophy of medical practice*. Springer.

Svenaeus, F. (2022b). Health and Illness as Enacted Phenomena. *Topoi*, (41), 373–382

Taminiaux, J. (2004). *Metamorphosis of phenomenological reduction*. Milwaukee: Marquette University Press.

Thompson, T. (1995). *The Beast*. G.P. Putnam's Sons.

Tolentino, J. C. and Schmidt, S. L. (2018). DSM-5 criteria and depression severity: Implications for clinical practice. *Frontiers in Psychiatry*, *9*(450).

Toombs, S.K. (1987). The Meaning of Illness: A Phenomenological Approach to the Patient-Physician Relationship. *Journal of Medicine and Philosophy*, *12*(3), 219–240.

Toombs, S.K. (1992). *The meaning of illness: a phenomenological account of the different perspectives of physician and patient*. Dordrecht: Kluwer Academic Publishers.

Tripathi, A., & Anand, A. (2019). *Real stories of dealing with Depression*. Simon and Schuster.

van Den Berg, J. H. (1952). The human body and the significance of human movement. *Philosophy & Phenomenological Research*, *13*, 159–183.

van den Berg, J. H. (1972). *A different existence: Principles of phenomenological psychopathology*. Pittsburgh, PA: Duquesne University Press.

van Duppen, Z. (2016). *Schizophrenia: a disorder of intersubjectivity: a phenomenological analysis*. [PhD Thesis].

van Manen, M. (2014). *Phenomenology of practice: meaning-giving methods in phenomenological research and writing*. Routledge.

von Gebsattel, E. (1954). *Prolegomena einer medizinischen Anthropologie* [Prolegomena of a medical anthropology], Berlin: Springer.

Wakefield, J. C. (2013). The DSM-5 debate over the bereavement exclusion: Psychiatric diagnosis and the future of empirically supported treatment. *Clinical Psychology Review*, *33*(7), 825–845.

Waldenfels, B. (1971). *Das Zwischenreich des Dialogs. Sozialphilosophische Untersuchungen in Anschluss an Edmund Husserl*. The Hague: Martinus Nijhoff.

Wallace, D. F. (1984). The Planet Trillaphon as It Stands in Relation to the Bad Thing. *The Amherst Review (Volume XII)*, 26–33.

Wallace, D. F. (1998). The depressed person. *Harper's Magazine*, 57–64.

Walther, G. (1923) Zur Ontologie der sozialen Gemeinschaften, In: *Jahrbuch für Philosophie und phänomenologische Forschung*, 1–158.

Wilde, L. (2022). *Trauma, Alienation, and Intersubjectivity: A Phenomenological Account of Post-Traumatic Experience*. [PhD Thesis]

Wolf Shenk, J. (2001). A melancholy of mine own. In: N. Casey, ed., *Unholy ghost: writers on depression*, (pp. 242–255). New York: Morrow.

Wolpert, L. (1999). *Malignant sadness: The anatomy of depression*. London: Faber and Faber Ltd.

World Health Organization (2017). *Depression and Other Common Mental Disorders Global Health Estimates*. [online] https://apps.who.int/iris/bitstream/handle/10665/254610/WHO-MSD-MER-2017.2-eng.pdf?s

World Health Organization (2023). *Depression*. [online]
https://www.who.int/health-topics/depression

Wurtzel, E. (1994). *Prozac Nation: Young and Depressed in America*. Boston, New York: Houghton Mifflin Company.

Wyllie, M. (2005). Lived Time and Psychopathology. *Philosophy, Psychiatry, & Psychology*, *12*(3), 173–185.

Young, I.M. (1980). Throwing like a girl: A phenomenology of feminine body comportment motility and spatiality. *Human Studies*, *3*(1), 137–156.

Zahavi, D. (2019). Second-person Engagement, Self-alienation, Group-identification. *Topoi*, *38*(1), 251–260.

Zhao, L., Han, G., Zhao, Y., Jin, Y., Ge, T., Yang, W., Cui, R., Xu, S. and Li, B. (2020). Gender Differences in Depression: Evidence From Genetics. *Frontiers in Genetics*, *10*(9927).

Zimmerman, M., Ellison, W., Young, D., Chelminski, I. and Dalrymple, K. (2015). How many different ways do patients meet the diagnostic criteria for major depressive disorder? *Comprehensive Psychiatry*, *56*, 29–34.