Abstract

As psychological inquiry increasingly utilizes the medium of the scientific, the importance of the personal narrative is diminished. Disembodied, "objective" research studies are weighted heavier than first person accounts. Research is fixated upon fixing--but what if depression is not what needs fixing? What if depression will always be beyond the reach of knowing as a manifestation of the inherent unknown? What would be the implications for how psychology conceptualizes depression? For the experience of depression? This work is most directly inspired by French psychoanalyst Luce Irigaray (1930-present) and her discussions of the feminine. What is the feminine? I play with this question to show how there is no clear singular answer. Therefore, I do not intend to argue my points, but to embark upon a philosophical journey with my reader. My hope is that we will arrive at a different place each time.

The Depression Questions:
A Feminist Inquiry

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Dad and Simba, you're dealing with a different set of questions now.

Mom, I love you. Thanks for always being there.

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The Feminine, The Unconscious, and Psychopathology

I am afraid that this short book will not be as clear and concise as many readers will wish. There will be no bolded concepts, no glossary, and few (if any) definitive answers. There will be no linear path by which I will lead you; in fact, at times it may seem I am not leading at all. What I am about to discuss is, by its very nature, undefinable in our present terms. What I will do is attempt to explain why this is.

I must admit off the top that I am not a master of my field, nor do I hold mastery as a future goal; no question brings solid answers, but produces more questions along the way. I can only seek to unlearn, relearn, disengage, reengage, and continue to question.

This is meant to be a journey, more so than an argument of which I am trying to persuade you to accept. I am asking you to come nowhere but where you sit right now, just a little outside the spectrum of all we live in. A glimpse of the inside-outside-inside. I am unsure of exactly where we will go at this point; you see, I've never really been there myself. I've only heard a bit about what it is like, and I'd like you to speculate with me. I'd like you to question along with me, to embark upon this rather unusual route together. A route which may at places be lit, at intervals be foggy, and will never terminate at a final destination. It is not uncommon to often feel lost. In fact, feeling lost is encouraged.

When first introduced to the concept of the feminine (the theoretical, not the pink-lace dress version), I became obsessed with the question of *where*. I wanted to know *where* it was, physically, where could I find it—was it like the soul? Molecular particles? Libidinal energy?

That I could not conceptualize its whereabouts deeply unsettled me for some reason. When I say whereabouts, I do not necessarily mean physical whereabouts as in "here is the bedspread, I smell, touch, could-taste it," but rather an inner sense of "that's where this thing is located"—just as the unconscious is fully understood for me to be "beneath" the conscious, where I live every day so I certainly know where that is. My feeling of the unconscious' location is created by its positioning in relation to the conscious, so even though the unconscious is technically unknowable by definition, it is still locatable.

Of course, the conscious is deeply intertwined and interrelated with the unconscious, so when we say one or the other, we always mean a little bit of both—this already begins to muddle the idea that the unconscious is a locatable entity. And, whose unconscious? I have thus far referred strictly to the Freudian concept of the unconscious. According to Freud, the unconscious contains thoughts that are repressed, pushed into somewhere else that we can only conceive of through thinking of the opposite of conscious, the *un*conscious. Similarly, the feminine has also been repressed in the patriarchal world; our version of femininity now is a social construction with the history of pleasing a patriarchal society behind it. The feminine is actively repressed by the patriarchy, even when this active component is not easily felt. We feel nothing of the strength required to hold the cork down on Freud's unconscious in the same way we can claim to be in a "post-feminist" society, unknowingly ignoring the cogs of institutional sexism.

Let us now consider the relationship of the conscious/unconscious to the masculine/feminine, and thus here too when we talk about either one, we are really talking about

a little bit of both. As French psychoanalyst Luce Irigaray explains, neither the masculine nor the feminine that we see today is entirely one or the other: "So long as men claim to say everything and define everything, how can anyone know what the language of the male sex might be?" (Irigaray 1985b, 128). Because the patriarchy has the power to define institutions, and has an interest in upholding masculinity as the dominant, the patriarchy can (and does) define masculinity for its own needs. Therefore, overtime the patriarchy has decided for itself which aspects of the masculine and the feminine it wants to incorporate into its ideals of masculinity and femininity.

In defining the masculine and the feminine, the patriarchy tinkers with these concepts to meet its own agenda. We are then left with skewed views of these concepts. This is why what we consider as feminine is *not* the feminine discussed within this paper. We know feminine as portrayed in society, in societies, but we cannot know *the feminine.*

It has been so long since we have engaged with/allowed room for/consideration of the feminine that all we could say about her is she's *that which is unknowable* by the way we perceive knowledge today. Our logic, deductions, and language were all created under systems that were well-established patriarchal modes of conducting life. Systems were built to serve men, especially wealthy men, but the lowliest man could always know he was at least above his wife, a sub-human at best. Fighting for the privilege of not being at the bottom of the barrel.

If these systems were built to serve men and the masculine, what are the implications for women and the feminine? The latter are Freud's "dark continent," mysterious by nature and possible always just beyond the scope of psychoanalysis and psychological inquiry. Irigaray discusses Freud's view on the psychology of womanhood and thus the shortcomings of traditional Freudian theory:

> One can only agree in passing that it is impossible exhaustively to present what woman might be, given that a certain economy of representation—inadequately perceived by psychoanalysis, at least in the 'scientific discourse' that it speaks—functions through a tribute to woman that is never paid or even assessed…this is an organized system whose meaning is regulated by paradigms and units of value that are in turn determined by male subjects. (Irigaray 1985a, 21)

What does Irigaray mean by "scientific discourse" and why does she feel the need to encapsulate that phrase in scare quotes? She refers to a particular brand of scientific discourse—though, only to draw attention to the masculinist traditions of science that purport themselves as the one way. Science defines for itself its own measures and thus whatever science says isn't science does not get included in the world of science. The scare quotes are meant to draw attention to this particular phrase, because too often we do not stop to think about who gets to decide what counts as scientific discourse and why. We see sexism in science due to imbalanced gender demographics in the laboratories, but it isn't taken into question enough how science itself is gendered.

If psychology is categorized as a social science[1] and science as we know and practice it is gendered, then a critical feminist analysis of science is an integral part of exploring psychopathology and its relationship with the feminine. Not just a critique though, but an *engagement*, because too often relentless critique can feel like an outright denial of science. I hope to illustrate that it does not have to be one or the other—an integrated, multidisciplinary approach can be taken with these historically contentious fields. This will involve a different way of going about research, a greater willingness to listen to all sides of the story. This project is a personal first attempt at this radically multidisciplinary way of gathering and conceiving of knowledge.

[1] What so many call a "pseudo-science," but within the science family nonetheless

Irigaray's *Speculum of the Other Woman* (1985) engages with science and medicine when she wonders about the drive of men to invent the speculum for discovering the insides of the vaginal cavity, to illuminate that "dark continent." She discusses the role of the feminine, through the metaphor of the concave mirror, which is integral to the operation of the speculum. She explains:

> You will have noted, in fact, that what polarizes the light for the exploration of internal cavities is, in paradigmatic fashion, *the concave mirror.* Only when that mirror has concentrated the feeble rays of the eye, of the sun, of the sun-blinded eye, is the secret of the caves illuminated. Scientific technique will have taken up the condensation properties of the 'burning glass,' in order to piece the mystery of woman's sex, in a new distribution of the power of the scientific method and of 'nature.' A new despecularization of the maternal and the female? (Irigaray 1985a, 146)

How does Irigaray figure that women are associated with the curved mirror and men with the flat? Irigaray compares the light concentration to women's highly concentrated (clitoral) and yet simultaneously multiple[2] nature of sexuality (Irigaray 1985a, 144). Irigaray also highlights that the main difference between the concave mirror and the convex mirror is how one produces a reflection of the same while the other distorts. Irigaray uses the contrasting mirrors as a metaphor for how each sex views the world (and is viewed by the world). When man looks at woman, he sees in her a reflection of himself, nothing other than himself, an Other of himself. He does not see her as separate from himself; this entitles him to ownership over her body, as it is still his body. He defines everything and thus he only ever interacts with himself.

And so for women to also use the flat mirror for reflection actually brings no self-reflection at all, but only a copy of a negative of an "original." The flat mirror is his tool and thus will only project an image through his realm. For woman to truly see herself as herself, she must use a different tool, a different medium; it cannot be with his lens in order to see her without

[2] "But *woman has sex organs more or less everywhere.* She finds pleasure almost anywhere" (Irigaray 1985b, 28).

him. The speculum is used to look at one's cervix, quite literally in the area of gynecological exploration, but it is also a way to see the self from a different angle, with different dimensions.

What does this have to do with the feminine?

If woman were to catch a glimpse of herself, truly, with the curved mirror, she would receive a reflection of the feminine.

Likewise, if man picked up the curved mirror, he would also receive a reflection of the feminine.

If anyone can use the mirror, then the feminine is not a gender essentialist concept as I understand it. I feel I must point this out as in many conversations I have had with people regarding this topic, they immediately assumed I am talking about something inherent to women, but I am not. The feminine does not "belong" to cis women because of their sex status assigned at birth. Nor does it belong to all those who identify as women; the feminine is inherently anti-essentialist.

Why, then, call this concept the feminine if it is not something inherent and exclusive to women? Wouldn't it be just the same by any other name?

The feminine is not *women* but it is still *linked* to women through thousands of years of *what could have been but was not*. What was pushed aside and unmentioned. What was repressed yet unable to be eradicated due to its unkillable persistence. Women are necessary for men's negative complement in the patriarchy. And the majority of women also are necessary for the survival of the species via their uteri. Energy, forces, cannot die; they can only be forgotten about by us, ceasing communications. We do not have the authority nor the ability to destroy them, if anything does.

The feminine was any way of being which did not fit into the patriarchal model of capture and conquer. It was any thing not prized, not *functional*, and so barricaded off from sight, from soul, from bodymind.

The feminine is what we have nearly lost.

The feminine is, by its own definition, unknowable – or is it?

The feminine is unknowable in the way we conceptualize knowledge today, that ever-striving capture and conquer. It is unknowable . . . like the unconscious is unknowable. Glimpses, transcribe-able messages are possible, but our methods of typical communication largely fail. We seek alternative methods: Cognitive-Behavioral therapy, to train up the unconscious by practice and action. Psychoanalysis, which attempts to listen to the language of the unconscious through signifiers and discourse analysis. Medication, which speaks one simple message: shut up.

But beyond the unknowable, what components do the feminine and the Freudian unconscious have in common? In his essay "Position of the Unconscious," French psychoanalyst Jacques Lacan sums up the experience of the Freudian unconscious: "The unconscious *is* founded on the tail [*trace*] left by that which operates to constitute the subject. The unconscious *is not* a species defining the circle of that part of the psychical reality which does not have the attribute (or the virtue) of consciousness" (Lacan 1966, 703).

The Freudian unconscious, then, is born from the stuff of the subject, or consciousness. It has a locatable place, underneath the weight of consciousness, because it is the undercurrent of the conscious, the hidden component of thought beneath the curtain of experience.

But to constitute the unconscious as simply the not-conscious is to name the unconscious as the conscious' Other. This would be nothing different then to perpetuate the masculinist

function of the convex mirror, casting the unconscious as the complement to the conscious, not an entity of its own right. If this is true of the function of the Freudian unconscious, would we no longer be able to consider the feminine and the unconscious together, as consciousness cannot be separated from the experiences and formations consciousness undergoes, namely from the ever-present influence of the patriarchy?

If we are to consider the feminine, we must then consider an other conceptualization of the unconscious, more fitting for this line of inquiry and also more attuned to my own personal leanings towards theory of the unconscious. Lacan says, "The unconscious *is* what I say it is, assuming we are willing to hear what Freud puts forward in his theses" (Lacan 1966, 704).

Lacan is not being an authoritarian ass[3] about the issue of the unconscious, but rather his remark that the unconscious is what he *says* it is intends to first introduce us into his theory that the unconscious is structured, not like an iceberg, but like a language, as part [*pars*] of language.

Language is the primary tool of the psychoanalyst, who seeks to address the conscious in an attempt to communicate with the unconscious. Language is constituted by signifiers, which are words separate from their meaning—the words are not meanings themselves, but the words signify meaning. The way we speak to each other, then, is with the use of signifiers. In that case, the exchange in language occurs from one signifier to another, and as "the subject is what the signifier represents, and the latter cannot represent anything except to another signifier: to which the subject who listens is thus reduced" (Lacan 1966, 708). The subject is not separate from the signifier. The subject, in fact, becomes *nothing* during segments of the cycle of discourse. Lacan explains further the intricacies of his theory of the unconscious as *pars* of discourse by the example of psychoanalytic questioning in psychoanalysis:

[3] Though maybe a bit of a wise ass, which is an enjoyable part of reading his texts, in my opinion.

> When it [the question] is directed back at what calls us into question (as much as he who questions us, if he is not already lost in the stays of his question)—namely, the subject—the alternative [language or speech] proposes itself as a disjunction. Now it is this very disjunction that provides us with the answer, or, rather, it is in leading the Other to constitute itself as the locus of our answer—the Other furnishing the answer in a form that inverts the question into a message—the we introduce the effective disjunction on the basis of which the question has meaning…
> One therefore does not speak to the subject. It speaks of him, and this is how he apprehends himself; he does so all the more necessarily in that, before he disappears as a subject beneath the signifier he becomes, due to the simple fact that it addresses him, he is absolutely nothing. But this nothing is sustained by his advent, now produced by the appeal made in the Other to the second signifier. (Lacan 1966, 708)

The subject of which Lacan speaks is the Cartesian subject; it is possible to be someone without being subject, as Lacan does not use the two words interchangeably. Because the subject cannot product meaning, as it slips beneath signifier into nothingness during discourse, meaning must come from elsewhere. Signifiers do not possess meaning. Where does this meaning, then, come from?

