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SCIENTIFIC CONTRIBUTION

Affectivity and narrativity in depression: a phenomenological study

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Abstract In this study I explore from a phenomenological perspective the relationship between affectivity and narrative self-understanding in depression. Phenomenological accounts often conceive of the disorder as involving disturbances of the narrative self and suggest that these disturbances are related to the alterations of emotions and moods typical of the illness. In this paper I expand these accounts by advancing two sets of claims. In the first place, I suggest that, due to the loss of feeling characteristic of the illness, the narratives with which the patients identified prior to the onset of depression are altered in various ways, thus leading to the weakening or abandonment of the narratives themselves. I then move to show that these autobiographical narratives are replaced by new stories which possess a distinctive structure and I argue that this is dependent upon specific configurations of affective experience, such as existential feelings of guilt, hopelessness, and isolation, and particular forms of temporal and spatial experience.

Keywords Phenomenology · Depression · Narrative · Emotions · Feelings

Introduction

The aim of this study is to provide a phenomenological analysis of some features of depression by focusing on the relationship between affectivity[1] and narrativity in the disorder. Considering in particular the position developed by Englebert and Stanghellini (2015; Stanghellini 2004), I will start by highlighting that contemporary phenomenological accounts tend to conceive of depression as a disturbance of narrative selfhood. I will argue that while these approaches correctly identify some of the disruptions of narrativity typical of the disorder and their connection with the person's emotions and moods, they do not do justice to various other aspects of the relationship between affectivity and narrative understanding in the illness. I will then move to develop a more extended account of this relationship. First, drawing on some of Stanghellini's insights, I will claim that, due to the loss of feeling characteristic of the disorder, the sense of authenticity associated with the patient's autobiographical narratives prior to the onset of the illness is disrupted. This process, I will maintain, results in the weakening or abandonment of the narratives themselves and in the feelings of "losing oneself" which are often reported by depressed patients. I will then move to

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[1] Affectivity has been widely investigated within the phenomenological tradition and, as I will highlight in this study, distinct forms of affective experience have been identified. From this perspective, affects are generally considered to be distinct from cognitive and volitional states and emphasis is posed on their "felt" character. One of the key distinctions to which attention has been drawn is the one between intentional and non-intentional affective states, with phenomenologists emphasising in particular the role played by the latter in shaping our cognitive and practical life (e.g. Heidegger 1962; Ratcliffe 2008). In the relevant literature, the terminology used to refer to affective states which do not have an intentional object varies; in this paper, however, unless otherwise stated, I will use the terms "mood", "background affective orientation", and "existential feeling" interchangeably to refer to non-intentional or "pre-intentional" (Ratcliffe 2010) affects, while I will use the term "emotion" to refer to intentional affective states. As I take both intentional and non-intentional affects to be essentially felt, "feeling" is a term which will be used in referring to both.

show that the old autobiographical narratives are replaced by new stories which possess a specific structure and I will argue that this is dependent upon the particular configurations of affective experience typical of the disorder. In particular, I will take into consideration the specific "explanatory style" (Seligman 2006) often adopted by depressed patients—namely the tendency to explain bad events in personal, pervasive and permanent terms—and I will argue that it originates in the existential feelings of guilt, hopelessness, and isolation often associated with the illness and in particular forms of temporal and spatial experience.

Depression as a disturbance of narrative identity

The phenomenology of depression has been researched by a number of authors in both philosophy and psychiatry. Common to various accounts is the idea that depression involves disturbances of selfhood and self-consciousness, but it is also maintained that these disturbances are not as severe as those which are present in other disorders. In this context, it is often claimed that depression is characterised by disturbances of the narrative self (e.g. Englebert and Stanghellini 2015; Radden 2013; Stanghellini 2004).

Various philosophical and psychological accounts have been given of what narrative selfhood amounts to.[2] Moving from the acknowledgement that human life is inherently dynamic and that individual experience is highly heterogeneous, these accounts tend to conceive of narrativity as the means by which a degree of coherence can be given to diverse aspects of one's existence and a unitary self can be constituted.

Contemporary phenomenological accounts often distinguish between a narrative and a minimal form of selfhood (e.g. Gallagher and Zahavi 2008; Zahavi 2008). The minimal self is characterised as a pre-reflective sense of self intrinsic to any conscious state, a "pre-linguistic" and "pre-conceptual" awareness of the self as the subject of conscious experience (Gallagher and Zahavi 2008: 205). The notion of narrative selfhood, on the other hand, refers to a self which possesses an "individual history" (Gallagher 2000: 18) and "personality" (Zahavi 2007: 193) and is constituted primarily through the stories that we and others tell about ourselves. As far as the relationship between these forms of selfhood is concerned, the presence of a minimal level of self-awareness is considered as a condition of possibility for the emergence of a narrative self. The latter, in other terms, is founded on the former and, although in ordinary experience they are usually integrated, it is implied that in some serious cases of erosion of narrative selfhood only the minimal self is still present (Zahavi 2010: 5). According to this perspective, then, when disturbances of self-awareness are considered, it is possible to distinguish between basic and more superficial alterations, depending on the dimension of selfhood which is affected. These ideas have been widely applied in the field of philosophy of psychiatry, where it has been argued, for instance, that while the disruptions of self-awareness characteristic of depression occur at the level of narrative self-understanding, it is a more basic form of selfhood and self-consciousness which is altered in the experience of people with schizophrenia (e.g. Parnas and Sass 2001; Sass and Parnas 2003).

