



### Abstract

The painful accounts of people who experienced depression trace the contours of a test, both deeply personal and broadly social, that exceeds the usual categorizations enclosing it in a psychopathological entity, a medical diagnosis or a disease of the brain. This text is based on the sociological analysis of 60 interviews with individuals diagnosed with major depression. Through concrete experiences irreducibly singular, it highlights the societal grammars of depression, that is to say those that bite in both the “social body” and the “social spirit” of individuals who suffer and who attack their ordinary social individuality. Failure of action (not being able to) and motivation (not being able to want) that characterizes the test of depression cannot be understood without analyzing the societal tensions that define their conditions of possibility.

**Key words** depression, individuality, psychiatrization, psychologizing, social suffering

## Depression as Trial of Ordinary Individuality: Being Unable and Being Unable to Want

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### Introduction

Pour le sujet, derrière la limite de son effort, il n’y a d’abord que ce qui est la victime de l’épuisement, c’est-à-dire lui-même – sur le mode de l’effondrement.[1]

For the subject, beyond the limits of his efforts, one finds first and foremost the victim of exhaustion, that is, himself – in collapse.[1]

The accounts, descriptions, and impressions of depression painfully retold by those who have experienced it depict a trial, both profoundly intimate and decidedly collective, that goes beyond the usual categorizations of psychopathological

entity, medical diagnosis, or brain disease.[2] The concept of trials, borrowed freely from Danilo Martuccelli, allows an analysis of specific individuals’ concrete experiences of depression in its constant fluctuation between, on the one hand, individual and private experiences and, on the other, the collective, public, and shared meanings codified by numerous authorities over which the individual has very little influence.[3]

Under this definition, trials are historically situated, socially produced, and inequitably distributed challenges to which individuals are subjected (and must face from differentiated social positions) and equipped with unequal resources. The particular case of the trial of depression constitutes a veritable sociological test of ordinary social individuality, thus revealing its principal characteristics, requirements, and promises. In this discussion, ordinary social individuality is, quite simply, despite there being nothing simple about it, the prevailing individuality at a given moment in a specific society to which one must, in some way or another, refer. It is the answers to the question “what is an individual today?”

However, referring to this individuality implies neither identifying with it nor bending to it, nor does it mean seeking to understand it with the goal of contesting or abolishing it through individual, collective, theoretical, or practical means.

Reference to an ordinary social individuality is a way to “know” who we are relative to others in a society of mass individualism and, less positively, to “know” that we are to some extent, somehow “flawed,” “out of sync,” and, less frequently, “at the margins” in comparison to what we are asked to be and do according to the different circumstances of our personal evolution: socioeconomic realities, socio-professional groups, age groups, gender groups, community groups, etc. This reference allows individuals to simultaneously establish an “understanding” of and a “distance” from the ordinary social individuality applicable to their social position; it forces them to distinguish themselves from a common reference necessarily “understood” by those who live in society. The individual cannot exist without reference to an ordinary social individuality. Furthermore, ordinary social individuality cannot exist without the individual, whose acts systematically create both “understanding” and “distance”. [4,5]

The societal discourses of depression launch unflinching assaults on both the individual’s “social body” and “social mind”; that is, they attack social individuality through one’s concrete and irreducibly personal experiences. As Martuccelli states, just as “the entirety of elements structuring individuation cannot be situated at the individual level” (3p24), the collection of ordinary individuality’s “flaws” specifically coded as mental disorders (clinically significant signs and symptoms associated with particular difficulties or dysfunctions) cannot be understood without considering the collective dynamics that unify, organize, and structure individual experience.

Consequently, a diachronic, sociological reading of a variety of individual trials of depression reveals the *common tensions* they share, the general characteristics that distinguish them, and the collective elements that connect them in specific ways to create a certain coherence. From data collected during several studies performed between 2005 and 2008, a corpus of 60 accounts of the complex effects of the trial of depression from people living in Montreal was compiled. Although this sample does not claim to be representative, much care was taken to reproduce, insofar as possible, the general socio-demographic characteristics of populations commonly affected by depression according to the parameters most often identified in epidemiological research:

age (adults between 20 and 60 years old), gender (twice as many women as men), and socioeconomic characteristics (low, low-middle, high-middle, and highest income). [6]

The goal of this text is to better understand, from a fundamentally sociological perspective, the *qualitative generalities* of the trial of depression. To do this, an analysis of specific and transversal similarities will be undertaken rather than focusing on characteristics related to inclusion in particular groups (age, sex, income, etc.). These similarities permit the concrete *reconciliation*, as it were, of the very gender, age, and socioeconomic divisions imposed by the general societal logic of the trial of depression. Analyzing the “common societal tensions” revealed by the trial of depression seems the best way to provide a sociological answer to the following question: what are depressed individuals “suffering” from? [6]

### Initial approach to the trial of depression: inventories and images

They’re all at our disposal, yes, all ready to help us, but there’s nothing they can do about what’s happening to us right under our noses—because it’s going to happen, it must happen, and this radiant morning seems to be the perfect time for it to happen. [7]

The anthropological distinction between mind and body is epistemologically problematic, but it is not a classic for nothing. Despite the numerous, elegant, and sometimes convincing arguments against its logical, biological, and anthropological relevance, this dualism has persisted for centuries. [8,9] The fundamental mind-body distinction continues its systematic imposition as a necessary tool in the preliminary understanding of the complex dimensions of individuality involved in the trial of depression. Thus, the depressed person’s body, at once social machine and individual organism, is often described as “disturbed” due to difficulties with social functioning (inability to work, to perform ordinary tasks, etc.), lack of energy (fatigue, exhaustion, lethargy, etc.), and changes in basic functions (sleep, appetite, etc.). The depressed person’s mind, in both cognition and mood, is described as “disturbed” in terms of general disaffection (apathy, lack of interest, indolence, sullenness, detachment, disinterestedness, etc.), pronounced sadness (crying, discouragement, etc.), the presence of negative thoughts (about the future, the current situation, personal abilities, the relevance of living, etc.), and disorganized thinking (lack of concentration, loss of control, inability to make decisions, etc.). Describing a depressed individual’s difficulties as “disturbed” reveals that the social tensions of yesterday (neurosis) and today (anxiety/

depression) are founded more on “quantitative disharmony” than on “qualitative discontinuity”; disruptions are exposed without altering the essence of what has been disrupted. [10] One could say that the term “disturbed” rather than, for example, “altered,” refers to abnormal (i.e. statistically unusual) variations in the normal (i.e. common) elements of an inextricably organic, psychological, and social human existence.

