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Emptiness, Engulfment, and Life Struggle: An Interpretative Phenomenological Analysis of
Chronic Depression

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Abstract

This paper explores the participant's experience of what it is like to suffer depression, endured for years. Four women and three men, who each reported a minimum of four years' depression, were interviewed and themes were generated using interpretative phenomenological analysis. A first complex theme is 'depths of emptiness' which encompasses: decline of will; disconnection from others; empty future; and numbing of the self. A second theme, 'episodic despairing engulfment' describes: agonising feelings and thoughts; a sense and conviction that one's world and self are being destroyed; a growing belief that there is no escape; and sometimes ideas of suicide. The third theme, 'the struggle of unending life-problems' describes: a perceived timeline of struggle and difficulties; and terrible feelings and emotions. Five of the participants engaged in extreme negative thoughts and narrations about themselves, whilst two participants focused specifically on loss and threatening present situations. We conclude that chronic depression involves the experience of emptiness, but also a repeated experience of the destruction of self, connection to the world and deepest hopes. In chronic depression there are negative thoughts and feelings, yet crucially, it also involves alterations in motivation, in particular a process where aims, cares and concerns, that form important parts of the person's life, are repeatedly thwarted or destroyed. In extreme occurrences, the phenomenological self seems to be passing out of existence.

Key Words: chronic depression, interpretative phenomenological analysis, emptiness, despair, life-long problems, destruction

Emptiness, Engulfment, and Life Struggle: An Interpretative Phenomenological Analysis of Chronic Depression

What is it like to experience persistent depression? The experience of newly started depression is reported to be terrible, but what is it like if the condition is experienced as unending, lasting years or even decades? The aim of this article is to explore this area.

McCullough (2000) stated that there are fundamental differences between chronic and first episode time-limited depression. He argues that there are differences in a wide range of areas (see below) and what kind of treatment might be required. McCullough suggests depression should be considered chronic if it has lasted longer than two years, though he notes that often patients report many years of suffering.

Research has now identified and confirmed several typical features of those with chronic depression. Renner, Arntz, Leeuw, and Huibers (2013) suggest that these fall into four areas. First, there is considerable evidence that those with chronic depression have undergone adverse early experiences. Negele, Kaufhold, Kallenbach, and Leuzinger-Bohleber (2015) report that 75.6% of patients with chronic depression had abuse histories, with the most common being emotional abuse and neglect. Second, in chronic depression there are found to be certain cognitive features such as higher levels of early maladaptive schemas which persist after treatment (for example, a feeling and perception of being 'defective') (Renner, Lobbestael, Peeters, Arntz & Huibers, 2012). McCullough (2000) has also long argued for cognitive differences which may have specific effects upon interpersonal problem solving. The person believes him or herself to be powerless with regard to positive outcomes and tends to think in emotive ways about social situations, leading to repeated failures in achieving desired outcomes. Third, among those with chronic depression, a greater

incidence of personality disorders was found (Bagby, Quilty, & Ryder, 2008). Fourth, there are various interpersonal factors associated with chronic depression such as avoidance and non-assertiveness (Barrett & Barber, 2007).

There is much evidence about what features are associated with chronic depression, however, the area of how chronic depression is experienced, that is, how it is seen and understood from the first person perspective, has not been developed in the literature. Understanding from the first person perspective is essential for therapy that is sensitive to specific features of the person, for the planning of services, and the development of theories of the self and depression. In working with an individual, it is insufficient to only have checklists of separate possible features. Rather, we need to appreciate how these features cohere for individuals and to know what the experience is like as an interconnected phenomenon as well as how it unfolds over time. In addition, our work aims to understand what it is like to be a person in a lived world rather than assuming everything of relevance is just part of the person's personality.

A small tradition of qualitative work on depression currently exists, however, this tends to combine both first episode and longer term depression. Karp (1996) described how sufferers come to realise they are depressed over time and then how this begins to form part of the person's identity. Karp also underlined how disconnection from others and a sense of isolation is central to depression. Rowe (1978) investigates nine participants and reports on how each participant appears to hold a set of ideas or 'propositions', sometimes without the participant's realisation, which results in the person remaining disconnected from others. She also noted the importance of metaphors and 'myths' which influence the person in restrictive and negative ways. Granek (2006) used in-depth interviews and noted the centrality of relational issues, including anger, and comments on how these were not part of DSM criteria.

Ridge (2009) looked at how depression might involve a fundamental change in the experience of the self and also notes how some in extreme depression speak of self 'annihilation'. Again the theme of being 'cut off' from others is emphasised. His work also examined narratives of recovery and how men and women might approach these in different ways.