Gallagher and Zahavi's account of the narrative self draws on Ricoeur's conception of narrative identity (Ricoeur 1994) and this is the case also for accounts of depression, such as the one put forward by Englebert and Stanghellini (2015; Stanghellini 2004). Central to Ricoeur's view are the notions of *mêmeté* (identity as sameness) and *ipséité* (identity as selfhood), with the former conceived as a form of identity that consists in permanence and immutability over time, and the latter seen as a form of identity which incorporates change. From this perspective, it is argued that the emergence of a narrative self involves a dialectic between the two dimensions, between remaining the same and becoming different, and the construction of a coherent autobiographical narrative is viewed as the means by which this process takes place.[3]

Stanghellini maintains that it is the dialectic between sameness and selfhood that is disrupted in the experience of the depressed person (2004: 146–147). More specifically, he suggests that depression is characterised by the inability to integrate change in one's own identity, so that patients are stuck with a conception of themselves that is inflexible and unable to evolve. Englebert and Stanghellini (2015) remark that autobiographical narrativity involves two fundamental aspects: on the one hand, the ability to report one's story and, on the other, to develop this story in a creative way. According to them, it is the creative aspect of narrative identity that is altered in depression (2015: 698).[4]

In order to best understand this view it is helpful to mention that according to Stanghellini there is a series of features which determines a person's vulnerability to depression (2004). In particular, he maintains that people

[2] See Schechtman (2007) for an overview of various theories of the narrative self.

[3] See Ricoeur (1994: Sixth Study) for a detailed illustration of this idea.

[4] Englebert and Stanghellini (2015) consider this experiential structure to be characteristic of melancholia and contrast it with the one which in their opinion is typical of mania. According to them, while the melancholic person is unable to renew her narrative identity, in manic experience the creative dimension is predominant and what is lost is the ability to retain a stable sense of one's history.

who are affected by the disorder often possess specific personality traits—constitutive of the so-called "*typus melancholicus*" (Stanghellini 2004: 103–109; Stanghellini et al. 2006)—and it is through the analysis of these traits that the dynamics associated with the disruption of narrative identity become clear.

Stanghellini (2004) suggests that a mark of vulnerability to depression is the tendency to strongly identify with one's social roles and to avoid any experience or conflict which could challenge this identification. According to this position, because of a fragile sense of personal identity, the *typus melancholicus* would be inclined to endorse a self-conception centred on particular social, cultural or professional values and to significantly strive to conform to them. Depression, in Stanghellini's view, is characterised by a disruption of the person's ability to continue to identify with such values and the roles she previously endorsed: the depressed person experiences an estrangement from the values she used to identify with and comes to doubt her commitment and ability to live up to them (2004: 142). The depressed patient, however, is unable to evolve her past self-conception by integrating new elements into it and is thus stuck with an old view of herself from which she feels increasingly detached. Stanghellini emphasises that involved in this predicament is also a particular alteration of affective experience, namely the loss of feeling or anhedonia often conceived as a central feature of the syndrome (APA 2013: 160).[5] In depression the experience not only of pleasure, but also of a range of other emotions is significantly diminished and arguably this negatively impacts on the person's ability to feel truly committed to the ideals, people, and values at the core of her self-image (2004: 137). In addition, Englebert and Stanghellini (2015) also draw attention to another way in which the loss of feeling experienced by depressed patients can affect narrative self-understanding. Affectivity is closely connected to motivation and they suggest that it is because of the flattening of affective experience that the depressed person is unable to renew her self-conception. Affectivity, in other terms, is conceived as what motivates the person to be creative in constructing her life story and therefore losing the ability to experience emotions is seen as detrimental to the capacity to integrate change in one's own self-narrative (2015: 693).

Englebert and Stanghellini (2015; Stanghellini 2004) provide an accurate account of some fundamental features of narrative self-understanding in depression. In particular, as I will further illustrate in the next section, the idea that in depression there is a disruption in the continuity of one's self-conception and that this is dependent on a particular alteration of affective experience identifies one of the core features of the disorder. However, this account ignores other important features of the structure of narrative self-understanding in depression and it is therefore problematic. While it is accurate in claiming that central to the experience of the depressed person is an estrangement from the conception of herself held before the illness, this account does not devote much attention to the fact that depression is characterised by the emergence of new self-narratives, the form and contents of which possess specific characteristics. In the rest of this study, my aim will be not only to provide a more detailed account of the mechanisms through which patients become detached from the view of themselves they endorsed prior to the illness, but also to show how this is accompanied by the emergence of new forms of narrative understanding whose features are constitutively shaped by some of the affective dynamics at the core of the disorder.

"Unemotional" narratives

In the following, further developing Stanghellini's intuitions regarding the relationship between loss of feeling and narrative disruptions in depression (2004), I will claim that typical of the disorder is the loss of congruence between some of the subject's life stories and his affective experience, which results in the weakening or even abandonment of some of the stories central to the subject's autobiographical accounts prior to the illness.

According to the DSM-5 (APA, 2013: 160), a decreased ability to feel pleasure and interest in all or almost all the activities the person normally engages in constitutes one of the diagnostic criteria for a major depressive episode. Integral to depression is thus an impoverishment of affective experience, that is the disappearance of feelings which were ordinarily present prior to the illness. A description of this condition is offered for instance by Solomon in the following passage:

> […] a loss of feeling, a numbness, had infected all my human relations. I didn't care about love; about my work; about family; about friends. My writing slowed, then stopped. […] I felt none of my habitual yearning for physical/emotional intimacy and was not attracted either to people in the streets or to those I knew and had loved; in erotic circumstances, my mind kept drifting off to shopping lists and work I needed to do. This gave me a feeling that I was losing my self, and that scared me. (Solomon 2002: 45)

[5] Stanghellini remarks that the affective flattening which is typical of depression has a characteristic phenomenology, as the loss of feeling is experienced as rather unpleasant or painful by the depressed person. As such, he suggests that this aspect of the depressive experience is best accounted for through the notion of "*feeling of the loss of feelings*" (2004: 135).