The depressed individual’s tragic experience can be summarized in two very broad phrases: “being unable” (breakdowns in function, action, and energy) and “being unable to want” (breakdowns in motivation, desire, and interest). Those who have experienced depression use two general strategies to understand the essential features of a trial that at first appears incomprehensible: inventories and images. The first strategy, inventories of disabilities and descriptions of “what’s wrong” in order to define “what happened,” or even “what hit” them, focuses on the question of debilitating fatigue (“extreme,” “unbelievable,” etc.), followed by the issue of constant disinterest-sadness (“overwhelming,” “always,” “lots,” etc.), and lastly on problems related to disturbance of the body’s functions (sleep, appetite, etc.). The essence of the depressive experience is situated initially between two poles clearly dominated by “sad fatigue” and “overwhelming sadness,” respectively, their common and devastating effect being a breakdown in social functioning which, in certain cases, renders all activity impossible.

- *The fatigue is unbelievable, absolutely no way to do anything at all. You have no energy, no interest. No pleasure either. Making decisions is hellish, even trivial ones. Every day, it’s really hard. Despair, being sad all the time, wanting to cry.*

- *There’s an extreme fatigue, lots of tears, lots of pain, lots of sadness, and lots of longing, but a lot of physical symptoms too. A couple of times I lost a lot of weight, I had trouble sleeping. And, at the end, just before I started seeing a therapist, I had some pretty dark thoughts, very, very dark, and I was losing my coordination.*

- *There’s an extreme fatigue, exhaustion, I cried for nothing. And I didn’t understand anything anymore, people would talk to me and it was like they were speaking Chinese, I couldn’t understand a thing, I couldn’t remember anything anyone said. I couldn’t operate, function anymore, I had no energy, I couldn’t concentrate on anything;, even watching TV was difficult. I didn’t understand anything, really, everything was all mixed up.*

- *There’s a lot of physical pain. It’s everything, fear, anxiety, insomnia, the inability to concentrate, the inability to make*

*a decision. The inability to act. Loss of energy, no energy whatsoever. That’s what it means to be depressed.*

Almost as frequently as inventories of “what’s wrong,” individuals would call on images, metaphors, and analogies (abyss, machine, funnel, hourglass, etc.) to illustrate the dramatic nature of a trial that seizes at the heart of a person’s individuality. Five types of images, alone or in combination, were most common: “descent” (falling, going down, sliding, being sucked into something, sinking, etc.); the transformation of one’s “substance” (shapeless mass, disintegration, reduced to mush, heaviness, etc.); a mechanism wearing out or breaking (spring, gears, machine parts, etc.); an alien entity inside oneself (gnawing creature, machine of depression taking control, the sick “other” inside, etc.); and more classic images but much less frequent, of the soul being hunted, clouded/ or affected (dark, torn, unloved, profoundly unwell, etc.).

- *It’s like you’re falling into an abyss; you never quite know what’s happening and you never reach the bottom. You never know what’s going to happen but it gets worse and worse. It’s like a machine that you can’t stop on your own.*

- *It’s almost as though you’re made of sand. Slowly, you disappear into the funnel. You go, you don’t want to go toward the funnel but there’s something pulling you.*

- *It’s like some kind of creature that is going to feed off you, and put you through the worst time of your life.*

- *It’s a machine that’s been pushed past its limits, that’s used up. It’s not a coincidence that liquids no longer pass through our brains. We used them all up, it’s not complicated.*

- *It’s an unhappiness so deep that you’re not even able to find it.*

- *Your brain is reduced to mush. There’s nothing there. It’s a shapeless mass; you don’t control your life. It’s the machine of depression itself that guides you. It guides you downward, but it’s actually an anchor, an anchor that falls into the water, and you sink with it.*

- *It’s dark, it’s black, it’s like darkness, it’s isolation, confinement. All these images of isolation, sadness, lack of love for yourself too. Depression is exactly that.*

As with the inventories of dysfunctions, disabilities, and symptoms, the images and metaphors of depression both maintain and blur the mind-body divide. “Who” exactly falls into the abyss, slides through the tunnel, or disappears into the sand? “Who” carries the millstone or collapses through the floor? “Who” is the shapeless mass or the brain reduced

to mush--the bodiless mind? The same problem is true for depression inventories: "who" suffers from extreme fatigue? "Who" is overwhelmed with sadness? "Who" can't sleep--the mindless body? The mind-body distinction shows itself to be as awkward and inadequate as it is unavoidable and useful in outlining, in the first instance, what happens to depressed individuals and even "where" it happens. In fact, very often, it is the body that "cannot" while the mind "cannot want," or indeed, "does not want." However, in sociology, all too often, what usually counts is the "last instance" not the first. We will now take a closer look at this classic anthropological divide in its continued usefulness to describe "what's wrong" and "where it's wrong" among depressed individuals.