It is this domain of the Other from which meaning springs forth. But the Other is not to be confused with the patriarchy's use of Other as the patriarchy others what is not itself. This Other is merely used in illustration, for it is not separate from the subject but the negation of the subject—what *is* when the subject is nothing. The unconscious is the split, that which responds to the second signifier, that which is tied to the negation of the subject, that which invokes the directly unknowable and the unlocatable.

What role has the feminine in all of this? If it is so similar in operation to the unconscious[4], if the unconscious and the feminine are both unknowable, then how can we be

[4] I cannot specify which unconscious I refer to here, because I cannot know which unconscious I am really talking about. I do not know enough yet about the Lacanian unconscious to support this view in its entirety, nor have I come to a strong opinion yet on whether I would ever support a singular view of the unconscious. Therefore, I do not refer to a specific theorist when using the term without preceding it by a name. I refer to a broad, vague notion that there are things churning around inside of which we are unaware, instead, when I use the unnamed unconscious.

sure that when we are talking about the unconscious, we may not also be talking about the feminine?

Irigaray addresses both Lacan's view of the unconscious as language and Freud's theory of the unconscious as repression when she asks the question of the relation between the unconscious and the feminine:

> [I]f the unconscious consists, at present and in part, of the repressed/censured feminine element of history, the repressed/censured component of the logic of consciousness, is this unconsciousness not still, finally, a *property of discourse?* What is the relation between the discovery and the definition of the unconscious and those 'others' that have been (mis)recognized by philosophic discourse? Is it not, for that discourse, a way of designating the other as an outside, but an outside that it could still take as 'object' or 'theme' in order to tell the truth about it even while maintaining in repression something of its difference? (Irigaray 1985b, 124)

Though the effects of conscious repression on the Freudian unconscious seek to define the unconscious through the lens of the conscious, something of the real of the unconscious, of its difference, remains intact. And through this discourse on the Lacanian unconscious, the unconscious also sustains as a property of discourse. Similarly, the effects of patriarchal repression of the feminine have sought to define the feminine in the terms of the masculine's Other, yet in doing so have also missed the difference of the feminine and thus left this difference in preservation. And through this discourse mediated by the patriarchy, the feminine also sustains as property of discourse in that the feminine is always present as a negation of the masculine in discourse as well.

If we believe in the unconscious, we may also believe and engage with the feminine, without even realizing it.

Could the feminine, as a possible unconscious, possible other conscious, probable-possible with properties parallel to the unconscious—could the feminine play a role in the wide array of behaviors and feelings we deem abnormal and label psychopathology?

In my own psychopathology, the feminine represented the part of me which never fit in and remained hopelessly depressed, because there was no sanctioned place for its frolic in all the world I knew. Its near endless repression was the heaviness on my chest. Its inability to thrive was my slow atrophy. Its existence was also my cherished persistence to survive. I understand the feminine well, even if I cannot know it. The feminine is what I feel.

Apparently what I feel is also abnormal, because there are descriptions of my life in textbooks entitled "Introduction to Abnormal Psychology" – Texas Instruments and the American Psychological Association declared my abnormality years ago. To be abnormal means to be outside the acceptable spectrum; abnormal is defective, strays to a frightening place, shows normal what could have been without good gene blessings or whatnot. It is outside the acceptable and either needs to be eradicated, controlled, or transformed in order for the intricate, constant workings of the patriarchal world regime to continue chugging along.

What if the very way you conduct your life, that you can only see to conduct your life, that dance between our air-conditioned buildings, clearance racks at the grocery store, sow and reap and sow, is driving you into the ground?

If the feminine is what cannot be known due to its longitudinal exile by the patriarchy, then wouldn't this masculinist way of conducting life, of knowledge and institutions and all, by definition be created to *deprive* the feminine of what it requires to reassert itself and thrive?

Such a statement would make it seem that I suggest dismantling *all* structures for a new way, a new regime, old dealings obliterated. What would obliteration breed but a reciprocity of the same repression and war originally waged by the patriarchy against the feminine? Such a scenario would not allow for the feminine at all; it would simply be a resurgence of the patriarchy under the false guise of the former-feminine turned-masculine.

That the feminine is pervasive, unkillable, means she is still around. She makes herself known in possible ways, handmade rickety bridges, deafening rockets from nowhere. She's been ignored, abused, left to die. Evicted from home, choked to the edge of Eden, no wonder when she reaches out it can *hurt like hell*. No wonder it makes you want to die; thousands of years in the hull, unkillable, what would you want more than anything? What you can't have. Death.

The eradication of my depression did not come from an eradication of the feminine, but rather a quieting of the feminine's pained howls, where I caught a glimpse of liberation behind the noise clouds, a figure who I'd always caught shadow but never really seen until that momentary softness of volume.

I found that discontentment, that churning to STOP because I was listening to them as cries of pain instead of meaningless shouting jabber. A working-with rather than a fighting-against.

The feminine may very well have a role in the psychopathology of some people. I will not hypothesize and purport that varying blueprints of feminine between individuals have anything to do with prevalence of psychopathology, but it may have to do with *experience* of psychopathology – what the drive is behind those certain symptoms for some (when all psychological disorder is a particular grouping and manifestation of symptoms by current professional conceptualization) – and how that particular drive of the feminine's howls will ultimately need to be *replied* to in order for the disrupting calls to quiet because there is no more need for wailing.

There may be a myriad of ways in which the feminine attempts to express herself, some of which I could not begin to formulate, but I do wonder if one might be the behaviors and experiences we read as peculiar by those considered having psychopathology. Diagnosable.

What if disorder is not disorder at all, but dis-order – peculiar because it refuses societally sanctioned order, interrupts by nature, misunderstands *follow* for *frolic? Follow* as a linear path with an end-goal, with a planned route, or with a leader at the very least. *Frolic* as a meandering, curious way to move about, which follows the skip of intuition rather than any paved path.

Not to say that having psychopathology is any frolic. There is a reason this field was created in the first place and that people still seek out therapists, despite insurance companies' attempts to make psychotherapeutic service inaccessible – there is nothing romantic about not showering for six days as you create a permanent dent in your bed with the lights turned off – it's dull. It's boring as all hell, depression, because everything sucks.

The feminine will use every form of language it can to speak as long as it still has something to say. Traditional forms of language, of how we perceive communication, are inaccessible to the feminine because they are not how she speaks, much as how the unconscious can only transmit to the conscious in code, the question which Lacan's unconscious Other interprets as message.

Yet, Freud's notion of this is because the conscious scrambles the messages of the unconscious due to their displeasing content. This positions the traits of activity (masculinity) in the conscious and passivity (femininity) in the unconscious. As humans, verbal speech conducted through a linear tongue (even if not quite literally with the tongue, as in the various tongues of sign language) is our first and foremost form of communication. It is also widely accepted that body language, communication through visual cues, is also a way we transmit messages to one another, although the seriousness of this type of talking is not nearly taken on the scale of how we regard alphabet speak.

Nor is mouthspeak inherently masculine either; our tongues and vocal chords, lips, are shaped for speech. But the linear, the words themselves, grammar, spelling, punctuation, expectation, different tongues, were all conceived under a patriarchal system. According to Irigaray: "For to speak of or about women may always boil down to, or be understood as, a recuperation of the feminine within a logic that maintains it in repression, censorship, non-recognition" (Irigaray 1985b, 78). Language, as we know it, has been set up to negate the voice and the expression of the feminine. This is why the feminine cannot speak, is *unsayable* by our current tools of speech. Irigaray continues:

> How, then, are we to try to redefine this language work that would leave space for the feminine? Let us say that every dichotomizing—and at the same time redoubling—break, including the one between enunciation and utterance, has to be disrupted. Nothing is ever *posited* that is not also reversed and caught up again in the *supplementary of this reversal* . . . we need to proceed in such a way that linear reading is no longer possible. That is, the retroactive impact of the end of each word, utterance, or sentence upon its beginning must be taken into consideration in order to undo the teleological effect. (Irigaray 1985b, 79)

But to write in a non-linear fashion is not something we have been trained to do. Though Irigaray's ideas are fascinating to me, reading her books, which are written in such a way as to attempt this non-linear form of writing, is a rather difficult task. This is not to say that there is anything wrong with her attempt at this other style, but I have just not been programmed to read it.

If the feminine cannot communicate in/directly due to our inability to receive her messages clearly, how does she try to speak? In a later chapter, I will further discuss the biochemical relationship, and also the attempts at communication using language as we know it, just in a different way, but here I would like to simply introduce the idea of whether or not symptoms could be a way the feminine is trying to communicate through/to us. Because, what is psychopathology after all but a grouping of symptoms—it took a team of men in lab coats at a

roundtable with platters from Panera Bread to lump them into categories and give those lumps names. Our concept of what constitutes which particular disorders is based upon names listed in the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM*). Since *DSM-III* was released in 1980, the way psychopathologies are structured is by studying symptomology and creating requirements for certain symptoms in order to claim a named diagnosis.

Pain in my stomach can occur from a serious pH situation; it can also just indicate hunger. In this case, the message is pain, which I had to interpret in order to figure out what my stomach was telling me. There is nothing literally in that pain that sends the exact message of hunger, it all relies on my interpretation. A sudden onset of lethargic, non-functional depression may be interpreted as a serious misfiring imbalance of chemicals in the brain. It may be telling us "you are depressed." It can also be interpreted another way, of course: What if the sudden onset of non-movement, of physical self-restraint, is a message from your body that there is something in your life which the feminine cannot bear contact with anymore? That there is something that needs to be addressed that isn't getting addressed and so the feminine really needs you to slow down?

The feminine doesn't care that you have to go to work, much in the same way that work doesn't care about messages from the feminine.

American psychoanalyst Annie Rogers is where I credit my knowledge of the term *unsayable*, as she has a book of that very title (2007) wherein she discusses the role of the unsayable in adolescents (and some young adults). She uses the term *unsayable* to refer to the nature of her patients' pain, of their memories, which leave them speechless, which they cannot quite fit into the words they want no matter how hard they try. Rogers' job was to hear that which could not be said in order to help these adolescents, a task certainly difficult and one

which takes a skilled analyst and listener. The *unsayable* is trauma that cannot be recounted, nor the healing process begun through our current linear methods of communication.

I credit the term to Rogers, but my interaction with the unsayable came well before I picked up Rogers' book. The unsayable, to me, I recognized immediately as that "I don't know what the hell is wrong" feeling of a depression. That peculiar nothingness qualifier which frustrates so, which causes others to sigh in exasperation when asking what's wrong, because "I don't know" is considered a non-answer, even though it is still a *reply*.

The *unsayable* can manifest in various ways. Freud's hysterics could be thought of as people (mostly women) possessing the physically *unsayable*, with their peculiar mannerisms and problem behaviors, seemingly inexplicable. For the tic, the routine, the spasm, it was always trying to *say* something. There was always a message to be deciphered, an *unsayable* in terms of our traditional modes of human communication. A sender which does not use those traditional modes to get to the receiver—if the feminine is not entirely privy to using linear mouthspeak, then would she not also communicate using other modes just as the *unsayable* and/or the unconscious use(s)? How do we know what is from whom (or if there are various return addresses at all)? We cannot and so we cannot say it is simply one or the other, that symptoms are definitely some kind of speech, from the mouth of that sender there, as long as the nature of the sender is one that is unknowable.

The feminine as symptoms. Symptoms as psychopathology. Psychopathology a nice, technical term for "mentally ill." How accurate is this preoccupation with sickness, specifically mind-sickness? I may not feel my physical best, this is true, how I normally feel. I do seek out treatment of various kinds. But, to know what makes mental illness actually mental illness, we first need to know how we define sickness. Is it feeling worse than you do usually? Greater than

the amount of pain, aches, etc., that the average person feels, thus literally *abnormalization?* Is it being in self-identified discomfort?

Whose standard of measure shall we[5] use? We could say the average, the mean of the population (as we do in scientific studies, where we look not for "consensus" but "significance"), which would do *most* good, but not *all*. There are always outliers, individuals no matter how sparse, which defy the odds of the average—supposing, of course, that there even is an average for seven billion people. Is this a good standard of measure? What if one is within the designated range of discomfort but still does not describe as sickness, nor is the issue (strictly) biological in nature, but psychological as/in origin/addition? Is "mental illness" still an appropriate name when the very nature of the word suggests that something is wrong and must be eradicated/corrected/fixed?

The connotations of the word *illness* suggest that it is something negative. What if the pain is for the purpose of positivity? What if it were trying to lead you to your best way, your most whole way, where there is more in the multiplicity of masculine *and* feminine? What if it were meant to be *listened* to because it is a message, just that they're coming to you *differently* because you operate differently, you operate in communication with the feminine, no matter how masked and full of static that conversation may be?

What if calling a way of being an illness, a way it is natural for you to communicate and be, what if that makes it all worse to the point of unbearability? How much does the role of non-acceptance come into play? If the feminine and certain psychopathological symptoms are linked, how does that change the way we view the field of abnormal psychology? The normalization use of measure must be acknowledged. There is also the acknowledgement that this normalization

[5] Who is we? We is I and you. We is I and I. We is we and me.

tool is created through the masculine lens, which is all of our standards of measure, and thus will not score high with the feminine, as the feminine is that other thing which is *any* thing than the first thing we are talking about—Different.

The feminine is Different.

How we must go about this, then, is Different, if we are not to arrive back at the same, but to traverse an other way, into the relationship of the feminine and the so-called pathological. How can we though? How do we engage with psychopathology without upholding the old fences, without ignoring the feminine? How can we revolutionize?

