

**On the Meaning of ‘Depression’
from the word to a widened awareness**



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fore-word

“All explanation presupposes a clarification of the essence of what it is that is supposed to be explained ... What good is all explaining if what has to be explained remains unclear.”

Martin Heidegger

what's in a word?

If a salesman or Jehovah's Witness comes to the door we already have an idea of how they will speak – as if reading aloud from a script, or by simply citing scripture. We actually hear and feel the way in which it they are not actually using words to express themselves as individuals so much as engaging in a type of ventriloquy – letting Biblical words speak for and in place of them. Yet it is not just sellers of wares or scriptures that do so. Doctors, psychiatrist, business people and professionals of all sorts are often so immersed in their own professional languages, jargons and terminologies that in a certain way they inhabit these languages – live in them. In front of the Jehovah's Witness many non-Christians might feel awkwardly stuck for a simple yes-or-no answer when asked if they believe that God exists, or that Jesus was the 'Son of God'. This stuckness does not necessarily mean they don't have their own beliefs about religion. Instead, it has more to do with a question hidden or concealed by the question put to them. The question I mean is what *words* such as 'God' and 'Son of God' actually *mean* – both in general and to the particular person posing or answering questions about them? The trap concealed in such questions is the all-too-common assumption that we all already know - without any further ado and without any deeper questioning - what words such as 'God' mean. What this assumption rules out in advance is any question of how we or others understand and experience the meaning of words in general – whether religious words such as 'God', scientific words such as 'energy', or psychological and psychiatric terms such as 'depression', 'anxiety' etc.

It is simply assumed that common words refer to some being or thing whose nature we all agree on. Thus even to give a simple yes-or-no to such seemingly simple question as 'Do you believe in God?' is to collude with this assumption, the assumption that we all

already know what it is we are talking about when the word ‘God’ – or any other word or term – is used. That assumption goes hand in hand with the assumption that language is itself just some ‘thing’ – a mere tool which we use to speak and express ourselves. It is true that we use language to name and describe, express and explain things. Yet language itself is no ‘thing’ - reducible to a set of sounds, letters or words. Nor is it just a tool we use to speak. For each of us has a particular language and vocabulary, one that just as much speaks *for* us as the language of a salesman or Jehovah’s Witness.

We do not just speak words, using them as tools to express our ideas and experiences. Words themselves also *speak us – shaping and colouring the very ideas and experiences we think we are simply using them to ‘express’*. So whether faced with a salesman, doctor, counsellor or psychiatrist we should always be aware of the question ‘who speaks?’ or ‘who is speaking?’ For the answer is often *not* the person actually speaking but *language* – the words that a person lives in and lives by - and the ‘things’ that they unquestioningly take these words to refer to. The whole authority of medical professionals in particular rests on our assuming that they *know what it is they are talking about* when they use their medical terms – when in reality they are the very last people to even begin to question the *meaning* of these words, so well-trained have they been in just seeing the world through these words. Their world-view, like everyone else’s – is a ‘word-view’.

the thing with words

Society quite literally ‘has a thing’ with words. The ‘thing’ is, no sooner has some new word or term been coined and become common currency in everyday language than we assume it refers to some ‘thing’ that has *always* existed – even before we had a word for it. So it is with the word ‘depression’, which is not just taken as a way of feeling, a subjective state or a set of symptoms but used to denote some object or ‘thing in itself’ – a ‘disease entity’. Paradoxically, the very ‘things’ we think we have clearly and cleanly circled with words only become ‘things’ through the act of circling them – of running word-rings around them. Thus ‘feeling depressed’ becomes the symptom of some ‘thing’ called ‘depression’. Doctors and psychiatrists then explain this thing in terms of some

other thing such as a serotonin deficiency in the brain. A practitioner of ‘complementary medicine’ on the other hand, would search their own vocabulary or ‘word-world’ for the explanation – coming up with a phrase such as ‘vitamin deficiency’, ‘energy blockage’ or ‘lack of chi’. Similarly, a shaman or witch-doctor might say that a depressed person was possessed by a malign ‘spirit’ of some sort or the victim of a curse. When it was the word of The Church that ruled large parts of world, it was the *universally accepted norm* to understand all illness as payment for past sins. And just as in some supposedly ‘primitive’ societies it still is the norm to blame symptoms on malign spirits, so does our supposedly ‘rational’ and ‘scientific’ culture blame many illnesses on harmful bacteria or viruses – even though our bodies are full of them all the time.

‘word-worlds’

The worlds that most people live and work in are not made of concrete and glass, bricks and mortar, but of words. Doctors and psychiatrists for example, don’t just work in surgeries or hospitals. Cleaners or hospital caterers do that. Doctors and psychiatrists, on the other hand, work within a world of *words* – the ‘word-world’ of medical terms, labels and explanations. And it is this word-world of their work that *rules* their work.