### The depressed individual's disturbed body: being unable

I experience misfortune because I have a body. Without a body, what misfortune could fall upon me?[11]

Depression affects ordinary social individuality through two general and most often complementary injunctions: being unable and being unable to want. These expressions, although vague, reflect within inevitable limits the concrete problems faced by the depressed person. In what way is a depressed person's body disturbed? The major difficulty faced by these individuals is that their actions are reduced, slowed, blocked, hindered, stopped, and rendered impossible. The stoppage can sometimes be sudden, violent, spectacular, and irrevocable.

- *I was no longer functional, I couldn't do anything anymore; it was really awful. And it was by no means a psychological symptom.*
- *One day at work I completely lost it, I had a total breakdown at the office.*
- *A temporary paralysis, not very long, but for about three days it was as if I was nailed to my bed, I couldn't move.*
- *[It was] as if I had fallen in battle.*

On other occasions, the depressed person invokes a long process sometimes described as the slow wearing away of a particular internal mechanism or elastic that eventually gives out for once and for all.

- *You slowly lose all your resources.*
- *The elastic is stretched stretched stretched. At one point, if it can't stretch any more, it breaks. That's really how I felt.*
- *I just couldn't work at all anymore. I felt like my resilience*

*was broken.*

- *It started to have a serious impact on my regular functions, that I could no longer assume my responsibilities, because I was really losing it, losing any ability to do anything.*

That the body that sometimes likened to a "machine" stops functioning is often very important. All sustained activities must henceforth be suspended. The idea of the material body's role as a mechanical support system for a mind no longer able to give direction or impose its will is often evoked. Depressed individuals observe, much to their surprise, that they quite simply "cannot."

- *My body stopped listening to me.*
- *The entire machine stopped working.*
- *I couldn't do anything when I got up, that is, when I did get up.*
- *When you're depressed, nothing works.*
- *You can't do anything anymore; you're really in a vegetative state. You can't do anything at all at all.*
- *I was really non-functional. I'm someone who does a lot of sports, and I couldn't do anything. Zero.*
- *I wasn't able, was no longer able to drive, I couldn't leave my house.*
- *I can't function anymore.*

Although a complete breakdown in function, current or eventual, can be life-threatening, it is the inability to work that is most often mentioned and most extensively discussed. Being unable to work is highly symbolic; as the essential link to the "active" world, it is the veritable locus of social performance and productivity. Depression forces the interruption of this connection as it becomes physically unsustainable and sometimes even psychically intolerable. As will be discussed in more detail below, the complex relationships between work and depression, repeatedly discussed and problematized, play a key role in the paradoxical experience of the trial of depression.

- *I used to be happy to go to work, but now it's an absolute horror, and it's not the job, it's not work that's the problem.*
- *When just thinking about working makes you vomit, at some point, you have to stop.*
- *I wasn't really trying anymore. I was doing the minimum. I worked, I hated it. I came home, I had had enough.*
- *I knew that there was a connection between my work and*

*depression, because I couldn't physically be there anymore, I was incapable of being at work.*

The inability to function and, to a lesser extent, the deterioration of one's customary performance constitute a tragedy, the depressed person's foremost tragedy, in fact. It is also the tragedy of every "dysfunctional" person, regardless of the reasons for stoppage or diminishing performance. Depressed individuals use the word "function" in all of its forms throughout their narratives because, in the end, "to function" is to exist socially and individually. Even more than thinking or feeling, "functioning" is the most important thing. And the workplace is where, every day and more so than anywhere else, we demonstrate our ability to "function" and affirm our social and individual existence.

While we certainly exist "for others," those who watch, evaluate, and judge us, it is also "through others" that we exist "for ourselves," for we are "others" in another form. How can we be "others in another form" in a society of mass individualism--in our "average self," that is, our social particularity? It is important to remember that we refer here to "functioning-existing," not putting on great performances, leading a successful life, achieving a great career, being counted among the best, or pursuing unattainable goals. Rather, we refer to successfully "maintaining our position," to greater or lesser degrees of intensity (ups and downs) in the same manner we did until today. Put simply, this means being able to fade "daily" "into the crowd" by following the standard routine and demonstrating our "average self," our social singularity, our specific individuality. This is done not only for the benefit of those who are used to seeing us "function" in a particular way and with a specific intensity, but also for our own benefit as we pitilessly judge the "personal rhythm" of our existence. The depressed person's "average self" is seriously affected; its ability to function, indeed its very existence, is massively, essentially, and decidedly compromised. This depressed person describes it particularly well:

•*Not only will I no longer be able to function and meet the expectations placed on me at work, but I won't be able to meet my own expectations either. Expectations that you'll pass incognito. Basically, that people say, "It's working for you." So you need all those elements in order to keep functioning, that's what I mean. In this way existing is functioning, to be able to function the way people are used to seeing you function and the way you think functioning and being OK are supposed to be.*

If one's inextricably individual and social existence is

seriously threatened because the "machine-body," or the bodily machine, is somehow hindered, blocked, or broken, does the fault lie in the mechanism or the fuel? In psychology, the question of "energy" has a long tradition of debate ranging from classic organicism to new age humanism to the most orthodox psychoanalysis. [5]While the existence of a certain "energy" that plays a key role in the psychological life of human beings is a matter of consensus, there is little agreement on exactly what it is, where it comes from, where it resides, and, least of all, of what it is made. Freud once again no doubt hit the mark in stating that "psychological life implies a certain energy, but no information that would allow us to compare this energy to others is available".[10p27] As with the "mind-body" divide, the proposed existence of a particular form of "energy at play" in the psyche reveals itself to be simultaneously problematic and useful in the discussion of major difficulties in "functioning." Depressed individuals experience this energy, in a form altered, reduced, diminished, suddenly consumed, and eaten away by the dynamics of depression, as a fatigue as insidious, indefinable, and elusive as the mind-body divide and its hypothetical points of connection.[12] Each scenario, alone or in combination, is therefore possible: the body is tired, the mind is tired, the brain is tired, the mind and body are tired, etc.