Irigaray talks about the awakening of a need for difference and the response of women, of the feminine:

> But, if by exploits of her hand, woman were to reopen paths into (once again) a/one logos that connotes her as castrated…then a certain sense, which still constitutes the sense of history, also, will undergo unparalleled interrogation, revolution. But how is this to be done? …Turn everything upside down, inside out, back to front. *Rack it with radical convulsions, carry back, reimport,* those crises that her 'body' suffers in her importance to say what disturbs her. (Irigaray 1985a, 142)

The oppression and "castration" of the feminine has left her with a response that desires revolution. Could Irigaray's convulsions, could the upside down not be thought of as depressive symptoms that- can shake and seize and knock everything in one's life around?

What interest is the feminine to the study of psychopathology? The question could be posed just as easily in reverse—what interest does the feminine have in psychopathology? Can you discuss one without the other? Can we afford to?

Some of us may be able to make a study of psychopathology without consideration of the feminine, as its detrimental effects on that particular researcher, that particular theorist, go unnoticed. But for others, the risk is much greater. The feminine features more prominently.

This book is written for those latter folks in whom the prominence of the feminine can go ignored no longer.

2

Patient Perspective

I was twelve the year I entered our town's junior high school, which housed grades six through eight. As a tall, overweight preteen already sporting c-cups and an acne-ridden complexion, I was opinionated and boisterous. I wore alternative rock t-shirts and wide leg jeans to solidify my membership with the "skaters" and to show that I was not a "preppie," those goodie two-shoes girls who shopped at Weathervane for their flare leg jeans and plaid button-downs. I was more than that, I thought, I was counterculture. I was punk rock. I was a size 15, one notch lager than the biggest size they carried at Weathervane. I literally could not "fit in" even if I'd wanted to.

It was this first year of junior high where I was also pulled out of class one day for a required evaluation by the school psychologist because I wrote a letter to the principal in protest of some new school rules he recently implemented. In the letter, to convey my level of frustration, I casually included that this disrespect I felt coming from the school's administration made me want to cut myself. I'd never cut myself before and I'm not quite sure how I knew cutting was a thing. These were the days just before the internet was widespread in everyday homes and before I was interested in newspapers. Perhaps I learned about it from a Lifetime

movie or by word-of-mouth, or perhaps it was an idea that just came naturally to me, a threat to amplify my voice which I so desperately wanted to be heard.

These new school rules I was up in arms over? A mandate that we only sit four to a table during our lunch time and that we talk not above a whisper on our way back to class.

Looking back, it seems so trivial, but at the time I felt diminished. How was I to expand my friend circle during the only sanctioned social time at school? How could they scale back our voices and further control our movements without any sort of input from the student body?

I remember sitting in study hall, quietly scratching up my right wrist underneath my desk with the rough round edge of a pen cap, when I was escorted out of my classroom and down the hall to the psychologist. It was assessed that I was not an immediate threat to myself or others and I was allowed to return to class. The next day I met with the principal where we had a face-to-face discussion about the new school rules. Nothing changed, but I did get the conversation I wanted. I felt acknowledged, yet not heard. One ear open just to humor me.

My mother found me a private psychologist, whom I saw for a year and told nothing because I did not know what to say. It was not as though I did not have words—my diary from this time is a collection of illegible scrawls, written with such desperate output because my emotions were spitting, steaming, suffocating. There was an anger I did not know what to do with and an overwhelming sense of being different. A small piece of this difference I discovered at the beginning of that summer after sixth grade, when I first realized my attraction to other girls, but there was still something I could not pinpoint which left me perpetually feeling misunderstood.

I would deal with the sudden passing of my father that summer as well when he died from a heart attack on his birthday, but after a few final grief counseling sessions with my

therapist, I would not interact with another mental health professional until the spring of my eighth grade year, when I attempted suicide.

Attempted is the bolded word here—when I checked the back of the Tylenol bottle, I saw that the maximum daily dose was six, and so I figured swallowing seven would be enough to end me. Because of this innocent logic, the evaluation nurse at the emergency room accused me of attention-seeking—as though this was a bad thing, a misuse of a precious resource known as other people's time. No matter that I really did think I was going to die if I did not get to the hospital (as did my family, who were the ones to rush me there after I freaked out and told). No matter that the thought of dying, of escaping this world that did not really want to know me, eclipsed the idea of living to pass middle school. To the hospital staff, I was just another teenage girl throwing a hissy fit because I wasn't getting what I *wanted*, because mommy wouldn't buy me tickets to the Backstreet Boys concert. How dare I try to kill myself insufficiently.

Because my previous dabbling with psychotherapy left much to be desired, I consented to seeing a psychiatrist where I received my first diagnosis as having major depressive disorder after a forty minute conversation with a bearded man holding a clipboard. He wrote me a prescription for Celexa, one of the popular SSRIs (Selective Serotonin Reuptake Inhibitors, the most recent class of anti-depressants) and scheduled me for a ten-minute follow-up medication management session.

I took the pills sporadically for about a month before I stopped taking them altogether. There was something about the idea of medication that I did not like—though my depression caused me great turmoil, something about it led me to believe that it should not just be medicated away. Pills could potentially make me happy, but I felt it would be a false happiness. I was afraid

they would change me and take away my difference, make me conform, make me complacent. I cherished my feelings of difference as much as I scorned them.

The thought that I was only depressed because of a chemical imbalance in my brain insulted me. All those words in my diary and out loud when I talked to myself, all of my feelings of not fitting into the world, everything I knew best about myself were merely products of "abnormal brain chemical function?" It felt like an attempt to invalidate me as an individual, an excuse to not take my words seriously because I was abnormal. Nothing around me was supposed to change, it was I who needed to change—but not my thoughts or my behaviors, not the facts of my daily life, just my chemicals. The biomedical model did not sit right with me.

Nevertheless, once again in the tenth grade I experienced my next major depressive episode, which led me to seek out psychiatric help. This time, the doctor prescribed Effexor, another new SSRI—just as the first time, I took the medication sporadically for a short week or so before calling it quits. The difference is that this time I entered psychotherapy again, now willing to give it another shot that I was older. I saw this therapist for three years until I moved away for college. I talked a bit more in sessions than I did when I was twelve, but not much. Everything which plagued me during the day sounded so idiotic and trivial when I relayed them out loud to another person who was not one of my closest friends. I could never accurately convey what I really felt.

It was during high school where I really took up the practice of cutting, although if one could be described as not good at cutting, that would be me. I found the physical pain to be greatly welcomed, but the sight and feel of those two walls of skin which should be connected but are not to be nauseating. I much preferred punching and scratching, which left me with a feeling of inadequacy that I could not even self-harm properly. What a coward, I thought.

Self-harm was how I responded to embarrassment. It was how I fought back and how I restored my own power. Others may attempt to hurt me, but I am the only one who can hurt myself in this way. This body may be an embarrassment, but it is my body and I will prove it. I will mark it. I will mark this body because it is mine and you will never be able to take away this act of ownership from me.

Despite my feelings of seclusion and ostracism, I was relatively popular in high school. As the only out lesbian who was generous with car rides, I was amongst the Royalty of the Weirdoes. My good-girl reputation allowed me to get away with skipping classes frequently and landing B's with minimal effort, because the level of classes I signed up for was far below my actual abilities. I worked thirty hours a week at Burger King, went out to the diner every night with my friends, and smoked inordinate amounts of pot, all attempting to overstimulate my depression away any way I could. I would beat this on my own.

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College took me completely across the country, from Connecticut to San Diego State University. Despite dreaming of nothing but moving to California for the past few years, I was weighted with homesickness. I missed my friends, my old life, familiar surroundings. I did not fit in. I drank so much cheap vodka that to this day I still cannot stand the taste of that potent potable, even top shelf. Drinking solved my social ineptitude outside of the classroom; inside, I solved my problems by either not attending class at all or showing up stoned with no work in the back of the class in my own little world. Secondary education seemed to serve the purpose of molding young adults into good little corporate workers, and I wanted no part of it. But I did want to remain in California, so I stayed and failed every single class that year.

After a stint back home that summer to save up money, I moved back to San Diego the following September, ready to start my life in the real world. I drank in excess to the point where I was kicked out of my first two apartments by my roommates, who did not want to live with a drunk and her antics. When I visited my brother up in Los Angeles one weekend he caught a glimpse of my heavy drinking, it was the first and last time in my life I was called an alcoholic to my face; because even though my behavior suggested otherwise, I knew I really wasn't one.

Drinking caused more problems than it solved, and so I ended my period of using alcohol as a primary coping mechanism. Things went smoothly until credit card debt prompted me to move back to Connecticut for a year to save up money again. For a third time I moved to San Diego, still determined that the cure of my depression could be found on the West Coast by simply administering enough doses of California until it actually worked.

It was 2007 and the beginning of this great recession period we are still climbing out of; finding a job was much more difficult this time around. My many moves over the past few years dwindled me down to having one friend, my best friend, but who still lived across the country in my hometown. In these years, I failed to make any new friends. I was effectively alone and out of practice with social skills.

This third time in California was my longest period of consistent suicidal ideation. I dreamed of psychiatric wards where I could know that at least I was safe, at least I would survive the night for sure. The urge to die coupled with the urge to go on caused mistrust in myself; how could I ever be sure my choice was right? With no health insurance, there was no possibility of a psych ward or any type of mental health professional—I was living paycheck to payday loan to paycheck.

The only kind of free therapy I could find in the county was a support group at the local VA hospital, held for people with depression or bipolar. I drove up the freeway to La Jolla with such hope that I would find a place of compassion, a place where I belonged. I encountered a large room packed with about forty people sitting in a circle. We went around the room and introduced ourselves and our diagnoses; out of everyone there, I was the only one with unipolar depression.

Listening to others' stories of manic episodes where whole families were uprooted to other countries on a delusional whim and relationships were obliterated, embarrassment crept up to my temples. What right did I have to sit here amongst these people when I never had to deal with the high-highs, just the low-lows? How could I be so weak as to be the only person in the room with unipolar depression? Clearly others like me could handle themselves just fine, as none of them were here, I must be deficient. I have no place to speak. My only hope was never for me all along. I left the meeting feeling much worse than when I'd gone in. Diagnoses and symptoms divided me from others whom I could have otherwise felt kin to.

I called every state, local, and free mental health line available. No one could direct me to services I could afford. I turned to craigslist for any ideas on how to connect with others, on how to get out of my own head, and I discovered a posting for a free introductory meditation class held weekly on Wednesdays in Hillcrest. The man who ran it was named Michael; during the day he was a software engineer, or an investment banker, or a financial analyst, one of those jobs that require button-downs. He held introductory classes once a week on Wednesdays and then once you attended one of his intro classes, you were welcome to attend the Sunday night meditation group which he held in a shared yoga space which he cleansed with incense and

clapping before each sit down. As he did not need to charge for his teachings to survive, he did this all for free.

It was a simple technique involving Chakra focus, with instrumental background music to bring an external point of focus as well. My only previous experience with meditation was with my friends in the woods when I was a preteen obsessed with the film The Craft, armed with a book on Magick. A serious attempt at meditation was all new to me. The feeling I achieved that very first day was also new to me—peace and clarity.

Meditation brought forth a quietness I'd never known. It offered a temporary reprieve from the constant churning inside myself. My whole life I'd sought elation and ecstasy as the ways to drive out my sadness and knit myself back together again. Things, events, people, goals, these were what I'd always been taught to strive for. That this peace was so readily available, that the journey to quiet proved a smooth, short flight, illustrated this serenity must always be somewhere within me. I could not be as broken as imagined.

Small escapes were enough to keep me alive, but not enough to keep me together. What little control I could exert over my thoughts did not extend outward to the series of unfortunate events wherein I lost my job, my car, and then my landlord decided to put a final month cap on our lease, wanting to start off with new tenants. With no choice but to risk homelessness or to go back to Connecticut, I returned once more to my mother's house. Though essentially I had failed again, things were looking up—my new technique was to seek out peace, not joy. I caught a glimpse of an other way, a way that felt right to me, and I wanted to go further.

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"Why can't you just be happy?

"Why can't you accept that it's a chemical imbalance?

"You just never took the meds long enough for them to work."

"What do you think, you're special?"

"Are you happy being miserable or something?"

These questions I fielded from various people over my life, from those I love and others who barely knew me. I was defiant not to accept the scientifically theorized explanation of the way I experienced my life. Though I never questioned anyone else's medication use or declared myself as anti-medication (which I am not), my decision for myself to not use anti-depressants as my solution was always received as a threat or an act of recklessness. I could not be trusted, apparently, to know myself better than others knew me. There could not be different paths to the same end.

Lexapro. Another major depressive episode, another flirtation with anti-depressants. They always came about as a last-chance desperation measure, when I was so hopeless I was willing to try anything. Things got tougher; employed through a temp agency at another office job, I would quietly cry at my desk each day, unable to stop no matter how I tried. I dreaded the end of the day where I would wrestle over whether or not to say good-bye to my co-workers as I left, because I was so drawn into myself and so scared of others. Everyone hated me upon first glance, or so I thought. All I wanted was to do my job and get paid, but I kept getting in the way of myself. One day, barely able to function, I confided in my manager, who allowed me to go home and take the time I needed to get better. She understood. My temp agency did not as much, and I was nearly fired for my few days off. Let me not forget how replaceable I am if I cannot jump on command.

Still without health insurance, I drove to my brother's house, where my sister-in-law diligently stayed with me on suicide watch. She called her primary care physician for me who,

for a fee of one-hundred and twenty dollars, agreed to see me for an emergency visit and handed me a good amount of Lexapro samples, as I could not afford an out-of-pocket prescription and general doctors possess the authority to handle psychiatric medications even without the input of a mental health professional. The pills were at least something; when you are so desperate for something to change, any little thing helps—even ramming your head into the wall produces a nice ring to distract you from the nothingness that comprises your being.