For most people the limits of their *language* are, as the philosopher Wittgenstein suggested, the limits of their *world*. That’s why feelings or questions that they can’t express in words may feel to them as ‘unworldly’ - so much so that they might even end up trying to explain them as something caused by hidden or unworldly beings - by extra-terrestrials, secret governmental agencies or evil or demonic spirits. The fact that a feeling can’t be immediately expressed in words leaves them with a question. Yet instead of giving themselves time to feel the feeling itself *as* a wordless question, and to find their own words for that question, they grasp for words which provide an explanation of the feeling. In this way they come up with ready-made *answers* for why they are feeling the way they are - yet without having begin to ask themselves what *question or questions* it is that may lurk behind those feelings. In a word - people use words to come up with answers without first of all finding words for the questions they are feeling. They do this by circling things with ready-made or off the shelf words and phrases drawn from

different established languages or vocabularies – different ‘word worlds’. It doesn’t matter which word-world the words they circle their feeling and experiences with come from – whether that of psychiatry, some area of medical science, some form of psychotherapy or some type of ‘complementary’ medicine. The process is the same.

the medical word-world

Psychiatrists and doctors in particular are paid to circle or pigeon-hole things in words - in diagnostic categories for example. If the experience of a large enough number of people nevertheless *defies* classification in terms of existing, neatly separated diagnostic categories - for example the separation of ‘Depression’ from ‘Anxiety’ - then all that medical professionals do is create a new term (for example ‘Depressive Anxiety’) with which they can continue to comfortably and authoritatively encircle or ‘ring-fence’ those people’s experience. In this way, not just new words and terms but whole new *word-worlds* are eventually created. Modern science, not least in the form of ‘scientific’ medicine and psychiatry are characterised by jargon-filled ‘scientific’ word-worlds that bear little relation to the words used in previous eras to understand the nature of health and illness. These scientific word-worlds and their vocabularies of word-circles are treated today in exactly the same way as the Word of the Bible and of The Church used to be – as *unquestionable* representations or symbols of truth.

In the past, doctors who ‘diagnosed’ a patient’s symptoms as signs of such a ‘thing’ – a hidden disease entity that was ‘causing’ them - were regarded by the rest of their profession as unprofessional quacks. Nowadays it is the other way round. A doctor not able to diagnose and label and ‘test’ for a possible disease entity such as ‘cancer’ (or ‘depression’) would be regarded both by himself, the patient and others doctors, as a failure. And it would be doctors who did *not* seek simply to diagnose or label a disease, but instead gave himself themselves time to *listen* longer and more deeply to the words of their patients themselves – taking heed of how *they* described their inwardly felt ‘disease’ – who would be regarded as unprofessional quacks.

Not having time to listen however, today's doctors often diagnose patients whose symptoms or dis-ease they can't pigeon-hole as suffering from a 'thing' called 'depression'. Or if depressive or anxious feelings are the very the symptoms that a patient 'presents' with, they are either dosed with medications or packed off to counsellors or psychologists who will actually have a bit more time to listen, and with whom patients can then talk 'about' those feelings. In practice this often means receiving a short-course, quick-fix course of 'thought correction' of the sort now pompously termed 'cognitive therapy'. This is based on the belief that depressive *feelings* have nothing to do with negative aspects of the real world but are nothing more than a result of unnecessary negative *thoughts* arising in response to that world.

'be-aware'

The message of this essay to anyone who believes or has been told they are suffering from a clinically diagnosed psychiatric condition or 'mental illness' of any sort is - beware. 'Beware' means 'be aware' – in particular be aware that just because there is an accepted diagnostic *word* for something does not mean there is actually some 'thing' corresponding to that word. If people are not sufficiently aware of this – they may all too easily become *trapped* in the word-circles and word-worlds of psychiatry and its diagnostic terms. And yet even if they avoid or manage to escape from the trap of *this* particular word-world, without this type of awareness, they might simply end up trapped in the word-worlds of some other form of medicine, psychotherapy or 'healing'.

Yet where would we be without such word-worlds, religious or scientific? Would we not simply be left again with the seemingly unanswerable question of how to find words for wordless dimensions of our feeling experiences of the world? It is because all of us face this question in one way or another that we all make use of words to circle and make sense of our wordless experience of ourselves and the world around us.

Is there any way out of entrapment in word-circles and word-worlds, besides running from one to another, and in this way quite literally running around in – within – different word-circles and word-worlds? Yes there is. *It is the way of the poet and thinker* rather

than the officially sanctioned priest, healer, psychiatrist or ‘scientist’. For true poets and thinkers don’t instantly ‘run rings’ around their experience with ‘word circles’ drawn from their own unquestioned ‘word-worlds’. Instead they look for – or rather patiently await and *feel for* – their own words. Their aim is to create a *word-world* that truly expresses *their* world, as *they* actually sense, feel and experience it on a wordless level. Or else they patiently feel for and seek to formulate – in their own words – the deeper *questions* they sense lurking within their own experience and their own feelings. We do not need to be poets and thinkers to do this, but we can follow their example in seeking our own words for our own experiential and emotional worlds.

Of course ultimately nobody ‘owns’ words – for by their nature they are not private property but part of a shared language. From this point of view it may appear to make no sense to speak of poets and thinkers finding their ‘own’ words for their experience of the world – *unless* we mean only that they are not letting themselves be trapped and encircled within the rigid boundaries of unquestioned but officially recognised *word-worlds* i.e. terminologies and jargons of any sort - spiritual or scientific, medical or psychiatric. Beware then – *be aware* – of words, of the unquestioned word-worlds they belong to - and of the word-circles they can entrap *your* unique world of feelings and experiences in.

the word ‘depression’

The word ‘depression’ derives from the Latin verb *depressus*, past participle of *deprimere* (to press down, weigh down, dig down or dig deep). As a noun, the word ‘depression’ means ‘a deepening, a ‘digging down’, ‘pressing down’ or ‘weighing down’.

de- (down, away) and *premere* (to press)

‘Depression’ is one word belonging to a family of everyday nouns, verbs and phrases that include deep, depth, pressure, suppression and oppression, to oppress or suppress, to press or pressure, or to feel pressed or pressured. It was only in the 1950’s that doctors and psychiatrists first started to use the word ‘depression’ to denote some ‘thing’ – firstly a classified psychiatric disorder, and secondly the ‘thing’ that was its supposed cause – a

purely hypothetical, invisible and still *unverifiable* deficiency in the brain of a ‘neurotransmitter’ called ‘serotonin’.