- Mental fatigue is far more destructive than physical fatigue. With physical fatigue, you rest, you take a nice, hot bath and you'll probably be OK. With mental fatigue, whether you're alone or with lots of people, lying in bed or doing whatever, it's slowing eating away at you. So it's like my brain was tired.*
- I was tired, no energy, I'd even say the fatigue was physical.*
- It's hard to explain but a really, really powerful fatigue in the head. I've done a lot of sports, it's not the same thing, this is another kind of fatigue.*
- Total physical and mental exhaustion.*
- Because, in addition to suffering in our heads, we suffer in our bodies.*

Although the difference between functional difficulties and breakdowns in action, on the one hand, and lack of energy, fatigue, and exhaustion, on the other, is far from clear-cut, it nonetheless exists in depressed individuals' narratives. The metaphors and images chosen to describe them illustrate this difference: the broken spring, the worn-out cord, and the snapped elastic versus the feeling of being emptied, flattened out, down, shapeless. Energy is a term all depressed individuals incorporate into their vocabulary.

- *No, I don't have any energy. That's what's so weird. No energy. Before, that word wasn't in my vocabulary.*
- *Depression? It means being really totally down, down, down.*
- *It's like being completely shapeless.*
- *There's no more energy, there's nothing, it's a freefall.*

Another difference between functional problems (machine) and lack of energy (fuel) is the context in which the difficulty is understood. Generally, the inability to function happens at work and the lack of energy happens, or is at least is most obvious, at home. The scene of the depressed person's "lack of energy" remains the privacy of the home, as though the painful spectacle of observing one's own functional inability, this form of social and individual inexistence, requires a maximum of discretion and a minimum of possible witnesses.

- *Having no energy means lying around the house.*
- *It means not even having enough energy to take a shower.*
- *I don't even have the energy to do the dishes.*
- *I couldn't do anything. Just getting up to go to the washroom was painful.*
- *I would get up, eat breakfast, take a shower, and go back to bed. It was hard to get up.*
- *Making a meal is impossible. Just thinking about getting cleaned up is like a terrible burden.*

Rather than being moderate or secondary, lack of energy is a radical and dramatic phenomenon. The metaphor of everything turning into a "mountain" is common, as are qualifiers that indicate the disquieting and immutable severity of the depressive experience.

- *Everything turns into a mountain.*
- *I really had no energy.*
- *There was an overall exhaustion.*
- *You're so tired you can't sleep.*
- *This extreme fatigue, you ask yourself how far you can go, you've reached the bottom, so you can't go any lower than that.*
- *Total lack of energy*
- *I couldn't do anything anymore.*

Generally speaking, the depressed body's two principal disturbances are "mechanical" (function) and "energetic" (exhaustion) and are most often situated (or manifest

themselves) at work and at home, respectively. At work, dysfunction happens primarily in view of others and at home, lack of energy is witnessed mostly by oneself. However, two other disturbances, both less "specific" or perhaps entirely unrelated to depression, pursue the depressed person along his or her harrowing journey: trouble sleeping and irregular appetite. For those who have already experienced depression, trouble sleeping becomes "an important barometer" and even the "warning sign" of what is to come. Sometimes insomnia dominates, sometimes hypersomnia, and certain individuals alternate between the two or experience irregular sleep patterns.

- *Sleep patterns are completely disturbed.*
- *I've always slept a lot, 12-hour nights, and then I was sleeping four hours a night.*
- *I was sleeping about two or three hours a night.*
- *You go to bed and you wait for sleep to come but then you don't sleep well, you have nightmares. You're in a sweat.*
- *I have a lot of insomnia, waking up in the middle of the night, having difficulty falling back to sleep, waking up early in the morning.*
- *I was sleeping 18 hours a day.*
- *I could sleep up to 20 hours a day.*

Irregular appetite and the resulting weight gain or loss are frequently mentioned but rarely considered warning signs of specific to depression. While sleep disturbances are almost always presented simply as facts or even as symptoms (not sleeping enough, sleeping too much, having trouble falling asleep, etc.), irregular appetite is often associated, closely or loosely, with primarily psychological factors (disinterest, somatization of emotions, self-abandonment, etc.), which calls into question its inclusion among the disturbances of the depressed body.

- *I didn't feel like eating anymore.*
- *What's the point of eating?*
- *I eat my emotions.*
- *I had absolutely no appetite, no desire.*

The inclusion of irregular eating habits in the list of potential elements of disturbance in the depressed body is indeed more difficult to justify. Sexuality (sexual energy, libido, sexual desire, etc.), more specifically the disturbance of desire and usually its inhibition, is almost entirely absent from the accounts of depressed individuals. The reason is simple

enough: sexuality is a minor issue compared to the myriad of other physical, psychological, and functional difficulties brought on by depression. It is not the embarrassment, taboo, or intimate details difficult to discuss in an interview that explain its absence, but its relative lack of importance in the economy of an individuality at odds with the trial of depression. The remarkable absence of sexuality as a critical etiological and symptomatic issue in the depressed person's universe is one of the most significant symbolic departures from traditional Freudian neuroses.

At times, the depressed body also experiences a variety of other symptoms (backache, fever, rapid heartbeat, abdominal pain, constipation, nausea, headache, colds, diarrhea, etc.) even before beginning psychopharmacological treatments that often cause such side effects. [2] These complaints, difficulties, or symptoms are somewhat "suspect" because they call other boundaries into question, specifically, those that separate psychopathological categories. Indeed, abdominal pains, a rapid heartbeat, and diarrhea, etc., represent the possible contamination of the realms of depression and anxiety by the body, as well as the current instability of the porous boundaries within the territory of social tensions.