What the first-person reports[6] of depressed patients highlight is a diminished affective responsiveness to the external world: people and situations that used to elicit emotional reactions no longer do so and the diminished ability to feel becomes noticeable to the patients. In addition, as it is the case in Solomon's description, in first-person accounts of the illness the loss of feeling is often related to the experience of losing oneself. This is described also by Brampton in the following terms:

> I was lost and that loss was catastrophic. Who are you when you are no longer who you are? What do you do with a self that is no longer your self? (Brampton 2009: 94)

But what exactly does a loss of self entail? And how is it related to the patient's loss of feeling? In order to answer these questions it is useful to take into consideration some aspects of the relationship between affective experience and narrative self-understanding, and a specific phenomenological feature of autobiographical story-telling.

Not all the stories we tell about ourselves are the same with respect to their phenomenology: while some are felt as authentic, as a faithful expression of our experience or identity, other life narratives might not feel quite right or true to ourselves. The sense of authenticity which is associated with certain autobiographical stories depends on the degree of consonance which exists between these stories and our affective experience. More specifically, in order to be perceived as truly representative of who we are, the stories we tell must be congruent with our affective states. If such correspondence between the contents of an autobiographical narrative and affective experience is consistently lacking, the fact that the narrative really tells something about ourselves can be put into question. The loss of affect in depression entails that the feelings which would normally be present are no longer experienced and therefore the narratives are left without their usual affective counterparts. Stripped of the range of feelings which would normally motivate and support them, the narratives are no longer perceived as authentic expressions of the self and, given the role played by these stories in the constitution of selfhood, the loss of feeling can lead to the experience of losing oneself. Yet, despite the fact that they are not accompanied by congruent affects, these stories are still accessible to the individual and they are still part of his narrative repertoire. The person still recognises those stories as his own, but also experiences a misalignment between the self which is associated with affectivity and narrative activity. In other terms, in these cases the depressed person is aware of the lack of correspondence between the experience of the self as it is narrated and his own feelings. Consider for example the following passage from Thompson's memoir:

> I knew I was not happy. But I *had* to be happy: here was this wonderful person who said he loved me, who wanted to give me everything in his life, including his children, who asked only that I share my life with him. How could I not be happy? (Thompson 1996: 126)

In this passage, Thompson shows awareness of her story: she is a person who is wholeheartedly loved by someone and who should find this situation fulfilling and enjoyable. She can still grasp this narrative as pertaining to her condition, but she also notices that her emotions are not the ones that should be associated with that particular narrative. Another example of this dynamic is provided by Sylvia Plath in *The Bell Jar*:

> I was supposed to be having the time of my life.
> I was supposed to be the envy of thousands of other college girls just like me all over America […]. And when my picture came out in the magazine the twelve of us were working on […] everybody would think I must be having a real whirl.
> Look at what can happen in this country, they'd say. A girl lives in some out-of-the-way town for nineteen years, so poor she can't afford a magazine, and then she gets a scholarship to college and wins a prize here and a prize there and ends up steering New York like her own private car.
> Only I wasn't steering anything, not even myself. (2005: 2)

As shown by this passage, the narratives which are affected by the loss of feeling in depression are not necessarily crafted by the patient. It is indeed possible to experience a loss of feeling not only in relation to the stories that we have been telling about ourselves, but also in regard to the ones that we think others would identify us with. In any case, the distinction between the two types of stories is not always neat, since our personal narratives are deeply intertwined from the very beginning with the scripts

[6] Phenomenology is a distinctive philosophical tradition with respect to both the method it advocates and the insights into various forms of human experience it has developed. Central to this approach is the attempt to unearth the fundamental structures of subjectivity, or, in other terms, to identify the conditions of possibility and essential features of experiences of different kinds (e.g. Husserl 1983, 1989). In order to do so, it is of the greatest importance for the phenomenologist to have access to a variety of examples of the experiences at issue, and, in this regard, the examination of first-person accounts is often a very useful, if not indispensable, tool. First-person reports provide information as to how particular experiences are lived by the subjects who undergo them, and identifying the features which are common to different accounts of what is reported as the same kind of experience might significantly contribute to the understanding of its essential structure. This is one of the reasons why this study relies on the analysis of various first-person accounts of depression.

that are provided by the social and cultural environment. In addition, it may be the case that it is exactly by virtue of their being socially and culturally shared that the life stories of the depressed patient can persist for a certain period of time despite the fact that they are no longer supported by a congruent affective experience. From this perspective, the fact that one's stories are intersubjectively negotiated confers on them a degree of resistance to change, so that we might go on telling them even when they no longer feel authentic because they are the stories that people we are more or less close to take to be true of ourselves. However, if the lack of affective resonance is persistent, it ultimately affects the ability of the person to identity with and uphold her life narratives.