Once able to function again, I made an appointment at the local mental health clinic, which offered services on a sliding fee scale. I never knew such a place existed and was ecstatic that I may be able to get the help I needed. The young woman who conducted my intake session ran through a prescribed set of questions: What brought me here today? Am I pregnant? How often do I have sex, and do I use protection? Do I drink? How often do I drink? Do I drink alone? Do I use drugs? How often do I use drugs? Do I use drugs alone?

An episode of non-functioning and lack of health insurance brought me here today. No possibility of pregnancy. Not currently sexually active. Drink occasionally, and by myself because my only friend is currently across an ocean. Only smoke pot, a few times a week, and by myself because again, the friend situation.

She stopped me there. You have to stop drinking and smoking pot alone. You have a substance abuse problem if you do these things by yourself, and this must be addressed first before we can do anything with your depression. Have you considered AA or NA?

I went there to get help with my depression and instead was labelled an addict and essentially refused help for the assistance I sought. If only I had friends, then it wouldn't look like I had a problem, but because I was having such a difficult time making friends and could only use those substances alone, unless I did not do them at all, the professionals deduced my

issue was alcohol and drugs. Not the things leading me to the substances, but the actual substances themselves. As with the encounter at the VA Hospital, I left worse than when I'd come in.

At the very least, do no harm.

The medication did little; as I could not subsist on free samples forever, nor could I afford a prescription, those were abandoned as quickly as they came.

I went back to community college and threw my all into my academic work. I enjoyed learning for the sake of learning; school was so different from how it was before, and it was also different from the last five years I'd spent knocking around aimlessly. I discovered I was actually good at school, and that I highly enjoyed the experience of learning, which was its own reward. I entered as a History major, bent on rewriting the textbooks from a more gender-egalitarian angle, but after taking Psychology 101 I was led to take two more courses in the field I was so intimately connected to yet simultaneously disgusted by. Freshly laid-off from my horrid office job when they no longer needed my position, I went on unemployment and was thus able to entirely dedicate myself to my studies (in addition to looking for employment, of course, at a time when there was none). The semester I took Abnormal Psychology and the Psychology of Creativity, both taught by the same professor.

Dr. Leonard Dupille wore his long hair in a ponytail and liked to take weekend trips up to Northampton. For every labeled disorder in the textbook, we learned the behavioral, cognitive, psychoanalytic, and biological theories of origin and treatment, as well as one other viewpoint he called "The Dupillian Theory"—his own idea. The Dupillian Theory was meant as an alternative to the other explanations, but also an addition as never did Dr. Dupille try to completely dismiss any other theories or claim that any one treatment didn't work if it indeed helped people; no

matter the labelled disorder, not one proved a universal cure-all. There were always medication-resistant, talk-therapy resistant, CBT-resistant, whatever individuals. The questions of how and why were still very much up in the air; his was just another attempt to answer.

The core of every Dupillian Theory was listening. Trusting. Engaging. Meet the symptoms head on and hear what they are saying. Validation. Treat the person as a whole. Confront the normalization process. What if corporate ladders are making you sick? We are all different, but what if corporate ladders are making *you* sick? What if you are meant to do things *differently*, and that's okay?

My initial reaction to his Dupillian Theory on depression was actually one of defiance. Here was my unit. We were talking about me. To my sensibilities, it made all the agony all so trivial. All for placing blame. He compared it to developing Diabetes 2:

"If someone develops diabetes, you can give them medications for it. But these medications really only treat the symptoms—regulating the blood sugar, aches and pains, those are symptoms of the disorder. You can keep going with your current diet and exercise and have the medications regulate your symptoms, but if you do that then you are never really treating the disease itself. In order to treat the diabetes, you have to make changes to how you are living. Depression may be a lot like that. The symptoms are intense sadness, reduced energy, loss of interest, and you can take medication to regulate those symptoms, but if you keep on living like you always have, are you really ever treating the depression itself?"

Here, I did something I rarely ever did. I raised my hand to counter.

"So, you're saying that it's just a matter of will. Doesn't that place blame on the person with depression though? It's not that simple. I've been diagnosed and suffering with depression for the past thirteen years and it's not as simple to just make grand changes when you're

depressed. You don't know what to change because nothing sounds appealing. Every option, everything you could ever do sounds just awful. How could you say it's not a chemical imbalance?"

I found myself defending a viewpoint I never really believed, simply because it was the one so prevalent in our society and so shoved in my face throughout my life. And also, because it did sound insulting and victim-blaming, as though I was the problem, not the disorder but my reaction to it. Dr. Dupille was kind and understanding in his response, but he still received my mistrust.

Aside from the professor, the room sat in an awkward silence. I realized what everyone was so estranged over—I had just admitted to having a psychopathology out loud in class. In my emotional response to the discussion, I'd forgotten that mental health carries with it a stigma. Out of all places, I expected a psychology classroom to be accepting of personal experiences such as this. I had broken the fourth wall meant to divide practitioner from patient, expert from experimented, studier from studied. It was the first time I experienced what it's like to be both subject and object; never one or the other, but always both together.

It wasn't until the very end of the semester, when I realized what had transpired over the past few months, that I came around to Dr. Dupille's theory on depression.

Two months had gone by without a single tear.

This was unheard of for me. For over half my life, I never went more than a week without crying. Usually I was lucky if I skipped a few days. It was not as though I suddenly found myself unable to cry; I simply hadn't needed to for two whole months.

What changed? Unemployment benefits gave me time to rest. I did not have to put myself in a position everyday of doing mindless busywork in a freezing cold office with windows that

didn't open and people whom I thought hated me. Not only was this not in my day-to-day, but the realization that this may not be my future brought immense hope. There is nothing wrong with office work itself, and some people no doubt enjoy it; for me, it was a physical representation and tool of bureaucracy that sought to keep me from nature and fulfillment. I'd held these feelings about such institutionalized buildings ever since I first realized in the tenth grade I could get a library pass in study hall and sneak out a side door to go sit outside. What was really keeping me in that building, a piece of paper, an expectation of others? Human institutions bewilder me sometimes. I feel like I catch such a glimpse of them, of their social constructions, of their real unrealness, that it is terrifying.

I had scores of free time, but also much work to do; Psychology of Creativity essentially was a class structured for the students to get in touch with their creativity as well as to introduce several broad Jungian concepts, such as synchronicity and the collective unconscious. The assignment to write stream of consciousness, that is writing without any pause for judgment or cohesiveness of word output, for thirty minutes each day allowed me not only the opportunity to "get it all out," but to notice patterns of topics and language use. I was able to pinpoint my stressors, the things that really needed to change. I was also able to know myself better without judgment; all of the words were on the page, whether I wanted them to be or not. All of the words were me—they were neither normal nor abnormal, good nor bad, they just *were*.

Academic work fulfilled me in such a way I never knew there was any lacking in that area. How was I to know this is where I would really excel and thrive? How could I have foreseen that this environment with its textbooks and empirical methods would be accepting of my weird thoughts? No one was trying to get me to change, no one was laughing at my ideas, no

one said I couldn't. They listened. They gave me a pen and said *write*. They saw my agency and said *use it*.

The last important thing that changed was that somebody in the mental health field really believed me, that I could break out of my depression somehow without medication, even if I didn't believe him at first myself. One person to hear me, one avenue without pushback.

If I became a psychologist myself, then there would at least be two.

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Three years later, it isn't all peaches and cupcakes, but I no longer live in hell. I am also no longer inexplicably depressed. I am sensitive and I am lonely, and I still feel like an outsider much of the time, but finding a place where I am accepted for my difference has made all the change in the world for me.

I transferred from my community college to Mount Holyoke College, a private women's liberal arts school in Western Massachusetts, where I met my whole-hearted academic acceptance in gender studies. I learned words for like "normalization" "ableism" and "situated knowledges," which gave language to unsayable notions I'd always felt; language helped me communicate and connect more closely with others.

Attending such an elite institution, where I'd never imagined myself before, was a difficult social transition placing its toll on me. I was seeing a therapist, but not going anywhere with talk that I wanted. Fearful of slipping grades, after one semester I decided to give medication another try. It was okay, I just didn't have the time to work on myself like I needed. I met with the school's only on-site psychiatrist, who prescribed me Zoloft and set me up for a six-week follow-up appointment.

This time, I actually took the medication every day.

After two weeks of gradual decline, the Zoloft now certainly in my system, I experienced a major depressive episode that was qualitatively different from any I'd lived through before. *It felt chemical.* No technique I'd learned over the years could touch me as I sunk down further into a state of total non-functioning. I was terrified to be alone for fear of what I might do. This loss of control eclipsed my previous mistrust I'd held for myself; this was completely and totally out of my hands.

I read up online and discovered other anecdotes from people who have spiraled into horrible bouts of depression or psychosis after starting a new psychotropic medication. Though rare, I was definitely not alone. And I was definitely nowhere close to this low prior to starting the Zoloft, not for years.

When I got my emergency appointment with the psychiatrist to receive the professional go-ahead to stop taking the medication, he did not believe me. I sat before him with unfocused eyes and stone skin, a complete transformation from our first meeting, relayed all the knowledge I held of my previous experiences with my own depression, and he could not hear a word of it. Could not be the pills. Perhaps we should put you on a different anti-depressant, or try adding Abilify?

My psychologist, on the other hand, did believe me. From that moment on, talk therapy began to work as we communicated using a more similar language.

There is always the possibility that it was not the medication. Just as there is always the possibility that one of the others, Celexa, Effexor, Lexapro, if taken diligently, would have lifted my depression much sooner than when it happened. What's remarkable is that *it is gone*; I have not experienced the state I know well to be depression since I came off the Zoloft. I adjusted to my new college, and learned that it takes me a while to adjust to new places, new people, new

things. I am no longer fighting up against the world to be accepted as I am. It is impossible to foresee the future, but I have already achieved what I always believed to be possible, that others told me could not be—depression as a temporary state, rather than a lifelong snare.

Mine is just one story in a sea of many, but it is a story that is not told often. It is a possibility not often given consideration to, because it is not a quick fix nor a set path. It was not finding what needed to be *fixed*, but finding what needed to be *changed* that alleviated my suffering. A consideration of the feminine in depression is a consideration of another approach to treatment, to the healing and the listening process. Of different approaches to difference.

3

Room for Difference: Considering Multiple Multiples

I talk to myself. Full-on conversational-style talking, answer and response; third-person proper names and first person pronouns; under my breath walking through the grocery store; at full volume once my seatbelt's on and the wind from my moving vehicle's velocity allows me to fully feel alone, at last. I can be by myself, at last—spend some time, let my guard down, with myself. This is just what I've always done. It's as natural for me to talk with myself as it is to talk with others—and necessary, too. It reflects and fulfills that interpersonal connectedness experts stress is so important to a normal life. The basic concept of social competence.

As already gathered by my various examples, there is different behavior I exercise when talking to myself out in public versus in private. Namely, I restrain when around others and fully let loose once alone. It is actually more embarrassing to be caught by strangers than others whom I know; the closer I am with someone, the less embarrassing it gets. I always pause the conversation at stoplights, but ramble in the other room from my mother.

The reason for the difference in my behavior is because our society views talking to oneself as a sign of mental instability, views it as a general weirdness *and I know this.* Yet,

knowing the implications of how society will view me does not stop me from engaging in this practice. I do not share in the view that talking to oneself is problematic—rather, in my own experience, it has been an enjoyable activity that I very much look forward to if there is ever a long stretch of time where I am not able to be alone. What I crave when I crave that alone time is really that complete freedom to talk to myself however much and in whatever way I want.

Though aware that most others code this behavior as unacceptable and deviant (who isn't embarrassed when caught talking to oneself?), until quite recently I still did not know the extent to which talking to oneself was pathologized. During one of my undergraduate seminars on the Psychology of Trauma at Mount Holyoke College, I received a handout of the Dissociative Experiences Scale (DES), which establishes the criteria professionals used to diagnose dissociative tendency, a factor shown to predict development of PTSD in individuals after a traumatic event (DePrince and Freyd 2002; Pole, Best, Metzler, and Marmar 2005). Because I have experienced much dissociation in the past (and still do), I was able to make an educated judgment on whether each question appeared truly relevant to figuring out someone's rate of dissociation, which I was doing because I am skeptical of inventories for their generalizing, "objective" attempts. Many questions that focused on factors such as losing chunks of time, out-of-body experiences, and feelings of depersonalization did indeed make sense to me, all of which I agree are part of the experience that is dissociation. However, there was one question where I did not agree with its inclusion. I even failed to play devil's advocate to conceptualize why it was on the inventory at all. I just could not make the connection.

Some people sometimes find that when they are alone they talk out loud to themselves. Circle a number to show what percentage of time this happens to you. (DES)

When the professor opened the floor for any questions about the inventory, I raised my perplexed reaction regarding the inclusion of talking to oneself when considering behaviors of dissociation. Because I talk to myself incessantly, regardless of emotional health status, I do not connect the two.

The professor explained that the thinking behind this particular linkage sees talking to oneself as an illustration of an individual's lack of self-cohesion. As in, if you talk to yourself, you are not treating yourself as *one*. And to not treat yourself as one is a retreat from reality for reality is *singular*. There is an external world and we are all individuals experiencing this external world. We are components of a puzzle.

Talking to yourself is included in the list of dissociative symptoms, the list of pathologized behaviors. Talking to oneself has some relation to a multiple sense of self, with this I can agree. But I don't think we should be so quick to pathologize this behavior, this multiplied, reflective self-structure—and not just because I do it and don't want others to think I'm weird. When one is weird but doesn't know oneself as weird, one does not feel weird but *herself*. I say this because I think talking to oneself in such a way is an expression of a multiplicity of self that does not dissolve self-cohesiveness but maintains the glue and makes the cohesiveness stronger by acknowledging the cohesiveness as a cohesiveness—for we would not have need for the concept of self-cohesiveness if there were not the opposite—fragments, pieces, components.