The depressed body is therefore one that is "unable": unable to function at work in view of others and oneself; unable to function minimally at home, often even without the distressing presence of witnesses; unable to manage the body's essential functions; unable to find the smallest glimmer of motivation to continue existing as a social and individual being. A depressed person's body is at once a severely weakened social machine and an individual organism whose vital functions are profoundly altered. The disturbed body-machine and body-organism reveal the extent to which the depressed individual's "average self" is seriously compromised through massive, essential, and decisive difficulties in function and vitality, elements that together constitute a person's social, individual, and organic existence. But what of the "depressed mind"?

### The depressed individual' disturbed mind: being unable to want

La subjectivité c'est cinétiquement l'effort-que-je-suis. Les limites de mon effort sont les limites de mon «tenir», les limites du tenir tête, du soutenir, du tenir ferme, de l'abstenir, de l'entretenir. Là où l'effort se termine, notre aptitude à nous tenir debout de nous mêmes parvient à sa limite, là commence «ce qui gît autrement». [1]

Subjectivity, kinetically, is the effort-that-is-me. The

limits of my efforts are the limits of my "stand", the limits of standing up to something, standing with someone, standing my ground, standing apart, standing watch. The ability to stand on our own reaches its limit where effort ends, and there begins "that which exists otherwise". [1]

In principle, the depressed person's disturbed mind falls under the category of "being unable to want" rather than "being unable." But how can this be known for certain? Depressed individuals would like to be "able to want," but they "are unable," "cannot," or "fail" to do so. Elements of the mind disturbed by depression are, in order of importance, disaffection (disconnection, apathy, disinterest, inertia, etc.), sadness (crying, longing, melancholy, etc.), pessimism (negative thoughts, hopeless future, etc.), self-deprecation (poor self-esteem, underestimating one's personal abilities, etc.), loss of autonomy and control over one's thoughts (lack of initiative, confusion, poor concentration), and, lastly, self-destruction (suicidal thoughts, significant neglect of one's person, etc.).

Disaffection and sadness are, without a doubt, the two principal features of the depressed person's disturbed mind, or would be if it were possible to define them in a satisfactory manner. What, exactly, is meant by disaffection or sadness? Are these terms appropriate? To what do they correspond, specifically? Depressed individuals draw from a wide, complex, imprecise, and sometimes contradictory semantic field to imbue these terms with meaning, and hybridization (sad disinterest, apathetic sadness, etc.) is common. Goethe, often cited by Freud to illustrate the existential paradoxes of happiness and sadness, states that in life anything can be tolerated except a succession of glorious days, so what can be said of a succession of drab, dull, and uninteresting days that must be endured, rather than lived?

- *Every day was the same.*
- *I endured my life rather than living it.*
- *I was at a point where everything was boring.*
- *Life is no longer a pleasant thing.*

However, when trying to understand and explain the factors leading to an intolerable succession of Goethean days without end, it is not the metaphor of existence as external climate that is evoked, but the metaphor of the more substantial internal climate of mood. Theoretically, the mind (force of will, motivation, desire, drive, interest, etc.) is responsible for the "external climate," not the opposite. Depressed individuals want nothing, desire nothing, crave nothing, are interested in nothing, and desire to do nothing.

And, they can do nothing to change this.

- *Complete disinterest in anything.*
- *You're not interested in anything.*
- *You have no interest in life, no stimulation.*
- *I wasn't interested in anything anymore.*
- *You don't want anything anymore.*
- *A deep lack of desire, of wanting something. I didn't want to do anything anymore.*
- *I don't think I even had a will of my own.*
- *I don't know what's happening, I don't have any motivation left.*

As in the case of the depressed body's lack of energy, the disaffected mind is usually situated in the private and very often solitary sphere of the home. The person lies in bed, collapses on the sofa in front of the television, and does nothing, or almost nothing.

- *I was always lying on the couch.*
- *I would get up and roam around the house. Why get up? I have nothing to do.*
- *I lay down on the sofa.*
- *All I did was rock myself and look at pointless magazines.*
- *You stay in bed for hours and hours. You have a lot of trouble leaving the house.*
- *I can spend 10 hours in front of the television.*
- *Often wanting to stay in bed and do nothing.*

Similar to the case of lacking energy, the powerful "desire to do nothing" rarely proceeds by half-measures as it establishes itself comfortably within the depressed person's mind. The detachment, disconnection, and apathy are often very severe, deep, and unsettling. One functions on "autopilot," lives "in a bubble," exists "in a fog."

- *I would shut myself away at home, all alone, and live in my bubble.*
- *You're not connected to anyone else anymore, you're in your own little bubble.*
- *I was functioning entirely on autopilot.*
- *It felt like I was living in some sort of fog.*
- *I really wanted to give up altogether.*

Certain accounts provide particularly eloquent illustrations

of depressed individuals' disconnection from all semblance of "active" life: a welfare recipient with nothing to expect from life, a senior living in an institution, a zombie, or even a vegetable. With nothing to do, they do nothing, want to do nothing, and no longer remember for what strange reasons they are being "kept alive" in these painful, unproductive conditions from which escape seems impossible.

- *It's almost as though I was on welfare, or a senior in a home.*
- *I was at home, I didn't do anything anymore, I was like a zombie. There was only emptiness.*
- *Imagine a zombie, someone who's not really alive and who's really just a body being kept alive for no good reason.*
- *A total vegetable.*
- *You're in another world. You really reach a vegetative state.*
- *I did nothing, I wasn't working, I wasn't going to school, nothing was happening in my life.*

Others talked about disconnecting from the world by retreating figuratively into oneself and literally into one's home leads, and in some cases, to neglect and abandonment of self, even unto letting oneself slowly die.