The loss of feeling can have such a radical impact on the person's narrative self-understanding because it affects not only the person's current experience, but also her ability to connect with her previous experience. This dynamic is best explained by making use of Schechtman's notion of "empathic access" (1996, 2001, 2007). Schechtman's account moves from the idea that in order for personal identity to survive change, it is not enough to be able to tell a coherent story about the way in which one has developed over time. According to her, what is necessary is also for the person to be able to maintain a phenomenological connection with her past mental states, a form of experiential access which presupposes that these states are still part of her mental life, although their role and degree of importance can be quite different from what it was in the past (2001: 102). From this perspective, "emphatic access" depends on the presence of a degree of continuity in one's own experience, continuity which in depression is disrupted by the loss of feeling. Since the emotions which were undergone prior to the illness can no longer be felt, emphatic access is radically altered. As such, the patient's ability to retain an experiential connection to her previous mental states is impaired, thus further weakening the continuity of her narrative self.

It should now be clearer why depressed people who perceive a lack of congruence between their narratives and affects often report an alteration of self-experience which can be described as a "loss of self". Once they are no longer sustained by an adequate range of feelings, the authenticity of one's autobiographical narratives can be put into question and the depressed patient then wonders whether she is really the person depicted by those narratives. In addition, since the possibility to have empathic access to one's past ensures that the self we narrate has a degree of continuity, the inability of the depressed patient to retain this form of access to her previous mental states makes it difficult for her to identify her current self with the one associated with her previous narratives.

This does not mean that the patient is no longer sure to be numerically the same individual who underwent the experiences and performed the actions described in his life stories—his sense of physical continuity is indeed intact. Rather, his questioning concerns the type of person he is and, in particular, whether he really has the values and personality depicted in his autobiographical narratives. This form of doubting is expressed for example in the following excerpt from Brampton's memoir:

> I have been getting on and off aeroplanes on my own since I was ten years old. I am fiercely independent. I am fierce. Or so people tell me. Used to tell me. I never used to be so afraid. When I was one of his editors, I used to stand up against Rupert Murdoch, arguing with him. I used to be so brave. I used to be somebody.
> I am still somebody.
> Aren't I?
> But who?
> I am somebody who can't leave her bedroom, somebody who can't walk across a road to buy a newspaper. (Brampton 2009: 34–35)

The loss of feeling characteristic of depression has a significant impact on the structure of narrative self-experience; however, this is not the only aspect of the relationship between affectivity and narrativity in the illness. Apart from the diminishment or disappearance of certain affective reactions, the depressed person also experiences a number of feelings which in non-pathological conditions are usually absent or possess a different form. In this regard, central to depression are for example feelings of guilt, hopelessness, and isolation and I will show in the next section how they give rise to narratives that possess specific characteristics.

The emergence of new narratives

Cognitive disturbances and pessimistic explanatory style

It has been observed that the autobiographical narratives constructed by depressed people have specific features. Angus and Greenberg, for example, claim that depressive story-telling is characterised by the presence of the "same old stories", namely "overgeneral descriptions" regarding interpersonal dynamics and emotional states that are considered to be maladaptive (2011: 62).

The recurrence of certain narratives in the depressed person's story-telling can be related to the repetition of the same thought patterns which is often described as a central feature of the disorder—what is usually known as "rumination".[7] This aspect of the illness is illustrated by Brampton in her memoir as follows:

[7] Rumination has been claimed to be predictive of both depressive symptoms and depressive disorders (Nolen-Hoeksema 2000).

> […] the depressive's perspective may become shrouded with an excess of intensity and negativity or what we depressives know as 'stinking thinking'. That's the sort of thought process that keeps us dwelling on old emotions or hurts and, literally, playing the same track over and over again. It has little to do with reality but is simply a malfunction of thinking. (2009: 293)

A similar experience is described by Thompson:

> I worked, or tried to—but like a machine whose circuits are slowly winking out, my brain each day found a smaller and smaller focus. I thought the same thoughts over and over again; on Tuesday, I re-created the work I had done on Monday. (1996: 132)

Repetitiveness thus appears to be an important characteristic of depressive thinking and story-telling.[8] In order to best understand the structure of autobiographical narrativity in the illness, however, it is not enough to highlight that certain narratives are often repeated. What is important is indeed the fact that, even when the patient is not telling exactly the same stories, his narratives have significant similarities from the point of view of both form and content.

A deeper understanding of the structure of the narratives that recur in depression can be achieved by considering in more detail some of the cognitive dynamics typical of the syndrome. It has indeed been widely claimed that the illness is characterised by the presence of specific alterations of thought and judgement. This idea is at the core of cognitive theories of depression (e.g. Beck 1972), which emphasise the role played by cognition in the generation of affective experience. Beck (1972), for instance, draws attention to the fact that the cognitive processes of the depressed person focus on particular contents and display a particular formal structure. Particularly relevant in this context is the centrality to depression of what Seligman (2006) considers to be a specific "explanatory style", that is a way of understanding the causes and implications of events which comprises three dimensions: permanence, pervasiveness, and personalisation. Seligman suggests that assessing people's explanations along these dimensions makes it possible to distinguish between "optimistic" and "pessimistic" explanatory styles and shows that the latter is typical of the way in which people with depression interpret events. More specifically, people who have a pessimistic explanatory style tend to consider the causes of bad events as *permanent* rather than *temporary*. For example, they might attribute the cause of an unpleasant interaction with their boss at work to the fact that "the boss is a bastard" rather than thinking that "the boss is in a bad mood" (Seligman 2006: 44). The pervasiveness dimension is related to the extent to which the explanation of a bad event is connected to other dimensions of a person's life. In particular, according to Seligman, bad events can be given *specific* or *universal* explanations: for example, he argues, it is possible to explain a romantic rejection by thinking of oneself as being repulsive to that particular person (specific) or as being repulsive in general (universal) (2006: 47). Finally, the personalisation dimension has to do with the factors that are identified as responsible for the occurrence of particular events. According to Seligman, when something bad happens, people who have a pessimistic explanatory style tend to blame themselves, while optimistic people in these circumstances are more inclined to attribute responsibility to others or to external factors. For example, upon losing a game of poker, the pessimist might think that it is because he has "no talent" at that game, while the optimist would tend to ascribe the failure to other, non-personal, elements such as bad luck (2006: 50).