Ratcliffe (2015) conducted an analysis, based on written accounts, provided by 145 on-line participants. His phenomenological analysis emphasised the profundity of loss of capacity for hope, such that the person experiences a loss of life-projects, an isolation from other people, a change in the experience of time, and in general, changes in 'existential feeling', that is, what it feels like to exist for that person. It is argued that a key feature is a change in the kinds of possibilities the person experiences as being part of the world.

Fuchs (2013a) explored how the person's experience of time changes in depression. Fuchs (2013b) also described how the experience of the body is distorted in various ways, for example, feels weak or inert. Ratcliffe likewise noted the importance of body experience particularly with regard to how a person feels in terms of his relationship with the world.

Smith and Rhodes (2015) used interpretative phenomenological analysis (IPA) (Smith, Flowers and Larkin, 2009) to specifically investigate first episode depression. They suggested that this form of depression involves feeling 'depleted' in at least three domains: relational, corporeal and temporal. Depression, in Smith and Rhodes, also involves being 'shaken', that is experiencing overwhelming emotions and frenzied thinking and becoming profoundly unsure of oneself. In the study reported in this paper, we do not assume that chronic depression has the same features as first episode depression and we hope our results will help to illuminate this issue.

We believe that the research in this study is distinctive in that it is explicitly focused on a qualitative analysis of the experience of participants with chronic depression. We chose IPA

as it is an approach well suited to investigating experiential phenomena where one wishes to see what it is like for the person, with the minimum of pre-assumptions. It also offers a well-articulated set of procedures for selecting participants, designing an interview, and carrying out a systematic analysis. Our main research question is: What is it like to experience depression that has lasted many years?

Method

Participants

Our research followed the procedures outlined in Smith, Flowers and Larkin (2009). The protocol was approved by the local research ethics committees and the interviews were carried out in the psychology departments of two London boroughs. All seven participants (four women and three men) had been referred to the local psychology services and had been diagnosed as suffering from recurrent and severe depression and were not diagnosed as having dysthymic disorder (which is long term but with low level symptoms). The referral letters delineated the history of the person's depression and on the basis of that we were able to select participants whose depression lasted at least two years. The minimum length in fact turned out to be over four years. The majority reported that their states had begun in their late teens or during their twenties. The length of depression was also explored during the interview. Participants meeting our criteria were contacted by phone for an initial discussion on the possibility of being interviewed: the research was explained again to those who came to the interview and permission requested. All participants had been offered therapy prior to being asked about research participation. After the interviews, the researchers were not involved in the treatment of the participants and did not have access to information on therapy engagement.

At the time of the interview only two participants were in relationships and three were working. Four had obtained degrees and three had left school at 16 years' of age. The average age was 43. See Table One for a summary of participant features.

[Table One about here]

Procedure

The key areas explored during the interview were: 1) can you describe what it is like being depressed? (with prompts for words and images), 2) can you describe the actual experiences you have on a daily basis? (for example, your activities, thoughts, feelings), 3) can you tell me what was happening in your life as the depression started and when this occurred. Questions were asked in an open and flexible manner. All interviews lasted approximately one hour and were recorded (with permission) and transcribed.

IPA involves a close reading of each transcript in its own terms and the documentation of emergent themes. After a preliminary analysis of each transcript, themes from all the cases were compared, eventually leading to the generation of key themes capturing the main, relevant features of the texts.

The analysis proceeded in two major phases. In the first phase, the second author carried out the above analytic process in dialogue with the other authors. A further analysis was carried out by the first author, again in dialogue with the other authors. The final work presented is an amalgam of these diverse phases of analysis. The second phase of the writing preparation involved numerous discussions between the authors on the final themes and the super ordinate theme structure.

Our design incorporated several features to ensure trustworthiness (Elliott, Fischer, & Rennie, 1999). The selection of the participants is described and relevant details are available. We have involved several analysts to check and reconsider the generation of themes. In the results we give very detailed examples and quotes from the participants to illustrate themes.

Results

We will present the results as three super ordinate themes: depths of emptiness, episodic despairing engulfment, and a perspective of unending lifelong problems.

Depths of Emptiness

In this section we present a range of themes describing the emptiness felt by the participants.

The decline of will. To varying degrees, all participants either described the loss of a will to do everyday activities, such as washing or meeting people, or articulated a global statement concerning an indifference to being alive. There seemed to be a closely linked set of features: not being able to do something, not wanting to do something, not seeing any point in doing something. A sense of ‘not being able to’ was only explicitly mentioned by three participants; yet not ‘wanting to’ was common to all.

