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*Enactive Emotion and
Impaired Agency
in Depression*

Abstract: *We propose an action-oriented understanding of emotion. Emotions are modifications of a basic form of goal-oriented striving characteristic of human life. They are appetitive orientations: pursuits of the good, avoidances of the bad. Thus, emotions are not truly distinct from, let alone opposed to, actions — as erroneously suggested by the classical understanding of emotions as ‘passions’. In the present paper, we will outline and defend this broadly enactive approach and motivate its main claims. Our proposal gains plausibility from a literature- and interview-based investigation of emotional changes characteristic of clinical depression. Much narrative evidence from patient reports points towards the conclusion that many of those changes might result from a catastrophic alteration of the basic form of goal-pursuit at the root of human emotionality. The experience of profound depression could in this respect be a kind of inverted image of non-pathological emotionality — a highly unnatural passivity, giving rise to a profound — and quite horrifying — sense of incapacity.*

Keywords: Emotion; feeling; agency; depression; lived body; sense of ability.

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1. Introduction

Ideally, the philosophical illumination of central dimensions of human existence and descriptive work on core features of mental illness can inform and stimulate one another. Philosophy can devise careful phenomenological descriptions and develop concepts that capture recurring elements of experience and behaviour. The clinical observation of the characteristic features of mental illnesses (such as schizophrenia, depression, or mono-thematic delusions) can provide stunning evidence of possible alterations in, and breakdowns of, experience. These observations allow us to take stock of extreme cases that offer insights into the potential dissociation of dimensions of experience and behaviour that seem otherwise integrated or unitary and thereby delineate the spectrum of normal mental functioning — often in surprising, not previously thought-of ways.¹

We will attempt such a mutual illumination in the fields of philosophy of emotion and the study of experiential changes undergone by sufferers from depression. First, we will sketch an approach to emotion that conceives of emotional processes as intimately tied up with agency. We gain much, or so we want to claim, by understanding emotional processes as specific modifications of our active engagements with the world, in response to significant events in the environment. Such an action-oriented view of emotion is more illuminating than the more common construals of emotions as mental states *separate* from action or behaviour. Second, we will argue that some of the central experiential changes reported by sufferers from depression likely result from an affliction of agency: from an awkward dysfunction or disability of active goal-pursuit that goes along with a profound sense of inability and even incapacity, virtually paralysing the depressed person. This conspicuous impairment leaves the depressed patient in a state in which her vital dynamics and her active striving are strangely arrested, a state of utter incapacity to do anything, a state that likely gives rise to feelings of being frozen in one's situation, unable to reach out or make contact with the world or with other people. We will assess evidence for this agency-related impairment by drawing on reports of characteristic experiences of depressive conditions — patients claiming to be disconnected from the world, unable to perform even routine acts, or that simple actions require immense amounts of physical and mental effort. By assessing these reports, we

[1] There is a lot of high quality philosophical work that has been done this way in recent years; see, for example, Fuchs (2003; 2005a); Radden (2003); Ratcliffe (2008; 2009); Sass (1992); Stanghellini (2004).

undertake to estimate in how far a broad range of characteristic experiential changes reported by depressed patients might result from such a fundamental affliction of agency.

Thus, in all, we have set ourselves a dual task. We explore the extent to which experiential changes in depression might be traced back to a deep-seated agency-related impairment. In addition, we hope to contribute to a much broader agenda: namely, to shifting the dominating conceptual and theoretical framework of current philosophy of emotion away from narrow forms of mentalism towards an agency-centred, enactive understanding of emotional phenomena.

2. Agency-Centred Accounts of Emotions — Forerunners

While it might seem obvious to the layperson that emotion is in no small degree a matter of being moved to pursue or avoid what comes in view as either good or bad, and thus in an important sense an active behavioural capacity, many current philosophical views of the matter tend to neglect (or at any rate, downplay) the active nature of emotion itself (see, for example, Döring, 2007; Goldie, 2000; Nussbaum, 2001; or Roberts, 2003). On these dominant views, emotions are seen as a special class of evaluative mental states intentionally directed at certain objects or events in the world. Even the opposing camps of cognitivists and feeling theorists seem to agree with regard to the relatively low importance of agency in emotion. Active pursuit, these views suggest, might be consequent upon an episode of emotion, not constitutive of it.² Such pronounced mentalistic tendencies in philosophical emotion theory risk setting us on the wrong track. Emotions, while indeed intentionally oriented towards events or objects in the world appraised as either good or bad, are primarily matters of active striving — various and variable forms of pursuing the good and of avoiding (or otherwise ‘opposing’) the bad.³ Hence, emotions belong to the broader class of active world-orientation (engagement, goal-

[2] The situation is partly different in the field of psychology of emotion: especially Frijda but also Scherer stress the importance of action tendencies as an essential component of emotional episodes (see, e.g. Frijda, 1986; Scherer, 2005).