Although Seligman is not explicitly concerned with story-telling, his observations can enhance our understanding of narrativity in depression because they regard the way in which people interpret and connect various events in their life. The events which are presented in a narrative are not merely juxtaposed to one another, but are rather related through a number of causal and meaningful connections (Goldie 2012). As such, the three aspects which are integral to the notion of explanatory style appear to be very relevant to autobiographical story-telling in so far as they concern the way in which people relate particular events to certain causes and other dimensions of their life.

The affective roots of depressive story-telling

How could the consideration of affectivity be helpful in explaining the characteristics of depressive cognition and narrativity here outlined? In the following I will argue that the recurrence of the same stories in the narrative repertoire of depressed people and their tendency to conceive of negative events as personally caused, permanent, and possessing pervasive implications is due to specific transformations of affective experience. In particular, I will highlight the role played in the emergence of depressive narratives not only by the presence of specific emotions—namely intentional affective states—but also of particular background affective orientations.

[8] Apart from being a feature of depression, the tendency to repeatedly engage in the same thought patterns is also a central aspect of other forms of psychopathological experience such as obsessive–compulsive disorder (OCD) (APA 2013: 237). Carrying out a comparative examination of these conditions would exceed the scope of this paper, but it is important to note that the insights I have developed with regards to depression could contribute to our understanding of other disorders, and be further developed through the analysis of the phenomenology of rumination in other illnesses.

The element of personalisation in the explanatory style of people affected by depression can be connected to the role played in the illness by feelings of guilt, shame, unworthiness, hopelessness and helplessness. Among these, however, the experience of a particular form of guilt is arguably fundamental in determining the tendency of certain patients to explain bad events by making personal rather than external causal attributions.[9]

Guilt is a self-evaluative emotion which is often considered to be fundamentally related to the moral sphere (e.g. Prinz 2010; Roberts 2003). More specifically, it is claimed that guilt is an emotion through which some of the person's behaviours and actions are appraised as morally blameworthy. From this perspective, guilt is frequently contrasted with shame (e.g. Teroni and Deonna 2008), which is rather conceived as an appraisal of the self as a whole and not necessarily connected to the moral domain.

However, it seems that, at least in certain cases, guilt itself can take the form of a global self-evaluation. This is suggested for example by Ratcliffe (2010), who, distinguishing between various forms of guilt, emphasises the existence of a difference between feelings of guilt which focus on particular acts or omissions, and the feeling "that one simply *is guilty*, […] as though there were a moral flaw in one's being" (2010: 607). According to Ratcliffe, the experience of non-intentional forms of guilt is frequent in severe depression, and he claims that in these cases guilt is experienced as having an "irrevocable" character (2010: 612). Feelings of guilt can sometimes be very intense and painful, but usually, when we feel guilty, we retain a sense that culpability is not the only possible condition for us, or in Ratcliffe's terms, that guilt is "contingent". However, Ratcliffe maintains that guilt is experienced by severely depressed patients as something to which there are no alternatives and that the person is condemned to endure. Because of the particular role such irrevocable feelings of guilt play in the individual's experience, it is suggested that they can be characterised through the notion of "existential feeling".

At the core of Ratcliffe's account of existential feelings (2005; 2008) is the idea that any intentional experience and action is rooted in a specific background affect. In particular, Ratcliffe suggests that existential feelings—which are characterised as a particular set of bodily feelings—constitute our sense of belonging to a world in which things can "matter" to us in specific ways. Existential feelings are "presupposed spaces of experiential possibility" which allow us to experience ourselves, other people, and objects as possessing certain features (2005: 45). Existential feelings are not directed to specific intentional objects, but they are not merely identified with non-intentional states either. Rather, Ratcliffe conceives of them as "pre-intentional" states, namely states which determine "what kinds of intentional state it is possible to have" (2010: 604).

The feelings of guilt which Ratcliffe claims to be frequent in severe depression are attributed such a "pre-intentional" character (2010). Ratcliffe shows that the sense of possibilities of the depressed person is indeed radically altered, as when guilt is experienced as irrevocable, it seems to the patient that no possibility of reparation or redemption is available to him. Culpability is experienced as something to which there are no alternatives, and, due its pre-intentional character, this predicament significantly constrains the range of cognitive and affective states which can be entertained. For example, it has been argued that because in these cases the depressed person can only conceive of herself as culpable, a range of other positive self-evaluations—such as those related to pride and self-esteem—will no longer be accessible to her (Bortolan 2016). As such, the connection between the tendency to explain bad events in personal terms and the irrevocable feelings of guilt characteristic of severe depression becomes evident. It is indeed because they experience themselves as culpable in such as absolute way, that depressed people are more inclined to attribute responsibility to themselves rather than others or external factors when negative events occur.