If someone says that they feel heavy, fatigued, drawn or ‘weighed down’ by the pressures of life we know what they mean. That is because the words they use speak for themselves in a vocabulary of the *senses* – their own directly felt sense of themselves. The same applies if people speak of being in a ‘dark’ or ‘black mood’, of falling into a ‘black hole’, or of seeing no ‘light’ at the end of the tunnel. Here again they are using a vocabulary of the senses – in this case of light and darkness. That does not mean that the words or phrases they employ are just ‘metaphors’. People who feel depressed really do feel an *inner* darkness, blackness, weight or heaviness in themselves.

For the medical and psychiatric professions however, how people actually sense themselves and their bodies from within – *subjectively* - is not what it’s all about. Instead it has to be explained by some hidden ‘thing’ - an *object* that is ‘causing’ them to feel that way. This view lends itself to medical treatments aimed at ‘removing’ this object – even though it is essentially no object or ‘thing’ at all but a subjective way of feeling.

Unless people are prepared to acknowledge meaning in the way they feel, they will be tempted to look for ways to mentally negate ‘negative’ feelings or medicate them away. That itself is a paradox, for feelings as such are no more ‘positive’ or ‘negative’ than colours. What we call a ‘negative’ feeling is really a feeling we would rather not feel and therefore actively seek to *negate* in different way, whether by simply suppressing it, or experiencing it as a generalised state that is then labelled as ‘anxiety’ or ‘depression’. And paradoxical though it may sound, the most ‘positive’, freeing and empowering response to any ‘negative’ feeling is precisely *not* to negate it but instead to positively affirm it; not to try and free oneself of it but to freely and decisively *choose* to feel it - indeed to choose to feel it even more strongly rather than less, and attending principally to where and how one feels it in one’s body. For the self or ‘I’ that proactively and positively *chooses* to feel a ‘negative’ feeling is distinct - in principle – from that ‘I’

which merely suffers or feels overwhelmed by that feeling, or is so identified with it ('I'-identified) that it cannot, in principle, become free of it.

the medical denial of meaning

After the 2nd World War a concentration camp survivor called Victor Frankl wrote a book drawn from his observation that those who bore the ongoing psychological and physical trauma of the camps best were those who sought, found or felt that there was still *meaning* in their lives. As a result Frankl disputed the idea that the human being was driven either by sex drives or by a will to 'be happy' and argued instead that happiness was a mere by-product of that deeper drive that he called 'The Will to Meaning'.

As we have seen, the word 'depressed' is part of a word family that includes the words deep and depth. Could it not be that language itself is trying to tell us something here – namely that 'depression' itself might have a deeper *meaning* – not as mere disorder of the brain but as a specific way of *feeling* that tends to lead us back down into the innermost depths of our *being*. Underlying the whole 'medical model' approach to both 'mental' and 'physical' illness however is a basic belief which can be seen as the most sacred dogma of modern medicine. This is the belief that any sort of symptom or felt 'dis-ease' has no deeper *meaning* – except as a sign of some medically recognised *disease*. That is why medical professionals make no attempt whatsoever to explore the personally felt meaning or 'sense' of a patient's symptoms. For this would require them to inquire much more about the life context in which they first emerged and to seek to make sense of them in that context. Instead doctors and psychiatrists take symptoms merely as diagnostic 'signs' or 'signifiers' of some 'thing' – the mysterious 'disease entity' again. Every symptom has meaning or significance to them only in terms of some already signified *medical* sense. The doctor's medical catalogue of already *signified senses* (potential 'diagnoses') rules out from the start any way of helping a patient explore or understand the *sensed significance* of their symptoms – the meaning or sense they themselves might personally feel or discover in them. This replacement of directly felt sense or significance with already labelled or signified senses belongs to the very essence of the medical-

model approach both to somatic and ‘mental’ illness or ‘disorders’ – not least ‘depression’,

the depression ‘thing’

Most people know what they what it means if someone says they “feel depressed”. They know it from their own experience. That ‘knowing’ is therefore innately ‘scientific’, since it is ‘evidence-based’ or ‘empirical’ in the most direct sense - coming from the direct evidence of people’s immediate *sense* of themselves, a sense that takes the tangible form of sensations such as feeling pressed or weighed down, heavy, dark etc.

‘Feeling depressed’ then, is a self-evident subjective experience that no one can deny or invalidate - and that no medical tests are needed to ‘prove’. To take it as a sign of some *thing* called ‘depression’ is quite *another* thing however. And to then explain *that* ‘thing’ as a product of some *other* thing that a person does *not* feel or experience directly (a defective gene or lack of serotonin in the brain for example) is not ‘evidence-based’ science in any sense of the term but *medical mystification*. It does not ‘make sense’ of depressive symptoms but quite literally makes ‘non-sense’ of them – attributing them to some ‘thing’ that is not actually sensed at all, like a serotonin deficiency in the brain – itself something scientifically unverified.