[3] It is important to stress that we are not advocating a simplistic understanding of emotional valence. Talk of ‘good’ and ‘bad’ in relation to the emotion’s intentional directedness is a convenient shorthand for talking about the evaluative character of emotions — obviously an immensely complex matter. Emotional evaluations, regardless of whether they are understood in an enactive or a cognitivist way, are highly differentiated and variable, the spectrum of both the ‘good’ and the ‘bad’ is enormous, and our emotions are capable of tracking very fine evaluative nuances. Also, we are not claiming that value properties are simply ‘out there’ in the world, fully independent of our emotional repertoires. With

oriented striving, activity) and not to the narrow category of passive mental states (feeling, perception, thought, or mental image viewed as predominantly passive mental occurrences). As already suggested by the word *emotion* itself, emotions are bodies dynamically set in motion, not minds in static states. What *is* mental about emotions is bound up inextricably with the overall behavioural orientation of the emoter — as opposed to a self-standing dimension of evaluative content. Importantly, this view entails an understanding of emotions essentially as *processes*: many emotions unfold dynamically over time — not as self-same ‘states’, but changing and developing according to a specific trajectory in which the agent’s behaviour and experience is in dynamic, coordinated exchange with significant goings-on in the environment.

A view along these lines is neither new, nor something that is utterly radical or surprising. In the twentieth century, some authors in the phenomenological tradition have proposed action-oriented approaches to emotion. The first name to mention in this regard is Heidegger. In *Being and Time*, Heidegger (1927/1962) also aligns, albeit in an unconventional way, with the Aristotelian tradition by conceiving of human existence as ‘care’: a concerned, affectively situated striving that unites emotional, active, and discursive elements to form an intimate interplay. Emotions, as *Befindlichkeit*, are construed as a basic relatedness to what matters in contexts of active goal-pursuit, dynamically situating agents (both individually and collectively) in spaces of possibilities (*cf. ibid.*).⁴ In part inspired by Heidegger, Merleau-Ponty likewise argues for the intimate entanglement of conscious experience with agency. In particular, he foregrounds the *lived body* as the medium of all relatedness to the world, and the lived body’s most important characteristic is precisely the fact that it manifests an agent’s potentialities, embodying a practical world-orientation in the mode of ‘I can’ or ‘I can’t’. Affectivity figures prominently in this picture of ‘action in consciousness’: neither the lived body nor agency

regard to both these points, we follow in outline the holistic account of emotional evaluation developed by Bennett Helm (see Helm, 2001).

[4] Our reading of Heidegger takes seriously his repeated insistence on the inseparability of the three dimensions constitutive of care, affectivity (*Befindlichkeit*), understanding (*Verstehen*), and discourse (*Rede*). Thus, while affectivity ‘on its own’ might be seen as a predominantly passive capacity among the care-constituents, it just does not exist in isolation. Affectivity can only be properly understood as constitutive of the essentially *active, practical* world-orientation of *Dasein*, to which it contributes decisively in providing a sense of situational relevance, inseparable, in the strongest sense of the word, from an active orientation towards possibilities (see §12 and especially §28 of *Being and Time*, 1927/1962).

are thought to be in any way separable from a felt, qualitative dimension (*cf.* Merleau-Ponty 1942/1963).

For a particularly vivid phenomenological approach to action in emotion, consider finally Sartre's *Sketch for a Theory of the Emotions* (1939/1994). Sartre construes emotions as 'magical transformations of the world', often (but not always) in response to obstacles, problems, or hindrances encountered by a person in the course of her activities. To Sartre, emotions are embodied engagements, often employed strategically (not always consciously), acted out in response to unwanted or unexpected disruptions of activities. An emotion is like a theatre play, the emoter is 'performing a drama' geared to a specific environment, so that certain activities or stances become appropriate, which is a process that usually balances social expectations with the individual's own standards. Sartre's emotions are acted-out strategies of social action and interaction instead of passive experiential occurrences.⁵

These phenomenological approaches find a present-day echo in what is discussed under the label of enactivism (Varela, Thompson and Rosch, 1991; Noë, 2004; Thompson, 2007). Enactivists understand the mental in general as constitutively bound up with agency: intentional relatedness to the world is a matter of skilful activity; talk of mental content is either abandoned entirely (Hutto, 2005) or reconceived as a dynamical feature of active, skilful engagement with the world — this is what it means to say that intentional content is 'enacted' (Noë, 2004). Emotions are no exception: fundamentally, they come in view as an organism's active orientation towards and pursuit of salient value features in the environment (Colombetti, 2007; Colombetti and Thompson, 2008).⁶

Thus, we are certainly charting familiar territory. On the other hand, however, the narrower field of philosophy of emotion has been reluctant to subscribe to action-oriented accounts of their subject matter.

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- [5] Robert Solomon has followed closely in Sartre's footsteps, in so far as he spelled out and defended a theory of emotions as essentially active, deliberate strategies or strategic choices (see Solomon, 1976). More recently, Paul Griffiths has advocated an approach of emotional content as 'action-oriented representations' and of emotions in general as 'Machiavellian', i.e. evolved strategic responses to socially significant situations. As an evolutionary naturalist, Griffiths works within a rather different theoretical framework than Solomon (see Griffiths, 2004; Griffiths and Scarantino, 2009).
- [6] We cannot enter into the intricate debates about the details of the enactive approach; for an encompassing discussion of the notion that systematically analyses enaction, especially in comparison with related concepts such as embodiment, embeddedness, and extendedness, see Wilutzky, Walter and Stephan (2011, esp. pp. 307–14). Another valuable resource that puts particular emphasis on the social situatedness and interpersonal functions of emotions is Griffiths and Scarantino (2009).