- *Personal hygiene? Not any more.*
- *I did no housework. It's quite an experience.*
- *Being clean? Not interested anymore. Shaving? Not interested anymore.*
- *The entire house was a disaster, I stopped washing myself, I was all alone, I didn't care.*
- *You don't even think about eating, washing yourself, getting dressed, none of that.*
- *I'm not there. I leave a burner on with a pot of water, I boil the water, I forget the pot.*
- *You feel useless, you ask yourself why you're alive. You want to let yourself die, literally.*

"Being unable to want," or sometimes "being unable," does not assume, require, or above all, automatically imply feeling sad. It is another aspect of "what" is experienced, rather than "what" is felt, even though the boundaries between the two are often unclear. Although contemporary depression bears little resemblance to the classic passion of sadness, many depressed people cry a great deal, often, and uncontrollably. Why do they cry, and why so much?

- *You wake up crying.*
- *I cried easily.*



• *I cried, I cried, I cried.*

• *I cry a lot.*

• *I cry all the time.*

• *I cry for nothing.*

• *Never-ending crying fits.*

What can be learned from phrases such as “crying over everything,” “crying for nothing,” “uncontrollable crying,” and “never-ending crying fits”? Are sadness and crying necessarily connected? Depressed individuals believe, with conviction, that the tears they shed have little to do with emotions they ordinarily experience and have even less to do with identifiable reasons or events that might justify them. Strangely, irregular eating habits are more clearly linked to psychological determinants than crying, weeping, or sobbing. This suggests that the disturbance is in the body rather than the mind: it is impossible not to cry and it is impossible to stop crying. This is just the way it is; it is a fact.

• *I could spend two or three days crying and I just couldn't stop.*

• *The worst thing is that you never stop crying.*

• *It's just not normal, always crying, all the time, every day.*

• *In my case, there was uncontrollable sobbing, I never stopped crying. The tiniest emotion, the smallest thing, everything made me cry, sob.*

• *I'm not saying I don't cry, but crying like that, being beat, tired, exhausted and not being able to see the light at the end of the tunnel, that's really the way I felt.*

• *I cry over everything.*

There are many reasons to cry: powerlessness, insecurity, uncertainty, irritation, rage, stress, even a Goethean succession of glorious days, but why, exactly, do depressed people cry? Most are unable to offer an explanation beyond the compulsion to do so, a state of irritation, emotional hypersensitivity, or profound, indefinable, and treacherous malaise. Is this the “sad mood” or “depressed mood” psychiatrists talk about? Is it really an objectless “emotion” more pronounced, distinctive, and compulsive than the simple “sadness” attributable to more-or-less identifiable reasons without, for all that, being “something else”? Or, is it actually a specific state of mind, without necessarily being an “emotion,” qualitatively distinct from sadness? Is this vivid, overwhelming, and sustained sensation nonetheless of the same order as “feeling down,” or is it a specific “depressive” sensibility? One thing is certain: crying “for nothing” or for

“almost nothing” is a constant.

• *You don't necessarily know why you're crying because so much has piled up that you can't tell anymore.*

• *When I cried, I was agitated, stressed, I wasn't crying because I was sad.*

• *I didn't know why I was crying, I just had to cry. And when I cried, it didn't seem to get any better, so I cried even more.*

• *I started to cry, I couldn't say why but I really felt a deep despair.*

• *When you're depressed you feel pretty down, all you want to do is cry and be at home, to collapse.*

Although not for many, for some the word “sadness” remains useful as a point of reference, however approximate, for their experiences and to help them discern and identify what feels different about crying. It is “like sadness,” but severe, deep, heavy, or persistent. It is “like sadness” but with effects that are clearly debilitating, incapacitating, paralyzing. It is “more or less” like sadness, but not quite.

• *Not sadness, it has to be lower than that. Because sadness-everybody is sad at times. When I'm sad, it's not a big deal for me. It's not serious.*

• *It was like a sadness, a heaviness.*

• *Spleen, melancholy, it's the same thing. But depression, I'd say it's even deeper.*

• *I was always, always, always depressed, I felt sad regardless of whether there was something good or bad happening in my life. I was sad, nothing was working, I cried every night.*

• *A sadness settles in, a sadness that practically puts me in a vegetative state, where I spend all day in bed. It's so deep it drains all my energy. It uses up all my energy. It's as though the sadness feeds off my energy. There's sadness in the subconscious.*

Turning now from the slippery slope of mood, if indeed mood is the appropriate term, to the more Cartesian realm of ideas, the existence of a depression-specific cognitive sphere is evident. Characterized by the presence, recurrence, and quite involuntary maintenance of “negative thoughts,” this “cognitive bias” sees only the “dark side” of everything or in everything, or paints everything with the same “dark” brush. As with “compulsive” crying, with nothing to be done and nothing to cause it, the persistence of “dark-negative” thoughts is described as “involuntary.” The mind is taken, invaded, clouded.

- Everything I saw was black, I saw nothing positive.
- My attitude: life is shit, there's nothing positive about it. I had a really depressed attitude.
- You see the dark side of everything. Everything changes colour. It's like you're wearing a different pair of glasses. It can't be controlled.
- You see things more and more negatively. And the more you see negative things, the less you're able to make an effort to change the things that bother you.
- I just couldn't see the positive side of things. I always saw the dark side of everything.
- I couldn't see anything positive. There was no light that I could see.
- You see life in a darker, blacker way.
- You build a negative bubble around yourself. Then you really enter into a negative world. Everything is negative.
- Black thoughts, it's black, black, black, black. Everything is black, everything is rotten, negative.

If everything is black, as it clearly is, it is also clear that for the depressed person there is no possible way out; for all intents and purposes, life is over. There is nothing to be done and no possible future. The only option is to endure the excruciating present or, at most, dwell on the past. Another thing is very clear: the future is most assuredly not of interest to the depressed mind. [13]

- You think that your life is over.
- I felt like my life was over. Like there was nothing ahead of me but I was always rehashing my memories, the past.
- I was at that stage, so much so that I couldn't see A-N-Y kind of future ahead of me, I had reached that point.
- You can't see any way out anymore.
- I didn't really believe that there was a way out.
- When I was depressed, I felt like a 70-year old person who sees their past and has nothing in from of them anymore. They only see their past.