On a more general level, the tendency of the depressed person to account for the causes of bad events in personal terms can be further explained by taking into consideration another phenomenon typical of the illness, namely "self-absorption" (Brampton 2009: 43). This can be described as the tendency to be preoccupied almost exclusively with the self and its experiences, so that the affects and thoughts of the patients become predominantly self-directed. This feature of depression can be related to various other aspects of the disorder. On the one hand, due to the diminishment or loss of feeling, the external world is no longer perceived by depressed patients as enticing, but is rather experienced as 'flat', as if it was looked at from behind glass, and this arguably can exacerbate the patients' tendency to become absorbed in their own mental lives. On the other hand, typical of depression are also disturbances of intersubjectivity which foster the feeling of being detached from the external world and can result in a sense of isolation, "segregation" and "expulsion" from the social dimension (Fuchs 2013: 226), thus further drawing the person's attention towards her own experience. The fact of being primarily concerned with themselves rather than being engaged in various interactions with others and the external world arguably makes it easier for depressed people to focus on the self when looking for the causes of bad events.

[9] For a phenomenological analysis of the role of feelings of guilt in depression see also Bortolan (2016).

The tendency of depressed patients to provide permanent as opposed to temporary explanations can also be understood in relation to the existential transformations they undergo. In particular, feelings of hopelessness can play a central role in this regard. As exemplified by the following passage of Brampton's memoir, characteristic of depression is indeed the loss of hope that things could ever be different:

> For two years I had seen nothing, no chink of light, no sense of possibility that I would ever be well again. I was not interested in the future, I was interested (if that's a word that could possibly be applied to my furious, nihilistic despair) in the present, in the unendurable pain I felt, which was a pain that seemed to me then to be endless. (2009: 242)

The loss of hope and the structure that this experience has in depression have been investigated from a phenomenological perspective by Ratcliffe too (2013). At the core of his account is the distinction between intentional and pre-intentional forms of hope, where the former is characterised as a kind of hope with a more or less specific content and the latter is conceived as an existential feeling that makes intentional forms of hope possible. According to Ratcliffe, this distinction is reflected in the different forms of hopelessness that we can experience. It is indeed possible to distinguish between losing some or all of one's intentional hopes and losing the "possibility of hoping" itself (2013: 605), which, in Ratcliffe's opinion, would be the loss of hope characteristic of at least certain cases of severe depression. In these cases, the loss of hope does not regard a specific possibility or range of possibilities, but is rather to be identified with the "absence of the capacity to hope for anything" (2013: 605), an existential change that amounts to a radical alteration of the person's experience.

The loss of hope typical of severe depression, as well as the tendency to interpret events in permanent terms associated with it, is also related to the way in which time is experienced in the disorder. Depression is characterised by significant alterations of temporal experience and these have been extensively investigated in a number of phenomenological accounts (e.g. Binswanger 2006; Fuchs 2013; Ratcliffe 2012). It is not possible in this context to provide a complete overview of the different features of temporal experience in depression, but for the purpose of this analysis it is important to consider an aspect on the recognition of which various accounts seem to converge. It is often claimed that the way in which the depressed person experiences the future is deeply altered. In particular, in depression the ability to conceive of the future as comprising a number of different possibilities is lost and the person's painful condition acquires a seemingly eternal character (Ratcliffe 2010: 611). For the depressed person, the future does not harbour any opportunity for change and is thus perceived as an endless repetition of the present. In addition, this condition has implications for the way in which the past is experienced. If nothing new can happen in the future, the meaning of one's past is fixed and it can no longer be undone (Ratcliffe 2010). As such, it is possible to claim that in depression past, present, and future become static dimensions and no possibility to escape from the person's painful condition is given. This dynamic is described by Wyllie in the following terms:

> Here "now" and "yet-to-come" are no longer moving apart from each other as is their being because they are bound to one another in suffering. With the future "closed," the sufferer's experience of the past also becomes disordered because the past can no longer be experienced as a horizon onto the open future. The past itself becomes fixed once and for all because it cannot be abolished by any future living, because the suffering present displaces the past and future and deprives the lived present of its value. (2005: 182–183)

Arguably it is because of such a disruption of temporal experience that depressed people tend to explain bad events in permanent terms. Indeed, the inability to perceive their current situation as temporally circumscribed, along with the sense that the past cannot be given any new meaning and the future will just be a replica of their present condition, lead depressed people to attribute a permanent character to the negative circumstances they face. Such an account is also consonant with some of the insights into the relationship between existential feelings and narrative developed by Ratcliffe (2016) and, in particular, his view of the form taken by this relationship in depression. Ratcliffe suggests that the loss of certain kinds of possibilities and the sense that things could never be different negatively affect the ability of the depressed person to construct narratives where alternative conceptions of the self and its circumstances are entertained. It seems that the tendency of depressed patients to interpret bad events in permanent terms is a particular aspect of the lack of "narrative openness" which, according to Ratcliffe, marks depressive story-telling (2016). In other terms, due to the radical loss of hope and alteration of temporal experience they undergo, depressed patients become unable to conceive of their situation as transient and thus produce rigid, unchanging self-narratives where their predicament is depicted as eternal.

Further insights into the tendency of depressed people to provide not only permanent but also pervasive explanations can be gained through the examination of the way in which they experience space. It has been argued that depression is characterised by an alteration not only of temporal, but also of spatial experience (e.g. Taylor-Aiken 2011; Sass and

Pienkos 2013). For example, as far as the experience of objects is concerned, it is claimed that, due to feelings of powerlessness and the loss of emotional saliences, the depressed person tends to experience things as being far away and difficult to reach (Sass and Pienkos 2013: 134–135). It seems however that spatial experience in depression undergoes also a specific transformation relative to the way in which boundaries are perceived and I believe that the tendency to attribute to bad events a pervasive character is at least partly rooted in such a transformation.