Rather, emotional episodes have been likened to perceptual states (Döring, 2007), to cognitive states such as judgments (Nussbaum, 2001), to mental images or construals (Roberts, 2003), or to embodied appraisals combined with a Jamesian feeling dimension (Prinz, 2004), but not to actions or activities.⁷ Candidate principles for securing the diachronic unity of complex, temporally extended emotional processes or chains of emotions have usually been discussed in mentalist or cognitivist terms, whereas action has not received comparable attention in this area of philosophy.⁸

3. Starting Point: The Body in (E)motion

The proper starting point of a philosophical investigation into the nature of emotion is the lived body. ‘Lived’ has to be taken literally: when not asleep or totally exhausted, the lived body is constantly active — either it is striving, pursuing what it needs or what the person aims at, or it is seeking to avoid what appears as harmful, repellent, or threatening. Other ways in which the lived body is active include various directed movements, states of readiness to act, or of being attentively focused. These basic modes of activity are always already affect-imbued: they develop from or otherwise relate to a baseline of felt responsiveness to what matters as worthy of pursuit or avoidance (*cf.* Helm, 2001; 2002). The lived body is always also a *feeling body* — a medium of evaluative world-orientation in the mode of pursuit or avoidance, and likewise a resonance field in which the successes or failures of one’s active operations are registered immediately in the form of positive or negative feelings — feelings that modify one’s activities from within, keeping them oriented towards their goals or within a zone of satisfaction (*cf.* Damasio, 1999; 2010; Prinz, 2004; Slaby, 2008; Ratcliffe, 2008; Colombetti and Ratcliffe, 2012).⁹

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- [7] One might say that these approaches are all in some way or other still committed to the classical ‘sandwich model of the mind’ (Hurley, 1998) that understands the mental as being a matter of clearly distinguishable inputs (perception), outputs (behaviour), and some central processing in between (thought or cognition). Emotions are usually either placed on the input side (as similar to perception), or identified with a form of central processing, either by being themselves a kind of cognition or by being placed alongside it as an extra level of spread on the infamous sandwich. The point is of course to abandon the whole model as it is fundamentally inadequate to capturing a creature’s mindedness (see Thompson, 2007).
- [8] A clear exception to this trend is Ratcliffe (2008), whose account of ‘existential feelings’ is much closer to Heidegger and Merleau-Ponty in its emphasis, within a broadly emotion-theoretic approach, upon the capacities and potentialities of the lived body.
- [9] With this, we also have reconstructed the important sense in which emotions display an element of passivity, as has rightly been claimed by many authors working on ‘the

From this basic embodied activity we can both look up — towards the embeddedness of individual agency in social practice and social structures — and look down, to the more basic bodily building blocks out of which sequences of goal-directed striving are constituted. These latter processes are patterns of directed, expressive movements characteristic of all animal life — what Daniel Stern has recently described as ‘forms of vitality’ (Stern, 2010). According to Stern, forms of vitality are the various expressive movement patterns that make up the basic processes of life and that fuse together movement, lived force, extension over time, the occupation of lived space, as well as basic directionality — the latter not yet in the form of explicit intentions, but often already oriented towards an end point, an anticipated goal-state implicit in the dynamic process. Vitality forms are the basic flow patterns of animal movement and the most fundamental ingredient of felt experience. Examples Stern gives include ‘the force, speed, and flow of a gesture; the timing and stress of a spoken phrase or even a word; the way one breaks into a smile... the manner of shifting position in a chair; the time course of lifting the eyebrows when interested and the duration of their lift; the shift and flight of a gaze...’ (*ibid.*, p. 6). What is important for our purposes is that Stern does not conceive of vitality forms as mere primitive movements without intentionality, but that he views them as natural Gestalts conjoining movement, time, force, space, and intention (*cf. ibid.*, pp. 6–8). Thus, forms of vitality are proto-actions in that they orient dynamic movement in a directional, pre-intentional way. Accordingly, vitality forms can become the building blocks of intentional activity.

Another, related point that is of considerable importance concerns the *interpersonal* character of these expressive bodily movement patterns. Stern’s vitality forms are interpersonal from the start — they make up the currency of embodied interaction (*cf. ibid.*, pp. 106–9; see also Reddy, 2008). Accordingly, through their expressive lived bodies, human infants are from the outset placed and oriented in interpersonal, interactive space. The lived body is not in the first instance an individualized medium of agency and engagement, but a fundamental player in the pervasive game of social interaction — it is thus

passions’: the crucial point is that this affective responsiveness or receptivity is inextricable from active striving, as a guiding orientation intrinsic to this active dimension, concretely manifested as a varying sense of ability and possibility, sense of effort, a sense for potential obstacles and hindrances, and so on. It is important, however, not to overstate passivity and overlook the extent to which emotions are forms of engagement, initiative, and active positioning (with regard to this, we are very much in line with Sartre, and also with Robert Solomon’s repeated insistence on the active nature of emotions; see Solomon, 1976).

always already socially shaped and shared, influenced and infiltrated. In the same way, the world itself is from the outset a *shared* arena of significance; its intersubjective disclosedness takes precedence over any individualized realm that an adult person might idiosyncratically construe later in life. This fundamentally interpersonal character of the root dimension of affectivity — and likewise of the world itself as that which affective engagement always relates to — will become particularly relevant in our analysis of depressive experience presented below.

Approaching embodied activity from the other side, namely, that of its embeddedness within social structure and social practice, it becomes clear that much of the default mode of routine activity is spent by the adult person's being invested in projects or programmes of organized social action, often via enrolment in age-, status-, or occupation-related institutions (family, education, workplace, etc.). Much of our routine activity is in this way *socially* framed, prompted, and scaffolded (see Griffiths and Scarantino, 2009).