Arguing that depression is caused by a lack of serotonin or some other neurotransmitter is like arguing that just because cocaine gives people a high and makes them feel good, feeling low or depressed ‘proves’ that they *lack cocaine in the brain*. Diagnosing people who *feel* depressed as suffering from a ‘thing’ called ‘depression’, and then prescribing them legal drugs (so-called SSRI’s or ‘selective-serotonin-reuptake-inhibitors’ such as Prozac) is therefore like prescribing people illegal drugs such cocaine. In fact, from the evidence of the awful, acute and often chronic side-effect of such ‘legal’ drugs it is far *worse*. The fact that this evidence is not merely ‘anecdotal’ (such a useful word in ‘scientifically’ dismissing the *evidence* of so many patient’s actual experience) is proved by the bizarre paradox that pharmaceutical companies are legally bound to warn users of ‘anti-depressants’ that their side effects might include *suicidal thoughts*. Unfortunately

this warning has proved all too true in far too many cases – not least in the form of countless actual suicides or acts of self-harm violence towards others.

prejudicial words

Society officially frowns on the use of illegal drugs – whether ‘uppers’ or ‘downers’ – even whilst pharmaceutical companies make huge profits from the legal prescription of both types of drug in the treatment of ‘mental illnesses’. Society also officially frowns on the stigma attached to ‘mental illness’ and on prejudice or discrimination towards them – not least those suffering from the variety of ‘disorders’ known as ‘depression’. Yet we need only consider everyday words and phrases to see how this prejudice is part of everyday language use itself. Just as in Orwell’s famous book ‘Animal Farm’, the slogan of the revolutionary pigs (later reversed) was ‘Four legs good. Two legs bad’, so in ordinary language can we find a hidden slogan: **‘Up is good. Down is Bad’**. This slogan takes many different forms, for example **‘High is good. Low is bad.’** This message finds expression in countless common phrases:

*Feeling **low***’ (bad), *‘a **high** point’* (good), *‘a **low** point’* (bad), *‘**high** status’* (good), *‘**low** status’* (bad), *‘a record **high**’* (good), *‘a record **low**’* (bad), *‘going **up** in the world’* (good) *‘going **down** in the world’* (bad), *‘coming **up** with something’* (good) *‘coming **down** with something’* (bad), , *‘standing **up** for something or someone’* (good), *‘standing **down**’* or *‘letting someone **down**’* (bad), to *‘**up**grade’* (good), to *‘**down**grade’* (bad), *‘**up**turn’* (good), *‘**down**turn’,* (bad), *‘**up**beat’* (good), *‘**down**beat’*(bad) etc.

Whilst the cliché goes that everyone has their ‘ups and downs’ in life, the linguistic prejudice remains that **‘Up is good’ and ‘Down is bad’**. ‘Heaven’ itself is seen as ‘up’ there in the ‘highest’ spheres, whereas Hell is seen as ‘down below’ in the lowest depths. Here we find a hint of yet more slogans or mantra concealed within language itself: **‘Above is good. Below is bad’**. **‘Rising is good. Falling is bad’**. Thus we **rise up** into the heights of success or Heaven itself, whereas we fall into the depths of Hell or failure - for ‘to fail’ is a verb whose root meaning is ‘to fall’. Given all this prejudicial language it is no wonder that people find it difficult to admit to feeling ‘low’ or ‘down’ or ‘depressed’ – let alone extremely depressed – and may indeed feel all the *more* ‘depressed’ just for feeling ‘low’ or ‘down’ in the first place. For just doing is to go

against the prejudicial grain of language that tells us that ‘Up is good. Down is bad’, ‘High is good. Low is bad’ - thus making people who feel ‘bad’ or ‘low’ not only ‘feel bad’ but feel *bad* - as if they were literally *lowdown* ‘losers’ or ‘failures’.

depression and ‘no-thing-ness’

A famous German poet once wrote: ‘Where word breaks off no thing may be.’ Reversing this motto it would read: “Where thing breaks off no word may be.” ‘Depression’, though it is itself a word is essentially a *wordless* state – sometimes leading an individual into a total speechlessness or muteness. Whence this wordlessness or speechlessness? One important reason is that whilst we have words for things that are actually there – present - we don’t have words for the *feeling* of something or someone *not* being there, for a sense of *absence*. Similarly we don’t have words for an absent or unthought thought or an absent or unfelt feeling. Just as we also don’t have words for an absent sense of self or of our own bodies - for a sense of being ‘no one’, ‘nothing’ or ‘nobody’. With this in mind, it is worth asking if the whole idea of ‘depression’ as some ‘thing’ – one that can in turn be explained by other things - might not be the very *opposite* of the truth, or rather its mirror image? For what if, in contrast to this idea, the very essence of depression lies precisely in a felt *absence* of something or someone, or alternatively in the experience of being mistreated or abused as a mere ‘thing’ or ‘body’ – and thus effectively treated as ‘nothing’ and ‘nobody’? This would account for the way in which ‘depression’, far from being a ‘mental’ state or mental ‘illness’, is a state which pervades our entire felt body, in this way helping us to feel our own *self* more fully - not just as a bodiless mind but in a fully embodied way, as ‘some-body’. It would also account for the close relation between depression and *mourning* – for though we may name the person we have lost, the feeling of their *bodily* absence is not itself anything nameable – it just weighs or presses down on us, leaving us feeling ‘de-pressed’. What ‘presses’ or ‘weighs down’ upon the ‘de-pressed’ person then is no ‘thing’ but the absence of something, an absence that, by its very nature, cannot be expressed in words.

Considerations like these make the very word ‘depression’ into a very paradoxical one of the sort that certain types of language theorist call a ‘floating signifier’. This is a sign or

symbol that is said to ‘float’ because it does not refer to or ‘denote’ any actual or definable thing - because there is nothing ‘signified’ by it. The same considerations also make the ‘thing’ that is called ‘depression’ into a very paradoxical sort of ‘thing’, being precisely a feeling or mood that serves to fill the empty gap or vacuum created by what is essentially a sense of nothingness or *no-thing-ness*. – one that is not so much caused by some ‘thing’ so much as evoked by the *absence* of something - or by an absent sense of *being* someone and somebody.