James described how, over time, a whole series of activities were stopped:

I go for days without having a shower. I know it’s bad, I know I should be doing it but I’m thinking, “What’s the point?”

He added:

Erm [pause] it feels like [pause] something or somebody’s holding me back, I can’t do things, I’ll just sit there ...But it feels like a dead hand, it really does.

He sees no ‘point’ in showering, and a ‘dead hand’ holds him back. The image suggests something that has no life, cannot move, perhaps his own self. Yet other interpretations would suggest the ‘dead hand’ is outside of him and stops him, as *if* a dead and disconnected hand lay in his way. In a similar vein, Indra said ‘something holds me’. She did not articulate what, but ‘something’ stopped daily activities. She feels powerless against something that seems external. Some participants emphasised the body: James said ‘the body has shut itself

down' and Rupert that 'you feel kind of heavy'. The body seems unable to move and participate in normal activities.

Teresa made an explicit link to purpose and will:

And then gradually I'll just lose a sense of purpose, a sense of will to go on living everyday ... and end up in a period of, you know, just shutting down, basically, umm, losing, losing interest in, in, in other people, in doing other things.

Several participants made similar comments. Paulo had 'no will to do anything' and Indra said 'I don't want to do anything'. An important feature here is that it is 'anything'. They are empty of 'will' and simultaneously the world seems pointless; there is no need to 'bother'.

Disconnection. All participants expressed a sense of being disconnected from others, sometimes expressed as from 'life' or the 'world'. Teresa used various images to convey her sense of loneliness:

I feel like I'm an outsider, like life and the world is happening somewhere else, I'm standing outside, almost looking through a window how everything else goes on and I'm just standing outside and I can't be part of it.

She is just not part of 'life'. The window seems to be a transparent barrier between her and 'life'. The image is one of loneliness and is made concrete by the use of distance between her and others. Paulo stated:

Depression to me is loneliness, emptiness, sadness ...I look back at, you know, my life and my life, it's a sad life, it's a lonely life, it's um, you know, it's, it's, it's an empty life you know, people, you know people, if they've got some, something to live for.

Paulo, in a deep sense, feels that he is not with others. He is alone, and this for him makes an 'empty life' in which he does not seem to have 'something to live for'.

Also living with someone is not sufficient, as shown by James, who stated that now he is trying to talk more openly with his wife:

So that she's not floundering around not knowing what to do and I'm not so totally alone, 'cos sometimes I do feel desperately lonely or alone.

He is 'alone' even in the midst of his family.

Empty future: 'only death'. The participants expressed extremely negative ideas and feelings about the future. Teresa has experienced particularly long term, unrelenting depression:

I'm just dreading the future. There is nothing I look forward to, there is nothing... and I don't see it getting any better.

As she looks into the future all she sees is 'nothing' and she dreads this. The 'nothing' seems to suggest nothing good and no possibility of change, just more pain and unhappiness.

Rupert, likewise, sees no possibility for change:

The only, the only end I, I see for me is death really, quite honestly... That's as much as I can say.

There is no change, only 'death'. James mentioned a 'feeling of no hope' and, when asked to elaborate, he said:

It just feels as though there's a big hole in the future, there's a big empty space somewhere that I'm going into, and there's just nothing in it.

He added:

There doesn't seem to be any point in making plans and the future is just going to continue to be empty of any sort of hope ... Yeah, it's, there is this feeling that somewhere there's just a big hole into which I'm heading, you know? And there's nothing.

He 'feels' that he will move into an 'empty space' or a 'big hole'. The image depicts him as alone, in a place of nothing and with nothing. Without hope there is no future. The complex image suggests utter deprivation, if not annihilation. For James and the other participants, there is a felt sense of not being able to change, that they are *empty* of a future.

Numbing of the self. Several participants described a profound and extreme experience of emptiness. This was particularly strong in Sylvia's case:

I'm not in my body, I'm not in my mind, I'm just totally disconnected from myself,.. It's just a total numbness, empty... it's automatic pilot... it's like the shell ... I just don't feel anything, I don't think anything, I don't think even negative thoughts ... I'm just totally, it's like – switched off.

She has got to a 'stage' where she is not feeling and not thinking. There is a sort of 'numbness', as if anaesthetized. It is so extreme that she reports a disconnection between whatever remains of her 'body' and 'mind'. Perhaps what remains is some sort of minimal awareness. She feels like the 'autopilot' on a plane, in which she is a machine that simply carries out routine chores. She is just a 'shell' presented to others. She also called this state an 'empty space', interestingly the same expression used by James. Teresa states clearly:

You're just, blank, there is no you, you just exist, you don't live. Ah breathe, cos that's the only thing about life you do, you know, but there is no emotions, no thoughts, no nothing, ...Well to me it's umm, a state of, ah, numbness.

