SIGNAL IN THE NOISE:
"UNGRIEVED FUTILITY" IN A COMPARATIVE ANALYTIC STUDY OF THE DEPRESSION LITERATURE

by

Marty L. Cooper

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CERTIFICATE OF APPROVAL

I certify that I have read SIGNAL IN THE NOISE: "UNGRIEVED FUTILITY" IN A COMPARATIVE ANALYTIC STUDY OF THE DEPRESSION LITERATURE by Marty L. Cooper, and that in my opinion this work meets the criteria for approving a dissertation submitted in partial fulfillment of the requirements for the Doctor of Philosophy in Integral and Transpersonal Psychology at the California Institute of Integral Studies.

Jenny Wade, PhD, Chair

Professor, Integral and Transpersonal Psychology

Christine Brooks, PhD

Professor, School of Professional Psychology and Health

Myrtle Heery, PhD

Director, International Institute for Humanistic Studies

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Marty L. Cooper
California Institute of Integral Studies, 2022
Jenny Wade, PhD, Committee Chair

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ABSTRACT

The modern depression literature goes back more than a century, and yet remains in a preparadigmatic stage of development, lacking consensus on the nature of depression's dynamic structure. The relatively few attempts to distill and synthesize the existing literatures are partial, typically incorporating only several of depression's many subliteratures. To address this fragmentation, this study employed a comparative analytic methodology to assess the entirety of the literature, asking whether the subliteratures (grouped as cognitive–behavioral, psychoanalytic, evolutionary, biomedical, phenomenological, existential–humanistic, cybernetic, environmental, and religious–spiritual theories) express a common understanding of depression. Given these literatures' lack of a shared language and conceptual structure, the construct "Ungrieved Futility" (UF) was used as the fixed comparison point by which they could be related. UF posits that an individuals' unwillingness or inability to process and abandon (i.e., grieve) futile goals forms the core dynamic structure of depression and organizes depression's various elements (symptoms, processes, and precursors). This study examined whether and to what degree the various schools of the depression literature share a common core. The analysis showed that the vast majority did express UF, with the exception of the biomedical and some environmental and religious-spiritual

theories. It identified a division between theories viewing depression as a coherent entity and those conceptualizing it as an epiphenomenon. In clarifying the literature's common core, UF offers, in both the research and clinical domains, a possible paradigmatic catalyst to the field.

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CHAPTER 1: INTRODUCTION

Depression has been studied and theorized for thousands of years, with the most intense investigation taking place during this last century (Lawlor, 2012), but still the field is disorganized, lacking a coherent or unified theory (Ingersoll, 2010), with various subsets of the field either hostile to, or ignorant of, the insights of other traditions (Kirsch, 2010; Lubbe, 2011). In addition, the field suffers from poorly defined and poorly boundaried concepts (cf. Hupcey & Penrod, 2005), adding to its overall confusion. With this fragmented state of theory, then, comes an equally fragmented state of practice—for example, one review (Jorm et al., n.d.) of depression treatments lists 21 psychological, 15 medical, and 63 complementary/lifestyle interventions—and the evidence for the efficacy of these treatments, pharmacological or psychological, is weak or ambiguous (Khan et al., 2012). The statistics on depression in America speak to how grave the situation is: In 2020, 21 million Americans, 8.4 % of the adult population, suffered an episode of major depression (National Institute of Mental Health, [NIMH], n.d.-b, para. 7), and in 2010, the social burden of depression, in terms of cost of treatment and lost productivity, was estimated to be $210.5 billion (P. Greenberg et al., 2015, p. 155). Given the prevalence and severity of depression and poor efficacy of treatments, the lack of integration in theory and practice within the field is not merely an academic problem.

Although this fragmented state of the field cannot be attributed to any one cause (Kirsch, 2010), the rise of the biomedical and chemical deficiency theory of depression in the 1970s and 1980s did have the effect of narrowing the field's focus of attention to biological factors of depression and to

pharmacological treatment (Moncrieff, 2008; Whitaker, 2010). Whatever benefits may have accrued from this focus, the negative effects are seen in the impoverishment of the field, including the ignoring of the psychodynamic insights (Fonagy et al., 2005), the sidelining of perspectives that see depression as meaningful and developmental (Ingersoll, 2010; Teodorescu, 2003), and the dismissal of the possible spiritual or transcendent meanings and implications of depression (Bonelli et al., 2012; Falk, 2007). The existence of a few efforts to integrate different orientations in the field (e.g., Beck & Bredemeier, 2016; Gilbert, 2013; Ingersoll, 2010) only serves to highlight the reality that the mainstream of depression thinking is still, theoretically and clinically, focused on the biomedical (Deacon, 2013; Wu et al., 2015), a state that exemplifies what Kuhn (1962/2012) labeled the preparadigmatic phase in *The Structure of Scientific Revolutions*.

Any collection of scientific theory goes through five phases of development, according to Kuhn (1962/2012). In the first, there is a disorganized collection of data and theory, which over time gives way to the second, the establishment of a consensus paradigm within which problem-solving work (what Kuhn called “normal science”) can then take place. At some point phase three arises as a crisis stage in which the increasingly unavoidable aggregation of anomalies has overwhelmed the existing paradigm’s ability to account for them, resulting in a breakdown of that paradigm as having inadequate explanatory power. Eventually, the fourth phase stabilizes when a new coherence emerges from a novel, more parsimonious assessment that accounts for most, if not all, of the data, signaling that the crisis has been overcome, resulting in a new paradigm that

allows for the reemergence of normal science (the fifth phase). This process, though marked by an unavoidable resistance when the existing theories struggle to maintain their autonomy or hegemony, is the normal development of paradigmatic shift, where "the successive transition from one paradigm to another via revolution is the usual developmental pattern of mature science" (Kuhn, 1962/2012, p. 12).

The field of depression research is arguably in a precariously liminal space between the first two phases of Kuhn's model, the preparadigmatic and normal science phases. The myriad incoherent schools of this field display the preparadigmatic phase "marked by frequent and deep debates over legitimate methods, problems, and standards of solution … [which] serve rather to define schools than to produce agreement" (Kuhn, 1962/2012, p. 48). However, normal science (problem solving) is also being produced within the individual schools of depression research (e.g., the huge volume of neurochemical research within the biomedical paradigm, which, within a model that assumes a chemical etiology for depression, attempts to solve for which chemical system explains the nature of depression). Whether the field is in crisis is debatable, being a question about which no overt consensus exists. However, that phase may well be near, as the problematic cases, the anomalies, have been building for decades (cf. Kirsch, 2010, for examples in biomedical/psychopharmacological field). What is missing, though, that would move the field into Kuhn's fourth phase, is a paradigm that would parsimoniously organize, synthesize, and relate the insights of the various schools.

Such a paradigm, based in a transtheoretical distillation of extant research and theory, would look beyond the dominant biomedical perspective to find the synthesis of the various theories, including evolutionary theories (e.g., Gilbert, 1992), the literature on hopelessness (e.g., Richard et al., 2015), theories of helplessness (e.g., Maier & Seligman, 1976, 2016), the phenomenological literature on depression (e.g., Ratcliffe, 2015), cybernetics (e.g., Pyszczynski & Greenberg, 1992), and psychoanalytic perspectives (e.g., Fairbairn, 1952a, 1952b; Freud, 1917/1957). A comparative analysis of these literatures seems to illustrate that, rather than depression being by nature a heterogenous collection of syndromes, the variegated literature contains an unacknowledged but pivotal factor, the phenomenon of futility.

Futility has been a remarkably unresearched and ill-defined construct, with its key theorist being a Scottish psychoanalyst from the 1950s (Fairbairn, 1952a, 1952b). Whatever might account for this lacuna in the literature, in this current study "futility" will be defined as a life condition in which an individual's particular goals cannot be met given objective circumstances. Examples of futility are a professional role for which one can never have the qualifications; a belief system that has, incontrovertibly, proven to be false; or a self-image whose features have been contradicted by the facts of one's life. Inasmuch as depression is a reaction to a failure to relinquish the attachment to that which is futile, healing requires a process of enacting that surrender of the futile goal, which is in fact the process of grief.

Thus, the central hypothesis of this study is that the existing subsets of the depression literature—the cognitive-behavioral, psychoanalytic, evolutionary, biomedical, phenomenological, existential/humanistic,

cybernetic, environmental, and religious-spiritual—all are describing the same phenomenology of depression, and that, despite different topical descriptions or foci, they share a set of common factors, which, if properly examined, reveal that depression is best characterized as ungrieved futility. The central precept of exploration is, then, that depression arises from an individual's refusal to let go of and grieve the attachments in their lives that are genuinely futile, and thus this study investigates whether that precept could bring a unity, clarity, and parsimony to depression studies and treatment, in effect, creating a synthesizing paradigm for what, to date, has been a fractured field.

If this construct of ungrieved futility proves to be a new paradigm (or paradigmatic catalyst) that organizes the literatures into a new coherency, the benefits would be manifold. According to Kuhn (1962/2012),

> Led by a new paradigm, scientists adopt new instruments and look in new places. Even more important, during revolutions scientists see new and different things when looking with familiar instruments in places they have looked before. It is rather as if the professional community had been suddenly transported to another planet where familiar objects are seen in a different light and are joined by unfamiliar ones as well. (p. 111)

The potential here is to clarify the structural and dynamic nature of depression, thereby allowing for a more precise understanding of the most relevant features of effective therapies (psychological and neurochemical) for treating depression, thus avoiding the iatrogenic effects of inaccurate theories and beliefs (Lynch et al., 2015). The field would be given a more syncretic lens to

guide the further clarifying and refining research, a more coherent lens with which to engage the problem-solving of Kuhn's normal science phase.

My interest in this topic comes from my own experience of depression, which, beginning around age seven, continued into my early 40s as recurrent episodes of clinical depression (the terribly standard collection of despair, hopelessness, and negativity), as well as the background experience of ennui that characterizes subclinical depression. In a very real way, my life has been a path organized and contextualized by depression, and by both the push and drive to find its resolution. Although admittedly, this path has involved real survival concerns, more primarily it has been an experimental journey, in which, in the pursuit of solutions, I have engaged most of the major interventions, treatments, and theories, in effect making my life an expression of experimental praxis. Becoming a psychotherapist was chosen, in part, to support my search to find a cure for my own depression. The central theoretical conceptualization of "ungrieved futility" arises from this exploration, and this study, then, is an attempt to explore whether my own observations and discoveries are merely idiosyncratic, or whether they show up in the literature as providing a paradigmatic unification of fragmented, often conflicting theories, and therefore might prove useful to the broader population of people suffering from depression.

Literature Review

On its surface, the literature on depression looks vast and perhaps permanently heterogeneous, encompassing a range of perspectives from mono-causal theories (e.g., the simplest view of the monoamine depletion theory) through diffuse, spiritually based theories (e.g., Jung's analytical

psychology, Buddhist psychology). Theories and therapies for depression are often presented as a list (e.g., Jorm et al., n.d.), without strong categorical organization, more eclectic buffet than multicourse meal. However, it is not necessary to see the field through this disorganized lens. In fact, it is possible to organize the literature into a handful of categories, to describe an implicit order that the field itself often denies or ignores.

However, as possible as such a parsimonious scheme might be, the field's preparadigmatic stage is currently demonstrated by its fragmentation, its lack of a theoretical center, and its tendency toward either ignorance on the part of the subfields of each other or toward a vying for a paradigmatic dominance. On this last point, the biomedical model of depression was clearly the winner of the late 20th century (Lawlor, 2012), and although it provided a dominant theory, it did not represent a consensus in the field, given that it has been deeply criticized since its inception (Kirsch, 2010). However, even though its dominance is apparently on the wane, no other theory or metatheory has risen to provide the paradigm upon which the whole of the depression field can agree. Some hesitant efforts toward such an integration have been ventured (such as, remarkably, Beck & Bredemeier's [2016] paper), but to date no agreed-upon synthesis exists.

The problems with such a fragmented state are manifold, affecting and compromising research efforts, clinical competency, and client treatment. The literature that focuses on fragmentation within psychology (as well as more generally on the differential in fragmentation between hard and soft sciences) argues a spectrum of positions on the causes, solutions, or possibility of any solution (e.g., Green, 2015; Patterson, 1989). These arguments include a

slowing of scientific progress (Balietti et al., 2015; Staats, 1989), wastage of research resources (Stange, 2009), clinical confusion (Magnavita, 2008), diminishment of clinical efficacy (Lazarus, 1989), and client confusion and noncompliance (Duncan & Miller, 2000). Reasons for fragmentation have been described in terms of political competition for resources and human psychological tendencies toward tribalism (Dattilio & Norcross, 2006), inherent properties of the physical versus the social sciences (Green, 2015; Hunt, 2005; Staats, 1999), and historical factors in the emergence of psychology (Paris, 2013; Walsh-Bowers, 2010; Yanchar & Slife, 1997). Solutions, when they are presumed possible, include political reorganizations (Dattilio & Norcross, 2006; Fensterheim & Raw, 1996), common factors analysis (Laska & Wampold, 2014; Norcross, 2005), and a more rigorous turn toward integral research (Marquis, 2013, 2018).

Amidst the plurality of opinions, rather than agreeing with those who claim synthesis is not possible or desirable, this study takes the position that the fragmentary, preparadigmatic nature of the depression literature (in the research, theoretical, and clinical dimensions) does in fact compromise its theoretical and clinical usefulness. For instance, in the research dimension, social and financial resources have been channeled to the biomedical approach to depression without being legitimized by a clear pragmatic supremacy, in terms of explaining depression and enhancing treatment (Lawlor, 2012; Moncrieff, 2008; Whitaker, 2010). The clearest demonstration of this reality is in the fact that the biomedical model's contention that a "chemical deficiency" underlay the etiology of depression was undermined almost since its inception, and also that the outcomes of pharmacological treatments have been mixed at

best (Kirsch, 2010). This vast dedication of resources to this part of the field has not yielded its own claimed promised results (Kirsch & Sapirstein, 1998).

In the theoretical realm, the fragmentation of the field has made for an incoherent base for research and clinical work (Balietti et al., 2015). The depression field has held a relative disinterest in the project of finding synthetic theories for depression, often defaulting to a position that depression is simply heterogenous (e.g., Goldberg, 2011), assuming that as the consensus of research. This issue is illustrated in the paucity of attempts to propose a synthesizing theory for depression, or even the more limited common factors approach of this study (Ingersoll, 2010).

In the clinical realm, theoretical fragmentation has leant to both a division among practitioners—multiple schools of psychotherapy that are sometimes dismissive, and often simply agnostic, of one another's insight—and less effective outcomes of depression treatment. A core problem here is that there is no firm consensus concerning the actual nature of depression (Kanter et al., 2008; Segal & Dobson, 1992), beyond the symptomatic profile of the *Diagnostic and Statistical Manual*, fifth edition (American Psychiatric Association [APA], 2013; hereafter referred to as *DSM-V*). This leaves praxis siloed, such that treatment focuses of clinical "objects" which each school takes more or less for granted—for example, the neurochemical "depression" (P. Gold et al., 2015) versus the very different psychoanalytic process "depression" (Freud, 1917/1957)—leaving out the possibly necessary insights of other schools. Even schools that lean into an integrated model, most particularly the biopsychosocial, tend to emphasize the "multiplicity" quality of depression, rather than a synthetic understanding of its core nature (e.g.,

Bolton & Gillett, 2019; Schotte et al., 2006). All of this contributes to relatively ineffective clinical results (which, of course, is contested, as with Cuijpers et al. [2018] vs. Munder et al. [2018]), or at least less effective than would otherwise be possible (as seen, for instance, in the positive outcomes of combined psychotherapy and psychopharmacology vs. either alone [Cuijpers et al., 2014]). This relative ineffectiveness is due, at least in part, to the underlying theories being Balkanized and mostly disinterested in synthesis.

To address this problematic situation—as normative as it is for a preparadigmatic field—this study considers the depression field through a comparative analytic (CA) lens, first attempting to discern whether the subliteratures share a phenomenological assertion about the nature of depression, and then whether those assertions match a particular construct, described as "Ungrieved Futility" (UF). To do this will require bringing an initial order to the field as a field by laying a categorization system over the literatures to illuminate an otherwise vague structure. When trying to compare the various literatures without such a scheme, the task becomes much more difficult as it is not clear what is being compared to what. Also, because the depression literature is so vast, a real danger of getting lost in the multiple weedy fields exists if there is no overarching map to guide the journey. Since the aim of this study is to discern whether an implicate order exists in the literature (and therefore in depression itself), it is important not to fall into the same trap that the literature has already created.

However, as arguably useful as it is to have such a system, not every system will be equally useful, as the depression subliteratures could be categorized in various ways. For instance, a historical perspective would yield

a narrative of changes over time, which would be helpful in examining how the different literatures relate to one other dialogically. Or another scheme with potentially more relevance to this study might be Wilber's (2007) AQAL (All Quadrant, All Levels) developmental model, which categorizes phenomena into multiple classes (quadrants, stages, states, lines, and types). However, although Wilber's model could usefully situate the orientation of a particular depression literature, it would not identify what the literatures say about the nature of depression. Since the focus of this study is on the dynamic structural core of depression as expressed in the literature, the organization schema proposed for this study will be based on these literatures' assertions about the nature (and therefore both theoretical context and treatment implication) of depression. For that reason, the depression literatures will be organized into the following categories according to how the literatures define the functional structure and dynamic of depression: cognitive-behavioral, psychoanalytic, evolutionary, biomedical, phenomenological, existential/humanistic, cybernetic, environmental, and religious-spiritual. This is intended to be a comprehensive classification scheme, encompassing all of the depression literature's subsets, with each category organized by its member theories sharing roughly the same answer to the question, "What is the nature, dynamics, and etiology of depression?" Exactly how this will be done will be elaborated in the Methods section, but briefly, these seven categories are identified as follows.

The cognitive group of theories posit depression as arising from dysfunctional cognitive processes, claiming that interpretation (the mediating factor that makes sense of stimulus) is the locus of dysfunction for depression

(Knapp & Beck, 2008). When cognitive processing does not function normatively—as influenced by such components as historical trauma, deprivation, personality factors—then depression follows from such erroneous cognition, expressing as the classic *DSM* (APA, 2013) depressive symptomatology of low mood, low motivation (withdrawal), physical dysregulation (e.g., poor sleep), hopelessness (including suicidality), and anhedonia (Beck & Alford, 2009). The treatment stemming from the cognitive group of theories centers on analysis and correction of the erroneous cognition (i.e., cognition that is not reality-based), challenging the "cognitive distortions" (Burns, 1989) and practicing what Beck (1979) described as a return to normative cognitive processing of reality. This emphasis on a return to normal functioning (rather than, say, the transformative bias of Jungian schools) typifies the cognitive group, which includes cognitive therapy (CT), cognitive-behavioral therapy (CBT), rational-emotive behavioral therapy (REBT), cognitive analytic therapy (CAT), and the "third-wave" cognitive therapies (acceptance and commitment therapy [ACT], mindfulness-based cognitive therapy for depression [MBCT]), as well as behavioral and learning theories, since they similarly focus on problems with cognition, with dysfunctional patterns of behavior arising from maladaptive "thinking." The qualifier for the behavioral schools, however, is that "thinking" is not the interstitial—that is, between stimulus and response—interpretive process of CT, but is a more or less direct application of former learning. That is, the problem in behaviorism is still interpretation, but it happens somewhat mechanistically through prior learning and stimulus-response associations, rather than more dynamically through cognitive-interpretive processes (cf.

J. Carvalho & Hopko, 2011). Treatment, however, as with CT/CBT, is still unlearning, relearning, and retraining.

The psychodynamic group understands depression to be a phenomenon arising primarily from dysfunction in internal psychological dynamics and the navigation of those dynamics (Bibring, 1953; Freud, 1917/1957; Ribeiro et al., 2018; Zetzel, 1966). Depression, here, is the *DSM-V* (APA, 2013) symptomatology as manifesting from intrinsic intrapsychic structures and drives, which creates life challenges that need to be engaged (e.g., navigating the Oedipal complex, death anxiety, or the power drive). If those inherent forces are integrated with the individual's psyche and its community, then depression is not present. But if there are failings in the navigation of these givens of the psyche, then depression is a likely consequence (Bibring, 1953). Often in the psychodynamic group, depression is seen as an inability or unwillingness to accept the vicissitudes of grief and loss (e.g., Freud's [1917/1957] classic, "Mourning and Melancholia"). Treatment within this group of theories centers on analysis of the ways in which the person has failed in relating to these forces, clarifying that person's obstructive fantasies, and developing the ability to know and tolerate the givens of human psychic life (Baker, 2001; Busch et al., 2004). The emphasis is not necessarily symptom reduction or retraining cognitive habits, but rather a deeper transformation of psychodynamic structures in the psyche. The psychodynamic group of theories include the psychoanalytic schools (classical psychoanalysis, the ego-psychology schools, and Fairbairn's [1952a] work), object relations theory, and self-psychology.

The evolutionary group of theories emphasize the question, “Why, given depression’s destructiveness, has it survived over evolutionary time?” This group’s answer is in the function of depression as a regulating mechanism within early hominid bands (Hagen, 2011). This includes, centrally, the work of Gilbert (1992, 2006, 2013) on rank theory (which focuses on the survival need to balance power drives with group cohesion) as well as multiple other theories (e.g., social risk hypothesis [N. Allen & Babcock, 2003] and honest signaling theory [Rosenström, 2013]). All of these theories posit that depression arises from the interaction of given features of the human species (particularly hominid social structures) and evolutionary survival forces. The evolutionary group is not a therapeutic model per se but offers a framework to inform therapies (Nesse, 2015).

The biomedical grouping of the depression literature treats depression as a phenomenon arising from conditions of physiological dysfunction, including somatic theories (e.g., Lowen [1993] and the work of Wilhelm Reich [1973]), especially neurobiological pathology. Theories in this category view the *DSM*’s (APA, 2013) psychological symptoms of depression as secondary effects of underlying medical (e.g., dysregulated neurotransmitters) issues. Because they all posit underlying structural or dynamic problems with physiological systems as the root of depression, they therefore pose various medical interventions (most pharmacological) as the therapy for symptom relief if not cure of depression. One of the primary expressions of the biomedical model is the older monoamine deficiency theory (Kirsch, 2010), which claims that depression results from the decrease in normal levels of brain neurotransmitters (particularly serotonin). Other theories include

molecular-cellular level dysfunction (Seo et al., 2017), as well as particular theories such as thyroid dysfunction (Hage & Azar, 2012) and systemic inflammation (A. Miller & Raison, 2016).

The phenomenology grouping focuses on depression from the phenomenological lens, both philosophically and methodologically (Moran, 2000), that is, from the vantage of what the phenomenological experience of depression tells about the nature and structure of the condition. Instead of starting from a preexisting theory of mental functioning, the phenomenology of depression (distinguished from phenomenon in the objectivist sense) employs the classic methods of bracketing and subjective analysis of the experiential objects to elucidate the structure of the subjectivity of depression (e.g., Ratcliffe, 2015). This literature particularly emphasizes the factors of mental functioning that serve to build the individual's preconscious sense of the world they live in, prior to overt awareness, and analyze depression as a disorder of this level of meaning making.

In the existential-humanist theories, the locus of dysfunction in depression lies in the lack or mismatch/misalignment of an individual's beliefs and expectations with the existential realities of human life, often expressed as death, freedom, isolation, and meaninglessness (B. Krauss & Krauss, 2015; Landro & Giske, 2017; Yalom, 1980). The existential-humanists emphasize the creation of personal meaning (Carveth, 2017; R. May, 1983; Morgan, 1983; Yalom, 1980), seeing depression as a blockage from experiential access to a more authentic reality (Carman, 2006). Thus, treatment is concerned with analyzing where these blockages in meaning lie, clarifying what is most intrinsically meaningful to an individual, and making choices to build one's

life around, and as infused by, that discovered meaning. By so doing these theories contend that depression will abate because the existential problem has been resolved.

The cybernetic theories of depression examine depression as an objective phenomenon, in terms of its dynamic and self-reinforcing structures and feedback loops (Pyszczynski & Greenberg, 1992). These theories do not attempt to place depression into a preexisting meaning structure but analyze the phenomenon as they would any complex adaptive system, in order to create a model of its cybernetic systems (Novikov, 2016). These theories include theories of goal setting and goal detachment (Koppe & Rothermund, 2017; Street, 2001, 2002), self-esteem (Leary, 1999), and self-regulation (Pyszczynski & Greenberg, 1987). These illustrate particularly clearly the dynamic construction of depression as a coherent entity.

The environmental (social and ecological) group is distinct from other literatures in that these theories see psychological dysfunction as arising from dysfunction in relational patterns with larger social groupings, as well as from the relationship between individual and natural environment, rather than from a person's internal relationships to the given human drives and dilemmas. The environmental group includes theories of depression that consider certain structures in social/community relationships (involving power, rank, status as well as cultural elements such as gender, race, ethnicity) as the central agents in understanding depression (Furman & Bender, 2003; Scheff, 2001). These theories focus on larger macrostructures of culture and society, rather than the intrapsychic, interpersonal, cognitive, behavioral, or biological models (Hari, 2018). The environmental group sees the individual's embeddedness in these

larger social structures as leading to the instantiation of depression, including the political readings of depression (Marxist, critical theory [Sik, 2018]), and the socially-biased biopsychosocial schools. Broadly speaking, depression is seen as the product of social forces that oppress human drives for meaning, value, and purpose. The environmental group also encompasses theories of depression that posit the individual-natural environment relationship as influential if not causal of depression (e.g., Kidner, 2007). This group sees the disordered or unnatural relationship with the natural environment as impacting mental health in general, and depression in particular. Treatment options are often only lightly addressed within the environmental group or are framed within a large systems understanding of change, leading to an assertion that individuals need to initiate social-level changes in order to decrease the societal conditions viewed as leading to depression (e.g., Hari, 2018).

The religious-spiritual theories analyze depression either as objective phenomenon to be studied empirically or as an expression of a disorder of one's relationship to spiritual, transcendent realities. This literature includes various religious understandings (e.g., Lundy, 2018; Martin, 2009), objective empirical studies and comparative religious studies (Kaye & Raghavan, 2002; Lucchetti et al., 2021), the dark night of the soul (O'Connor, 2002), and analytic psychology of Jung (Steinberg, 1989). The empirical work seeks to correlate religious-spiritual factors (such as belief and group belonging) with other factors (depression, general health), whereas the religious-spiritual theoretical writings diagnose and posit treatment in terms of misalignment and realignment with the canonical or experiential connection with spiritual reality. The religious subset of the spiritual group is generally Christian in

orientation, such that the language is more sectarian than philosophical. A novel feature of the spiritual group is its strong sense of teleology. This is particularly true within Jung's view (although he never strongly focused on depression in particular), in which depression is seen as both a breakdown and a force of transformation (Steinberg, 1989). Treatment for Jung is not a matter of symptom relief, nor of reinstating the process of grief only (essentially Freud's treatment), but of understanding depression as, if not an intelligent force in and of itself, then in service of a teleological intelligence that is a deep aspect of the human psyche (J. Miller, 2004). Jung's concept of the transcendent function speaks to this force of transformation and conceptualizes depression as a driver of a core force in the human psyche that moves toward greater complexity and spiritual depth.

For the purpose of this study, these nine categories are put forth as a comprehensive schema, highlighting an intrinsic structure within the depression literature, and thereby asserting that the literature is actually not a fuzzy cacophony of theories. In doing so, it is then possible to analyze and compare the core of those claims across groups. Going forward, then, this study also hypothesizes that the different theories organized into these categories are not, in Kuhn's (1962/2012) term, *incommensurable*, but indeed share a common feature, which is best described and conceptualized as "ungrieved futility."

Thus, this study's central question is whether UF is already implicit in the literatures as the central organizing principle/phenomenon of depression. Although UF is an idea that has been approached and studied in its constituents—in the grief literature (Archer, 1999), the literature on

impossible goals (Street, 2002), and some work on "futility" (Fairbairn, 1952a)—as a coherent construct it has not been directly investigated, and certainly not proposed as a central synthesizing reality of depression. UF inextricably intersects and weds two literatures, those of grief and futility. This study's essential hypothesis is that all the literatures concerning themselves with depression are describing a set of dynamic phenomena (e.g., demotivation, negative thinking, social withdrawal, etc.) that arise in relation not simply to futility (i.e., unrealizable goals) but to futility an individual cannot or will not grieve.

The process of letting go of futile goals is what is understood here as grief, that is, releasing attachments that may be precious but are objectively already lost as a possible or extant reality. Unlike the depression field's preparadigmatic state, the grief literature has actually arrived at a consensus position on the nature and function of grief, that is, that grief is a nonpathological, necessary, biological and psychological response to loss, which involves discernable qualities and states, and moves toward a resolution that allows an individual to return to normal functioning (Archer, 1999). Essentially, grief is the process of dissolving the internal attachment to an internal psychic object (whether that "object" is a person, an idea, or an inanimate thing), a painful but necessary reorganization of internal energetic commitments. When tolerable, tolerated, and therefore allowed, then the experience is of loss, which triggers grief that moves toward resolution, restoration, and reorganization. The failure of that process produces what is called inhibited or complicated grief (Mancini et al., 2011), which is associated with depression (Shear, 2012). Regarding the construct of UF, the

importance of the grief literature is its clarification that, in relation to loss, grief is a non-negotiable process, the avoidance of which causes pathological consequences.

The second aspect of the UF construct is the remarkably untheorized concept of futility (e.g., the primary theorist of futility is the mid-20th century Scottish psychoanalyst Ronald Fairbairn [1952a, 1952b]). In the depression literature, many concepts are adjacent to futility, but none captures the specific qualities that this term encapsulates. For instance, the definitions of helplessness, learned helplessness, hopelessness, despair, and resignation all have elements of what futility points to, but none highlights what this study contends is a critical discrimination between objective reality and the subjective experience of futility. By understanding the phenomenon of futility as defining a particular relationship between a goal and a context, it can be seen that futility is essentially a phenomenological (internal and experiential) entity first and foremost. That configuration of goal and context, like a Platonic ideal, is not essentially defined in terms of subject or object but nonetheless is an organization that instantiates in the objective world (e.g., the short NBA hopeful), while also being subjectively experienced without necessarily being objectively accurate. In this way, futility gives a remarkably parsimonious lens through which to see a real synthesis point among cognition, psychodynamics, phenomenology, social realities, and biology (especially the body's energy economy).

When this understanding of futility is then contextualized by the non-negotiable dynamics of grief (in that a nongenerative attachment must be released and metabolized), a new concept is produced with two moving parts.

UF puts a static condition (the phenomenological “entity” of an unobtainable goal) into a dynamic context (i.e., grief) and links that dynamically to the consequences for refusing the grieving process, that is, the phenomenon of depression. It is this densely packed synthetic construct that the depression field has not articulated, but that is hypothesized here to be the common factor that can organize the otherwise (seemingly) impossibly Balkanized field.

Thus, this study will analyze the various depression subliteratures (organized into chapters defined by the nine categories described above) to assess and articulate their core contentions about depression and how those models relate to the other categories. Specifically, each category will be assessed for how it models depression, how broadly or narrowly it defines depression, what is included or excluded in that definition, how treatment is generally understood in terms of goals and possibilities (especially for transformation), and to what degree it embraces information or perspectives from other categories. From this essentialized description of each category, the common factors of each will be assessed and related to the common factors embedded in the other categories, using UF as the common comparison point. The resulting field-wide composite view of depression will then be assessed to determine whether, or to what degree, the field of depression research, theory, and practice is already implicitly pointing to UF as the core dynamic structure underlying the phenomenon of depression.

Method

This study will examine the various depression literatures using a comparative analytic (CA) methodology, in order to explore the core question of whether UF can be a construct that parsimoniously unites the otherwise

seemingly incommensurate fields of depression theory and research. Although CA has tended to be more used than theorized (Roscoe, 2008), recent writers have attempted to distill the underlying methodology of comparative analytic scholarship. For this study, Freiberger's (2018a) formulation of CA methodology will be used to structure the research process.

The rationale for this choice in methodology arises from the identified problem with the depression field itself, that is, that the field has multiple subliteratures that generally do not attempt to integrate their insights or definitions, leading to multiple research and clinical issues. The CA method is appropriate for this kind of problem because it seeks to find the relative relationships—similarities and differences—between a set of comparable entities in order both to clarify constructs and to sharpen the theory that explains those relations.

> Comparison makes most sense when it contributes directly to theory development, helps in the conceptualization of phenomena under study, helps evaluate the limits of an existing theory, or, within a research project, assists in elaborating an evolving argument by considering other logical implications or undermining alternative explanations. (Bloemraad, 2013, p. 41)

As opposed to the depression field, which typically addresses only one constituent of depression (e.g., hopelessness), or one conceptualization of depression (e.g., the psychoanalytic), CA addresses collections of like entities to find clarity and patterns. "Comparative research differs from non-comparative work in that it attempts to reach conclusions beyond single cases and explains differences and similarities between objects of analysis and

relations between objects against the backdrop of their contextual condition" (Esser & Vliegenthart, 2017, p. 2). This is exactly what is missing from the depression field.

Specifically, the goals of comparative analysis, as described by Esser and Vliegenthart (2017), are contextual description, recognizing functional equivalents, establishment of typologies, explanation, and prediction. That is, such research (a) intends to describe the entities to be compared; (b) articulates their functional equivalents (i.e., the dimension in which they exist in the same category); (c) develops typologies ("Classifications seek to reduce the complexity of the world by grouping cases into distinct categories with identifiable and shared characteristics" [Esser & Vliegenthart, p. 4]); (d) explains the relationships among those clarified entities; and (e) makes predictions about the expected behavior of comparatively similar entities that were not cases in the study. This formulation maps onto the goals for this study, to classify the depression subliteratures based in the distillation of their core claims about depression, to determine whether the literature is describing a common construct, and to discern whether that construct matches the structural dynamics of UF.

Methodology

Methodologically, this study will follow Freiberger's (2018a) formulation of CA research, distilled from his examination of the common processes underlying comparative literature: "[The] five operations that are potentially included in the comparative process [are]: selection; description; juxtaposition; redescription; rectification and theory formation" (Freiberger, 2018a, p. 8). The first step, selection, is the process of determining which

entities and classes will be included: “Every comparative act requires two (or more) items that are to be compared (the comparands) and a point or question with regard to which they are compared (the ‘third of comparison,’ or *tertium comparationis*)” (p. 8). For this study, the “comparands” will be the functional definitions of depression embedded in each depression subliterature (i.e., cognitive-behavioral, psychoanalytic, evolutionary, biomedical, phenomenological, existential/humanistic, environmental, and religious-spiritual), with the *tertium comparationis* being the construct of UF.

This selection process (i.e., the delineation of the category by which the cases will be compared), is often overlooked or taken for granted in comparative research. Byrum (2014), writing about what she terms the “tyranny of morphology,” described the situation in which entities are assumed to be alike on shallow bases; that is, because the different literatures of the depression field reference the *DSM* (APA, 2013) phenomenological scheme, it is assumed that they all are talking about the same depression entity. “Even before we come to delineating differences, we need to think far more carefully than we often have about the likenesses we start with” (Byrum, 2014, p. 346). For instance, to discover how medieval architecture compares to modernist architecture, it would be necessary first to define and clarify what is meant by “architecture,” which might, for instance, focus on technical elements such as building materials or on forms as reifications of cultural symbols. But neither is obvious from the term “architecture,” any more than it is obvious what is meant by using the term “depression.” The depression literature and the medical and clinical professions are prone to such an oversight, acting as if depression were a fixed entity with a common

understanding, when the Tower of Babel quality of the literature points to exactly the opposite. Hence, the process of selection inherently requires a careful consideration of the boundaries of the concept that will actually be studied, since, as Freiberger (2018b) wrote, “Obvious choices of parallels may result all too quickly in discoveries of difference that are not only obvious but finally unproductive” (p. 292).

The second step, description, is the process of clarifying what the entities actually are that are being included for comparison: “Here a major issue for reflection is how an ‘item’ … is to be delineated and thus separated from its ‘context’” (Freiberger, 2018a, p. 9). For this study, description will focus on clarifying the claims about depression from the constituent members of each category—for example, CBT is a member of the cognitive-behavioral grouping—which, in aggregate, will define the claim of each category of the literature. This method entails both the rich description of how that depression category theorizes depression—that is, its particular theoretical construct of depression—as well as how that theory/construct is situated historically. As Freiberger (2018a) pointed out, “Before juxtaposing the chosen items comparativists should provide a historical-empirical description that situates the items in their respective socio-historical and discursive contexts” (p. 9).

The third step, juxtaposition, takes the carefully selected categories, which have been described richly (the first and second steps), and then compares them to one other in light of the referenced construct. As Freiberger (2018a) explained, “The most essential operation of a comparative study is the act of juxtaposing the comparands … [and] in the course of this juxtaposition the researcher observes and analyzes their similarities and differences with

regard to the *tertium comparationis*" (p. 10). For the present study, comparisons will be made among the different categories of the literature (e.g., cognitive, phenomenological) on the basis of the functional essence of their definition of depression—that is, not simply the description but that description as seen through the question, "What does this description mean in terms of how depression functions?"—to determine whether the whole field is speaking about the same phenomenon. These richly described comparisands will then be related through the lens of the *tertium comparationis*, being UF, which provides a static construct that is not theory-bound, something the various subliteratures cannot provide from within their own frames of reference.

The fourth step in Freiberger's (2018a) method is redescription, "the act of describing a historical-empirical item once again in light of the insights gained from the juxtaposition with a different item" (p. 10). This is the process of understanding and articulating how the original entities or comparands should now be seen and described differently, in light of what was discovered in the comparative analysis. As summarized by Mack (1996), "A redescription will register what has been learned in the study" (p. 258). Most specifically to this study, that redescription will be the conclusion concerning whether the aggregated depression field is inherently speaking about depression as the phenomenon of UF.

Lastly, the fifth step is that of rectification and theory formation: "Unlike redescription, rectification does not refer to the analysis of a particular historical-empirical item but to a revision of the definition and conceptualization of the (meta-linguistic) categories involved in the study"

(Freiberger, 2018a, p. 10). Here, if the redescription of the biomedical depression might be that the biological factors shift from being etiologically primary to being secondary symptoms, then in contrast, rectification would say (in light of the comparative analysis) that depression qua depression is not a heterogeneous collection of pathological phenomenon, but a set of expressions of a singular dynamic process. Thus, in this process, theory is tested and possibly transformed by virtue of the discoveries exposed in the CA process.

Limitations

Although CA seems to be best suited to this study's research question, critiques of the method, its orientation, and limits of its usefulness need to be addressed. First is the problem of assumptions of likeness that allow grouping of comparands in a particular study that may only have superficial similarity (cf. Byrum, 2014). As Azarian (2011) observed, "As various species of entities are picked up to be compared, there is often an underlying and tacit assumption about their autonomy and a silent tendency to ignore the complex interplays and mutual influences among the units" (p. 120). In this study, this potential pitfall or limitation is addressed both by the scope of cases included (the entirety of the depression literature segregated into like categories) and by the analysis of the particular members of the subliterature categories to give a rich defense of why those entities support the general functional statement of depression (the comparand) for each group. That is, the selection for this study is based in focusing on the totality of one entity—depression—and then the definition of the subliterature category schema.

Another criticism embedded in the sociological and anthropological fields is that the units of comparison can be incomparable, being "an axiom … that human cultures are entirely incomparable with one another, that they comprise mutually exclusive universes of meaning" (Azarian, 2011, p. 749). Depression writers never quite approach this radical assumption about incommensurability of depression theory (although this strain appears in writings about integration in the general psychology field, such as in Green [2015]) but more often default to an assumption of heterogeneity that fairly critiques simple notions of depression being one entity, yet they fail to explore the possibility of an underlying metastructure (cf. Goldberg, 2011).

Another critique of CA is that it distorts out of usefulness the full reality from which comparands are abstracted.

> By its very nature, it is claimed, comparison extracts behaviors and beliefs from their meaningful context, thereby radically distorting them. A related complaint is that the categories deployed in the comparative exercise are external impositions—of a religiously or Eurocentrically imperialistic kind—that distort or obliterate contextual significance. (Roscoe, 2008, p. 749)

The second claim could hold true if the focus were an anthropological study of depression, but it is not particularly germane to this project, where the focus is on the psychological research fields of depression. The first criticism is relevant, though, since the focus is on distilled definitions of depression, which are far from the complex and multifaceted lived experience of those suffering depression. But Roscoe (2008) answered this in a way that seems appropriate here, writing, "There is nothing about the process of comparison

that precludes the inclusion of any amount of meaningful context" (p. 750). In fact, to define the aspects of depression from which the various theories are built necessitates referencing the fuller context: for instance, "hopelessness" means nothing unless it is described contextually, in terms of a particular kind of relational stance. Since this is how this study will approach the definitional task, it does not seem that this problem with CA applies.

Delimitations

In terms of the delimitations, this study does not attempt to assess the relative efficacy of different therapeutic models, nor to substantiate any particular claims coming from particular literatures or models (e.g., the claim that treating inflammation reduces depression symptoms), nor to invalidate any particular modality. This study is strictly focused on determining whether the literature (as aggregated from its subliteratures), when filtered through the lens of functional definitions of depression, is or is not describing depression as a phenomenon of UF.

CHAPTER 2: COGNITIVE-BEHAVIORAL, DEPRESSION, AND UF

What has come to be known as cognitive-behavioral therapy (CBT) is a 70-year-old tradition within psychology and psychotherapy, which, despite its often-oversimplified public presentation, is best thought of as a multifaceted, ongoing discussion of the role and function of cognition within human behavior and psychology. It is generally conceived of as moving through three phases: behaviorism, with B. F. Skinner its primary representative; classical/cognitive, represented by Albert Ellis and Aaron Beck; and third wave, represented by Stephen Hayes (Hayes, 2004).

The origins of modern CBT lie in a mid-20th century American psychology that was becoming more dissatisfied with psychoanalysis and behaviorism, being the then-dominant strains of psychology, traditions that at the time defined the boundaries of acceptable theorizing and research (Dobson et al., 2018). Psychoanalysis centered its analysis and treatment of psychopathology on the dynamics of the unconscious and ego and on the frustration of drives (Rosner, 2018). Behaviorism, in stark contrast, focused on the dynamics of operant conditioning and learning in the sculpting of behavior, deliberately omitting consideration of internal factors, of mind. The former was heavy on theory but eschewed research, while the latter emphasized research but only on the external, observable behavior.

> Behaviorism turned away from earlier, mentalistic attempts to analyze the mind; instead, it focused on overt behavior and the discovery of regularities involving observable events and behaviors … it tried, from its own platform, to legislate psychologists into being good empirical scientists. (Bechtel et al., 1999, p. 4)

The so-called cognitive revolution—the paradigmatic shift from behaviorism's exclusion of mind to a psychology that argued that internal dynamics and structures were necessary to understand human behavior and psychology—arose from multiple sources in behaviorism's complex history (Graham, 2019; Waskan & Bechtel, 1998), including computational science, artificial intelligence, neuroscience, linguistics (particularly Chomsky's work), European psychology, and even, in Edward Tolman's work, cognitive strains within the behavioral framework (Bechtel et al., 1999; G. Miller, 2003). During the 1950s, these disciplines converged, initiating the sea change toward this cognitive orientation.

The displacement of behaviorism began in the 1950s, in what was the beginning of the cognitive psychology and cognitive therapy traditions. Although Aaron Beck's CBT is currently the most well known in this area, particularly therapeutically, Albert Ellis's rational emotive behavioral therapy (REBT) was a precursor of CBT (Trower & Jones, 2001). However, REBT and CBT (then called cognitive therapy) developed on parallel tracks until Beck's first papers on depression were published, after which communication and cross-pollination between the two theories began (Padesky & Beck, 2003). Although Beck acknowledged many similarities between CBT and REBT, summarizing their major difference as REBT being a philosophically oriented therapy and CBT an empirically based therapy (Padesky & Beck, 2003), Ellis (2005) disputed this clean division as more a matter of emphasis than substance.

Alongside of the classic CBT tradition, and related but not synonymous with behaviorism, the learned helplessness (LH) theory was

developed out of the work of Martin Seligman (Overmier & Seligman, 1967; Seligman & Maier, 1967). Derived from empirical research studies, this theory proposed a behavioral theory of helplessness and then later reformulated it to include an awareness of the cognitive mediating dimension.

Finally, Third Wave CBT arose in the 1990s as an expansion of the CBT tradition, focusing more on the structure rather than the content of cognition (Hayes, 2004). In contemporary CBT tradition, the Third Wave continues to develop alongside (rather than supplanting) classical CBT, especially Beck's version.

Cognitive-Behavioral Theory

The essence of REBT is in its definition of human suffering as essentially arising from a resistance to reality itself, with that resistance taking the form of beliefs that exert demands on reality.

> Just about all people in all parts of the world frequently take their socially imbibed preferences and standards and *create* and *construct* absolutist, unrealistic shoulds, oughts, musts, and demands about these goals. They thereby largely *make* themselves disturbed and also then disturb themselves about their disturbances. Their self-disturbing demands are both conditioned by their environment *and* are self-taught. (Ellis, 2003, p. 229)

Although REBT is sometimes dismissed as overly directive or intellectual (Trower & Jones, 2001), it is actually a complex and multidimensional depiction of how humans suffer. In the preceding quote, for instance, a real social milieu that conditions human belief (the behavioral dimension) exists alongside interaction with the individual's own making of meaning (the self-

taught, cognitive dimension), and disturbance arises within that combination.

Cognitive therapy (CT), developing parallel to REBT, arose from the then-psychoanalytically oriented Aaron Beck's studies of depression. Curious about patient responses that seemed out of alignment with the psychoanalytic idea that depression is the product of anger and hostility turned toward the self, Beck began cataloguing the cognitions that depressed patients had around the anger. Instead of finding the predicted expressions of anger turned inward, Beck discovered instead regular themes of guilt and loss (Beck & Dozois, 2014). Testing this further by asking patients to reflect on these negative patterns of thought and belief, and then collaboratively challenging and altering these cognitions, Beck found that depressive symptoms would often remit in roughly ten psychotherapy sessions, which was many fewer than believed possible in psychoanalysis. In addition, he found returning patients who had previously completed analysis, reported the benefits in cognitive rather than insight terms (Beck & Dozois, 2014). From these insights, Beck began formulating what would become known as CBT:

> CT rests on three main propositions: (a) the access hypothesis—with appropriate training, motivation, and attention, people can become aware of their thinking; (b) the mediation hypothesis—the way in which people think about, interpret, and construe events influences their emotional and behavioral responses; and (c) the change hypothesis—people can become more functional and adaptive by intentionally modifying their cognitive and behavioral responses to the circumstances they face. CT is a structured, collaborative process that helps people to consider both the accuracy and usefulness of their

> thoughts through exploring (determining one's idiosyncratic meaning system and maladaptive beliefs), examining (reviewing the evidence for and against a belief and considering alternative interpretations), and experimenting (testing the validity of a belief system). This approach is used initially to target more proximal and surface cognitions (e.g., automatic thoughts, dysfunctional attitudes) and later in therapy to modify deeper cognitive structures and core beliefs. (p. 375)

In the 1990s, the so-called Third Wave of CBT began to emerge, focusing more on mindfulness and acceptance strategies, and analyses of the metacognitive, process level of cognition—that is, the structures rather than the contents of thought. One of the central Third Wave therapies is acceptance and commitment therapy (ACT), as proposed by Steven Hayes and colleagues (Hayes, 2004), which serves as an exemplar of these therapies. ACT proposes that psychopathology is more the result of faulty, maladapted relationships to the process of thinking than to the contents of thinking (Strosahl et al., 2004; Zettle, 2007). ACT trains patients to be aware of cognition qua cognition and to practice acceptance of thoughts as constructs, rather than to be overly involved in the content of thinking.

Learned helplessness (LH), although not typically grouped in with the CBT tradition, is nonetheless a behavioral learning theory that includes dynamics of cognitive processing. LH arguably falls in between behaviorist and cognitive theories in that its focus is the behavioral effects of exposure to inescapable trauma. However, it also recognizes cognitive process per se, and in particular cognitive belief structures, understanding that those beliefs

become, after a learning process, unresponsive to new environmental circumstances.

The theory of learned helplessness arose from experiments by Seligman and Maier (Overmier & Seligman, 1967; Seligman, 1972, 1975; Seligman & Maier, 1967), in which dogs were exposed to electric shocks in order to understand the effects of inescapable aversive conditions on behavior. The subjects were placed in a box sectioned by a low divider between a shock-inducing floor and a nonshocking floor. The dogs exposed to shock but able to jump over the divider learned to do so. However, the dogs who were prevented from escaping repeated shocks, after repeated futile attempts, exhibited shutdown behavior in which they ceased attempting to flee. When these latter dogs were again allowed the possibility to escape the shock side of the box, they behaved as if that adaptive behavior were still impossible, a condition called learned helplessness.

> Learned helplessness might well result from receiving aversive stimuli in a situation in which all instrumental responses or attempts to respond occur in the presence of the aversive stimuli and are of no avail in eliminating or reducing the severity of the trauma. (Overmier & Seligman, 1967, p. 33)

The learned helplessness theory has evolved over the decades. In the early 1970s, in addition to confirming the dog studies with other animals (Abramson et al., 1978), experiments showed that the learned helplessness effect occurs in humans as well (e.g., Hiroto, 1974). However, as the center of research shifted from animals to humans, dissatisfaction with the simplicity of the animal findings arose, leading to a reformulation in 1978 (Abramson et al.,

1978) that more directly reflected the cognitive tradition by placing human learned helplessness in the context of attribution theory.

> Once people perceive noncontingency [the unrelatedness of an outcome with individual action], they attribute their helplessness to a cause. This cause can be stable or unstable, global or specific, and internal or external. The attribution chosen influences whether expectation of future helplessness will be chronic or acute, broad or narrow, and whether helplessness will lower self-esteem or not. (Abramson et al., 1978, p. 49)

Attribution theory essentially recognizes that humans give experiences interpretations, connecting perception with underlying systems of understanding to attribute origin, motivations, and intentions (Weiner, 2008). Abramson et al. (1978) realized that the early version of learned helplessness did not distinguish between when a situation is futile because it is that for all individuals, versus when it is futile only for a particular set of individuals; when a situation is objectively or subjectively futile; and when a futile situation is understood to be attributed to impersonal or personal qualities. The attribution of a reason for noncontingency will fall into one of these cases, and "these expectations, in turn, determine the generality, chronicity, and type of [a person's] helplessness symptoms" (Abramson et al., 1978, p. 52).

Learned helplessness remained stable in this reformulated version until recently, when Maier and Seligman (2016) coordinated the theory with contemporary neurological data. The primary change was an assertion that the original theory misunderstood the learning of helplessness, that brain research shows that "passivity and heightened anxiety are the default mammalian

reaction to prolonged bad events [and that] what can be learned is cortical—that bad events will be controllable in the future" (p. 364). Expectancy still plays a role, but in learning control rather than helplessness, flipping the original conceptualizing on its head. That is, the default state of assuming a noncontingency of control seems to be evolutionarily wired into mammals: "reflexes are energy intensive, and so if [behavioral strategies are] unsuccessful it might be adaptive to inhibit them and conserve energy for use in physiological adjustments that promote survival" (p. 361). Though what was actually learned was reinterpreted, the dynamics of expectation and futility were not contradicted.