An important intermediate dimension between basic movement patterns and socially framed and organized action deserves more attention here. Besides clear-cut goal-oriented actions, much of a person's default activity — the constant baseline of activity that is present even when a person seemingly is not overtly engaged in a concrete doing — consists in conscious (or not so conscious) *social positioning*: these are the various ways we constantly orient ourselves towards, among, and with others in the various social situations that make up our lives. Here, very basic vitality forms and patterns of expressive movement directly link up with more sophisticated forms of social interaction, contributing to the complex fabric of organized interpersonal commerce in the life-world of civilized man. This pervasive positioning in and navigation through social space plays a particularly relevant role in the active process dynamics of emotion.

In line with all this, characteristic emotional episodes such as fear, anger, joy, sadness, shame, disappointment, pride, envy (and so on) can be described as the various modifications — and sometimes complications — of a basic process of active pursuit. As such, emotions are at any time embedded within social constellations of various sorts, aligned with the intentions, projects, and doings of others. Let us consider a few examples. Fear is a reorientation of one's current pursuit in response to what is apprehended as dangerous — often in the form of a disruption of the previous behaviour and in a repositioning of oneself so as to avoid the threat. Anger is likewise an emphatic repositioning of oneself in response to an offence — with aggressive or confronting

acts either openly directed at the person, group, or institution identified as the offender, or acted out symbolically in forms of expressive behaviour, or in the form of somewhat more self-related aggression or energetic withdrawal. Shame might seem at first sight to be a special case as it freezes us in a social situation, often leaving little 'to do' for us apart from characteristic shame behaviours (submissive gestures, avoiding the gaze of others, striving to disappear out of sight), but also here we find a strong orientation towards a repositioning of oneself in relation to others, to the witnesses of one's shameful deed or unfavourable characteristic. This repositioning, even if only a matter of posturing or gaze-direction, is clearly a mode of active striving. In joy, the process of goal-pursuit often has already reached its goal — in these cases, we rather find a tendency towards enhanced expression, sometimes including a symbolic 'taking possession' or attempted 'total consumption' of the object of one's joy (as described nicely by Sartre, 1939/1994, pp. 46–7). Sadness, on the other hand, is a harsh disruptor of activity, often a quite paralysing experience in which active pursuit is suspended almost entirely. In part depending on the severity of the loss suffered, the paralysis involved in sadness assumes different degrees of intensity, either remaining clearly circumscribed or overflowing into an all-enveloping passivity. Here, something resembling the phenomenal signature of depression as a clinical condition begins to shine through — the severely saddened person has temporally embarked upon the road into an encompassing passivity and incapacity that is characteristic of depressive experience.

4. Emotions and the Sense of Ability

One consequence of our action-oriented approach is that emotions are quite closely linked to an agent's *awareness of ability*. Emotions, as processes of active striving and engagement with the world, are intimately bound up with a sense of what we can do, what we are capable of, and what we can cope with or what we are able to 'take' more generally. More specifically, this affective sense of ability also differentiates between different degrees of effort necessary for performing specific tasks, or effort needed in countering opposition or resisting temptation. In this way, the emotion's intentionality might be glossed, with a nod to Merleau-Ponty, as an '*I can*'- or '*I can't*'-schema of relating to the world — a highly differentiated, embodied sense of capability (or its marked opposite, a specific sense of *inability* or *incapacity* in relation to what confronts one, including a sense of particular resistances or partial breakdowns or slowing of one's activity).

Depending on this changeable background sense of ability, various individual emotions take shape and play out in their characteristic forms under varying circumstances (*cf.* Slaby, 2012). How I affectively engage with a situation is thus a function of my embodied sense of ability combined with the relevant features of the situation in as much as these are accessible to me. In this way, it is adequate to understand emotions as a complex *sense of possibility*: emotions disclose what a situation affords in terms of potential doings, and the specific efforts required in these doings, and potential happenings affecting me that I have to put up with or otherwise respond to adequately. These two aspects — *situational* (what is afforded by the environment) and *agentive* (what I can or cannot do) — are intimately linked to form a process of dynamic situation-access: an active, operative orientation towards the world.

5. Depression as an Impairment of Agency

Depending on this variable sense of ability and (potential or actual) agency, the world appears as a space of specific possibilities and as devoid of other possibilities, or as something remote and unreachable, or as a site of impending disaster, of threat and danger. This situatedness within varying spaces of possibilities is bodily felt, and these feelings are particularly pronounced when the possibilities change, such as when one is confronted by unexpected resistances or obstacles. These affective changes are especially striking and sustained in depressed patients, as will be illustrated in the sections to follow.¹⁰

We will draw mainly on material from an internet questionnaire study, which was conducted in 2011 as part of a research project on the experience of depression.¹¹ In addition, we provide quotations from published memoirs of depressive patients. The aim of the question-

[10] A detailed account of the experience of inability in mental disorder in general and depression in particular (and of pathological changes in caring) is the focus of Kerrin Jacobs' work (2011). Her model of depressives' existential situation includes a background and foreground dimension of possibility and ability and views the experience of inability in depression as rooted in changes in caring.