She is only 'breathing' (like Paulo) but has no thoughts or feelings. Again, the word 'numb' is used. She is somehow greatly reduced and is only just alive. Similarly, Indra states:

I think you go blank. You go blank in the sense that you, you don't think about that, in a way that you know like ah, I think I don't exist, ah.

Again, there is the idea of being 'blank', as if the 'I' does not exist at that time. Presumably this 'I' now is her normal functioning and sense of 'self'.

The testimonies suggest not only a cessation of basic living processes of thought and feeling, but the apparent disappearance of the self. The various comments suggest that there might be a continuum of emptiness. At one stage there is an actual feeling of emptiness, but at the more extreme stage, the participants feel numb and even begin to feel as if they are not there. It is as if the person is going out of existence.

Episodic Despairing Engulfment

The participants described a complex process during which their experience of depression greatly intensifies. They struggled to live with some level of depression but then they went further 'down' and or found themselves somewhere dark, terrifying and inescapable. Teresa stated:

It's you, just in that place where you can't, you can't get out of... like quicksand, like something just dragging you under, you can't, can't get out.

She added 'but you always fall back in to this hole'.

Teresa describes repeatedly falling into a 'hole', adding that it is like 'quicksand'. The image suggests that, as one advances, at some point one's footing becomes stuck. The person looks around and finds nothing to hold on to. If she is submerged in quicksand, then death will follow. While there is fear and desperation, there is also something like a force that pulls her. Teresa she also implies that her experience is unstoppable. She adds 'It's usually you get into almost a vicious cycle ah, or a downward spiral'. The image of a 'spiral' suggests a sort of twisting back on oneself, yet all the time going 'down'. Rupert stated:

But once it starts going it's like rolling down a hill, you know, you can't stop, you know, once I start to go I'm gonna go.

The participants did not describe one specific way these changes begin yet it certainly involves a great deal of negative thought and emotion, for example concerning past memories, present concerns, or extreme self-condemnation:

That would be something else for me to worry about, and everything, everything is a worry, and it sort of builds up and builds up. (Rupert)

As James begins to fall, the following happens:

Very angry, very aggressive towards myself, but also at the same time possibly slightly tearful, the feeling as if I'm about to be tearful, feeling that there's really no hope... A rehearsal of why there's no hope, you know, all the things that have gone wrong in the last few years.

James begins to 'rehearse' all the negative ideas and narratives of past struggles he has had before. The content of this process seems specific to the person's difficulties and involves an acceleration of hopelessness. As he descends, the agony seems to intensify:

Sometimes I feel like I want to run miles and miles and miles away from that, that fear. Where you would run, run, run, run you know ... or you want to scream so hard, you know (Indra)

Rupert gave many details of the actual agony:

But at the time... it, it feels like... like you're on the edge of a pre, precipice really. All the time you're sort of like walking round the edge of a volcano in the dark... Any moment you could just sort of go [imitates explosion].

He spirals round and around in darkness, fearing his fall and violent death. The image is like something out of Dante's Inferno where the damned walk in circles and in which some are tormented by fire. The comparison to a sort of 'hell' is explicit in Indra's account:

Indra: It's like um, hell I think. It's like you're burnt, maybe it's like you know it's like hell I think.

Interviewer: And what's hell like, I mean is it hot? Is it cold? Is it...?

Indra: It's hot [laughs] it's burning.

This is not a cold experience but one of burning, agonizing pain, as if one is tormented by flames. Hell is a place of suffering and the image suggests she is outside of the normal world.

Rupert describes the experience as involving his body:

Myself... it, it's gone, you know, I'm just this organism that's kind of, you know, being battered.

Somehow his sense of self is absent and what is left is being hurt. The interview continued:

Rupert: And I get sort of like really sensitive, and like I'm all very aware of every part of my body, you know.

Interviewer: And it feels like what, your body?

Rupert: It feel it feels like a bit like a crab running around without its shell, you know...

I, I mean in the sense of vulnerability, you know.... everything is kind of tense. It's, it's just pain that goes on and on.

He feels 'battered', as if hit by repeated force and ends up stripped of any protection, running around seeking somewhere to hide. Without a 'shell', he feels in danger of being destroyed. He described physical pain and his thoughts were 'sort of whirling and whirling, but not making any sense... your brain is racing, racing'. The physicality of this experience is underlined by words such as 'brain' and 'organism'.