LH developed alongside the classical cognitive traditions, and although neither were solely theories of depression, both have strongly focused their general insights on the specific dynamics of depression. Among the CBTs, REBT and Beck's CBT are here treated as the primary exemplars of the classic CBT theory, exhibiting most clearly CBT's central claim that the cognitive process and structures that interpret reality exist, and that when cognition becomes maladapted to that reality, depression arises.

Behaviorism and Depression

For behaviorism, depression is "the result of decreased environmental reward, associated reductions in positively reinforced healthy behavior, reinforcement of depressive or passive behaviors, and punishment of healthy behaviors" (J. Carvalho & Hopko, 2011, p. 154). That is, depression is seen as a direct product or function of rewards or punishments in the environment, as the individual is subjected to them, without referencing cognitive mediation. Depression, then, is understood through this lens as a condition that arises

directly from the lack of environmental positive reinforcers, and therefore is to be alleviated through the modifications of those factors.

Although major behavioral theorists have posited different explanations of depression, "the core and guiding belief of behavior analysis is that operant behavior can be changed by altering available reinforcers, applying punishers, changing stimulus conditions, shifting establishing operations, and, of course, modifying the response itself" (Kanter et al., 2004, p. 256). Indeed, "The simple notion that a lack of or reduction in positive reinforcement produces depression has been the foundation of most behavioral theories of depression. These theories have interpreted depression literally, emphasizing reductions in overall behavioral frequency and variability" (Kanter et al., 2005, p. 6). For example, Ferster (1965) described depression in essentially the same terms as Skinner, as a decrease in the frequency of positively reinforced behavior, later adding the reduced behavior of escaping or avoiding aversive social consequences (Ferster, 1973). But in contrast to Ferster, Costello and Lazarus (1972) proposed that it is not strictly the absence of positive reinforcers that defines depression so much as the effectiveness of existing environmental reinforcers. Lewinsohn (1974, 1975) elaborated on this by describing depression as both a low rate of contingent reinforcement for nondepressed behavior and positive reinforcers of depression, in the form of others' sympathy for the depressive's suffering. The classic behavioral theorists of depression do not essentially deviate from this understanding, and in so doing avoid the various vicissitudes and particularities of depression as a phenomenon, in both theory and behavioral treatment.

Classical CBT and Depression

REBT's understanding of the structure and treatment of depression is based in its overall claim about the central causal factor of psychopathology, being "demandingness" (Ellis, 1987). Demandingness is defined as an individual's belief that certain goals or expectations are non-negotiable, creating maladaptive evaluative beliefs about the self and the world (Ellis, 1958). As Ellis (1987) colorfully said, "I have particularly emphasized that both anxiety and depression largely stem from absolutistic, necessitous thinking or *must*urbation" (p. 123).

For Ellis (1987), maladaptive means that a belief is rigid and inflexible, rather than hypothetical and open to modification, and especially that it is a maladaptive evaluative, versus representational, belief. "Cognitive theory [especially Beck's CBT] hypothesizes that negative representational beliefs are of central importance whereas rational emotive behavior theory hypothesizes that negative evaluative demands lie at the core of psychological disturbance" (Hyland & Boduszek, 2012, p. 104). This is an important distinction, as depression is not simply about static representational models of self and world but about how those models or schemas (Dozois & Beck, 2008) embed evaluative systems that then shape behavior.

> The [REBT] theory of depression states that when people merely wish, prefer, or desire to achieve goals (such as succeeding in school, work, or relationships) and when they fail to do so and think they will continue to fail, they will tend to feel distinctly (and often strongly) sad and regretful but not depressed. When, however, they consciously or unconsciously escalate their desires and preferences into absolutistic

> demands and commands and powerfully convince themselves that they should, ought, and must (under practically all conditions and at all times) achieve the success and approval they desire, they then make themselves depressed. (Ellis, 1987, p. 123)

With depression, as with other applications of REBT, the so-called "ABC model" is seen as central. REBT holds, as do other cognitive and CBT models (Beck, 2002), that individuals experience "undesirable activating events (A), about which they have rational and irrational beliefs (B). These beliefs lead to emotional, behavioral, and cognitive consequences (C). Rational beliefs (RBs) lead to functional consequences, while irrational beliefs (Ibs) lead to dysfunctional consequences" (D. David et al., 2005, p. 176). However, Ellis (1987) argued that though static representation systems exist, they are not sufficient in themselves to produce depression (which some research supports; e.g., Hyland & Boduszek, 2012). REBT's contention is that the beliefs that are triggered must be demands on reality, based in rigid evaluative claims, in order for depression and not sadness to arise.

Thus, REBT looks at effective treatment of depression as centrally focused on these demand beliefs. Specifically, treatment is seen as the process of rationally challenging these rigid, maladaptive beliefs, and in showing clients how to enact that challenge.

> Practically all their unrealistic and illogical ideas stem from a cardinal musturbatory philosophy, and how if they acknowledge this, scientifically dispute their grandiose commands on themselves, on others, and on the universe, they can fairly easily rid themselves of their derivative irrationalities. (Ellis, 1987, p. 135)

What ACT comes later to emphasize as acceptance is embedded in REBT as both the development of flexibility in evaluative belief systems and the capacity to release goals that have become unattainable. “The [REBT] practitioner will try to help [the] depressed client make a profound philosophic change and acquire, if feasible, a philosophy of acceptance rather than of demandingness” (Ellis, 1987, p. 132).

Although REBT participates in the rational approach to psychopathology, distinguishing it and all of the CBTs from approaches focused on other core systems (such as the strictly behavioral, somatic, emotional, and relational therapies), it nonetheless builds into treatment elements of each, as its name suggests. According to D. David et al. (2019), “In order to be successful, REBT interventions for depression should include behavioral, cognitive, and emotive techniques” (p. 31). Thus, although REBT is often held as rigid and didactic (Trower & Jones, 2001), it is actually complex, flexible, and multifaceted, both in theory and practice, within which one can see the basic structure, if not languaging, of UF.

Although in many ways overlapping, if not identical, CBT does present meaningful differences to REBT in its depiction of depression and depression’s solution. CBT is most frequently associated with the work of Aaron Beck, arguably CBT’s most dynamic and prolific theorist and researcher since its beginnings in the 1960s (Rosner, 2018). Although over these years Beck and colleagues have applied CBT to myriad clinical disorders, its roots lie in the investigation of the cognitive dimensions of depression, which continues to be a strong focus of CBT (Thoma et al., 2015).

One of Beck's earliest insights came out of his engagement with psychoanalytic theory, specifically his questioning the psychoanalytic theory that depression was the result of retroflected hostility related to loss (Freud, 1917/1957; Rosner, 2018). In studying the dreams of depressives, Beck (2019) found that the themes were actually not anger, as predicted, but rather sadness and loss. This discovery led into his investigations of the cognitive underpinnings of depression, while still retaining the psychoanalytic understanding that depression is triggered by, or in relationship to, loss (Clark et al., 1989).

In these and following investigations, Beck positioned CBT as a stress-diathesis phenomenon, that is, a condition that expresses when the preexisting tendency toward depression is triggered by a stressor, specifically the loss of an important attachment object or goal (Beck, 1967, 2002). Rehm (1990) made this point in writing, "In depression, the theme of the automatic thoughts is the perception of loss … [with loss being] the cognition that relates to depression" (p. 36). Although stressful early life events are relevant, CBT understands their diathetic elements in terms of how they shape self-schemas, the internalized models of the self.

> The schemata which are active in depression are previously latent cognitive structures. They are reactivated when the patient is confronted with certain internal or external stimuli. Once reactivated, the depressogenic schemata gradually replace more appropriate ways of organizing and the evaluating information. (Kovacs & Beck, 1978, p. 529)

Schema are a central feature of the cognitive understanding of depression as they embed the definitional parameters of an individual's self and world. They are the models through which inputs of different kinds are processed (internal or external), generating behavioral outputs; that is, they collect the rules and definitions used to make sense of experience (Dozois & Beck, 2008).

In CBT's view, the schema that is required for depression to manifest is encapsulated in Beck's "cognitive triad," being the conjoined negative views of self, future, and world.

> [The first component is that the depressive] sees himself as defective, inadequate, diseased, or deprived. He tends to attribute his unpleasant experiences to a psychological, moral, or physical defect in himself. … The second component [is] the depressed person's tendency to interpret his ongoing experiences in a negative way. He sees the world as making exorbitant demands on him and/or presenting insuperable obstacles to reaching his life goals. … The third component consists of a negative view of the future. As the depressed person makes long-range projections, he anticipates that his current difficulties or suffering will continue indefinitely. He expects unremitting hardship, frustration, and deprivation. When he considers undertaking a specific task in the immediate future, he expects to fail. (Beck et al., 1987, p. 11)

This is the essential definition of the depressive schema, a belief system that CBT understands as rooted in early life experiences of loss (Dozois & Beck, 2008), which when conditions are suitable to reactivate it, takes over an

individual's primary information processing and manifests in depression symptomatology.

The primary symptom from CBT's perspective are the cognitive distortions (Burns, 1980), which are both embedded in the Cognitive Triad as well as express strongly in depressive episodes. Burns (1989) has encoded these as the "10 cognitive distortions," such as black and white thinking, personalizing and blame, should statements, and discounting the positives. These all express and reinforce the negatively biased view and processing of experience and therefore generate behavior congruent with such beliefs. This understanding is particularly relevant for depression because the logic of the Cognitive Triad inevitably produces a behavioral shutdown (Henriques, 2000), given that a future perceived as having few reinforcers does not justify energy-expending engagement. As Beck (1987) wrote, "The depressive automatically adjusts his expectations to a low level. In a sense, he shuts off his engine since it is 'futile' to keep striving" (p. 52).

Although, as noted, REBT and CBT are differentiated in terms of their relative philosophical and empirical orientations, this is a difference more in emphasis than substance. The philosophical, meaning-making emphasis of REBT, especially in terms of evaluative behavior, is nonetheless reflected in the Cognitive Triad's structures, which produce predefined evaluations of the cognitive distortions. REBT emphasizes the dynamic aspect of evaluation and CBT the static, but both understand depression to involve belief structures that create cognitive and evaluative bias, thus Beck's (2005) summation of CBT's view on depression:

> On the basis of systematic clinical observations, I proposed that the symptoms of depression could be explained in cognitive terms as follows: the biased interpretations of events are attributed to the activation of negative representations of the self, the personal world, and the future (the negative cognitive triad). (p. 954)

Treatment of depression from the CBT perspective involves the correction of these cognitive distortions, analyzing them rationally in order to clarify that seemingly obvious assessments of the world are in fact being conditioned by activated depressive schema (Dozois & Beck, 2008). This correction leads not to an individual who is defined as only rational but to a return to adaptive behavior.

> Contrary to common belief among clinicians the cognitive approach to depression and psychopathology does not assume that a well adjusted individual is one who thinks logically and solves problems rationally. What is assumed is that to understand and correct maladaptive behavior that idiosyncratic meaning people ascribe to their experiences must be uncovered. Within this framework, we do not try to alter or remove all idiosyncratic evaluations but only those that are dysfunctional or maladaptive. (Kovacs & Beck, 1978, p. 526)

This distinction that adaptive and maladaptive are not tantamount to rational and irrational is important, as CBT does not claim that the resolution of depression is the eradication of the irrational. CBT is much more pragmatic and contextual, seeing adaptive cognition and behavior as those that are not correct in some simplified philosophical or moral sense but those that do not disrupt functioning. “If the cognition did not interfere with [an individual’s]

emotional well-being and general functioning, it would not be considered maladaptive" (Kovacs & Beck, 1978, p. 526).

This emotional wellbeing is more the target in CBT treatment of depression than rationality per se. Although CBT does not have a strong emotional activation or processing element (Samoilov & Goldfried, 2000), it understands the problem of depression as the interruption of normal behavioral and emotional functioning by maladaptive cognition (Beck, 1967; Burns, 1980, 1989). Thus, CBT's core approach to treating depression is cognitive, not because it views cognition as the direct cause of emotion, but because it sees cognition, especially schema-driven cognition, as the obstructive agent to adaptive, reality-oriented functioning (Beck, 1987; Beck et al., 2002).

Thus, the structure of CBT's understanding of the nature of depression is of a phenomenon that has early life, diathetic elements that build a maladaptive schema of self, world, and the future potential for action, which, when triggered, invokes that early schema to process current information according to its old rules. The symptomatology that then defines depression, especially rumination and faulty, unrealistic assessments and evaluations, arises from this reactivated schema and creates a cognitive-emotional-behavioral system that loops on itself. Resolution involves addressing the cognitive part of the system to break that depressive looping, returning the individual to adaptive functioning.

Third Wave CBT and Depression

"Third Wave CBT" was a term coined by Hayes (2004) to denote a shift in the development of CBT from essentially the content focus in classical

CBT to a focus that examined metacognitive process more than cognitions per se, a change originally codified in the Acceptance and Commitment Therapy (ACT) manual (Hayes et al., 1999). Bhanji (2011) emphasized this in writing, "One of the key differences between second wave and the third wave CBT is the shift from changing the content of thoughts to the focus on changing how one relates to, observes or processes their thoughts" (p. 58). ACT will serve here as the exemplar of third wave approaches to depression, as it is both the most studied and most applied (Forman et al., 2007) of the various subsets of Third Wave CBT.

ACT's summary view of depression is offered by Zettle (2007):

> According to the primary pathway presented … , depression is a consequence of pursuing an agenda of "not feeling bad" in general and, more specifically, that of running away from dysphoria. In addition to being produced by experiential avoidance, depression itself may also serve an avoidant function by preventing us from coming into contact with even more basic and threatening psychological experiences. … Additionally, depression may offer protection in certain instances against the disappointment of goal-attainment failure. (p. 34)

Hence, ACT understands depression as a behavioral pattern—ACT includes cognition as a type of private behavior (Hayes et al., 1999)—organized around the avoidance of experiential realities. Depression is maintained, from the ACT perspective, by cognitive, emotional, behavioral, and especially linguistic patterns that support a general psychological inflexibility (Kanter et al., 2008; Zettle, 2007), which prevents detachment from futile goals and

fusion with goals not driven by one's own values (Hayes, 2004; Hayes et al., 2012). Dysphoria is understood as the opposite of depression as a normal, "clean" pain (Hayes, 2004) necessary to avoid the rigidity of depression.

> Dysphoria is posited to not only lead to the adaptive disengagement of ineffective goal seeking, but to also prevent the premature pursuit of alternatives … [and] thus, from this viewpoint, while anxiety inhibits dangerous actions, dysphoria inhibits futile ones. … An unwillingness to accept dysphoria that naturally results from loss and failed goal attainment and to instead attempt to actively run away from it is suggested as the primary pathway that makes depression so depressing. (Zettle, 2007, pp. 23–37)

ACT, as with Third Wave CBT approaches in general, does not see depression in terms of the specific content—as focalized in the "content specificity" theory of CBT (Beck, 1963)—but in terms of these macro processes, the way rather than the what of thinking. Treatment of depression in ACT, then, does not attempt to alter cognitions per se, but rather addresses the depressive rigidities—such as rumination, despair, negative self-concept—directly through the inflexible processes of thinking.

> ACT seeks to minimize the ways in which language contributes to psychological rigidity and human suffering while also strengthening the ways in which it can support valued living and psychological flexibility. As a second-order change approach, ACT for depression does not seek to change depressive ways of thinking or regulate dysphoric mood, but instead tries to target the contexts and processes

> that prevent continued valued living in the presence of such private events. (Zettle, 2007, p. 21)

ACT focuses on defusing (i.e., disidentifying) and acceptance in treating depression, such that the depressive's identification with thoughts and a damaged self-concept is addressed at the level of identification rather than the content of that identification. In this process, the individual learns not to identify with their thoughts: "Psychological flexibility is precluded and depression may inevitably result when fusion occurs with life stories that are particularly traumatic and which induce dirty pain" (Zettle, 2007, p. 36). This condition is woven through with what ACT calls "creative hopelessness," essentially the process of accepting the fact of unobtainable goals. As Hayes (1999) expressed it, "Creative hopelessness is just giving up on what experience tells you is futile" (p. 106).

Thus, ACT sees depression as a pattern of rigid, inflexible behavior (cognitive, emotional, and literal) in which symptoms of depression arise and are reinforced from these rigid patterns, especially identification and fusion with a negative definition of self and an inability to accept losses and futile goals. Thus, treatment is reversing this inflexibility: "The ultimate goal of ACT in working with clients with depression … is not to eliminate their depression … [but] rather, it is the promotion of psychological flexibility" (Zettle, 2007, p. 11).

Learned Helplessness and Depression

LH as a theory has basically remained stable in application to depression over its history. Abramson et al. (1978) wrote, "The cornerstone of [the original] statements of the learned helplessness model of depression is

that learning that outcomes are uncontrollable results in the motivational, cognitive, and emotional components of depression" (p. 64). Seligman (1975) correlated the symptoms of learned helplessness with those of depression: retardation of voluntary action, negative cognitive set, tendency to decay over time, lowered aggression, loss of physical and social drives, and similar physiological changes such as norepinephrine depletion (p. 82). Further research (Maier & Seligman, 2016) supported this theory, including the experience of the subjects, in terms of themes of loss, impotence, and the presence of what LH refers to as "cognitive set" (Seligman, 1975), analogous to CBT's "cognitive biases" or "schemas" (Beck et al., 1987). The treatment of depression was analogous to the treatment of LH, that is, the return of the patient to a belief in their own efficacy (Beck, 2002).

At the heart of the LH theory of depression is the observation that when humans face an experience of helplessness, that is, when an important outcome is noncontingent on their behavior and actions, a state of deenergization and demotivation instantiates. Initially this was thought to be a process of learning passivity (Seligman, 1972, 1975), later corrected to an overwhelming of learned control (Maier & Seligman, 2016), but the central structure remains the same, regardless of whether helplessness-inducing situations cause or uncover passivity. As Maier and Seligman (2016) explained, "The basic result was that the subjects without control later revealed passivity and a number of other behavioral changes, whereas those with control did not and appeared to be similar to nonshocked controls" (p. 359).

Interestingly, from its inception, LH has included a kind of proto-integrative impulse by referencing biological research, psychoanalytic thinking, and developmental theory (Seligman, 1975), which sets it apart from strictly behaviorist, medical and neurochemical models of depression. LH began very much in the behaviorist paradigm but carried the cognitive understanding that later flowered in CBT and undermined the behaviorist program.

Cognitive-Behavioral, Depression, and UF

Given that the behavioral tradition does not actually analyze depression per se, so much as subsumes it in a general category of entities arising from reinforcement dysfunction, it may seem that there are no grounds for seeing UF as an organizing construct in behaviorist views of depression. But in fact, behavioral formulations of depression do not contradict the construct of UF. UF implies or implicates behavioral structures, even if the specific elements of futility and grief described by UF are not articulated in behavioral description of depression per se. Behaviorism attempted to provide the tool—behavioral analysis—to understand the particulars of any human phenomenon, and to enact protocols of behavioral change. It is somewhat ironic, then, that given their claimed universality, classic behavioral approaches to depression have not been particularly influential (Roediger, 2004), especially compared to CBT, nor have behavioral interventions, such as token economies, skill training, or in vivo contextual changes, been particularly effective (Shinohara et al., 2013).

Thus it is difficult to address how UF is or is not core to behavioral approaches to depression, since behavioral theories approach depression as a

case example that exemplifies behavioral principles rather than as an entity to examine in its own uniqueness. When (as emphasized by Kanter et al., 2004) the principles of ideographic analysis and in-vivo applications are seen as central, the emphasis of analysis is not on depression as a unique phenomenon but on the method and rules of how to approach it (i.e., depression or anxiety or, say, autism are merely particular expressions of the same macro dynamics, applicable to humans and animals alike). In behaviorist thinking, depression occurs as a reaction to an environment in which too many negative circumstances (e.g., a divorce, job loss), combined with too few positive reinforcers (e.g., social support) and potentially positive reinforcers of the negative depressive behavior (e.g., friends pay more attention). That depression might essentially be a product of futile goal conditions from which the person cannot detach (i.e., cannot grieve) is, from a behaviorist perspective, something to be found in the person's particular, idiographic, psycho-environment, not something to be known ex-ante.

This is not to say, however, that UF does not embed behavior. Although the concept of behavior has no strict consensus definition, it generally refers to the objectively observable activities of an organism in relation to its environment. Whether internal events such as cognition, emotion, and nonconscious events are behavior or something categorically different is debated within the field. J. Watson (1913), the field's progenitor, saw the internal–external question as irrelevant, whereas Skinner (Graham, 2019) saw the internal as categorically identical to observable, environmentally mediated behavior, and some saw internal and external as two forms of behavior, knowable through different valid epistemologies.

UF describes a behavioral pattern of response to an objective condition, as distinguished from nonenvironmental response patterns, such as, say, cognitive capacity as a factor of brain size. UF is not a theoretical construct of a deterministic phenomenon, but rather essentially a behavior. However, UF is not behavioristic, at least in the classic sense. Rather, UF understands depression as behavior (grief is an observable set of symptoms and occurs only within a milieu of factors) with preexisting, diathetic factors, and a kind of structural environment endemic to the human system, in which a certain set of circumstances (loss of attachment objects that internally are not or cannot be allowed to decay) freeze the information processing capacity, which then manifests as depression symptomatology. Which happens first, though, is a question without a consensus answer in the behaviorist depression literature: Does depressive behavior impact the environment first, or do environmental factors engender the behavior of depression? The fact that UF describes a structure in which depression symptomatology follows a necessary precursor does not mean that it is, as it were, disallowed by behaviorism's view of depression.

In contrast to behaviorism's understanding of depression, UF can be seen much more clearly in REBT. In regard to the futility element of UF, REBT expresses this dimension in an embedded rather than directly expressed way, in its recognition of the reality of goals that cannot be attained. These are both understood as related to objective and subjective experiences of futility.

> The individual comes to believe in some unrealistic, impossible, often perfectionistic goals—especially the goals that he should always be approved by everyone, should do everything perfectly well, and should

> never be frustrated in any of his desires—and then, in spite of considerable contradictory evidence, refuses to give up his original illogical beliefs. (Ellis, 1958, pp. 44–45)

The impossibility of goal realization is the identical concept and phenomenon of futility, and although the nature of goals is not elaborated by REBT, it is understood as a feature of human consciousness, pivotal to psychopathology. "REBT theory recognizes that all humans are born as goal-seeking animals who strive to fulfil their general and idiosyncratic goals [and] as such, humans have an innate disposition to prefer and desire the achievement of one's ambitions" (Hyland & Boduszek, 2012, p. 107). That is, goal seeking is native to humans, who inevitably attach to the state of reality that the goal describes, and then, "as Ellis discovered, [tend to] transmute these flexible preferences and desires for the fulfilment of one's goals into rigid, absolutistic, and dogmatic demands" (Hyland & Boduszek, 2012, p. 107).

Whether the impossible goal represents an objective or subjective loss (e.g., loss of a spouse or loss of a fantasy), Ellis (1987) understood that the blocking of the acceptance process of that loss tends to result in depression. He did not focus on this process as grieving directly as central to REBT but did implicitly reference it in relation to the emotion of sadness:

> The [REBT] theory that absolutistic, dogmatic, grandiose thinking is the very heart of depressive cognition … differentiates between what I call the "appropriate" feelings of sadness, sorrow, regret, frustration, and annoyance when people experience severe loss or deprivation and what I term the "inappropriate" feelings of depression, self-

> condemnation, and self-pity when they experience similar loss and deprivation. (p. 123)

Sadness as a result of loss initiates a grief process (Archer, 1999), and REBT recognizes that grief itself is necessary negative emotions. “Grief … is seen as a normal reaction and the process that follows is a necessary one characterized by the bereaved attempting to reorganize a shattered belief system” (Malkinson, 1996, p. 155), and the negative emotion of grief is understood to be either healthy or unhealthy, depending on the beliefs attached to it (Malkinson, 2019). The cognitive and rational strategies in REBT are there to clear and open the rigid maladaptive beliefs concerning loss, allowing the processing of the painful emotions of grief: “Pain in grief is unavoidable, [with] the thought of experiencing pain [being] often too stressful, and frequently bereaved persons will tend to find ways to avoid or bypass it” (Malkinson, 2019, p. 176).

The linkage that UF describes—that is, of futility’s initiating a grief process required for resolving goal loss—is not the central focus in the languaging of REBT but nonetheless is embedded in the structure of depression and its resolution. The mechanism that REBT theorizes as both the etiology and maintenance of depression, and therefore the route to its resolution, is the resistance to processing the losses described by futile goals, that is, UF.

In regard to classical CBT and UF, the languaging of depression in CBT has touch points with the UF construct. Although futility in CBT does not use goal orientation language (where futility is described as an irreducible

discrepancy between current and goal state [Pyszczynski & Greenberg, 1992]), the concept remains pivotal, even occasionally by name.

> Depressed patients … are locked into the notion that nothing matters, that nothing will ever really work out, that their plight is hopeless. The sense of futility pervades or hovers over every cognitive appraisal. Thus, even though the depressive may be reasonably accurate in a cognitive appraisal (for example, "They seem to like me"), the overall meaning is still a negative one: "if they knew how worthless I was, they would not like me." Even though situations may be favorable and indeed may temporarily reduce dysphoria and introduce some satisfaction, the overall set of futility persists. As long as the negative set persists, the dysphoria will persist and the patient will be stripped of motivation to engage in any goal-directed activity because of the sense of futility. (Beck et al., 1987, p. 36)

Thirty years later, Beck and Bredemeier (2016) reaffirmed both the centrality of futility as well as its link with loss in their integrative statement on depression, which, while not giving up CBT's cognitive emphasis, situated depression more overtly in a matrix of factors.

> Of course, adverse events/stressors do not always lead to depression. Everyone experiences painful events that lead to sadness or anger, but we propose that these do not culminate in full-blown depression unless there is a perceived loss of what they believe to be a vital investment. Furthermore, it is critical that this loss be perceived as beyond the individual's control … and thus irreversible. In essence, the impact of a depressogenic event depends on its personal meaning. In turn, an

> event's meaning is contingent on the value that the individual places on the investment, reflected in the perceived importance of the resource in question. (p. 602)

Although grief and loss are inextricably joined, CBT does not focus on the grieving process directly (Samoilov & Goldfried, 2000). Grief is more implicated in CBT than articulated, particularly in healing depression, but nonetheless is addressed in some of the literature.

> From the cognitive perspective, a loss through death is an adverse external event over which one has no control [implicating futility], but which nevertheless changes one's belief system and its related emotions and behaviors. Grief, then, is not only an emotional process but also one of cognitive and behavioral adaptation to the consequences of the loss. (Malkinson, 2001, p. 673)

This grief process of adaptation to uncontrollable, that is, futile, experiences of loss is mediated in CBT by addressing the blocking cognitions without which depression arises. Beck and Bredemeier (2016) wrote, "Predisposition is not sufficient to cause depression—rather, something must trigger the onset of symptoms … [and] the critical element in the precipitation of depression is the perceived loss of the investment in a vital resource" (p. 601). If grief proceeds without obstruction, that is, adaptively, then depression does not arise. However, when the loss entails meanings "embedded in schemas that include various beliefs and the meaning associated with both the self and the resource" (Beck & Bredemeier, 2016, p. 603), depression is likely to arise because the loss of the resource is the loss of self, against which the psyche defends (Pyszczynski & Greenberg, 1992; Pyszczynski et al., 2015).

Thus, though CBT's focus is on the depressive cognitions that block grief, not the grieving process per se, it does recognize that a ruminative, stalled grief process makes it impossible for depression to be resolved. Malkinson (2001) addressed this in writing, "The cognitive approach upholds that for the grieving process to take an adequate course toward functional and satisfying outcomes, grief-related cognitions should be identified, included, assessed, and treated as an equal part of intrapsychic processes" (p. 674).

In CBT, UF as a construct is not articulated in UF's stark formulation, nonetheless UF as an underlying structure of CBT's understanding of depression is foundationally present. Embedded in CBT's view and treatment of depression is UF, where losses, objective or subjective, that are not grieved (adapted to) evoke and instantiate episodes of depression. Resolution then is the restoration of the grief process, thereby converting a maladaptive grief state to an adaptive state (via cognitive restructuring), thereby resolving the dynamics and symptomatology of depression.

UF is also seen in ACT (and other Third Wave therapies, in that they are organized around the same second-order, process focus) in its core recognition of the impact of fusion to goals that are futile, that is, which cannot be obtained, or which are unrelated to core values, and the need to accept that which is futile. Zettle (2007) phrases this as:

> Depression … seems clearly linked with the inability of clients to give up when it would be more adaptive to do so. It may be necessary with such clients to allocate considerable time and effort within ACT to underscore the futility of holding the loss and self-allocated responsibility for it so tightly. (p. 42)

This inability to surrender futile goals is the core inflexibility of depression, bound up in a self-definition that is depressogenic, that is, definitional beliefs about the self that construct and reinforce Beck's (1967) cognitive triad. ACT's emphasis on health, defined fundamentally as psychological flexibility, and the movement toward that flexibility being the resolution of depression, is where ACT's articulation of depression maps directly onto the UF construct.

However, regarding the process of this movement from inflexibility to flexible psychological structure and function, ACT rarely references grief. For instance, in the first articulation of ACT (Hayes et al., 1999), grief is mentioned once:

> A person may take the view that "I can't accept that my dad was killed" and will consume drugs to ease his grief. Grief is a natural reaction to such losses, and no amount of drug consumption will alter either the situation or the loss. No effort to reduce or alter private events is called for here. When an unchangeable loss occurs, the healthy thing to do is to feel fully what one feels when losses occur. (p. 67)

However, if grief is understood as the designator of the process of detaching from moribund attachments (Freud, 1917/1957; Kubler-Ross & Kessler, 2005), then although ACT does not focus on the grief process per se, it does centralize the need for such a process. All of the core ACT therapeutic strategies—acceptance, cognitive fusion, being present, self as context, values, and committed actions (Hayes et al., 1999; Speedlin et al., 2016)—are intended to move the client toward psychological flexibility, understood as the definition of psychological health and the resolution of such disorders as

depression. Grief is simply another term for this core process of detaching from what is no longer relevant to return an individual from rigid attachments to flexible, open attachments.

Thus, the core orientation of ACT to depression is articulated succinctly by the UF construct: attachments rendered futile by loss or value-incongruence, in order not to manifest the inflexible symptomatology of depression, need to be processed or grieved. The refusal to engage this grieving results in a rigid resistance to reality, a maintained attachment or fusion to unattainable goals, and then an enactment of the depressed state.

Lastly, in viewing LH through the UF lens, the concept of futility can be clearly seen as pivotal to the LH theory, although futility is usually referred to in behavioral terms, such as noncontingency or uncontrollability (Abramson et al., 1978; Seligman, 1975). The concept is the same, however: "Learned helplessness is caused by learning that responding is independent of reinforcement; so, the model suggests that the cause of depression is the belief that action is futile" (Seligman, 1975, p. 93).

Futility refers to a state or condition in which a relevant goal is perceived as unreachable or "irreconcilably discrepant" (Pyszczynski & Greenberg, 1992), either because objective conditions are interpreted accurately or because of a subjective if inaccurate belief in the impossibility of goal attainment. LH theory is clear about this, taking the cognitive stance that the perception of futility, or uncontrollability, underlies the phenomenon of LH, but that this does not mean uncontrollability is not sometimes an objective fact (objective helplessness being when an outcome is completely noncontingent on action, compared to subjective helplessness, the expectation

of future noncontingent circumstances [Maier & Seligman, 2016, p. 349]). This is an important point, as many depression theories do not distinguish this dual nature of futile perceptions, arguably leading to an overemphasis on objective futility and thus behaviorist or social interventions, or on subjective futility and thus intrapsychic and insight-only interventions. In LH, the experience of futility is moderated by the attribution given to noncontingency, essentially whether the goal failure is personal or global (Maier & Seligman, 2016). Thus, LH expresses the futility dimension of UF in all but terminology.

LH is less direct about grief, the second dimension of UF. Grief, as embedded in UF, is the process by which futile goals are abandoned (Archer, 1999), a dimension of depression not emphasized by LH. LH is essentially a theory describing research data, as distinct from a clinical theory, and thus the resolution of LH and depression is not fully extrapolated. LH leaves out the connecting tissue of grief and futility, which is to be found in the goal detachment literature (Wrosch et al., 2003). Instead, LH describes in phenomenological terms what occurs with the registration of futility, depending on the particular attribution of meaning to that futility, and in treatment terms, with its resolution being the return of humans to a sense of control and efficacy. According to Seligman (1975), “The central goal of therapy for depression … is the patient’s regaining his belief that he can control events important to him” (p. 105), and “Forced exposure to the fact that responding produces reinforcement is the most effective way of breaking up learned helplessness” (p. 99). Although, interestingly, Seligman (1975, p. 100) quotes the early psychoanalytic writer Bibring (1953) on the resolution of depression as either the restitution, modification, or abandonment of a goal

and healing of self-esteem, Seligman does not pursue the dynamics of the goal abandonment process, which the UF summarizes as grief.

Learned helplessness theory is, somewhat ironically given its roots in behaviorism and cognitive theory, one of the clearest depression literatures about the existence and dynamics of uncontrollability/futility. It solidly describes futility in terms of an objective failure to enact goals, and then a subjective belief in future failure, which produces predictable effects that mirror the phenomenology of depression. It also describes a process of coming not just to enact behaviorally a restitution of agency but of returning to a belief in one's agency in order to unlearn passivity in the old model (Seligman, 1975), or relearn agency in the new (Maier & Seligman, 2016). The process by which that happens, UF's grief, is not expounded, but not because that process is negated by LH. Rather, LH acknowledges that it is a process and has something to do with a return to a sense of control but is not specific about how that happens.

Conclusion

In the various waves of the CBT tradition, the structure of the UF construct can be discerned to varying degrees. In behaviorism, UF is difficult to see, not because behaviorist approaches to depression negate UF, but because depression as a unique phenomenon is not actually addressed by behaviorism. In behaviorism, psychological phenomena are framed in terms of environmental reinforcements and punishments, and pathologies are described as simply the imbalance of these two factors, such that depression qua depression is subsumed into this broader frame. From this view, UF may or may not be present, to be determined in a specific assessment of a specific

individual, but is not seen by behaviorists as necessary to understand depression.

In contrast, classical CBT's understanding of depression, as exemplified by Ellis and Beck, also can be boiled down to the essence of UF. Although the concept of futility joined with grief is not propounded explicitly as the core of depression, nonetheless UF is discernable in the particular language of CBT. Whether objectively or subjectively experienced, futile goals and attachments not responded to adaptively—accepted and grieved—are understood as predisposing an individual to depression. Therefore, the resolution of depression is the reengagement of grief to process and release futile goals/attachments, and the specific therapeutic orientations—Ellis' rational deconstruction of depressogenic evaluations or Beck's analysis of depressogenic schemas—are merely the particular strategies to enact this resolution.

UF can equally be seen as the core of the Third Wave CBT view of depression, as crystalized in ACT. Although it too does not use the specific language of UF, the conceptual structure is the same. Futile attachments, or fusions, do not allow for psychological flexibility, resulting in a closed, rigid, and unaccepting stance in relation to self and environment. Depression arises from this rigidity, requiring a process to restore cognitive and behavioral openness and flexibility, which, although not identified by name or process as grief, actually expresses the same structure as grieving.

Learned helplessness also clearly expresses the structure of UF in its understanding of depression. The original and subsequent research specifically focused on the consequences of futility, objectively and in belief systems,

tying it explicitly to depression in animals and humans. Although LH is not explicit about a return to agency, it does acknowledge a process involving recognition of the state where individual power cannot exist, releasing futile ideas and attachments, and situating where there can be personal agency. This is essentially synonymous with the core dynamic of grieving embedded in UF.

Although the behaviorist tradition is the weakest in expressing UF, the CBT tradition's overall engagement of depression, when sifted for its most essential statement of depression's nature and healing, is expressing the UF construct. Although CBT runs afoul of the same conceptual Tower of Babel problems as the rest of the psychological field, it is not actually incoherent nor it is stating divergent claims on the core nature of depression. Rather, like an elegant algorithm obscured by masses of data and idiosyncrasies of language, the coherency and simplicity of CBT's understanding of depression as the UF is both discernable and describable.

CHAPTER 3: PSYCHOANALYSIS, DEPRESSION, AND UF

Psychoanalysis is commonly identified as starting in 1895, with Freud and Breuer's publication of *Studies in Hysteria* (Wolitzky & Eagle, 1992). Prior to this, mental health was assigned to medical psychiatry, which focused on symptom reduction from strict biological and prescriptive models of illness (Mitchell & Black, 1996). Treatments, such as physical constraints and psycho-surgery, were often both harsh and ineffective, and based in biological materialist assumptions of the origin and pathology of mental illness (Gay, 1988).

Freud, born in 1856, initially studied medicine in Vienna, specializing in neuropathology (Gay, 1988), and later continued medical studies in Paris under the neurologist Charcot, focusing on patients exhibiting what was then called hysteria (currently known as conversion disorder). Charcot's use of hypnosis as a treatment for hysteria, although ultimately abandoned by Freud, served as a bridge into Freud's conceptualizing mental illness as a mental, rather than a biological, disorder (Mitchell & Black, 1996). When he returned to Vienna in 1886, rather than practicing conventional medicine, Freud opened a practice in neuropsychology and collaborated with physician Joseph Breuer on the theory and treatment of hysteria (Mitchell & Black, 1996).

After Freud abandoned hypnosis, he began using the term psychoanalysis (Gay, 1988) for both the method of treatment and the theory of psychic functioning that emphasized the investigation of mental process, especially the sub and unconscious dimensions. His focus on the sexual content of repression (Gay, 1988) marked him as both professionally and culturally divergent from the squeamish zeitgeist of Vienna, and although this

ended his work with Breuer, over the next five years he began to collect colleagues and acolytes, including prominent theorists and clinicians such as Alfred Adler, Otto Rank, and Carl Jung. The first psychoanalytic institution, the Vienna Psychoanalytic Society, was founded from this group in 1906, and then following Freud's American lectures in 1909, psychoanalysis began galvanizing attention in the United States and Europe, and eventually worldwide (Mitchell & Black, 1996). Psychoanalysis subsequently became a dominant force in psychology and psychiatry, and spawned internally multiple schools and schisms, as well as defections (e.g., Aaron Beck) and refutations (e.g., behaviorism and Skinner).

Though the current authority of psychoanalysis is diminished (Mitchell & Black, 1996), it is a tradition that from its beginnings has been dynamic and exploratory. Although often presented as the stern father archetype (Schwartz, 2003), Freud saw himself as "not a man of science at all, not an observer, not an experimenter, not a thinker … I am nothing but a conquistador by temperament, an adventurer … with all the inquisitiveness, daring, and tenacity of such a man" (Freud, as cited in Gay, 1988, p. xvi). That is, although psychoanalysis is often presented reductionistically (Crews, 1975), or as a political straw man (Lothane, 2003), its progenitor began a tradition that continues to hold an ethos of exploration and adaptation, iterating, through Freud's life and then in current times, complex theoretical formulations. Discussing psychoanalytic theory and its relation to depression is essentially investigating a long dialogue about the function, nature, and effect on the unconscious on human self-awareness and behavior.

This dynamism in the evolution of psychoanalysis as both a theory of mental and behavioral functioning, and a treatment of mental disorder, has been described in multiple ways, but in Schwartz's (2003) distillation, it has essentially been a transformation from a theory of solo function to one of relatedness.

> From its very beginning psychoanalysis has been undergoing a paradigm shift involving one great generalization about human psychology: the fundamental conflicts in the human inner world lie not in our seeking a reduction in tensions caused by unsatisfied drives, but are associated with difficulties in satisfying a fundamental human need for relationship. (p. 12)

This evolution from a "one-person" to the "two-person" psychology (Aron, 1990) of contemporary relational schools began with Freud's initial drive theory. Although psychoanalytic theory is heterogeneous in its details, it follows a progression and has a consistent underlying structure, beginning with Freud's early seduction theory (an expression of the drive theory in general that he iterated throughout his life), moving through ego psychology, object relations, and interpersonal schools (Wolitzky & Eagle, 1992). This underlying structure informed the articulation of depression's nature and structure by psychoanalysis.

Freudian Drive Theory

Freud's drive theory developed out of late 19th century medical theory of instincts and was first referenced explicitly in his 1905 book, *Three Essays on the Theory of Sexuality* (1905/1949), and further elaborated and formalized in subsequent writings (Burnham, 1974). The drive theory explained human

behavior as efforts to maintain bio-psycho homeostasis by satisfying or discharging endogenous, object-related drives (libidinal and survival, such as sex and food). Obstruction of this discharge was seen as the source of psychopathology, inasmuch as the psyche, in order to maintain balance, creates symptoms as a function of repression.

> Every experience, according to Freud, is accompanied by a "quota of affect" which is normally discharged through conscious experience (including labelling and talking about the experience) and is worn away through associative connection with other mental contents. In hysteria, neither of these tasks is carried out effectively, with the result that the affect remains in a "strangulated" state, and the memory of the experience is cut off from associative connection with other mental contents. The ultimate result of affect strangulation and associative isolation is the development of hysterical symptoms. (Wolitzky & Eagle, 1992, p. 41)

Drive material is repressed to the unconscious, since maintaining conscious awareness of that undischarged drive (e.g., sexual desire or aggression) creates an unbearable perpetual unbalance. "Repression is a defense mechanism that keeps unconscious material out of conscious awareness. However, the excluded material continues to influence behavior because it is so emotionally charged that it demands expression" (Kenny, 2016, p. 3).

The roots of drive theory lay in the early excitation and sexuality theories of psychic functioning: "Freud's first organized set of ideas on the role of sexuality in the psychoneuroses, the so-called 'seduction theory,' appeared after the theories of actual neurosis, anxiety, and sexuality were

already developed" (Compton, 1981a, p. 200). Trained in neurology and the materialist psychology of his day, Freud first conceived of psychological pathology in terms of neurophysiological excitation: somatic excitation (e.g., sexual excitement in the genitals) triggered psychological patterns, which, when that excitation could not be discharged, resulted in psychological imbalance (Compton, 1981a).

The topographical model developed around the late 1800s described the mind as composed of conscious, subconscious, and unconscious (Mitchell & Black, 1996). This model was part of the bridging from the excitation/neurological theory to a more psychologically centered theory of mind (Compton, 1981a). The earliest version of the drive theory came to be called the seduction theory of hysteria, rooted in multiple claims by Freud's patients of sexual molestation by adults. Although originally understood as direct reports, Freud came to see them more as wish fulfillment fantasies driven into the unconscious and mistaken for reality (Schwartz, 2003): "The Freud of 1896 was convinced that he was on the right track. A single aetiological agent—childhood sexual abuse—could be seen to be the causative agent in all the major neuroses" (p. 73). Freud's position on the seduction theory was complex throughout his writings, with his understanding of psychopathology shifting amongst various proportions of actual and fantasied childhood sexual contact with adults, but as the primary cause of mental illness, he only held the theory briefly (Wolitzky & Eagle, 1992).

In the *Three Essays on the Theory of Sexuality* (Freud, 1905/1949), Freud described the first full expression of the drive theory that was primarily psychological rather than neurological. He theorized sexuality as an instinctual

drive having five physical complements or modes (oral, anal, genital, eye, and skin):

> By an "instinct" is provisionally to be understood the psychical representative of an endosomatic, continuously flowing source of stimulation, as contrasted with a "stimulus", which is set up by single excitations coming from without. The concept of instinct is thus one of those lying on the frontier between the mental and the physical. The simplest and likeliest assumption as to the nature of instincts would seem to be that in itself an instinct is without quality, and, so far as mental life is concerned, is only to be regarded as a measure of the demand made upon the mind for work. What distinguishes the instincts from one another and endows them with specific qualities is their relation to their somatic sources and to their aims. The source of an instinct is a process of excitation occurring in an organ and the immediate aim of the instinct lies in the removal of this organic stimulus. (p. 168)

Each instinct has an object that is source of the satisfaction of the instinct, and thereby the discharge of the stimulation (Compton, 1981b, 1985).

Drive theory evolved to include ego/self-preservation drives. As Compton (1981b) wrote, "In 1910 … Freud began to call the self-preservative drives, of which hunger was paradigmatic, by the name 'ego-instincts'" (p. 223), and "By 1915 Freud had arrived at what may be described as a drive psychology in which all mental processes were to be understood in terms of the interplay between the two primary instinctual drives, ego drives and sexual drives" (p. 236). Over the next 20 years, Freud added a theory of libido and an

eros-death instinct theory (Compton, 1981c, 1981d). In 1923, Freud introduced the structural theory, dividing the mind into id, ego, and superego, with "id" essentially corresponding to the instincts. Although the complexity and confusions about how these different iterations or extrapolations fall beyond the scope of this paper, the essential contours of the drive theory remained consistent throughout Freud's work: the human body and mind have prepersonal, given drives, which are impulses to objects; energy is created somatically and psychically, which pushes for discharge in a particular direction; and a collection of drives are primarily organized around survival and sexuality. Drive theory also continued to evolve after Freud's life, modified or in varying degrees abandoned in subsequent extrapolations of psychanalytic theory.

> To a significant extent, the history of theoretical developments in psychoanalysis can be understood as a series of successive reactions to Freudian drive theory, with its emphasis on libidinal and aggressive wishes as the primary motives for behavior. Thus … the main foci of theorizing in psychoanalysis subsequent to drive theory—ego, object, and self—can be meaningfully viewed as entailing modification or abandonment of that drive theory. These theoretical developments gave greater primacy to interpersonal and social determinants of personality development and psychopathology. (Wolitzky & Eagle, 1992, p. 39)

Ego Psychology and Object Relations

Psychoanalytic ego psychology focuses less on the instinctual, id phenomenon and more on the conflicts produced by inhibiting those drives, as

well as on the structures and dynamics of the ego itself (Wolitzky & Eagle, 1992). Freud (1923) addressed the ego dynamics as distinct from the id, which were then elaborated by other psychoanalysts, including Anna Freud, Rappaport, Hartmann, and Erikson (Mitchell & Black, 1996). As opposed to classical drive theory, ego psychology focused on the nature of ego functioning in its healthy and pathological modes, the latter understood as resulting from problems with adapting inherent drives to life circumstances (Polansky, 1992).

> One of the main clinical and theoretical contributions of psychoanalytic ego psychology was to soften and modulate the sweeping claim of Freudian instinct theory that virtually all behavior was energized by, and directly or indirectly, overtly or covertly, in the service of, drive gratification. (Wolitzky & Eagle, 1992, p. 44)

In ego psychology, the ego is not simply a product of, or subaltern to, the drives and their satisfaction or frustration. Instead, the ego is understood to develop capacities that are substantially autonomous of the drives, including perception, attention, memory, concentration, motor coordination, and language (Gay, 1988; Mitchell & Black, 1996). Essentially, ego psychology investigates the more normal adaptive, reality-focused functions of the psyche, and the capacity to relate to reality outside of, or without an interminable experience of drive conflict. Instead of searching the psyche for repressed id, analysis focuses on ego defenses: “This focus encouraged a clinical approach that more directly engaged the patient; it placed less emphasis on uncovering hidden secrets and more on assessing psychic structure” (Mitchell & Black, 1996, p. 120). As the authors explained,

> Prior to the development of ego psychology, the clinical goal of psychoanalysis had been the release of trapped, unconscious energies. Freud had stressed a nondirective, nonsuggestive approach. Removing the debris clogging the stream was the task, not strengthening the channel through which it flowed. (p. 126)

Thus, in the extrapolation of ego psychology, psychoanalysis complexifies its understanding of human behavior and goals by adding a layer of motivation that is not dependent on the drives only.

Although it is difficult to discuss the evolution of psychoanalysis sequentially, given its plurality of overlapping perspectives (Bateman & Holmes, 1995; Mitchell & Black, 1996; Schwartz, 2003), nonetheless there is a visible sequence, being the complexification of intrapsychic drive theory into relational psychoanalytic schools. The psychoanalytic object-relations tradition sits somewhere in the middle of Freud's static models of the psyche and the overtly relationship-based perspectives of Sullivan and contemporary psychoanalysis, and begins to crystalize as distinct from Freud in the work of Melanie Klein (Mitchell & Black, 1996).

Beginning in the 1920s and extending to the end of her life in 1960, Klein's work focused on the patterns of experience of infants as exemplifying organizing patterns that continued on throughout adult life. Mitchell and Black (1996) wrote, "Although Klein retained Freud's terminology, her understanding of the basic stuff of mind had shifted, from impulses to relationships, leading to a very different view of the underlying dramas of mental life" (p. 140). Motivation is toward relationship, but via internal "objects" that represent the relational world. For Klein, the primary objects

were the “good breast” and the “bad breast,” the gratifying and depriving forces of eros and Thanatos. Extrapolated from this fundamental structure were the concepts of the “paranoid-schizoid position,” the psychic fixation on the persecutory dimension of the relational world, and the “depressive position,” the psychic organization that can tolerate that the good and bad of a relational partner is embodied in the same, whole person (Kenny, 2016).

Although Klein posited that infants have inborn objects of relatedness, with the emergence of the British middle school of object relations, psychoanalysis turned further toward a relational, rather than solely instinct/drive, core of human motivation (Kenny, 2016; Mitchell, 1981). The major figures in this school were Fairbairn (one of the few authors who spoke specifically about the concept of futility), Winnicott, Guntrip, Balint, and Bowlby (discussed in the section on attachment below), all of whom built on Klein’s work but proposed that the infant was wired for harmonious relationships, which was supported or thwarted by the caretaking of actual parents (Mitchell, 1981).

Fairbairn, for instance, proposed that Klein’s basic psychic structures of ongoing dynamic struggle between the psychic objects that represent connectedness and destructiveness was actually the result of failed parenting (Mitchell, 1981). He proposed that an appropriate performance of parenting (the provision of love, security, guidance) in a real relational matrix creates individuals whose internal object world is secure and stable, allowing for an external, world-focused orientation (Fairbairn, 1952a; Mitchell, 1981). “For Fairbairn, internal objects are not (as for Klein) essential and inevitable accompaniments of all experience, but rather compensatory substitutes for the

real thing, actual people in the interpersonal world" (Mitchell & Black, 1996, p. 169). Thus, in the absence of adequate parents, infants produce internal, incomplete simulations, and when parents are adequate, then the internal objects are stable and coherent. The objects internalized or patterned in the child represent the broken or healthy relationships with the real parents, subpersonalities that have characters and purposes rather than the abstract forces in classic Freudian thinking (Rubens, 1998).

Like Fairbairn and others in the object-relations school, Winnicott positioned humans as intrinsically relational entities whose internal worlds are sculpted by external (most importantly for the child, the parental) world, and who then go on to interact in adulthood through those relationally originated internal worlds (Mitchell, 2000). Both domains are asserted to be equally real.

Interpersonal psychoanalysis, beginning in the 1920s with the work of Harry Stack Sullivan, and then elaborated by Fromm, Thomson, Levenson, and others, developed alongside the early object-relations analysts (Lionells, 1995; Mitchell & Black, 1996). Instead of emphasizing intrapsychic dynamics, the interpersonal analysts took the field of human relationship as the central focus of analysis.

> Sullivan came to feel that human activity and human mind are not things that reside in the individual, but rather are generated in interactions among individuals; personalities are shaped to fit interpersonal niches and are not understandable unless that complex, interactive honing process is taken into account. (Mitchell & Black, 1996, p. 189)

As in object-relations, an external world interacts with and shapes the internal world, which does not come totally preformed as a collection of drives or objects and their relationships (Lionells, 1995). For the interpersonal school, the individual fundamentally cannot be separated from the field and history of relationship: mind is a product of the matrix of relationships. Although object relations and interpersonal schools are framed somewhat differently (Kwawer, 1981), both are emblematic of the deep shift away from the object as primarily internal to understanding relationship as the medium in which internal objects are created.