The *all of me* does not feel addressed through singularity. Often, there is restraint of a part of me, of *parts*, and I must wait for privacy to be that *whole* again. Yet, I would never describe these parts as distinct personalities, or even separate personalities—they are different, but they have an interconnectedness that negates any possibility of chipping them apart as a

group of singular entities. I am a multiple that cannot be singularized, and as multiple I feel more attuned to my cohesiveness—to my composition.

Many times in this text when I have used "we," sometimes I mean society at large, sometimes I mean mental health professionals, sometime I mean you (dear reader) and I, and sometimes I just mean myself only. The we that is me.

Why, then, is the mainstream psychological viewpoint on this just the opposite? Why is the multiple pathologized?

Could it be the connection of the multiple to the feminine and to women?

In addition to introducing the concept of the feminine in *This Sex Which is Not One*, Luce Irigaray also introduced me to the notion that woman also is multiple (and as a result, due to the feminine's connection with women, the feminine is multiple, too). What does Irigaray mean by saying that women are multiple? She uses anatomical, biologically-essentialist language to build her argument for the female multiple:

> Thus, for example, woman's autoeroticism is very different from man's. In order to touch himself, man needs an instrument: his hand, a woman's body, language. And this self-caressing requires at least a minimum of activity. As for woman, she touches herself to distinguish activity from passivity. Woman 'touches herself' all the time, and moreover no one can forbid her to do so, for her genitals are formed of two lips in continuous contact. Thus, within herself, she is already two—but not divisible into one(s)—that caress each other. (Irigaray 1985b, 24)

Irigaray's conception of the multiple also includes the property that the multiple cannot be broken down into singular parts, disconnected. These parts do not exist independently of one another in a way that is rather difficult to wrap one's mind around. For one's mind is *one* mind, is singular, is individualized. There is a separateness that is presumed. This individuation precipitates a perspective which can reduce all to parts, that can dis-engineer stereos, that can treat symptoms as a replacement for treating diagnosis.

Therefore, the metaphor of the parts and the glue when discussing self-cohesiveness a moment ago was really not quite the right picture. All I can say is that it is like talking to yourself as though you're two people but you are also one person—both of these things happen at the same time. You are two people talking and a person talking to herself. This is not a matter of both at once, however; they cannot be thought of as separate. They are both but they also can never be both because they can never exist separately—the constraint of language here is striking.

Language, and thus discourse, is privileged in speech In *Of Grammatology* (1967), French philosopher Jacques Derrida discusses the prevailing notion that language is logocentric, meaning that all language truly originates from speech and thus writing is merely a subordinate form of language to speech because it merely stands in place for speech (Derrida 1967). That language constrains itself to speech requires two subjects—the speaker who sends and the receiver who responds. Writing is a delayed form of message transferal from one subject to another and thus this marks writing as a less efficient and inferior (subordinate) form of language. If verbal speech requires the existence of two subjects in the immediate, how does one talking to oneself fit into this structural view of verbal communication?

I feel it pressing to address Irigaray's use of the labia, the clitoris, and the vagina to describe the multiplicity of women. Irigaray explicitly uses the two touching lips to directly illustrate woman's multiplicity as though the labia were tangible proof of the multiple. This explanation, framed in this way, is a classic gender-essentialist viewpoint which is blatantly transphobic because it originates multiplicity and the feminine in the female genitalia. If woman *originates* in the genitalia, originate being a word that injects a factor of time, then logically even

those who go through and can afford sexual reassignment surgery will still lack the genitalia possessing "origin."

By this point, I hope the cis gender-essentialist viewpoint sounds a bit absurd. In much the same way we laugh at Freud's preoccupation with genitals and bowel movements; I believe it sounds ridiculous as well. If the feminine is unknowable and unlocatable, then how can it be posited that the feminine has an origin, is reducible down to a birthed singularity? But I also do not believe Irigaray intends for her theory to be read quite so literally (nor, I believe, does Freud). She uses gender essentialist language and concepts on purpose, but her motive for doing so is more to queer our reading of traditional psychoanalytical literature rather than to perpetuate its supposed essentialist teachings.

Quite often, the Freudian concept of penis envy is taken literally—the phallic stage refers to a girl-child's actual discovery of "genital lack." Penis envy then forms, which is literally the girl wanting that penis. Wanting that physical penis, to have and to hold, to stroke and to pillage and to fuck. That's what psychology largely thinks of when it refers to Freud anyway. That's where the smirks and snickers bubble from whenever he is mentioned in class. Just a man, with some good ideas no doubt, but largely obsessed with his own dick.

To apply the same logic to Irigaray as to Freud, she would appear as nothing other than his genital complement, someone preoccupied with the complexity of her genitals, her duplicity personified in lips. Yet, to relegate woman, to confine the feminine to the theoretical assumptions of the masculine just perpetuates the same idea (a vaginally-led concept of the world is still a phallicly-led concept of the world, just restated). It continues the same, in the masculine vein. Irigaray elaborates on the problem of using masculinist power dynamics, patriarchal conceptions, to conceptualize the feminine: "The rejection, the exclusion of a female

imaginary certainly puts woman in the position of experiencing herself only fragmentarily, in the little-structured margins of a dominant ideology, a waste, or excess, what is left of a mirror invented by the (masculine) 'subject' to reflect himself, to copy himself" (Irigaray 1985b, 30)

To see woman as vagina is to still only see man as penis. It is not a re-structuring of theory, but the same. If you paint the master's tools pink, they are still the master's tools. To use the same theory, the patriarchy's theory, is to use the patriarchy's tools. It is Audre Lorde who describes the oppressor's tools as the master's tools. It is Audre Lorde who so eloquently stated that "the master's tools will never dismantle the master's house. They may allow us to temporarily beat him at his own game, but they will never enable us to bring about genuine change" (Lorde 1984a).

Whether or not Freud truly meant his theories as literal or not is a much larger question for a much longer day. But as the current public and professional psychological spheres largely interpret his theories as literal, that is the important part of the equation. Once sent into the public, a public that lives in and was very much conceived by a patriarchy, the end result, the message received, is one of penis superiority. The reflection of this, the mirror image, is vaginal superiority. If Irigaray were truly attempting to engage with the feminine, would she have such an oversight about a blatant recapitulation of patriarchal theory? I do not believe so.

If Irigaray is not being literal when she talks about two lips in contact, how woman always touches herself, how she is body that is not individual, then what on earth does she mean? What does Irigaray try to highlight through her queering of traditional psychoanalytic views and her blatant brandishing of the master's tools to introduce a radical concept such as the multiple?

In order to know what the master's tools are, they first need to be identified as such. By equating the labia with multiplicity, Irigaray highlights how phallocentrism is associated with

singularity. As a phallocentric ideology by nature, the patriarchy advocates for singularity. The one perfect organ. The correct way to do something. The individual. Singularity allows for definitive definition. Definition allows for taxonomy, categorization. Order. Ranking. All of these are ideals of the patriarchy.

Singularity is a way to exert power and control. Reduce one down to one—a function. A wholeness to be captivated and captured. A specimen to be understood—the understanding by science that the only properties which exist are those we can capture and measure, those are the only properties that matter, those which reduce the organism to a conquerable entity, a treasure to be unlocked.

Singularity is also single-minded. It does not quite capture the whole of what it's examining. It misses crucial components of a life, of an object, of an experience. Irigaray highlights the absurdity of her cis gender-essentialist straw man argument when she contradicts her previous point of the vaginal origination of the multiple:

> But *woman has sex organs more or less everywhere.* She finds pleasure almost anywhere. Even if we refrain from invoking the hystericization of her entire body, the geography of her pleasure is far more diversified, more multiple in its differences, more complex, more subtle, than is commonly imagined—in an imaginary rather too narrowly focused on sameness. (Irigaray 1985b, 28)

That sameness refers to the disguising of the masculine as something different when it is really just more of the same.

A singular view of the feminine would not be an accurate representation of the feminine. This is where Irigaray posits the multiple nature of the theoretical feminine. What are the implications of this multiple feminine in regards to my research question of the feminine and its manifestation as psychopathology in some people?

To even ask these questions, then, is not to embark upon a singular line of inquiry, for if the feminine is multiple so too should we not expect to encounter her in only specific instances, in only specific places, only under certain circumstances. We should not expect that the feminine has but one manifestation, nor that a singular symptom in a person comes from a singular origin with a singular message. All of these factors are open to a multiplicity. To ask questions always involves multiple askers and multiple recipients. To receive any *one* answer is always to receive but half an answer.

These concepts are reflected in almost any overview of contemporary psychological literature and to note the prevalence of outlier data. To make statements without numbers is to say nothing, in terms of "empirical evidence" –but empirical evidence almost always has outliers, those few persons who score way off the mark, atypical anomalies. The outward edges of a bell curve. Quantitative psychological research is conducted for a reason—to come up with an answer. To unlock predictions and patterns for the purposes of invention, treatment and prevention. Its very purpose is to make generalizations, which is why in psychological research we are concerned with finding significance in our data, rather than having our hypothesis apply to each and every participant in the study. As long as your data hits a statistical sweet spot deemed "significance," you can thus state that the research supported your hypothesis. Those participants whose data did not follow the trend of the majority, who become "insignificant" in the face of the rest of the data achieving "significance," are the outliers.

The problem lies not with the existence of the generalization, but with over-focusing on the generalization to the point that the outliers are entirely eclipsed and then forgotten, are deemed insignificant and never tended to. When there is success for nearly all subjects in the study, it is counted as *the* success—which, while there is some success, it is not *the* success but *a*

success. The inquiry should not stop at the "conclusive" generalization, for if the outliers are not considered seriously as well then the work will only ever be partially done. Psychology will always continue to fail some— to fail in its breadth and its scope.

Does problematizing how traditional quantitative research is concerned with only generalizations, only significant data, for the most part (which, I have just made a generalization myself—can we ever get away from them?) means that I am against such research? No. It has its place. I am not calling for favor of one *for* another or one *over* another, but rather *more, all*. How can we conceptualize and begin to interact with and understand the *feminine's multiple* when we have such a difficulty of accepting that there may never be one cure for a disorder in psychology in the first place?

In theory, the study of psychology is a balanced approach. Because no one way has ever yet been proven, and due to the complexities in studying the whole of living experience, there is some multiplicity of epistemology and treatment. Under the guidelines to become an accredited doctoral program by the American Psychological Association, the most recent version of the document states: "the COTA [Committee of Accreditation] recognizes that there is no one 'correct philosophy, model, or method of doctoral training for professional psychology practice; rather, there are multiple valid ones." (APA Office of Program Consultation & Accreditation 2013).

Fair and balanced in inquiry. No favoritism. At the most superficial face value, of course.

And indeed, there are programs in existence for all the major theoretical schools of thought: cognitive, behavioral, systems, psychoanalytic, humanistic/existentialist, etc. It is possible to receive a philosophy doctorate in clinical psychology in a program with any one of these focuses—much of the time, even when a focus is declared, a small amount of study from

other theoretical frameworks is required as well, in order to foster a liberal understanding of psychology.

Where bias towards the singular shows is when we look at what is being funded—who is getting the money and therefore able to conduct more research and attract more scholars?

A 2011 study by Norcross et. al surveyed by email 232 training directors of APA-accredited clinical psychology doctorate programs (which makes up the vast majority of total clinical psychology programs in the United States) regarding several different factors about their programs, which were divided into six different categories: freestanding PsyD programs[6], university professional school PsyD programs, university psychology department PsyD programs, practice-oriented PhD programs, equal-emphasis PhD programs, and research-oriented PhD programs. Imagine, if you will, that the six categories listed, in the order given, were on a spectrum—they would run from the most clinician-based and least research-focused to most research-focused and least clinician-based.

As we travel towards the research-end of the program spectrum, the amount of funded students increases at every point. To the very left of the spectrum are the free-standing PsyD students, those in programs that are not research-based and not connected to a university—often these are institutes with very specialized focuses. In the data presented by this study, only one percent of students enrolled in these free-standing PsyD programs received a tuition waiver plus an assistantship or fellowship (essentially a living stipend, though whether this stipend is full or partial is not specified with the data presented by the authors) (Norcross 2011).

Contrast this figure to the complete other end of the spectrum, research-oriented PhD programs, where few students are expected to go into practice except at a center which combines

[6] A PsyD is a Psychology Doctorate, which differs from a PhD (Philosophy Doctorate). One is a doctor of psychology, of practice, while the other philosophy, of theory and knowledge production.

practice with study. For example, one of these types of programs, at the University of Michigan, Ann Arbor, places in the introduction to their Clinic Science program on their website: "our programmatic commitment to a clinical science training model indicates that potential applicants who desire careers in clinical practice will not be well-served by our program. Our program is optimal for those who desire careers as clinical scientists and academicians" (Norcross 2011). Students furthering the work of research and academia, rather than primarily involved with carrying out the practice of psychology, are certainly necessary to the field. However, they enjoy an astronomical level of financial support from their institutions which practice-focused students do not—this study finds that 89% of these students received a tuition waiver plus some form of stipend. Conversely, 8% received help in the form of assistantship-only, while 13% of the free-standing PsyD students received assistantship or fellowship assistance only—that the free-standing PsyD figures rate 5% higher on this variable than the research-oriented PhD programs is easily explained by a simple review of the statistical realities—89% is so high that there is not even 13% left to receive comparable fellowship-only data! Altogether, 97% of research-oriented PhD students receive some form of institutional aid—the remaining three percent could very well even be explained by some people coming from quite privileged backgrounds who are able to pay their own way, or who possess some form of all-inclusive outside funding, a variable which this study does not consider (Norcross 2011).