Being someone - a self or ‘subject’ - is quite different from being a *mere* ‘thing’, a mere mental, emotion or physical ‘object’ for oneself or others. Yet in a culture dominated by the need to perceive things as objects and possess them as commodities, being a self or subject tends to be identified with conceiving and *perceiving* the world as a world of *objects*. So whilst our entire *experience* of ourselves and of reality is essentially something *subjective*, in this culture both science and medicine identify reality only with objects and ‘objectivity’ – reducing the body to a clinical object and the self itself to a mere fiction created by the brain. It would be surprising if, in such a culture, most people did *not* feel depressed. This applies particularly those to at the sharp end of this culture – people whose depression stems from being objects of political or economic oppression, or from the pressures of what Marx called ‘wage slavery’ - earning a living through producing objects for others. It applies also to people whose early relationships were ones in which they themselves were perceived or treated as mere objects of use and abuse.

the logic of ‘depression’

When people feel ‘low’, ‘down’ or acutely or chronically ‘depressed’ for no apparent reason they naturally see no rhyme or reason in it. It confronts them – and is seen by doctors and psychiatrists – as an innately ‘irrational’ or ‘illogical’ state to be in, one that therefore needs to be mentally or ‘cognitively’ corrected (‘cognitive therapy’) and/or pharmaceutically treated with ‘anti-depressants’. Older ways of seeking to understand the *meaning* of depression, such as those that evolved among psychoanalysts, have since been discarded as ‘old hat’ under the pressure of the pharmaceutical industry. Yet due to the ever-increasing costs of prescription drugs, medical psychiatrists today are beginning

to acknowledge these older insights indirectly. Indeed some fashionable psychiatric trends have begun to bring them back in the much diluted and distorted form of supposedly ‘new’ theories, along with new forms of ‘psychological’ rather than purely pharmaceutical ‘treatment’.

The term ‘psychology’, though it did not exist in ancient Greece, is derived from the Greek words ‘psyche’ and ‘logos’. The Greek word ‘logos’ meant ‘word’, ‘speech’ or any form of spoken ‘account’. It is from the Greek *logos* that the modern word ‘logic’ is derived. What characterised the older psychoanalytic *logoi* or ‘accounts’ of depression was that they were derived from the word or *logos* of patients themselves rather than from the pseudo-scientific jargon of psychiatrists. Freud himself worked in this way, being the first to attend so closely to the word of the patient as to begin to hear its inner ‘speech’ or *logos* and discover an inner ‘logic’ to their symptoms. It was Freud who first explored, in a way yet to be properly understood by today’s psychiatrists, a wholly different type of ‘logic’ in the relation between *words* and *things* – a relation fundamental to *thinking* as such. His insights were taken up by others, in particular by Melanie Klein, Wilfred Bion and Donald Winnicott, in a way that led them to see in what they called ‘the depressive position’ something that had a healing and maturational value, enabling the individual to experience both self and other as ‘whole’ beings, rather than as things.

transformations

What follows is my interpretation of a sequence of ‘psycho-logical’ transformations that the psychoanalysts referred to above identified as occurring in the *absence* of some ‘thing’, transformations that lead all individuals to inwardly alternate, to one degree or another, between what Klein called a ‘paranoid-schizoid’ position on the one hand and a healthier ‘depressive position’ on the other.

1. the experienced loss or *absence* of a good thing is felt as bad, or the experience of a bad thing leaves the individual with a feeling of absence (for example an absent feeling of self).
2. the experience of ‘feeling bad’ through *absence* is experienced as the *presence* of a ‘bad feeling’.

3. the *absence of the good thing* is not represented as a *thought* but experienced as the *presence of a bad thing*.

From this basic set of transformations a whole sequence of others can follow:

4. the bad thing is identified with an external or internal *object* – for example a person, a place, a part of the body or any perceptible object, real or hallucinated.
5. The object having become a ‘bad object’, it is also a source of persecutory or paranoid fears, phobias and anxieties, being perceived as something that has done or might do bad things to the individual.
6. *Externalising* or ‘projecting’ bad internal bodily feelings into external objects of all sorts makes the individual feel more empty – more of a ‘nothing’ or ‘nobody’ than before.
7. Internalising or ‘introjecting’ those bad object or feelings makes the individual feel *they* are bad – and thus in fear of retribution by externalised bad objects.
8. Whichever way it goes, the individual’s whole sense of being a self or ‘subject’ –their whole *identity* - becomes entirely dependent on a relationships to a ‘bad object’ – whether external or internal.
9. *Concrete perception of things* (including people) as good or bad objects becomes a substitute for the *conception of abstract thoughts*.
10. An object, whether thing or person, internal or external, is always sought as the cause or explanation for feeling bad. *Feeling bad* is always turned into a *bad feeling* towards that object and a persecutory fear of it. In this way a *fight-flight relation* to all bad feeling - based on an absent sense of self and a generalised fear of absence or ‘nothingness’ - replaces a *feeling* relation to others and to actually present things. What we call ‘depression’ is not a ‘thing in itself’ – a disease entity - but a *process* that can serve to overcome this fight-flight relation, leading to the recovery of a fully embodied sense of self, fearless of absence and *no-thing-ness*.