Further iterations in the history of psychoanalytic theory move through the self-psychology of Kohut (1971) and Erikson's culture-focused view of self (Mitchell & Black, 1996) to the reformers of Freud, including Kernberg (1976) and Lacan (Johnston, 2018), with the latter bridging into complex perspectives in contemporary psychoanalysis on the nature of language, epistemology, psychopathology, the transpersonal, and the intersubjective nature of self (Stolorow et al., 2002). The myriad and intricate details and discriminations between these different perspectives are beyond the scope of this paper, but nonetheless, these traditions still group around the certain common assertions: that the self is complex; that it is related to the world in various ways; that that world, though difficult to pin down, is real in a nonphantasmagorical way; and that the damage done in the child's encounter with that world (especially parental) is understandable in a way that can elicit healing and transformation.

Early Psychoanalysis and Depression

The psychoanalytic theorizing of depression traces back to both Abraham (1911/1937) and Freud (1917/1957), and, although heterogeneous, they still embody the same overarching structure as the psychoanalytic theories themselves, evolving from instinct/drive theory into relationally centered conceptualizations (Robertson, 1979). But as U. May (2001) described, Freud's thinking about depression started early in the 1880s, and he initially viewed depression as likely a somatic disorder. Referencing Freud's 1895 letter to his colleague Fleiss, May wrote that Freud "considered it likely that his [i.e., Freud's] mood disturbances were periodic in character and occurred without psychic causation" (p. 285).

Karl Abraham was the first to introduce psychological etiological elements into the theory of depression paper (U. May, 2001). In Abraham's (1911/1937) case study of an Italian painter, he nested his theory of depression in the existing classical drive theory, that is, that depression was a product of conflict with the aggressive drive impulses but in reaction to an unacceptable loss.

> As a general rule it is found that these states of melancholia follow some happening which was too overpowering for the psychic constitution of the person in question, viz, some loss which convulses his psychic life to its very depths and which appears to him to be absolutely unbearable and impossible to overcome, for which, in his opinion, never in his life will he be able to find compensation or reparation. One finds in every case that it is the loss of the one who occupied the central position in his feelings and on whom he had

> concentrated his whole love. This loss, however, need not have been caused by death; what is essential is the feeling that the psychic connection with the love object has completely broken down. The commonest example of such a loss is an irreparable disappointment caused by someone especially dear. It is the feeling of having been completely abandoned that causes the subsequent psychic depression. (p. 511)

Abraham's focus was on an ambivalent relationship to the mother image (diverging from Freud's focus on the father), an ambivalence arising from a "disappointment" of the expected mother-derived love embedded in the erotic drive (Abraham, 1911/1937; U. May, 2001).

Freud's seminal paper "Mourning and Melancholia" represents a transitional phase from drive-based psychology to what becomes ego-psychology (Dozois, 2000; Lupi, 1998), positioning depression as the defensive product of aggressive drive impulses in relation to object loss.

> The correlation of melancholia and mourning seems justified by the general picture of the two conditions. Moreover, the exciting causes due to environmental influences are, so far as we can discern them at all, the same for both conditions. Mourning is regularly the reaction to the loss of a loved person, or to the loss of some abstraction which has taken the place of one, such as one's country, liberty, an ideal, and so on. (Freud, 1917/1957, p. 243)

Freud's (1917/1957) central hypothesis is that depression, under the impact of object loss, is a defensive retroflexion of the aggressive drive/instinct back toward the ego and away from the internal representation

of that lost object. This protects the object from destruction, either through the accepting the loss and adapting to reality or through its destruction at the hands of one's own aggression. As Freud (1917/1957) argued, "We perceive that the self-reproaches are reproaches against a loved object which have been shifted away from it on to the patient's own ego" (p. 248). In this process, the ego comes under attack, unlike in mourning.

> The melancholic displays something else besides which is lacking in mourning—an extraordinary diminution in his self-regard, an impoverishment of his ego on a grand scale. In mourning it is the world which has become poor and empty; in melancholia it is the ego itself. (p. 246)

Depression is not a psychotic state in which object-loss would be denied as unreal. Rather, the grief or mourning process is experienced as intolerable, as the ego has identified excessively with the object, leading to a condition in which, essentially, object-death means ego-death (Freud, 1917/1957; Pyszczynski et al., 1990). Freud's theory of depression, revisited several times subsequent to the 1917 paper (Freud, 1920, 1923, 1930), changed inflections—for example, including the death instinct (Freud, 1920)—but the essential theory remained constant as the psyche defending itself against the consequences of losing connection to a valued object.

Rado (1928) elaborated on drive theory of depression by introducing a theory of the origin of depression, which was largely unexplored by Abraham and Freud. In Rado's theory, depression is also understood as aggression turning on the psyche to protect itself against object loss; love as a relation to an object with external reality becomes converted into a representation, which

is guarded by self-directed aggression, and externally focused "guilt—atonement—forgiveness" (p. 425). Rado's core insight, congruent with Freud, is that object-loss is prevented by a retreat of the depressive into a hermetic internal space, avoiding the grief/mourning process of adapting to the loss.

> As to attaining any *real* effect by this line of action [i.e., internalizing the object], the crucial point is that it does not take place on the right plane, in relation to the object-world, but is carried out, subject to a narcissistic regression, entirely between the separate institutions in the patient's mind. It cannot restore to the ego the lost object; the final reconciliation with the object (after this has been replaced by the super-ego) is accomplished not as a real process in the outside world but as a change of the situation (cathexis) in the psychic organization. From this purely psychic act, however, there ensues an important *real* result: the restoration of the subject's self-esteem—indeed, its leap into the exaltation of mania. (pp. 435–436)

Also, although the nosology of depression was blurry at the time of these early analysts, Rado (1928) did attempt to distinguish between what currently would be labeled a bipolar conception of depression (what approximately Freud and Abraham meant by "melancholia") and a major depression, as pointing to a spectrum of the same object and ego protection mechanism. This was an important insight toward understanding depression as a singular structure with different manifestations.

Ego Psychology and Depression

The ego psychological understanding of depression is most classically expressed in Bibring's (1953) "The Mechanism of Depression." Bibring

proposed that depression was the reactivation of an ego state organized around the experience of helplessness and frustration of narcissistic goals.

> It is exactly from the tension between these highly charged narcissistic aspirations on the one hand, and the ego's acute awareness of its (real and imaginary) helplessness and incapacity to live up to them on the other hand, that depression results. (pp. 24–25)

Bibring, then, understood depression to be not an intra-psychic conflict of drives but that of an ego in conflict with itself.

> [Bibring's] assumptions that in depression we are faced with an intra-ego conflict and that the dynamic factors of the accepted theory play only a precipitating or complicating role, imply that the ego processes involved must be studied and understood in their own right, because the observed commonality of depressions cannot be explained by assuming that depression is created de novo every time from the basic ingredients—instinct, superego, etc. (Rappaport, 1967/2018)

Depression, construed as a reactivated state, is organized around helplessness and unlovability and is made more readily accessible according to early life exposure to this state (Bibring, 1953; Rappaport, 1967/2018). That is, the fundamental "narcissistic aspirations" (Rappaport, 1967/2018) of being loved, admired, and strong are frustrated in early life, making the individual more prone to the instantiation of that ego state defined as depression. Bibring (1953) wrote, "It is rather due to the fact that certain strivings of the person become meaningless—since the ego appears incapable ever to gratify them" (p. 33).

Like Freud, Bibring understood self-esteem—the relative value felt about and ascribed to the self-concept—to be central to depression, although Bibring reversed the order of aggression and depression. "It is the ego's awareness of its helplessness which in certain cases forces it to turn the aggression from the object against the self, thus aggravating and complicating the structure of depression" (Bibring, 1953, p. 41). Thus, the threat to narcissistic goals to obtain the "supplies" (Rappaport, 1967/2018, p. 220) of love and strength, derived from object attachments and necessary for the self's development and maintenance, triggers the ego's awareness of its own helplessness in the face of its failure to obtain its needs. The ego/self, faced with a collapsed self-esteem, and the consequent experience of meaninglessness, turns on itself and prevents the disaster by enacting the ego state of depression.

Like Freud's drive theory model of depression, ego psychology's understanding, as exemplified by Bibring, expresses the same dynamic expressed in the concept of UF. Although the modeling differs, both express the fundamental UF definition of depression as object loss that has not been accepted and adapted to, that is, grieved. Bibring (1953) described this as basically a defense against the ego-state of defenselessness when early exposure to helplessness combines with contemporary undermining of ego resources to reproduce the ego state of futility. As Bibring explained, "[Depression] is—essentially—'a human way of reacting to frustration and misery' whenever the ego finds itself in a state of (real or imaginary) helplessness against 'overwhelming odds'" (p. 36). It is not the loss of the object per se that initiates depression but the threat to the more basic

narcissistic supplies necessary to defend against the manifestation of the ego-state of helplessness. The failure to grieve loss, and thus the ego's use of depression, defends against descending into the more primitive horror of the experience of worthlessness and meaninglessness (cf. Pyszczynski et al., 2015), which is more threatening to the degree that the individual already experienced it in early life.

Object Relations and Depression

The object relations view of depression is most clearly seen in the work of Klein and Fairbairn, both in their divergence from Freud's drive theory and in their exemplifying the range of the object relations tradition (J. Greenberg & Mitchell, 1983). Both psychoanalysts focus on depression and loss, although what is lost—the relationship to the all-good mother object or experiences embedded in actual positive relationship dynamics—differs for the two theorists.

Klein's (1935, 1940) view of the origin and dynamics of depression lies in her concept of the "depressive position," a concept that remained relatively stable over time (J. Greenberg & Mitchell, 1983). Klein (1940) wrote, "In short—persecution (by 'bad' objects) and the characteristic defenses against it, on the one hand, and pining for the loved ('good') object, on the other, constitute the depressive position" (p. 130). Klein's understanding of the dynamic structure of depression, in infancy and then as recalled in adulthood, is one in which a universal requirement to mourn the loss of the idealized mother (the "good breast") fails by virtue of this loss being experienced as unsurvivable (Klein, 1940). The developing infant comes to realize that the "good mother" is not simply the one who is a constant,

reliable, and controllable source of gratification, but rather part of a whole including that which had been held as frustrating and uncontrollable (Klein, 1935). This generates aggression and the desire to destroy the badness, which becomes the dilemma of the depressive position since that destruction becomes synonymous with destruction of the goodness to which it is joined.

> This is the state of mind in the baby which I termed the "depressive position," and I suggested that it is a melancholia in *statu nascendi*. The object which is being mourned is the mother's breast and all that the breast and the milk have come to stand for in the infant's mind: namely, love, goodness and security. All these are felt by the baby to be lost, and lost as a result of his own uncontrollable greedy and destructive phantasies and impulses against his mother's breasts. (Klein, 1940, p. 126)

This is understood by Klein as a normal process, not an illness but a regular and non-negotiable feature of early human life.

> The loss of the close intimate contact with the feeding, holding, comforting mother, results in the narcissistic illusion of "oneness" or "fusion" with her being shattered. Depressive anxiety is normal and necessary for further growth. Used constructively, it is a spur to ego integration and better adaptation to reality. Depressive illness, i.e., pathological depression, results when this anxiety cannot be tolerated. (Rosenbluth, 1965, pp. 21–22)

A failure to navigate this developmental dilemma results in a mix of depressive and manic defenses against the regular process of grief and mourning, since grief in the case of insufficient restoration of the good

mother, in experience with the actual parent, floods the psyche with the bad internal objects. Klein (1940) expressed this as, “This vicious circle, between depressive anxiety about damaging valued objects and the defense of manic denial of their importance, prevents a healthy working through of the depressive position, and leads to depressive illness” (p. 22). The futility of the situation, in which the internal good mother is broken and threatened by the bad objects, and the external mother cannot tolerate the infant’s grief and aggression to install a good “whole mother,” results in depression. Klein (1940) further explained, “The despair is in the feeling that the damage [the infant] has done is so great that he cannot hope ever to undo it or repair it. Instead he becomes the damaged object” (p. 24).

Fairbairn’s (1941) view of the roots and structures of depression is not incompatible with Freud or Klein but more heavily emphasizes the impact of the actual parents’ relational and reciprocal dynamics on the child, rather than the internalized abstracted parent object, which then is supported or not by the parent. According to J. Greenberg and Mitchell (1983), “Fairbairn focused his disagreement with drive theory on two basic principles: libido is not pleasure-seeking but object-seeking; and impulse is inseparable from structure” (p. 187). Fairbairn did not abandon the fundamental building blocks of psychoanalysis, but he did invert the relationship of drive and object, arguing that

> The object is not only built into the impulse from the start, but … the main characteristic of libidinal energy is its object-seeking quality. Pleasure is not the end goal of the impulse, but a means to its real end—relations with another. (J. Greenberg & Mitchell, 1983, p. 187)

Shifting the drive from a predominantly endopsychic phenomenon to a relational one confers objective status on the object of drives. Thus, the experience of loss comes to include the loss of actual relational objects, and futility then becomes both an internally constructed frustration of object-oriented goals and an actual external/relational event. Fairbairn (1941) wrote: “The characteristic effect of the schizoid state is undoubtably the affect of futility” (p. 51), that is, the goal of maintaining relationship and self, or inversely, the goal of avoiding the loss of relationship and self, is experienced as impossible.

According to Rubens (1998), Fairbairn did not focus on depression heavily and carried forward to a certain degree Klein’s view of depression as related to the depressive position. However, Fairbairn (1952a) did reference more strongly the connection between loss, futility, and the real other person. “The familiar term ‘depressed’ is frequently applied in clinical practice to patients who properly should be described as suffering from a sense of futility” (p. 91), which Rubens (1998) clarified:

> It is obvious that the sense of futility Fairbairn was describing is what we know as depression. It is not based on a redirection of aggression or on oedipal guilt. It is that state of hopelessness, powerlessness, and immobilization that derives from the individual’s inability to relinquish his absolute and immutable hold on his internal objects in the face of events that press for him to do so. (p. 222)

That is, depression acts as a buffer against the potential destruction (i.e., loss) of the attachment object/relationship via the direction of aggression toward that object. The turning of that hatred toward the self, rather than the

relationship, which is needed for survival of the child, engenders the depressive reaction.

But Fairbairn also understood loss at an existential level, rather than only a particular loss. In understanding the nature of closed versus open systems (Fairbairn, 1958; Rubens, 1998), Fairbairn was able to describe the internal object-ego structures as existing along a spectrum of openness or rigidity in its relationship with the objective world. The existential fact of inevitable change confronts the ego with perpetual experiences of loss, and it either reacts with openness or resistance to that change.

> Thus depression becomes something that one experiences in response to a loss—or a change—that threatens to affect the shape of one's inner world. The loss may be real or imagined, external or internal, concrete or symbolic. *Any* change that does not fit with the expectations of one's closed system can precipitate depression. It does not matter if the change is in a positive direction. In fact, it is *precisely* changes in the direction of growth that often trigger a depression, because they most directly threaten the internal status quo. (Rubens, 1998, p. 225)

Fairbairn's depiction of depression, embedded within his object relations theory and as extrapolated by Rubens (1998), is one of the clearest expressions of the UF construct: Fairbairn uses the concept of futility explicitly—implied by many theories but unnamed as such—as both an internal experience or sense, and an actual structure of existence, in the ego's relationship to the existential reality of change and loss.

> If we examine the clinical manifestations of depression, its nature as a defense of conservation becomes more clear. To be depressed is to feel hopeless, helpless, and powerless in a way that insists *precisely* that nothing can be changed. The experience is that one is powerless to effect any change, helpless in the face of what is happening, and, therefore, without any hope of being able to deal with—or even survive—the loss that is occurring or threatening to occur. … (It is not difficult to see why Fairbairn emphasized the sense of futility in this phenomenon.). … On perhaps the deepest level, if I refuse to live this new experience as new (Fairbairn would say in an open-system way), I can continue to live the old, closed-system experience of my inner object world. (Rubens, 1998, p. 226)

Hence, what Fairbairn referred to as a closed system of living is the refusal to allow inevitable personal and existential loss to change the internal object-relations structures, and that allowance is the process of grief. Thus, according to Fairbairn, depression results from the psyche's refusal, in the face of intolerable individual and existential loss, to adapt to those losses via the process of grief.

> An inverse relationship exists between sadness and depression. Insofar as one is able to experience sadness, one is not depressed; and insofar as one is depressed, one cannot experience sadness. This is true because sadness is a reaction to the acceptance of loss, whereas depression is always a denial of loss. (Rubens, 1998, p. 227)

As psychoanalysis moved further from Freud's instinct/drive theory toward the more relational theorists such as Sullivan, Kohut, Mitchell,

Kernberg, and Lacan, it did not substantially alter its understanding of depression. The understanding of depression as a result of reactions to, and guarding against, loss and change remained consistent. Although psychoanalysis has always been a heterogeneous field, the theory of depression at its core has remained consistent.

Attachment Theory and Depression

Attachment theory—the theory of the dynamics and impacts of early child–mother bonding patterns (Bowlby, 1969)—grew out of, and in response to, the psychoanalytic tradition but is here differentiated because of its empirical and ethological methodology. "Despite its historical links with psychoanalysis, especially an object relations perspective, attachment theory has been pursued primarily by investigators in developmental psychology concerned about normal development, influenced by concepts from ethology, rather than from psychoanalytic theory" (Blatt & Levy, 2003, p. 105). This theory, originally eschewed by analysts but recently readmitted to psychoanalytic thought (Diamond, 2004; Holmes, 2000), began with John Bowlby's theoretical work in the late 1950s and then entwined with the 1960s empirical studies of his close collaborator, Mary Ainsworth (Ainsworth & Bowlby, 1991).

The core theorist and researcher of attachment theory, Bowlby trained as a child psychiatrist and simultaneously as a psychoanalyst. He diverged from classical psychoanalytic thinking early in his career, both by emphasizing empirical research and presaging the later relational analysts' focus on psychic life's being entwined with real interactions with others (Bretherton, 1992). "From early in his training [Bowlby] believed that

analysts, in their preoccupation with a child's fantasy life, were paying too little attention to actual events in the child's real life" (Ainsworth & Bowlby, 1991, p. 2). He rejected psychoanalytic theories of separation anxiety (e.g., Klein's emphasis on the loss of the good breast) and instead embraced more and more deeply the ethological approach to understanding behavior (Ainsworth & Bowlby, 1991; Bretherton, 1992). Intersecting with Bowlby's research, Ainsworth studied human mother–infant dyads in Uganda and in the late 1960s developed the *strange situation* protocol (Ainsworth & Wittig, 1969), which allowed for research on attachment dynamics to be more efficiently conducted in a laboratory setting. Bowlby and Ainsworth's collaboration continued through the publication of Bowlby's (1969, 1973, 1980) Attachment and Loss trilogy until his death in 1990.

Bowlby's attachment theory focused on a different model of child development and security than the drive/instinct model.

> Attachment [theory] was … at odds with traditional drive-oriented psychoanalytic theory, which posited that the first few weeks and months of an infant's life were almost solely characterized by drive discharge. … This view could not be reconciled with Bowlby's insistence on the primacy of attachment relationships, their evolutionary functions, and, by implication, the fact that infants were fundamentally and from the beginning of life positively oriented toward others. (Fonagy et al., 2018, p. 3)

For Bowlby and Ainsworth, as with the later relational psychoanalysts, a mutuality of determination of the internal instincts and external conditions collectively shapes an individual's psyche. "Attachment theory, like relational

theory, is a two-person theory of conflict and defense, which sees defenses as arising from the conflict between the infant's needs and the caregiver's responses" (Fonagy et al., 2018, p. 12). Specifically, for the infant consistency of attuned relatedness—"availability" (Bowlby, 1973)—generates the internal model of the mother, from which the infant derives security in the physical absence of the actual mother. Lacking that, the infant develops either anxious or avoidant behavioral/relational strategies to regulate internal distress, being essentially a hyper- or hypo-focus, respectively, on the mother's presence (Bowlby, 1969; Fonagy et al., 2018).

> Secure attachment implied a representational system in which the attachment figure was seen as accessible and responsive when needed. Anxious attachment implied a somewhat dysfunctional system in which the caregiver's responsiveness was not assumed and the child adopted strategies for circumventing his or her perceived unresponsiveness. (Fonagy et al., 2018, p. 8)

Bowlby's (1969, 1973, 1980) theory of attachment process was also a theory of loss of that attachment. Drawing from evolutionary theory and ethological methods, but also referencing psychoanalytic theory, Bowlby (1980) described reactions to the loss, or threatened loss, of an attachment figure or relationship, as following a stereotypical course. For a threatened loss, the child reacts with protest, attempting to keep proximity with the attachment figure.

> These reactions are biologically functional because in the environment of evolutionary adaptedness they would have kept infants close to their protective attachment figures. … This natural anxiety and yearning for

> an attachment figure motivate continued searching and calling until either success is attained or all efforts are exhausted. (Fraley & Shaver, 1999, pp. 41–42)

The failure of these protests results in first despair then detachment for the child, and a similar process also applies to adults (Bowlby, 1980). In children, detachment is not grieving but suppression of the awareness of loss (Bowlby, 1980; Fraley & Shaver, 1999), whereas in adults loss initiates a resolution process, which can either proceed to a conclusion or become blocked. Bowlby's (1980) four-stage model described the general sequence of grieving as:

1. Phase of numbing that usually lasts from a few hours to a week and may be interrupted by outbursts of extremely intense distress and/or anger.
2. Phase of yearning and searching for the lost figure lasting some months and sometimes for years.
3. Phase of disorganization and despair.
4. Phase of greater or less degree of reorganization. (p. 85)

Bowlby understood this to be the necessary process of adjusting to loss:

> For mourning to have a favorable outcome it appears to be necessary for a bereaved person to endure this buffeting of emotion. … In this way only does it seem possible for him fully to register that his old patterns of behavior have become redundant and have therefore to be dismantled. (p. 93)

If this process is blocked—typically by the absence of other attachment figures/resources and insecure attachment patterns derived from childhood—

the result is either chronic grief or chronic absence of grieving (Bowlby, 1980), mirroring the anxious or avoidant attachment styles (Fraley & Shaver, 1999). Bowlby (1980) identified both forms of inhibited grief as problematic, with the absence of grieving supporting emotional numbness and then distress when loss memories arise, and chronic grieving being associated with ongoing distress, including depression.

Thus, clinical depression is seen within attachment theory as the result of inhibiting the grief process attendant to an attachment loss from the normal progression that arrives at acceptance and a reorganization of goals and attachments. Bowlby (1980) made the same distinction between chronic and situational depressions that Freud (1917/1957) did when separating mourning from melancholia. Bowlby was not a theorist of depression per se (e.g., the chapter ostensibly devoted to depression, in the third *Attachment and Loss* volume [Bowlby, 1980], mostly reviews a different author's research), but embeds it clearly in a grief model of loss and its resolution.

Psychoanalysis and UF

This overview of the psychoanalytic and attachment literatures and their theories about the structure and dynamics of depression illustrates one of the depression literature's most overt expressions of the UF construct. Regardless of the particular macro claims about how the mind works or the centrality of actual relationship and reciprocating influence of the relational schools, the structure of depression articulated throughout the psychoanalytic literature is that of UF. The specific understanding of what defines the core goals of psychic life differs, but the underlying structure of meaningful goals, which determines critical qualities and outcomes for the psyche whether in the

intrapsychic or relational realms, is experienced as, or actually is, futile, even if the term is not overtly used. The concept of futility is embedded in the whole literature, and depression is the result of a failure to adapt via grief the changed internal and relational reality, that is, the structure described in UF.

Regarding the drive theory of depression, the UF structure can be seen clearly in the relationship between object-loss and grief. Freud's (1917/1957) central distinction between mourning and melancholy differentiates loss that enacts a process of de-cathexis, that is, grief, from loss that initiates a defensive process against grief, that is, depression. Futility is not referenced directly but is implicit in how these authors discuss loss, whether of a person or an idea, as when Abraham (1911/1937) wrote,

> Loss … need not have been caused by death; what is essential is the feeling that the psychic connection with the love object has completely broken down. … It is the feeling of having been completely abandoned that causes the subsequent psychic depression. (p. 509)

This irrevocability of the loss makes salient the impossibility of the goals embedded in that particular loss, that is, the futility of further pursuit of those goals that animate the attachment to the object. Mourning is, then, grievable loss, and depression is loss that cannot be grieved. How the grief is avoided or why the futility of object (and object-goal) loss is experienced as intolerable diverges from other psychoanalytic or nonpsychoanalytic theories, but that is not critical in seeing the underlying UF structure in the drive theory construction of depression. The common factor between this construct of depression and UF is that depression is generated by the inhibition of a grief process enacted by object loss.

Klein's depiction of depression as an expression of the object relations view, although more intrapsychic than Fairbairn's, also exhibits the core features of UF. The central loss that needs to be grieved for Klein (1940) is the idealized mother, as the child matures out of the schizoid position and its ability to separate out the mother into the desirable and undesirable aspects. The ideal mother as an internal object comes under assault from the depriving aspects, and the inevitable demand of reality for the integration of both of these aspects of the mother renders the desire or goal of keeping the idealized mother ideal is rendered futile. Klein (1940) rendered the concept of futility in the same way as UF, as a goal that is unattainable given the unchangeable confines of reality, specifically at the existential and developmental levels. Depression is the product of the failure to grieve—that is, to allow for the process of adaptation to a new reality and the disintegration of the old—the loss of this goal, made futile by the inevitabilities of maturation.

In the relational schools, including the object relations theories, UF is equally the substructure of those theories of depression. Whether the inevitable demise of the idealized mother in Klein's work, the impossibility of permanently secure connection in Fairbairn, the emphasis on self-structure of Kohut, or the blockage of reciprocity in relational writers such as Stolorow (e.g., Stolorow et al., 2002), all these theories express the same structure: a critical self-relevant goal, when rendered futile, but which cannot or will not be adapted to through grief, creates the conditions for depression to arise as a defense against that adaptation.

Finally, this very same UF pattern is obvious in the attachment literature. Infants have the intrinsic, nonoptional goal of obtaining and

maintaining a real, reciprocal attachment with the caregiver, which serves the evolutionarily determined need for survival via proximity to a protecting other. The various dynamics and structural sequence Bowlby and Ainsworth elucidated serve that essential survival goal, and when that goal is inhibited past a certain point of tolerance—that is, when it is or is determined to be futile—backup defenses arise to protect against experiencing further damage, threat, and exhaustion. This is depression, and its particularities exist to serve this shutdown when the processes of adaptation are impossible for infant, or intolerable for the adult.

This attachment theory conceptualization, paralleling the psychoanalytic literature in general, is the same formulation described by UF. Although, as in most other depression literatures, the word "futility" is not used in the attachment literature or Bowlby's writings, the concept itself is implicit. Bowlby (1980) is particularly clear that losses are both intrapsychic and interpersonal, that is, real: "Much of the clinical literature, indeed, deals exclusively with depressive illness, and some of it makes little or no reference to bereavement or other actual loss" (p. 24). One of the pivotal conclusions of attachment theory and research is that attachment figures matter not because they primarily are acted upon by the individual psyche but because their behaviors act upon, shape, and determine an individual's emotional and literal survival (Ainsworth & Bowlby, 1991; Bowlby, 1969). A loss, then, is both of a psychic object and a real attachment object, and thus futility includes the nonattainability of the goal of internal and relational object maintenance. In loss, the attachment relationship becomes futile in the sense that it no longer

can serve the attachment goals and dynamics of supporting a sense of safety and connectedness (Bowlby, 1969, 1980).

Attachment theory's assessment of grief also maps to the grief dimension of UF. Depression for both is a function of inhibited grief, initiated by a meaningful loss, but then blocked, leading to the stagnant or stalled—the circular rumination of chronic grief or the frozenness of denial of grief, respectively (Bowlby, 1980)—state of depression. Attachment theory and UF both pivot on this same fulcral point.

Conclusion

UF is an essentialist description of the shared structure that underlies the entire psychoanalytic and attachment literature. The core dynamic structure of depression, for UF and psychoanalysis, is a loss (an attached-to object becomes permanently unavailable, and the goal of holding the attachment becomes futile) initiates a process of grief (the process of resolving, reconciling, and altering one's internal model of self and world to conform to the reality of the loss), which is inhibited by various factors, resulting in depression. The details and debates may be particularly fractious in the psychoanalytic community, obscuring what is asserted in common. Nonetheless, the shared substance and process of these different psychoanalytic theories is UF.

CHAPTER 4: EVOLUTIONARY PSYCHOLOGY, DEPRESSION, AND UF

Evolutionary psychology (EP), as a subfield of psychology, is generally understood to have started with Barkow et al.'s 1992 book *The Adapted Mind,* though its roots extend back to Darwin (Workman & Reader, 2014). Although EP, as with all of psychology, is a relatively heterogeneous collection of theories and foci, it nonetheless does center on how human psychology and behavior represent the present expression of adaptations to past evolutionary circumstances.

> The fundamental assumption of evolutionary psychology is that the human mind is the product of evolution just like any other bodily organ, and that … [the mind] should be considered to be an organ that was designed by natural selection to guide the individual in making decisions that aid survival and reproduction. (Workman & Reader, 2014, p. 1)

EP has its origins in the work of Darwin, who broke from earlier classical theory of human development by arguing that humans, rather than being designed by a higher power, evolved from iterative interactions with their contemporary environment (Gregory, 2009). However, Darwin himself only alluded to the impact of evolutionary process on psychology (Workman & Reader, 2014). Freud, in an early application of evolutionary thinking to psychology, embedded evolutionarily-derived drives and instincts (i.e., forces innate to the human psyche) into his theory (Marcaggi & Guénolé, 2018). William James, without formulating a theory of EP, also focused on instincts in human psychology (Suplizio, 2007), and later the ethological approach of Lorentz and others, including Bowlby, added a methodological approach to

understanding environmental influences on instinctual behavior (Workman & Reader, 2014).

The predecessor to modern EP, though, was the biologist E. O. Wilson's (1975/2002) work in formulating sociobiology. Wilson's focus was behavior as conditioned, not by culture, but by biology (Driscoll, 2018), specifically the evolutionary biology underlying the physiology that produces human behavior, and thus he elaborated the base from which EP proper could emerge (Barkow et al., 1992). This advancement was marked by an overtly human focus and an evolutionarily cognitivism: "[These authors] proposed that evolutionary psychology differs from sociobiology in that the former adopts a cognitive level of explanation. Evolutionary psychologists, unlike sociobiologists, attempt to explain human behavior in terms of the underlying computations that occur within the mind" (Workman & Reader, 2014, p. 22). In the 30 years since *The Adapted Mind*, EP continues to develop as an established framework for the interpretation of human psychological behavior of all kinds (Buss, 2020; Workman & Reader, 2014), including a strong emphasis on depression (Galecki & Talarowska, 2017; Gilbert et al., 2009).

Evolutionary Psychology

Rather than distinct schools, as more clearly exist in the psychoanalytic and cognitive-behavioral traditions, EP's adherents are differentiated according to their stances on various theoretical claims. All, however, group around the central thesis that human behavior and cognition are based in learned patterns adopted over evolutionary time because they proved to be useful adaptations to the then-contemporary environments (Barkow et al.,

1992; Buss, 2020; Tooby & Cosmides, 2005). Cosmides and Tooby (1997) defined five specific tenets for their view of EP:

> Principle 1. The brain is a physical system. It functions as a computer. Its circuits are designed to generate behavior that is appropriate to your environmental circumstances.
>
> Principle 2. Our neural circuits were designed by natural selection to solve problems that our ancestors faced during our species' evolutionary history.
>
> Principle 3. Consciousness is just the tip of the iceberg; most of what goes on in your mind is hidden from you. As a result, your conscious experience can mislead you into thinking that our circuitry is simpler that it really is. Most problems that you experience as easy to solve are very difficult to solve—they require very complicated neural circuitry.
>
> Principle 4. Different neural circuits are specialized for solving different adaptive problems.
>
> Principle 5. Our modern skulls house a stone age mind. (pp. 4–10)

This orientation differs from what Tooby and Cosmides (Barkow et al., 1992) termed the "standard social science model" (SSSM), that human behavior is predominantly culture- and learning-dependent, essentially holding that humans are, as Margaret Mead (1935) said, "unbelievably malleable" (p. 289).

> The most consequential assumption [of the SSSM] is that the human psychological architecture consists predominantly of learning and reasoning mechanisms that are general-purpose, content-independent, and equipotential. … That is, the mind is blank-slate like, and lacks

> specialized circuits that were designed by natural selection to respond differentially to inputs by virtue of their evolved significance. … This presumed psychology justifies a crucial foundational claim: the blank-slate view of the mind rationalizes the belief that the evolved organization of the mind plays little causal role in generating the content of human social and mental life. The mind with its learning capacity absorbs its content and organization almost entirely from external sources. Hence, … the social and cultural phenomena studied by the social sciences are autonomous and dis-connected from any nontrivial causal patterning originating in our evolved psychological mechanisms. Organization flows inward to the mind, but does not flow outward. (Tooby & Cosmides, 2005, p. 6)

The EP claim is that human behavior is the output of computational programs, created and reinforced because they were useful adaptations to the then-contemporary environments, called the EEA, "the environment of evolutionary adaptedness … , [which] refers jointly to the problems hunter-gatherers had to solve and the conditions under which they solved them (including their developmental environment)" (Tooby & Cosmides, 2005, p. 22). EP disputes the teleological arguments of the SSSM, that humans' primary motivation is the maximization of outcomes and instead argues that the manifesting of the programs defines behavior.

> Although organisms sometimes appear to be pursuing fitness on behalf of their genes, in reality they are executing the evolved circuit logic built into their neural programs, whether this corresponds to current

> fitness maximization or not. Organisms are adaptation executers, not fitness pursuers. (Tooby & Cosmides, 2005, p. 14)

This focus on the human psyche as composed of programs sculpted by adaptational needs in their EEAs—the core of Cosmides and Tooby's (Barkow et al., 1992) integrated causal model—is referred to as "massive modularity" (Griffiths, 2001; Workman & Reader, 2014). It contrasts with behaviorism's and cognitive science's theories of domain general learning and information processing. "Just as you can program a computer to perform thousands of very different tasks, cognitivists assumed that domain-general information processers could generate thousands of different behaviors" (Buss, 2020, p. 2). However, given the existence of different kinds of information to be processed and different kinds of learning processes, EP argues that human psychology requires a modular approach.

> Humans come into the world with food aversion-learning mechanisms, learning in a single trial to avoid eating food that makes them sick as much as 24 hours later, but food-learning adaptations do nothing for learning which people to avoid mating with. People do not come into the world knowing what leads to high or low status within a social hierarchy but must learn those criteria based on information provided by other people through language, social reputation, and observation of the attention structure (high-status people tend to be those to whom the most people pay the most attention). (Buss, 2020, p. 3)

These modules are then linked by superordinate programs that coordinate and organize the subordinate programs, "[thus] one can view the brain as a collection of dedicated mini-computers whose operations are functionally

integrated to produce behavior" (Cosmides & Tooby, 1997, p. 8). Essentially, the EP field has, at the theoretical level, clustered around the massive modularity hypothesis, with divergence of opinion being the degree to which there is a mix of modular and integrative programs (Barrett et al., 2014; Chiappe & Gardner, 2011; E. Smith et al., 2001).

The phenomenon and process of adaptation, expressed in the concept of the EEA, is the central injunction of living systems, that is, to adapt to contemporary relevant circumstances or perish (Barkow et al., 1992; Workman & Reader, 2014). Natural selection functions on the palate of problem-solving options provided by genetic variations in a given population at a given time to select for, via differential reproduction rates, useful adaptive solutions to then-contemporary problems (Tooby & Cosmides, 2005). The understanding of EP, in terms of modularity, is that it is more adaptive to have specific programs address, as experts rather than generalists, specific problems in the EEA. Thus, modularity itself is seen as adaptive.

However, another core claim of EP is that there is an inevitable mismatch between these adaptation-derived programs, developed over evolutionary scales of time to address problems native to hunter-gather society, and contemporary social environments, which have developed over a relatively short period of time and have novel problems to solve (Barkow et al., 1992; E. Smith et al., 2001; Workman & Reader, 2014). This is known as the "evolutionary mismatch hypothesis," in which adaptive psychological programs may be delinked from the current environment.

> Psychological adaptations are mechanisms that take specific environmental cues as input, process these inputs according to evolved

> decision rules, and produce adaptive cognitions, attitudes, behaviors as output. Evolutionary mismatch refers to the *adaptive lag* that occurs if the environment that existed when a mechanism evolved changes more rapidly than the time needed for the mechanism to adapt to the change. (Li et al., 2021, p. 38)

EP does not claim, however, that evolutionary mismatch explains all problematic phenomena, psychologically or otherwise. For instance, anxiety, though subjectively distressing, can be seen as an adaptive threat-identification program (Bateson et al., 2011; Marks & Nesse, 1994) and not categorically as a product of human evolutionary programs meeting an environment they were not designed for. This is the distinction between individual effects and evolutionary benefits.

> A mechanism is working functionally in the evolutionary sense if it has a level of responsiveness that will, averaged across all individuals and the environments in which they live, maximize survival and reproduction. This is a very different criterion from those used to demarcate clinical boundaries in psychiatry, which are mainly based on level of suffering and quality of life. If a mechanism is producing distress or impairing quality of life, this does not necessarily mean that it is malfunctioning in the evolutionary sense. (Bateson et al., 2011, p. 708)

That is, individual negative impacts of a psychological program, such as anxiety, do not automatically mean that the program is a derangement brought on by evolutionary mismatch.

Another assertion of EP, in line with modularity, is that human consciousness sits atop a hierarchy of sub- and unconscious information processing systems. Activity, thoughts, and behavior that seem obvious and given, actually both rely on and can hide the underlying structures and agendas that make them possible (Cosmides & Tooby, 1997; Tooby & Cosmides, 2005; Workman & Reader, 2014).

> Our conscious experience of an activity as "easy" or "natural" can lead us to grossly underestimate the complexity of the circuits that make it possible. Doing what comes "naturally," effortlessly, or automatically is rarely simple from an engineering point of view. … These activities feel effortless only because there is a vast array of complex neural circuitry supporting and regulating them. (Cosmides & Tooby, 1997, p. 7)

Modularity is structured then in layers of programs, some of which are designed to process information consciously and some out of the range of overt consciousness. Relatively simple phenomena such as the visual processing of moving objects illustrate this: It would be impossible to catch a ball if all the component pieces of the process were conscious (Barkow et al., 1992). Certain programs necessitate, at multiple levels of complexity, unconscious or nonconscious processing.

To summarize, EP is a framework and approach to psychology intended to allow for clarifications of psychological and behavioral patterns and programs that otherwise have been missed. Its core qualities are (a) a fundamental Darwinism; (b) a commitment to an adaptationist understanding of natural selection; (c) an assertion of massive modularity over a general-

purpose learning acquisition mechanism; and (d) an understanding that certain, but not all, psychological patterns and pathologies are the result of the evolutionary mismatch.

Evolutionary Psychology and Depression

Although the overarching theory of EP is mostly cohesive, EP's application to depression is more heterogeneous in detail and emphasis. However, all of the particular EP theories of depression do organize around depression being an evolutionarily sculpted psychophysical pattern that serves to regulate the body and mind in a particular way and that is triggered by relevant conditions to produce behavioral shutdown. Whether this depressive phenomenon is inherently adaptative, having proven useful and therefore selected for in its original environment, or a dysfunction of other adapted traits (e.g., mood variation), is the central spectrum on which these theories locate themselves (Nettle, 2004; Tavares et al., 2021). This debate between the adaptation and dysfunction schools has still not reached consensus: "The global evidence [regarding depression] undermines the idea that low mood and depression are defects unrelated to a defense, but is insufficient to support any firm conclusion about their adaptive significance" (Nesse, 2000, p. 15; c.f. Hollon et al., 2021; Kennair et al., 2017).

The central claim of EP is that psychological phenomena stabilized as features because they were useful adaptations to the then-current environment, but the particular nature of those adaptations is debated, including their match or mismatch to the contemporary environment (Cosmides & Tooby, 1997; Tooby & Cosmides, 2005; Workman & Reader, 2014). As applied to depression, then, the question concerns whether or how depression served as

an adaptation and whether or when it becomes a dysfunction of the original adaptive function (Nesse, 2000; Nettle, 2004).

The adaptationist school of evolutionary depression thinking breaks down into a plethora of theories, all emphasizing depression as an adaptive phenomenon. Specific to depression, Gilbert (2006) wrote:

> Our brains appear to be wired to tone down positive affect in contexts of poor attachment and affiliation. In addition, people compete for social resources and when this competition is going badly (people think they are failing, and/or are inferior, shamed and defeated), especially in the context of perceived unhelpful social environments and negative schema of others, depression can be triggered. (p. 294)

Although the demarcation is fuzzy, these theories tend to break down into either social or nonsocial explanations of depression, that is, whether the adaptation intends to regulate the individual through either social or internal manipulations (Gilbert, 2006). The social theories posit that depression is an adaptation to stresses in early social environments, particularly as related to rank and power, (Gilbert, 1992; Price et al., 2007), social resources (Hagen, 2003), and navigating goal detachment (Klinger, 1975; Wrosch et al., 2003). The nonsocial theories assert that depression evolved to address problems of internal regulation, especially controlling aversive experiences (Nesse, 2000; Seligman, 1975).

In the social adaptationist camp, depression is seen as an adaptive structure that served to regulate social dynamics and stressors through addressing social connectedness.

> The social theories of depression suggest that while control is a salient dimension of mood one cannot equate social and non-social stressors. First, social relationships are curial to survival, coping with adversities and reproduction and, thus, to lose control over these can seriously affect inclusive fitness. Second, unlike non-social stressors, social stressors are embedded in dynamic patterns of communication. … Stresses and losses here relate to inabilities to influence the mind of another(s) in the co-creation of desired roles. (Gilbert, 2006, p. 289)

The main contention of this grouping of theory is that, due to humans evolving from small bands of hominids, the survival of the individual was contingent on the navigation of the social structure as well as on the cohesion of the social group. Depression is posited to assist survival through regulating the individual's relationship to the group, particularly in terms of rank, power, hierarchy, and submission (S. Carvalho et al., 2013; Gilbert, 1992; Price et al., 2007).

The social rank theory (SRT) of depression is a major theory amongst the social adaptationist group, which explains depression as an evolved mechanism in early hominid groups to regulate conflict between the hierarchical power drive of individuals and the social harmony survival need of small bands of early humans (Gilbert, 1992, 2006; Price et al., 2007). The survival drive that enjoins an organism to maximize resources, which requires power and the assertion of that power, conflicts with the group's survival need for individuals to subordinate their power to the group. If an individual attempts to maximize rank in order to increase its access to food and breeding

resources, then the subsequent conflict becomes a potential problem with social cohesion.

> Rank provides a social infrastructure that allows animals to reduce the degree of energy expenditure in competing/fighting where conspecifics are going after the same resources, [and therefore] the recognition of rank difference reduces aggressive behaviour and exerts an effect on resource accessibility. Ranking is above all a means of deciding social control and preferential access to resources. (Gilbert, 1992, p. 150)

When an individual seeks rank through successfully exerting power, the social structure remains intact. But if that individual is not capable of success in fighting for rank, but also cannot detach from that power goal, then the group will be rife with a resource-sapping power struggle or will be weakened by the destruction of that individual. Gilbert (1992) wrote, "The potential for involuntary, subordinate self-appraisal and its co-assembled affects and behaviours [i.e., depression], evolved (perhaps) precisely to inhibit an animal from challenging for breeding resources in situations that it could not win" (p. 149).

SRT incorporates several subsets of EP's explanation of depression, one of which is the involuntary defeat strategy (IDS), an aggression-halting routine meant to disable and protect both the loser of a resource struggle and the group.

> [This IDS] strategy reduces the risk of injury or death for both combatants by convincing the loser of the futility of further struggle and triggering either submission or flight and promoting acceptance of the new status quo. … [Thus] the function of the IDS is to trigger

> behaviors to terminate or disengage from a struggle, to promote flight, suppress acquisitive behavior (e.g., socially confident resource acquiring behavior) that might elicit attacks (in ancestral-primate environments). It may also regulate positive and negative affect to enable an animal to maximize gains and down grade aspirations and expectations of success. (Sloman et al., 2003, p. 111)

This mechanism is proposed to have given a survival advantage to groups whose individuals had IDS mechanisms over groups with less regulated competitive/power struggles (Gilbert, 1992). Although in the contemporary environment, resource competition emphasizes attraction rather than raw power struggle (Gilbert, 1997), SRT claims that the loss or inability to engage resource competition because of inability and/or low rank triggers the IDS, which underlies the primitive machinery of depression.

Thus, SRT posits depression as an adaptive response to defeat in the struggle for resources within the context of early social groups, positioning the experience of defeat as crucial (S. Carvalho et al., 2013; Gilbert & Allan, 1998). A version of this defeat is the experience of entrapment and subsequent hopelessness in which the possibility of, and belief in the efficacy of, acting on goals is categorically negated. Specifically, entrapment is defeat when the flight response is inhibited by circumstances: "Arrested flight involves suppression of explorative behavior (especially approach), submissive-static postures (to reduce outputs), cut-off (to reduce inputs) and severe demobilization" (Gilbert & Allan, 1998, p. 588).

Hopelessness, which is strongly correlated with depression (Abramson et al., 1989; Liu et al., 2015), is the result of entrapment being experienced as

unchangeable, which therefore instantiates a belief in the permanency of defeat. Abramson (Abramson et al., 1989) drew from attribution theory—that humans attribute meaning to events (Weiner, 2008)—to update learned helplessness theory (Seligman, 1975), defining hopelessness as

> an expectation that highly desired outcomes will not occur or that highly aversive outcomes will occur coupled with an expectation that no response in one's repertoire will change the likelihood of occurrence of these outcomes. The common-language term *hopelessness* captures the two core elements of this proximal sufficient cause [i.e., of depression]; (a) negative expectations about the occurrence of highly valued outcomes (a negative outcome expectancy), and (b) expectations of helplessness about changing the likelihood of occurrence of these outcomes (a helplessness expectancy). … Hopelessness, of course, is an expectation. (Abramson et al., 1989, p. 359)

Helplessness, then, resultant to the experience of defeat, initiates hopelessness in the individual if, through arrested flight, the person cannot escape the experience of defeat. Learned helplessness theory (Maier & Seligman, 2016; Seligman, 1975) is the extrapolated version of this connection between helplessness and hopelessness, and the SRT gives it a further evolutionary depth.

Attachment theory (Bowlby, 1969, 1973, 1980) is also included in the social adaptationist EP theories, as in addition to describing the phenomenological patterns of attachment and attachment repair, attachment theory describes an adapted social process of maximizing survival. Within the

EP framework, the phases of attachment and attachment repair—protest, despair, detachment (Bowlby, 1969)—are seen as survival responses to different threats. The adaptive value of these attachment patterns is simply that those infants who were more successful in drawing and securing their caregivers' resources survived better than those who did not (Simpson & Belsky, 2008; Sloman et al., 2003).

> These sequences of coping are part of an innate repertoire for coping with major separation events. First, vocalizations of anger and distress (protest) may draw the mother's attention to the child's needs. If successful, the reunion reduces stress and the infant settles down. However, if unsuccessful, continued signals of distress could betray one's vulnerable state to a predator. Also, when the parent does return, they are likely to go where they left the infant and thus the infant should not move too far away. Hence, a second response is to 'stop protest' and stay put. This demobilization-despair phase may have evolved to protect the child from predators conserve resources and make it "stay put." (Sloman et al., 2003, p. 110)

Also, implicit in Bowlby's (1980) description of the detachment phase is the survival value of disconnection from attachments that have become futile, as addressed in Klinger's (1975) incentive/goal detachment theory.

> [Bowlby] reasoned that emotional ties with previous caregivers must be relinquished before new bonds can be formed. From the standpoint of evolution, detachment allows infants to cast off old emotional ties and begin the process of forming new ones with caregivers who may

be willing to provide the attention and resources for survival. (Simpson & Belsky, 2008, p. 92)

Moving on from the social adaptationist group, the nonsocial adaptationist group of EP theory explains depression by their emphasis on the self-regulating adaptation strategies (Gilbert, 2006). Instead of the regulation of social interactions and networks, these theories propose that depression developed as a fitness-positive strategy to regulate and control aversive events. Although these theories tend to overlap, there are a number of distinct theories in this grouping.

Resource conservation-withdrawal theory (Engel & Schmale, 1972; Kaufman & Rosenblum, 1967) proposes that depression is a manifestation of basic behavioral patterns seen in human and animals, "the triad of relative immobility, quiescence and unresponsiveness to environmental input … [and] conservation-withdrawal … [with conservation-withdrawal being] the biological threshold mechanisms whereby survival of the organism is supported by processes of disengagement and inactivity vis-à-vis the external environment" (Engel & Schmale, 1972, p. 57). This phenomenon is understood as basic to the functioning of life, the fluctuation of organisms between resource acquisition and a resource conservation that protects the individual from deprivation and exhaustion (Engel & Schmale, 1972). In relation to depression, it is understood to be the underlying mechanism, triggered and enacting psychologically, rather than solely biologically, the symptoms of biological shutdown as a "a continuation or a repetition of the central appraisal indicating 'no supplies or no solution available' or 'no action possible'" (Engel & Schmale, 1972, pp. 69–70). That is, in psychologically

complex beings, this theory links depression to a biologically expressed withdrawal mechanism, engendered by an unmoderated assessment of futility, that is, “the subject faces a problem of survival which has no apparent solution” (Thierry et al., 1984, p. 181).

Resource allocation theory (RA; Nesse, 2000) mirrors the conservation-withdrawal theory in proposing that depression acts to monitor and direct energy distribution, according to the usefulness of a potential investment.

> Depression has no single function but that mood tracks the propitiousness of situations in order to adjust resource allocation (e.g., energy and investment) in activities so as to maximize long term payoffs. In other words, through reduced sense of personal capability and/or through an exaggerated sense of the difficulty of a particular task, depression inhibits investment in challenging or risky activities with low probability of success. Perceptions of hopelessness, pessimism and behavioral inactivity, which reduce risk taking, are seen as manifestations of this mechanism. (Sloman et al., 2003, p. 109)

Given that organisms must make decisions about the costs versus benefits of various goals and the strategies to meet those goals, and given that early humans did not have access to higher-order cognitive assessment processes, RA posits that depression served as a de-attaching mechanism in the face of low-reward or futile goals.

> In [low reward situations], pessimism and lack of motivation may give a fitness advantage by inhibiting certain actions, especially futile or dangerous challenges to dominant figures, actions in the absence of a

> crucial resource or a viable plan, efforts that would damage the body, and actions that would disrupt a currently unsatisfactory major life enterprise when it might recover or the alternative is likely to be even worse. (Nesse, 2000, p. 14)

Since goals require an individual to attach to outcome states, and then constantly monitor the energy expense against the likelihood of obtaining that state (Wrosch et al., 2003), there needs to be a way of "decathecting" energy (i.e., attachment) from that goal. RA positions depression as that evolutionarily advantageous function.