At the 'nadir', as James called it, the experience seems to involve a sense or feeling that one cannot escape:

And this feeling that I'm, you know, there's no way out ... I just feel as though there's nothing there, you know, there's no reason for living during that period.

(James)

This idea was expressed by several participants. Teresa describes 'that place where you can't, you can't get out of' and Indra says 'a thought is so bad that you feel you can't, you, you sort of want to die'.

The person feels the impossibility of change, of stopping the suffering and, in Indra's case, this reaches a point where death might even be considered preferable to the ongoing torment. Earlier Teresa described a 'downward spiral' and to this she added:

And at the bottom of that you can go so far as you, you start planning how you can just quit life ... you just give up.

As she goes to the 'bottom' there is a sort of immediate desperation as one might feel when realising one is trapped in a cave with no way out. As the struggle comes to an end, the person begins sinking in utter resignation.

In sum, the state of depression includes a specific experience of periodically and ineluctably going 'down' or becoming trapped in somewhere 'dark' and destructive. It is a tormenting intensification of the worst thoughts, overwhelming emotions, feelings of not being able to escape and having a body that feels heavy and aching. The person is trapped in a place where there is an acceleration of pressure and pain resulting in being crushed and battered.

The Struggle of Unending Life-Problems

All the participants reported struggling and being preoccupied and with a wide range of problems of the past and present. Here we will briefly describe certain types of difficulties which seem to permeate the experience of depression, in particular: memories of a difficult past; self-condemnation; and concern with social difficulties.

Five participants described how painful memories often occurred in their daily thinking. Paulo stated:

You know I have these days that you know, I'm so depressed and I'm watching TV and for some reason I just, I just think of, of you know, of the past and I just start crying you know, just these strong emotions you know, I just start crying.

One particularly bitter memory was of how he had been in conflict at work and then lost both his job and the social network connected to it. Paulo, however, also spoke of deeply painful memories in his young life. At the age of ten he was taken on what he thought was a visit to his grandparents abroad: however, two days prior to his return to the UK, his parents told him he was to going to stay there permanently and left without him.

So all my life changed really, to be honest, in a silly decision, in a moment of my parents' decision.

His difficult history is a source of distress and confusion. Just a 'silly' decision by others had an unending effect on his life, as Paulo saw it. He saw this as explaining his subsequent shyness and inability to get on easily with others.

Like Paulo, Sue had undergone terrible events in her childhood and in recent times had re-experienced a whole new set of difficulties. But she stated that remembering the past had always been something she continued to do:

Yeah, losing my parents as a child, I've never got over it, um, I've never really, although I can still go to the cemetery and cry and I can still cry on Mother's Day and Father's Day, any day really, I can just suddenly think, oh, I wish my parents had seen my children and my grandson.

Clearly, there is a deep sadness in what she says here. Parental deaths and the personal and social complications that followed have clearly left an enduring impact on her. She explicitly linked depression and loss:

So I still feel such great losses in my life that I can't come to terms with. So they are always there when I'm really depressed, it's a feeling of loss.

Of the five participants preoccupied with the past, four explicitly described how memories of the past intensified during times their depression was increasing. As mentioned earlier, James described how he 'rehearses' all the negative things from the past and Sylvia

stated 'everything comes in all at once'. At such moments she remembered being beaten in childhood, but also other events such as her husband having an affair and many conflicts with family and friends. The memories are not isolated thoughts, but accounts or narratives of her life. She also engaged in very self-critical thoughts.

Five participants in all expressed extremely negative thoughts and feelings about themselves. Paulo stated:

I fucking hate myself you know, it's horrible words really to be honest, but I punish myself and I feel ashamed of the person who I am.

And Sylvia described how:

I pull myself to pieces... when I do look in the mirror I feel fat, ugly, umm, I feel sad, I feel victimised, I feel like I'm a loser.

Rupert did not express hate but said simply 'feeling, feeling worthlessness really'.

In addition to the past, most participants also focused on present concerns. For example, Paulo was very concerned about his lack of work and of a social life. Indra was preoccupied by the possible return of cancer. Several participants were preoccupied with various types of social difficulty, often involving a fear of being with others. If someone made a comment regarding Sylvia's appearance:

I'd laugh it off and then take it home and be quite upset about that and I probably wouldn't wear the shoes again.

She might then dwell on this for days. Her many negative experiences have led her to:

Trust no-one. And I keep saying to myself now, 'trust no-one', because I'm not gonna get hurt again.