[11] The project, which is jointly funded by the AHRC (the UK's Arts and Humanities Research Council) and the DFG (the German Research Foundation), is run by researchers at Durham University, UK (<http://philosophyofdepression.wordpress.com/>), and the University of Osnabrück, Germany (<http://www.animal-emotionale.de/eeid>). The questionnaire was posted on the website of the mental health charity SANE. Respondents identified themselves as depressed and, in most cases, offered details of their diagnoses. They provided free text responses with no word limit. We have presented more extensive analyses of these published materials elsewhere, see Paskaleva (2011), Jacobs *et al.* (under review). Helpful in organizing the wealth of autobiographical material has been a paper by Ratcliffe (2009); see also the contributions in Clark (2008).

naire is to provide a detailed description of what it is like to experience depression by posing questions particularly about different aspects of affective experience. Besides questions that request background information about the participants, such as age, gender, and specifics of psychiatric diagnoses, it mainly consists of questions dealing directly with personal experience in depression. These refer to experience of the world and others, of time, of one's body and one's abilities. The questionnaire obtained 147 complete responses, out of which 134 participants had a medical diagnosis of depression; two thirds of the respondents reported of being depressed at the time of writing. It also enquired about other psychiatric diagnoses, as depression has a high co-morbidity with a range of mental disorders; 88 participants indicated the absence of further psychiatric diagnoses.

6. Alienation from World and Other Persons

In a large number of cases, respondents to the Durham questionnaire talked about a profound sense of inability and incapacity, sometimes leaving them entirely unable to act, sometimes such that even simple actions posed enormous difficulties:

[Depression] makes me completely incapable of doing things. When I'm at my worst I can barely drag myself out of bed. My concentration is affected, I can't hold everyday conversations or complete everyday tasks. Even getting dressed feels like a challenge. (Q5, #292)
I do nothing, won't even move from bed. (Q5, #341)

In this section, we explore the relationship between impaired agency and the loss of experiential access — access both to one's surroundings in general and to other people in particular. Could it be the case that a disturbance of agency prevents the depressed patient from 'making contact', so that both world and others come to seem remote, distant, inaccessible, and ultimately even alien and threatening?

Unlike our everyday experience of world and life as a matter of practical projects that we engage in, many respondents, and also Jeffrey Smith in his memoir, perceive the world and their life as highly inaccessible from a practical, active point of view:¹²

[12] In the following, when quoting from the questionnaire, we refer to the anonymous respondents by their corresponding number #, followed by a second number, referring to the items from the main section to which the specific answer belongs. In the quotations, irrelevant misspellings have been corrected. When introducing different responses throughout this paper, the respective questions will be indicated in a footnote. The following responses all refer to item 8 of the questionnaire: 'In what ways, if any, does depression make you think differently about life compared to when you are not depressed?'

There is the feeling that your life ‘contracts’ — you stop seeing it as an expansive project and it all zeroes in on feelings of despair and wanting to escape. (#61, Q8)

...when I was very young — 6 or less years old. The world seemed so large and full of possibilities... Now I feel that the world is small. (#130, Q8)

Depression is a state of utter *being*: I could do nothing. Life had to be reduced to its most basic level... (Smith, 2001, p. 8)

The last passage even compares life in the state of depression to a state of ‘*utter being*’ rather than an active engagement with various projects. These pronounced experiences likely extend to include other vital domains that are expressed in further affective phenomena characteristic of depression.

One of the domains affected is the depressed patient’s interpersonal relatedness. In their incapacitated state, marked by a profound inability to interactively connect to other people, depressed patients come to feel removed, detached, and alienated from others. This might even reach the point that others might come to seem awkward, alien, probably even hostile and dangerous, as in descriptions of ‘social paranoia’ expressed in passages like the following:¹³

I feel like they are all out to get me, or they’re in my way, dragging me down, or they are insensitive. There’s always something wrong with them, and I can be quite abusive. (#130, Q3)

The material from the questionnaires indicates that there are strong negative feelings towards others, even one’s closest ones. Patients often report being irritated by them, feeling paranoid and constantly judged by the others around them. One consequence of the depressive’s inactive state seems to be strong feelings of guilt and worthlessness, which might be projected into other people in the form of negative feelings or ill will one assumes those others to harbour towards one.

I think they find me weak. I feel a burden to them. (#186, Q3)

Generally, I think they want both me and the depression to disappear so they can get on with their lives and address their own concerns. (#137, Q3)

I feel like I’m being a burden and that they only put up with me because they feel they have to. (#107, Q3)

Partner — I feel like he hates me, doesn’t love me enough, like I’m a pain in the ass to live with. I feel like a burden. (#97, Q3)

When I’m depressed I feel like my relationships are less stable and I

[13] The answers to follow all refer to item 3 of the questionnaire: ‘Do other people, including family and friends, seem different when you’re depressed? If so, how?’

trust others a lot less. I try to avoid people, as they seem angry and irritated at me, and like they don't want me around. **I feel like a burden to others** and don't want to cause anyone unnecessary distress. (#45, Q3, co-morbidity: eating disorder 2007, obsessive-compulsive disorder, borderline personality disorder, emphasis added)¹⁴

What is striking here is the recurring theme of feeling as being 'nothing but a burden' for one's friends and family, a feeling that might also result from the essential inability and incapacity to act meaningfully and contribute to social life as one normally does and as (one might anticipate) relevant others expect one to. In this way, the theme of being a burden to others might be the result of an initial implicit reflection upon one's incapacitated state.

In other characteristic passages, people, even one's closest ones, are described as strangers one cannot connect with:

I spent an increasing amount of time alone. If I was with people, I felt as I were surrounded by strangers on a bus... I spent hours walking around campus at all times of day, encased in a loneliness as palpable armor, armed with an unreasoning hostility. (Thompson, 1996, p. 45)

In some cases, others can be experienced even as not being persons at all but instead 'shop dummies' (Plath, 1963, pp. 149–50).