Learned helplessness theory (Maier & Seligman, 2016; Seligman, 1975), although originally not strongly framed in terms of EP, nonetheless expresses similar themes. For instance, Seligman (1975) reflected the resource conservation and goal direction theories of depression by writing, "The basic evolutionary significance of pleasure may be that it accompanies effective instrumental responses and thereby encourages those activities that lead to the perception of control" (pp. 140–141), and "It may be that the hedonic system evolved to goad and fuel instrumental action" (p. 98). That is, in the face of low-reward activities—such as the dogs attempting to escape electric shocks in Seligman's original experiments—a conservation mechanism needs to be in place to down-regulate the futile, energy-depleting, goal. Pleasure is the mood signal that permits further goal seeking and pain signals the futility of a goal, thus enacting a shutting down of energy allowed for that goal, and therefore depression (Seligman, 1975).

Klinger's (1975) incentive-disengagement theory (ID) dovetails with these various EP theories but focuses more on the goal detachment dimension

of energy/resource distribution and conservation. ID understands organisms to be fundamentally organized around incentives (i.e., anticipated value attendant to attaining goal), and therefore the disruption of those incentive/goals engages a particular disengagement process. As Klinger explained, “Dissolving an important concern should tend to produce effects such as apathy, reduced instrumental striving, loss of concentration, and increased preoccupation with momentary cues, a pattern that is recognizably similar to depression” (p. 8). Klinger described a cycle of incentive-disengagement following the frustration of a goal, moving through increased action toward the goal (“invigoration”), aggression, depression, and then recovery (which also roughly mirrors Kubler-Ross’s [2005] grief process).

> At some point during sustained unrelieved frustration, organisms begin to give up. The available evidence suggests that failure, loss, and disappointment (in the objective sense) generally lead to depression-like responses that range along a continuum from mild disappointment (in the subjective sense) to severe depression. (Klinger, 1975, p. 10)

Thus, ID asserts: “Depression is … a normal part of disengagement that may be either adaptive or maladaptive for the individual but is probably adaptive for the species” (Klinger, 1975, p. 1). Again, the destructive potential of unregulated goal-seeking action argues for the evolutionarily necessary disengagement process, without which “an organism would totally exhaust itself pursuing its first blocked goal if it did not incorporate a mechanism for annulling its commitment to an inaccessible [i.e., futile] incentive, thus ending that particular current concern” (Klinger, 1975, p. 15).

Other nonsocial adaptive theories include the analytic rumination hypothesis (ARH; Andrews & Thomson, 2009), which proposes that depression was evolutionarily conserved for its usefulness in complex problem solving.

> Depression is an evolved response to complex problems, whose function is to minimize disruption and sustain analysis of those problems by (a) giving the triggering problem prioritized access to processing resources, (b) reducing the desire to engage in distracting activities (anhedonia), and (c) producing psychomotor changes that reduce exposure to distracting stimuli. (Andrews & Thomson, 2009, p. 620)

The ARH argues that it was necessary, in ancestral environments, to force individuals to override their more basic pain-avoidance mechanisms to accurately solve difficult problems, which required slowing and focusing cognition, rather than allowing the trigger-response reaction to pain.

> We suggest that when facing complex problems, organisms must learn to stop trying to quickly resolve their pain with simple solutions, transition to a slower, analytical approach to problem solving, and learn how to endure the pain until the problem is solved. The extended nature of depressive pain is useful. Without it, people would not be motivated to engage in the extended effort required to solve complex problems, and the pain should cease once the problem is solved. (Andrews & Thomson, 2009, p. 645)

Although questionable as a complete theory of depression and difficult to test (cf. Sevcikova et al., 2020; Tavares et al., 2021), ARH does support

depression as a meaningful phenomenon and does attempt to relate to other EP theories (Andrews & Thomson, 2009). This overlap with other theories is particularly important in adding to the general EP theorizing that depression serves to disconnect the individual from one track of functioning—that is, simplified cognition—to another, more useful problem-solving/goal-attaining solution.

The bargaining model (BM) of depression (Hagen, 2002, 2003; P. Watson & Andrews, 2002) proposes that depression's evolutionary purpose may have been to negotiate, or even extort (P. Watson & Andrews, 2002), resources from related others. According to Hagen (2003), "The market for certain kinds of social partners in the EEA may often have been anything but fluid. Given this high degree of interdependence in foraging bands … individuals who withheld benefits would have imposed significant costs on other band members" (p. 98). That is, given the constriction of access to resources in hunter-gatherer groups, individuals experiencing distress would benefit by enacting depression to force group members to focus attention and resources on them. Distress includes postpartum mothers (Hagen, 1999) and social losses and failures (Hagen, 2003). Although loss dynamics are not the focus of the BM, Hagen's (1999, 2003) description of various triggers for depression, and therefore bargaining, almost all concern forms of loss. Embedded in the BM is also the theory of honest signaling (Hagen, 2003; P. Watson & Andrews, 2002), which says, "When the value of cooperation decreases with time, withholding benefits can also credibly signal that one is truly suffering costs to those who might not otherwise recognize those costs" (Hagen, 2003, p. 100). Honest signaling, then, positions depression as an

evolutionarily useful mechanism for an individual to notify group members of their distress and need for resources.

Last in the nonsocial adaptation group are the infection-mitigation/sickness behavior theories of depression, which contend that depression was useful in the EEA because its infection mitigation was greater than its cost to social functioning. For instance, the pathogen host response (PATHOS-D) hypothesis (Raison & Miller, 2012) posits that humans developed and conserved genes that manifested behavioral and somatic symptoms of depression because depression generates an inflammation response that serves to fight pathogens.

> Because infection has been the primary cause of early mortality and hence reproductive failure across human evolution, it would be expected that if depressive symptoms were an integral part of a heightened immunological response, allelic variants that support this response would have undergone strong positive selection pressure and thus would be both numerous and prevalent, as they appear to be. (Raison & Miller, 2012, p. 15)

PATHOS-D does not deny that the social stressors of rank struggles are relevant to depression but puts them into a biological context. It sees these power struggles as dangerous not for social reasons per se, but rather because they act as signals of potential increase in danger through "the risk of pathogen invasion—and subsequent death from infection—[being] greatly increased as a result of traumatic opening of the protective skin barrier from wounding" (Raison & Miller, 2012, p. 22).

The infection-defense hypothesis (IDH; Anders et al., 2013; Kinney & Tanaka, 2009) mirrors PATHOS-D in proposing that depression evolved to counter the ancestral environment's saturation in pathogens, though IDH emphasizes the behavioral elements of sickness. "Similar to sickness behavior, symptoms of depression such as anhedonia, fatigue, hypersomnia, and psychomotor retardation (i.e., slowed speech, thinking, and body movements) all tend to reduce activity and encourage rest, thereby conserving energy" (Anders et al., 2013, p. 4). Also emphasized in IDH is the value of depression behavior in protecting group members from infection: "Social withdrawal, low energy, irritability, and blunted affect … may greatly reduce the spread of infections by discouraging mobility and/or social contact with others" (Anders et al, 2013, p. 5).

EP, Depression, Adaptation/Dysregulation

The EP literature debates the central question of whether or to what degree depression is either an evolutionary adaptation or a phenomenon that was adaptive in the EEA but not in the contemporary environment. Theories range between the views that depression continues to be adaptive in current circumstances, that depression is at a lower range adaptive and maladaptive at its more severe level, and that depression in contemporary times is always a dysfunction.

> Is depression an adaptation, an adaptation gone awry, or a pathological state unrelated to any function? Opinions range from dismissal of the possibility that depression or low mood could be useful to the conviction that even severe depression is an adaptation with a specific function. … The physiological changes associated with depression are

> assumed to be defects by many researchers, while others see them as merely reflecting the activity of mood regulation mechanisms. (Nesse, 2000, p. 14)

Those who view depression as completely a dysregulation tend to be embedded in a strict medical model, with a biological rather than evolutionary perspective (Deacon, 2013; Safeekh, 2017). Amongst theorists who reference EP, however, depression is assumed to be related to adaptation, and from that shared perspective, the degree of dysregulation becomes the center of the debate (Nettle, 2004; Rosenström et al., 2017).

Within the EP field, although the "disorder" of depression is debated, essentially no disagreement exists about the adaptive value of variable mood itself (Nettle & Bateson, 2012; Trimmer et al., 2015).

> The capacity for mood appears to be phylogenetically widespread and the mechanisms underlying it are highly conserved in diverse animals, suggesting it has an important adaptive function … [being] to integrate information about the recent state of the environment and current physical condition of the organism to fine-tune its decisions about the allocation of behavioural effort. Many empirical observations from both humans and non-human animals are consistent with this model. (Nettle & Bateson, 2012, p. 712)

Mood is the mechanism that aggregates information about environment conditions and the individual's condition to arrive at generalizations of the expected rewards and punishments of future similar conditions. That is, mood is a cognitive assessment based on the frequency of certain experience, informed by patterns of emotion. It is fitness-relevant because the more

accurate the assessment, the greater the ability to choose optimally among different options—for example, whether to forage in the predator-heavy area, or whether to emphasize gathering or hunting based on one's own physical/energetic capacity—to enhance survival and reproductive capacity (Nettle & Bateson, 2012).

Thus, the "mood" of a mood disorder is not debated on EP grounds, but the disorder is. On the side of depression as itself an adaptation, various theories already reviewed argue for how depression has been evolutionarily conserved. Klinger's (1975) incentive detachment theory argued that depression detaches individuals from futile goals; rank theory (Gilbert, 1992; Price et al., 2007; Sloman et al., 2003) positioned depression as a necessary mediator of hierarchical power/resource conflict; honest signaling theory (Hagen, 2002, 2003) said depression communicates resource need to group members; resource conservation/withdrawal theory (Engel & Schmale, 1972) placed depression as a reaction to insufficient environmental resources; learned helplessness theory (Maier & Seligman, 2016; Seligman, 1975) modeled depression as both resource conservation and incentive/goal detachment that down-regulates an organism in the face of futile circumstances; the analytic rumination theory (Andrews & Thomson, 2009) said depression increased an organism's problem-solving capacities; and finally, the infection-avoidance theories (Anders et al., 2013; Kinney & Tanaka, 2009; Raison & Miller, 2012) argued that depression increased fitness by decreasing infection and infection transmission rates. In all of these, depression is fitness-positive in the ancestral environment (McGuire et al., 1997). Whether depression is still a useful adaptation is debated, with the

incentive-disengagement and rank/social navigation theories falling more on the side of depression still being adaptive and the social signaling and infection avoidance landing more on the previously adaptive but currently maladaptive position. No consensus has been reached on this divide (Kennair et al., 2017).

The other side of the adaptive-maladaptive debate argues that whereas mood variation supported survival, depression itself was and is a mood disorder, a dysregulation of the underlying advantageous structure. According to this perspective, when mood becomes dysregulated, it takes on a self-reinforcing quality, producing the syndrome and symptomatology defined as depression.

> When depression is … seen as a state shaped to cope with unpropitious situations, it is clear how it could be useful, both to decrease investment in the current unsatisfying life enterprise and also to prevent the premature pursuit of alternatives. Failure to disengage can cause depression, and depression can make it harder to disengage. This may explain why the low-mood system is so prone to getting stuck in positive feedback loops. (Nesse, 2000, p. 17)

Pyszczynski and Greenberg (1992), although more concerned with the cybernetic elements of depression than EP, nonetheless give an evolutionarily-informed analysis of this same problem in their self-regulatory perseveration (SRP) model of depression. SRP also makes salient something relatively unexplored in the EP literature, later extrapolated in terror management theory (TMT; Pyszczynski et al., 2015), being the structural reasons for

perseveration, the inability to release goals that turns low mood into depression.

> We are proposing that the inability to exit a self-regulatory cycle focused on a lost source of self-worth, meaning, or emotional security sets in motion a process that ultimately culminates in a state of depression. We also posit that many of the symptoms typically associated with depression are produced by the high level of self-focus that results from continued engagement of the self-regulatory cycle on an irreducible discrepancy. If these propositions are correct, we should be able to explain how such self-regulatory perseveration produces the various symptoms commonly associated with depression. (Pyszczynski & Greenberg, 1992, p. 77)

Nettle (2004) also argued the dysregulation position by describing how depression does not fit the definition of an evolutionarily conserved adaptation.

> Adaptations generally have four hallmarks; they lack heritable variation, show evidence of good design, are evoked by appropriate triggers, and fitness is reduced where they are absent. Depression shows none of these hallmarks. It is characterized by heritability, recurrence, cognitive impairment, and poor social outcome. … I argue that evolution has produced a continuous population distribution of affective reactivity that is subject to stabilizing selection. Individuals vulnerable to depression are at the upper end of this distribution. This conceptualization, in which depression itself is not selected for, is compatible with the known clinical and epidemiological facts. … The

> evolutionary process is complex, and because of trade-offs and complex adaptive landscapes, it produces individual dysfunctions and byproducts as well as adaptations. Depression could be an example of such a dysfunction. (pp. 91–100)

According to this argument, the secondary effects of longer-term depression—such as cognitive impairment, increasingly endogenous triggering, social rejections, and suicide—are too severe to support adaptationist theories, particularly strong versions such as analytic rumination hypothesis (P. Watson & Andrews, 2002). Kennair et al. (2017) wrote: "There is no evidence of long-term benefits … no evidence that this would solve complex social problems, and no reason from any basic research on rumination and depression to suggest that increased or continued rumination will reduce depressive symptoms" (p. 88).

Summarizing the current state of understanding depression's evolutionary context, Anders et al. (2013) wrote: "Depression thus poses a baffling evolutionary puzzle; despite the serious consequences of depression for individuals and their family members, including decreased fertility and increased mortality rates, depression remains both common and heritable" (p. 2). The questions around depression's adaptive value continue to be unresolved, although the EP literature, especially in its clinically informed quarters (e.g., Gilbert, 1992; Nesse, 2011), tends to skew toward the weak adaptationist or qualified dysfunction positions. Where this line is drawn, between adaptation and dysfunction, between low mood and depression, continues to be debated (Kennair et al., 2017; Nettle & Bateson, 2012).

Evolutionary Psychology, Depression, and UF

As a field, EP intends to answer the question of why a phenomenon continues to exist, not what that phenomenon is per se, or how to alter it, in contrast to psychoanalysis and CBT. This orientation can generate useful questions about definition and treatment, such as the EP theorist Paul Gilbert's (2009) focus on compassion in treatment, but these are not the focal questions of the EP field.

UF is a construct that concerns the definitional structure of depression as a dynamic phenomenon (therefore including the structure of its resolution) but is agnostic about depression's origins. EP questions can be asked about UF—for example, how does futility come to be? How is the experience of futility seen in an EP context? How has the incapacity to grieve been allowed by evolution?—but UF in itself does not rely on or require those questions to be answered. Hence, to a certain degree, EP and UF are simply addressing different dimensions of depression, and thus EP claims about depression have little overlap with what UF models. However, as with much of the depression literature, observations and assertions about depression's nature are buried in, or backgrounded to, that literature's foregrounded questions.

One agreement that all the EP theories share is that depression is not, unlike the strictest of the biomedical perspectives, a phenomenon without meaning or function. Whether a particular theory is more in the adaptationist or the dysfunctional camps, either the syndrome or the underlying structure of mood is seen as real and as having an evolutionarily conserved function. At this broad level, EP and UF share this perspective that depression is a meaningful phenomenon, related to functional dynamics that pertain to other

meaningful domains (e.g., evolutionary process, grief process). In contrast to the strict behavioral and biomedical approaches, depression qua depression is meaningful.

Within the particular EP theories of depression, UF can be seen most explicitly mirrored in those that address goal detachment, resource deprivation, and social rank. These theories all focus on the fitness issues pertaining to the pursuit of goal, in the context of the diminished likelihood, or impossibility, of obtaining it. They address depression's relationship to goal detachment in the ancestral environment—that is, they do not contextualize the relationship within, say, the psychoanalytic intrapsychic domain—but they implicate depression's structure in a way that reflects UF. Rank theory (Gilbert, 1992, 2006; Price et al., 2007), for instance, answers the evolutionary question by describing depression as the precortical, ancestral mechanism that advanced individual and group fitness via a downregulating of individuals' futile power drives. Faced with unlikely or impossible power (and social resource) drives, evolution selected for those bands whose members had a shut-off mechanism for those drives, lest the individual destroy itself or its group.

Hence, within these rank/goal theories the structure of the evolutionarily sculpted mechanism of depression is as follows: In an environment that renders certain goals unrewarding to obtain, goal-directed behavior and goal-related belief in goal attainment are inhibited at the cognitive, emotional/mood, and physiological levels; and remission of this shutdown is allowed when the individual detaches from the futile goal. Extracted from the EP focus, this is how rank theory describes the structure of

depression, which directly mirrors UF, except without an emphasis on grief per se. UF understands grief as a goal detachment procedure, which, when blocked in relation to a loss (i.e., a futile goal), engenders depression. Rank theory implicates this structure in describing depression as a consequence of not accepting loss (Gilbert, 1992), that is, depression is attendant to ungrieved loss. Incentive-disengagement theory, covering similar terrain, is more explicit about the incentive-disengagement cycle (Klinger, 1975), which has roughly the same structure as Kubler-Ross's (2005) grief model. That is, depression is related to unrewarding goals, which is related to a process of goal/incentive disengagement, which mirrors the process of grief.

The resource allocation (Nesse, 2000) and conservation-withdrawal (Kaufman & Rosenblum, 1967; Engel & Schmale, 1972) theories, at the level of structural description of depression also, if less obviously, mirror UF. Both are theories of resource limitation and deprivation, and the fitness requirement for dynamically altering behavior and expectations pertaining to resources. The same structure, mirroring UF, is also visible in the arrested defense theory (Gilbert, 1992) and the learned helplessness theory (Maier & Seligman, 2016; Seligman, 1975).

The social navigation hypothesis and analytic rumination hypothesis (Andrews & Thomson, 2009; P. Watson & Andrews, 2002) exhibit a more muted version of UF in their implications concerning the structure of depression. In arguing for depression being the mechanism that slows cognition to facilitate the analysis of complex problems, depression is asserted not as facilitator of goal detachment but of goal solution. However, although

this theory emphasizes that analysis as a process helps to maintain goals, it does make space for the "goal solution" involving goal detachment.

> Finally, the conditions that alleviate depression also suggest that it serves a social problem-solving function. For instance, if depression serves such a function, then it should end when the social problem is solved. Recovery from depression is hastened by improvements in social relationships and strong social support. Similarly, adaptive depression should abate if the problem is perceived to be unsolvable. Clinicians have long known that depression is sometimes resolved only when the sufferer gives up the pursuit of an unobtainable social goal. (P. Watson & Andrews, 2002, p. 4)

Arguably, this theory blurs the distinction between goal analysis and goal detachment, and it does not address at all the structure of the alluded-to goal detachment process, but nonetheless the outline of UF is visible.

Finally, the EP theories that skew more toward medical framings of depression, the PATHO-D (Raison & Miller, 2012) and infection-defense hypothesis (Anders et al., 2013) are the least reflective of UF. Arguably they are more appropriately classed as evolutionary medical theories, rather than EP, as they essentially exclude a strong consideration of cognitive processing and social dimensions in ancestral and contemporary environments, focusing instead on depression as a reaction to the microbial environment. Hence, there is little overlap with the domain of UF.

In terms of adaptation versus dysregulation, UF as a construct can be read either way. Depression would be either defined as a consequence of dysregulated low mood or as an adaptive mechanism to address situations

where goals are unattainable. However, since UF is a construct that focuses on the structure and structural dynamics of depression, the question of adaptation is not germane.

In terms of the grief dimension of the UF, EP does not generally refer to it as such in the context of depression. EP has certainly addressed grief with the same questions as it has applied to depression (e.g., Archer, 1999) but has not been explicit about how to understand grief's relationship to depression (c.f. Nesse, 2005). The question, though, from an EP perspective, would concern the process or mechanism that, in the ancestral environment, allowed for depression's deactivation. Although this is a curious lacuna in the literature, nonetheless, implied answers in the EP literature can be extracted, essentially those being the inverse of EP's theorized cause of depression. Thus, the more medical EP theories would imply that depression abates when microbial danger abates; the relational theories, that depression wanes as a function of unmet relational needs eventually being met; the rank and power theories, that depression resolves with either social success or submission/goal-detachment. In all the theories, in terms of evolutionary logic, there must have been a way in which depressive episodes were resolved, otherwise the cost to subsistence-level groups would have been too great to support the conservation of the depressive trait. (The notion that the resolution of depression was the death of the depressive does not work, since the gene pool would have drained out of the depressive pattern, leaving no depression today.) Again, though, this is not strongly theorized in EP, so UF's claim of the tight connection between grief and depression is implied (in certain parts of EP) more than explored.

Conclusion

The EP literature on depression, although focused on the core evolutionary questions of its field, does substantially express the more essentialist and integrated description of depression that is UF, and no theory in this literature explicitly refutes the UF construct. Rather, the futility dimension of UF is particularly strongly seen in much of the EP literature, but the grief dimension is more muted (but not absent). Partially this is due to EP's focus on depression's meaning and purpose within the question of evolutionary adaptation, rather than on the more context-agnostic frame of UF, which emphasizes the dynamic structure of depression as a coherent entity. Even so, UF can be seen in the EP literature with a relatively high degree of fidelity.

CHAPTER 5: THE BIOMEDICAL MODEL, DEPRESSION, AND UF

The biomedical orientation can be defined as the study of the biological and physiological factors pertaining to human disease and its cure. More fully, it is the medical orientation that claims that biology best explains mental and physical health.

> Health phenomena must be understood in terms of physical/biochemical entities and processes, that experimental techniques are the preferred means of acquiring and assessing health-related knowledge, and that human bodies are best understood as composed of a collection of subsidiary parts and processes. (Valles, 2020, para. 2) .

Although in contemporary society this privileging of biology as the best explanation of disease is thoroughly embedded in lay and medical communities (Shorter, 1997), in historical terms this dominance is a relatively recent occurrence.

The biomedical orientation began in the 1800s, but its roots extend back to ancient Greece. Prior to Hippocrates (fourth century BCE) the theory and treatment of mental disorders were essentially magical and religious (Alexander & Selesnick, 1966), relying on supernatural explanations for observable mental phenomena. With Hippocrates, medicine shifted to center on an assumption of a biological base to physical and psychological illness, even if the particular theory of humors was incorrect. This tradition continued among followers of Hippocrates, through Galen, until the regression to the religious theory of medicine in the European Middle Ages, which then relented with the dawn of the Enlightenment in the 1500s. This shift allowed

for the reemergence of a naturalistic, observational medicine and psychiatry. The biomedical model continued to gain ground in the 1800s with advances in scientific methods.

> The three-fold development of medical diagnostic tools, a genuine and now much more valid research orientation, and significant medical discoveries, fostered the tremendous growth of the biological viewpoint in psychiatry initially in Germany, and then in England and the United States. (Mueller, 1970, p. 47)

In the later 1800s Germany, Kraepelin was seminal in advancing medical thinking about mental illness, especially in articulating a clear nosology for the field of psychiatry (Mueller, 1970). In revolutionary France, Pinel, known as the father of modern psychiatry, developed techniques for treating mental disorders based in the biomedical model, although in his asylum work he also expanded into treatments that today would be considered psychosocial (Shorter, 1997). Such dominance of the biomedical model of psychiatry was clear by the end of the 1800s, which Freud, trained originally as a neurologist, reflected in his early work (Shorter, 1997). As psychoanalysis took hold in the early 1900s, the dominance of the biomedical model in psychiatry began to ebb, in favor of psychological and then behavioral models of mental functioning and illness. The stricter biomedical model version of psychiatry did not reemerge strongly to displace psychoanalysis until the 1970s. Shorter (1997) wrote:

> By the 1970s, the progress of science within psychiatry would … [marginalize] psychoanalysis within the discipline of psychiatry as a whole. In retrospect, Freud's psychoanalysis appears as a pause in the

> evolution of biological approaches to brain and mind rather than as the culminating event in the history of psychiatry. … As evidence began to accumulate on the biological genesis of psychiatric illness, psychiatry began to regain the scientific footing it had lost at the beginning of the analytic craze: The brain was indeed the substrate of the mind. By the 1990s a majority of psychiatrists considered psychoanalysis scientifically bankrupt. (pp. 173–174)

The introduction of antipsychotic drugs in 1954 (as well as consumer-oriented drugs, such as the benzodiazapines and antidepressants) fueled this return to a biomedical model of psychiatry, as for the first time a relatively reliable, if crude, treatment for symptoms of psychiatric and subpsychiatric illness and distress became available, based in biological science rather than psychoanalytic or behaviorist theory (Shorter, 1997). Subsequently, a movement within the American Psychiatric Association (APA) away from psychoanalytically influenced nosology (which underlay the APA's first two diagnostic manuals) led to the firmly medical-model based classification system of the third edition of the *Diagnostic and Statistical Manual* (*DSM-III*; APA, 1980).

> Indeed, on the basis of the presumed scientific underpinning of *DSM-III*, American psychiatry returned to the world of medicine, applying the medical model in diagnosis and downplaying the vague "biopsychosocial model." … The appearance of *DSM-III* was thus an event of capital importance not just for American but for world psychiatry, a turning of the page on psychodynamics, a redirection of the discipline toward a scientific course, a reembrace of the positivistic

> principles of the nineteenth century, a denial of the antipsychiatric doctrine of the myth of psychiatric illness. (Shorter, 1997, p. 348)

In the decades since the 1980s, the medical model and biopsychiatry have become entrenched in psychiatry through both a proliferation of psychopharmacological advances and a complex set of political and cultural drivers (Shorter, 1997; Whitaker, 2010). The antidepressant Prozac surged to prominence in the 1990s, carrying forward the wave of acceptance of the medical model in the medical and popular minds (Healy, 2004). According to Gach (2008),

> With the abandonment of mind-based therapies and explanations to psychotherapists, who increasingly are clinical psychologists and social workers, psychiatry—the discipline historically straddling the mind–brain split in medicine—has come down firmly on the side of brain, with strict biological reductivism as its explanatory model. Axiomatically, mind events are reducible to, or at least entirely mappable onto, brain events with nothing left over to explain. This does not mean that mental phenomena are "caused" by prior biological events (a Cartesian dualist position), but rather that there is no difference between the two. There are not two events—a body event followed by a mind event or vice versa—just one, though it is capable of many kinds of description. (p. 685)

The Biomedical Model

The biomedical model—the theory and methodological orientation that underlies biopsychiatry—defines a way of looking at normal and pathological functioning that privileges the body and its systems (hormonal, neurological,

chemical, etc.) as the primary and most important source of information for determining the etiology and treatment of disorders. It has more and less reductionistic expressions (Murphy, 2015), depending on the proponent or school of thought. But whether all mental phenomena are strictly reduced to biological functioning or not, the biomedical model is based on the axiom that ultimate explanation of psychological functioning is to be found in the body (Valles, 2020).

Gach (2008), in explicating the fundamental constituents of the biomedical model, defined its five underlying metaphysical principles as monism, materialism, mechanism, realism, and nominalism.

> [The medical model] is monist in that the paradigm assumes the world is a single substance (minds and bodies are not distinct kinds of things); materialist in that it assumes that the single substance is material (the world consists entirely of matter and of the rule-governed actions of material substances upon other material substances); mechanist in that all biological processes (including psychological ones) are assumed to be physicochemical events governed only and entirely by the laws of natural science with no possible extraphysical causal agents allowed; realist in that it assumes that material objects exist independent of whether minds perceive or think about them; and nominalist in assuming that only particulars of the sort posited by its realism exist. (p. 685)

Gach (2008) emphasized that although these principles can be discerned and defined in analyzing the medical model, a quality of the field itself is that these assumptions are “almost never rendered explicitly or even

acknowledged" (p. 685). This observation is mirrored by I. Gold (2009): "It is surprisingly difficult to find explicit presentations of the considerations in favor of reductionism in psychiatry" (p. 508). That is, the biomedical model employs these axioms without articulating, or even knowing, them. "The teaching of medicine focuses on practices and facts and not on their conceptual foundations. Often doctors know what to do, not why or what the nature of what they are doing is" (Huda, 2019, p. 11).

Hence, the biomedical model refers to a particular way of framing and conceptualizing disease as well as its underlying philosophical assumptions. It can also refer to the application of this framework in actual clinical practice. According to Huda (2019),

> [The biomedical model is] a model of medical care that involves assessing a patient, then making decisions and interventions based on this assessment, followed by monitoring the response to these interventions by further assessments which may lead to changes in decisions and interventions, and so on in a cycle of assessments/interventions/assessment of effect of interventions and changes in severity. … The medical model is a pattern recognition model: the clinical features of the patient are 'matched' to the clinical features of conditions that have been described in an existing body of medical knowledge. (p. 18)

This pragmatic and applied definition of the medical model reflects the biomedical bias toward a kind of received wisdom rather than an ongoing statement and defense of principles.

As standardized as medical practice is (Huda, 2019; Shah & Mountain, 2007), the biomedical model, as much as it is coherent in terms of its biological focus, has different expressions or emphases. The three divisions used here are the “strong biomedical,” the “minimal biomedical” (Murphy, 2015), and the biopsychosocial (Engel, 1977), which occur on a spectrum of reductionism, describing their relative degree of commitment to the idea that the validity of a diagnosis lies in specific biological factors.

The strong version of the biomedical model, although assuming that pathology is primarily biologically rooted, sees “disease” not as a conceptual abstraction (in contrast to the minimal version) but as something necessitating a description of the underlying pathophysiology.

> Someone committed to a strong version of the medical model sees validating a diagnosis as understanding its underlying causal structure: a diagnosis is valid if it rests on a biological process that can be identified by experiment and observation using the methods of the biological and cognitive sciences. (Murphy, 2015, p. 4)

Specifically, in psychiatry, this position takes the reductionistic stance that mind (and therefore psychology) is a product of underlying neurological functioning and, therefore, the cause of a psychiatric disorder is to be ultimately described in terms of biological theory. Thus, psychological explanations exist as a placeholder until the assumed, more fundamental, and more powerfully explanatory, biological mechanisms are clarified (I. Gold, 2009; Roache, 2019).

> Many neuroscientists and philosophers endorse a view … that the framework for understanding the mind will be developed by

> neuroscience; or … that a successful theory of the mind will be solely neuroscientific. It is a consequence of this view that the sciences of the mind that cannot be expressed by means of neuroscientific concepts alone count as indirect sciences that will be discarded as neuroscience matures. (I. Gold & Stoljar, 1999, p. 809)

Murphy (2013) summarized this same view in explaining the reduction of psychology to physiology:

> An explanation of why Jane undergoes a psychotic episode could make reference to her recent trauma, or a failure to negotiate certain developmental challenges and a reliance on very destructive defense mechanisms (such as massive splitting and projection). To fit in with the logic of the medical model in its strong guise, however, such processes would need to have, among their effects, a realization of a destructive or dysfunctional disease process in the brain. The ensuing neuropathology is just what the disease amounts to, on the strong interpretation of the medical model. (p. 970)

Finally, Thomas Insel (Insel & Quirion, 2005), director of the National Institute of Mental Health from 2002–2015, typified the strong medical model position when he said, "We argue that psychiatry's impact on public health will require that mental disorders be understood and treated as brain disorders" (p. 2221).

In contrast to the strong version, the minimal version of the biomedical model sees disease as "the observable, regular unfolding of a suite of symptoms … [and] makes no commitments about the underlying physical structure that causes mental illness … [treating] diagnostic labels as useful

heuristics rather than natural kind terms" (Murphy, 2015, pp. 1–2). A biological malfunction is assumed, but the specific nature of that disorder is not required to give a diagnosis. The minimalist version is more in the Kraepelinian mode, descriptive of symptom clusters rather than pathogenesis. As Shah and Mountain (2007) put it, "How 'it works' is important but is secondary to defining 'what works'" (p. 376).

The third division of the biomedical model, exhibiting the least allegiance to reductionism, is the biopsychosocial model. Although the term "biopsychosocial model" (BPSM) was coined by Grinker (Grinker, 1952/1994), with numerous inputs to the term and idea (Lugg, 2021), conventionally the origin of the model is attributed to psychiatrist George Engel (1977, 1981). In 1977, in a challenge to the then-dominant reductionistic versions of the biomedical model and medical practice, Engel argued for a model of medical praxis that would integrate biology, psychology, and social factors. Describing the state of medicine in his day, Engel (1977) wrote:

> The dominant model of disease today is biomedical, with molecular biology its basic scientific discipline. It assumes disease to be fully accounted for by deviations from the norm of measurable biological (somatic) variables. It leaves no room within its framework for the social, psychological, and behavioral dimensions of illness. The biomedical model not only requires that disease be dealt with as an entity independent of social behavior, it also demands that behavioral aberrations be explained on the basis of disordered somatic (biochemical or neurophysiological) processes. (p. 379)

The BPSM argues that understanding a disease requires comprehension of the factors deriving from each of the three fields, without reducing psychology or social context to biology. It holds that defining a disease requires equal assessment of the three areas in order to diagnose, and therefore treat, accurately.

> [Treatment] … directed only at the biochemical abnormality does not necessarily restore the patient to health even in the face of documented correction or major alleviation of the abnormality. … Other factors may combine to sustain patienthood even in the face of biochemical recovery. Conspicuously responsible for such discrepancies between correction of biological abnormalities and treatment outcome are psychological and social variables. (Engel, 1977, p. 386)

Or, more succinctly, "The crippling flaw of the [biomedical] model is that it does not include the patient and his attributes as a person, a human being" (Engel, 1981, p. 103).

Engel (1977, 1978, 1981) drew from the systems theory of von Bertalanffy to frame medicine (both psychiatric and physical) as intrinsically an integrative discipline. He contended that the reductionistic (strong version) of the medical model frames even physical entities such as cells inaccurately by leaving out how they are defined both by their contents and by their relationships to the environment.

> No system exists in isolation. Whether a cell or a person, every system is influenced by the configuration of the systems of which each is a part, that is, by its environment. Or more precisely, neither the cell nor the person can be fully characterized as a dynamic system without

characterizing the larger system(s) (environment) of which it is a part. (Engel, 1981, p. 106)

According to the BPSM, the factor analysis of research medicine, which seeks to identify the constituent parts of a system, misses understanding the nature of the whole system, and thus the actual definitional reality of that system. That is, the reductionistic biomedical model misses seeing the whole entity—that is, the person—and thus treatment effectiveness. Engle (1981) made this point in writing, “For medicine … , this neglect of the whole inherent in the reductionism of the biomedical model is largely responsible for the physician's preoccupation with the body and disease and corresponding neglect of the patient as a person” (p. 107). The debate on the efficacy of a biopsychosocial approach versus a reductionistic theory and practice (cf. Ghaemi, 2009, 2010; Kallivayalil, 2020; Searight, 2015) continues today.

The Biomedical Model and Depression

Biological theories and models of depression form a variegated field of theory. However, the biomedical field is coherent inasmuch as it groups a body of research and hypotheses committed to explaining depression on the basis of biological factors (whether reductionistically or integrated with other factors). Within the field, the variegations fall within the three divisions described above: a strong biomedical interpretation—that is, that depression is an epiphenomenon of the primarily underlying biological dysregulations or malformations—through the softer, minimalist medical model interpretations that privilege defining depression in terms of symptom clusters, and then the more integration-oriented biopsychosocial models, with their systems-oriented understanding of how biology contributes (but does not define)

depression. It is beyond the scope of this paper to review or assess the validity of such theories; rather, this section reviews their claims.

Within the strong biomedical model interpretation, the major theories of depression are biological, genetic, and neurological models of depression. The biological grouping includes hypothalamic–pituitary–adrenal (HPA) axis dysfunction (i.e., the coordinated system of the hypothalamus, pituitary, and adrenal glands), structural brain pathologies, thyroid dysfunction, cellular dysfunction, and inflammation theories. Genetic theories include candidate gene models and genetic-wide association studies. The neurological group includes monoamine theories involving neurotransmitter function. Although these theories themselves, especially the monoamine theory, are sometimes posed as causal, their supporting research is consistently only associative and correlational (Cleare & Rane, 2013).

> The intense search for the biological basis of mental disorders … has not resulted in conclusive reductionist explanations of psychopathology. … Currently, there is no compelling evidence for the viability of reducing mental disorders to unique biological abnormalities, both in terms of enhanced etiological understanding and of improving the effectiveness of interventions. (Borsboom et al., 2018, pp. 1–2)

Among the biological models, the HPA axis dysregulation theory refers to hyperactive HPA functioning, seemingly as a result of genetic vulnerability and adverse early childhood events (Menke, 2019). The impact of early adverse life events is proposed to negatively affect the stress modulating HPA axis system, leading to a vulnerability to depression.

> Individuals with an inherited genetic trait that weakens stress hormone regulation through impaired corticosteroid receptor function may be more vulnerable to stressors and in addition they may select themselves into aversive situations which then trigger the onset of a depressive episode. (Holsboer, 2000, p. 483)

The HPA axis theory does not say that dysregulation of this system causes depression, but rather participates in its emergence and "is a risk factor predisposing to the development of depression, brought about by early life experiences programming molecular changes as well as by genetic liability" (Pariante & Lightman, 2008, p. 464).

Structural models of depression propose that structural and connective abnormalities of brain systems are related to depressive symptomatology. "Neuroimaging studies have shown that depression involves multiple brain regions with structural and functional abnormalities, most of which are related to the limbic system, the default mode network, the central execution network, and the salience network" (Dai et al., 2019, p. 10). These models focus on the specific changes in brain structures correlated to depression—decrease in hippocampal, thalamic, and basal ganglia volume, decreased connectivity between brain regions (Cleare & Rane, 2013)—and for the most part make correlational, rather than causal, claims (e.g., Buddeke et al., 2016; Grieve et al., 2013). In contrast, a relatively uncommon causal assertion is given by Drevets et al. (2008):

> Convergent results from studies conducted using neuroimaging, lesion analysis and postmortem techniques support models in which the signs and symptoms of depression emanate from dysfunction within an

> extended visceromotor network, which interferes with this system's modulation of emotional behavior. (p. 110)

Models centered on the thyroid are similar to HPA axis models, in that they focus on depression's relationship to, and support by, a functional (rather than structural) dysregulation between brain systems, in this case, the hypothalamus, pituitary, and thyroid, linked as a system (Cleare & Rane, 2013). Depression is a common symptom of hyperthyroidism, although hyperthyroidism is not common in primary depression per se (Hage & Azar, 2012). Research suggests involvement of the thyroid in depression but has not clarified the mechanisms and seems unified in not proposing thyroid dysfunction as a causal agent.

> The thyroid is surely not the primary cause of unipolar depression, advanced by the early endocrine literature, nor may study of the thyroid axis in depression yield robust findings, as observed for the adrenal axis. However, the evidence suggests that thyroid hormones cannot be ignored as important factors in the cascade of biological events leading to the onset of depression and to antidepressant response. (Joffe, 2006, p. 368)

Cellular models of depression are similar to thyroid models in that they also are strictly correlational and do not make claims about depression as a whole phenomenon (e.g., Bansal & Kuhad, 2016; Caruso et al., 2019; Pitsillou et al., 2019). They focus on the link between the energy production problems of cellular and mitochondrial dysfunction and depression.

> Dysfunctional mitochondria decrease the pool of available ATP [energy carrying molecules], which could have detrimental effects on

> signal transduction pathways, dampening activity in neuronal circuits, and interfering with mitochondrial fusion and fission. This negative cascade would ultimately increase oxidative stress, inflammatory responses, and pro-apoptotic [cell death] events, some of which are known to be involved in the pathogenesis of depression. (J. Allen et al., 2018, p. 8)

As with many of these research literatures, the question of etiology and sequence—whether mitochondrial dysfunction causes, is caused by, or reciprocally interacts with depression—is left open.

The relationship of immunology and inflammation to depression has been another line of research.

> Inflammation or inflammatory response are the result of the activation of the immune system that often manifests as a localized reaction resulting from irritation, injury, or infections; are associated with warmth, redness, swelling and pain, and sometimes fever; and are necessary to eliminate the insult. (Beurel et al., 2020, p. 2)

This literature focuses on the relationship between depression and the body's immunological system, describing a measurable increase in inflammation (i.e., activated immune response) markers associated with depression (Beurel et al., 2020; A. Miller & Raison, 2016). A causal relationship is not posited, although differing levels of claims about the strength of the correlations exist (e.g., the strong association represented by Lee & Giuliani [2019] and the weak by Fried et al. [2019]). As Beurel et al. (2020) made clear, major methodological and associational questions are outstanding in this inflammation literature.

Next, in the second subset of the biomedical literature on depression and genetics, there are the genome-wide association studies (GWAS), candidate gene studies, and genome-wide sequencing research (Flint & Kendler, 2014). Collectively, their aim is to find genetic markers associated with higher risk for depression, with the assumption that depression's etiology will be clarified and more specific treatment options identified (Hodgson & McGuffin, 2012). Genetic research is particularly correlational, with findings that have generally been weak and inconsistent. Shadrina et al. (2018) wrote, "In most cases, these associations [between genetic markers and depression] have not been confirmed in replication studies, and only a small number of genes have been proven to be associated with [depressive disorder's] development risk" (p. 1). Typical contradictory ontological and philosophical assumptions are expressed in the gene literature (as in much of the biomedical literature), such as in Wray et al.'s (2018) expressing, within the span of several paragraphs, "Major depression is a brain disorder … [and] currently available data may not provide insight about the fundamental driver or drivers of causality [of MDD]" (p. 675).

The third subset of the strong biomedical literature on depression, the chemical deficiency theory (CDT), includes theories of various neurotransmitters' involvement with depression and is likely the most famous biomedical theory of depression. The CDT (also known as the "serotonin deficiency theory," "serotonin hypothesis of depression," or "monoamine deficiency theory") proposes that disruptions to neurochemical systems mediate or even cause depression. In its essence, the CDT's claim is rather simple: "The monoamine hypothesis proposes that patients with depression

have depleted concentrations of serotonin, norepinephrine, and dopamine" (Hillhouse & Porter, 2015, p. 2) and "At its simplest, the [CDT] hypothesis proposes that diminished activity of serotonin pathways plays a causal role in the pathophysiology of depression" (Cowen & Browning, 2015, p. 158). The CDT is arguably one of the oldest biomedical explanations of depression, arising out of research in the 1950s on the drug reserpine's effect on mood as well as the study of MAO inhibitors, which pointed early researchers to the depression-modulating effects of the monoamines (A. Baumeister et al., 2003). This research led to the first explicitly antidepressant medications (the tricyclic imipramine and the MAO iproniazid), then later the selective serotonin reuptake inhibitor (SSRI; starting with fluoxetine) and the early articulation of the CDT (e.g., Schildkraut, 1965).

The CDT, which started out as explicitly a hypothesis (Schildkraut, 1965), morphed over the next three decades into something propounded to be established fact, pushed by a convergence of forces, including governmental policies, the pharmaceutical industry, patients' advocacy groups, and the psychiatry profession (Whitaker, 2010). Although the CDT has been critiqued and questioned since its beginning (e.g., Bowers, 1969, 1974; Papeschi, 1971) and on through today (e.g., Lee et al., 2010; Pies, 2019), and is generally no longer espoused as more than a metaphor, it continues to have traction in the public mind (Lacasse & Leo, 2015). Clinically, however, the theory has failed to explain more than correlation, according to the following summary:

> The current understanding of MDD [Major Depression Disorder] has expanded well beyond the scope of the monoamine hypothesis. Due to its varied and complex features, no one theory has proven sufficient to

explain both the polymorphic nature of the disorder and the identification of biomarkers that can be reliably used for diagnosis are lacking. As a result, modern behavioural accounts of MDD must look at both interoceptive and environmental components. … It is discoveries like these which will supplant traditional ideologies regarding MDD as a chemical imbalance and instead drive the neuropsychiatric community closer toward a unified model. (Pitsillou et al., 2019, p. 10)

The biomedical literature on the CDT is vast and detailed, but nonetheless simply asserts that depression is a disorder of brain functions, specifically, the neurotransmitter systems, leaving the social, developmental, and certainly existential elements as merely epiphenomena, unnecessary for understanding and treating the disorder. Thus, the CDT is a relatively pure expression of the strong biomedical approach to depression.

The second grouping of biomedical theories, the minimalist biomedical theories of depression, represents those that see depression in terms of symptom clusters and do not assume that depression's definition and explanation require that symptoms be tied to specific underlying biological mechanisms of action in order to be a valid diagnosis.

> [The] familiar neo-Kraepelinian picture is that mental illnesses are regularly co-occurring clusters of signs and symptoms that doubtless depend on physical processes but are not defined or classified in terms of those physical processes. … This way of thinking about diseases prescinds from theorizing about underlying causes of a disease entity in favor of a concentration on observable phenomena, not hidden

> causes. … Similarly, the successive editions of the *DSM* have sought to classify mental illnesses based on course and symptoms but not specific causes. (Murphy, 2015, pp. 2–3)

From this perspective, depression is sufficiently and usefully described as a syndrome, essentially the *DSM-5*'s (APA, 2013) minimalist biomedical approach.

> Until incontrovertible etiological or pathophysiological mechanisms are identified to fully validate specific disorders or disorder spectra, the most important standard for the *DSM-5* disorder criteria will be their clinical utility for the assessment of clinical course and treatment response of individuals grouped by a given set of diagnostic criteria. (p. 20)

The *DSM-5*'s (APA, 2013) definition relies on this polythetic symptom menu approach to disease, in which a list of nine clustered symptoms is presented, among which five must be present over two weeks in order to diagnose Major Depression Disorder (MDD):

1. depressed mood
2. anhedonia (diminished interest in usually pleasant activities)
3. weight gain or loss or change in appetite
4. insomnia or hypersomnia (excessive sleep)
5. psychomotor agitation or retardation
6. fatigue or loss of energy
7. feelings of worthlessness or excessive or inappropriate guilt
8. diminished ability to think or concentrate or indecisiveness
9. recurrent thoughts of death or suicidal ideation or suicide attempt.

Thus, the *DSM-5*, emphasizing a nominally atheoretical approach, frames depression as a symptom cluster, essentially a downregulation of typically normal functioning of mood and biological factors. This focus, along with the emphasis on objectivity and objects as the relevant diagnostic factors, marks the *DSM-5* approach as biomedical, if not negating the contextual and subjective then placing them outside the useful bounds of diagnosis (Castiglioni & Laudisa, 2015). Underlying biological causes are not denied per se but seen as not necessary to diagnosis of a disease entity.

The third grouping of biomedical theories that have been variably applied to depression are the biopsychosocial model (BPSM) or framework, which includes the classic articulation associated with Engel (1977), and three newer models, the research domain criteria (RDoC), the mechanistic property clusters (MPC), and symptom network theory (SNT). These ways of thinking about depression and its treatment begin to blur the traditional lines of "biomedical" but nonetheless are distinguished from the other depression literatures in that they embed clearly and overtly a biological understanding of depression.

As noted, the essential claim of BPS models is that depression is a networked association and reciprocal interaction among equally important biological, psychological, and social factors.

> The [mono-causal theories] … often give too simple explanations for the complex pathogenetic processes in the heterogeneous diagnostic depression groups and take too little account of developmental aspects and the reciprocal effects of biological processes and interactions between persons, environments, and symptoms; … The psychological

> is the substrate of the biological and vice versa: One's emotional life, one's self-image, and one's being are all governed by biological processes, but biological functioning is equally influenced by what one experiences or has experienced, by how one feels, and by what one believes he or she is. … [And] the pathogenesis of depression stems from dynamic interactions between psychobiological vulnerability and stressors or life events. (Schotte et al., 2006, pp. 314–317)

In contrast with the strong biomedical perspective, the BPSM does not hold that the psychological and the social factors are reducible to biological factors, nor does it hold that they simply are co-occurring in some undetermined way as with the minimal biomedical view (Engel, 1977; D. Wade & Halligan, 2017). Thus, depression is not merely discernable biological and neurological elements or the clustering of symptoms; rather, "The biopsychosocial approach focuses on the *interactions* between processes, and … depression is a final common pathway of many different processes" (Gilbert, 2004, p. 100).

The BPSM does not claim, however, that the three domains are equally important to depression (or any other disease process), but rather that all domains must be accounted for in an accurate representation of the illness. For instance, Slavich et al. (2010) argued that depression involves the interactions of social events with the biopsychological, but that not all social events are equally relevant to depression:

> All interpersonal loss events, however, are not "created equal." For instance, an intimate relationship can end when you break up with your partner but also when your partner breaks up with you. This difference may seem subtle, but it is crucial because different types of

> interpersonal loss have different attributes and pose very different risks for depression. … Social rejection events not only greatly increase risk for depression, they also appear to bring about depression more quickly than non-rejection events. (p. 40)

In the social domain, this understanding of depression as focused more on one set of factors more than another is expressed in the particular focuses of various theories, including in EP theories, Gilbert's (1992, 2004) subordination, submission, and rank theory; the biological theories seeing depression as involving (but not reduced to) specific neurological circuits and brain chemistry (Cowen & Browning, 2015; Dai et al., 2019) and biological correlates such as inflammation (e.g., Beurel et al., 2020); and in the psychological theories, wherein Freud (1917/1957) and many others link depression to the specific psychodynamics of loss and inhibited grief. From the BPSM perspective, depression is a particular configuration of these various biological, psychological, and social factors but as networked phenomenon is defined by the particularity of how those factors are networked, rather than any one factor negating the others.

Unlike the minimal biomedical model, these factors are not arranged as a list or menu, but rather are asserted to be networked in their influence of each other. Gilbert (2004) wrote, "We need to understand *interactions* and why some interactions cause the effects they do … [because] the devil is in the detail of how such biopsychosocial processes interact" (pp. 132–133). One specific expression of this BPSM understanding of linked effects comes from Slavich et al. (2010):

> We propose a psychobiological model of social rejection and depression. In this model, social rejection events activate brain regions involved in processing negative affect and rejection-related distress (e.g., anterior insula and dACC). They also elicit negative self-referential cognitions (e.g., "I'm undesirable," "Other people don't like me") and related self-conscious emotions (e.g., shame, humiliation). Downstream biological consequences include upregulation of the HPA axis, SAM axis, and inflammatory response. The resulting release of pro-inflammatory cytokines induces sickness behaviors that increase risk for depression, especially when sustained via glucocorticoid resistance, catecholamines, sympathetic innervation of immune organs, and immune cell aging. … [However] differential risk for depression following rejection is likely influenced by several factors that moderate responsivity to stress in general [i.e., prior trauma, prior depression, genetic predisposition]. (p. 44)

Thus, the BPSM is a framework within which specific theories' claims are made concerning the particular biological, psychological, and sociological factors that influence and structure depression but all sharing the assertation that each domain is relevant, structurally and interactionally.

The more modern expressions of this BPSM ethic are extensions of the basic BPSM understanding into an even more integrated biomedically-informed, networked model of human systems. Although only minimally applied to depression at this point, they are worth including as they extend the logic of the BPSM and are relevant to the understanding of depression.

The research domain criteria (RDoC) began as a National Institute of Mental Health (NIMH) effort in 2008 to "develop new ways of classifying mental disorders based on behavioral dimensions and neurobiological measures" (p. 9).

> RDoC is a research framework for investigating mental disorders. It integrates many levels of information (from genomics and circuits to behavior and self-report) to explore basic dimensions of functioning that span the full range of human behavior from normal to abnormal. (NIMH, n.d.-a, para. 1)

The RDoC does not purport to be a clinical theory but a way of conceptualizing illness for research purposes, using a multidimensional system that includes each of the BPSM domains (Sanislow et al., 2010).