And when Rupert's depression is very severe:

Rupert: Any sort of noises makes me jump, you know, and I it feels like everything's kind of attached to me...I'm like a focus of attack, you know, it, it feels like all around me, you know.

Interviewer: What's attaching itself to you?

Rupert: Well that people, people wish me harm I suppose.

He is in a state of dreading the presence of the other and feels that they will harm him. He stated clearly that this was not what was really happening, but how it felt.

During their struggles, a wider range of emotional states were experienced: including anger, hate, panic, and fear. James described 'self hatred'; Paulo how, when he becomes angry:

This other person takes over me... it's this vile person...Vile yeah, rude, swears, argues, shouts, and just takes over me, and this is where, this is when I, I, punish myself, start hating myself.

Here one negative feeling is linked to another.

Sue as described above felt sadness and loss, but also 'panic', and at a moment of crisis:

I felt totally destitute and I think that was the worse feeling I've ever felt in my life.

In summary, the participants had suffered problems and continued to remember these problems but, also, most were preoccupied by continuing and potential future difficulties. The types of problem were extremely diverse and often involved: loss, trauma, self-condemnation and disturbing interactions. While negative emotions were common, on some occasions there were extreme emotional states. If we can imagine a person living in a 'vista' of time, looking forward or back, our participants seemed trapped in a painful present with either darkness ahead and/or suffering behind.

Discussion

Our findings describe chronic depression as a complex process involving persistent feelings emptiness: these include being disconnected from others, incapable of action, having no sense of a benign future and sometimes feeling numb. However, there are also periods of ineluctable and tormenting engulfment that involve: accelerating negative emotion and thought, changes in bodily experience, ideas of the self being destroyed. These two aspects of depression occur alongside an experience and narration of endless life problems, sometimes involving extreme emotional states. The problems and struggles are of a severity and persistence, trapping the person in a life vista of past suffering, present difficulties, and a hopeless, painful future.

Our work is consistent with several other qualitative investigations, in particular, concerning the centrality of disconnection from others, as described by Karp (1996), Rowe (1978) and Ridge (2009). Fuchs (2013a) suggested that in depression, the person's experience of time changes. One change is in the lived implicit time, that is, time we are not directly aware of; another change is in explicit time, that is, time we are aware of and narrate. A further source of these changes is a decline in conation. Our theme of the decline of a will to engage in life and our description of the loss of a sense of a future could be understood as similar to the suggestion by Fuchs (2013a) of a change in the experience of implicit time and the preoccupation with life problems as concerning explicit time.

The transformation in the experience of the body is a central feature of the work of Ratcliffe (2008, 2015) and also Fuchs (2013b). Our findings are consistent with this emphasis in terms of both the feeling of emptiness but also of the body being heavy and in pain, during times of despair. At such, in periods of agony, there is no obvious separation of the experience of the body in contrast to the self or emotions.

The participants were all preoccupied by life difficulties, usually chronic ones, during depression. Based on these commentaries there seemed no reason to suppose that the depression came out of nowhere or was in some sense purely biological in origin. However, our work is not an exploration of causation and we cannot make any claims as to whether events lead to depression or vice versa.

Beck (1967) famously argued that in depression there is a triad of negative cognitions concerning oneself, the world and the future. Moore and Garland (2003) thought the triad needed modifying for chronic depression and suggested persistent low self-esteem, helplessness and hopelessness. Our findings are consistent with Moore and Garland. However, we wish here to present a version that captures the existential predicament of those with chronic depression. Understood in these terms, core aspects of depression might be summarised by the following statements: 'I have been destroyed and am incapable of taking action'; 'I am alone in a terrible world that defeats me'; 'the future continues the destruction of all I care about'. These statements are meant to underline that the person does not just have negative judgments about aspects of the self but has reached a sort of conclusion that the possibility for living is diminishing and the core concerns or purposes of the person are destroyed.

Comparison to First Episode Depression

How do the themes reported here compare to features of first episode depression described in Smith and Rhodes (2015)? Clearly there are strong similarities. For both first onset and long term depression, the disconnection from others is a central experience. Emptiness is similar to 'being depleted'. The latter consists of feeling alone, that one is losing one's life and a feeling of something missing within oneself. The depths of emptiness reported here, however, include numbness, not reported by first onset participants and also

the ideas of the future were bleaker. For example, in first onset depression, some spoke of the future 'on hold', whereas here, most spoke of no future at all.

Episodic engulfment has similarities with 'being shaken' which involves overwhelming emotions, frenzied thinking and profound confusion and doubt, concerning the self.