This profound disconnectedness — 'yes they [other people] seem far away hard to relate to...' (#80, Q3) — likely is at the base of feelings of solitude and aloneness, as there no longer 'are' any others with which one *could* make contact or meaningfully 'be together'. This extremely awkward experience, we believe, might result from one's fundamental inability to engage in successful interactive connections to another person. The active exercise of one's communicative and interpersonal capacities — the coordination of gesture, posture, and gaze, the modulation of tone of voice, the ability to grab or engage the other's attention, the ability to empathize actively, and so on — obviously requires intact agency. The less one is able to act, the more impaired or slowed down one's embodied interactive capacities are, the less one will be able to actively 'be with' another person. The other will thus be practically unreachable, which might in turn let him or her appear remote, strange, or even potentially hostile as one has no way to probe the other's intentions or state of mind. This failure to connect, a marked decoupling from others, has been variously described as a

[14] For the purposes of this paper we have focused on the respondents that indicated the presence of a medical diagnosis of depression. In some of these cases, respondents we quote from also indicated the presence of other psychiatric diagnoses. Whenever we refer to a participant who mentioned a co-morbidity, we provide information about their further psychiatric diagnoses.

potential core dimension of depressive experience, sometimes associated with a breakdown in bodily interaction or ‘embodied intersubjectivity’ (see, e.g. Fuchs, 2005a). It can go as far as preventing the patient from establishing or maintaining connection even with the people closest to him.

7. Disturbed Body Experience

Not surprisingly, there is a particularly close relation between the impairment of primordial agency and ability and the feelings that one has of one’s own body. Once we understand the human body as an active and affectively responsive lived body, we see that there is no gap between our basic sense of agency and ability and our sense of the body. When the body, as part of a pathological process, ceases to operate smoothly as the medium of engagement with the world, it will increasingly turn into what feels like a mere object — a transformation that has been called ‘corporealization’ (by Fuchs, 2003; 2005a).¹⁵ In many depressed patients, the lived body seems to ‘rigidify’ and turn into something resistant:¹⁶ ‘tired and lethargic — too much effort needed to do the simple task of walking’ (#308, Q4). The body is often described as ‘[t]ired, heavy, unresponsive...’ (#21, Q4), ‘leaden’ (#137, Q4), ‘[a]s heavy as lead’ (#26, Q4, co-morbidity: borderline personality disorder 2008), which turns it into something from which life has strangely receded, and thus into an obstacle — ‘fat, ugly and pointless’ (#200, Q4) — and hindrance to attempted engagements and activities — ‘...I can’t drag it out of bed most of the time’ (#26, Q4, co-morbidity: borderline personality disorder 2008).

In addition, or as a consequence, one’s taken-for-granted relatedness to the world is altered completely as one no longer finds oneself within an everyday context of activity and amidst routinely encountered possibilities for action. Even routine tasks begin to require enormous efforts. The sense of ability is not entirely eroded, but modified

[15] Fuchs describes this striking experiential change quite vividly in various places; one example: ‘A leaden heaviness, constant exhaustion, and a sense of restriction and tightening make the patient feel the bare materiality of his body that is otherwise hidden in the movement and performance of life... In serious cases a literal freezing and reification of the body ensues which is no longer capable of resonance with its environment’ (Fuchs, 2001, p. 183).

[16] The responses to follow refer all to item #4 of the questionnaire: ‘How does your body feel when you’re depressed?’

dramatically, especially with regard to the estimate of effort necessary for each task:¹⁷

Everything feels 1000 times harder to do. To get out of bed, hold a cup of tea, it's all such an effort. (#14, Q4)

Sometimes it felt impossible to live normally... Even getting out of bed was a struggle, and many times on the way to work I felt like simply curling into a ball and staying there. (#17, Q5)

Things seem almost impossible... I used to eat a lot of ready meals or things that wouldn't take long to prepare, or I'd just snack, because cooking just felt too difficult. It was an effort to do things like have a shower and get dressed. (#22, Q5)

Some respondents relate their difficulties in performing routine tasks to the pointlessness of these tasks, given that their whole lives appear devoid of sense. This might again be the result of a process of reflection and self-interpretation consequent upon the primary experience of inability:

When depressed your ability to perform routine tasks and activities become hindered. When life becomes pointless and your body seems to be on a permanent go slow normal routine goes out the window as the effort just seems too much and pointless. (#34, Q5, co-morbidity: anxiety disorder and borderline personality disorder)

The objectified, dysfunctional body might in this way cause a rift between person and world. This marks a fundamental alteration in emotional self-awareness. What results is bodily feelings of being trapped and unable to break free, feelings of being isolated from formerly meaningful surroundings. This might give rise to feelings of being engaged or imprisoned and of being unable to reach out to make contact with the world or other people:

Sometimes I felt like some creature caught in a net, thrashing around and unable to get free. I didn't know what the net was, but I knew it was there; I didn't know what was standing between me and deep connections with other people, but that was there too. I felt it distinctly. It was a wall... I couldn't get around it, or over it. It was just there. (Thompson, 1996, p. 89)

As a further consequence, feelings of estrangement, of depersonalization, even of not being bodily existent at all might ensue — in all, a fundamental, encompassing sense of self-alienation.