Some efforts have been made to apply the RDoC to depression, primarily within the research domain (e.g., Dillon et al., 2013; Woody & Gibb, 2015) but also exploring its relevance to treatment (Alexopoulos & Arean, 2014). In an example of the similarity of the BPSM and RDoC, Woody and Gibb (2015) reviewed the particular, mutually influencing domains, focusing on the RDoC "loss" construct as one of the most salient to depression.

> Severe negative life events, particularly those characterized by potential or actual loss of relationships or status, are the strongest individual predictors of depression onset. The relation is bi-directional in that depressed and at-risk individuals also contribute to the generation of additional negative events in their lives, particularly interpersonal events. Most major theories of depression, including

> cognitive and genetic theories, present vulnerability-stress or diathesis-stress models of risk in which the focus is factors that influence a person's level of depression risk following the occurrence of negative life events. Supporting these models, there is growing evidence that risk for depression following negative life events is greater among individuals exhibiting various forms of cognitive vulnerability including negative attributional/inferential styles, rumination, and biases in attention and memory. There is also evidence for gene × environment (G × E) models of risk for depression involving genes associated with serotonergic or HPA axis functioning. … Indeed, researchers now recognize that psychiatric disorders such as depression, as well as intermediate phenotypes or endophenotypes associated with depression, are likely impacted by the combined influence of multiple genes operating within specific biological pathways. (p. 8)

What distinguishes this current RDoC framework from Engel's (1977) early work is both the institutional inclusion and imprimatur by NIMH, as well as the richer dataset across all domains and their interactions. But the RDoC is similar in looking at mental illness, and depression, as a multidimensional phenomenon whose different components interrelate, distinguishing it from the strong and minimal versions of the biomedical model.

The last two models reviewed in this chapter are the mechanistic property clusters (MPC) and the symptom network theory (SNT), which, like the RdoC, are modern advancements of the BPSM that are just beginning to

be applied to depression. They illustrate a contemporary trend toward more complex, systems-based thinking about mental illness.

The MPC is derived from the biologically based network theory of Boyd (1991) but focuses on psychiatric classification. The MPC model proposes that mental illness is a self-reinforcing, multidimensional, and multilevel clustering of properties or constituents.

> The "kind-ness" [i.e., the objective definitional boundaries] of species is not, from an MPC perspective, produced by a defining essence but rather from more or less stable patterns of complex interaction between behavior, environment and physiology that have arisen through development, evolution and interaction with an environment. Members of MPC kinds are not similar merely in their superficial properties (like all the things in refrigerators), but because the co-occurrence of these properties from individual to individual is explained by causal mechanisms that regularly ensure these properties are instantiated together. (Kendler et al., 2010, pp. 1146–1147)

Further, the MPC model holds that clusters are neither mono-causal nor fixed in their etiologies, contra the strong biomedical.

> Where essentialists emphasize deterministic causes, we recognize causes that merely change the net risk or probability of a symptom or set of symptoms … [and allow] that the same cluster of symptoms might arise from different etiological, underlying or sustaining mechanisms in different cases. MPC kinds are, in philosophical terms, "multiply realizable" by the mechanisms or sets of mechanisms that produce them … in most cases, the stability of these kinds is

> maintained by mechanisms at multiple levels, including the symptoms themselves, in addition to mechanisms investigated by the molecular, physiological, computational, psychological and social sciences. (Kendler et al., 2010, p. 1148)

In an example of the MPC applied to depression, Kendler (2012) organized factors into etiologically relevant categories that vary according to their proposed degree of relevance, which he called "the distribution of known difference-makers" (p. 379). Distinct from reductionistic or minimal models, this view of depression uses the research base (i.e., not starting from an a priori assumption) to understand how depression is, by its nature, organized in terms of differentially impactful factors, clustered by virtue of their reinforcing processes. Kendler (2012) did not make a claim about exactly how the distribution of factors defines depression but did survey the literatures to demonstrate that some seem to have more "difference-making" effect (e.g., trauma and neurotic character structure) and some much less (e.g., genetics). This emphasis on depression as a networked, inherently complex phenomenon is reflected in several other studies (Bondar et al., 2020; Kendler et al., 2002, 2006).

The SNT mirrors the MPC when described as a complex, multidimensional, self-reinforcing network of symptoms.

> At the heart of the [SNT] lies the notion that symptoms of psychopathology are causally connected through myriads of biological, psychological and societal mechanisms. If these causal relations are sufficiently strong, symptoms can generate a level of feedback that renders them self-sustaining. In this case, the network can get stuck in

> a disorder state. The network theory holds that this is a general feature of mental disorders, which can therefore be understood as alternative stable states of strongly connected symptom networks. (Borsboom, 2017, p. 5)

The SNT emphasizes the strength of connectedness between symptoms as a feature of mental illness: the stronger the reinforcing relationship between symptoms, the greater an illness's coherency and self-sustainment. Cramer et al. (2016) proposed, based on the SNT model, that the difference between individuals' susceptibility to depression is "based on the notion that individuals likely differ, among other things, in terms of how strong certain symptoms are connected in their networks" (p. 3). Borsboom (2017) reflected the same point:

> In weakly connected networks, more serious triggers can evoke strong reactions but, because the connections between the symptoms are not strong enough to render them self-sustaining, the network will gradually recover and return to its asymptomatic state. A process that may instantiate this phenomenon in networks of depression symptoms is normal grief. Normal grief can cause a symptom pattern that is indistinguishable from major depression but, because the symptoms do not engage in feedback, the symptom pattern is not self-sustaining, so that in time the system returns to its healthy stable state. (p. 9)

Cramer et al. (2016) emphasized the causal dimension of the SNT, that is, the way in which psychiatric syndromes such as depression instantiate from a cascade of initial factors.

> After an extended period of time during which a person is suffering from insomnia, it is not surprising that this person will start experiencing fatigue: insomnia → fatigue. Subsequently, if the fatigue is longer lasting, this person might start developing concentration problems: fatigue → concentration problems. According to the network perspective, such direct relations between MD [Major Depression] symptoms have, theoretically speaking, the capacity to trigger a diagnostically valid episode of MD: insomnia → fatigue → concentration problems → depressed mood → feelings of self-reproach, resulting in five symptoms on the basis of which a person is diagnosed with an episode of MD. (p. 2)

The authors went on to propose that effective treatments of depression may rely on disrupting these linkages and weakening the mutually reinforcing relationship among the symptoms.

The Biomedical Model, Depression, and UF

The reflection of the UF in the biomedical literature is similar to that in the behaviorist literature—roughly speaking, neither addresses the mind per se. As with the more reductionistic behaviorist theories (mental dynamics are either reducible to, or irrelevant in relation to, behavior), the biomedical perspectives on depression ignore mental phenomena, except as a kind of epiphenomenon of biology. Since UF describes a relationship of mental (i.e., grief and the subjective experience of futility) and objective (i.e., an objective irresolvable incongruence of subjective goal and objective reality) factors, neither behaviorism nor the biomedical perspectives frame depression through the same lens as UF. UF as a construct neither contradicts nor argues with

biomedical perspectives—that both grief and futility have biological aspects—rather it embeds the claim that this grief–futility axis is the pivotal structure in the multifactorial "cloud" or cluster of symptoms that attend depression as a phenomenon.

Probably the most marked discord in the depression literature between a depression theory and expression of UF is the biomedical model. This is particularly true of the strong biomedical perspective, which, by claiming that "mental disorders [should] be understood and treated as brain disorders" (Insel & Quirion, 2005, p. 2221), reduces UF to merely a complicated placeholder for the inevitable biological explanations that will come. That is, in the strong biomedical view, UF has no ontological status. In UF, the phenomenological reality of grief, differentials in individual experience of their environments, or states of reality that make certain goals futile are acknowledged by the biomedical model but are realities that are neither etiologically nor ontologically primary. The strong biomedical position, reflected throughout the literature, essentially responds to models such as UF with either an implicit naïve, axiom-based dismissal (i.e., a nonplussed lack of recognition, given that biology supposedly describes the "real world") or a refutation based on supposedly undebatable claims about reality, based in assertions about what the data supposedly show. Either way, the strong biomedical model does not express UF.

The minimal version of the biomedical, in general and in its application to depression, assumes the biological underpinnings of disease but does not require it, nor does it require a structuring of symptoms in order to diagnose a disorder. It does not make or imply a categorical negation of UF

but also does not approach UF's claim about the specificity of both structural and dynamic properties. The *DSM-5* (APA, 2013) and the minimal biomedical model do not deny that any one category is irrelevant, since both include psychological, biological, emotional, and behavioral factors in its diagnostic list. However, unlike UF, the minimal biomedical model does not prioritize any factors and lacks a structure of relevancy (Kendler et al., 2010; Murphy, 2015). The minimal biomedical model does not overtly deny the constituents of UF as relevant or meaningful, but rather takes a nonspecific clustering approach to symptoms and disease definition. Thus, it does not express UF, not by refuting UF directly but because its frame simply excludes models that have the structure of UF. The minimal biomedical model also does not engage relational or environmental factors directly in describing depression, something implicit to UF's modeling of grief as embedded in a relationship to states of reality that objectively deny goal completion (i.e., futile situations). However, the fundamental reason the minimal biomedical model does not express UF is that UF is a model of depression claiming a specificity of dynamic structuring, whereas the minimal biomedical model claims an associative clustering structure of depression as good enough for understanding the disorder.

The biopsychosocial interpretation of the biomedical model of depression comes closest to expressing UF, in that it claims that all mental disorders are a reciprocally networked collection of biological, psychological, and social/environmental factors. The BPSM does not a priori claim that biology has etiological priority over other factors but that all three relevant domains are relatively determinative (e.g., Slavich et al., 2010). UF is

structurally acceptable, then, since as a model UF is describing a particular relationship of domains in relation to depression. However, the BPSM does not specifically make the claim that UF does, so it cannot be said that the BPSM expresses UF. Categorically and theoretically, UF is embraced; however, the BPSM is essentially agnostic, neither confirming nor denying UF.

Finally, the modern expressions of the BPS model, the RDoC, MPC, and SNT, are the most specifically receptive to UF within the biomedical approach to depression (although, admittedly, the term biomedical begins to break down as applied to these models). UF's essential structure is, at the theoretical level, most closely aligned with these three BPSM models, since UF describes a specific ordering and relationship of the depression-relevant factors. UF does not locate depression in terms of "a defining essence, but rather [in] … more or less stable patterns of complex interaction between behavior, environment and physiology that have arisen through development, evolution and interaction with an environment" (Kendler et al., 2010, pp. 1146–1147). Although UF is a very succinct model in its articulation of depression's structural dynamic, it nonetheless enfolds the irreducibly (though not impossibly) complex understanding of reality expressed in these three systems-based models. However, it cannot be said that these models articulate UF specifically, in UF's particular modeling of depression as centering on the grief–futility axis. As with the BPSM proper, they encompass the underlying ontology of UF but without articulating a specific claim about the exact nature of depression's complex relationship of factors.

Conclusion

More broadly, the contrast between the biomedical model and UF reveals one of the deep philosophical problems in the depression literature as a whole. The field's widespread absence of respect for cross-communication between subliteratures produces no impetus to articulate, defend, or even know one's own philosophical claims (e.g., Gach, 2008). The assumptions, and especially boundaries, of these claims go undescribed for both pragmatic and political reasons (c.f. Eronen & Bringmann, 2021; Norcross & Goldfried, 2005), and the biomedical model's rise to professional, economic, social, and political power has engendered little need to interrogate itself.

Thus, the biomedical view of depression, in aggregate, refutes or at least ignores UF as a specific explanatory construct describing the nature and dynamic of depression, not because the biomedical model has rigorously wrestled with the philosophical and structural claims of UF but because any of the claims embedded in UF are (to varying degrees of intensity) axiomatically negated. Essentially, UF is wrong from this perspective for several reasons: First, because any assertion that depression is not essentially a medical problem is simply, axiomatically, wrong and second, the biomedical model essentially sees depression as an epiphenomenon of the supposedly more basic biological factors, rather than an entity unto itself. Thus, UF is negated not on its merits but on its category.

CHAPTER 6: PHENOMENOLOGY, DEPRESSION, AND UF

This history of phenomenology in psychology is less the story of a sequence of events over time than an account of interpenetrating dialogues engaged by a particular cluster of philosophers. Spiegelberg and Schuhmann (1982/1994) referred to this as "the multifarious and fluid ideas of sundry phenomenologists" (p. 677), and Moran (2000) stated: "In its historical form [phenomenology] is primarily a set of people" (p. xiv). However true, these various philosophical positions and personages arose within the context of their time, with the most important feature being the debate in the late 19th century Germany over "psychologism," which essentially claimed that psychology, as the science of human subjective logic, subsumed systems of objective logic, including even mathematics (Kusch, 2020). The consequence of this position was that subjective interpretation and meaning making was elevated to objective status, and the reaction to this loss of perceptual objectivity spawned phenomenology.

As a practice, phenomenology arguably has its roots in early Hindu, Buddhist, and Western thinkers and practices (D. Smith, 2018), but as a discipline it began with the work of 18th-century German philosophers and then spread, particularly post-World War II, to be represented in many countries. Although many philosophers have contributed to phenomenology over the last century, its main classical thinkers are typically considered to be Husserl, Heidegger, Sartre, and Merleau-Ponty, with Edmund Husserl (1859–1938) its progenitor (Spiegelberg & Schuhmann, 1982/1994).

After beginning his career as a mathematician, Husserl moved into philosophy and was influenced by the work and mentorship of the Franz

Brentano, a professor and philosopher of psychology who espoused a strict scientific view of psychology (Beyer, 2020; Huemer, 2019). As the most important critic of psychologism, Husserl developed what he called "transcendental phenomenology," both a philosophy and methodology for studying the constituents of consciousness, especially intentionality, without automatically relating them to frameworks of meaning making (Beyer, 2020).

This orientation to the study of subjective mental contents as objects was continued by Martin Heidegger (1889–1976). Heidegger, although initially a theology student, switched course to study philosophy and eventually worked under Husserl before taking up Husserl's professorship (Wheeler, 2020). Contrasting with Husserl, Heidegger emphasized "Dasein," a German term referring to the human experience of being, especially "being-in-the-world" as a unitary concept (Erciyes, 2015).

Following (and partially overlapping) Husserl and Heidegger were the two major French phenomenologists, Jean-Paul Sartre (1905–1980) and Jean Jacques Merleau-Ponty (1908–1961). Sartre, a French philosopher and writer, emphasized a more process view of Dasein (Spiegelberg & Schuhmann, 1982/1994). Merleau-Ponty, a contemporary of Sartre, was a philosopher who was particularly important in the dissemination of phenomenology post-WWII (Toadvine, 2019). Merleau-Ponty, in contrast to his predecessors and contemporaries, emphasized the phenomenology of perception and embodiment (Spiegelberg & Schuhmann, 1982/1994; Toadvine, 2019).

The tradition of phenomenology continues to unfold and iterate in contemporary times (Zahavi, 2013), both in the philosophical traditions and as interpreted through diverse fields (e.g., Varela's [1996]

neurophenomenology). It does so, however, by maintaining connection to its roots: "A characteristic feature of much recent work in phenomenology is the extent to which it is developed in a continuing dialogue and conversation with the founding fathers of the tradition" (Zahavi, 2013, p. 3). Thus, although variegated in its expressions, phenomenology continues to maintain a historical and philosophical coherency into current times as well as its common orientation to "bring philosophy back from abstract metaphysical speculation wrapped up in pseudo-problems, … to come into contact with the matters themselves, with concrete living experience" (Moran, 2000, p. xiii).

Phenomenology

What defines phenomenology has been a difficult question since its early days, as philosophical interpretations and methodology have branched off from the starting point of Husserl and as the philosophers have developed their own thinking over time.

> [Although] "phenomenologists" are much too individualistic in their habits to form an organized "school", … [it] would go too far to say that there are as many phenomenologies as there are phenomenologists. But it is certainly true that, on closer inspection, the varieties exceed the common features. (Spiegelberg & Schuhmann, 1982/1994, pp. XXVII–XXVIII)

However true that may be, common features can nonetheless be discerned in the collection of phenomenological theories that serve to organize the field. One such basic feature is that phenomenology's interest in studying subjective objects distinguishes it from the study of "phenomena" in the objective sense.

> In 18th and 19th century epistemology … phenomena are the starting points in building knowledge, especially science. Accordingly, in a familiar and still current sense, phenomena are whatever we observe (perceive) and seek to explain. As the discipline of psychology emerged late in the 19th century, however, phenomena took on a somewhat different guise. In Franz Brentano's [writing], phenomena are what occur in the mind: mental phenomena are acts of consciousness (or their contents), and physical phenomena are objects of external perception starting with colors and shapes. … Phenomenology studies structures of conscious experience as experienced from the first-person point of view, along with relevant conditions of experience. The central structure of an experience is its intentionality, the way it is directed through its content or meaning toward a certain object in the world. (D. Smith, 2018, "3. From Phenomena to Phenomenology," paras. 6–7; "2. Discipline of Phenomenology," para. 2)

Thus, as a definitional starting place, phenomenology is the study of subjective internal, rather than objective external, objects.

However, phenomenology is not interested in merely a project of descriptive, Kraepelinian cataloguing of mental objects. Rather, it is most interested in elucidating, through particular methodological tools, the structures of consciousness that produce those internal phenomena.

> [Phenomenology emphasizes an] investigation of the very framework of meaning and intelligibility that makes any such straightforward investigation possible in the first place. Rather than engaging in first-

> order claims about the nature of things (which it leaves to various scientific disciplines), phenomenology concerns itself with the preconditions for any such empirical inquiries. Thus, rather than contributing to or augmenting the scope of our positive knowledge, phenomenology investigates the basis of that knowledge and asks how it is possible. (Zahavi, 2013, p. 2)

This phenomenological study of phenomena, then, is both the study of "appearances of things, or things as they appear in our experience, or the ways we experience things" (D. Smith, 2018, para. 4), as well as the way those things exist and are created. Phenomenology is also the effort to understand how consciousness creates objectivity, how the objective world manifests for consciousness, and how consciousness is not defined by the Cartesian split. "[Husserl and Heidegger] are struggling to express the manner in which the world comes to appearance in and through humans. Phenomenology's conception of objectivity-for-subjectivity is arguably its major contribution to contemporary philosophy" (Moran, 2000, p. 15).

A second core feature of phenomenology is its focus on intentionality, on an understanding that every act of consciousness is always directed at, or about something, what Husserl labeled "aboutness" (D. Smith, 2018). Consciousness is not an abstract entity or process that then attaches and detaches from objects in the world. Rather, for phenomenology, consciousness is defined in terms of its "intended" objects, and that intentionality defines or manifests the objects (Spiegelberg & Schuhmann, 1982/1994). Thus, awareness and the object of awareness cannot be fundamentally separated.

This aboutness is related to Heidegger's "Dasein," which contrasts with Husserl's concept of the ego's object-transcendent quality. Dasein, "presence" or "being there," casts humans as "inherently social beings who already operate with a pre-theoretical grasp of the a priori structures that make possible particular modes of Being … [with the quality of] Being-in-the-world … a non-intentional, or perhaps pre-intentional, openness to a world" (Wheeler, 2020, para. 10). This defines human conscious existence and presence in the world as an irreducible, or unabstractable, mutually defining combination of present awareness and the objects it intends toward, with both awareness and objects being conditioned by the preconscious axioms of sensual and cognitive meaning making (what Ratcliffe [2009] labeled as "existential feelings").

The experience of being-in-the-world is what phenomenologists call the "lifeworld," or "World," that defines the subjective experience of the everyday world, which contrasts markedly with the positivist notion that humans experience the objects of the world directly, as they are.

> This world in the sense of an all-inclusive horizon was clearly not the world in the sense of objective science or cosmology. It was the world as experienced by a living subject in his particular perspective, however distorted, hence clearly a subjective and relative affair. (Spiegelberg & Schuhmann, 1982/1994, p. 146)

This notion of horizon, what Heidegger initially called "ecstases," is essentially the quality of salience, without which there would be no lifeworld. "Ecstases [horizons] are phenomena that stand out from an underlying unity

… in the sense of what limits, surrounds or encloses, and in so doing discloses or makes available” (Wheeler, 2020, para. 82).

However, the reality of this intricate structuring of consciousness experience, of Dasein and being-in-the-world, and of the preconscious axioms and conditioning of experience are not obvious to conventional awareness. In this un-reflexive mode, which Husserl called the “natural attitude” (Beyer, 2020), life appears to be a given, obvious, and disclosed directly to the individual. “The natural attitude consists in viewing the world as ‘nature,’ as existing independent of an experiencing agent” (Luft, 2004, p. 205). Beliefs and assumptions about the nature of that lifeworld, and people’s participation in creating that World, are left unconscious and unexplored. Without phenomenological investigation, the structure, and structuring, of personal experience remains invisible (Beyer, 2020; Spiegelberg & Schuhmann, 1982/1994).

Although these insights and principles are the core of what defines phenomenology, its methodology and tools are equally important to understanding it, and to how it claims the natural attitude is investigated and deconstructed. The intention of the phenomenological method is, in Husserl’s phrase, to “return to the things themselves … [which] bids us to turn toward phenomena which had been blocked from sight by the theoretical patterns in front of them” (Spiegelberg & Schuhmann, 1982/1994, p. 681). The essential intention of the phenomenological method, despite the elaborations and interpretations of different phenomenologists, is to examine conscious experience directly, without the preconscious interpretative patterns of the natural attitude defining that experience for the experiencer.

> Classical phenomenologists practiced some three distinguishable methods. (1) We describe a type of experience just as we find it in our own (past) experience. Thus, Husserl and Merleau-Ponty spoke of pure description of lived experience. (2) We interpret a type of experience by relating it to relevant features of context. In this vein, Heidegger and his followers spoke of hermeneutics, the art of interpretation in context, especially social and linguistic context. (3) We analyze the form of a type of experience. In the end, all the classical phenomenologists practiced analysis of experience, factoring out notable features for further elaboration. (D. Smith, 2018, para. 16)

Husserl's method of reaching this direct awareness is related to his transcendentalist perspective, that is, that the ego or witnessing function transcends the objects that otherwise define and inform it. This method is summed up by phenomenological (eidetic) reduction and *epoché* (Beyer, 2020). Phenomenological reduction refers to the process of "reducing" experience from the natural attitude (life is natural objects unmediated by the observer) to a phenomenological transcendent position, in which preconceptions of existence and reality, which define the objects of experience in the natural attitude, are essentially deactivated.

> What remains … is the transcendental Ego, which is not part of the world, but is that which "has" the world "opposed" to it as its universal correlate. This consciousness is the totality of the field of intentionality, as the correlate to the worldly totality given in intentional acts. As such, this subject cannot be a psychic entity in the world, but is consciousness "as such." (Luft, 2004, p. 207)

The technique of manifesting the phenomenological reduction is *epoché*, also known as “bracketing,” the effort to suspend judgement in the observation of experience.

> [The *epoché* is a] methodological constraint [determining] … that any phenomenological description proper is to be performed from a first person point of view, so as to ensure that the respective item is described exactly as is experienced, or intended, by the subject. … That is to say, the phenomenological description of a given act and, in particular, the phenomenological specification of its intentional content, must not rely upon the correctness of any *existence assumption* concerning the object(s) (if any) the respective act is about. Thus, the *epoché* has us focus on those aspects of our intentional acts and their contents that do not depend on the existence of a represented object out there in the extra-mental world. (Beyer, 2020, para. 29)

Rather than approaching an object with a preconceived frame of interpretation, or intention to determine its meaning within and in relation to that frame, the object is investigated as it manifests to conscious awareness, as a phenomenon bracketed off from preconceptions. It does not matter whether the phenomenon relates to an externally verified object or not for the phenomenological experience to be valid; a hallucination is an experiential phenomenon, even though it is radically detached from external objects.

> Phenomenological description is concerned with those aspects of the *noema* [i.e., the phenomenal content of experience] that remain the same irrespective of whether the experience in question is veridical or not. Thus, our phenomenologist must not employ—he (or she) must

> “bracket”—his belief in the existence of the perceptual object. (Beyer, 2020, para. 33)

Heidegger’s approach intended the same clarified perception of phenomena as Husserl’s but diverged in both its rejection of a transcendental ego and an emphasis on hermeneutics. For Heidegger, Dasein was the primary reality of human consciousness.

> Historicality, a person’s history or background, includes what a culture gives a person from birth and is handed down, presenting ways of understanding the world. Through this understanding, one determines what is “real.” … People and the world [are] indissolubly related in cultural, in social and in historical contexts. (Laverty, 2003, p. 24)

Thus, for Heidegger, it is not through Husserl’s phenomenological reduction and bracketing that phenomena are clarified but through a process of interpretation of experience that illuminates phenomena’s pre-interpretations (Wheeler, 2020). This is the hermeneutic method, the interpretation of phenomenon in context (George, 2021).

> In Heidegger’s … opinion, all understanding is connected to a given set of fore-structures, including one’s historicality, that cannot be eliminated. One, therefore, needs to become as aware as possible and account for these interpretive influences. This interpretive process is achieved through a hermeneutic circle which moves from the parts of experience, to the whole of experience and back and forth again and again to increase the depth of engagement with and the understanding of texts. (Laverty, 2003, p. 24)

This process does not conclude, as in the end state of Husserl's apprehension of pure consciousness, but rather is an ongoing process of clarification of the impact of pre-interpretations on present experience.

This dialectic between Husserl's transcendentalism and Heideggar's embeddedness arguably forms the backbone for all the variations of phenomenological methodology, including Sartre's and Merleau-Ponty's (Embree & Mohanty, 1997; Flynn, 2013; D. Smith, 2018; Spiegelberg & Schuhmann, 1982/1994; Toadvine, 2019), which can all be seen as various perspectives and strategies toward the same goal of extracting the experience of the lifeworld from the predefinitions and presuppositions of the natural attitude. It is essential to understanding how the phenomenological literature has engaged the phenomenology of depression.

Phenomenology and Depression

The phenomenological literature on depression is centrally organized by its inquiry into the structure of the lived experience of depression (rather than the idiosyncratic subjective accounts of experience given in depression autobiographies). This literature argues that the subjective world of depression cannot be sufficiently explained by only the naturalistic sciences.

> What phenomenologists' criticisms of naturalism reveal is not necessarily that natural and physical facts have no explanatory power with regard to illness, nor do they suggest idealism with regard to these facts; rather they demonstrate that understanding the physical and natural facts of disease, even if we understand them all, is incomplete. (Bodington, 2019, p. 8)

Of particular focus in this literature is the way in which the depressive's experience is not primarily an alteration in the contents of experience, but rather a shift in the context of experience that preconsciously shapes and structures the contents (Fuchs, 2013; Kristeva, 1989; Ratcliffe, 2015). That is, an alteration not so much what is experienced, as how a thing can be experienced. These shifts are primarily in the structures of belonging, intentionality, faith, embodiment, and temporality.

In terms of what support belonging, the major thinkers in the phenomenology of depression (primarily Ratcliffe, Kristeva, and Fuchs) agree that depression is a disruption, or alteration, in the phenomenological systems that undergird intersubjective experience.

> Faith in the world and in the possibility of the communion that defines our ideal relations with others can break down or fail to take hold: not only in modes of philosophical reflection, but in lived experience as well. Through depression, this perception of others becomes not a breaking-down that is a function of a higher-order reflection but is, rather, a way of being. … There is a taken-for-granted certitude of being linked to the world that is always interwoven with incredulity as a specter. But the inversion of this certitude can be lived in depression. (Bodington, 2019, pp. 65–69)

Instead of identifying the definitional center of depression at a content level of experience (cognitive, medical, etc.), phenomenology locates it at the level of context or world-defining processes. Ratcliffe (2008, 2015) pointed to this with the term "existential feelings," the preconscious, pre-interpretive, pre-

intentional structuring of the parameters within which the psyche constructs the world, especially in terms of its availability and accessible possibilities.

> Existential feelings have a distinctive phenomenological role; they constitute a variable sense of the possibilities that the world incorporates. Depression … involves a change in the kinds of possibility that are experienced as integral to the world and, with it, a change in the structure of one's overall relationship with the world. (Ratcliffe, 2015, p. 2)

As opposed to much of the depression literature's assumption of the natural attitude, where "world" means the world as given to senses/perception, phenomenologists conceive depression as affecting "World," in the Husserlian sense, and the ability to experience Dasein.

> The "world" … is not an explicit object of experience or thought but something we already "find ourselves in," something that all our experiences, thoughts and activities take for granted. Depression thus involves disturbance of something so fundamental to our experience that it is seldom reflected upon and poorly understood. (Ratcliffe, 2015, p. 10)

The critical difference between the phenomenological stance on depression and other perspectives is, then, that phenomenologists assert that "embeddedness" is actually a variable, that "the sense of reality and belonging is changeable" (Ratcliffe, 2015, p. 33). In depression, belonging is not so much diminished as inaccessible, and "Changes in existential feeling … are shifts in the kinds of possibility that experience incorporates" (Ratcliffe, 2015, p. 41).

Depression alters belonging in part because it distorts the capacity for meaningful intentionality. Experience is experience toward something, which implicates both a spatial and temporal dimension; that is, if something does not exist in space and time (either being nonexistent or permanently inaccessible), then it cannot be attached to.

> [Ordinary intentionality] has a forward-looking temporal structure and a "teleological direction" that is rooted in our embodiment. However, depression involves a distortion in future-directed intentionality, so that a subject becomes temporally desituated and cut off from the future. This contributes to many of the characteristic features of depression, including apparent lack of motivation, inability to imagine future possibilities, alterations in lived time, and a sense that one is "stuck." (Maiese, 2017, p. 701)

This detachment is a central feature in the existential feelings of depression (particularly major depression) in which it is not primarily the disruption of connection to particular things (e.g., a job or relationship) that defines the condition, but rather a disturbance in the experienced belief that any thing can, categorically, be meaningfully attached to. That is, depression alters both the experience of holding and the ability to hold, an intentional stance toward the world required to experience belonging.

This collapse in the natural attitude's belief in inherent belonging addresses the centrality of faith in phenomenology. This is not, however, in the sense of faith in something (particularly religious objects) but faith in there being a world that can actually be embedded in, to which one can belong. Bodington (2019), drawing from Merleau-Ponty, wrote:

> Without faith the signifying bonds that connect me with the world and others become slack. What comes to light is the way in which these bonds were tight-ropes all along, suspended over an abyss. … It is not inauthenticity that causes us to blind ourselves to this arbitrariness, but rather a faith in the meaningful possibilities of expression and concatenation. In melancholia this faith becomes untenable, and with it all kinds of intersubjective, futural and worlded possibilities, which reinforce the meaning in which we have faith. (pp. 125–127)

Faith, then, is the presupposed and felt feature of the world as having relevance to oneself in which, in Husserl's concept of horizon, objects are given as having meaningful possibilities.

> A horizon is not something that we perceive in addition to the actual; we do not experience possibilities floating around an already given object. Husserl maintains that an organized system of possibilities is integral to our sense of what an entity is, as well as our sense that it is. (Ratcliffe, 2015, p. 42)

Depression, from the phenomenological perspective, can be described as essentially a condition in which this otherwise pre-reflective faithful attitude collapses, given that faith (contra the natural attitude) is reversible. Kristeva (1989) phrased this as, "[The] bond of faith [to reality] … is just what disintegrates in the depressed person" (p. 14). What previously held significance, what was attractive of attention and energy and posed the possibility to satisfy one's goals, loses all those qualities even while the objects themselves still exist. The world of possibilities converts into a world of categorical impossibility.

> Nothing within the world solicits the engagement of the depressed person. This does not apply only to "things." Cultural practices, personal, professional, and family roles all lose significance. The sense of the future bringing anything meaningful, either positive or negative, is either absent or severely eroded. The past, too, offers little to stand on. If you are still capable of reflecting upon your situation, who you were and who you are ceases to offer a space of possibilities. (Fernandez, 2014, p. 605)

In addition to disruptions of belonging, intentionality, and faith, phenomenologists also describe depression's impact on embodiment and temporality. These changes are similarly not alterations in type (e.g., shifts from positive to negative body sensations) but in kind (e.g., changes in the capacity to experience embodiment as significant). Fuchs (2005) wrote: "Beneath the intentionality of conscious perception, the lived body is directed to the things by its own 'intentional arc'. Its prereflective performance is prior to any subject-object distinction" (p. 135). Ratcliffe (2015) also identified existential feelings as somatic: "[Existential feelings] are bodily feelings … [which] can at the same time be a sense of the salient possibilities offered by a situation" (p. 59). This entwinement of bodily experience and intentionality, and being-in-the-world, is a major part of what is disrupted and altered in depression.

Depression's alteration in embodied experience is, again, not a change in the bodily contents but in the possibilities and kind of embodiment one can experience. Fuchs (2013) wrote:

> Depression is not an "inner," psychological, or mental disorder, but a "detunement" of the lived body that normally mediates our participation in a shared space of attunement. The corporealized, constricted body loses its affectability and emotional resonance; this undermines the patient's existential feelings of being-with, resulting in a general sense of detachment, separation, or even expulsion. The typical cognitive symptoms of depression are only a result of this basic bodily alteration. (pp. 219–233)

The body's ability to hold its own kind of the natural attitude, of experiential "faith" in there being a corporeal world that it can exist and participate in, collapses with depression, leading to a sense of individual, bodily isolation and entrapment. The felt-sense of the world being a place that can be embedded in, and therefore a location where goals and desires can be made real, is lost to a body-mediated sense of futility and impossibility.

The complement to this degradation of embodiment is depression's alterations in the sense of time. Similarly, these changes are not merely to the quality of time—for example, time experienced as passing slowly or quickly—but to the possibilities of experiencing time itself. In depression, the sequential ordering of time breaks down such that past and future either disappear or become fixed, which Fuchs (2001) referred to as "desynchronization," an insight reflected in a number of phenomenologists. For example, Hughes (2020) wrote: "Temporal disruptions in melancholic time can vary in intensity, but are almost always inducive of significant suffering and distress. The future can collapse such that the past becomes fixed" (p. 203). Aho (2013) shared the following insight:

> In the fog of depression, the significance and poignancy of the past no longer resonates, and the future offers no hope for recovery, for anticipated projects or possible ways of living to look forward to. All that exists is the disordered paralysis of the moment. (p. 8)

Ratcliffe (2010) echoed the same theme:

> The future is no longer a dimension of possibilities for activity, and there is no hope of relief from this predicament. Experience therefore dwells in the past, in a domain of deeds that are fixed, where no acts can be compensated for. (p. 612)

This disassociation of the self and body's present from the future negates the possibility (rather than merely the desirability) of engaging with that future. Goals, which by definition are future oriented, cannot be realized, not because of an absence of possibly different future states, but because there is no experienced future in which those states can exist for the individual, and no possibility of bridging from the present to that future.

> Depression is not best understood as a lack of caring, but rather a lack of connection to the future, which results in diminished conative momentum: the subject cares, but she experiences herself as cut off from the future and "locked in" to particular patterns of engagement, interpretation, and response. In short, the subject with depression is *temporally de-situated*. This alteration in the very temporal structure of affective framing, together with the subject's inability to apprehend meaningful future possibilities, perpetuates depression and makes it an especially difficult condition to escape. (Maiese, 2017, p. 717)

Last, in addition to describing these structural changes in experience, the phenomenological literature on depression interprets grief within a similar division as Freud's (1917/1957) discrimination of mourning and melancholy, agreeing that depression may be triggered by particular losses in an individual life but is not defined by that particular loss. If a loss does not trigger a deeper, existential change in the possibility of attachment per se (often through the connection of the loss to early life trauma), then it will engender grief or mourning. But if a loss triggers or initiates a change in existential feelings—from a faith in belonging to the world to faith's opposite, existential alienation—then the result is the phenomenological description of depression. Contrasting grief and depression, Ratcliffe (2019) wrote:

> Depression, but not grief, involves losing experiential access to certain types of significant possibility; [grief] involves dynamic perspective-shifting, whereas depression involves an inability to shift perspective; [and grief] involves a sustained ability to relate to and feel connected with other people, the capacity for which is substantially diminished in depression. (p. 1)

Whereas grief (like depression) is conventionally understood as an event happening in one's world, phenomenologists understand depression to be an event happening to one's world (i.e., one's Life-World). Grief is initiated by the loss of an object of attachment, and if uncomplicated, moves through a standard set of phases (Kubler-Ross & Kessler, 2005). In contrast, depressives experience what is already implicit to grief, that the reality of human consciousness includes not just the fact that life ends in literal death but that one can experience an inversion of Dasein, an experiential state of not-being-

in-the-world. Ratcliffe (2019) described this as a "revelation of an indeterminacy that lurks beneath the world of everyday experience" (p. 10), and when this revelation overwhelms the defenses of the natural attitude and faith, the result is depression.

Grief, when not overwhelming, functions as the process that realizes an acceptance of loss, an integration of loss into the existing coherency of one's world without fundamental disruption. But in depression, loss cascades into the traumatic awareness of indeterminacy, that is, it overtakes one's existing existential structures, leaving the individual unable to process the loss toward the normal end state of either denial or integration.

> Depressive patients are characterized by an existential vulnerability that makes them experience a concrete loss as a limit situation in the sense of Karl Jaspers. For them … loss becomes an indicator of the inevitable transience of existence as such. [Loss] becomes the sign of the insecurity, loneliness and finitude of existence itself, to which he capitulates. … The depressive illness is thus the result of a limit situation that cannot be overcome, and in which the ontological level of existence is exposed … they sensitively feel [loss's] ontological implication, but it literally becomes too heavy for them to sustain and to bear it. Depression thus results from a felt powerlessness and helplessness vis-à-vis the limit situation. It means not just an intensified or exacerbated grief reaction but a capitulation in the face of the human condition. (Fuchs, 2022, pp. 12–18)

Hence, in depression, there is not merely a slowing or complexifying of grief; rather, grief as a process is negated.

Phenomenology, Depression, and UF

Though the structure of UF is clearly reflected in the phenomenological literature on depression, that structure is seen and articulated at the existential rather than the psychological level. The overarching focus of phenomenology on the objective structures of subjective experience exposes the underlying existential dynamics as indeed the condition of ungrievable futility. Whereas in the general depression literature futility is also addressed, particularly in the relationship of the individual to unreachable goals (e.g., the goal attachment literature as expressed in Pyszczynski & Greenberg, 1992), phenomenology understands that in depression, the essential "goal," which is experienced as terminally unreachable, is the existential goal of being alive and maintaining aliveness.

The futility of depression thus is not the irreconcilability of a particular goal or attachment to its object, but rather the futility of any goal being accomplished, and anything being attached to. Depression's expression of the collapse in the natural attitude, in one's belief or faith that there exists a world that one can belong to and exist in, is an existential loss wherein particular losses are signifiers of the impossibility of attachment per se, and therefore the loss of every possible attachment. There are typically real, objective losses in a depressive's life, but they are relevant to depression because they signify the loss of what made those objects meaningful at all, being the world in which attachments and relationships are possible and enlivening. The existential object of attachment, the existential goal as it were, is Dasein (being-in-the-world), and Dasein can be classed as a goal by virtue of the fact exposed by overwhelming loss: life is not a constant, and Dasein cannot be taken as stable

and given. Futility is the collapse in the goal of Dasein being a constant, the recognition, in the face of the now undeniable fact of existential vulnerability, that through no self or other's power can the permanency be attained, or the protective naiveté of the natural attitude reclaimed.

Grief, then, in the phenomenology of depression, is the systemic failure to engage in reconciliation to the impermanence of life, in the state where one's Dasein is defined in terms of alienation, the impossibility of attachment, and the collapse in embodiment and temporality. In this condition of being, grieving itself is an impossibility. The normal, temporary retraction from life typical in the grieving process becomes an experience of permanent disconnection.

The implication here is that the psychological process of grief, in the state of depression, is fundamentally contradictory to the essential human drive for survival (in the psychic rather than physical sense). Grief, as the emotional process of dissolving the internal representation of the object of attachment (Archer, 1999; Bowlby, 1980), becomes impossible when the consequence is letting go of life itself, since then grieving is experienced itself as life threatening. Suicidality can be seen as a natural consequence of this no-exit state because it becomes the only solution to the pain of the seemingly irresolvable conflict between the goal of maintaining living, of maintaining Dasein, and as Hughes (2020) put it, the impossibility of dying.

> The desynchronization of melancholic time significantly complicates both the melancholic's experience of death, which is experienced as infinite, and demise, which is experienced as impossible. Melancholic time thus leaves the melancholic in an impossible [i.e., futile] state of

> existing where they are paradoxically both unable to live and unable die. Detached from their finite temporality, the capacity of death and demise to be transformative of the meaning and significance of one's life … is significantly diminished in melancholia. (p. 204)

Thus, the structure of UF is manifested in the phenomenological literature on depression and described as both the origin and condition of depression. Depression is the result of impossible grief as well as the state of irreconcilable futility. According to Fuchs (2022), "one might say that depression precisely results from the inability to enter into the process of grief, to confront the loss and to mourn it" (p. 18), with the result a frozen state of non-being as one's Dasein.

Conclusion

The phenomenological literature, in the depression literature as a whole, is one of the clearer places where the UF is presented as an assertion of the relationship of grief and futility. Phenomenology exposes what seems to be the deepest structure of depression. Rather than, say, the biomedical model's focus on the correlates of depression, phenomenology has attempted to look directly at how depression actually functions experientially. Its conclusion is that depression is a fundamental alteration in the kind, rather than the contents, of reality that can be experienced, and that that kind is characterized by an irresolvable and unmournable existential goal, which reflects UF precisely.

CHAPTER 7: EXISTENTIALISM, DEPRESSION, AND UF

Although the mid-20th century philosopher Gabriel Marcel coined the term "existentialism" (Aho, 2014), its roots extend back to several 19th century philosophers who have been retroactively included under the label. "One can find anticipations of existential thought in many places (for instance, in Socratic irony, Augustine, Pascal, or the late Schelling), but the roots of the problem of existence in its contemporary significance lie in the work of Kierkegaard and Nietzsche" (Crowell, 2020, para. 8). As with phenomenology, its history is more a chronicle of ideas and positions than a chronology of events, with a diverse collection of theists, atheists, philosophers, and artists roughly grouped under the label. Among these individuals, the major figures who are generally associated with existentialism are Kierkegaard, Nietzsche, Jaspers, Heidegger, Sartre, Beauvoir, Buber, Tillich, Bisswanger, Camus, and Frankl (Crowell, 2020). Although existentialism has roots in and overlaps with phenomenology, including sharing phenomenological writers, it is distinguished by its focus on the issues of an individual's experience of existence itself, rather than on the constituents and structures of awareness and perception.

> In the 1920s, Heidegger was introducing his own "existential analytic" or "analytic of Dasein," and his contemporary Karl Jaspers was developing a "philosophy of existence" … , both of which engaged the inexpressible freedom of the individual and the human conditions of anxiety and death that defy rational apprehension. (Aho, 2014, p. 10)

The existential tradition was most fully expressed in mid-20th century Europe, primarily post-WWII, with central locations in Germany, France, and

Spain (Crowell, 2020). The events of the early and mid-20th century—the two world wars and the Holocaust, subsequent regional conflicts, the Cold War and threat of nuclear annihilation—are seen as overturning the preceding faith in either a divine or rational force guiding history (Aho, 2014). The traumatizing of those assumptions forced a philosophical and cultural reconciliation with what appeared to be the obvious native brutality and absurdity of human motivation.

> All [of these historical circumstances] contributed to a cultural mood in Europe and America: a feeling that life was fundamentally absurd; that we are estranged from each other and not at home in the world; and that because there are no moral absolutes, we are left alone, rudderless and adrift in a "terrifying infinity," with nothing and no one to tell us how to live our lives. (Aho, 2014, p. 29)

The supposedly orderly, principled world of the late 19th and early 20th century dissolved in the face of these historical events, challenging the culture, philosophy, and theology built on those principles. Although existentialism as a movement lasted only several decades, roughly 1945 to 1970, as a tradition of philosophical thought it has continued to impact philosophy, psychology, and culture up until the present day.

> As a philosophical inquiry that introduced a new norm, authenticity, for understanding what it means to be human—a norm tied to a distinctive, post-Cartesian concept of the self as practical, embodied, being-in-the-world—existentialism has continued to play an important role in contemporary thought in both the continental and analytic traditions. (Crowell, 2020, para. 63)

Also, in the 1950s, alongside of existentialism, humanistic psychology arose as a reaction to psychoanalysis and behaviorism and became the “third force” of psychology (Benjafield, 2010). Instead of focusing on pathology and impersonal forces of behavior, it perceived humans as beings driven by a desire for self-manifestation. As it developed, and up to the present, it has become fundamentally entwined with existentialism (Schneider & Krug, 2017), drawing much of its emphasis from the existential concerns and drive for authenticity.

> Existential and humanistic approaches to the study of human behavior are often merged into one, The Existential-Humanistic Approach, because the two approaches are considered to be maximally similar and minimally different. Indeed, Sartre proclaimed, ‘‘Existentialism is a Humanism’’. [Some argue that] existentialism is a humanistic philosophy because it emphasizes the meaning-making capacity of a person in an inherently meaningless world; conversely, humanistic psychology is rooted in and influenced by existential thought. (Winston, 2015, p. 40)

Because of this, for the purposes of this paper, the humanist tradition will be considered a subset of existentialism. Although some authors (e.g., Winston, 2015) would dispute this conflation, the differences do not seem substantive enough to merit treating humanism as a distinct tradition regarding their positions on depression. Both traditions draw from phenomenology, endorse human potentiality (rather than human determinism), posit human resistance to reality as the source of pathology, and define authenticity or self-manifestation as the good life. The position taken here is that existentialism

gives a fuller articulation of these themes, in general and as related to depression, and therefore, the focus of this chapter is on existentialism proper, though understood here to subsume the humanistic articulation.

Existentialism

Although existentialism as a term is, like other philosophical schools, contentious in its definition, different existentialist thinkers are nonetheless organized by their central concern with the issues of lived existence, particularly meaning and authenticity in the face of the irrational, the absurd, and death or finitude (Khawaja, 2016; Webber, 2018). This authenticity is seen as a dimension of human life separate from, and in addition to, the conventional rational categories. Existentialism is not antirational or reacting against rationality (as was, for example, the Dadaist art movement); rather, it sees the existential realities of lived human life as not primarily rational.

> Existentialism does not deny the validity of the basic categories of physics, biology, psychology, and the other sciences (categories such as matter, causality, force, function, organism, development, motivation, and so on). It claims only that human beings cannot be fully understood in terms of them. Nor can such an understanding be gained by supplementing our scientific picture with a moral one. Categories of moral theory such as intention, blame, responsibility, character, duty, virtue, and the like do capture important aspects of the human condition, but neither moral thinking (governed by the norms of the good and the right) nor scientific thinking (governed by the norm of truth) suffices. "Existentialism", therefore, may be defined as the philosophical theory which holds that a further set of categories,

> governed by the norm of authenticity, is necessary to grasp human existence. (Crowell, 2020, para. 5)

This existentialist concept of individual authenticity comprises a number of themes, which Aho (2014) categorizes as existentialism's shared concerns: existence precedes essence, the self as a tension, the anguish of freedom, the insider's perspective, moods as disclosive, ethics and responsibility, the possibility for authenticity, and death.

> Although it cannot be reduced to a unified school of thought, and the major figures vary widely in their views, the common thread that ties these thinkers together is their concern for the human situation *as it is lived*. This is a situation that cannot be reasoned about or captured in an abstract system; it can only be felt and made meaningful by the concrete choices and actions of the existing individual. (p. 10)

The phrase "existence precedes essence" was coined by Sartre in 1945 (Sartre, 1948/2007) and contrasts with concepts claiming that humans are predefined by certain qualities (e.g., selfishness, power, altruism, etc.). Instead, existentialists believe that a person's essence is created uniquely by that individual through their behavior and choices, an authenticity that must be found in a life through its living (i.e., through existing). As opposed to objects or nonhuman life, whose unconsciousness fixes their essences, humans define their purpose for living.

> Traditionally, philosophers have connected the concept of existence with that of essence in such a way that the former signifies merely the instantiation of the latter. … Having an essence meant that human beings could be placed within a larger whole, a kosmos, that provided

> the standard for human flourishing. … [In contrast, for existentialism] an entity's existing cannot … be thought as the instantiation of an essence, and consequently what it means to be such an entity cannot be determined by appeal to pre-given frameworks or systems—whether scientific, historical, or philosophical. (Crowell, 2020, para. 19)

Aho (2014) elaborated:

> We are self-making beings that become who we are on the basis of the choices and actions we make as our lives unfold. On this view, there is no definitive or complete account of being human because there is nothing that grounds or secures our existence; we are a "not yet," always in the process of realizing who we are as we press forward into future projects and possibilities. (p. 11)

Thus, the meaning of an individual life is not pregiven by being a kind of life (i.e., human) that categorically assigns properties to that individual. Rather than being defined by what a person is, the existentialists claim that a person is defined by who they are, and that "who" is a product of their choices in their participation in existence, both in a moment and dynamically over time.

"The self as a tension" (Aho, 2014) referred to the existentialist assertion that humans inevitably live in a tension between the facts or facticity of their individual lives and the possibility of and drive for transcendence of those facts. This transcendence does not come in the form of rebellion against, and rejection of, facts but in the interpretation of those facts (e.g., mortality is a given, but what it means for an individual is not).

> An … entity instantiates some property if that property is truly predicated of it. … However … the fact that natural and social

> properties can truly be predicated of human beings is not sufficient to determine what it is for *me* to be a human being. This, the existentialists argue, is because such properties are never merely brute determinations of who I am but are always in question. (Crowell, 2020, para. 20)

This self-deterministic property of humans—that is, that their essence is defined by acts of existing—includes this ongoing process of conceptual and experiential definition. What phenomenologists call the natural attitude can be seen as an ignorance of, or refusal to engage in, this process of existential self-definition, in both the natural attitude's confusion of axioms with facts and its implicit denial of subjectivity's inevitable creative interpretation of "objects," (even, as Merleau-Ponty [1948/2004] addressed, at the perceptual level).

> Our situation comprises more than our facticity. The structure of human existence is that we pursue projects, we endorse values, through which we experience our facticity as a field of reasons. This is the ontological aspect of our transcendence. The projects we pursue can either transform that facticity or can simply maintain it. (Webber, 2018, p. 191)

This maintenance of facticity is neither a negation of nor a successful flight from self-definition, but rather a dynamic choosing of static meaning, leading to the person's experience of the "anguish of freedom" (Aho, 2014). Existentialists claimed that humans have no choice but to define themselves, whether or not they are aware of that process of self-definition. Even if an individual takes on a formulaic concept of self (scientific or theistic), from the existentialist view, it is they who are adopting it.

> As beings that can take a stand on our facticity … we are free and responsible for who we are and what we do. But this realization is often accompanied by anguish because it reminds us that we alone are responsible for the choices and actions we make in our lives. (Aho, 2014, p. 11)

As the existentialists recognized, though, this freedom to choose and the inevitability of choice is generally resisted and denied, leading to what Sartre referred to as a bad faith relationship to life.

> [Sartre's position] is one based on the avoidance of bad faith and the open acknowledgment that we are in fact choosing when we might otherwise be tempted to claim that we are not, and that matters are somehow beyond our control. (Olafson, 2006, p. 269)

The anguish of the responsibility for this freedom lies both in its difficulty to realize—Beauvoir referred to the inherent resistance of existing patterns of reality and meaning (one's facticity) as "sedimentation" (Webber, 2018)—and in its requirement to relinquish the human attachment to certainty. The existentialists understand the difficulty of an authentic (i.e., "faithful") relation to life because it requires a confrontation with groundlessness, death, and the terror of nonbeing.