The transformations that takes us from (1) ‘feeling bad’ to (2) labelling certain feelings *as* bad (3) seeing them as ‘negative’ or ‘bad’ feelings, and then (4) identifying these bad feelings with some thing and then (5) feeling this thing as bad - a ‘bad object’ - is nothing abnormal or unusual. Take for example an author who is feeling ‘bad’ about (stuck, bored with or critical towards) a piece he or she is writing. The sense of ‘feeling bad’ towards the writing easily becomes turned into a ‘bad feeling’ - one which is not only felt as a thing in itself, but identified with and ‘projected’ into the piece of writing itself. It is then

that the actual physical form of the writing, whether as a paper manuscript or a computer file, may be felt by the author as a 'bad object' - and avoided because of the bad feelings it has come to be identified with and symbolise. Similarly, any person or place, thing or thought associated with feeling bad may come to be felt as a thing in itself - a bad object to be avoided. Even an object initially felt as good, whether a person, place or part of the body, a type of food or a cherished belief, a once idolised figure or a mere item of furniture, can easily and even instantaneously be transformed into a 'bad object' through becoming a receptacle for bad feelings. Alternatively, people may alternate, sometimes very rapidly, between seeing a thing or person as a good or loved object and seeing them as a bad, feared or hateful object to be avoided or fought.

This 'splitting' of things and people into good and bad objects - which results also a splitting of the self or subject - was one of the 'primary defences' against absence that Klein saw what she called "the depressive position" as overcoming, leading to a greater awareness of both self and other as whole beings, and a greater capacity to relate to them as such.

'the depressive position'

In essence, what Klein termed 'the depressive position' was less a 'position' than a *process*. And yet the direction of this process was such as to lead to what she called the depressive *position*. Implicit in her understanding and use of the term 'depressive position' however, is the suggestion of a specific 'place' or 'bearing' within ourselves from which we can come to experience both things and people in a more healthy, hale or 'whole' way - as *whole beings* rather than as more or less fragmented or integrated collections of parts - and thus ultimately come to an awareness of reality as such as a singular whole or unity. Given this understanding of the term, it is odd that this 'position' should be described as 'depressive' in the first place (a word weighed with negative connotations) were it not for the fact that in Klein's view, the *process* of arriving at it was an on-going difficult and tenuous one requiring the surrender under pressure of psychological defences such as 'splitting' and 'projective identification', and the acceptance instead of feelings of loss, absence and ambivalence towards things and

people previously or otherwise split into good or bad, loved or hated parts – what Klein called the ‘paranoid-schizoid position’.

good reasons for feeling depressed

“Just because you’re paranoid doesn’t mean they’re not out to get you.”

It doesn’t take much thought to realise that most of the real life reasons - *good reasons* - for people feeling depressed have to do with ‘object loss’, the loss of some ‘thing’. This includes loss of jobs or income, loss of loved ones or relationships, loss of freedom or potential loss of life – that which ultimately confronts us all through death. Along with such losses may go a loss not just of happiness but of hope or health, a loss of trust or security, a loss of identity or sense of belonging, a loss of feeling and vitality, and last but not least a loss of meaning and of will - in particular the will to live. Suicide is not loss of self through self-inflicted death. On the contrary it results from an already lost sense of self – from a sense of already being dead – from which perspective continued life is felt as a form of living death, artificially sustained. Understanding the many good reasons for feeling depressed provide us with all the *more reason* for not seeing or seeking the meaning of the word ‘depression’ in some actually present ‘thing’. For at its heart is a sense of absence, loss and, ultimately, a felt dread of ‘no-thing-ness’ or ‘non-being’ that lurks at the very core of our being.

‘depression’ and ‘dread’

What most people describe as ‘depression’ is expressed through the German word ‘Angst’ – one usually translated as either ‘anxiety’ or ‘dread’. The German philosopher Martin Heidegger had a lot to say about ‘Angst’. His words echo in some ways the psychoanalytic viewpoint of Klein, but seek to go even deeper in exploring the essential nature and meaning of what we call ‘depression’ – not simply *as* depression, nor even as some new clinical category of ‘depressive anxiety’ (or some mere admixture of anxiety ‘and’ dread) but rather as ‘Angst’. For this is a word which, precisely because there is no easily definable ‘thing’ through which it can be translated in conventional clinical terms,

led Heidegger to see *nothingness* as its essence - in a way that corresponds also to what I have suggested may be the essential nature and meaning of what we call 'depression'.

All things, and we with them, sink into indifference. But not in the sense that everything simply disappears. Rather, in the very drawing away from us as such, things turn toward us. This drawing away of everything in its totality, which in angst is happening all around us, haunts us. There is nothing to hold on to. The only thing that remains and comes over us--in this drawing away of everything--is this "nothingness."

As Jorn K. Bramann writes:

"That things do not "simply disappear" in the experience of *angst* is important. Things actually "turn toward us" [Klein's 'bad objects'] *as* things that are alien and uncanny. In the experience of *angst* things have, in fact, a peculiarly ominous presence ... Heidegger compares the experience of *angst* with the dread that we may feel in the dark: without light we see nothing, yet the feeling of dread arises precisely because things are present—somewhere out there, vaguely threatening, but without revealing any danger in particular. It is in this way that the totality of what exists remains present in the state of *angst*, even though we have the feeling that everything is "drawing away."

What Heidegger refers to as "nothingness," in other words, appears in the presence of things - in the presence of the world that has become thoroughly alien and "indifferent." This shows that the "nothingness" Heidegger talks about in ... is not anything like a physical void, but a void - as one might say - of sense, of significance, or of meaning." What sort of meaning? Bramann again:

"We have our more or less regular tasks, familiar routines, and customary expectations. People have their known occupations and places, and things their more or less traditional appearances and functions. Even if occasional changes take place with respect to this or that detail, the over-all nexus of activities, functions, and goals remains a more or less ordered environment, a familiar context. Ordinarily we are at home in an organized world. It is the feeling of being at home in such a familiar world that is suspended in the experience of *angst*: Ordinary objects look strange, everyday activities pointless, and common sense objectives outlandish. Encountering "nothingness" means to feel uncanny and dislodged in a perfectly familiar world. There are several reasons why Heidegger finds the experience of *angst* important. One of them is the fact that it brings us closer to an understanding of Being - of what it means to be ... For in the state of *angst* nothing particular matters anymore; everything in the world is equally indifferent to a person who is caught by this kind of dread ... Thus the only thing left is the pure "being-there" of everything, the baffling fact of the world's indifferent existence. This existence becomes the ultimate enigma for the person in *angst*; it prompts the wondering question: "Why is there anything at all - and not rather nothing?"