Engulfment, however, involves a greater pain, sometimes ferocious self-condemnation and a contemplation of there not being any life left. There are life problems occurring in both sorts of depression. However, first episode depression often started with one or more dramatic negative changes for the person, whereas, in chronic depression, problems were often part of the person's daily struggle, they were persistent and on occasion extreme. Chronic depression is therefore similar to first onset depression but also has ongoing distinctive features.

We noted the presence of a sort of global and severe self-condemnation for five participants (the other two participants seemed more disturbed by past losses or continuing worries). In contrast, (Smith and Rhodes, 2015) found, that in first onset depression, self-criticism was less extreme and more specific. Some participants with chronic depression reported severe problems during childhood and most reported social problems for many years as adults. This is consistent with the observations of McCullough (2000) and Renner et al. (2013).

Our findings for long term depression point to the importance of felt states, such as emptiness and extreme emotions but in addition, we noted how often the participants spoke of re-emerging distressing past narratives (see Paulo or James) and employed powerful metaphors of terror ('quicksand', 'hell', 'crab without its shell', 'being battered'). Depression appears to involve many aspects or levels including both language and feeling which might, in diverse ways, influence each other. Similar evidence concerning first onset depression was presented in Rhodes and Smith (2010), who, drawing on the narrative tradition (White and

Epston, 1990), underlined the importance of metaphors and narrative as being part of the depressive experience.

In Smith and Rhodes (2015) it was argued that diverse aspects of ‘being depleted’, in first episode depression, related to changes in basic existential features of time, body, and others. The same issues arise for chronic depression, yet in a more extreme expression. The person seems devoid of the idea of possible future change and remains in a position where past and present are fixated on problems. In chronic depression, the body can be empty to the point of disappearing. We will now consider some theoretical issues and implications of key aspects of our results.

Depths of Emptiness as Existential Feelings

To illuminate ‘emptiness’ and yield further understanding, one might consider if it is in fact a type of what Ratcliffe (2008, 2015) called ‘existential feeling’, which is ‘centrally implicated in the experience of depression’ (2015, p. 40). Existential feelings are that which give us our ‘sense of reality’, that form how our existence actually feels and ‘constitute a variable sense of the possibilities that the world incorporates’ (p. 2). Ratcliffe argues that there are many types of existential feelings: one type might be present when a person is in good health but a very different type when not. Ratcliffe suggests that existential feelings are continuously present but rarely noticed. They tend to reveal themselves most when we move from one state to another. When attempting to capture this, a person might say he or she suddenly feels, for example, ‘ill at ease’ or that a place once familiar now seems ‘strange’. And not only do we change, but the ‘world’ seems altered too. Our everyday life, Ratcliffe argues, even when we are not aware, has a sense, a feeling of being linked to others, of moving into a future, and of being able to engage in activities. In short, we have a sense of what is possible in the world and it is this that changes in depression. ‘Feeling empty’, and similar expressions might be the way participants put into words their specific existential

feelings as experienced during depression' in particular, how they feel a loss of previously taken for granted possibilities.

Ratcliffe also suggested that in depression, the issue is not just a matter of losing a specific hope but that the person loses the very ability *to* hope. Our findings were consistent with this idea: the participants described entering states where nothing mattered and nothing could be hoped for anymore. This also points to the depth of depression, in that as suffering goes deeper, the ability to hope (and also a wide range of related capacities such as desiring, planning) is might be diminished. In the deepest depression, such as the numbness we described, then perhaps the state is so extreme nothing is felt, as if the person, in a phenomenological sense, is beginning not to exist.

Episodic Despairing Engulfment and the Destruction of Self

Our findings suggest depression is far from one static state. Rather, over time, the pain, the terrible feelings and thoughts have 'peaks and troughs'. It is well recognised that depression involves 'rumination', defined as repetitive thought. But rumination seems to also suggest a calm and static process, whereas in chronic depression, we found something tortured with variable intensities. Furthermore, it seems like a process that involves an ineluctable movement from moderate negative thoughts, to extreme ones of self-hate or desperation.

This process is therefore not just one of ideational 'content' or thought. Besides the sheer emotionality of this experience, a key feature might well be the change in what is taken for granted and the levels of doubt and certainty concerning the person's life. The person appears to become 'certain' that there is no way out, that the situation is utterly bleak and that it is moving to destruction or is already being destroyed.