Within the field of phenomenological psychopathology, the notion of space has been given particular attention by Binswanger in the context of his analysis of schizophrenic experience (2001). Although depression and schizophrenia differ in a number of fundamental ways, I would like to suggest that some of the observations put forward by Binswanger can be helpful in accounting for the experience of depressed patients too.

Considering the structure of delusional experience with reference to the case of Suzanne Urban, Binswanger suggests that the schizophrenic patient has the sense that random events are totally absent and everything is in contact with the self and with everything else (2001: 113). These connections can either be physical (optical, acoustic, tactile) or involve thought dynamics (Binswanger 2001: 113): for the schizophrenic person even thoughts acquire a spatial character (Parnas and Sass 2001: 107), being seen as something which can be inserted into someone's head by an external force exactly, Binswanger remarks, like material objects which can be put in or taken out of a container (Binswanger 2001: 113). It thus seems that in schizophrenia the experience of the demarcation between self, others, and the external world is radically altered: from this perspective, everything is seen as potentially impacting on the self, because boundaries are perceived to be extremely loose or even absent.

In his account Binswanger is concerned with the experience of space in schizophrenia. However, by focusing on how boundaries between self, others, and the world are perceived in the illness, he draws attention to an experiential dimension that is crucial to the understanding also of the depressive condition. While, unlike the schizophrenic person, the depressed patient retains a sense of there being a clear separation between herself and external people and objects, arguably she has an altered perception of the boundaries which exist between various dimensions of her life. Although there is a fundamental connection between the different domains in which our everyday existence develops, we ordinarily experience them as being, at least to a certain degree, separated and impermeable to each other. For instance, it is possible to be unhappy about one's current professional situation while being completely satisfied about the status of one's interpersonal relationships, or being frustrated about a perceived lack of cultural stimuli while feeling perfectly balanced and healthy from a physical perspective. In other words, although there can be a reciprocal influence between the various dimensions of our life, the positive or negative feelings associated with one of them do not automatically give rise to similar attitudes in the others. This experiential feature seems to be deeply altered in depression. For the depressed person there is little separation between the various domains of her existence: these domains are, so to speak, highly permeable to each other, and the feelings which are experienced in one of them rapidly come to colour all the others. As a result of this predicament, people affected by depression tend to interpret negative events in pervasive terms and the effects that a setback concerning a particular situation or sphere of the person's life can have are much more extensive than in ordinary experience. This seems to be the condition described by Thompson in the following passage:

> The trouble was, facts had no boundaries; they unfolded like paper accordions in my head, offering vistas of a catastrophic future. My parents were getting old; that meant someday they would get sick and die. I had made a C on my English paper; that meant I was stupid and would not get a decent job after college. I didn't have a date for Saturday night; that meant I would be alone forever. (1996: 42)

As observed by Thompson, in the depressed person's experience the sense of there being "boundaries" between the situations she experiences and other events or dimensions of her life is weakened and this is what grounds the person's tendency to give "pervasive" explanations.

The depressed person, as highlighted so far, has the tendency to construct life stories that possess specific structural and experiential features and these originate in particular configurations of affective experience. Depressive story-telling is thus characterised not only by the repetition of the "same old stories" (Angus and Greenberg 2011), but also by a certain fungibility of their contents, a phenomenon described by Binswanger as "'interchangeability of melancholic contents'" (2006: 33).[10] One of the examples Binswanger provides in this regard concerns the accounts given by patients of the causes of their depression. Relevant in this context is the case of David Bürge (2006: 35–40), a merchant who had given a financial guarantee of 40,000 francs and had come to believe that he would not have been able to get his money back. Binswanger reports that David was convinced that his depression depended on the financial loss he expected to incur, and, as such, was persuaded that he would have never managed to recover. However, when the money was unexpectedly returned to

[10] My translation.

David, no improvement was experienced. On the contrary, the patient minimised the importance of the guarantee and found other reasons to be depressed. As suggested by Binswanger, depression is thus related more to a particular way of experiencing things, rather than to the particular circumstances the depressed person finds herself in. As such, there is a sense in which depression can be considered to be independent of what the person is depressed about and should rather be identified with a particular experiential structure that is compatible with different contents. Therefore, as far as narrativity is concerned, a characteristic of depression is not only that there are some stories which recur in the individual narrative repertoire, but also that there are different stories which can all be traced back to the same narrative 'schema'. One of these frameworks has to do with what Binswanger calls "melancholic self-accusation"[11] (2006: 32), that is the tendency of people affected by the disturbance to blame themselves for having performed or failed to perform certain actions. Binswanger observes that when it is no longer possible for the melancholic person to blame herself for a particular deed, always new reasons to engage in self-accusation are found. As such, it seems that typical of at least certain forms of depression is a 'script', which can take from time to time the form of different plots, but which remains a fairly constant aspect of the depressive narrative repertoire. As previously discussed, it is because guilt sometimes acquires in depression an existential form that narrative scripts of this kind can be formed.

The account provided by Binswanger (2006) is consonant with the idea that affectivity drives narrativity and, more specifically, with the claim endorsed in this study that background affective orientations significantly shape the range of stories that it is possible for the individual to tell. These forms of affective experience provide us with the lenses through which events are interpreted, the framework on the basis of which our understanding of self and world is structured. The background feelings I have been describing, in other terms, radically constrain the way in which we understand and explain what happens to us, so that we can only give of events interpretations that are compatible with this framework.