[17] Most of the responses to follow refer to item #5 of the questionnaire: 'How does depression affect your ability to perform routine tasks and other everyday activities?'

8. Changes in Time Experience

Another dimension presumably resulting from the affective changes under discussion is the experience of time — depressives usually mention that ‘time seems to drag. A day feels like a year’ (#26, Q6).¹⁸

Depressed patients often complain about a radical disruption of everyday temporality.¹⁹ Notably, the patient’s orientation towards the future as a temporal dimension potentially different from the present seems profoundly distorted. Andrew Solomon provides a very detailed illustration of the altered sense of time as he experienced it during depressive episodes:

When you are depressed, the past and the future are absorbed entirely by the present moment, as in the world of a three-year-old. You cannot remember a time when you felt better, at least not clearly; and you certainly cannot imagine a future time when you will feel better... depression is atemporal. Breakdowns leave you with no point of view. (Solomon, 2001, p. 55)

Depression minutes are like dog years, based on some artificial notion of time. (*Ibid.*, pp. 53–4)

Solomon’s observations are concordant with a significant number of the questionnaire answers:

Sloooooow. Time goes so slowly when I’m depressed. Painfully slow. Yet at the same time when I look at my past it seems to have passed me by without me noticing. (#14, Q6, co-morbidity: anxiety, possibly post-traumatic stress disorder)

Time can appear to stand still, as the very idea of a potential change of the current state seems to be absent from experience. Again, it makes sense to assume that a distortion of agency might lie at the root of this pathological change, disabling the patient’s sense of capability, their sense of being able to effect a change in the world. Often, this is initially reflected in a kind of desynchronization between the experienced temporality of the depressed person and the temporality of worldly affairs in her surroundings (*cf.* Fuchs, forthcoming). The sub-

[18] The responses to follow refer all to item #6 of the questionnaire: ‘When you are depressed, does time seem different to you? If so, how?’

[19] For more detailed analyses of the alterations in the experience of temporality in psychopathology in general and depression in particular see Fuchs (2001; 2005b; forthcoming). Ratcliffe (2012) likewise presents an insightful discussion of altered time experience in depression, partly responding to and diverging from Fuchs’ account. Our own proposal has some overlap with these treatments, but tries out a different overall orientation, namely that of the primacy of impaired agency as a potential main source of altered temporality.

jective side of this mismatch seems to be closely tied to the patient's diminished ability to act, as described in the following passage:

Time is immaterial to me during a depressive episode. I lose track of time. I wonder what I've done all day when the children suddenly burst through the door from school. Time has gone by, but I have done nothing, even to think one thought seems to have taken all day. Everything around me seems to carry on with routines and time scheduled activities, it feels like I'm watching it all happen but am not part of it: as though I'm inside a bubble. My living becomes mechanical, based on necessities to be done. Children need to be fed. Plates need to be washed. School clothes need to be clean. Everything else in life is put on hold. (#117, Q6)

Besides this robot-like slowing of agency and disconnection from the everyday temporality of their surroundings, some patients report even more profound disruptions of time experience. Finding themselves unable to act and thus unable to bring about any change in the world, these depressed persons seem to lose their sense of the possibility and likelihood of a change of the present state (both of the surrounding world and of their own situation). Something like this is also illustrated by the following entries:²⁰

I felt a genuine sense of being an incapable person and was tired of trying to put it right. Life seemed like a struggle, and admittedly one I didn't always want to work at... I felt trapped, like nothing I did could make things better... (#21, Q8)

You can't see far into the future so you can't see aspirations or dreams. Everything I ever wanted to do with my life before seemed impossible now. I also would think that I would never get out, that I'd be depressed forever. (#22, Q8)

Being unable to act, and likewise unable to enter into meaningful contexts of activities (such as joining a team, feeling like being a part of a group such as a family that struggles for a common cause, having something at stake collectively, etc.) leaves one tied to the current state of affairs and thus to the present moment. The experienced present may in this way extend indefinitely and turn into what Heidegger has called *stehendes Jetzt* — a 'standing now', a total breakdown of existential temporality (*cf.* Heidegger, 1929–30/1995, pp. 123–6). Obviously, this arrested temporality has nothing to do with a blissful absorption in the present moment, but rather amounts to a total loss of what normally is the lived presence of undisrupted agency.

[20] The responses to follow all refer to item #8 of the questionnaire: 'In what ways, if any, does depression make you think differently about life compared to when you are not depressed?'

Heidegger's 'standing now', as the phenomenal signature of profound boredom, is a wasteland of lost meaning, a desert of senseless existence that has totally transformed all of the temporal dimensions, past, present, and future (see also Slaby, 2010).²¹

In light of this it is not surprising that altered experience of time can give rise to violent feelings of dread and despair — feelings regularly reported by depressed persons:

Time seems to run slower and hang when depressed. The word oppressive comes to mind and fear grows as to when and if any respite will come. (#231, Q6)

With respect to these emotions that in some instances contain an element of expectation or anticipation, it has to be noted that the patients have not always lost any sense of the future whatsoever. In some instances of depression, patients rather anticipate the future specifically in terms of impending disaster and doom, leading them to expect the future to bring only more pain and misfortune, or even outright catastrophe:

You think negatively, feel under threat, like something bad will happen. (#312, Q8)

I am paranoid and pessimistic, convinced something bad will happen to me or others. (#85, Q2)²²

There are lots of threats in the world and they all seem to be about to happen, or be very likely they will happen. Loved ones are in danger. (#312, Q2)

This conspicuous negative framing of anticipated happenings might also be a result of distorted or diminished agency. Finding oneself unable to act amounts to a radically altered relationship to possible future events. These events will inevitably come in view as alien, as if having been installed or caused by strange outside forces, uncontrollable and thus potentially threatening. One feels delivered over to happenings that one has no say in.