At its worst, it is as if the person is undergoing a sort of terrible 'conversion' experience, where someone moves from thinking, 'perhaps I could keep trying' to 'now I am

convinced my life is worthless, finished, and I am obviously useless if not contemptible, and it may even be better to not exist'. The emergent conviction that a crucial project cannot be achieved perhaps also involves the destruction, or collapse, of fundamental aims, hopes, and capacities for motivation. Further, our findings suggest that the type of 'projects' being destroyed are not arbitrary ones. Rather they are ones that constitute the person's identity or, might be, as Ratcliffe says, 'life shaping projects'. It is as if a person thinks: 'to be the person I want to be (in fact, the only person I can be), I need respect for this work and I need this relationship, but since neither can occur, the person that I wish to be cannot exist'. Here Garrett's (1994) concepts of despair over one's whole life and over a specific project are intertwined.

In this context, it is pertinent to consider Heidegger's (1927/1962) idea that a key feature of the person, of the 'being-there' (Dasein), is its capacity to become. As Blattner (2006) says, 'Dasein's being is a matter of its motion into the future, its becoming' (p. 91) and that 'Heidegger is asking us to think of ourselves as our abilities-to-be' (p. 90). Given such conceptual claims, one interpretation might be as follows: If a person becomes utterly convinced there is no value in his or her life and that non-existence is better, that person at this point is in the very process of passing out of existence and the pain and torment is the felt process of a person's deepest desires and aspirations being destroyed. It is interesting to note that aspects of what Heidegger calls 'angst' might, according to Blattner, overlap in part with some aspects of our modern conception of depression.

We described this above as a sort of 'conversion' to what might be thought of as certainties of annihilation. These 'certainties', however, are not mere intellectual insight nor just ideas a person puts into words, but are, rather, negative motivations, attitudes, orientations; something we 'discover' about ourselves. It is something shown in our disposition to act and react (Rhodes and Gipps, 2008), in our ways of being in the world. We

can attempt to put our deepest feelings and orientations into words but these remain just an attempt.

Limitations

Our work has several limitations. The number of participants is small and from one place and time. Our findings therefore might be specific to a culture and place and would need to be extrapolated to other contexts with caution. Our work depends on the meaning and interpretation of texts and hence will, to varying degrees, be influenced by the expectations and assumptions we brought to analysis, formed by our own backgrounds and professional cultures. We believe the most relevant influence may arise from the fact that we are trained in western scientific psychology and the latter has tended toward viewing depression as an entity, or category, with a fixed singular nature independent of social and biographical contexts. Such assumptions we hoped to have questioned in our approach. Our work also depends on the capacity of participants to articulate their difficulties when, as was clearly the case, the topic was difficult both emotionally and conceptually.

Further Research

If chronic depression is characterised by variations of emptiness and episodic engulfment involving mental and physical agonies, then it would be useful to undertake qualitative work to explore how this is manifested in diverse participants, for example, older/younger subjects and/or ones from other cultures. It would also be helpful to use diverse methodologies to explore how prevalent such phenomena are, how these unfold over time, and how a person might manage to avoid such crises. The details of how engulfment unfolds, how it might be triggered and how the participants leave this state, would provide useful information for therapy.

Our research suggests depression arises within a context of problems and hence further research is needed to explore depression in the context of other chronic difficulties, for

example, in patients with co-morbid severe mental health conditions (such as psychosis) but ones also with physical health challenges.

Clinical Implications

It was conspicuous that all the participants reported difficulties in their lives and, of course, being depressed itself is a form of terrible suffering. We suggest that such existential issues need to be acknowledged, otherwise, there is a danger of only looking at ‘internal’ factors, and not appreciating the very difficulty the experience of existing is for that person. In addition, while the therapist needs to maintain the belief that things can change, perhaps this needs to be balanced with an acknowledgement that change is difficult and that the person will need to work on prevention of future severe relapses. Furthermore, the notion that a worthwhile life has in fact, on some occasions, been felt by that person, needs to be emphasised, in spite of periods of depressive suffering.

Given that an assessment has provided the person with a chance to articulate their experiences, problems, and context, then specific areas to work on might include: to look at any social and practical problems of living; to work on personal characteristics that make the person vulnerable to depression, for example, the tendency to extreme self criticism; grieving any major losses in the person’s life ; working on how to prevent extreme periods of engulfment; and beginning to find purpose in life. Beliefs concerning hopelessness and destruction of self need to be discussed and the effects of such convictions delineated. Furthermore, if the above analyses are correct, then discovering or building that which matters, is central, in particular, pursuing aims which constitute the very identify of the person.

Our results suggest that there are many types of problems associated with depression and hence there may not be one correct therapeutic approach. Services should consider how

therapy for any one individual could take specific components from diverse approaches so that the person's unique set of difficulties can be addressed in the most appropriate way.

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