There are also considerably more research-oriented PhD programs (n=93) than free-standing PsyD (n=18). This means a much greater output of strictly research focused psychologists than those concerned with putting theory and measurements to practice, who are perhaps trying to change the data on the ground level (but again, not that we do not also need *some* research oriented persons—their role is merely overbearing, not in need of going obsolete).

What of the data for the category of PhD programs with an equal emphasis on clinical practice and research? While the numbers are much more promising than any of the funding levels received by students in *any* of the PsyD programs, the support for these students still pales in comparison with PhD programs balanced towards research—the equal-approach students only received a tuition waiver and stipend 54% of the time, which significantly differs ($p<.05$) with the 89% received by students in research-oriented programs. Clearly, those controlling the money are putting it towards the research end of things, rather than the practice side (Norcross 2011).

What is meant by research when used in relation to this study? That is also an important aspect to consider—is this allocation of resources being put to good use, at least? Is the pursuit of psychological theory as varied as the APA claims it advocates for?

While not inquiring as to the core mission statement of each program nor the study topics of its doctoral students, the researchers did obtain information regarding the primary theoretical orientation of each faculty member at the APA-accredited institutions. Both the equal-emphasis and research-oriented program categories were overwhelmingly comprised of faculty who engage in a cognitive approach (above 60% and above 70%, respectively). Free-standing PsyD programs had the lowest interest in the cognitive approach with 28%, which is nevertheless still a substantial number of cognitive folks. The difference is that the approaches taken in the PhD programs are unbalanced in their representations amongst the population of faculty. The bars for cognitive faculty stand tall and intimidating against the squat smudges of the other theoretical approaches on the bar graph (Norcross 2011).

Not only are the majority of students in doctoral psychology programs pursuing research-oriented PhDs, but the overwhelming majority of that population is homogenous in their approach as well—cognition is king these days.

Why is such a heavy emphasis on cognition and cognitive neuroscience within psychological research problematic for my inquiry of the feminine? What is cognitive psychology? Cognitive psychology is "the study of higher mental processes, such as perception, memory, language, problem-solving, and abstract thinking" (American Psychological Association 2014). This is a field of study which emphasizes neurological processes. It asks the primary question of *how* people think, which allows for agency in the body if the *how* is through neuorological, bodily processes (careersinpsychology.org/interview/dr-art-markman/). Cognitive psychology is not inherently closed to any interaction with communication of the (feminine) body. The danger in studying specifically rather than broadly is that other important questions can be missed. How thoughts occur is a question which fascinates me as well, and an area of inquiry I feel is just as important as any other. It is not the importance of cognition that is questioned, however, but the importance of questions other than the *how*, such as the *why*, the *who*, and the *what*?

If *why* is not asked, it is like asking *how* one built a moat in the yard around their modest ranch-style home but not *why*—to me, they both seem questions worth of equal merit.

The APA certainly does recognize multiple frameworks in some way, as evidenced by the *existence* of different accredited programs from different theoretical frameworks and approaches. But is this recognition of multiple frameworks a real, in-practice thing, or is it just for show? Raw data from this study is unfortunately not available; it would be interesting to see,

amongst these research-oriented PhD programs, if the amount of funding differs depending upon the type of research conducted and to what extent that inequality exists.

My guess is that the *intention* of allowing for multiple frameworks is there—otherwise why include a multiple approaches viewpoint in the literature? Certainly there is a greater desire amongst undergraduate psychology students to find radical, innovative ways of conducting treatment and perceiving psychopathology due to the freedom of study at that level and how aid is not typically linked to a particular focus—the intention of multiplicity is there for the graduate level, but the *money* gets in the way. Who wants to go tens of thousands in debt just to have a career, on top of debt accumulated during undergraduate years? Hard work is supposed to pay off, that's the lesson we're told—therefore, I do not blame anyone who goes where the money goes. Perhaps the money goes to cognition because of empirical evidence—validity of evidence is not at consideration at this time. It is the singularity of evidence gathered which I am at odds with.

In terms of talk therapy, the cognitive model is most associated with Cognitive Behavioral Therapy (CBT). This type of therapy involves confronting thought processes and identifying the corresponding behaviors to these thought processes. Interruption of a perpetuating thought-behavior-thought-behavior system by incorporating subtle changes in thinking and behavior is the basic operation behind CBT. There is much empirical evidence supporting the success of CBT in many patients who undergo this type of therapy. CBT is also a favored form of psychotherapy by insurance companies due to its ability to produce faster results than psychotherapy.

If I could remove the negative connotations of brainwashing and reduce that word down to is literal meaning, to manipulate another's neural pathways to produce a desired outcome of

thought patterns and behaviors, I would be inclined to refer to CBT as a form of participatory brainwashing. CBT literally teaches one to think and behave in different ways. Another less loaded word for brainwashing could be neuroplasticity I suppose, the ability of the brain to form new neural pathways by the influence of repetitious thoughts or behaviors.

I am an advocate for CBT as a creative form of therapy that trains the self to identify and interrupt negative ruminations and patterns. I think that it is a great tool to foster positive self-imagery and for crisis intervention. And as I believe in the principle of the multiple for some people, the interruption of the rumination could be enough. But not for everyone.

The ruminating thoughts return. The obsessive compulsions creep out of other actions. No matter how many times I convince myself I am not someone visually resembling a deformed dumpling, I am back to the negative ruminations about my body image within months. The techniques of CBT help to assist in an immediate cause, such as behaviors. You know that giving up skateboarding just means you will start mountain biking within a few months. And then, the scrapes are still there. The underlying, long-term origin of the scrapes is never addressed. You never learn to wear knee pads, to gently fall.

The cognitive model is most closely associated with the biomedical model, as both deal with "the brain itself." Scientific validity is based upon empirical evidence—as in, the ability and occurrence of repeating one's study to determine the validity and reliability of the results. The more something is studied, the more a particular citing is relevant, the stronger that piece of evidence becomes. That is how empirical evidence is born.

If three-quarters of research-based clinical-psychology doctoral programs follow one theoretical model—cognition, a theory which is inclusive of psychiatry (which is also primarily concerned with the biomedical model of psychopathology)— this enormous pool of researchers

with similar interests (who are given money to make this their interest, if not organic) obviously adds up to a lot of empirical evidence. It's a numbers game, that framework with the most research has the biggest voice and wins the gaze of the public and the majority of research funding.

A 2012 commentary on evidence-based medicine (EBM) in *Philosophy, Psychiatry & Psychology* (Thomas, Bracken, and Timimi 2012) highlights how the biomedical model of psychology perpetuates itself by strategically setting up how the public views its field:

> For psychiatry, EBM presents a much more robust challenge to its various drug treatments and other interventions than in other branches of medicine, where evidence for the lack of efficacy of particular treatments does not necessarily undermine the diagnostic system. This is because the validity of most medical diagnoses are on a sounder, causally based biological footing. Technological psychiatry finds it extremely difficult to face up to this fact. It attempts to deal with it by clinging to the technological model, as though all you need to do is repeat the incantations 'EBM' to preserve the diagnostic framework on which it depends… the elevation of the methods of scientific inquiry to ideology. (Thomas, Bracken and Timimi 2012)

There is no way to test the validity of the neurotransmitter imbalance theory because we have yet to find a way to measure NTMs in the brain. All we know is that psychopharmaceuticals work on some people and not on others. American psychoanalyst Gail Hornstein would say that basing the very fact that SSRIs are successful in some people as proof that serotonin imbalance caused the depression is the same as saying a headache is caused by lack of ibuprofen if the headache is cured by an Advil. We know that this is not how ibuprofen works, so we do we assume SSRIs work in this way? The cognitive model, which encompasses the biomedical model, is a legitimate and indispensable way, but it is only *one* way, and to skew things so far in the direction of *one* way is to essentially espouse that there is only *one* way, a singular way, and so one day we will perfect this way and we will cure it. We will regulate

everyone's neurotransmitters to a scientifically-defined acceptable normalized level, and the world will be a better off place, NTMs commuting as they should.

Recently, I have had the pleasure to participate in an undergraduate psychology seminar with others from a more cognitive, neuroscientific traditional background. While I enjoy the input from various theoretical viewpoints and advocate for a greater conversation, towards a more fully interdisciplinary approach—while I've enjoyed this experience, I am often taken aback by the one difference between the psychology students and my comrades in the gender studies department—this strong desire for *an* answer. And I can sense the unrest when it does not come. When that singularity is not fulfilled, because at least in academia there is a bit of honesty. Proof cannot escape scrutiny, and a psychology classroom is the last place where you would hear the word proof thrown around, as we must be very careful in psychological theory never to state we prove anything.

Supposing that the feminine is multiple, and that the feminine is what manifests as the state we pathologize as depression in some people, does that not mean there is great risk of neglect in focusing our inquiry as a line, as a singular way?

Will that be one of the biggest hurdles to a step towards acknowledgement of the multiple, the adjustment to questions that will never have *an* answer, that will always be multiple, that will always be relative and relevant? Relative to the nuances of the person and relevant to the surrounding environment, the circumstances, to the allowance for the expression of multiplicity in the ecosystem.

A fuller engagement and consideration of the feminine requires engagement with the multiple. Not just a promise, as one put forth by the APA, but a multiplicity *in practice and in*

theory. The biomedical model need not be so anxious as to always hold itself up as *the* one way—it does not have to go anywhere, it just needs to share the spotlight.

A more equal distribution of research focus will lead to a more interdisciplinary, more feminist approach to psychology as different theorists work together to use a whole person approach. Unconscious discomforts from difficulties during upbringing and traumas (no matter how small or big), neurological functioning, stressors and the societal factors instigated in creating and exacerbating that stress, brain injuries, object conditioning, these would all be given equal consideration in an interdisciplinary approach. It would not simply be looking at an issue from each one of these viewpoints separately, but integrating them in inquiry so that the very study of psychology can be thought of as a multiple endeavor—no singular methodology, no one epistemology, but always at least two which come in contact with one another…just like two lips that are not reducible to one, that are always touching. For psychology to acknowledge the multiple is a step for psychology to acknowledge the feminine and thus the whole(s) of personhood—the whole(s) of experience. The beginning of room for the consideration of a multiple feminine from theoretical constructions that are also already multiple. Never ceasing to search, to consider another way, because there is no telling how the feminine might manifest herself next.

4

Queering Neurotransmitters: Body Talk

The biochemical model of depression theorizes that a chemical imbalance of neurotransmitters in the brain causes the melancholic psychological state. Nearly anyone in the United Stated with a television knows this, due to the countless anti-depressant commercials in which a voice-over states this hypothesis in order to provide a reason that the consumer should take this medication. The imbalanced neurotransmitter theory has gained much prevalence in the past twenty years, due to direct-to-consumer advertising in the United States and a fair share of research funding to support this theory.

Though there is not yet any way for us to measure the actual activities and quantities of specific neurotransmitters in the brain, in real time, the use of medications that directly affect their targeted neurotransmitters (most often serotonin and dopamine) do appear to have an effect on many people who report the experience as positive. My frustration with the psychiatric community is that my experience in not choosing medication was ignored by those who are blindly over-zealous about their preferred treatment approaches. Thus, I am not comfortable making blanket statement regarding medication and choosing for others what they might not choose for themselves. I would be doing to them as they did to me.

But I will admit that I did not always used to be like this. I used to react defensively against any mention of a biochemical model of depression. Others could take medications, sure, because it wasn't my place to make their health decisions for them, yet I still held my own private belief that the biochemical model was simply untrue. I found it offensive and biologically reductionist.

Yet, I have in recent years come to evolve my opinion regarding the biochemical model. The first factor that influenced my change of opinion was my introduction to the feminine and the idea of a multiplicity of psychopathology. I could no longer comfortably hold a single-minded view of depression. I had to acknowledge the personal-ness of my experience and the differences amongst people. Second, the more I theorized upon my own depression, the more I wanted others to respect my personal interpretation and subjectivity. It then felt hypocritical to deny the voices of others about their own experiences—who was I to speak for them?

And third, I have come to realize that by holding a view of biological reductionism, I have in turn also *reduced biology*. I fell into that faux pas of perpetuating Cartesian logic, the Enlightenment ideal that solidifies the mind/body split. Vicky Kirby (2008) explains how Cartesian thought is opposed to feminism in that "theorists of gender, sexuality, and race, for example, have found that Nature/the body is routinely conflated with woman, the feminine, the primordial, with unruly passion and 'the dark continent'—all signs of a primitive deficiency that requires a more rational and evolved presence (the masculine/whiteness/heterosexuality/culture and civilization) to control and direct its unruly potential" (Kirby 2008, 215).

In the mind/body split, it is the mind that reigns supreme and rules the body, almost as a mainframe controls the computer hardware (supposing that the mainframe itself is not merely

just circuitry, but powered by that invisible force, energy, mind). The mind/body split is an inherently patriarchal notion, then, for it upholds mind (masculine) as ruler of body (feminine).

As a feminist just embarking on this awakening of critical observation and critical theory, I was obviously unsettled that I held views directly upholding Cartesian thought by negating my body.

What does a serious feminist engagement with neurotransmitters look like? If the neurotransmitters are not flowing in a way that produces wellness, *why*? And the question to follow, *how*? Vicky Kirby (2008) describes the current acceptable explanation in this line of inquiry:

> There is little risk in most contemporary criticism, for example, of attributing agency and intelligent inventiveness (culture) to the capacities of flesh and matter (nature). In sum, nature is deemed to be thought-less. and political interventions into Cartesian logic are much more likely to preserve this assumption by expanding the category 'culture' to include whatever it is defined against. (Kirby 2008, 217)

If nature is thought-less, then neurotransmitters are thought-less because neurotransmitters are nature by definition—they are the soma, the body in the mind/body split—the thought-less machine (Foucault 1975). I find there to be a mild amount of irony that the very stuff which is purported to facilitate and influence, to essentially *create* thoughts, is itself viewed to be thoughtless.