When a person is convinced that there is no way out and no future, there comes a point when the issue is no longer disaffection, powerlessness, or disconnection from the "active world" but the brutal fact of remaining alive. Why continue living under these excruciating conditions? Without a doubt, suicidal thoughts are without a doubt the darkest of dark thoughts. At times vague, the result of these unspecific

and imprecise thoughts is the desire to simply die. Sufferers sometimes entertain specific scenarios and visualize their own deaths. Are "having suicidal thoughts" and "wanting to die" two distinct things? Can a clear distinction be made between "cognitive bias" and "mood"? Very often, the mind is seized, occupied, even obsessed, by the idea of dark suicidal thoughts.

- I had dark thoughts, I started having suicidal thoughts.
- I have very, very obsessive suicidal thoughts.
- Morbid, suicidal thoughts. I couldn't see myself living anymore.
- I even had dark thoughts; my life wasn't worth anything anymore.
- All of my thoughts were very, very black, very, very dark. I thought about suicide.
- I had suicidal thoughts quite often. It often came close. There wasn't much left to keep me going.
- Suicidal thoughts are a constant presence; I see the train, everything is empty, and I feel like throwing myself under the train.

References to wanting to die (or to no longer wanting to live), rather than to the specific presence of "suicidal thoughts," are less frequent.

- I wanted to die, and at that time it came very, very close.
- I didn't want to continue living at all. I didn't want to live anymore.
- All I wanted to do was to die. Sleep and die, that's all I wanted. I didn't want to live anymore at all at all.

The depressed person's mental, psychological, and social self-deprecation presents itself in many forms and in a variety of contexts, but is it of a cognitive nature or does it derive from mood (emotion, feelings, sensibilities, etc.)? The combination of feeling inferior, knowing that facing the most trivial challenge is impossible, and considering oneself morally weak or weakened, if not outright unworthy, constitutes: 1) a feeling painfully endured, 2) a persistent cognitive tendency to belittle oneself on every level, and 3) an interpretation of oneself and one's circumstances established at the very moment of feeling powerless in every aspect of existence. The simple fact of "falling into depression" is already believed to reveal a moral failing, tangible proof of psychological vulnerability, and a shameful breach in the ramparts of individuality that eventually exposes an existing social impairment. Indeed, many are convinced that only the

“weak” can suffer from depression.

- *When I thought that I might be depressed, I felt weak, only the weak are depressed.*
- *It was really hard to accept the diagnosis of depression.*
- *For me it was a sign of weakness, like I was an idiot.*
- *I considered it a real sign of weakness, of failure, that I wasn't worth much.*
- *You lose confidence in yourself, your self-esteem drops out of sight; it's not complicated, you think you're no good for anything, that's pretty much what depression is like.*

When depressed, individuals are often also convinced that nothing will ever be the same and that the experience of depression will weaken them rather than contribute to their growth. Those who have “fallen” into depression develop a new personal reality, a new “average self” whose abilities and performance are diminished and devalued.

- *I have doubts about myself, doubts about myself as a person.*
- *I really didn't have good self-esteem.*
- *Total disillusionment with myself.*
- *I'm hopeless, I'm hopeless, I'm hopeless!*

Thinking about the future means lowering expectations and social ambitions following the realization that certain activities are now out of reach and particular social tensions have become intolerable. The depressed person's social opportunities are unexpectedly and abruptly reduced. This is the very definition of social disability.

- *You'll never play in the big leagues again, you're going down to the minor leagues and then, you'll be good for what, exactly?*
- *The fact that I couldn't get there, just couldn't get there, made me sick, I compared myself to others and was unsatisfied. Maybe excessive ambition is the problem.*
- *I didn't have much self-esteem, I didn't think that I could succeed in doing anything productive or positive in my life.*
- *When you're depressed, you feel like you're not worth anything, that you're incapable of doing anything at all.*

We have seen that depressed individuals are neither able to stop crying nor stem the avalanche of negative thoughts, including those about themselves, that overwhelm them. However, another characteristic of the disturbed mind is the impossibility of using it correctly or even controlling its most basic functions. Difficulty concentrating is frequently

mentioned.

- *I have trouble concentrating.*
- *You aren't able to concentrate.*
- *Unable to concentrate.*
- *Zero concentration.*

Difficulties concentrating sometimes develop into a more complex and generalized cognitive incapacity characterized by confusion, disorientation, incoherent thinking, reduced memory, and the inability to communicate.

- *I couldn't read anymore. When I watched TV, I was confused. If I watched a movie, I couldn't remember who was who, who the good guy was, who the bad guy was. I mixed up the characters. I didn't do much of anything.*
- *I couldn't read an article, it was too complicated. Reading an article, understanding it and especially remembering it, it didn't work at all at all.*
- *My thoughts were very unstable.*
- *I would have had a lot of difficulty communicating like that, it would have been impossible.*
- *It's impossible to think correctly. You really lose all your points of reference.*

The inability to make decisions, the lack of initiative for even the simplest of things, is often identified as one of depression's distinctive characteristics; actions are blocked before they begin. However, unlike the dysfunctional body, blocked, tired, powerless, or lacking in energy, here the problem stems less from “energy” or “mechanics” than from “cognition.” The image of the muddled brain or the faltering mind illustrates this.

- *I have difficulty making simple decisions.*
- *And the inability to make decisions, even the most trivial.*
- *The brain is all muddled, incapable of making simple decisions.*
- *Should I leave now to buy a liter of milk or not? This turns into when would be the best time to go? Putting on some shoes and saying, “OK, now I'm going to the store.” And finally, saying “No, it's not the right time after all.”*

Finally, in some cases, the depressed person experiences a pronounced loss of control over their mind/brain, to the point that their autonomy is entirely compromised.