[21] Note that we are not conflating the experience of depression with profound boredom (let alone profound boredom as analysed by Heidegger). We are merely noting a parallel in the specific modification of existential temporality between these two conditions: the experience of a loss of the lived present that affects the entire configuration of temporal experience. It may well be that boredom is still much closer to a kind of action readiness that is simply interrupted for a certain period of time, while in severe depression agency is eroded almost completely.

[22] The responses to follow refer to item #2 of the questionnaire: 'Does the world look different to you when you are depressed? If so, how?'

I lose faith in myself and my ability to cope with life... There seemed to be no future, no possibility that I could ever be happy again or that life was worth living... (#160, Q8)

A fundamental sense of being incapable and powerless in general might amount to construing oneself as being at the mercy of distant, alien, and uncontrollable events (see also Wyllie, 2005; Ratcliffe, 2012). Certainly, one could say much more about the intricate, and quite variable, alteration of lived time in depressive experience. While the evidence is surely not conclusive in favour of our thesis concerning the primacy of a loss of agency that would explain disturbances of existential temporality, we think there is enough material already to at least give this idea careful consideration in subsequent work.²³

9. Conclusion

In sum, the condition of severe depression might in some respects come close to a kind of ‘mirror image’ of human affectivity — exactly *inverting* central features of an undisturbed capacity for emotion. Depression marks a profound distortion of a root dimension of our affective orientation towards the world. Describing its experiential profile and assessing the patient’s self-reflections concerning their condition therefore might help us gain deeper insights into the complex structures constituting human affectivity in general. For example, with regard to affective self-awareness — a crucial ingredient in what we have elsewhere called ‘affective intentionality’ (Slaby and Stephan, 2008) — depressive experience seems to confirm the suggestion that a basic form of self-awareness comes in view as a modification of a person’s sense of ability and capacity, a sense that, in non-pathological cases, is not distinct from agency itself. In these default cases, it simply *is* a person’s capacity to act, usually guided by a tacit, felt estimation of one’s potentialities *vis-à-vis* the specific effort and the approximate time required in performing certain tasks, along with an estimation of potential resistances and obstacles one has to surmount in order to achieve one’s goals.

However, in depression, the capacity to act is severely distorted, leaving the patient with an uncanny sense of inability and impossibility.

[23] Thomas Fuchs’ view of depression, centred around desynchronization, corporealization, and a loss of ‘conative drive’ is in some points similar to our proposal (see Fuchs, 2001; 2005a; forthcoming). The chief difference lies in our focus on the primacy of impaired agency while we view the other salient dimensions of depressive experience — distorted interpersonal attunement, disconnection from the world, corporealization, distorted experience of time — as being consequent upon that core affliction and its immediate experiential ramifications (such as a marked sense of incapacity, insecurity, anxiety, etc.).

The place of agency within the behavioural economy of the person is now occupied by a conspicuous experiential structure — a structure not present in cases of smooth and undisturbed behavioural engagement. This sense of incapacity and impossibility subsequently affects other key domains of experience, distorting the depressed person's relationship to the world in general, her situatedness among (and relationships to) other people, and also the patient's relationship to his or her lived body. Accordingly, the sense of incapacity expands into a general awareness of oneself as fundamentally and irredeemably defective and weak, and it thereby also gives rise to processes of self-reflection and partial rationalization that might in turn feed back into the basic experiential dimension.²⁴ This variable, partly reflective affective sense of inability encompasses all three temporal dimensions, present, past, and future — the latter one at least in so far as the patient is still capable of anticipating or imagining future states of affairs. Emotions such as guilt (i.e. feelings reflecting one's past incapacity and failures to act), feelings of passivity, incapacity, uselessness, isolation, and of imposing a burden upon others (i.e. feelings directed mostly at one's *present* inabilities), and anticipations of the future either in terms of stagnation, or in terms of misery, catastrophe, doom (i.e. feelings anticipating future situations) — all of these might be the intelligible *results* of the basic condition of severely impaired agency. Overall and in general, this condition comprises feeling isolated, cut off from things and people, threatened and powerless, without hope and meaning in life, being burdensome for others, while these others also often appear as menacing, threatening, obnoxious. In this truly horrifying way, depression wreaks havoc to the very foundation of a person's existential perspective on the world, by paralysing or entirely eroding the patient's agency — modifying, suspending, or even destroying her practical point of view.

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[24] It would be worthwhile to follow this lead and assess more carefully the amount and role of self-reflection and rationalization within the experiential processes discussed in this paper. It seems to us that patient reports, and even more so edited, polished reports from patient memoirs, often present an amalgamated mixture combining (more or less) direct expression of experience with the results of reflection upon and rationalization of those experiences, both *in statu nascendi* and afterwards when reporting or creating narratives about this episode of one's life. Attempts at disentangling these elements pose all sorts of difficulties — a methodological problem that pertains to phenomenological description in general. We cannot here address this intricate issue (but see Ratcliffe, 2008, pp. 4–10; and 2009, for helpful methodological considerations relevant to this problem).

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