Kirby, also, is not too keen on this understanding of nature. She addresses the logical fallacy of the Cartesian logic as well as the role of power and fear of relinquishing power in denying true agency to nature:

> If we translate this separation of culture from nature into the mind/body split, it seems that the Cartesian subject can admit that s/he has a body (that attaches to the self), and yet s/he is somehow able to sustain the belief that *s/he is not this body.* This denial is necessary because to contest the latter and all its possible

> consequences would at least suggest that it might be in the nature of the biological body to argue, to reinvent, and rewrite itself—to cogitate. (Kirby 2008, 221)

Thus part of the aversion to the biochemical model is the aversion to the idea that the body has agency. Taking anti-depressants is just throwing a pill at a chemical, like flipping the switcher on the railroad tracks so the train cars take a new direction. One inanimate object led by another.

It is entirely something different to ascribe agency *and* psyche to nature, to neurotransmitters. If neurotransmitters possess a psyche of their own, as biological entities, as *nature*, then neurotransmitters also possess the capacity for language and culture, for the particularity of a psyche is its ability to conceptualize and communicate meaning. Referencing the autonomic processes of the body, Kirby declares that "perhaps the meat of the body *is* thinking material." (Kirby 2008, 221)

If neurotransmitters are body, then neurotransmitters are thinking material. And to think, to express oneself, language must be involved, no matter what form the language takes on, including biological processes (Kirby 2008, 224).

What is the relationship of depression that is caused by the supposed chemical imbalance in the brain, to this notion that neurotransmitters possess language? In *Psychosomatic* (2004), Elizabeth Wilson engages in a serious interdisciplinary study of psychopathology as she considers both the biochemical mechanisms of psychopathology and critical feminist theory about biological reductionism. During her first chapter, Wilson discusses Freud's early work on neurasthenia, a "nervous weakness" that causes discomforting somatic symptoms, and to which Freud attributed the onset to sexual neuroses. Neurasthenic melancholia in particular was related to excessive masturbation, which essentially overstimulated someone's pleasure receptors until

burn out occurred (Wilson 2004, 20). However, Wilson actually brings up Freud to defend his work due to its centering of somatic psychopathology *within* the soma instead of beyond it:

> Not only is depression neurological, but neurology is also depressive. Rather than simply leading to depression, neurological matter itself may become weakened, neurasthenic, depressive: neurology doesn't stand to one side of the effects it facilitates. This kind of neurology sometimes breaks down; this kind of neurology needs words and chemicals and affective attunement to keep working; this weakened and depressed neurology underscores the literate and sometimes melancholic nature of biology in general. (Wilson 2004)

Wilson explicitly shows that neurotransmitters have language when she emphasizes that vulnerable neurology *needs words*. If neurotransmitters are language, and psychopathology is a message, what might that message be? For some theorists, such as complementary and alternative medicine (CAM) practitioners, the message of depression is that of a gift. Neurotransmitters are not merely imbalanced for no reason, but because they are trying to say something.

Barbara Willard (2005) discusses the use of the gift metaphor when conceptualizing one's own psychopathology, rather than regarding one's "condition" as an enemy to be eradicated and feared: "CAM practitioners replace a straw man metaphor…where illness is the enemy, with a metaphor of 'message' or 'gift,' where illness is a communicative force that tells the patient what is wrong in his or her life. The gift is the message itself." (Willard 2005, 127)

The message of what we deem "psychopathology" is often one situated and conflated with pain—again, there is a reason people seek out help for psychological reasons—to theorize on psychopathology as a message is not to render its effects benign, to theorize away the literal suffering involved. To do so would be to ignore the body, the neurotransmitters, and the subjective experiences. Is it a good thing to suffer for a gift? I should hope not, for such a masochistic principle seems righteously unfair, according to my own personal reaction.

Of course, to conceptualize symptoms as gifts begs the question of why these gifts must come in forms that accompany distress and pain. And to return to the theory that the feminine has a possible role in psychopathology, if these gifts are then a language of the feminine as much as neurotransmitters, is that not a masochistic reading of the feminine, which is consistent with patriarchal assumptions?[7] Of course, pain does serve a purpose. It is an effective way to communicate and receive results, because pain is generally paid attention to, tended to.

Do we only respond to pain, though? Does the feminine *only* send messages of pain through depression or are there other messages as well—the slow crawl up the well, the halting reflection?

Furthermore, is the depressive state the message itself which ends once the episode ends? What of the feelings and experiences after a major depressive episode—is the aftermath not also part of the episode? The aftermath would not occur without the preceding event, and thus the emotions after a depressive episode, which can be linked to the depressive episode itself, are also part of it as well. One could not exist without the other.

What happens during this time period?[8] Sometimes it is just life back to usual—not great, not bedridden, just cloud covered skies and instant coffee (unless you're into that sort of thing, of course). But sometimes there's a re-formation that feels like re-birthing. I have described it before as coming back from the dead—as though you are left with all the memories of purgatory, you are back from the dead and you are alive.

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[7] I am reminded here of Freudian psychoanalyst Helene Deutsch and the three main components of woman's psychology she proposed, which were narcissism, passivism, and masochism in *Psychology of Women* (1944).

[8] If it does happen, of course—not everyone would describe their experiences with depression as occurring in episodes. I mean only to speak for my own experience with depression and for others who feel they can relate to my experiences. It must always be understood that one person's experience of a psychopathology can never speak for the whole of the group.

Though I did dare the bold declaration that I left depression, I am not without my relapses, which are short lived and bound to stress—these mini-breaks, of which I have experienced many during my last semester as an undergraduate student, are difficult when they occur, and yet afterwards I would not have asked for things to have occurred any other way. Each unraveling, when it is over, after I have interpreted the message, has left me feeling more validated in my personhood and more at peace with my life as I work towards reconciling long-standing self-esteem issues. In short, the pain is overshadowed by the contentment experienced in the aftermath.

If depression can be illustrated as an unraveling of one's day to day life, in the way that it produces non-functionality, then isn't it the *process* of corresponding re-assembly (if it occurs) also a part of the same process, just the next step? Isn't a corresponding sense of resilience and contentment after coming out of a depressive event also part of the message, too? Do we limit our study of depression when we only look at the presenting symptoms and not those emotions that occur after? Could we only be acknowledging the bad to overlook any good?

How could we practically address the possibility that in some people, the neurotransmitters might be a *message*? Another fundamental question in this consideration of language arises: if neurotransmitters are language, how do we *respond?* How do we engage in communication, as objects of culture who cannot engage with nature without simply seeing ourselves and thus engaging with only what we want to see? Can you *respond* to the feminine if the feminine is unknowable and our only existing forms of communication are those bred by the patriarchy and thus insufficient for accessing the feminine?

If we cannot communicate, then what is the point of all this theorizing? Why discuss the role of neurotransmitters as language at all when we cannot *do* anything about it? Pills seems to

be getting their message across just fine after all, some would say. Why bother recognizing neurotransmitters as a language if we view communication as a two-way enterprise?

We may not be able to talk back or fully comprehend the message as it comes, but we can interpret by inflection much in the same way as you can usually catch the gist of what someone's talking about in a language foreign to you if they use enough animation and flamboyant gestures. The intensity of a depression would certainly qualify as a flamboyant gesture. So, even though we may not be able to fully understand, we can grasp at hints. We can *try*. I see no harm in trying.

What I do see harm in is the polarization of the psychopharmacological debate. The danger in this debate is that this contentiousness has placed focus on the wrong issue. Instead of studying to fix neurotransmitters we should first embark on that which we have not yet done, which is to consider the culture and language of neurotransmitters. No tinkering, no fixing, but understanding. If we could approach the study of neurochemicals and handle the theories of neuropsychopatholgy with a bit more of an open mind, from all theoretical orientations, then perhaps we might come closer to building theories of etiology and care which more properly address and perceive messages. Messages spoken by the language of neurotransmitters and a language of the feminine.

If depression is a chemical imbalance for some, does the theory ever go so far as to ask *why*? What could this chemical imbalance signify? To take an approach of listening to and caring for neurotransmitters, rather than setting out to conquer and fix neurotransmitters, is to use a feminist ethics of care approach. Josephine Donovan and Carol Adams explains the origin and basis of this theoretical approach: "Feminist ethic-of-care theory, originally derived from Carol Gilligan's celebrated *In a Different Voice* (1982), which identified women's 'conception of

morality' that is 'concerned with the activity of care…responsibility and relationships,' as opposed to men's 'conception of morality as fairness,' which is more concerned with 'right and rules'" (Donovan and Adams 2007, 2).

While care of the disorder may be the underlying reason behind prescribing anti-depressants, care of the neurotransmitters themselves is not necessarily part of the psychopharmaceutical discourse. We should seek to understand rather than conquer. For, neurotransmitters will *never* be conquered, if they are a communication of the feminine. There will always remain something unknowable, something out of reach. We must then focus on a relationship with neurotransmitters rather than a dictatorship.

And who knows—perhaps the more we listen to neurotransmitters, the more they will speak. The more we may seek to understand rather than to know.

5

Emotional Resistance: The Joyous Revolution

If I look to my own narrative of how it came to be that *I left depression*, I should theoretically be able to come up with the reason(s) why that occurred. I could look at the base facts of the situation in terms of what changed—the main event was going back to school, but with a different mindset and in a different atmosphere from before. So, being allowed to pursue education and participate in creative output. Enjoying doing something that is esteemed by society as well as altering my social class (even if not my economic one), that of academia. These steps were both pleasing to me and to wider society as well. That Western theory of individualism, of if you just work hard enough then good things will inevitably come (which, while hard work was involved, I know it is not the only factor which enabled me a good chance at an elite institution). Of course, my area of interest (alternative approaches to psychopathology) may not be widely accepted within this privileged pocket academia, but I am not disillusioned nor feeling like an unwanted outsider because of this. I feel like *me*.

For me to prescribe school as the cure for depression as if on a doctor's notepad would be absurd. School is not the answer for everyone, it is not the path for everyone, it is not some better bragging thing, just an option. It is not just the act of going back to school that allowed my outlook to lift. I feel it is not that I responded to my hollowness with school which lifted my

depression, but the very act of my responding itself, again and again, listening more intently to my depression each time, which moved me out of hell.

I mentioned many chapters ago that the feminine is what I feel. I would like to explain this statement a bit more here. As the feminine is an unknowable, I do not mean to state that there is this energy, this entity, which comes through me as emotion. This would implicate the feminine as a touchable, a tangible, and a locatable, which it is not. What I meant with this statement is that what I feel is *relatable* to the concept of the feminine. What I feel is unknowable and unlocatable, without origin, without definition. What I feel resists regulation, resists rules, and runs until the intensity of revolution.

What I feel has changed over the course of my life (as it does for most anyone). In responding to the messages of depression, in responding to my feelings, over time those feelings I knew well to be depression have subsided. But there are other feelings I still have which feel just as intense and deviant as those during depression. These other feelings are reminiscent of depression, because they share similar traits, but they are not depressive feelings at all.

They are feelings of joy.

How can I say my joy reminds me of my depression, what does that mean, what does that look like?

It looks like sobbing from immense joy in a room full of your friends and wondering how they cannot feel the shift in the composition of reality, the interconnectedness of everything.

It is howling at the moon with your friends during the monthly Lunar Society on campus gathering and still feeling the effects of your connection bellowing out to the full moon weeks later.

It is walking through the woods when suddenly you are met with the desire to hug and share stories with *this* tree, then *that* tree, and suddenly a whole terrain of trunks calls out to you for a brief connection, a hello, how-do-you-do. The chattering woods illuminate a kinship I was not privy to before. A new family, a new home, and new archetypes of family and home are borne in these moments.

I do not mean to give the notion that the trees literally call to me—I am not a voice hearer, nor do I experience what are called visual hallucinations, and I do not speak for the experience of those persons. I speak of my own experiences, of my own feelings. Nor do I intend to espouse that I am more in touch with my emotions, that I take care to do emotional work which others do not—many of the friends included in my anecdotes spend time doing emotional work and are compassionate persons.

But, just as my feelings of depression, these feelings of joy do appear deviant. And they feel out of my control, in terms of my capacity for emotional regulation. I did not want to express such a blatant display of emotion such as sobbing, even in front of my friends, yet I could not contain any of it. The end of the film, the underlying message, the colorful visuals, and the score were all too *beautiful* for me to take—it felt as though my heart would crack if I did not let the convulsions, the sobs, come. Not literally crack, of course—the metaphor is insufficient because it suggests an element of violence with it, and the experience is none of threat or violence at all, but something else. Fulfillment? Fulfillment feels like such an unfulfilling word. It was that feeling so good that you just can't take it anymore and something's gotta give, something's gotta happen, you've just gotta release—

I think a more appropriate metaphor, perhaps, would be one of emotional orgasm.

Of course, this concept of emotional orgasm is not my own—the crude phrasing may be, but it is actually just another phrasing for a portion of Audre Lorde's revolutionary concept of the erotic.

"For once we begin to feel deeply all the aspects of our lives, we begin to demand from ourselves and from our life-pursuits that they feel in accordance with that joy which we know ourselves to be capable of." (Lorde 1984b) This joy, which Lorde later refers to as the erotic in this piece, was first introduced during a speech she gave at Mount Holyoke College in the late 1970s, the same place I would first learn about this usage of the word erotic over thirty years later.

Lorde put a name to an emotion for me I'd long felt yet could never articulate into words with my truncated vocabulary. Her tongue found what mine grappled for yet couldn't.

Merriam-Webster defines erotic as: (1) of, devoted to, or tending to arouse sexual love or desire, or (2) strongly marked or affected by sexual desire.