- *It's destabilizing, because you have no control over it. The lack of control, I think that's what scares people the most.*

*Because it's frightening, it's unknown.*

- *Being healthy means being in control of yourself, that no one is controlling your brain. That's what freedom is.*
- *Everything moves, you feel like nothing is under your control, you don't know what you're doing. You're at a loss.*
- *It was like everyone was trying to tell me what to do and depression, that's what it is, a feeling of helplessness.*

The depressed mind, disturbed in both mood and cognition, refuses to be assimilated into tired narratives of wholesale suffering and sadness. Rather, it requires contextualization within the critical issues of contemporary individuality: an active and permanent connection to the world, the recognition of intrinsically individualistic qualities (self-confidence, self-esteem, etc.), the recognition of one's own ability to change things (taking the initiative, making decisions, commitment to daily struggles, etc.), a future-oriented disposition (having projects, thinking positively), and autonomy (self-sufficiency, taking charge of oneself, etc.). Each of these key and widely socially instituted elements of individuality is sorely lacking in depressed individuals.

## Conclusion

Depressed individuals face a major problem that threatens the very foundation of their social existence, that is, a disturbed body (being unable) and mind (being unable to want). In a world where social certainties are becoming rarer and their status increasingly unstable, the inability to act can mean immanent social death. Musil said that "it is so simple to find the strength to act and so difficult to find meaning in action" (14p108); however, this sentiment has aged too poorly to conceal that, today, it is finding the strength to act that poses the greater challenge. The trial of depression forces individuals to test both the "strength" of their bodies (being able to act) and the "strength" of their minds (wanting to act) in a context of unstable status and the constant need to readjust one's individual social possibilities. How can one not fail this test?

In societies of mass individualism such as ours, that depression is a solitary trial is sociologically consistent. It would seem that nothing can be done for the depressed person who always burns alone like a fuse symbolizing the ordinary tensions of liberal societies.[15] "Others" are often nothing more than mirrors in which individuals judge the disquieting fluctuations of their "average social self" within a context that values present performance over past or future actions. In a depressogenic society like ours, where depression is the

figurehead for mass psychological misery, the most common site of the myriad of individualistic tensions, indeed the site of one's very social existence, is without a doubt the workplace where individual limits can be perpetually tested and readjusted.[16-19] How far can people go? How fast can they go? How long can they hold out? This is another way of asking, under threat of permanent drops in status, "who" they are and "what social position" they are capable of holding.

If, as Miguel Benasayag states, that "freedom means using your own strength in each given situation," how can one avoid "suffering" from the radical impossibility of encountering conditions in which the "freedom to act" is possible?[20] Has this not become the ontological condition of social existence in contemporary liberal societies? Consequently, the trial of depression attacks not the metaphysics of freedom but the microphysics of action (acting and wanting to act). Therefore, the two sociological axes of being unable and being unable to want reveal the social substance of depressed individuals' "suffering."

## Notes

a. The evolution of nosographic models of depression in successive manuals of the American Psychiatric Association, from the DSM I (1952) to the DSM-TR (2000), is analyzed in Otero M, Namian D[21]

b. The analyses presented in this text are based on a corpus of 60 qualitative interviews performed between 2005 and 2008. Participants consisted of 40 women and 20 men between the ages of 25 and 55 (approximately one third between 25 and 35, one third between 35 and 45, and one third between 45 and 55) who had received at least one formal diagnosis of major depression. Approximately 50% held a university diploma, 25% held a college degree, 20% had completed their secondary education, and 5% had not graduated from high school. Approximately 70% were employed full-time or part-time at the time they were interviewed. 15% were in or returning to school and another 15% were neither studying nor working at the time of the interview. During the previous year, the interviewees' "average household income," as defined by Statistics Canada, was as follows: 1) highest: 43%; 2) high-middle: 24%; low-middle: 12%; and low: 21%. Lastly, approximately 50% of interviewees had a spouse at the time of the interview. For more details, see Otero[6].

c. The different sociological dimensions of the trial of depression are discussed in detail in Otero[6].

d. Freud used this expression to show that neurotics were: 1) "almost ordinary," a mass of "nearly normal" people subjected

to the same unpleasant feelings, trials, and problems that “completely” ordinary (or normal) individuals handle rather well and 2) more “fragile,” we would say today, than other individuals due to certain hypothetical “quantitative disharmonies” (innate, acquired, circumstantial) that only reveal themselves later through the concrete manifestation of neurotic symptoms.[22]

e. See Chapter 4, «L’aggiornamento de l’humanisme thérapeutique», in Otero[23].

f. For more information on this subject, see Marc Lorient[24].

g. For a detailed analysis of individuals’ complex relationships to antidepressants, see Otero and Namian[21].

h. See Nicolas Moreau’s[25] analysis of the depressed person’s relationship to time.

i. For a detailed analysis of the experience of isolation in contemporary societies, see Doucet[26].

j. This well-known expression belongs, of course, to Freud, who used it for the first time in *Civilization and its Discontents*. Written in 1929, Freud shows the United States laying the groundwork not only for a deep economic crisis, but more quietly showing signs of a new phenomenon he brilliantly calls “mass psychological misery.” Much later it would be associated with the rise of mass individualism, which is, in a way, a sociological condition necessary to its existence.[27]

k. Despite numerous studies on the “end of work” produced since the last quarter of the twentieth century, the centrality of work as a contemporary form of social organization, of “living together,” as well as in individual life trajectories, has only become more apparent. For a systematic analysis of sociological discourses of catastrophe, see Castel[28]. For a sociological discussion of the centrality of work in contemporary societies, see Mercure and Vultur[29] and Kirouac[19].

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