While this question is a gateway to Heidegger's inquiry into the nature of Being, it is also a way of approaching and coming to terms with the quality of one's own existence. The encounter with nothingness, according to Heidegger, puts me into a position where I can

choose an authentic existence, or where otherwise I can allow myself to fall back into a sort of life where most things are decided by others, or by circumstances of a more or less impersonal nature. *Angst*, in other words, reveals to me my fundamental freedom. As ordinary individuals we are part of the world, and thus part of what "draws away" in the experience of *angst*. When seized by *angst* we become strangers to ourselves: our ordinary identities recede, and the everyday lives we live become as uncanny as the world around us. Suspended in *angst* I am not this or that person anymore, but an undefined being whose only characteristic is being-there. This pure being-there, according to Heidegger, is our most basic existence. In facing the nothingness revealed by *angst* all the activities I engage in and all the things I represent in everyday life fall away as so many roles and masks. In this "standing out into nothingness," as Heidegger puts it, I have a chance to make a new start, and to choose my life with a conscious resolve that had not been available to me in the routines of my ordinary everyday life. *Angst* is thus not necessarily a negative experience; it can be understood and seized as a precondition for waking up, for a personal liberation. In ordinary everyday life we tend to be locked into routine, and being preoccupied by practical tasks and busy with their execution we rarely question the sense of the whole system of cares, goals, and activities. To a much larger extent than we usually realize, the cares, goals, and activities that define our lives are determined by others instead of ourselves. I do what "one" is supposed to do; I have the goals in life that people generally have. I follow the herd, as some philosophers put it. It is, of course, not always wrong to do what others do. But it is one thing to do so because others do it, or to do it for specific and sound reasons. *Angst* relieves us, as it were, from our herd instinct and enables us to make our own personal decisions. *Angst* can be the means to become our own selves. By prompting us to become genuine individuals, it can make our lives authentic."

"The capacity to wonder and inquire, grounded in that distance, is a manifestation of a fundamental freedom, the freedom to conceive and re-conceive the world in many ways, and to change one's relation to it accordingly. Instead of being locked into a particular cultural tradition, for example, with its fixed and established ways of looking at and relating to things, human beings are endowed with the capacity to take a step back from everything and to look at the world at any time as if it were entirely new, i.e., strange. This capacity ... is the basis for the possibility of taking a hold of one's life in a way no other kind of being has."

"Heidegger describes another way in which a person can encounter nothingness, and thereby take hold of his or her existence authentically: by facing death ... Again, this is not accomplished by simply thinking about the matter, not even by very serious thinking. According to Heidegger it is only the *feeling* of *angst* that genuinely reveals nothingness - in this case the possible not-being of everything that I personally am. Only the *feeling* of *angst* reveals death as *my* death, the death that only I will die. And in doing so *angst* individualizes my existence, for the life that I live authentically is the life that is defined by my personal death."

"In an abstract way all people know, of course, that they are mortal, and that they can die at any moment. In ordinary life this knowledge tends to become diluted or diminished;

most people suppress the awareness of their own possible death by keeping themselves occupied by all sorts of other things - comparatively trivial things for the most part ... The full awareness of my death brings my existence into a clear focus that is absent from the average sort of life that is frittered away on unimportant details and cluttered with superficial distractions. A conscious "being-toward-death" will encourage me to stop running with the herd, escape the anonymous dictates of what "one" is supposed to do, cease moving through life like a somnambulist--and actively take hold of my life with conscious resolve and deliberate determination. Facing my death in earnest provides me with the possibility to make my life truly my own, and thus authentic."

"When we stare out to the darkness or, more precisely, stare into the darkness, into the world of infinity, we see nothing – we grown-ups, we who are all-too grown up. But let us look into the darkness like the child we once were ... yes perhaps that is it."

depression, death and the self

"All the world's a stage, and all the men and women merely players: they have their exits and their entrances; and one man in his time plays many parts, his acts being seven ages."

William Shakespeare

Many people believe that death 'is it', a threshold to a realm of nothingness beyond which both our being and consciousness are annihilated and cease to be. Part of the *fear* of experiencing what 'no-thing-ness' is, is its association with *death* understood and anticipated in this way as a realm of absolute *nothingness* or as a non-being void of consciousness. Even people with this view of death however, are prepared to accept the common idea that the *process* of dying culminates in the unfoldment of a type of panoramic vision of our entire life in all its stages, as if viewing it as a play or drama unfolding on a stage – and as sequence of all the situations we have been in, all the events we have experienced, all the people we have interacted with - and all the roles or parts we have acted or identified with. The retrospective unfoldment of the 'life panorama' as the vision of the entire life *drama* is like a parade of all those many different 'part selves' or 'part identities' that we were not fully aware of whilst living – precisely because we were so busily engaged in identifying *with* them and acting them as life roles or parts. Yet given the multiplicity of roles and part, selves or identities - actual or potential - that make up each individual a fundamental question arises. The question is this – what or

who is the ‘self’ capable of becoming *aware* of our life-drama in all its stage and with it of all the parts we have taken - all our *dramatis personae* - yet doing so from a position ‘off-stage’ and independent of that parade of multiple identities, selves or personae? When we watch a play we can identify with any of the different characters portrayed and in this way perceive the entire drama from each of their quite different perspectives. A part, well-acted, allows us, even whilst being off-stage, to look out upon the stage itself through the very different eyes of each and every character that stands before us on it. Yet the awareness that enables us to so identify with each and every character on stage, cannot by definition, be reduced to the property of any one such character. Similarly, neither can the *awareness* of our lives as a panoramically unfolding drama - one involving the interplay of many different personalities and sub-personalities, parts and identities - be reduced to the property of any of these ‘selves’. Indeed we can argue that, – in principle – the *awareness* of any self or set of selves cannot itself be reduced to the property of any self or selves, of any experienced identity. Instead the *awareness* of any self or identity *transcends* that self or identity.

on the ultimate meaning of depression

“Death is not my process, even if I belong to it. It belongs to the one who grants us life.