Sexual: (1) of, relating to, or associated with sex or the sexes, or (2) having or involving sex.

Sexual. Relating, associated to the genitals. Devoted to object. Subjectivity. Devoted to object. Objectification. De-subjectified. Differential positions. Power.

> Woman, in this sexual imagery, is only a more or less obliging prop for the enactment of man's fantasies. That she may find pleasure in that role by proxy is possible, even certain. But such pleasure is above all a masochistic prostitution of her body to a desire that is not her own…she does not know, or no longer knows, what she wants. (Irigaray 1985b, 25)

The word erotic has been singularized to signify only the sexual. Even the sexual itself has been mishandled and misappropriated by the patriarchy. It has turned the erotic into the sexual, and the sexual into the pornographic, as Lorde puts it:

> The erotic has often been misnamed by men and used against women…For this reason, we have often turned away from the exploration and consideration of the erotic as a source of power and information, confusing it with its opposite, the pornographic. But pornography is a direct denial of the power of the erotic, for it represents the suppression of true feeling. Pornography emphasizes sensation without feeling. (Lorde 1985b)

Pornography emphasizes sensation without feeling.

It is not that pornography is the sexual and the erotic is other forms of intense pleasure, but that pornography is without emotion—bodily emotion, presence, that wholeness of sensation. Sexual pleasure can certainly contain the erotic, as not all sexual pleasure is pornographic. Lorde is explicit in her definition of pornography.

The radical notion Lorde presents is that this powerful sense of joy should not only be sought through sexual pleasure, but other arenas as well. The privileging of pleasure through sexual relations means that pleasure is fraught with institutional power struggles, due to thousands of years of gender inequality and thus imbalance within relationships (homosexual relationships are not immune from this institutional power struggle, as this struggle permeates the wider culture). The privileging of pleasure devoid of feeling, as through pornography, is also never the whole of pleasure, but only part. Lorde's erotic privileges feelings as much as power, and in fact places feelings above power and other things like profit:

> The principal horror of any system which defines the good in terms of profit rather than in terms of human need, or which defines human need to the exclusion of the psychic and emotional components of that need…is that it robs our work of its erotic value, *its erotic power and life appeal*…reduces work to a travesty of necessities, a duty. (Lorde 1985b)

Life wholly as a duty. You live to do, because that is what you are to do. That is what this is all about, working, producing, and rituals. Keep focus away from the erotic; keep focus on finance, on profit.

One of the terms used to describe a certain type of depression, a certain period of the depression, is “non-functioning.” It is a clinical term as well as a term used by those with depression to describe themselves—many of us understand about what it means to be “non-functioning” as a *feeling*, but what is it really? What do we mean when we say someone is not functional, like a computer that’s shorted out still sits there in front of you but can’t turn on and thus is non-functional. Machine down, call repair.

How we’re supposed to run. A standard is set, an expectation is laid out. By whom? Where from? Which orders? Under what code?

Who is asking depends upon *what* is being asked, for there are of course many things being asked of us every day, not just one, and the asker may be different depending upon who you are as well as what you are doing.

There are parental rules and legal rules; there are societal, cultural norms. There are responsibilities, those things you must do to survive, to obtain what you need to survive where you are. Depending on who we are and where we are, there are different ways we are expected to go about surviving, with stigma and hardship for those who break the norm(s). Here, we must pay for a plot of land or be outcasted in homelessness. We must generate money somehow. Everything runs on money.

Getting money requires following certain rules and expectations of its own. There’s the job – you must be certified to work there, legal. Paperwork. Interview, smile. Rules. Dress codes. Standards of procedure. Function.

Our idea of functionality is directly related to production. Functional is going to work, eating dinner, mowing the lawn. Paying the bills. Taking care of your own work and participating in the activities which give other people some work to do, responsibility makes

work go round. That is the part of functionality which matters and becomes a societal-intervening problem when it is not met—who will cover your shift? Who will unstuff your mailbox? How can they scan your groceries if you don't go to the store? How can they weld those metal parts together if you don't buy the lawnmower?

When I first introduced non-functioning, I referred to that *feeling* that many of us can identify with who have experienced depression, that *feeling* of non-functionality, before I went into why society, the *DSM* and corporations find it problematic. If I say that I experienced a period of non-functioning, I do not simply mean that I was home from work because I could not handle that. It is not as though I cannot just *do* things—all mental life is dead. All interest in anything erased. All experience of consciousness altered. Joy is not a thing that will ever come again. Hell, even mild disgruntlement is welcomed yet unfathomable.

There is nothing happening. Non-functionality. The depression takes over the all, the everything. It is like a demonic possession, a personality hijacking. There is nothing else.

The depression has your complete and undivided attention. You cannot escape it. *It has your complete and undivided attention.*

The non-functionality of depression causes you to stop all that you are doing and being. Stop it all. Stop and pay attention to this hollowness. This sluggish nothingness. This *no-thing* which is in fact simultaneously *some-thing*, some thing you experience—is a no-thingness that is not inherently *nothing* at all, but *something*.

If depression is some*thing* instead of no*thing*, what could it be? Why does non-functionality, total and complete system failure non-functionality, happen if it is counter-intuitive to what we perceive as all we need to survive sometimes even that very will to survive, what we call functionality?

When I stop and pay attention, it is because I have something to learn, a message to receive, an emotion to appreciate. What if the non-functionality, by forcing me to stop and pay attention as part of its inherent nature, is telling me that I have something to learn? A message to receive? An emotion to appreciate? Is there an incentive to viewing depression as "a metaphor of 'message' or 'gift' where illness is a communicative force that tells the patient what is wrong in his or her life" (Willard 2005, 127)?

Stop and pay attention. Something hurts. Something's wrong. Only, what?

The feminine scarce receives attention by contemporary psychologists because it is inherently locked out of our patriarchally-born society. How can we know the feminine's needs if we cannot know the feminine herself?

We cannot. But to accept that the feminine communicates, to use this theory of message, also allows us a capacity to reply. To respond. An encoded message in response to another encoded message. Who knows what the content truly looks like—is there a singular content within these messages, if sender will always say one thing that receiver hears as another? It's like all those years of grappling with my depression, of trying different approaches, was like throwing out random phrases that I know in Spanish to a fluent speaker in the hopes that at last something I say, eventually, will be right, will correspond to the context.

I think that once my responses came closer to where I could communicate with the feminine, with this unknowable, in a very roundabout, shot in the dark way, the alleviation of my depression reinforced the particular way I was responding. What worked prompted reinforcement of what worked.

Medications do work for some people's depression. What if medication could be seen, not as a domination of mind (free will to take the medication) over body (those pesky NTMs) but

as a *response* for when medication is the communicated desire? A dialogue between companions rather than the hatred, fear, and ultimate domination of one over the other.

But medication does not work for all. It is not the correct response for everyone. What other possible attempts to respond to the feminine could there be?

We do not prioritize joy in the composition of our daily lives, our interactions, our rules and expectations. We do not prioritize joy and so joy is forgotten. Joy is ridiculous, a child-like absurdity.

No one skips down the road past the age of ten without receiving stares.

In both white collar and working-hat jobs, I found the working atmospheres each expected an air of sobriety. The laughter could only be so loud and so much. When the boss is around, the all goes into the screen, into the register, into the work. We present a false sense of fulfillment to our supervisors whenever they are around because that is what's expected, yes thank you for this opportunity to alphabetize files, thank you *so much*. If we are not fulfilled by our work, which is assumed to be freely chosen, then that's on us.

Hardly anyone, of course, is entirely satisfied with their work. And many, many jobs out there really are inherently terrible because of the rampant power abuses by management, co-workers, clients, or some combination of the aforementioned. The noted mundaneness and disrespect of hourly life. Not to say that white collar and upper management is cake either, I just cannot speak personally of this rung of life. I do understand that there are particular hardships with salaried life as well, just different.

Reduces work to a travesty of necessities, a duty.

Wake up. Rinse. Sleep. Repeat.

Even outside of work, we are expected to be satisfied with a less-than-full expression of emotional life; to hide our lowest periods and suppress our most ecstatic. We like happy, but don't know what to do with *too* happy.

We like happy, but we don't know what to do with *too* happy, if that happiness, that pleasure is not situated where society expects it. Our society is not composed to privilege the erotic, and so when the erotic is felt, when it arises, its manifestation appears just as deviant as a named mental disorder like depression. It may not qualify itself to become a named mental disorder, but it is within the category of deviant, deficient—emotionally weak.

Tears tend to interrupt business as usual. I am well aware of my place in this world as an interruption. As an "emotionally weak" person. As one who cannot but let her strongest emotions "get in the way." The response from others is generally one of discomfort.

This response, of course, can be taken in two ways depending upon how the sayer means it: either the full straightforward "don't cry," or a more complex, ambiguous "don't." The meanings come from markedly different places. "Don't cry" associates crying with sadness—the person doesn't want you to be sad and thus doesn't want you to cry. "Don't," on the other hand, comes from the sayer's own aversion to vulnerable expressions of emotion. "Don't" sees crying and thus intense emotions, as either something to be done only in private or not at all.

Two things happen to me when I am met with the "don't cry" response in this happiness-oriented context—I, in fact, *don't* cry and am also left embarrassed for having admitted that I am a crier. The embarrassment quickly becomes universal, instead of situational, due to how I feel as though *at any time* I could be met with an intensity of emotion and the embarrassment spirals into *shame*. I lack a discipline of self which posits homeostasis as its ideal, for to go too far in either direction, to let one's self polarize, shows a real lack of self-control on the part of the

individual (unless, of course, you believe that what does the polarizing are whacked out neurotransmitters, in which case the responsibility of self-control is transferred over to whether one takes their meds). Such unruliness, such rambunctiousness, threatens the status quo of acceptable group behavior.

So, *shame* is felt as part of the suppression, but there is also the *suppression* to consider itself—what happens when something is sat on, squished, confused, relegated, condensed, suffocated? It hurts and howls. It kicks, gnashes its teeth, acts out. It cowers and convulses.

Which brings me back to my emotional orgasm earlier today.

I did not always have such intense reactions to beauty and wonderment. I can remember a sense of calm and connection a handful of times in adolescence, but it was not entirely the same and also not as intense. Meditation as a last-ditch response to my dangerous suicidal desires in my early twenties brought about the first of my experiences with this particular type of joy.[9] It was practicing meditation and mindfulness where I finally stopped running from and railing against myself. I listened to my thoughts, I considered my emotions without judgment, and I truly basked in the commonplace beauty of details in the moment.

The more work I have done *with* my emotions of depression and *in response* to my emotions of depression, the greater of frequency and intensity these other experiences of arresting joy, including instances of emotional orgasms, have become. Could it be coincidence? Sure, it could be. But is it also not just as plausible that it is *not* coincidence? That these emotions, which appear to me to compound with one another, are two sides of the same die? To consider the latter highlights the potential danger in framing interaction with depression as a

[9] I don't want to use the term erotic, because I am not sure if what I am talking about is exactly the same as Lorde's concept. I also do not know if joy is the correct word, or if there is a word in English for the emotion I am trying to convey. Joy will do for now.

dominance, as a squashing, rather than a relationship, a companionship with an encoded discourse. For to silence my depression rather than respond to my depression would also have missed out on the other aspects of the depression, the potential positive that began as a conversation that focused around the negative. We're just now having the other half of the conversation.

If changing anything about my past, if lessening any of my pain, or my potential for pain, meant risking that I would also lose that capacity for immense joy, for emotional orgasm, I would not risk it. I would not change anything, for those moments which go beyond words, beyond analysis, and beyond comprehension are the single greatest moments I have had while alive. Those moments make it worth being alive.

If the suppression of joy, of the erotic, which stems from the feminine, causes it to kick and howl, whimper and wilt, then this *expression* must be something it craves. Something it needs. Yet our society is systematically, institutionally set up against that expression. It explicitly ostracizes this expression. It pathologizes this expression

Philosopher Slajov Zizek sums up what expressions of pleasure our capitalist society is most interested in eliciting:

> [Social repression] assumes the form of a hypnotic agency which imposes the attitude of 'yielding to temptation,' that is, its injunction amounts to a command: 'Enjoy yourself!' An idiotic enjoyment is dictated by the social environs which includes the Anglo-American psychoanalyst, whose main goal is to render the patient capable of 'normal,' 'healthy' pleasures. Society requires us to *fall asleep* into a hypnotic trance. (Zizek 1994, 89).

Indeed, deriving pleasure from an unsanctioned source can make one diagnosable by the disorders listed in the *DSM*. The most obvious example of this are the sexual disorders. Taking pleasure in something society views as abnormal is considered an illness, a sickness, something to be diagnosed and fixed.

If taking pleasure where society does not warrant is a radical act of resistance, is not also depression's refusal to enjoy these things which we are supposed to enjoy in life? Shopping, television, your place in this world—feeling nothing but hollowness towards these things is an act of rebellion against our capitalist ideals.

If depression is a resistance, a call for revolution, then how do we respond to this call for change? With suppression? with denial? with settling? Or do we amplify and echo the call. Do we start to question norms for emotional expression and what that means in terms of living a fullness, a wholeness of being for this time that we're alive? Don't we deserve that?

And if we joined the feminine and the neurotransmitters in revolution, if we de-pathologized emotional life, what would become of depression then? What would become of abnormalization and pathology then? Whose voices would ring louder within the field of academic psychology?

As patients, our stories are academic narratives.

As patients, we are scholars.

If we can revolutionize abnormal psychology as a field which *empathizes and responds* rather than *understands and fixes*, would this shift allow room for a difference which is indivisible to sameness? If we were to revolutionize abnormal psychology, would it impact the millions, the centuries, the billions—the forgotten, the remembered, the different—

If we were to revolutionize?

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