> Because my practical identity is constituted by the practices I engage in, when these collapse I "am" not anything … I am thus brought face-to-face with my own finitude, my "death," as the possibility in which I am no longer able to be anything. (Crowell, 2020, para. 38)

Yet the existentialist conclusion is that existence allows humans no other options, that the relationship to life affords only bad faith or freedom.

The existentialist stance that no pregiven meaning or value structure can fully explain the nature of lived experience or relieve people from the anguish of freedom leads to the same conclusion the phenomenologists held: self-understanding can only be attained through an "insider's perspective" (Aho, 2014).

> Because human existence is not a thing that can be studied from a perspective of detached objectivity, existentialists hold the view that we can understand ourselves only by taking what might be called an "insider's perspective." That is, prior to any disinterested theorizing about who or what we are, we must first come to grips with the experience of being human as it is lived within the context of our own situation. (Aho, 2014, p. 11)

The idea that individuals can understand themselves using the same language and concepts used to understand an object is flatly rejected as an impossibility. The fact of human subjectivity, from the existentialist position, and the inability to predict accurately actions in advance or completely articulate the causality of those actions negate any objectivist claims on human essence. For instance, merely because humans can be defined as entities motivated by physical survival does not predict any individual's particular action motivated by that drive. Nor does a person's assessment of their own motivations have superordinate authority: when a personal claim becomes definitive, it automatically becomes an objectification of the self.

> In the first-person perspective of agency I cannot conceive myself as determined by anything that is available to me only in third-person terms. Behind the existentialist's insistence that facticity and

> transcendence remain irreducible aspects of one and the same being is the insight that, for a being who can say "I," the third-person perspective on who one is has no more authority than the first-person (agent's) perspective. … [indicating that] the meaning of my choice is not always transparent to me. (Crowell, 2020, para. 25)

However, this is not an existentialist assertion that meaning or motivation can never be known, a position of radical subjectivity. Rather, it is a claim deriving from the view that existence precedes essence, which requires the subjective and ongoing dynamic definition of the individual's self through their actions and participation in living.

The disclosing of the self is, then, not through predefined structures of meaning but through actions and projects, the analysis of which provides data for the individual's knowledge of themselves. The existentialists believe that the most important source of this self-knowledge is affective, the "disclosiveness of moods" (Aho, 2014), as "an analysis of affectivity becomes necessary to understand the ways in which human beings relate both to themselves and to the world" (Han-Pile, 2006, p. 240).

> For the existentialists, we do not gain knowledge of the human situation through detached thought or rational demonstration but through the affective experiences of the individual. We understand what counts or matters in our lives through our moods, through the ways in which we feel about things. (Aho, 2014, p. 12)

Among the more important moods to the existentialists are anxiety, alienation, and absurdity, which disclose basic realities about human existence. Anxiety is believed to express the psyche's contact with the

groundlessness of being, especially the experience of life when one is attempting to deny a freedom that cannot be thereby erased. As Carman (2006) wrote, "Anxiety … is authentic, … not because it is somehow right or good, but because it has no external object, but relates immediately to one's own individualized being-in-the-world" (p. 232). Alienation is also believed to express this disassociation since it discloses the feeling of being not embedded in the world, of not being able to structure and support credibly one's belonging with a meaning that preexists the self.

> While it is through my projects that the world takes on meaning, the world itself is not brought into being through my projects; it retains its otherness and thus can come forth as utterly alien, as *unheimlich*. Sometimes translated as "uncanny," this … points to the strangeness of a world in which I precisely do not feel "at home." (Crowell, 2020, para. 26)

Absurdity is believed to follow as the mood that reveals the existential reality of homelessness, that the attachment to forms of existence is not intrinsic to the form itself, that no rational connection exists between human meanings and the world (Sherman, 2006).

> So long as I am gearing into the world practically, in a seamless and absorbed way, things present themselves as meaningfully co-ordinated with the projects in which I am engaged. … [But when] I am no longer practically engaged, the meaning that had previously inhabited the thing as the density of its being now stares back at me as a mere name, as something I "know" but which no longer claims me. … They become absurd. Things do not disappear, but all that remains of them

> is the blank recognition that they are. … While such an experience is no more genuine than my practical, engaged experience of a world of meaning, it is no less genuine either. An existential account of meaning and value must recognize both possibilities (and their intermediaries). To do so is to acknowledge a certain absurdity to existence: though reason and value have a foothold in the world (they are not, after all, my arbitrary invention), they nevertheless lack any ultimate foundation. Values are not intrinsic to being, and at some point reasons give out. (Crowell, 2020, para. 37)

Thus, existentialists argue, since reason alone cannot disclose the nature and meaning of existence, it is necessary to understand that the person's moods are communicating the substance of reality to which that person must live in relationship.

Given these realities, the existentialists discuss ethics and responsibility, that is, how one is to live an actual life. Contrary to the subjectivist idea that, since values and behavior cannot be derived from facts, all behavior is ethically equivalent, existentialism distinguish between persons whose actions are extensions of supposedly obvious principles and those acting in the knowledge of existential reality.

> The point is that human beings must own up to their freedom and, in doing so, take responsibility for what they do in the world. In this sense, freedom is not an abstract or formal concept; it is realized only through our concrete actions in the world. … It is only when we act on these higher … volitions that we are truly free and responsible because these actions transcend the determinations of our impulses in a way

> that orients us in the world and gives shape and coherence to our identities as a whole. (Aho, 2014, pp. 130–131)

The picture of freedom as a transcendence of morality, as in Camus's (1946) *The Stranger*, is critiqued by existentialism as a denial of the fact that actions have consequences and that humans are responsible for those consequences since they initiate the actions that cause them.

> If you deny your freedom and responsibility, the existentialist can judge you as being dishonest because, on the basis of your actions and self-interpretation, "that's what you are". If, however, you are willing to own up to your choices and actions, then the image of the existentialist as an "anything goes" anarchist falls apart. We see that, as self-conscious beings, we are not free from the consequences of our actions or from being responsible for what we do. The inescapability of human freedom and responsibility becomes the basis for existentialist ethics. (Aho, 2014, p. 131)

Thus, individuals are responsible for their behavior, and morality and ethics then become defined in terms of owning consequences rather than their relationship to a preexisting moral structure and code.

Such reasoning introduces the existentialists' overarching and encompassing concern with authenticity and meaning. As with all the defining conceptualizations or themes of existentialism, authenticity is not understood as defined by some standard outside the person but by the person's actions arising from, and being congruent with, their individual nature.

> Authenticity defines a condition of self-making: do I succeed in making myself, or will who I am merely be a function of the roles I

> find myself in? Thus to be authentic can also be thought as a way of being autonomous. In choosing "resolutely"—that is, in committing myself to a certain course of action, a certain way of being in the world—I have given myself the rule that belongs to the role I come to adopt. The inauthentic person, in contrast, merely occupies such a role, and may do so "irresolutely," without commitment. (Crowell, 2020, para. 32)

Carman (2006) phrased authenticity in terms of self-honesty, not lying to oneself or others about one's motivations and acting in accord with what is disclosed about oneself in the acts of living.

> As a rough approximation, to say that authenticity consists in somehow *being true* to oneself. One way to be true to oneself is to be honest with oneself, which is to say, inwardly sincere. This is neither easy nor common. … [This] inner sincerity for its own sake requires no such reference to a transcendent moral authority, and its intrinsic moral value is not obvious. … To be sincere is not just to tell the truth about oneself willy-nilly, but to *present oneself* sincerely. (p. 229)

Thus, the existential framing of authenticity sums up the central value of existentialism: a life centered in the individual's own actions, which are increasingly honest inasmuch as those actions are increasingly congruent with their self-knowledge. The inauthentic life, that mode of living which fosters depression, is a life reacting against the need to accept existence as both fact and uncertainty, demanding action and reflection, and requiring self-structuring rather than relying on received forms.

Finally, existentialism's embrace of an individual's necessary reconciliation with death is not simply the acknowledgement of the end-state of the body but rather an acceptance of the lack of a sense of self-continuance. Beyond the merely physical, objective correlates of death it is not objectively clear what "death" actually is or signifies, thus "the fear of death … cannot be understood as a basic drive: it makes sense only within the deeper project of living" (Webber, 2018, p. 87).

> Profound grief is not simply death for the objective loss of the person or for the resulting restrictions on one's own continuing possibilities. Instead, a more authentic form of grief would be over the other person's own sense of the loss of any continuing possibilities. (Hoy, 2006, pp. 281–282)

From an existentialist perspective, this "goal" of continuous existence, what Ernest Becker (1973) referred to as the "immortality project," must be confronted and surrendered in order to live an authentic, honest life. In terms of death, dishonesty attends to the denial of existence's finitude, the attachment to existing itself rather than to an object within existence (this is a particularly important point in understanding chronic depression).

Becker (1962/2014, 1973) in particular focused on this existential understanding of death and immortality, and an important application of his thinking is terror management theory (TMT; Pyszczynski et al., 2015; Solomon et al., 2015). Although TMT is an extensive research program (cf. Arrowood & Cox, 2020) framed by evolutionary theory and social psychology rather than existential philosophy; it addresses the existentialist concern with

authentic living by exhaustively detailing what patterns of human behavior arise from this denial.

> Although fear in response to proximal threats to survival has obvious adaptive value in facilitating behavior that averts death, terror in response to awareness of the long-term inevitability of an inescapable fate is another matter—and the focal problem addressed by TMT. People use the same intellectual abilities that give rise to their awareness of the inevitability of death to manage their potential for terror with ideas, beliefs, values, and concepts. Specifically, they invent, absorb, and cling to *cultural worldviews*, which are sets of ideas that provide: (1) a theory of reality that gives life meaning, purpose, and significance; (2) standards by which human behavior can be assessed and have value; and (3) the hope of literal or symbolic immortality to those who believe in and live up to the standards of their cultural worldview. (Pyszczynski et al., 2015, p. 7)

"Mortality salience" is the TMT term for when an individual is confronted with the knowledge of their own mortality, and TMT describes a pattern of stereotyped reactions in those who lack self and existential awareness: a defense of the anxiety buffering mechanisms of cultural worldviews, self-esteem, and attachment relationships. TMT describes these particular reactions as essentially a flight into a denial of mortality, through doubling down on cultural beliefs, increasing proximity to important attachment figures, and retrenching into tribal "us and them" thinking, all of which serve to expel the existential complexity and absurdity that threatens the givenness of their structures. The "applied existentialism" of TMT is a rich source of

magnification of existential principles, which, as with phenomenology, illuminates some of the deeper structures and dynamics of depression.

Existentialism and Depression

Existentialism looks at depression from a similar perspective as phenomenology, attempting to discern depression's underlying structures rather than its surface features or correlates. As it does with all human experience, existentialism looks at and defines depression in relation to what it views as the fundamental features of existence. Hence, depression is seen as an experience arising out of an unaccepting (i.e., dishonest, "faithless") relationship to the facts of existence, particularly death and meaning. As H. Krauss and Krauss (1990) described, "Depressions, whatever else they may be—neurological dysfunction, for example—are the predictable consequences of 'bad-faith' reactions of clients to their situations" (p. 39).

However, perhaps because of the primary focus on the irreducibly unique individual's experience, the existential literature on depression tends to situate depression within, and backlit by, philosophical principles and descriptions of depression as a mood, rather than emphasizing the development of an articulated theory (H. Krauss & Krauss, 1990). This ubiquitous existentialist unwillingness to pin down phenomena into an objective-only description yields more of an orientation to, rather than a theory of, depression.

> The application of the existential outlook to depression … does not obviate the need for accurate diagnosis, nor does it deny the usefulness of therapeutic interventions of demonstrated efficacy, nor does it belittle psychodynamic or behavioral insights. Rather, the existentially

> oriented clinician is likely to co-opt them. If nothing else, at the core of the existential perspective is the belief that it and we shall be forever unfinished. It is an exemplary open system. What the existentialist position does insist upon is that the accumulation of knowledge be considered an unending, ever enlarging quest, evolving, hopefully as Heidegger would have had it, toward "truth." The existential position further insists that, as useful as this information must prove, individuals or their circumstances can never be defined solely in its terms. (H. Krauss & Krauss, 1990, p. 29)

Nonetheless, there are discernable common themes woven through the existential literature on depression, which essentially describe the depressive's reaction to Yalom's (1980) four cardinal existential factors: death, freedom, isolation, and meaning. Webb (2008) summarizes these factors as

> Death is an inevitable occurrence. Freedom, in an existential sense, refers to the absence of external structure—that is, humans do not enter a world that is inherently structured. We must give the world a structure, which we ourselves create. Thus, we have social customs and traditions, education, religion, governments, laws, etc. Isolation recognizes that no matter how close we become to another person, we will never completely know that person and no one can fundamentally come to know us; a gap always remains, and we are therefore still alone. The fourth primary issue, meaninglessness, stems from the first three. If we must die, if in our freedom we have to arbitrarily construct our own world, and if each of us is ultimately alone, then what absolute meaning does life have? (p. 6)

The relationship of depression and death in the existentialist view is succinctly described by H. Krauss and Krauss (1990): "The equations describing depression's many sides have a fundamental sameness: fear of life and fear of extinction provoke defense" (p. 42). That is, depression is seen as a defense against death anxiety, an understanding mirrored in other existential writers and in TMT. "The TMT analysis of psychological dysfunction posits that ineffective anxiety-buffer functioning is responsible for many psychological disorders, and research has shown that PTSD and depression are associated with the absence of normal defenses to [awareness of mortality]" (Pyszczynski et al., 2015, p. 59). Simon, also taking a TMT perspective, writes:

> Terror management theory posits [that] the cultural worldview is what imbues life with meaning for individuals [and therefore] this deficit in meaning may be indicative of tenuous or fragile faith in their cultural worldview … [which contributes to depression since] the worldview provides protection from the awareness of one's inevitable death, when confronted with thoughts of mortality. (Simon et al., 1998, p. 364)

The existentialist writer Yalom mirrors this TMT perspective in writing:

> To cope with these fears, we erect defenses against death awareness, defenses that are based on denial, that shape character structure, and that, if maladaptive, result in clinical syndromes. In other words, psychopathology is the result of ineffective modes of death transcendence. (Yalom, 1980, p. 27)

In contrast with most other depression literatures, existentialism focuses on this death anxiety (as interrelated with the other existential issues) as a pivotal

factor in the manifestation of depression. For instance, rather than death being merely a biological dysfunction or evolutionary maladaptation, existentialism holds it as a core, undeniable fact of living and that it is the failure to reconcile with and adapt to that fact that generates pathologies.

The stasis quality of depression, with its various biological, cognitive, and relational withdrawals, can be seen as the attempt to freeze the demanding process of adjusting to mortality, of being honest with life and self. As TMT points out (Solomon et al., 2015), this adjustment comes for most in the form of useful denial, drawing on cultural affiliation and faith, self-esteem, and attachment relationships as buffers against death anxiety.

> TMT posits that awareness of death in an animal designed by natural selection to avoid premature termination creates the potential for intense primal fear, which we refer to as terror to underscore its potency and connection to death. This potential for terror in response to awareness of a basic fact of life would seriously impede successful goal-directed behavior and perhaps survival itself unless effectively managed. Although fear in response to proximal threats to survival has obvious adaptive value in facilitating behavior that averts death, terror in response to awareness of the long-term inevitability of an inescapable fate is another matter. … People use the same intellectual abilities that give rise to their awareness of the inevitability of death to manage their potential for terror with ideas, beliefs, values, and concepts. (Pyszczynski et al., 2015, p. 7)

The collapse in the buffers against the terror of annihilation is seen throughout depression phenomenology, in the pervasiveness of depression's correlation

with loss of attachment relationships, meaningful goals, and self-esteem generating activities or identifications (Beck, 1979; Freud, 1917/1957; Pyszczynski & Greenberg, 1992). As TMT (and evolutionary psychology) points out, since humans cannot survive in an ongoing state of paralysis, this collapse requires a backup strategy to mitigate death anxiety, which the existentialist perspective sees as depression. "From the perspective of TMT, these symptoms [of depression] result from losses that impinge on one's primary sources of protection from existential anxiety" (Maxfield et al., 2014, p. 43).

The relationship between freedom in life and depression is not as obvious as with death anxiety, as existential freedom relates not to finitude but to the collapse in the individual's taking responsibility for their own experience (being a feature of depression). "Responsibility" in the existentialist sense refers to the inevitable ownership people have for their own subjective experience: "Man is condemned to be free and the incontestable author of their lives" (Sartre, 1943/2003, p. 553).

> Responsibility … is inextricably linked to freedom. Unless the individual is free to constitute the world in any of a number of ways, then the concept of responsibility has no meaning. The universe is contingent; everything that is could have been created differently. Sartre's view of freedom is far-reaching: the human being is not only free but is doomed to freedom. Furthermore, freedom extends beyond being responsible for the world (that is, for imbuing the world with significance): *one is also entirely responsible for one's life, not only for one's actions but for one's failures to act*. (Yalom, 1980, p. 220)

The awareness of this existential responsibility implicates an inherent groundlessness and structurelessness of experience, the opposite of phenomenology's "natural attitude." As Yalom (1980) argued, "Nothing in the world has significance except by virtue of one's own creation. There are no rules, no ethical systems, no values; there is no external referent whatsoever; there is no grand design in the universe" (p. 220). This awareness produces anxiety for the same reason as death, in that it undermines the buffers people use against experiencing terror and the consequent paralysis. If existence has no inherent structure other than what people give it, then attachment to, and faith in, the supposedly given structures of reality and self have nothing solid to stand on. Hence, the same dilemma exists as with death anxiety, and the same need to use some mechanism to stand in when, as it were, faith in solidity collapses. Depression serves as this mechanism when the primary anxiety buffers have been assaulted by awareness of existential responsibility.

As well as framing depression in terms of death and freedom, existentialists see existential isolation as conditioning or creating depression. "Existential isolation refers to an unbridgeable gulf between oneself and any other being. It refers, too, to an isolation even more fundamental—a separation between the individual and the world" (Yalom, 1980, p. 355). This is intricately related to death and freedom—the existential factors are all woven together—as death is always an isolated event, and its meaning remains the individual's burden to experience. Yalom (1980) elaborated:

> At the most fundamental level dying is the most lonely human experience … [and] to the extent that one is responsible for one's life, one is alone. Responsibility implies authorship. … Deep loneliness is

> inherent in the act of self-creation … humankind, cursed by self-awareness, must remain exposed to existence. (p. 355)

Depression provides a backup defensive option when other denials of isolation (e.g., dissociation, projection, fantasy, distractions) have collapsed. Because depression serves to justify isolation on personal grounds—that is, the overpersonalization of blame—it also implies that the person's self-correction will return the individual to the world of connection. As Yalom (1980) suggested, "If [we do not acknowledge isolation], we are overcome with dread before the abyss of loneliness, we will not reach out toward others but instead will flail at them in order not to drown in the sea of existence" (p. 363). The recognition of existential isolation, without the capacity to tolerate this recognition, requires a compensatory survival response (without which suicide becomes a real possibility), and depression provides that with its protective story about personal culpability. Although, as Ratcliffe (2015) pointed out, depression carries a sense of a world that is impossible to connect with, it protects against an even more daunting understanding, that this disconnectedness is not personal. These theoretical insights are also mirrored in a body of research, corroborating existentialism's philosophical claims (Constantino et al., 2019; Damsgaard, 2021; Helm et al., 2019; Helm et al., 2020).

> Trait existential isolation leads to reduced identification with cultural sources of meaning and withdrawal from seeking rewarding relationships, which leads to more long-term consequences such as chronic need depletion and deficits in well—being. … Trait EI then leads to more chronically depleted needs, higher dispositional death-

> thought accessibility, lower global in-group identity, and increases vulnerability to depression. (Helm et al., 2019, pp. 2–6)

Finally, the existentialism's framing of depression contains the issue of existential meaning. Rather than more conventional understandings of meaning (e.g., goal definition or statement clarification), existential meaning refers to a sense of significant relatedness and coherent pattern.

> "Meaning" refers to sense, or coherence. … A search for meaning implies a search for coherence. … What is the meaning of life? is an inquiry about cosmic meaning, about whether life in general or at least human life fits into some overall coherent pattern. (Yalom, 1980, p. 423)

The inability to attach to a sense of coherent meaning, in TMT terms, strips the individual of all three of their anxiety buffers—culture, self-esteem, and attachment relationships—exposing them to terror of annihilation. Since this state engenders paralysis and potential suicide, it is untenable in survival terms, and the individual must find a compensation if they are to continue existing (the most basic human "goal").

> Terror management theory posits that in order to function effectively, people need faith in an individualized version of the cultural worldview that imbues life with meaning. … Depressed individuals tend to be dissatisfied with life, have little faith in either themselves or the world in which they live, and are unable or unwilling to distort their perceptions to meet their psychological needs. One important component of this general malaise appears to be a tendency to dwell on

existential concerns and the possibility that life is not meaningful. (Simon et al., 1998, p. 360)

As with the reaction to the other existential factors, existentialism sees the inability or unwillingness to be honest about reality and live in "good-faith" as the causal mechanism of depression. Thus, blocking the drive to find coherence in life (Frankl's [1962, 1970] "will to meaning") results in pathology and "guides people to a feeling of life meaninglessness and existential vacuum which promotes the emergence of … depression" (García-Pintos, 1988, p. 3). This correlation between meaning and depression is borne out in empirical research, such as Mascaro and Rosen's (2008) study in which "baseline levels of existential meaning predict small, inversely proportional changes in depression two months later … results [which are] consistent with previous research demonstrating a link between sense of meaning and reduced depression level" (pp. 591–592).

Existentialism, Depression, and UF

As with phenomenology, existentialism views depression at its more basic level, analyzing it in terms of fundamental relationships rather than correlates or tertiary structures. Existentialism's general diagnosis of suffering as arising from a lack of acceptance of life's existential facts translates to the phenomenon of depression as the inability to accept and adapt to the realities of existential finitude (i.e., death), freedom, isolation, and meaninglessness. In this framing, the realities of other aspects of depression (e.g., the body's various chemical systems, cognitive processing, relational dynamics, trauma, etc.) are not negated but seen as phenomena that either arise from or contribute to the arising of the depressions caused by failures to accept reality.

Existentialism offers a particularly etched reflection of UF within the total depression literature, in its reflection on how life's lack of inherent, objective, given meaning is refused and the various pathologies that arise from such refusal. Although the general existential literature, and that which focuses on depression, do not particularly use the language of, or discuss in detail the processes of, futility and grief, nonetheless the structure of UF is represented. The encounter with life in its stark, existential facts requires mechanisms to defend against the "existential vacuum," for survival reasons previously discussed. These mechanisms are articulated by TMT as anxiety buffers and by existentialism proper as systems of denial and dishonesty (whether psychological or cultural).

The goals of human life are essentially to find coherence, meaning, and relatedness, to "[provide] the sense that one is a valuable participant in a meaningful universe" (Pyszczynski et al., 2015). However, until challenged, these goals are framed within the natural attitude, as the finding and securing of meaning and connection but supposedly as ontological facts of reality itself. The same goals and needs that existentialism endorses are covertly mixed with the goal of securing permanency, immortality of the personal self, and it is this goal that existentialism identifies as futile, impossible. Although Sartre (1938/1969) was on the bleaker side of the scale when it came to solutions—for instance, he wrote in his novel *Nausea*, "Every existing thing is born without reason, prolongs itself out of weakness and dies by chance" (p. 124)—overall, the field sees an authentic life as possible, via the confrontation with, and acceptance of, the pain of existential reality. This requires accepting the futility of the natural attitude to meet nonnegotiable existential needs in order

to claim an honest life's satisfactions of these very needs but within an untampered, honest awareness of reality.

The process of accepting what is existentially futile is ongoing self-inquiry and openness to experience, which requires a shedding of futile goals and beliefs. No existentialist claims that this happens at once, or ever completely; the unfinishedness of human life is one of the cardinal features of the existentialist view (Aho, 2014). The process of grieving is implicated within this understanding of human life as process, not object, since whether the loss of an attachment is a relative or existential goal, both require grieving in order not to engender pathology (as both the psychoanalytic [e.g., Freud, 1917/1957] and grief [e.g., Kubler-Ross & Kessler, 2005] traditions address).

Hence, in existentialist terms, depression is the failure to engage in the process of honest living, of feeling the pain and grief of existential reality's undermining of the goal of immortality and not pulling away or hiding from that awareness. Translated into UF, depression is the refusal to go through the process of grieving futile existential goals. The resolution to depression, in both frames of reference, is the reengagement of grief as the process of moving toward acceptance of existential reality in order to detach the self from its futile goals and obtain an existentially honest life. Yalom (1980), addressing the existential goals of finding meaning and connection, detached from their futile definitions, said, "I believe that if we are able to acknowledge our isolated situations in existence and to confront [it] with resoluteness, we will be able to turn lovingly toward others" (p. 363).

Conclusion

The existential literature on depression expresses the structure of UF at the level of the basic factors of existential reality: death, freedom, isolation, and meaning. TMT, although typically framed within a social psychology context, nonetheless fits within the existentialist view of reality by detailing the processes involved in the human denial of these existential realities. Both implicate acceptance of these realities as necessary to live an “honest” and nonsymptomatic life, although existentialism proper is more insistent on the need to confront the anxiety buffers and transmute them into forms that do not deny existential facts. The details of the process of this transmutation, from futile to nonfutile goals, is not strongly emphasized by the general or existential depression literature but is understood as a process, essentially of living honestly and authentically. The pain of existential reality must be accepted and worked through via that process of acceptance (i.e., grieving), the resolution to depression implied in UF.

CHAPTER 8: CYBERNETICS, DEPRESSION, AND UF

The term *cybernetics* was coined by the mathematician and philosopher Norbert Weiner in 1948 to define the interdisciplinary study of self-regulatory mechanisms in complex systems.

> Cybernetics (from the Greek … "governance," … "to steer, navigate or govern") is the science of general regularities of control and *information transmission* processes in different systems, whether *machines, animals* or *society*. Cybernetics studies the concepts of control and communication in living organisms, machines and organizations including self-organization. It focuses on how a (digital, mechanical or biological) system processes information, responds to it and changes or being changed for better functioning (including control and communication). (Novikov, 2016, p. 7)

Cybernetics flowered in the 1940s and rose to prominence in the 1950s and 1960s in the United States, underpinning numerous systems theories in multiple fields, including mathematics, information and computer science, artificial intelligence, economics, sociology, and psychology (Umpleby, 2005). As such, the field was more than an academic pursuit, drawing in both theorists and applied fields, especially government, military, social design, and computer engineering.

Cybernetics evolved through the 20th century, from its starting point analyzing particular systems in isolation to understanding systems as regulated through their relationships with other systems (T. Beck, 2020). This designated a change from so-called first-order to second-order cybernetics, which has further evolved into so-called third- and fourth-order cybernetics

(Novikov, 2016). These evolutions essentially describe a complexification from understanding systems as self-regulating, to understanding them in terms of their interregulating properties, and then further into their self-creating, autopoietic qualities.

Even though cybernetics has had a deep interdisciplinary impact, it never cohered as a field unto itself, despite proponents' early excitement that it could provide a conceptual language with which to bridge multiple fields.

> What prevented unity? … Systems sciences dramatically expanded the scientific enterprise … [expanding] along eight dimensions—causality, determinism, relationships, holism, environment, self-organization, reflexivity, and observation. However, not all of the various systems fields chose to emphasize the same dimensions. Indeed, each field chose a unique combination. This meant that the various systems fields did not agree on what the key issues were. As a result each subfield developed its own language, theories, methods, traditions, and results. (Umpleby, 2005, p. 64)

Cybernetics

As much as the term cybernetics is, in contemporary times, relatively unused, the concepts and conceptual language continue to inform multiple disciplines (Asaro, 2007; T. Beck, 2020). Today cybernetics is often used interchangeably with systems theory and is associated with information theory in general (Umpleby & Dent, 1999). Although there are gradations of differences between these fields (in terms of the focus, range, and methodology of study), the different systems orientations group around their shared interest in the nature, structure, and homeostatic properties of complex

systems. Also, philosophically, all the systems fields argue that conventional Newtonian physics is insufficient to describe complex systems: "Twentieth century science has slowly come to the conclusion that such a [mechanistic and atomistic] philosophy will never allow us to explain or model the complex world that surrounds us" (Heylighen, 1999, p. 1. For the purposes of this paper, then, given that the general principles of cybernetics are the bedrock of the various applications in the systems fields, "cybernetics" will be used with the understanding that it includes and references the general systems approach to studying the properties of any system.

The most general concept of cybernetics, which holds and organizes the various elements of systems, is that of "complex adaptivity," meaning that complex systems possess multiple factors that structure and maintain the system's cohesion and that cohesion is defined by both the system's own properties and by its solutions to adaptive pressures from its environment (Heylighen, 1999, 2001). As opposed to comparatively simple systems (e.g., a bicycle, a block-and-tackle rig), a complex adaptive system (CAS) is characterized by its self-organizing property.

> Self-organization is basically the spontaneous creation of a globally coherent pattern out of the local interactions between initially independent components. This collective order is organized in function of its own maintenance, and thus tends to resist perturbations. This robustness is achieved by distributed, redundant control so that damage can be restored by the remaining, undamaged sections. The basic mechanism underlying self-organization is the deterministic or stochastic variation that governs any dynamic system, exploring

> different regions in the state space [the set of possible coherent structures for that system] until it happens to reach an attractor, i.e., a configuration that closes in on itself. This process can be accelerated and deepened by increasing variation, for example by adding "noise" to the system. Entering the attractor precludes further variation outside the attractor, and thus restricts the freedom of the system's components to behave independently. This is equivalent to the increase of coherence, or decrease of statistical entropy, that defines self-organization. (Heylighen, 1999, p. 22)

That is, a CAS balances its own internal cohesion dynamically, in relation to an environment, while being "attracted" toward temporarily steady states. If successful, a CAS is able to maintain homeostasis and balance, and if not, its coherent structures dissolve into disorganized (chaotic) structures and parts (e.g., an animal who fails in the goal of securing enough food will eventually perish, leaving their body to decompose.)

The particular constituent elements of a CAS are generally identified as organization, information, and control, as Vladimirski (2009) summarized: "The foundations of cybernetics are formed from the principles of organization of complex systems, the processes of information transfer, storage, and processing, and the mechanisms of goal-directed control" (p. 2). He emphasized that the teleological, goal-oriented nature of a CAS distinguishes it from a simple system, which does not have an internally defined goal to define its homeostatic orientation point, that is, that state which the system controls for.

> Cybernetics has been crucially important in noticing that any feedback system is automatically goal-directed. The difference between an automatically directed system and a system that attempts to reach its goal as a result of will power impulses is purely implicit, “internal”, and cannot be established with certainty by application of any external criterion. (Vladimirski, 2009, p. 2)

The first defining characteristic of a CAS is its particular cluster of organizational qualities, and notably that complex adaptive systems are complex. This means that a CAS has distinct constituents linked via an organizational coherency—that is, the elements have a consistent, nonrandom schema of impacts on one another—but which do not devolve into rigid relationships.

> A peculiarity of organized systems is the presence of functionally different, interconnected parts that permit the distinction of the structure and purpose of various elements of the system, and the establishment of the nature of their interaction amongst themselves, and with the environment. (Vladimirski, 2009, p. 7)

A CAS is a “system” because of this pattern, in which individual parts are linked into articulated wholes, and they are “adaptive” because their cohesive, articulated structure allows for flexible relationships to their environment over time, in service of maintaining and magnifying their goal-directedness and goal-attainment.

Thus, the CAS’s goal defines the quality of effective or ineffective organization, that is, whether the functional arrangement and coordination of parts move the system toward the goal state or not (Ashby, 2004). This

teleological drive implies an inherent organizational quality of a CAS, the movement toward, and maintenance of, states of equilibrium (whose definition depends on the particular system's unique goal), and resistance to disturbances of that equilibrium state (Ashby, 1956). As opposed to a mechanistic system, whose equilibrium state is rigidly defined by its original design (e.g., an analogue clock), a CAS floats dynamically around its equilibrium point.

This dynamic and flexible coherency of a CAS, since it is driven by an internal goal-state directedness, defines a CAS as a self-organizing, probabilistically driven phenomenon, distinct from deterministic systems (Heylighen, 2008). This allows for a dynamic maintenance of homeostasis, as well as the possibility for magnifying the stability of the goal-state through the evolution of the system itself. As Heylighten (2008) elaborated, "These systems spontaneously organize themselves so as to better cope with various internal and external perturbations and conflicts … [which] allows them to evolve and adapt to a constantly changing environment. Processes of self-organization literally create order out of disorder" (p. 2).

The second defining feature of a CAS involves its engagement with information, that is, how it communicates with, and receive messages from, its environments in order to maintain homeostasis. This marks another distinguishing difference between a CAS and mechanist systems, which do not communicate with their environment. "[A CAS is] normally open, which means that they exchange matter, energy and/or information with their wider environment" (Heylighen, 2008, p. 5). Without this exchange of information, a system cannot adapt to changing environmental conditions (such as an animal reading environmental signals about weather change and shifting its behavior),

nor can it influence the environment in equilibrium-positive ways (such as a wolf communicating dominance to an interloper).

The third feature of a CAS is its control mechanisms, those structures that allow for the processing of information in order to dynamically adapt to its environment, and therefore maintain its goal-defined homeostatic equilibrium. The primary control mechanism of a CAS is feedback, in which action generates information, producing an effect, giving feedback to the CAS about its actions, processing that information, and then iteratively modifying its actions to maintain its goal state.

> The basic meaning of “feedback” is simply this: something that is produced by a machine or organism is led back to modify the process of production. If it increases the output of that process, it is called “positive feedback”. … If feedback is used to regulate or limit the process that generates it, it is called “negative”. This second kind of feedback constitutes the core of the control mechanisms that … cybernetics is primarily concerned with. (von Glasersfeld, 2002, p. 1)

The term “circular causality” refers to this ongoing loop of action-information-feedback-modification-action that defines the control mechanism of CAS.

This tripartite interlinking of organization, information, and control defines all cybernetic understandings of how a CAS works. However, an evolution of the original (first-order) cybernetic theories of Weiner and his contemporaries generated what is now known as second-order cybernetics. “First-order cybernetics is ‘the cybernetics of observed systems’, [and] second-order cybernetics is ‘the cybernetics of observing systems’” (Scott,

2011, p. 1248). This distinction arose in the 1960s and 1970s from the work of Margaret Mead (1968) and Heinz Von Foerster (1979), who both used the term “the cybernetics of cybernetics” to describe how a system is not only internally self-regulating but also controlled recursively by the way it is modeled by its observer.

> A “first-order” cyberneticist, will study a system as if it were a passive, objectively given “thing,” that can be freely observed, manipulated, and taken apart. A second-order cyberneticist working with an organism or social system, on the other hand, recognizes that system as an agent in its own right, interacting with another agent, the observer. As quantum mechanics has taught us, observer and observed cannot be separated, and the result of observations will depend on their interaction. The observer too is a cybernetic system, trying to construct a model of another cybernetic system. To understand this process, we need a “cybernetics of cybernetics,” i.e., a “meta” or “second-order” cybernetics. (Heylighen & Joslyn, 2001a, pp. 3–4)

Essentially, second-order cybernetics is in the spirit of the postmodernist movement away from the objectivist, positivist science, an objectivity that creates hermetic, unrelated phenomena whose natures are assumed to be direct descriptions of reality, rather than observations influenced by language, culture, and the subjectivity of the describer (Von Foerster, 1979).

Cybernetics and Psychology

The defining feature of a cybernetic psychological theory is its modeling of psychic processes in terms of circular interactions (and therefore the attendant homeostatic control mechanisms). “What makes a model

‘cybernetic’ is the inclusion of circular causality. … Cybernetics … deals with both the processes that constitute the behavior of parts of a system and the joint effects that constitute the behavior of whole systems” (Scott, 2016, p. 7).

Such a theory is also, in keeping with the cybernetic perspective, oriented to articulating a transdisciplinary description of psychological processes by abstracting from the aggregated observations and negating non-essential differences (Scott, 2016). Cybernetic psychological theory, in contrast to the radical behaviorist approaches of Skinner, assumes the human mind to be at least partially understandable, and therefore able to be modeled (Tilak et al., 2021). This orientation to psychology, as in other fields of applied cybernetics, moved through first- and second-order applications, from models of the psyche as essentially a sealed linear computer to models emphasizing the psyche’s intricate relationships with its social environment, where “humans compute knowledge as environments unfold, recursively creating information feedback loops” (Tilak et al., 2021, p. 299).

Two interrelated applied cybernetic psychology theories particularly important in understanding depression are goal/self-regulation and self-esteem. Goals are central to the cybernetic understanding of any system since goals distinguish mechanistic from complex adaptive systems. A goal is defined as a system property of a CAS that parameterizes the system’s functioning, giving its otherwise chaotic components a teleological organization pattern (Wang & Mukhopadhyay, 2012). Unlike machinery, which has design parameters but lacks goals, goals define a future-state orientation.

> Cybernetic or control systems are characterized by the fact that they have goals: states of affairs that they try to achieve and maintain, in spite of obstacles or perturbations. In the mechanistic world view, there is no place for purpose or goal-directedness. All mechanical processes are determined by their cause, which lies in the past. A goal, on the other hand, is something that determines a process, yet lies in the future. … The thesis that natural processes are determined by their future purpose is called *teleology*. … Our mind is not an aimless mechanism; it is constantly planning ahead, solving problems, trying to achieve goals. … An autonomous system, such as an organism, or a person, can be characterized by the fact that it pursues its own goals, resisting obstructions from the environment that would make it deviate from its preferred state of affairs. Thus, goal-directedness implies regulation of—or control over—perturbations. (Heylighen & Joslyn, 2001b, paras. 1–4)

Some CASs have simple goals, such as a thermostat, which organizes around a single future state of regulated temperature. Most CASs, however, are more complex, having multiple goals that determine and condition their definitions of "future state." This feature is made more complex by the fact that, although organized hierarchically, a system's different goals often compete to define the system's overall functioning and orientation. A modern computer with multiple programs is a simple version of this competition, a society with multiple actors is a more complex structure, and a human with multiple intentionalities represents a radically complex example. The multiple goal structure within complex CASs renders systemic regulation much more

layered, such that not only must goals themselves self-regulate but also macro goals must regulate the particular goals (e.g., the fundamental goal of survival regulates subaltern goals, such as limiting the goal of maximizing one's offspring while also living in a society that punishes promiscuity).

> From a hierarchical perspective, "goal conflict" [is] when two goals, plans or projects compete for the same resource such as time or money, [and] could be viewed as occurring at the lower levels of a goal hierarchy. Low-level goals represent what an individual is trying to do, or not do, in their everyday behavior. … At this mid-level are goals or principles that represent 'being goals', for example, to ''be a good parent'', or ''be successful in my career''. At the highest levels within a goal hierarchy are self-definitional, abstract, fundamental goals or sets of goals, which represent what an individual wants to be or feels they ought to be. … Self-discrepancy is conceptualized as conflict between these high level goals, or a discrepancy between the goal and the individual's "actual self" (i.e., a failure to achieve the goal). (Kelly et al., 2015, pp. 213–214)

Self-regulation in the human psychological context, then, is understood by cybernetics as the regulation of goals (whether framed biologically, emotionally, or cognitively). The question of whether goals completely define the "self" in an ontological sense is not taken up by cybernetics; rather, it looks at the relationship of self and goals pragmatically. Where the goals that define and guide an individual's functioning are disrupted or obstructed, then self-functioning and self-regulation are, to varying degrees, disrupted.

> Human behavior is determined by goals. They lend meaning to our actions and shape our behavior. Furthermore, if we notice a discrepancy between our goals and our actual life situation, we are motivated to reduce this discrepancy. We can do this in two different ways: We can actively change the current situation to come closer to our goals, this process is denoted as assimilation. In some cases, however, we have to adjust our personal goals to the current situation by disengaging from unattainable goals and reevaluating the situation, this process is denoted as accommodation. … But what happens if neither assimilative goal pursuit nor accommodative goal disengagement is successful? If a person feels unable to attain a personally valuable goal, this often leads to feelings of helplessness and a perceived loss of control. (Koppe & Rothermund, 2017, p. 278)

The distance between the present and the goal-defined future state is referred to as "discrepancy" (Street, 2002), and the mind tracks for this factor, which either generates the motivation to organize resources (literal resources, as well as energy and attention) to continue moving toward that outcome or to disengage from the goal. Pyszczynski and Greenberg (1987) addressed the cybernetic, action-feedback-analysis-action understanding of this process, writing that

> If … the person's matching-to-standard [i.e., goal oriented] behavior is impeded or disrupted, an assessment of the likelihood of successfully reducing the discrepancy ensues. If the subjective probability of successful discrepancy reduction is high, the person continues the matching-to-standard process until the discrepancy is eliminated. If, on

> the other hand, the subjective probability of successful discrepancy reduction is low, the person withdraws from further efforts at discrepancy reduction and experiences negative affect. (p. 125)

Goals are not, then, defined cybernetically as a person's general intentions, but rather as systemic organization properties that determine an individual's distribution of resources, with the goal-completion state measuring discrepancy-from-present, and it is this discrepancy against an assessment of likely success that determines continued striving or disengagement.

Self-esteem is, within this frame, seen most fundamentally as a goal, against which the present self-state is measured, even if this measurement is more dynamic and diffuse than a concrete goal. The self-esteem literature uses this distinction between self-related and object-related goals to discuss self-esteem, viewing abstract and concrete goals as poles on a spectrum to describe the relative measure of self-related meaningfulness that a particular goal possesses. Street (2002) explained:

> A concrete goal is a specific, well-defined goal that is generally achievable within a specified period of time (e.g., "Going to church this week"). An abstract goal is a non-specific, loosely defined goal that is not achievable within a specified time (e.g., "Getting closer to God"). Abstract goals are also commonly known as "higher order" goals and tend to be distal, whereas, concrete goals are also known as "lower order" goals. Some concrete goals are distal and many tend to be proximal in nature. (p. 96)

Emmons (1992) also addressed this, writing:

> Individuals frame their personal projects at levels ranging from the highly molecular to the more molar. High-level projects tend to be more syntactically or linguistically complex, are phrased abstractly, and are typically viewed as more meaningful to the individual than are low-level projects. (p. 292)

Because self-related goals, in their attainment or frustration, are defining of self-esteem, regulating those goals can be seen as equivalent to the regulation of self-esteem.

> Rather than playing a direct causal role in thought, emotion, or behavior, … self-esteem is an internal, psychological monitoring of something that is very important to people [i.e., is a major goal]—namely social belongingness. Health, happiness, success, and survival depend heavily on maintain social ties to other people, and so it is vitally important to be the sort of person who will be a desirable relationship partner or group member. At its core, self-esteem is one's subjective appraisal of how one is faring [i.e., goal discrepancy] with regard to being a valuable, viable, and sought-after member of the groups and relationships to which one belongs and aspires to belong. (Leary & Baumeister, 2000, pp. 1–2)

This social-monitoring definition is referred to as the sociometer theory of self-esteem (Leary, 1999; Leary et al., 1998). Other theories vary somewhat (e.g., Cast & Burke, 2002; Greenberg et al., 1997), but all agree that self-esteem is a dynamic process, not a static entity, and as such is defined by a cybernetic cycle of monitoring, assessing, and correcting behavior, toward attaining or maintaining high self-esteem.

Self-esteem is classed as an abstract goal essentially phrased as “be a good person,” most importantly as related to the perception of, and assessment by, a person’s relevant member groups (Leary, 1999). However, as an abstraction that nonetheless needs to be assessed, it must be measured through concrete goals, which come in a range of varying specificity, from very concrete (“own a sportscar”) to less concrete but not abstract (“maintain my network of friends”). This goal of self-esteem maintenance is not optional, given the consequences of low self-esteem. In TMT (Greenberg et al., 1997), given that self-esteem is one of the triads of anxiety buffers (including cultural belonging and attachment relationships), low self-esteem exposes one to experiencing the terror of mortality. Less existentially, sociometer theory describes the profound biopsychosocial effects of low self-esteem.

> Low self-esteem ranks among the strongest predictors of emotional and behavioral problems. Compared to people with high self-esteem, people with low self-esteem tend to be more anxious, depressed, lonely, jealous, shy, and generally unhappy. They are also less assertive, less likely to enjoy close friendships, and more likely to drop out of school. Further more, they are more inclined to behave in ways that pose a danger to themselves or others: low self-esteem is associated with unsafe sex, teenage pregnancy, aggression, criminal behavior, the abuse of alcohol and other drugs, and membership in deviant groups. (Leary et al., 1995, p. 297)

The cybernetic understanding of psychology has other applications (e.g., on perseveration [Wells, 2019] and stress [Garland, 2007]), all of which share the cybernetic intention to analyze systems according to their

organizations, information processing, and regulatory control. However, the cybernetic modeling of self-regulation and self-esteem is particularly fundamental to human systems, particularly depression, since, for human systems, self-esteem is a pivotal structure that, when poorly regulated, compromises so many other regulatory and success goals.

Cybernetics and Depression

As with any other focus of cybernetic analysis, cybernetics models depression in terms of organizational structure, information flow (inputs, processing, and outputs), and self-regulatory control strategies. The main assertion of cybernetic theories is that depression is a function of failed self-regulation. More specifically, depression is seen as the result of a failure to obtain the abstract self-goal of self-esteem, when self-esteem is fused with concrete, conditional goals that are futile but nonetheless deemed too important to be surrendered.

DeYoung and Krueger (2018) succinctly defined the cybernetic view of psychopathology in general as "persistent failure to move toward one's goals" (p. 117) and elaborated:

> Neither occasional setbacks in one's progress toward one's goals nor occasionally placing oneself in situations that increase uncertainty about whether one can achieve one's goals is sufficient to identify psychopathology. Only when the increased psychological entropy [disorder or uncertainty] involved in these situations cannot be decreased again given the individual's existing set of goals, interpretations, and strategies, and the individual proves unable to

> generate new goals, interpretations, or strategies that allow resumption of successful goal pursuit, is psychopathology present. (p. 121)

As opposed to an evolutionary definition of pathology, which emphasizes the individual's failure to adapt to original evolutionary goals, cybernetic pathology describes the individual system's failure to enact its own goals, regardless of whether those goals are survival-positive (DeYoung & Krueger, 2018). Unlike machines or animals, humans are influenced by, but not enslaved to, evolutionary design injunctions particularly because humans conceptualize a psychological self, and maintenance of that self-conceptualization (self-image) is itself a primary goal. The frustrated attempt to resolve the discrepancy between the current self-state and the ideal self-state is described by self-discrepancy theory (Higgins, 1989) as a source of psychopathology.

> In an actual:ideal discrepancy, the individual is vulnerable to dysphoric emotions (such as sadness, disappointment, and dissatisfaction) because those emotions are associated with the psychological situation of believing that one's hopes and wishes are unfulfilled—a motivational state involving the loss of a positive outcome. (Mason et al., 2019, p. 2)

Depression, then, is seen as one form of cybernetic dysfunction, and psychopathology and its severity (measured as duration, intensity of symptomatology, and treatment resistance) are specifically seen as a function of the inhibition of the goal disengagement process (Klinger, 1975; Street, 2001, 2002; Wrosch et al., 2003). Klinger (1975) described a goal incentive-disengagement cycle as inherent to the human goal regulation process, in

which relevant goals—goal states that are attractive or repulsive to an individual—carry an incentive to reduce discrepancy between the current state and the goal state. When a sustained inability to reduce discrepancy exists, the individual as a system begins to be incentivized to disengage from the goal.

> Incentive values do fluctuate. They are most likely subject to habituation and to shifting adaptation levels. The incentive, once obtained, may not come up to expectation. Its value may vanish with a goal to which it was chained. Unforeseen difficulties in pursuing an incentive appear for a time to increase its value. Depression decreases many incentive values. (Klinger, 1975, p. 9)

Also problematic is that decreased incentives, when joined to continued goal striving, lead to mounting resource costs. According to Beck and Bredemeier (2016), “Depression represents an adaptation to the perceived loss of a vital resource investment that exceeds the individual’s competencies and capacities (e.g., resourcefulness, problem-solving, support) to mitigate the impact of the loss” (p. 597).

However, although as Klinger (1975) and others (e.g., Brandstätter et al., 2013) argued, all loss initiates a goal-detachment process, not all losses lead to major depressions. The cybernetic perspective understands this fact by describing two kinds of goal loss, those that are systemically tolerable and those that are not (Pyszczynski & Greenberg, 1987, 1992; Solomon et al., 2015; Street, 2002). The central discrimination between the two conditions is the degree to which the individual’s self-esteem and ideal self-state as a goal is threatened by the particular loss, and the degree to which that now unattainable concrete goal defines the conditions for positive self-esteem. This

creates what Pyszczynski and Greenberg (1987, 1992) called self-regulatory perseveration.

> In the course of life, many irreducible discrepancies are routinely encountered, and attempts to reduce them are abandoned without great difficulty, either through the pursuit of substitute goals or the derogation of the unattainable object. These strategies make the absence of the desired object more tolerable and, thus, facilitate one's exit from the self-regulatory [goal attachment-detachment] cycle. In some instances, however, the person may be unable or unwilling to give up the desired but unattainable goal. This may prevent disengagement from the self-regulatory cycle, thus leading to persistence in focus on the irreducible discrepancy. Such fruitless persistence is likely to occur when what is lost or unattainable is of central importance to the person. To the extent that the object was a major source of emotional security and provided the individual with a sense of identity or self-worth … , withdrawal from the cycle will be retarded. … The [lost] object is so central that the person is unable to deny the significance of the loss and no other objects of even remotely similar value are available. The person is, thus, unable to exit the self-regulatory cycle (despite the low probability of successful discrepancy reduction) because he or she is unable to accept the absence of the object. (Pyszczynski & Greenberg, 1987, p. 126)

Freud's (1917/1957) description of depression as involving this "impoverishment of the ego" (given that ego-definition involves attachment to self-goals), when understood through the lens of TMT (Solomon et al., 2015),

is not simply misery but is actually an existentially threatening condition of being. This state pits against each other the different goals of attachment to valued objects, energy conservation through detachment from futile objects, self-esteem maintenance, and base psychophysical survival, and it is the impossibility of solving for all the goals that results in a protective systemic shutdown, that is, depression. In self-regulation perseveration theory, Pyszczynski and Greenberg (1992) described depression's defense of self-esteem as such:

> The proximal cause of depression is the inability or unwillingness to exit a self-regulatory cycle focused on a lost source of self-worth. Because of the scarcity of alternate sources of equanimity [essentially, the anxiety buffers], the depression-prone individual is quite single-minded in his or her pursuit of the lost object and, consequently, uninterested in matters unrelated to the lost object. In a sense, the depressed person is extremely "problem-oriented," in that he or she cares only about ways of recovering the lost object. Consequently, focusing on other outcomes that distract attention from the central loss may take on an aversive character and thus be avoided. (p. 106)

The cybernetic view of depression details this process of inhibited goal-detachment with the aforementioned discrimination between abstract and concrete goals, joined to the concept of conditional goal setting (Street, 2001, 2002). If the relationship between an abstract goal ("be a good person … ") is defined in a linear relationship to a concrete object (" … by always giving others what they ask for"), then the relationship between the former is conditioned upon the attainment of the latter.