“Death is my constant shadow, is stranger than I am. Or is it HE himself, the God who experiments with himself as a man, in another life form?”

“In the hospital world ... I sit on the bed and write music that has nothing to do with the world of that last station [death]. The surroundings force me, as always, to force my way down within me, in order to reach the roots of my life. It is just that, the fact that something in me preserves its integrity, does not let itself be destroyed, that fills me with wonder, as before a miracle.”

Swedish composer Allan Pettersson

Like language, awareness as such is no ‘thing’, but that which alone makes it possible for us to be aware or conscious of anything and everything. The only ‘self’ capable of being aware of our many selves and identities is not some self *with* a particular identity and

awareness all of its own, but can only be a self with no particular nature or awareness of its own, a self that is *nothing* except *awareness as such* – not my awareness or yours but an awareness that is not the private property of any self or being. That self, which is nothing *but* awareness, is no ‘thing’ and yet it is not ‘nothing’. It is not any particular self and yet it is no mere absence of self or ‘no-self’ – for it is an awareness of every possible self we can be or have been. It is no ‘being’ and yet it is no mere void of ‘non-being’. Not being a being or self, however, it can neither die nor be born - and can have no fear of either birth or death. The Japanese sage Bankei called it our eternally *unborn* nature. It is that self which, as nothing but pure awareness, embraces, unites and transcends all things, all selves, all lives and all beings – all that was, is and can be. It is both no-thing and everything. It is both an absolute emptiness - an awareness as distinct from all its contents as empty space is distinct from all the objects within it. Yet this awareness is also an absolute *fullness* - for like empty space it also *embraces* all the things within it. This awareness is ‘no-body’ and yet it is not ‘nobody’. For neither life nor consciousness begin with just *being* a body or mind, but rather with an *awareness* of being and an *awareness* of body and mind. It is towards *being* this singular and paradoxical awareness, one that is no-thing and no-body and yet all things and all bodies, that I believe the ‘depressive process’ is destined to ultimately lead us – allowing us to discover that ‘God’ which is no-one and every-one, no-being and all beings, no-self and yet at the same time our very *deepest* self. In this sense the ultimate meaning of ‘depression’ is the ultimate reality, not of some psychological category or state - but of life as such and all that is.

from the word to awareness

Through circling any element of our experience and turning it into what we think of as a clearly separable and identifiable ‘thing’ we do nothing but circumscribe and limit a larger and deeper *awareness* of that thing – and of other things. This does not mean that words do not or cannot speak *truly* - that they cannot speak *for* us truly, speak *to* us truly

and ‘speak us’ truly. Words of this sort however - like those of a great seer, poet or thinker - arise not as names or denotations of things, but rather from depths and breadths of awareness transcending all things. They do not name things but name and in turn evoke a new *awareness*. It is this that enables such words to ‘speak to us’ - to take our

awareness beyond - or deeper within - the narrow 'circles' of their conventionally accepted meanings.

Even so, we cannot *circumscribe* the world in words. That would be like trying to cover a blank white page with circles without leaving any gaps or empty spaces between them - whereas in reality it is that blank page and its empty spaces - not only those around but also those within all the circles we draw on - that is the very condition for drawing them in the first place. Awareness, like a blank page, is that which first makes space for the circles we draw in words. So let us not let these circles, and those who believe in the 'things' they circumscribe, run rings round us - but instead allow ourselves to feel embraced by the singular awareness that embraces and fills them all. For as the great 10th century Indian sage Abhinavagupta recognised: *"The being of all things that are recognised in awareness in turn depends on awareness."*

the depressive process

"To me it seems more and more as though our customary consciousness lives on the tip of a pyramid whose base within us (and in a certain way beneath us) widens out so fully that the farther we find ourselves able to descend into it, the more generally we appear to be merged into those things that, independent of time and space, are given in our earthly, in the widest sense, worldly existence."

Rainer Maria Rilke

The 'depressive process' is essentially a natural direction and movement of *awareness* - one in which we are drawn back down into ourselves - and ultimately also beyond ourselves. The awareness itself is nothing purely mental but a feeling awareness, in particular of the different ways in which we sense the inwardly felt spaces, tones and textures of our own body. It letting that awareness so descend, under the external pressure or internal weight of whatever problems we experience, we are also responding to the gravitational pull of our own spiritual and physical 'core' - our centre of gravity in all senses of that word. This core - the "depressive position" - is an inexhaustible inwardness that some feel as a bottomless and threateningly dark black whole. And yet like the type

of black hole described in cosmology, going through it takes us ultimately out of and beyond ourselves into a larger awareness. Identifying with this awareness overcomes all sense of self-centredness, allowing us instead to feel the core of our being as a centre, not just of our personal self, but of that larger, trans-personal awareness itself - an awareness free of self-preoccupation, spacious enough to fully take in and respond to other people and the world around us, and one that widens rather than contracts the circles of awareness we previously inhabited.