It has now become clear that the relationship between affects and autobiographical story-telling in depression undergoes two distinct alterations. On the one hand, the life stories with which the person identified before the illness become devoid of affective resonance and, as a result, their authenticity is put into question and the person loses "emphatic access" to her previous experience. On the other, due to a number of emotional and existential transformations, new stories emerge. As the new stories are congruent with the emotions and background feelings that dominate the depressed person's experience, they tend to be perceived by the individual as authentic and to replace the ones that are no longer sustained by the person's affects. These narratives convey a very negative conception of the self, but, due to their being rooted in the person's affective experience, are difficult to shake and modify. Through the creation of new life stories, a level of coherence between the individual affective and narrative experience is restored and, as suggested by Thompson (1996), this could also be a way for the depressed person to confer a degree of organisation on her mental life and to avoid more profound disturbances:

> This is one of the least understood aspects of depression, this tenacity with which severely depressed people cling to the very perceptions that are most distorted. Doctors can attempt to reason with their depressed patients; people who have never been depressed can simply dismiss this behaviour as "crazy." To the person who is depressed, it seems just the opposite: it is a way to *keep* from going crazy. Perceptions and emotions simply have to match, at least in some rough way; there is something in the human brain that categorically rejects the preposterous idea that it might be home to emotions which simply erupt, divorced from external stimulus. (1996: 145–146)

In line with the observations I developed earlier, this passage draws attention to the importance of the existence of a degree of congruence between one's affective experience and self-conception, congruence which in depression is regained by constructing autobiographical narratives that reflect the negative feelings which mark the illness.

It is finally important to note that not all depressed patients undergo alterations of affective experience as profound as the ones described here. Depression can be present also in mild forms, but it is arguable that certain existential feelings are cardinal also to the structure of such moderate depressive experiences. As previously mentioned, Ratcliffe claims that existential feelings are fundamentally connected to our sense of possibilities (2005, 2008), and this is not an 'all or nothing' phenomenon: the range of possibilities that we experience as open to us can be at different times more or less extended. For example, when having a difficult day, my sense of what it is possible for me to achieve on a professional or personal level might be significantly affected. However, this does not amount to a complete loss of possibility. As remarked by Ratcliffe, there is a difference between "the loss of the hope that 'I will do something today that will have some kind of purpose'", and the "loss of the hope that 'my life will have

[11] My translation.

some kind of purpose'" (2013: 599). Similarly, it is arguable that while severe depression is characterised by a radical alteration of one's sense of possibilities, milder forms of the illness might involve less marked disruptions. For instance, as far as guilt is concerned, the patient might still feel that, although this might be very difficult, it is not impossible for him to make up for his deeds. In these cases, the feelings of guilt would still negatively impact the person's capacity to conceive of herself in positive terms, but they would not be accompanied by the sense that the person's culpability is irredeemable. Therefore, although in this paper I focus primarily on the extreme alterations of existential feelings and related sense of possibility which are typical of severe depression, some of the dynamics which I have described are likely to be present also in milder forms of the illness.

Conclusions

In this study I have provided an analysis of the relationship which exists between affectivity and narrativity in depression. Various contemporary accounts conceive of the disorder as a disturbance of narrative selfhood and, among these, I have considered in particular the account put forward by Englebert and Stanghellini (2015; Stanghellini 2004). I maintained that, while this account is correct in claiming that disturbances of narrative self-understanding are central to depression, and in suggesting that these are connected to particular alterations of affective experience, it fails to recognise some of the dynamics which are central to the illness. In line with Stanghellini's position, I claimed that, due to the loss of feeling characteristic of the disorder, the life narratives with which the patients identified prior to the onset of depression are no longer accompanied by congruent affective states. However, while Stanghellini and Englebert's approach suggests that the depressed person sticks with her narrative self-conception even when this is deprived of emotional resonance, I claimed that the narratives which are no longer accompanied by congruent affective states are significantly weakened or abandoned. I maintained that these narratives are replaced by new life stories which possess specific characteristics and I showed that these are rooted in particular configurations of affective experience. As such, I have drawn attention to the fact that while a decreased ability to experience certain affects is a core aspect of depression, the illness is not characterised by a complete inability to feel. On the contrary, as the analysis developed in the second part of this study has shown, feelings such as existential forms of guilt and hopelessness, which are rarely present in ordinary experience, in depression acquire a central role, deeply moulding the patients' autobiographical narratives. As such, this study contributes to highlight the fact that depression is best characterised as involving the loss of certain feelings alongside the emergence of other specific affects.

This analysis thus contributes in various ways to expand our understanding of the disturbances of narrative self-awareness typical of depression. However, it is important to note that some of the insights here developed also cast doubt on the idea that in the illness only the narrative self—and not the minimal self—is affected. As previously highlighted, within the phenomenological literature the notion of "narrative self" is often contrasted with that of a minimal, pre-reflective sense of self, and it is suggested that depression does not involve alterations of the latter level of self-experience. The insights I have developed in this paper, however, seem to provide us with some reasons to challenge this idea. By providing an account of how affectivity shapes autobiographical narrativity, I have shown that the patients' narrative self-understanding is rooted in specific configurations of feelings and bodily experience, dimensions which have often been associated with pre-reflective self-consciousness (e.g. Colombetti 2011; Slaby 2008). In addition, by focusing on existential feelings, I have drawn attention to a series of alterations which occur at the level of pre-intentional rather than intentional experience, which could further suggest that the form of selfhood which is at issue here is more basic than the narrative self. Through existential feelings we experience ourselves as being in a particular relationship with the world, but here the self is not given as an object among other objects, but rather as the feeling subject from the perspective of which the world appears as being a certain way. As such, it seems possible to consider background affective orientations as a constitutive aspect of pre-reflective self-awareness and their alterations as involving disturbances not only of the narrative, but also of the minimal self.

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