> According to conditional goal setting theory, there are two sources of problems. The first is to see happiness as being a higher order attainable goal. The second problem … is to see the attainment of happiness as being dependent on achieving particular lower order goals (e.g., to have a baby, to be promoted at work). This latter concept is … [the] idea of linked goals, where higher order goals are linked to the attainment of lower order goals. Linkers are vulnerable to depression due to the possibility of their linked lower order goal not being attained but also because they put their happiness on hold throughout the process of goal pursuit. (Hadley & MacLeod, 2010, p. 1192)

In this condition, the process of goal detachment in the face of object loss (i.e., a state of "irresolvable discrepancy") is obstructed because the loss of the object is, in a real sense, the loss of the self (when "self" is defined in terms of beliefs concerning which ideal self-image conveys self-esteem). This ideal self is the hub of internal and social worth, and as such, the fluctuation of this self (measured as self-esteem) defines both the gross access to social resources through being an estimable group member as well as the internal access to states of peace (relaxed goal-striving) and safety (decreased activation of direct and existential threat responses). When abstract goals are conditioned directly by concrete goals, especially when multiple such goals are lacking, the individual is much more prone to depression (Crocker & Park, 2004), since the disruption of the goal is the disruption of their source of self-buttressing, and anxiety-buffering, resources.

Thus, the cybernetic modeling of depression can be viewed, like other human "systems," in terms of goals that create gradients of incentive

according to the perceived dynamic value of the goal. The value of the goal changes according to both the estimation of discrepancy between current and goal state and the estimated chances of obtaining the goal state. When the discrepancy reaches a threshold of unattainability, the goal detachment process is initiated, resulting in a decreasing attachment and commitment (willingness to deploy resources and attention) to obtain the goal. This engenders some normal degree of grief, understood as the (primarily) emotional process of adapting to a loss and detaching from an object/goal. If, however, the particular object or goal sets the conditions for self-esteem, a process of increased goal-focus is initiated—since the costs of loss of self are understood as too high to bear—resulting in a self-focused perseveration. The conflict between the obvious futility (irresolvable discrepancy) of attachment to a goal that is now unattainable, and the need to protect one's literal and psychological survival through protection of the abstract self-esteem goal produces a state of shutdown and rumination. The resolution of this state of depression requires, in the cybernetic reading, a process of disassociating the lost object/goal from the self and the diversification of goals through which a restored self-esteem (and therefore psychic survival) can be obtained.

Cybernetics, Depression and UF

UF is a construct that closely mirrors the cybernetic modeling of depression. UF's two interlocking dimensions, the grieving process and the nature and dynamics of futility, map onto cybernetics' goal-detachment and irreconcilable discrepancy with both relational and definitional congruence. Although UF highlights more directly the process of goal detachment (i.e.,

grief), both UF and cybernetics describe depression as the function of a dysregulated process of goal attachment and detachment.

In terms of the grief dimension of UF, cybernetics does not discuss the grief process per se but rather refers to it through its more primary analysis of goals and goal change. That is, cybernetics tends to refer to a process of goal detachment, without detailing the dimensions or dynamics of that process (i.e., grief), as in this typical example:

> The process of invigoration is stressful for the individual and results in feelings of anger, frustration and hopelessness if progress toward the goal is not achieved. Individuals who are not prone to depression will disengage from pursuit of the goal (i.e., give up the relationship) if the process of invigoration does not quickly result in goal achievement (e.g., the individual is unable to save the marriage). They may go through a natural period of grief during the process of disengagement before going on to pursue a different goal. (Street, 2002, p. 101)

However, Klinger (1975) came close, in his incentive-disengagement theory, to delineating the process elements later described by the grief field (e.g., Kubler-Ross & Kessler, 2005).

> Disengagement follows frustration, accompanies the behavioral process of extinction, and involves an incentive-disengagement cycle of invigoration, aggression, depression, and recovery. Depression is thus a normal part of disengagement that may be either adaptive or maladaptive for the individual but is probably adaptive for the species. (Klinger, 1975, p. 1)

Even though not explicit about grief as the process of detachment, the cybernetic conceptualization of depression intrinsically involves a process by which goals are regulated. Specifically, this is the process by which the goal-negative dynamic (as contrasted to the goal-positive dynamics of attachment and incentivized action) of goal detachment is regulated. The failure to grieve in UF, then, is synonymous with the cybernetic failure to detach from goals whose attainment is unalterably blocked. Cybernetics sees depression as the phenomenon (whose details it leaves to other theorists to describe) that relates to this blockage and that which arises from a clash between the survival-related goal of self-esteem and the impossibility of the concrete goals that set the conditions for the attainment of that self-esteem.

The UF concept of futility also maps clearly onto the cybernetic concept of irreconcilable discrepancy. Futility defines a condition in which a goal cannot be attained (or is believed to be impossible, which is functionally equivalent) given objective environmental conditions. Specifically, futility describes a condition in which goal-directed resource distribution yields insufficient rewards to justify continued expenditure of those resources. In cybernetic terms, a CAS must maintain homeostatic self-regulation within its parameters of resilience, a self-regulation guided and defined by the CAS's goals. Outside of this range the CAS loses its coherence as a system. A goal that cannot be attained without homeostasis-threatening energy depletion, in which the discrepancy between current and goal-state is unbridgeable, is referred to as irreducibly discrepant, and such a goal must be abandoned if ongoing homeostasis is to be maintained. Hence, futility is synonymous with irreducible discrepancy.

Finally, the cybernetic view of the relationship between these concepts of grief/goal-detachment process and futility/irreconcilable discrepancy also maps directly to the relationship between the two concepts described by UF. Since, by definition, a goal is teleological—that is, it defines an aspirational and directional relationship between actual current-state and ideal goal-state—goal attachment and detachment are intrinsically entwined with goal viability. In cybernetic terms, an irreducible discrepancy between a goal and its attainment renders goal attainment impossible. To evade negative effects to the system's homeostasis (and eventually, survival), the goal must be abandoned. The failure to adapt to these environmental restrictions in human systems engenders depression.

The same formulation, in UF terms, yields this description: when a condition of goal-impossibility arises, the futility of continued goal seeking attempts to initiate a process of grieving (goal-detachment and system reconfiguration), the failure of which produces depression. Although UF implicates more of the psychological structure of depression, both in embedding the process of grief and in the understanding that futility of goals can exist both as a belief and as an objective reality, the concepts and their relationship are directly mirrored in the cybernetic conceptualization of depression.

Conclusion

Although cybernetics is not primarily either a model of depression or psychology, its application to both yields a rich theory of the psychological cybernetic processes that underly depression. The system dynamics applicable to any CAS are used by cybernetics to understand how depression represents a

failure of systemic self-regulation, especially in terms of goal clashes (between maintaining self-esteem and maintaining system homeostasis) and goal detachment. Without using the same terminology, the cybernetic framing of depression nonetheless maps directly to the structure of UF, expressing the same concepts and relationships between those concepts, and arguably presenting the clearest expression in the depression literature of UF.

CHAPTER 9: ENVIRONMENTAL THEORIES, DEPRESSION, AND UF

This chapter focuses on the literatures that examine how depression is conditioned by an individual's various environmental conditions. Rather than treating environment as a modifying effect on a person's depression, this group of theories views individuals as inherently embedded in their environments and thus sees depression as arising from an inseparable system of person-in-environment. This environmental perspective is distinct from the theories previously discussed that either deemphasize or ignore how context influences or codetermines an individual's experience. Although these theories can be classified in various ways, in this chapter they will be grouped as either sociological, cultural, or ecological.

Though a variegated collection of perspectives, these environmental theories share an essential organizational center in that they are all committed to determinism and social constructionism/constructivism. The deterministic orientation in this literature varies from weak to strong, defining their degree of allegiance to the idea that environments condition or determine human nature and experience. The weak deterministic stance centers on the concept of person-in-environment (Rogge & Cox, 2002), which describes individuals as embedded in an irreducible dialectic with their various environments. "The ecosystems [person-in-environment] perspective … views the individual and larger social systems as separate but contiguous elements that transact with each other in relationships of mutual influence" (Kondrat, 2002, p. 435). In contrast, the strong deterministic perspective states that environments (whether social or ecological) causally, rather than merely conditionally, determine the nature and behavior of individuals.

> Determinism [is defined as]: The *world* is *governed by* (or *is under the sway of*) determinism if and only if, given a specified way things are at a time *t*, the way things go *thereafter* is *fixed* as a matter of *natural law*. … The roots of the notion of determinism surely lie in a very common philosophical idea: the idea that *everything can, in principle, be explained*, or that *everything that is, has a sufficient reason for being and being as it is, and not otherwise*. (Hoefer, 2016, para. 6)

The second defining quality of this environmental view is social constructivism and social constructionism, which are closely related sociological theories that argue that facts and knowledge are created through social discourse and interaction, or social situatedness, rather than drawn from and validated by a pregiven reality (hence, distinct from positivism; cf. Bagnoli, 2021; Leeds-Hurwitz, 2009).

> Social Constructionism or the social construction of reality is a theory of knowledge of sociology and communication that examines the development jointly constructed understanding of the world. Social constructionism may be defined as a perspective which believes that a great deal of human life exists as it does due to social and interpersonal influences. (Galbin, 2014, p. 82)

Arias-Maldonado (2011) also addressed this, writing:

> Grounded in different theories of knowledge, realism and constructivism defend two opposed conceptions of nature, and hence of our ability to gain access to it. According to the realistic position, nature is an objective, autonomous, independent entity. It can be known, but is firmly located beyond the social realm. To the contrary,

> the constructivist position refers to “nature” as the final outcome of a process of social construction through language and culture. It is something we can only know through society itself. (p. 377)

Although many distinctions can be made among these various philosophical positions, for the present purpose of discussing depression, they are described to highlight their core commitment to understanding human experience as intrinsically bound to and conditioned by an environment. Given their person-in-environment orientation, strong determinism and social constructionism/constructivism conceive of the individual as situated in their environments (social and ecological), the intersection of these perspectives will here be referred to as “environmental situatedness” (ES).

The history of the ES perspective is not as discrete as that of other literatures, but nonetheless can be seen in premodern thinking, and then more distinctly, in contemporary environmental psychology. Although among many premodern Asian and Indigenous cultures there was a sense of reciprocity with nature, amongst Western cultures there was a general Western attitude that humans have the right to dominate nature, with some exceptions.

> While the predominant ancient stance was that humanity can and should be in control of nature, it was from the Greeks, in particular, that we have received, on the one hand, belief in human stewardship of the natural world (a belief to which Christianity later contributed), and, on the other, belief in the world as a living being. (Attfield, 2021, p. 9)

This perspective of the natural environment as interpenetrating or defining of the human world continued through strains of medieval Christianity and into 19th century German thinking, although not in an organized or formalized

philosophy (Allesch, 2003; Egerton, 2012). A more rigorous analysis of human–environment relationships, and an expansion of the understanding of "environment" to include social and cultural environments, came about in about the 1960s with the emergence of environmental psychology (EnP).

EnP as a formal orientation examines human–environment interactions through a psychological (rather than, for example, a physical sciences) lens.

> [EnP is] the discipline that studies the interplay between individuals and the built and natural environment. This means that environmental psychology examines the influence of the environment on human experiences, behavior, and well-being, as well as the influence of individuals on the environment, that is, factors influencing environmental behavior, and ways to encourage pro-environmental behavior. (Steg & de Groot, 2019, p. 2)

EnP arose from the environmental movements in the 1960s, drawing on early 20th century philosophers such as Brunswick and Lewin, who conceptualized environments as key determinants in behavior (Steg & de Groot, 2019). From its initial focus on human–nature interactions, it has broadened to conceptualize environment as contexts of human life, thus including sociology and cultural studies (including diverse subfields, such as gender and race studies and architecture).

> Prior to the emergence of environmental psychology during the mid-1960s, most environmentally oriented psychologists directed their attention away from the molar physical environment and toward either Lewin's "life space"—the psychological situation as perceived by the individual—or the microenvironmental "stimuli" of perceptual and

> operant psychology. Only with the advent of … research on behavior settings, … studies of territoriality and personal space, and [the] articulation of foundational principles of environmental psychology did psychologists begin to attend systematically to the study of people's interactions with their sociophysical surroundings. (Stokols, 1995, p. 821)

Thus, the following sections will discuss the sociological, cultural, and ecological literatures but under this larger general understanding of ES, and EnP in particular.

Sociology

Sociology studies the relationships between individuals and their social contexts, as well as the macro social structures within societies. As a discipline, its formalization is typically attributed to August Compte in the early 1800s, although as a way of thinking about and studying society, its roots date back to early Greece (Halsey, 2007). Other major early sociologists were Marx, Weber, Spencer, and Durkheim, with more contemporary sociologists including Foucault, Goffman, Habermas, and Giddens (Ferris & Stein, 2010; McDonald, 1993).

Many definitions of sociology have been given, but a general consensus exists that defines it as the study of social structures and interactions. More specifically, sociology examines

> The structure and function of society as a system; the nature, complexity and contents of human social behavior; the fundamentals of human social life; [the] interaction of human beings with their external environment; the indispensability of social interactions for

> human development; [and] how the social world affects us. (Doda, 2005, pp. 4–5)

For the focus of this paper, the most relevant subset of sociology is social psychology, which examines how the specifics of human psychology mutually interact with environmental (including social) structures. Social psychology itself tends to study intergroup dynamics, the belief systems and attitudes of groups, and social perception and self-perception (Ross et al., 2010). The expanded field that understands "social" as one form of human environment is called socioecological psychology.

> Socioecological psychology is an area within psychology that investigates how mind and behavior are shaped in part by their natural and social habitats (social ecology) and how natural and social habitats are in turn shaped partly by mind and behavior. The main goal of this approach is to illuminate how individuals and social ecologies define each other. (Oishi, 2014, p. 2)

Methodologically, social psychology is an empirical science, which uses scientific methods to both study different objective features of social-individual and social-group interactions and to develop theories to explain these observable patterns (R. Baumeister & Vohs, 2007). Thus, it is not a philosophy or speculative framework from within which theories are derived. Although sociology and social psychology address culture as one of the social factors, the study of society differs from the study of culture in that sociology examines the structures and dynamics of a group of people, and the study of culture examines the ways in which groups of people live within the social structures, in terms of coherent systems of belief and value (Swidler, 1986).

Culture Studies

The study of culture has essentially two divisions: cultural sociology and cultural studies. Cultural sociology (and the closely related sociology of culture) examines culture as an aspect of a society, studying the structure and dynamics of values and beliefs, rather than institutions or interrelationships.

> Culture consists of such symbolic vehicles of meaning, including beliefs, ritual practices, art forms, and ceremonies, as well as informal cultural practices such as language, gossip, and rituals of daily life. These symbolic forms are the means through which [a community's shared modes of behavior and value] take place. (Swidler, 1986, p. 273)

The study of culture within sociology was not novel prior to the development of cultural sociology in the 1960s, but sociology viewed culture as a derivation of social structures and elements, rather than a force unto itself.

> This cultural approach challenges earlier sociological models, which have tended to regard culture as merely a by-product of structural experiences of class, gender, race, and so on, by re-representing culture itself as a driving force for the creation and representation of social life. As a critical part of this mission, cultural sociology also recasts culture not just as the representation of elitist definitions and of culture—art, literature, classical music, and so on—but rather as encompassing a broad range of everyday social practices and conventions, from the spectacular to the mundane. (Back et al., 2012, pp. 19–20)

The so-called "cultural turn" in academia in the 1960s resulted in a shift toward culture as a legitimate category of focus within sociology, emphasizing "a shared understanding that cultural sociology is not limited to the study of specialized cultural systems such as art, media, or science but rather that it is an analytic perspective on any social arena" (Jacobs & Spillman, 2005, p. 2). This understanding opened the way for what has come to be called "cultural studies."

Cultural studies arose in the 1950s from the work of the British academic Stuart Hall and spread internationally in subsequent decades (Hartley, 2003). Opinions vary about what cultural studies defines, but it is generally considered an intersection of cultural analysis and social change practices, particularly asserting the value of studying popular culture.

> Cultural studies is an interlocking set of leftist intellectual and political practices. Its central purpose is twofold: (i) to produce detailed, contextualized analyses of the ways that power and social relations are created, structured, and maintained through culture; and (ii) to circulate those analyses in public forums suitable to the tasks of pedagogy, provocation, and political intervention. (Rodman, 2017, p. 2)

The study of culture includes multiple subsets, including gender, race, and queer studies, in which analysis focuses on particular aspects or dimensions of culture. This categorization is debatable, since all of these subsets are factors within other disciplines (e.g., queer identity seen through the lens of political science or gender seen through psychoanalytic frames). However, for the sake of this paper, they are grouped together to reflect the

dimension of an individual's identity in relation to the larger cultural environment.

Ecological Studies

The field of ecology is the subset of biology that studies natural-world systems, such as hydrology, plant interactions, soil composition, and so on (Ghazoul, 2020) and is distinct from environmentalism, which is a social philosophy of ecological conservation and preservation (Pepper, 1996). In contrast, environmental psychology (which overlaps with ecopsychology, human ecology, and conservation psychology [Doherty, 2010]) is the study of how the psychology of individuals is affected and defined by their ecological environments (built or natural). "All [the environmental psychological fields] assume that psychological questions (e.g., of mind, emotions, behavior, experience, states of disease or flourishing) have an environmental or ecological context" (Doherty, 2010, p. 203).

EnP focuses on the reciprocal, mutual interaction between humans and their environments (i.e., their environmental situatedness), positing this person-in-context as a basic unit of study, rather than separating person and context into different studies.

> Environmental psychology [is] the discipline that studies the interplay between individuals and their built and natural environment. This means that environmental psychology examines the influence of the environment on human experiences, behavior and well-being, as well as the influence of individuals on the environment, that is, factors influencing environmental behavior, and ways to encourage pro-environmental behavior. (Steg et al., 2013, p. 2)

EnP uses scientific methodology (both qualitative and quantitative) to study these interactions, whereas ecopsychology is a more philosophical, emotional, phenomenological, and environmentalist perspective that emphasizes the psychology—ecology focus more primarily than EnP (Hibbard, 2003; Vakoch & Castrillon, 2014).

> As its name implies, ecopsychology (or ecological psychology) neatly explodes [the] age-old divide between mind and matter, between the psyche “in here” and nature “out there.” Ecopsychology suggests that the psyche cannot really be understood as a distinct dimension isolated from the sensuous world that materially enfolds us, and indeed that earthly nature can no longer be genuinely understood as a conglomeration of objects and objective processes independent of subjectivity and sentience. (Fisher & Abram, 2013, p. ix)

Despite the granular differences between these various orientations and foci, they all group together under EnP’s broad shared perspective of person-in-environment (whether expressing the soft or hard poles of determinism). This is the meaningful distinction between the literatures that take environmental situatedness as their basic analytic premise, and those that see person and environment as separate categories. This basic orientation undergirds all of the following expressions of sociological, cultural, and environmental theories of depression.

Sociology and Depression

Although the sociological literature on depression contains multiple theories on the specific way in which different social factors affect the depressive vulnerability of individuals, as a group all take the position that

depression is a disease embedded in social (distinct from interpersonal) relationships. The particular theories of the depression—society axis involve the impact of social macro forces, rank/hierarchy and social role/status, social belonging/rejection, and oppression/prejudice.

A typical statement of depression as a response to social macro forces is given by Blazer (2005) in his defense of social psychiatry:

> Depression is one expected response to current Western society. Much of the natural emotional response to Western society is a negative experience. Depression captures the essence of this experience of the negative, especially the sense of not being one's self and the loss of meaning and hope. If the therapist ignores the society that contributes to the experiences of the patient, the therapist cannot treat the patient effectively. … Illness behavior, such as the behavior leading to a diagnosis of major depression, is a complex interaction of people's symptoms with the social and cultural environment in which those symptoms emerge. (pp. 15–31)

This argues against the medical model and other psychological models that position depression as either a medical (somatic, genetic, neurological) or intrapsychic disorder. In contrast, social psychiatry emphasizes reactive over endogenous factors as more primary to the origins of depression, that is, that depression manifests in reaction to social rather than internal circumstances (Di Nicola, 2019).

Among the macro factors examined are poverty/economic events and response to war. These studies tend to be correlative, rather than causal or theoretical. Regarding economic factors, many studies illustrate a strong

relationship between depression and poverty (e.g., Brenner & Bhugra, 2020; Dooley et al., 1994; Viseu et al., 2018), especially for women (e.g, Belle, 1990; C. Smith & Mazure, 2021). For example, Lorant et al. (2007) found that

> In general, the (adverse) effects of worsening socio-economic conditions on rates of depression were far greater than the (beneficial) offsetting effects of improving conditions; moreover, worsening socio-economic conditions affected women and those living in low-income households to statistically significant degrees. (p. 296)

Likewise, Ridley et al. (2020) concluded:

> We now know that loss of income causes mental illness. Negative income shocks, such as bad harvests due to poor rainfall or job losses due to factory closures, worsen mental health. Conversely, cash transfers and broader antipoverty programs reduce depression and anxiety in randomized trials. Multiple mechanisms mediate this causal chain. Poverty is associated with volatile income and expenditures.
>
> The resulting worries and uncertainty can worsen mental health. (p. 1)

The same correlation holds true in depression's relationship to war experience, both for active combat personnel and for their family members (Nash & Litz, 2013). For example, in a study of Gulf War veterans, Blore et al. (2015) wrote:

> Our systematic review and meta-analyses show that Gulf War veterans were more than twice as likely to experience depression compared with military personnel who were not deployed to the Gulf War. The elevated odds of depression were statistically significant in 13 of the 14 studies that were included. … The overall odds of Gulf War

> veterans experiencing dysthymia or chronic dysphoria compared to non-deployed personnel were also doubled. (p. 1575)

Although mainly correlative, these studies offer tentative hypotheses about the mechanisms that connect macro forces with individual depression. Despite attempts to explain the relationship between low socioeconomic status and depression by citing chronic insecurity, environmental factors (crime and pollution), physical health, early-life trauma, and stigma (Ridley et al., 2020), the research has not settled on a causal mechanism but rather suggests possibilities without strong evidence for any particular theory. For example, regarding war, Nash and Litz (2013) suggested that war can inflict a "moral injury" on participants, when soldiers breach their own moral structure.

> Central to the concept of moral injury is an event that is not only inconsistent with previous moral expectations, but which has the power to negate them. Moral injury is not merely a state of cognitive dissonance, but a state of loss of trust in previously deeply held beliefs about one's own or others' ability to keep our shared moral covenant. (p. 4)

Investigations of rank in society generally find a correlation between low rank in social hierarchies and depression (Langner et al., 2012; Lorant, 2003).

> People who reported low control at home had a higher risk of depression. This risk was in addition to the risk of depression associated with low control at work. Particularly striking was the high risk of depression in low-status women who told us they had little control over things at home … [and that] work offers little in the way

> of psychological reward. … Depression shows a social gradient—the lower the position in the hierarchy the higher the rate. (Marmot, 2004, pp. 121–142)

This literature intersects with the evolutionary studies of rank and submission (e.g., Gilbert, 1995) but emphasizes the social structures' impact on individuals, rather than the individual's experience of rank. Although rank theory (Gilbert, 1992) theorizes that depression is an involuntary shutdown mechanism in the face of futile power struggles, the sociological literature is predominantly correlative. Though the correlation between depression and socioeconomic status (SES) is robust, these studies lack theories for why this is so.

A third sociological focus on depression is in the realm of social belonging and rejection, distinct from attachment research, since the sociological literature focuses on the experience and dynamics of individual—social group rather than interpersonal belonging. "Belonging" is generally defined in this field as "the experience of personal involvement (in a system or environment) to the extent that a person feels himself to be an indispensable and integral part of that system" (Sargent et al., 2002, p. 121). Belongingness differs from rank/status since it is not strictly dependent on SES (as exemplified by the commonly experienced imposter syndrome amongst professionals [Bravata et al., 2020]). This literature is also primarily correlative and consistently demonstrates a strong connection between the experience of social belonging and depression (Bryan & Heron, 2015; Hagerty & Williams, 1999; Slavich et al., 2009). In a typical finding, Choenarom et al. (2005) reported on their empirical study:

> For sense of belonging, the results … reported a direct effect of the sense of belonging on depression. The effect of sense of belonging is moderate to high … even when the effects of stress, social support, and spousal support were controlled. Thus, sense of belonging appears to play an important role in depression. (p. 26)

One exception to this correlative emphasis is Slavich et al.'s (2010) model of the connection between belonging and depression, in which a sequence of neurological and cognitive events results from the experience of not belonging to one's group.

> In this model, social rejection events activate brain regions involved in processing negative affect and rejection-related distress (e.g., anterior insula and dACC). They also elicit negative self-referential cognitions (e.g., "I'm undesirable," "Other people don't like me") and related self-conscious emotions (e.g., shame, humiliation). Downstream biological consequences include upregulation of the HPA axis, SAM axis, and inflammatory response. The resulting release of pro-inflammatory cytokines induces sickness behaviors that increase risk for depression, especially when sustained via glucocorticoid resistance, catecholamines, sympathetic innervation of immune organs, and immune cell aging. (p. 6)

The fourth sociological focus is on oppression and prejudice as they relate to depression. This is a relatively small literature, although it sits within much larger sociological literatures on the psychology of prejudice (Sibley & Duckitt, 2008) and oppression (E. David & Derthick, 2017). The main finding is a positive correlation between a person's experience of prejudice and

oppression and their susceptibility to manifesting depression (Alvarez-Galvez & Rojas-Garcia, 2019; Cox et al., 2012). As with most of this sociological literature on depression, the studies are primarily empirical rather than theoretical.

Culture and Depression

The cultural analysis, taking the perspective of individuals as persons-in-environment, focuses on how depression is influenced by various cultural factors. These subliteratures can be grouped in terms of whether they are primarily focused on cross-cultural studies, cultural case studies, gender and feminist studies, or race/ethnicity.

Cross-cultural studies examine the way in which various cultural groupings are similar or different in terms of the expression of depression. Although definitional issues are complex in this field (cf. Chentsova-Dutton & Tsai, 2009), the general understanding is that although depression is observed in all cultures, how it is expressed and regarded differs by culture. Kleinman (2004) wrote:

> Depressive feelings are experienced by all people and are a normal component of disappointment and grief. … But the way in which depression is confronted, discussed, and managed varies among social worlds, and cultural meanings and practices shape its course. Culture influences the experience of symptoms, the idioms used to report them, decisions about treatment, doctor–patient interactions, the likelihood of outcomes such as suicide, and the practices of professionals. As a result, some conditions are universal and some culturally distinct, but all are meaningful within particular contexts. (p. 951)

One of the major differences among cultures is the variable conceptualizations of the self. In individualist cultures, the self is seen as essentially separate from other selves, whereas in collectivist cultures, the self is understood and experienced as fundamentally part of a network of selves.

> Depressive experience and disorder in non-western cultures are often expressed without the associated existential problems found in the West because the non-western collective or sociocentric identity encourages the construction and experience of the disorder in somatic or interpersonal domains. The result is that complaints of personal meaninglessness, worthlessness, helplessness, guilt, and suicidal thoughts are reduced or absent. But, within Western cultures, the long historical pre-occupation with "acedia" and "melancholia" frames depressive experience and disorders within personal responsibility for "sin" and sin's related behaviors sloth, self-indulgence, suicide, worthlessness, guilt, and despair. (Marsella, 2003, p. 10)

These axes of difference in this literature are analyzed according to cross-cultural prevalence, expression, and beliefs, with differences in rates, somatization versus mentalization, emphasis of certain symptoms, and gender variance (Ahmed & Bhugra, 2006; Kessler & Bromet, 2013; Patel, 2001). Although the explanations of these differences tend to cluster around cultural differences in mores (e.g., whether it is acceptable to discuss sex, and therefore libidinal changes, with an interviewer), income level, and culture-specific pathoprotective factors, the underlying structure of depression appears to hold cross-culturally.

> Although the environment colors the symptoms of depression, it never radically alters the basic structure or dynamics of this condition. So, alongside the manifestations that are proper to a given culture, one finds certain common non-specific characteristics which seem to be universal: a fundamental change of mood, a diminution of interest and initiative, a lack of enjoyment of life, sleeping troubles, and loss of appetite or libido. (Douki & Tabbane, 1996, p. 23)

Epidemiological studies reflect this, such as the study by Haroz et al. (2015) who found that 13 of 15 items on the Hopkins depression scale (HSCL-15) were valid across cultures:

> Most items had high discrimination parameters indicating a strong relationship of these items to depression regardless of the setting. These include: "feeling hopeless," "feeling sad," "feeling low in energy or slowed down," "problems with sleep," "feeling trapped," "worrying too much," and "feeling worthless." (p. 8)

The culture literature on depression also includes individual case studies examining the epidemiology and expression of depression within particular cultural groupings, ethnic or national, rather than across cultures. Such research focuses on the empirical and descriptive analyses of depressive phenomenology within a culture, without attempting to theorize the causes or structures of depression. A typical example is in Kinyanda et al.'s (2009) study of depression in Uganda.

> The prevalence of PMDD was 29.3% (95% confidence interval, 28.0–30.6%). Factors independently associated with depression in both genders included: the ecological factor, district; age (increase with

> each age category after 35 years); indices of poverty and deprivation (no formal education, having no employment, broken family, and socioeconomic classes III–V). Only a few adverse life events, notably those suggestive of a disrupted family background (death of a father in females and death of a mother in males) were associated with increased risk. … Socioeconomic and sociodemographic factors, operating at both ecological and the individual level are the strongest independent determinants of depression. Adverse life events were less strongly associated with depression in this sample. (p. 35)

The cultural literature on depression also includes studies of gender's relationship to depression. These studies tend to also be empirical and correlational, with theorizing primarily explaining differences in the phenomenon of depression across genders rather than the structure of depression. Claims differ according to whether depression is categorically different for males versus females, but in general this literature argues for a gender-sensitive understanding of depression as a core element of how depression is expressed (Schultz & Hunter, 2016; Stoppard, 2014). Within this field, explicitly feminist studies of depression tend to emphasize social and cultural power relationships, including in the institution of psychiatry, to explain such gender differences (Bluhm, 2011; Marecek, 2006; Stoppard, 2014).

One of the clearest epidemiological findings in the study of gender is that women are diagnosed with depression at roughly twice the rate as men (Nolen-Hoeksema, 2001; Parker & Brotchie, 2010). Among the factors used to explain these differences are biological, socioeconomic, acculturation, and

gender differentials in exposure to violence (Hyde et al., 2008; Stoppard, 2014). Another finding is that the differences between the expression of depression in men and women are not large and vary more amongst individuals than sexes. Regarding male depression, Addis (2008) wrote:

> Although frequently suggested in clinical and popular literature, the notion that, on average, depression presents differently in men than in women is not well supported by empirical research. Instead, there appears to be substantial variability between men in both the patterns of symptoms experienced and the way different individuals respond to the disorder. … At least a portion of this variability can be accounted for by individual differences in adherence to gender norms emphasizing competitiveness, emotional stoicism, antifemininity, homophobia, self-reliance, and other aspects of traditional masculinity. (p. 163)

The cultural literature on depression also includes a focus on racial and ethnic differences in the epidemiology and expression of depression, and like much of the cultural literature, is empirical and correlational in its attempt to explain these differences. The focus is on discerning the relative differences in depression factors according to cross-racial, or intraracial factors. For instance, one general finding is that in the United States depression is more prevalent amongst Caucasians than other racial groupings (Riolo et al., 2005; although the epidemiological data are somewhat unclear [cf. Jackson & Williams, 2006; Rodriquez et al., 2018]). Intragroup studies tend to describe differences in acculturation, oppression, marginalization, and historical circumstances (e.g., immigration, African-Americans and slavery) to explain

the particular factors that impact depression within that group (Viruell-Fuentes et al., 2012; D. Williams et al., 2003). The structure of depression per se is generally not addressed or is assumed to be subaltern to the racial-social factors, suggesting that the resolution of depression lies in changing those social factors (e.g., Fernando, 1984).

Ecology and Depression

The ecological literature on depression examines how depression is affected or conditioned by factors in the human relationship to the natural environment. This literature is segregated into the empirical environmental psychology studies and ecopsychological examinations.

The environmental psychology literature examines depression as affected by various changes in ecological conditions, essentially concluding that depression is negatively impacted by decreased access to natural environments and by a degradation of nature (primarily through climate change). In a review of the literature, Jimenez et al. (2021) wrote:

> Evidence for associations between nature exposure and improved cognitive function, brain activity, blood pressure, mental health, physical activity, and sleep. Results from experimental studies provide evidence of protective effects of exposure to natural environments on mental health outcomes and cognitive function. Cross-sectional observational studies provide evidence of positive associations between nature exposure and increased levels of physical activity and decreased risk of cardiovascular disease, and longitudinal observational studies are beginning to assess long-term effects of

> nature exposure on depression, anxiety, cognitive function, and chronic disease. (p. 1)

Similar reviews corroborate these findings in the domain of nature exposure over the lifespan (Li et al., 2021) and in human reaction to climate change (Cunsolo & Ellis, 2018; Thoma et al., 2021).

Specific studies within this area look at the effects of particular aspects of ecological exposure, such as exercise in nature, exposure to particular ecosystems, or engagement with nature in certain demographic groups. For instance, in a study of mental health effects of contact with wetland environments, Maund et al. (2019) wrote:

> Spending time within a wetland environment was associated with reductions in perceived stress, a finding that is comparable to recently published work … [and they] additionally play a role in reducing anxiety and negative affect, while increasing mental wellbeing and positive affect. (p. 11)

Bezold et al. (2018) found similar results in studying adolescents' exposure to natural settings.

> In this population of 9,385 adolescents in the [study group], we observed that surrounding greenness, but not proximity to blue space, was associated with lower odds of high depressive symptoms. This relationship was robust to adjustment for socioeconomic and other factors and consistent across … neighborhood definitions. Our findings are consistent with previous studies in both adults and children and add to the growing body of research suggesting a relationship between

> exposure to higher greenness and better mental health across the lifespan. (p. 6)

Although the literature demonstrates a robust correlation between various forms of human–nature interactions and health measurements, like many theories in this chapter, it does not posit mechanisms to explain these connections.

The ecopsychology literature in general is more philosophical and theoretical than the empirical literature (e.g., Roszak, 1992), assuming that human psychology is inextricably intertwined with the natural environment.

> In many ways, ecopsychology has served as a container for what goes missing or under-recognized in the anonymous, at-arm's-length nature of the scientific enterprise: emotion, personal meaning and transcendence, mystery, mysticism, despair and empowerment, critiques of the status quo, and ecocentric visions for a different kind of society all together. (Doherty, 2010, p. 203)

Ecopsychology tends to group depression with general mental health issues, seeing it as a symptom of more primary problems in the individual–environment interactions rather than a phenomenon with a more autonomous or endogenous nature. For example, Milton (2015) wrote:

> Amongst its areas of contribution, ecopsychology offers insights into the ways in which a disconnect from nature is bad for humanity. This has been researched at cultural levels and also at the level of individual distress. In this body of work there are links to such psychological difficulties as eating problems, depression, grief and a sense of loss, and trauma. (p. 222)

Given that depression is seen as a phenomenon embedded in a dysregulated human–environment relationship, its resolution is generally posited as requiring some degree of change in an individual's interaction with the environment (Thoma et al., 2021) and change in the environmental conditions themselves (Kidner, 2007; Roszak, 1992; Van den Bosch & Meyer-Lindenberg, 2019).

> Given the dependence of humans on a healthy environment, the mitigation of climate change and protection of the natural environment must become a top priority. A change toward the responsible management and protection of the natural world and a more sustainable lifestyle may ultimately foster better mental health. (Thoma et al., 2021, p. 15)

Environmental Theory, Depression, and UF

The environmental theories of depression are similar to the behaviorist and biomedical perspectives, in that they all see depression as essentially not a phenomenon but an epiphenomenon. Few writers in this field go so far as to claim that environmental factors cause depression (which would be the apogee of the strong deterministic stance), but since all of their theories assume that person-in-environment is a fundamental category of human psychological reality, depression is studied as an embedded, not autonomous or self-coherent, entity. Hence this literature presents depression as a factor of environmental states and situations, rather than a dynamic structure conditioned and influenced *by* those states.

This literature, in its sociological, cultural, and ecological subsets, does not present theories of depression's nature but rather empirical data and theory

about its relationship to particular environmental conditions. Within its empirical dimension, the emphasis is simply gathering data about correlations, rather than building theory. Although these studies do offer a rich data set about the interrelatedness of various social, cultural, and ecological factors, they mostly refrain from building a theory from those data. In contrast to the specificity of these empirical studies, the environmental literatures that do move into theorizing tend to offer gauzy, imprecise assertions about reality, and especially the reality of depression, which either ignore or soft-focus the insights of the other depression fields. Thus, as a whole, the literature does not present a theory of depression qua depression, or theories of how exactly environment mediates depression, or how environment is to be seen through the lens of other fields. The exceptions to this bias in the environmental literature (e.g., in psychoanalysis and race [Cheng, 2000] or phenomenology and ecology [Vakoch & Castrillon, 2014]) make the point about how infrequently the field engages depression itself.

UF as a construct inherently assumes depression to be a phenomenon with a self-coherent structure and dynamic that manifests within a certain set of conditions, specifying a structure through which any relevant content is filtered. The type of attachment—whether to a person or an idea, or whether subtle (e.g., to a particular pacing of relational interactions) or obvious (e.g., to not dying), or whether more somatic or cognitively constructed—does not condition or change UF. UF posits that attachment, describing a relationship between self and "other" (however specified), is the fundamental category relevant to depression, and that when an attachment becomes "futile," and then impossible to grieve, depression arises.

Thus, the environmental theories do not reflect UF because they begin with a fundamentally different assumption about the human self—other relationship and stay within that frame, neither challenging that frame or relating it to other fields and theories. They do not engage, for instance, either the cognitive or phenomenological insights on how human experience is not of things but of interpretations of those things, including "nature" and "society." They also do not engage the complex questions around human (individual and macrosocial) development, including how an individual's developmental level conditions the understanding and effect of environmental factors. Ironically, much of the environmental literature is based on a romantic critique of society as fragmented from its fall from a wholistic premodern world and out of relationship with nature, and yet, apparently unawares, this literature embeds within itself a lack of dialogue with other academic fields and a fundamental theoretical fragmentation.

Conclusion

The environmental theories as a whole are predominantly either empirical without integrated theory or theoretical without a focus on depression as a phenomenon. The person-in-environment holds as the fundamental category of study throughout the sociological, cultural, and ecological literatures, such that depression is seen as fundamentally a symptom or epiphenomenon. Gradations exist, along the hard to soft deterministic spectrum, but in terms of generating integrated theory, there is virtually none within this literature. Hence, UF cannot be seen represented in the environmental theories, since UF fundamentally sees the self as relating to,

not embedded in, environment, and since these theories do not theorize depression per se.

CHAPTER 10: RELIGION-SPIRITUALITY, DEPRESSION, AND UF

This chapter focuses on those literatures that investigate the meaning and structure of depression within spiritual and religious contexts. It encompasses empirical studies of the relationship between religious and spiritual beliefs and depression, the analysis of depression within particular religious traditions, and how depression can be seen within nonreligious, spiritual psychology contexts.

Historically, the religious and spiritual framing of human experience has, of course, existed from prehistorical times, as exhibited in the architectural record of the paleolithic period (Hayden, 2003). Most modern religions, however, arose during the Axial Age (roughly 900–300 BCE), a period generally understood as a shift in foundational cultural and psychological orientation.

> The standard approach to the Axial Age defines it as a change of cognitive style, from a narrative and analogical style to a more analytical and reflective style, probably due to the increasing use of external memory tools. Recent research suggests an alternative hypothesis, namely a change in reward orientation, from a short-term materialistic orientation to a long-term spiritual one. (Baumard et al., 2015, p. 1)

These religions (Buddhism, Hinduism, Daoism, Judaism, Christianity, and Islam) came to understand the meaning of human experience, and human psychological functioning, within a context of an individual's and a society's relationship to superordinate divine principles (whether embodied by divine entities or not). This relationship was, for the most part, mediated by religious

institutions, although such mystical traditions as Buddhism saw the relationship as primarily unmediated. In the modern era, with the emergence of psychology as a discipline, individual human psychological functioning began to be studied empirically in its religious and spiritual contexts, as well as within a spiritual context in transpersonal psychology (also called spiritual psychology; Daniels, 2013; Miovic, 2004).

Although the study of religion dates back to ancient Greece, religious studies, as the academic study of human religious and spiritual practice, forms, and institutions, began in the 19th-century Europe (Capps, 1995), with a central figure being William James (1902/1985), an American academic. Different from either religious tracts or theological study of the transcendent per se, religious studies take a scientific and objective perspective on the phenomenon of religion itself. The main intention of religious studies is to elucidate the various formal elements of religions and to study to what degree those forms are expressed across religions and cultures (Paden, 1994). The specific study of religion from a psychological perspective (the psychology of religion) had been embedded in religious studies but became a more distinct field in the 1980s (Emmons & Paloutzian, 2003). As a cross between religious and psychology study of human behavior, it studies the psychological dynamics and structures of religious thought and practice.

In contrast to religious studies, transpersonal psychology centers on the nature and dynamics of human consciousness, seen as including a transpersonal as well as personal and biological dimensions.

Transpersonal psychology, or the Fourth Force, addressed some major misconceptions of mainstream psychiatry and psychology concerning

> spirituality and religion. It also responded to important observations from modern consciousness research and several other fields for which the existing scientific paradigm had no adequate explanations. (Grof, 2008, p. 47)

As a distinct field, transpersonal psychology arose in the 1960s and 1970s, partially emerging as a reaction to, and dissatisfaction with, both the previously predominant psychoanalysis and behaviorism as well as the limitations of humanistic psychology (Grof, 2008). In general, it seeks to relate religious and spiritual experience to conventional psychology, viewing human psychology as an integrated whole that manifests as an organization of multiple, including transpersonal, dimensions (Hartelius et al., 2007; J. Wade, 1996).

Religion and Spirituality

The definitions of spirituality and religion are not universally accepted, and no clear consensus exists on what defines them, outside of rough parameters. Writers agree that they refer to something, but perhaps apropos to the subjects, what that is has not been definitively described.

> Defining such terms is difficult not only because there are many different expressions of religion and spirituality due to the many world religions and spiritual practices, but also because the words “religion” and “spirituality” are very general descriptors of quite vague and broad phenomena. Furthermore, the definition of one of these terms appears to be changing over time. What was considered spiritual one hundred years ago may not be considered spiritual today, and the inverse is certainly true. (Koenig et al., 2012, p. 85)

Religion tends to be defined in terms of social and institutional structures of belief and practice that relate the individual to, and embed them in, a cosmology defined by its meaningfulness, sacredness, and divinity (Pargament, 1999).

> Most investigators today agree that "religion" involves beliefs, practices, and rituals related to the sacred. Religion may also involve beliefs about spirits, both good (angels) and bad (demons). Religion may be organized and practiced within a community, or it may be practiced alone and in private. In either case, religion originates in an established tradition that arises out of a community with common beliefs and practices. (Koenig et al., 2012, p. 90)

Religion can be engaged from inside its own meaning structure, or from without, as either an individual's a priori ground of action or as an object of study engaged from a secular or a-religious frame. This division generates a field of religious literature, with the writings of religious adherents spanning from dogmatic tracts to sophisticated, self-reflective and critical theology (e.g., in the writings of the Roman Catholic monk Thomas Merton [Merton & Bochen, 2000]), which nonetheless take the core tenets of the religion to be givens. In contrast, the nonadherent, areligious literature encompasses academic theoretical studies of religion (e.g., religious studies, psychology of religion, history of religion, etc.), comparative religious studies, as well as empirical research on the effects of religion on various structures (e.g., religion's impact on politics, differences in health metrics according to belief, etc.).

Spirituality is perhaps more difficult to define because its meaning has been changing over time and because of the nature of its subject. Spirituality was once understood primarily within the context of religion but has more recently been split off from religion per se.

> The traditional historical definition sees spirituality as a characteristic of deeply religious persons that separates them from those who are only superficially religious. For the former, spirituality is a "way of life" that dominates their worldview, decisions, behaviors, and ways of relating to others. … This definition views spirituality as a component of religion, i.e., you cannot be spiritual and not religious. A more modern definition of spirituality sees it as expanding out beyond religion. According to this view, the spiritual person need not be religious, creating a new category of "spiritual but not religious" individuals. (Koenig et al., 2012, p. 93)

This situation makes a clear and stable definition of spirituality if not impossible then at least a moving target. Also making this difficult is that the subject of spiritualty is the "sacred," that which is, by definition, ineffable, or at least undefinable in conventional terms.

> The sacred is what distinguishes religion and spirituality from other phenomena. It refers to those special objects or events set apart from the ordinary and thus deserving of veneration. The sacred includes concepts of God, the divine, Ultimate Reality, and the transcendent, as well as any aspect of life that takes on extraordinary character by virtue of its association with or representation of such concepts. (Hill & Pargament, 2003, p. 65)

Thus, the individual or social relationship to this presumed reality is necessarily variable, and therefore defining what "spirituality" includes or excludes is inherently imprecise. Nonetheless, a workable definition of spirituality, which allows for spirituality in religious and nonreligious contexts, is given by Vaughan (1991) as "a subjective experience of the sacred" (p. 105).

The literatures that concentrate on spirituality span a similar range as those on religion, from the expression of dogmatic beliefs (e.g., some of the New Age writings [Heelas, 1996]) to more sophisticated examinations and phenomenological descriptions of spirituality (e.g., both the theoretical and experiential writings of Ken Wilber [e.g., Wilber, 2006, 2007; Wilber & Palmer, 2004]). Also, the literature on spirituality covers the work of practitioners (essentially, phenomenological and instructive writings) and academic, theoretical, and empirical writings.

Religion, Spirituality, and Depression

The literatures on depression within a religious and spiritual context cover the same span as the general religious and spiritual literatures, encompassing religious-based interpretations, spiritually based depictions, empirical-correlational scientific studies, and theoretical examinations (particularly within psychology). These different subsets either apply a theological/spiritual lens to depression, articulate correlations between depression and different religious and spiritual factors, or analyze depression within a theoretical context.

The religious-based literature on depression defines those works whose aim is to interpret the phenomenon of depression through a particular

canonical religious framework. As opposed to secular, areligious scientific and theoretical examinations, these writings are applications of pregiven religious beliefs to depression, to derive both its meaning and treatment. Such writings or teachings generally hold the context of their own religious frame, referencing depression to the ontology and narratives of that religion, rather than attempting to integrate those religious teachings with other frames of reference on depression. As the Christian minister Lloyd-Jones (1965) wrote:

> First of all, we must deal with the Biblical teaching concerning [a particular] matter, and then we can go on to look at certain notable examples or illustrations of the condition in the Bible, and observe how the persons concerned behaved and how God dealt with them. That is a good way of facing any problem in the spiritual life. It is good, always, to start with the Bible where there is explicit teaching on every condition, and it is also good to look at examples and illustrations from the same source. (p. 11)

In general, these various religious understandings of depression diagnose the condition as a misalignment in the relationship between the individual self and the divine entity or principle. The treatment for depression is, then, the return to a proper alignment with the divine, often expressed as a return to the path set out by that divine force as articulated by the particular religion. “Our churches are practical places, and we generally tell people the answer to any spiritual problem is more: more prayer, more serving, more giving, more trying” (Ortberg, 2014, p. 168). Christian interpretations of depression use the language of the Bible to express this core religious theme

of spiritual cause and spiritual solution (Lin, 2011; Lloyd et al., 2022; Scrutton, 2015). For example, Armentrout (2004) wrote:

> The Heart Cry Model, based upon many scriptural examples posits that perceived spiritual loss (produced by a number of physical and/or cognitive events that diminish one's awareness of God's presence, such as fear, exhaustion, pain of loss, etc.) or things that separate one from God (manifestations of sin), will cause depression. Further, the "Heart Cry" or depressive response is also produced when the plight (loss, suffering, sin, etc.) of others touches the Christ-softened heart. (p. 41)

Likewise, Colbert (2009) suggested that

> All types of depression have a common spiritual thread—the lack of God's joy in our lives. Without joy in our hearts, we run out of the energy needed to accomplish God's purpose for our lives. But when we are filled with the Holy Spirit, our thinking becomes more and more like God's thinking, and we are filled with the belief that anything is possible through faith … God promises to make our joy full. "I have told you these things so that you will be filled with my joy. Yes, your joy will overflow!" (John 15:11). I believe that the best antidepressant in your life is God's Word. (p. 21)

Other religious traditions exhibit the same framing of depression and its resolution. As with Christianity, Islam in general sees depression as a misalignment with divine rules.

> Muslims are more likely than other Americans to incorporate spirituality into their dealings with mental illnesses. Many Muslim

> adolescents even seek blessings and spiritual guidance from their religious leaders before embarking upon a formal consultation with a trained physician. Prayer is understood by some Muslims to be the only type of treatment modality for mental distress and worries. … Attitudes toward depressive disorders and their treatment are closely linked to beliefs about sin and suffering in many Muslim societies. Some Muslims attribute depressive disorders to some type of separation from the divine or even a possession by evil. (Haroun et al., 2011, p. 295)

Such misalignment is also seen in Judaism (Bayes & Loewenthal, 2013; Rosmarin et al., 2009), Hinduism (Kang, 2010), Sikhism (Kalra et al., 2013), Indigenous religions (Okello & Musisi, 2006), and more traditional Buddhism (Brazier, 2006; Xu et al., 2020). The extent to which psychology and psychiatry are integrated in these religious views of depression varies by their degree of traditionalism or modernism, but the general pattern holds that depression is a spiritual illness requiring spiritual remedy.

The empirical/correlational literature on depression examines the relationship between depression and religious and spiritual factors. In aggregate, these numerous studies demonstrate both the positive prophylactic and therapeutic qualities of religious or spiritually oriented practice and belief. Bonelli et al. (2012), in a meta-analysis, wrote:

> Of [the 444 studies reviewed], over 60% report less depression and faster remission from depression in those more R/S [religious-spiritual] or a reduction in depression severity in response to an R/S intervention. In contrast, only 6% report greater depression. Of the 178

> most methodologically rigorous studies, 119 (67%) find inverse relationships between R/S and depression. Religious beliefs and practices may help people to cope better with stressful life circumstances, give meaning and hope, and surround depressed persons with a supportive community. (p. 1)

This correlation holds in multiple studies (e.g., Braam & Koenig, 2019; Garssen et al., 2020; Koenig, 2007; Lucchetti et al., 2021; McCullough & Larson, 1999), although the positive effects can vary in terms of religion/spirituality's effect size, as well as some observed negative correlations (Koenig, 2010; Vittengl, 2018). Such studies typically lack theorizing of the reasons or mechanisms that would explain these correlations, or topical suggestions of theoretical connections are rendered without elaboration, as, for example, in Kaye and Raghavan (2002):

> Perceptions of God being in control of the overall universe, when an illness has resulted in loss of function and control within one's current life, may help transcend feelings of helplessness. Some patients report that praying and "turning it over to the Lord" provides feelings of peace and comfort. Spiritual activities such as prayer and meditation and communication with God may provide a sense of an omnipotent being having overall control during illness or disability situations where the person has lost control. (pp. 237-238)

The theoretical literature on depression and spirituality/religion can be divided into three main sections: general theoretical perspectives, writings on the dark night of the soul, and the work of Carl Jung and analytic psychology. In aggregate, these writings share the perspective that depression exists within

a larger spiritual and teleological framework in which depression is meaningful and purposeful, coming about both to signal a problem with the individual's current spiritual status and to act as an agent of a transformative change. "Depression can stimulate interest in, or deepen, spirituality by enhancing awareness of one's limitations, by signaling that all is not well in the world, and by intensifying one's search for God" (Peteet, 2010, p. 58).

The general theoretical perspectives on depression and religion/spirituality tend to focus either on clinical issues or on exhorting psychotherapists to include spirituality in the treatment of depression, or on overarching descriptions of the relationships of depression and spirituality/religion. Specific theories of the nature of the interactions, or metatheories that integrate spirituality and religious factors in depression with other literatures and perspectives, are virtually absent.

In the clinical domain, writers tend to express the sentiment that spiritual and religious factors are overlooked. For example, Pargament (2007) wrote:

> When people walk into the therapist's office, they don't leave their spirituality behind in the waiting room. They bring their spiritual beliefs, practices, experiences, values, relationships, and struggles along with them. Implicitly or explicitly, this complex of spiritual factors often enters the process of psychotherapy. And yet many therapists are unaware of or unprepared to deal with this dimension in treatment. … Unfortunately, many therapists remain uncomfortable about the topic of spirituality, unsure about how to deal with spiritual issues, or fearful of intruding in areas too private even for

> psychotherapy. As a result, they do their best to avoid the spiritual domain. (pp. 4–14)

Peteet (2010) mirrored this observation in writing,

> Mental health professionals may hesitate to address the spiritual dimension of their patients' experience. Some view spirituality as an epiphenomenon of more basic neurobiological or evolutionary processes and as such of only peripheral interest to psychiatry. Others regard religion as a potentially harmful, immature form of wish fulfillment. Still others have ethical concerns about charging patients and/or their insurance companies for spiritually oriented interventions or about influencing patients on the basis of their own personal values. Many lack sufficient familiarity with their patients' spiritual traditions and/or experience to collaborate effectively with religious professionals and/or retain unresolved conflicts in their own relationship with spiritual authorities. (p. 1)

These writers' intention is to demonstrate through surveys of the literature the need for and value of therapists integrating spiritual and religious dimensions of their patients' lives into treatment. Thus, the goal of such writings is more advocacy than theory. The patient-focused literature serves a complementary function of describing the value to the individual of including their own spirituality in their engagement with depression, essentially making it part of the self-help and inspirational literatures. An example, stressing both the theme of depression being a spiritual opportunity as well as emphasis on advocacy over theory, is in *The Zen Path Through Depression* (Martin, 2009).

> In depression our back is often against the wall. Indeed, nothing describes depression so well as that feeling of having nowhere to turn, nothing left to do. Yet such a place is incredibly ripe, filled with possibility. It gives us the opportunity to really pay attention and just see what happens. When we've done everything, when nothing we know and believe seems to fit, there is finally the opportunity to see things anew, to look differently at what has become stale and familiar to us. Sometimes, when our back is against the wall, the best thing we can do is to sit down and be quiet. (p. 14)

In the burgeoning field of Western mindfulness studies (a Buddhist-derived practice), research tends to either be correlational (Brown et al., 2007; Brown et al., 2015; Hofmann et al., 2010; J. Williams, 2008) or secular (Siegel, 2007; J. Williams et al., 2015), rather than engaging spirituality per se. It also tends not to theorize the positive relationship of mindfulness to depression, falling into the same descriptive or advocacy intentions whose purpose is not to theorize or integrate its findings with the broader field of depression literatures but essentially to enact change.

Other than the clinically oriented literatures, the general writing on spirituality and depression tends to present overarching (nonreligious) descriptions of the terrain, without a theory to relate the different topographical features (biomedical, sociological, phenomenological, etc.). At the broadest level, loss of relationship with the divine is seen as explanatory but is not then elaborated in detail.

> As one reflects upon the nature of depression it becomes clear that it is a profoundly spiritual experience that cannot be understood and dealt

> with through drugs and therapy alone. Its central features of profound hopelessness, loss of meaning in life, perceived loss of relationship with God or higher power, low self-esteem and general sense of purposelessness, all indicate a level of spiritual distress. … There is thus seen to be a sense of spiritual crisis inherent within depression that will not necessarily be alleviated by psychotherapy or pharmacology, particularly if the true nature of the crisis goes unnoticed. (Swinton, 2001, pp. 95–96)

The transpersonal psychology and integral literatures that specifically engage depression, as opposed to more general discussions of psychology or mental health, are sparse and general. These essentially present cursory engagements (e.g., Descamps, 2003; Llabres, 2003) or surveys that do not theorize connections so much as present a more complex overview of factors (Ingersoll, 2010; Teodorescu, 2003).

The second major section in the theoretical literature on depression and spirituality focuses on the dark night of the soul (DNS). The term comes from the title of a 16th-century poem by the Spanish Carmelite priest, St. John of the Cross, who intended to describe the phases of spiritual development as periods of purgation of ego en route to greater identification with God (St. John of the Cross, 1959). The qualities of this process are metaphorically presented as the "dark night," in that it is a period when sight is dimmed, when the previous sense of path is obscured, and when meaning and progress are hard to discern or have faith in (Rehberg, 2008).

> In the night-of-the-sense phase, religious and spiritual practices that formerly brought comfort, joy, or perhaps even ecstasy no longer

> brings such satisfaction or a sense of close relationship with God. The devotee's prayer life has become empty despite ardent devotion and commitment. Intensified prayer and devotion bear no fruit; in fact, they seem to result in increased discouragement and sometimes in feelings of emptiness or psychological "dryness" as if in an emotional desert. … Later in the journey, this night of the senses blends into the night-of-the-spirit phase, which brings even more emptiness because the journeyers feel completely alienated from God. … Here the apparent loss of relationship and spiritual satisfaction has usually become a crisis of faith. Although not as debilitating regarding everyday functioning as acute depression … the dark night pilgrim nevertheless feels spiritually disoriented. (O'Connor, 2002, p. 138)

Depression, in the context of the DNS, is generally understood not as a pathology but a necessary step in spiritual development and maturation. Although some writers distinguish between clinical and religious depressions (Durà-Vilà & Dein, 2009; Moore, 2005; O'Connor, 2002), they do not clearly differentiate the two, and the two forms are seen as often overlapping. As an example of this generalization, Pies (2020) wrote:

> We need to distinguish the dark night of the soul from various states of disease and disorder, such as major depressive disorder—which, in some unfortunate cases, may be the outcome of an unsuccessful spiritual journey. The dark night itself is not a disease, but part of the price we pay for being vulnerable human beings. (para. 19)

In general, the DNS sees depression as a function of loss, but specifically a loss of access or connection to spiritual meaning.

> The major similarity found in dark night and unipolar depressive disorders is loss. However, as previously noted, the losses tend to be different. In dark night experiences, the loss is one's relationship with God. … Contrasted with the loss of relationship with God (or Source) in the dark night, loss for the depressed client is usually of a more secular nature. (O'Connor, 2002, p. 142)

Also, through the DNS lens, depression is not a static pathology (as in the biomedical view) but a teleological, developmental sequence that signifies a changing relationship to spiritual reality. Specifically, the DNS is described as moving the individual from an infantile, pleasure-based relationship to the divine, into a mature, faith-based connection.

> According to St. John of the Cross, the dark night of the senses is not an end in itself or the purpose of human existence. It is an expected time or season in a Christian's life in which God grows one from one type of love to a more mature one—a love of God not merely for pleasure, but for love's sake. Movement through this dark night is punctuated by moments of spiritual pleasure to encourage the beginner, followed by moments of dryness and, as the purgative action takes effect, by illumination in the Spirit. What St. John of the Cross means by illumination is that the ministry and presence of the Spirit will be experienced in the soul more and more in love, not by the senses but by faith as an experience of person-to-Person interaction in the depths of one's soul. In this case, the believer is beginning to be filled with the Holy Spirit in the light of the purgation that has taken place, so that the degree and manner in which one experiences the

> filling of the Spirit is no longer overshadowed by the fear of God's absence in the darkness and dryness of purgative contemplation. (Coe, 2000, p. 306).

Although all depressions are not seen in this literature as expressions of the DNS, in general depression is held as a phenomenon that exists inherently in a spiritual context, is meaningful and purposeful, has a teleological structure, and is based in the loss of connection to the divine.

The last major theoretical literature on spirituality and depression views depression through Jung's analytic psychology. As with the DNS, depression is understood as a maturation process, although with Jung's view there is less split between clinical and spiritual depressions, and the loss of connection with the divine is more implicit than explicitly described. Jung himself did not elaborate a specific theory of depression but touched on it throughout his writings (Steinberg, 1989). Although he drew from the Freudian theory of psychic energy regulation, Jung contextualized depression more as a transformative process.

> Jung recognizes the relationship between depression and transformation, and was primarily interested in applying his ideas about depression to the study of this relationship. For him the unconscious is creative, that is, it produces contents whose purpose is the development of the personality. … Being depressed is not necessarily a sign of neurosis. It can also be a voluntarily accepted affect associated with the transformation process. (Steinberg, 1989, pp. 340–341)

Underlying Jung's thinking about depression is the driver of this transformative dynamic, the "transcendent function." Jung (1953/1992) understood the psyche itself as an inherently teleological phenomenon, and through its seeking of opportunities for development and maturation, it animates the transcendent function.

> The transcendent function does not proceed without aim and purpose, but leads to the revelation of the essential man. It is in the first place a purely natural process, which may in some cases pursue its course without the knowledge or assistance of the individual, and can sometimes forcibly accomplish itself in the face of opposition. The meaning and purpose of the process is the realization, in all its aspects, of the personality originally hidden away in the embryonic germ-plasm; the production and unfolding of the original, potential wholeness. (p. 110)

When this inherent transformative process meets resistance, symptoms are generated that indicate a blockage in the change process, and depression (whether seen as creative or pathological) manifests as the symptom of this block. The depressive depletion is the psyche's struggle with maintaining a previous order and serves as a sign of its encounter with the stymied change. The overcoming of this inhibited change is understood as transformative, rather than simply a return to status quo.

> In the myth of the hero's descent into the underworld the hero, who voluntarily goes in search of some treasure, is symbolically entering the unconscious. The hero is a symbol of the libido. When the hero enters the underworld we are presented with an image of depression as

> Jung conceives of it, a depletion of the energy available to the ego to invest in the outer world. … The hero enters the underworld to fight the monster, that is, some unconscious affect associated to a complex or archetype. In so far as the hero is changed by this encounter, he has died … because [the ego] has been changed and restructured by the new attitude and its ramifications. With this restructuring the ego is reborn with a new attitude and the world is recreated. (Steinberg, 1989, p. 341)

Thus, depression, within the Jungian frame, not only signifies an underlying blockage in the integration process but also is itself necessary as a stage or mode in the emergence of that integration. Depression is more than a sign of dysfunction or maladaptation, as many other theories conceptualize it; rather, it is necessary expression of the process of becoming whole. According to Jung (1957/1970),

> We should not try to "get rid" of a neurosis, but rather to experience what it means, what it has to teach, what its purpose is. We should even learn to be thankful for it, otherwise we pass it by and miss the opportunity of getting to know ourselves as we really are. A neurosis is truly removed only when it has removed the false attitude of the ego. We do not cure it—it cures us. A man is ill, but the illness is nature's attempt to heal him. (p. 170)

Thus, in Jungian theory, depression carries a richness of information, about oneself and about the blockages to integration of conscious and unconscious realities. This information is not merely useful as a driver of the restoration or normalcy; rather, it both signifies the process of transcendence or

transformation itself as well as carries the information necessary to animate the transcendent function, and therefore execute that transformation and healing.

Although Jung focused on the transformative drive of depression, he acknowledged the more pathological form, which would be analogous to chronic (versus reactive) depressions.

> Pathological depression is an involuntary, or forced, form of introversion, forced, and thus pathological, because the individual has not participated in a voluntary introversion. The individual is not integrating the unconscious contents, either neurotic or creative, necessary for development to occur. (Steinberg, 1989, p. 342)

Jung (1912/1976) wrote:

> What robs Nature of its glamour, and life of its joy, is the habit of looking back for something that used to be outside, instead of looking inside, into the depths of the depressive state. … Regression is … an involuntary introversion insofar as the past is an object of memory. It is a relapse into the past caused by a depression in the present.
>
> Depression should therefore be as an unconscious compensation whose content must be made conscious if it is to be fully effective. (p. 646)

Still, the resolution of this "pathological" depression is seen as an invocation of a voluntary engagement, a turning away from the captivating memory (i.e., the cathected object now unrepresented in the world) and allowing the transformation process of the self to happen. This view of depression as inherently transformative extends beyond Jung's writings, as seen in such Jungian writers as Rosen (2002) and Schwartz-Salant (1990).

Although Jung was not as explicit as the DNS literature in linking depression to spirituality, he understood the process of “individuation” to be a spiritual path, with individuation being the process of discovering one’s own actual nature and integrating the parts of oneself that have been abandoned.

> Jung describes the developmental process of discovering the Self as individuation, a ceaseless endeavor that requires a vigilant engagement with one’s interiority, by which a person becomes a separate, indivisible unity, or whole. Individuation, Jung asserts, is the primary purpose of a well-lived human life; it is the opus of a lifetime. (Mahaffey, 2018, p. 132)

The process of depression is seen as a process of individuation, of confronting a newly emerged aspect of self, or of clearing that which obstructs the acceptance of the present reality of self. This process not only makes a psyche more self-coherent but also makes it more resonant with the Self, the image or archetype of the divine within.

> The term “Self” is used by Jung to designate the transpersonal center and totality of the psyche. It constitutes the greater, objective personality, whereas the ego is the lesser, subjective personality. Empirically the Self cannot be distinguished from the God-image. (Edinger, 1986, p. 7)

Thus, the process of depression is implicitly held in the context of the transformative function, which serves and animates the process of individuation, which both integrates the psyche and makes it more resonant with, and open to, the divine as Self or Self-archetype. Although not explicitly

stated, within overarching Jungian psychology, depression is implicitly a part of the process of spiritual maturation.

Spirituality/Religion, Depression, and UF

The literatures on spirituality and religion tend toward the atheoretical, or vague theory on depression's structure and dynamic relationship to other factors (e.g., biology, environment, phenomenology, culture, etc.), or more specific descriptions (the DNS and Jung), which nonetheless remain unintegrated with the larger field of depression study. The large body of empirical study within this literature is restricted to elucidating correlations between various religious or spiritual factors and other factors (particularly health markers) related to depression but do not generate theory. What they do suggest to explain their observed correlations stays at the level of postulates. The cross-religion and comparative religious studies follow a similar pattern, illustrating correlations and similarities, without theorizing about depression per se.

The nonempirical literatures also do not generate theory, especially clear and integrative theory. Those writings arising from within religions intend to address the experience of depression among their followers, drawing on their particular ontologies to realign the individual with that belief structure. Inasmuch as theory exists in this literature, it is simply that depression signifies a misalignment of the individual with the divine, as described by the religion's teachings, thus making depression merely another form of suffering that simply needs to be overcome, not studied. The nature of loss, nonacceptance, and futility (the core features of UF) are understood as the loss of the connection with the divine and the divine path set out by the

canonical teachings. UF can be seen in this literature but in a very broad and implicit way.

The nonreligiously centered literatures are also partially irrelevant to assessing UF, as they have other purposes than explicating the nature of depression. The nonempirical clinical literatures on religion and spirituality (including mindfulness practice) are either profession-bounded advocacy or patient-centered inspirational in intent. They assume a conventional, unanalyzed understanding of depression and use that for their purpose rather than to theorize depression's nature. UF cannot be seen in these literatures because they are not theoretical, essentially using "depression" as a tool rather than a focus of study or explication. The literature emphasizing the nature of depression from a spiritual perspective (either generic or within the transpersonal or integral writings) gives either a broad endorsement that depression relates to spirituality, a more complex, multifactorial map of depression (e.g., Ingersoll, 2010), or a broad relating of depression to loss (e.g., Swinton, 2001), but nothing more specific.

The writings on both the DNS as well as Jung's analytic psychology provide more articulated theories of the nature and dynamics of depression within which to examine UF. With the DNS, depression (or depending on the author, some depressions) involves both loss and a sense of futility as elements within a teleological process of transformation. The loss in the DNS is the loss of a connection with the divine, as a function of a transmutation process that moves the individual through stages of change en route to a deeper experience and intimacy with the divine. The sense of futility that the DNS describes, the spiritual dryness and impossible-to-locate quality of the

divine, is seen as an experiential feature of the DNS, rather than the actual nature of the ungrieved loss—that something attached to is now gone or credibly believed to be lost—which is how UF understands futility. That is, UF poses futility to be an actual feature of the structure of depression, rather than an effect of depression. Finally, in the DNS, the directional process that resolves the DNS bears some resemblance to the classic structure of grieving but is not explicitly so described. The grief that when engaged, in UF, moves an individual through to nondepression, and when refused, initiates and maintains depression, is not described in the DNS in those terms. Nonetheless, in general features, within the DNS lens on depression the contours and elements of UF can be seen more strongly than in the other literatures, even though the coherency of UF's features is not as strongly reflected.

Lastly, in the Jungian literature, UF can be to some degree discerned, although not with a high degree of specificity or clarity. Similarities appear in the emphasis on depression as meaningful—both see depression as signifying and symptomizing blockages in integration—and in the teleological nature of depression. For the latter, Jung is clearly more explicit than UF, but nonetheless, the implications of UF for chronic depressions, where "futility" is an element of the individual's self or ego structure, inevitably implies that the resolution of depression must entail a transformative (a changing of form) process of the self. However, UF is agnostic where Jung is explicit in claiming that the psyche itself is a teleological process. The process of resolving depression in UF—that is, if depression arises from ungrieved futility, then that which is futile must be grieved—is similar in Jung's and analytic psychology's understanding of depression, although differently languaged. For

Jung, the blockage to individuation, of which depression is a symptom, must be faced, worked through, and integrated or released. UF expresses a similar structure, in that the futility (the actual loss) that is being avoided must be acknowledged and worked through, specifically in the process of grieving. Thus, UF can be seen in more than general ways in analytic psychology, although not to the degree of resolution seen in some of the other nonreligious or spiritual literatures.

Although UF does not exist within a spiritual or religious frame or theory, it does not categorically reject that framing. The structure of UF makes the specific nature of a loss irrelevant, just that the loss is rejected in some form, and that the process of accepting that loss is blocked. Thus, in some quarters of the spiritual and religious literature that theorizes depression, the broad, and some of the specific, features of UF can be discerned.

Conclusion

Much of the spiritual and religious literature either provides no theory to which to compare UF or gives vague theoretical assertions about depression in which UF can be blearily identified, but no more than that. In the DNS and Jungian literature, UF is much more discernable, in both its structural elements, its assertion of depression as meaningful and its claim about the necessary process of resolution. Although not explicitly teleological in its articulation, UF nonetheless structurally embeds a developmental process of the self, at least in some expressions of depression. Also, though UF is agnostic about religion or spirituality per se, its specific elements allow for spiritual content to fill in the structure of UF. Thus, the spiritual and religious

literatures on depression are not categorically incompatible with UF, and in some subsections, UF can be seen with some clarity.

CHAPTER 11: DISCUSSION

The initial problem this comparative analysis (CA) sought to address was the preparadigmatic, Tower-of-Babel quality of the depression literature, in which different conceptual languages obscure a common grammar. The depression subliteratures, lacking a consensus theory in which to contextualize themselves, tend toward either assuming or asserting that their particular focus describes the whole phenomenon of depression, either through a type of theoretical exaggeration or through an unqualified (and often undeclared) reductionism. As has been shown, it is relatively rare for a theory based in one subliterature to engage one, or more uncommonly, several other literatures, and then to modify itself accordingly. It is also rare for a subliterature to situate itself and its boundaries vis-à-vis other associated literatures. This creates the problem, like the proverbial blind men with the elephant, of parts becoming wholes, or the analyzed phenomenon being reduced to a nonentity, an epiphenomenon of some other more primary phenomenon. Whether the depression field suffers from, or is simply an iteration of, the same preparadigmatic issues as psychology in general (cf. Henriques, 2011), the problems attendant to its theoretical fragmentation are multiple.

The first problem involves the field's already existing acknowledgment that depression is a complex phenomenon whose symptom spectrum expresses in multiple domains. In the academic literature, this understanding is revealed by the near absence of theories positing a monocausal explanation of depression. Even the chemical deficiency theory—arguably the most reductionistic depression model—was invalidated as a single-cause theory virtually as soon as it was proposed. This multifactorial

understanding of depression is not avant-garde but is seen in the standard definition used by much of the field, especially in the *DSM-5* (APA, 2013) Kraepelinian cluster-definition of depression. Even in its more conservative branches, the depression field characterizes depression as possessing multiple empirical elements that manifest at the same time, including structural and historical factors that influence the divergent pattern organization of those elements (e.g., early childhood sexual abuse predicting a greater statistical chance of endogenous depression than the reactive depressions of nonabused adults).

Despite this ubiquitous description of depression's complexity, theories seldom attempt synthetic models of depression. Although many theories propose a supposedly comprehensive modeling of depression, few are embedded within a coherent organization of the various literatures' insights. Admittedly, this fragmentation, as Kuhn (1962/2012) discussed, is natural to a preparadigmatic field, representing an inevitable phase in the development of theory and the movement toward normal science. However, as an endemic problem within this phase, the preconsensus context within which the theories are working is not acknowledged. Preparadigmatic fields are not characterized by a self-aware acknowledgement of their own preparadigmatic status; rather, "the pre-paradigm period … is regularly marked by frequent and deep debates over legitimate methods, problems, and standards of solution … which serve rather to define schools than to produce agreement" (Kuhn, 1962/2012, pp. 68–69).

The preparadigmatic nature of the depression field is no exception. The partial quality of theory at this stage can result in research dead ends,

relatively useless applications and the inefficient use of valuable resources (talent, finances, energy, and time). In the clinical domain, theories, especially those derived from narrow ontological axioms (e.g., the strong deterministic version of the biomedical), result in either misleading or wastefully effortful praxis. When the theory behind clinical practice is partial or worse, it produces negative outcomes: either the model generates a cure statement for depression that produces ineffective or iatrogenic therapies or it forces clinicians to spend scarce time and energy to find their own understanding of why existing models are ineffective, and then what it is that actually constitutes healing.

Also problematic is the real issue of suffering clinicians (measured in confusion, doubt, and the stress and undermined confidence of poor clinical outcomes). The difficult project of enacting healing is stressful by nature, and when exacerbated by the increased cognitive load and decreased clinical effectiveness of partial theory, outcomes are negatively affected, both in terms of healing the client as well as the clinician's personal experience. The patients also, of course, are negatively affected by the preparadigmatic problems, being the most pained and the least informed of all. When researchers offer clinicians partial or misleading theory, those theories become the often-unquestioned template for treating depressed clients, who, overwhelmed by their state and unable (and untrained) to assess the treatment models, are vulnerable to receiving inadequate help. Given depression's inherent dynamics around meaninglessness and despair, and subsequent tendency toward suicide, unhelpful treatment has a uniquely dangerous effect on the depressive.

Thus, against these problems with the preparadigmatic depression literature, this study explored the question, “What common factor can be discerned in the various depression literatures’ definitions of the dynamic structure of depression, and to what degree does that factor fit the construct of Ungrieved Futility?” This study did not attempt to prove either the empirical correctness of UF or that of any of the macro or micro theory embedded in the various literatures. Rather, its CA methodology addressed only the problem of theoretical fragmentation, focusing on the degree of implicate theoretical coherency amongst these literatures. Whether any of the theories are actually correct in describing the reality of depression (or reality in general), or whether UF is anything but a construct, was not addressed. The underlying assumption of this study is that the aggregated summary of the various literatures’ claims about the nature of depression, derived from the clinical, empirical, and theoretical study of tens of thousands of researchers over more than a hundred years, should carry an authority in its weight of converged findings. But in the frame of this study’s research focus and choice of CA methodology, whether the common factor of the depression literatures is actually true and accurate to the nature of depression was simply not assessed.

Limitations

Though the narrow focus of this study is seen as a strength, as a necessary confinement of attention to allow for the depression literature to be seen as itself an object, it is presents a limitations, being that this study remaining agnostic on the detail questions regarding depression. Although it seems unlikely that some future discovery could invalidate the consensus opinion of most of the literatures (i.e., UF), it is not an impossible scenario.

For instance, the medical understanding of peptic ulcers prior to 1983 was that they were caused by stress and lifestyle, a consensus that was completely reversed with the discovery of an ulcer-causing bacterium (Thagard, 1998). Analogously, although this study shows that UF organizes most of the literature, it is theoretically possible that a future “bacterium” could demonstrate that nonetheless those literatures, and therefore UF, are simply wrong.

A second limitation of this study has already been addressed, being the nature of UF as an “entity” model of depression, and an answer has been attempted in the discussion about integration. A third limitation involves this study’s use of only English-language (including studies in translation) sources, which excludes the insights of non-English speaking researchers. This is not seen as a fatal limitation to the study, however, given that its focus of analysis was on a cross-cultural phenomenon from an atheoretical lens (essentially, UF as a dynamic constituent model), as well as the fact that a huge percentage of current research is published in English (90% or higher of all scientific research [Montgomery & Crystal, 2013, p. 11; Tindle, 2021]). Although this is not to say important, even radical, insights into depression may not exist in non-English language research, it seems unlikely that this study’s survey would have missed a conceptual structure that is not also addressed in the English empirical and theoretical research.

A fourth limitation relates to a number of problems attendant to the CA method itself. These include equivalency, construct bias, measurement bias, instrument bias, and sampling bias (Esser & Vliegenthart, 2017). These problems essentially do not pertain to the current study, as they relate

primarily to complexities of translating among cultural and language differences, as well as methods of data collection. Many authors (Azarian, 2011; Byrum, 2014; Esser & Vliegenthart, 2017; Freiberger, 2018a) point to the core problem in CA methodology of assessing whether the comparands of the study actually can be related to each other, when cultural "objects" (e.g., belief systems, religions, art) are being compared. They also illustrate the difficulties attendant to sampling methods when a study uses human inputs (e.g., surveys, interviews) or must translate between different languages. This current study, however, avoided these pitfalls with CA since the comparands are theories that, for all their various interpretations of the etiology and dynamics of depression, still use the same set of empirical observations of depression's phenomenology. Although some of the work (e.g., Freud) is used here in its English translation, the underlying empirical data on depression are still the same, that is, although the interpretations are translated into English, the construct of depression being theorized is essentially observational (rather than, say, the construct of "love" as embedded in different cultures). Thus, the equivalency and construct biases are avoided. Also, the sampling method of this study does not rely on human inputs but is simply the collecting of existing depression literatures and sorting them into categories based on their core theoretical claims. This avoids the problems with measurement, instrument, and sampling biases.

Finally, although this study attempted to make its frame and focus clear and obvious, there are certain background presuppositions that belong to the study's author. These arise from various idiosyncrasies of this author, among which is the fact that I was trained not as a researcher but as a clinician

(both in traditional Western psychology and transpersonal psychology), as well as in Buddhist meditation (Vipassana). These trainings, in turn, arose from my own long-term struggle with depression and struggle toward a cure. Initially, this manifested as a scattershot hunt and then later as an increasingly directed and dialectical process of comparing and integrating personal/phenomenological, clinical, and theoretical perspectives on depression. The core ethos of clinical (at least in the depth psychologies) and meditation work is pragmatism: with the goal of curing suffering, both orient (at the relative and absolute levels) to "What works?" Rather than more relative questions of how to mitigate or palliate suffering, this question about cure requires a close attention to the reality of (in this case) depression and an experimental methodology to approach an understanding of what depression is, and therefore what it requires for cure. What I found was that, on their own, in absence of a kind of personal comparative analysis, neither theory nor received wisdoms work. Such a process inevitably means feeling one's way forward, encountering repeatedly (and painfully) what does not work, in the attempt to understand what explains these failures (whether personal, clinical, methodological, or theoretical), and then continuing to iterate the search from there. Unlike a simple, essentially impersonal condition such as a broken bone, depression is not only complex but wily in cloaking its motives and goals. This makes discovering its full nature impossible when using only one angle of approach. Depression functions on a kind of "forced perspective" deception that requires multiple points of comparison to, as it were, trap it into a lit space.

This complexity is not self-evident from either the subjective or objective perspectives because depression incorporates multiple layers of conscious and preconscious somatic and emotional domains, all happening in a coordinated fashion, often all at once. If viewed merely subjectively, distortion attends to how depression already shapes experience (as phenomenology illuminates). But if only viewed objectively, then the lack of phenomenological awareness (lived or theorized by researchers) distorts the conclusions because depression is incorrectly categorized as an "object" rather than an "organization mode."

As much as I might have wished for depression to be the simple and controllable phenomenon that my first exposure to psychology (the more primitive versions of both CBT and early-1990s psychiatry) confidently asserted, in application I found that these perspectives and methods simply did not work. Although depression itself claims nothing works, what I came to find was that actually it was no single thing that worked. This forced on me a more and more multimodal and pluralistic methodology, simply because neither the singular methods nor the disorganized a-la-carte therapies functioned even to assuage the symptoms of depression, and certainly did not help me to understand why, at the theoretical or practical levels, they did not work.

Thus, this study originated in my experience of depression in multiple domains, over decades of personal and clinical endeavors. Its CA methodology is essentially the academic version of what was necessitated at the personal level by the core, unavoidable question of the chronic depressive, "What heals depression?" CA's specific focus, on the common factors

question about depression, emerged most specifically from my experience as a clinician and my professional attempt to understand why certain approaches, and combinations of approaches to healing with depressed patients worked better than others, as well as why the various theoretical and clinical traditions on depression fell, to various degrees, short. The frustration and dispiriting quality of clinical failures combined with my characterological missionary drive to produce this study's focus on the field in toto, to understand why and where it fails suffering people.

Hence, UF is a construct that emerged from the nexus of my own clinical and personal observations and through the comparison of theories and practices against the *tertium comparationis* (as it were) of "state of cured depression." UF is not arbitrary, nor is it a construct drawn directly from one theory or another. UF is an observation and formulation of what has actually worked in my personal work with depression and what has proven to magnify clinical outcomes as a psychotherapist. Although the details of how UF has improved healing in the clinical setting is beyond the scope of this paper, in brief, as I have clarified and deployed this lens with patients, the outcomes have been measurably stronger in terms of limiting symptoms, but more importantly, in decreasing the self-reinforcing structure of depression. Admittedly, this has not been the result of a rigorous test situation. Nonetheless, from a clinical outcome perspective, UF has affected patients' ability in multiple necessary ways: to have an accurate map and theory of their own condition, to displace the terrible map that depression and much client-facing theory offers; to build a credible and useful narrative of the origins and impersonal structure and etiology of their (otherwise overpersonalized)

depression; to build tools that are collectively effective; to structure their own efforts and understand the need to work hard at disabling depression; and, critically, to understand and submit to the need to transform old dimensions of their self-construct in order to surrender the complex goals that they have confused with their core self (i.e., to grieve at the existential and ego levels).

Although these observations regarding the usefulness of UF have arisen through my own personal and clinical studies and practices, they are not enslaved to them. Certainly, it is possible, as a limiting factor of this study, that UF is ultimately an idiosyncratic construct, distorted by the personal, characterological, and clinical biases of a particular researcher. What I would claim, however, is that the structure of UF, its logic, constituents, and reflection in vast literatures, is in this study presented analytically, with a source code that is open to anyone who wishes to test it in any way. If it is proven to be wildly incorrect through intelligent and honest engagement, then that in itself would prove a useful failure, in that it would require a cross-disciplinary endeavor that could provoke a clarification of the answer to the core question of, "What heals depression?"

UF and Transpersonal Psychology

The aspect of UF not highlighted in this current study is its elegant intersection with the domain and dynamics of transpersonal psychology (TP). Although the definition of TP has floated and morphed over its time, Hartelius et al. (2013) derived a useful definition of TP from a survey of the existing literature, as summarized here:

> Transpersonal psychology is a transformative psychology of the whole person in intimate relationship with an interconnected and evolving

> world; it pays special attention to self-expansive states as well as to spiritual, mystical, and other exceptional human experiences that gain meaning in such a context. (p. 14)

Although UF is not an overtly transpersonal construct that matches this definition, in that it does not theorize or model per se transegoic states or transpersonal dimension of human consciousness, nevertheless implied within the workings of UF are a transpersonal dynamic and force. Depression has a rarely acknowledged (with Jung probably the most overt) self-transformative pull to it, not as a choice by the depressive but as an intrinsic, cybernetic quality of depression itself. This dynamic is true throughout the range of depressions but is least impactful with the reactive or circumstantial depressions that involve loss of objects that only minimally define the ego. However, for more chronic depressions, where the "objects" of loss define the ego, the futile goals that must be surrendered and grieved are the very ones that structure the self, both in the combined intrapsychic and world-defining dimensions. According to the UF model, this state (Freud's "impoverishment of the ego") can only be solved the same way any other goal-failure is solved, through grieving the real loss and allowing the self to reconstitute itself around a world defined absent of that object. With trivial losses, the self is stable, essentially unaffected. But, with losses of objects that have structured the self (i.e., narcissistic resources), the ego is actually impoverished according to the self's old definition, and a return to the old self is impossible, given that that old version of ego is now unreconcilable with reality. For the self to avoid either the ghostlike existence of chronic depression or actual death through suicide, it must expand past its previous ego limits, especially when the

“object” that is lost is the core belief of the ego in its own omnipotent control. Thus, UF points to the unavoidable, mandatory development of the ego into transegoic, transpersonal realms, again not as some spiritual aspiration but as a matter of survival dictated by the very dynamic structure of depression.

The transpersonal literature (as illustrated in Chapter 10) is remarkably lacking in clear engagements, theoretically or clinically, with depression. Jung, for all his rich pointers, did not address depression in any consistent or focal way nor, given his time, could he have included the insights of various fields (e.g., cognitive neuroscience) that came after. However, this lacuna in the TP literature does not mean that TP is an irrelevant frame on depression, nor that depression has no embedded transpersonal dimension, nor that UF is merely a parsimonious construct applicable only to the “secular” fields. In fact, UF includes a deep transpersonal dimension that, as with its other implications, is simply the extension of depression’s own dynamic structure, necessitated by its own unforgiving engineering.

Theoretical Insights From the Analysis

The key findings in this study involve (a) clarifications of the preparadigmatic nature of the depression literature, as a whole and in its subsections, (b) a clarification of the division between “entity” and “nonentity” theories within the literature that otherwise is not self-evident, and (c) an overarching observation that the UF construct does describe the core assertion of the majority of the depression subliteratures, expressed on a spectrum of clarity.

This study’s first finding is that the depression subliteratures, existing at a preparadigmatic stage, for the most part exist in silos without engaging,

cross-checking, or integrating their findings with the other literatures. Also, this study depicts the apparent lack of self-awareness amongst the various literatures that they are not cross-referencing with, or situating themselves in relationship to, other discrete traditions of inquiry. If Varela's (1996) neurophenomenology is an exemplar of not simply referencing a different tradition's insights but actually engaging and integrating with that other tradition, virtually nothing in the depression literatures acts as similar examples. Scattered outliers (e.g., Beck & Bredemeier [2016] or Ingersoll [2010]) include insights from other traditions or create a larger overview of the various relevant factors of depression but do not synthesize and cross-pollinate their particular orientations with others.

This lack of cross-literature dialogue can be seen in all directions and relationships within the subliteratures, that is, no subliteratures are particularly exemplary at such integrative efforts. This is, in retrospect, a rather obvious finding but nonetheless important in illustrating the Kuhnian preparadigmatic phase of the depression literatures, which is not self-evident from within the readings of particular literatures for several reasons. First, the literature is so vast and complex that seeing it as one entity is very difficult, encouraging a kind of implicit or de facto Balkanization. Second, the subliteratures do not, from within their frames of reference, locate themselves within a larger, agreed-upon map of the depression terrain. This is not to paint the entire literature with the same brush, as there is variegation, and not all the literature is committed to parochialism or insularity. For instance, Aaron Beck presented a remarkable and cross-disciplinary range of thinking over 60 years, and psychoanalysis was engaged in a fight against the "natural attitude" of

Victorian England, and the biomedical field was nobly combating centuries of religion's claim of authority over health and science. All these efforts are not at all negated or diminished by the also true fact illustrated by this study that the field as a whole has remained at a preparadigmatic phase.

The second major finding, also difficult to see from within the silos of the subliteratures, is that the depression literature is essentially divided into two sections, those that engage depression as an entity with self-integrity and self-coherency as a phenomenon, and those that view depression as an epiphenomenon, having only a chimerical existence as an entity unto itself. The former "entity" category includes CBT, psychoanalysis, evolutionary psychology, as well as phenomenological, existential, cybernetic, and parts of the spiritual literature (DNS and Jung). The second "nonentity" category includes the behavioral, biomedical (excluding to some degree the minimal biomedical, and aspects of BPSM, particularly its modern models), the environmental, and the non-DNS and Jungian spiritual theories.

This finding also reveals what otherwise appears to be an incommensurability in the relationship of the different depression subliteratures. The lack of recognition of this fundamental split engenders a confused discussion, which assumes that either the construct of depression is the same for all theories or simply that one construct is correct and the others false. That is, not only is the nature of depression as an entity disputed but *whether* it is an entity is not agreed upon, and that disagreement has not previously been made clear. This creates a problematic inability to have the necessary ontological discussion about which kind of depression (entity or nonentity) is being analyzed, and to which degree the entity or the nonentity

nature of depression is correct, and especially to what degree these two views can be (or already are) integrated. This finding is imperative, both relative to this study—in that it helps situate UF as an entity, not epiphenomenal, model of depression—as well as to the larger field, in that it points more generally to a necessary conversation that must occur if the field is to move toward a paradigmatic understanding of depression. Without recognizing this split in the field and reconciling these two markedly different understandings of the functional dynamics of depression, an integrated theory cannot emerge nor can a clear understanding in the field of why it has not emerged. This leaves the same preparadigmatic state and problems as described above.

The third finding of this study is that UF does form the structural core of the entity literatures' various descriptions of depression's dynamic structure (although with a range of clarity in articulating the precise structure of UF) but does not map onto the nonentity literatures (with exceptions for parts of those literatures). Within the entity subset, UF is shown to be the common factor that links these literatures. With varying degrees of fidelity in their articulation of UF, and varying degrees of sophistication in analysis and description, all of these literatures propose models of depression in one form: a loss of object attachment, made meaningful by embeddedness in core goals, is not processed, which initiates a modal shift in systemic organization, manifesting as the variably coherent and self-reinforcing (depending on the futile goal's relationship to survival) phenomenon of depression.

None of the depression literatures express UF in its essentialization of depression, but all of these entity literatures are inherently, and with varying degrees of self-awareness, working with the same phenomenon modeled by,

and languaged as, UF. From the same ontological categories these literatures describe depression as an “entity in process,” though expressed in different conceptual and theoretical terms. All identify and relate subjects (goal agents), goals (attachment/bonding relationships between the subject and object), futility (the state of “irreconcilable discrepancy” between goal and reality), goal detachment (as a process), and a state that represents the failure of goal detachment (i.e., depression’s coherent phenomenology). This is the exact armature that UF describes, in concentrated form, as depression.

UF and Paradigmatic Integration

UF, at its core, is an essentialized modeling of the dynamic structure of depression. It distills depression into its cardinal constituents and primary dynamic relationship, both to avoid losing clarity through an overfocus on detail and to refrain from oversimplifying depression’s complexity. Structurally, UF models depression as a mode of human systemic organization in which biological, emotional, cognitive, and relational “set points” are altered from a standard configuration (in which self, other, and future are defined positively) to a depressive configuration (in which they are defined negatively). Dynamically, UF models depression as this systemic mode shift, instantiated by an important goal recognized as futile, and locates the processes of goal detachment (grieving) as the most central to the functioning of depression. As such, combined with the structural dimension, UF models an integration of the static and dynamic elements of depression. This does not deny the multifarious aspects of depression’s expression, but rather UF organizes those aspects (cognition, biological functioning, phenomenological experience, etc.) into a coherent structure, contextualizing those aspects in

terms of their adaptation to (or use by) the primary organizational (static/structural and dynamic) mode of depression. Analogously, the nature of a cell is essentially fixed, but its function within different organs, with their different purposes and "goals," is quite different.

The value of UF, in advancing the field of depression toward normal science, lies in its offering a parsimonious construct derived from the bulk of the empirical and theoretical depression subliteratures. UF is not a model of only part of the literature and data nor is it beholden to a pregiven theoretical construct to which it must conform. "Grief" and "futility" are not theoretical entities but observable phenomenon that any researcher, regardless of theoretical affiliation or allegiance, can describe and verify. Although not as fixed as, say, the objects studied by physics (e.g., the speed of light constant), the existence of these entities is not debated in the field, nor are their discernable parameters. Researchers debate whether grief requires a surrender (per Freud) or transmutation of the lost object, or whether futility is more perceptual than objective, but the ontological existence of each entity is not disputed. That is, however otherwise expressed, the existence of grief (as the process of "decathecting") and futility (as an irreconcilable distance between goal and goal completion state) are not disputed.

Thus, because of its atheoretical nature, UF has the potential to act as a translation device for the various theories. Given that different theories use both dissimilar languaging and conceptual structures, UF can function as a neutral reference point for theories that otherwise appear to be incommensurate with one other. This is similar to how languages appear incommensurate when they first come into contact but then can be cross-

translated when the underlying objects and concepts those languages describe are identified and seen as the same (or at least relatable), that is, when the underlying objects are understood as not beholden or fused to the particular language's grammar and diction. Preparadigmatic fields are essentially defined by their lack of a consensus definition of the objects of analysis, and paradigmatic fields, while featuring different theories and languages, agree on the objects of description and their nature, embedding an understanding of their core relationships to other phenomena.

As noted, the depression field suffers from its preparadigmatic status, and moving to a paradigmatic state will involve clarifying and agreeing upon the basic "grammar" of the field. Without this, the field can continue to generate usefulness and insights, yet only in a fragmented and, to some degree, wasteful form. UF, whether it could become the Rosetta Stone for the field or not, or even whether it is accurate or not, is nonetheless a potential jumping off point for crystalizing a new paradigm and engendering the necessary process of discussion and debate for that paradigm to be realized.

Although UF may serve in this capacity, the remaining question is, how or whether the nonentity literatures can be translated through the UF construct. Arguably, the most important part of this question is whether depression is an entity or nonentity because the field has not seriously engaged the issue at this level. So here, too, UF has the potential to point starkly to this essential divide in the literature, in order to concentrate focus on this question (extracted from the debates about details) and move the field toward a paradigmatic clarification, whatever that might be.

That said, several possibilities exist for the nonentity literatures to be folded into the entity framework of UF, already indicated by this study's comparative analysis of the field. One is the observation that these literatures propose the nonentity nature of depression as an axiom, a given ontology assumed to provide the natural domain of theory, research, and praxis. This is noticeable particularly in the strong biomedical literature but also is seen throughout the other nonentity literatures, as in behaviorism's bias toward seeing mental entities as simply a matrix of behavior, in environmental theories' presumption that "person-in-environment" is a fundamental category, and in some spiritual theories/models of humans as only meaningful (given "entity status") in relation to the higher-ordered reality. Although all these theories assume that discrete human entities or agents exist—none reduce humans to absolute fictions—they nonetheless bend toward seeing human functioning as subaltern to some other reality or system. This overarching "nonentity" axiom has not been debated, certainly not proved, and is especially vulnerable to challenge because it has not seriously engaged or defeated the entity theories. That is, it has not been shown how depression is actually a nonentity by virtue of challenging and falsifying the large entity literatures, arguably better at engaging the nonentity theories and describing how those theories/models can be seen as embedded within the entity frame.

The second point of possible integration offered by UF is that UF inherently has room for all the domains of research into depression, given that grief and futility are not theoretical constructs but are directly observable elements of human experience. Grief is a property of complex living organisms (humans and apparently some higher mammals), organisms whose

mental and behavioral function incorporates the domains of biology, physiology, and neurology, environmental (social and ecological) relationships, and spiritual factors. Grief does not stand apart from those domains, but rather represents a particular organization or functioning patterning of those various elements. Similarly, the "object" of futility is an ontological reality—the relationship between current state and goal state can become experienced (in objective or subjective reality) as irreconcilable—that is also a particular relationship between the subject, object, and bond (the goal), which themselves are organizations of various physical, mental, and environmental factors. As far as is known, mind is at least relatively dependent on body, and the body on chemical dynamics, and given that mind registers futility, then futility is inherently a particular organization of those other "non-mental" domains.

Thus, the entity framework can include and organize those foci of the nonentity literatures (i.e., chemical structures, phenomenological dynamics, cultural structures, etc.), but the opposite is not true. Much of the biomedical approach sustains its coherence by negating these relationships, by ignoring (or at least starting with a heuristic, which then slides into axiom status) the interpenetrating and coconditioning of the complex of human domains, particularly in the field of depression. UF, as an entity model, can accommodate the insights of the nonentity literatures not by assimilating and reducing them to a different language, but rather through an organizational system that maps onto the observations of most of the depression literature.

UF, Theory Integration, and Applications for Depression

The benefits of recognizing UF as a paradigmatic entry point are multiple, both in terms of catalyzing theoretical coherence, facilitating cross-discipline communication, and offering important implications for the field at large. As discussed, the theoretical and practical problems of the depression field are those of any preparadigmatic field: fragmentation, garbled understanding and communication, territorial struggles, and inefficient praxis. UF, as a possible paradigmatic catalyst, has the potential to address all these problems.

In terms of implications for theoretical coherence, UF can possibly act as either an example of a parsimonious, coherent, and integrated construct to use as a template for the project of integrating the depression field (the sand in the oyster, as it were) or as an agreed upon central construct that provides the core armature to be elaborated and detailed. With the former, UF can be wrong (as a proposed description of depression's core dynamic structure) but can nonetheless be useful as an evidence-backed (i.e., the aggregated literatures) challenge to the disintegrated quality of the field, and as a model of the form and direction the field needs to take to become paradigmatic. With the latter, if agreed upon as indeed the core dynamic structure of depression, then UF would serve as the coherent outline that the various particular foci (biomedical, cybernetic, etc.) in the field can fill in, using their own expertise but as organized by the scaffolding of UF. It would serve as a base from which researchers and clinicians could venture out into the various literatures and then recursively return to their own root tradition, in order to further understand, synergistically, the logic of both UF and their particular

perspective. This would generate a kind of dialectic (or hermeneutic cycle) between theoretical reflection, academic study, and clinical experience.

UF's potential usefulness also applies to its value as a theoretical translation device. As a construct whose constituents and relationship between those constituents are not enslaved to a particular theory, it can function both as a "neutral territory" and shared grammar through which the insights embedded in particular traditions can be related. The political process of paradigmatic change is messy, as it involves power struggles, territorial threat, and cultural battles. Nonetheless, a construct such as UF, which cannot be summarily dismissed as simply the expression of a foreign cant, could potentially provoke a shift. An atheoretical model such as UF, which sources the entirety of the existing depression literatures, can either provoke clarity or serve as a useful embarrassment of fields that refuse to have a reasonable dialogue.

UF's value to the applied section of the depression field is also potentially rich. For empirical researchers of depression, UF can point to where their talents and attention can be most productively used, as well as provide a way to relate their findings to a larger, coherent field. This serves to address both a confidence in the value of a researcher's work (rather than one's work feeling like a shot in the dark) and a way of understanding how even very particular work deepens understanding of depression. In the same way that psychological and neurological research has rendered phrenology obsolete, the research into depression can, through a construct such as UF, be graded into most and least useful projects. This would help allocate scarce

human and financial resources toward a higher (as it were) return on investment.

In the clinical domain, the value of UF is particularly marked since the cost to clinicians and patients of functioning within a preparadigmatic stage are high, as noted. For psychotherapy practitioners, who are rarely also theoreticians, researchers, or trained in integrative models, a coherent and integrated construct such as UF offers a model within which clinicians can situate their own orientation and understand where to place their focus to heal depression. The "economics" of any profession require balancing costs and returns, and psychotherapists must balance multiple factors (e.g., financial/business, training investments, self-work, motivation) to survive and function well. In these terms, poor theory is a heavy cost to clinicians. Motivation and inspiration to continue in the difficult role of healer are affected by outcome effectiveness, as chronic poor results are dispiriting. Thus, a model of depression such as UF that integrates and organizes the field's huge and disorganized insights into something clear and digestible by nonspecialists, would offer harried clinicians a confidence and effectiveness that the current a-la-carte field does not. This would be especially true in the medical professions (even among psychologically trained psychiatrists), acting as a quick reference for how practitioners should orient to depression, which they are not trained nor have the time to carefully treat. For the medical professional, UF can serve as a quick-reference heuristic for engaging depressed clients, and although it does not give the kind of one-shot treatment and (seeming) authority as psychopharmacology, it does mark the dimensionality and complexity of depression in a way that takes that provider

off the hook of having to treat the whole condition and validates the need for adjunctive treatment professionals.

For depressed patients, UF offers a much fuller and more parsimonious “street-level theory” to displace the centrality of the biomedical explanation. Although it will be an uncommon depressed person who uses UF as a jumping off point to understand the depth of depression—most will understandably just want to feel better—UF can complexify the common understanding in a way that more clearly matches the experience of the depressive. The confusion and the dissolution of ordinary structures of meaning and connectedness endemic to depression need to be addressed by a theory sufficient to hold the experience of the depressive and orient them (and their clinician) toward healing and a grounded hope. For a patient to be met by a clinical field that either pretends toward full understanding or worse, acts from a known false understanding, invites an iatrogenic response, magnifying the native “lostness” of the depressive. For healing to work, depressed patients must learn to trust in something other than the depression, and poor theory and ineffective clinical practice often magnify the already existing despair of the patient, leading to a long-term deepening of the depression, which at best is sustained suffering and at worse, suicide. Theory rolls downhill to the patient, and UF has the potential to magnify the healing of patients, regardless of their clinician’s theoretical home base.

Conclusion

> We know everything important about human nature that there is to know. Yet never has there been an age in which so little knowledge is securely possessed, so little a part of the common understanding. The

> reason is precisely the advance of specialization, the impossibility of making safe general statements, which has led to a general imbecility. … In such a stifling and crushing scientific epoch someone has to be willing to play the fool in order to relieve the general myopia. (Becker, 1973, p. 209)

Depression is one of the most profound of the multifarious human sufferings, not because of its obvious surface pains but because it severs individuals from both a world that is meaningful to them and the sense of a world that finds them meaningful. The surface-level theoretical and clinical treatments of depression do not understand the depth of what depression means and does, nor what terror—experientially, not metaphorically—it manifests, nor how depression renders starkly visible many painful realities about human existence. Whatever wastage is attendant to the avoidance of these profound realities, in terms of the field's use of resources and energy, it is ultimately humans who are disserved, and human suffering that is prolonged or deepened. Thus, rather than addressing microcomponents of the literatures, or topical features of depression, this study has attempted to find a fulcrum point where the field's various subsections can reflexively view themselves and their subject through a synoptic and parsimonious lens. UF has been proposed as this lens, not with a religious conviction but as a possible paradigm-catalyzing construct, which the field as a whole sorely lacks. Although mostly well intentioned, the field still exhibits the standard crimes and confusions of the preparadigmatic stage of science and needs to confront its own blind spots and village mentalities if it is to more effectively execute on its stated mission of reducing suffering. This study, then, is offered as an

analysis of the substantial convergence of what typically seem to be incommensurate theories of depression, as well as how that convergence is succinctly identified as UF. The hope is that this study will affect the preparadigmatic comfort that seems to exist in the field, and that, in some measure, its arguments and conclusions will contribute to both a greater clarity in the field and a bit less human suffering.

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