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The Time of Anthropology

Studies of Contemporary Chronopolitics

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Chapter 5

**Depressing time: waiting, melancholia,
and the psychoanalytic practice of care**

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5 Depressing time

Waiting, melancholia, and the psychoanalytic practice of care

Laura Salisbury and Lisa Baraitser

Introduction

‘Nothing to be done’ (Beckett 2012: 11). Samuel Beckett’s play *Waiting for Godot* is not about healthcare, but its first line seems to hover between prognosis and diagnosis, suggesting that some kind of existential ‘doctoring’ is afoot, even as it is clear that no prescriptions are going to be dispensed. For the play’s two central characters, Vladimir and Estragon, ‘nothing to be done’ empties out the urgency of curative political action from Vladimir Lenin’s famous question: ‘What is to be done?’ Every possibility of change on the horizon of the play is derailed by the inertia of the fixing refrain: ‘we’re waiting for Godot’. Waiting is the nothing that famously happened twice (Mercier 1956: 6), and came to be figured, in many early critical receptions of Beckett, as a representation of the existential human condition (Graver and Federman 1979). In the early 1950s, when the play was first performed, perhaps abstractions were more available for critical absorption than the possibility that postwar Europe was still in a present denuded of an inhabitable future (Kenner 1973: 133; Gibson 2010: 108) – an endless time of living on without any real hope of change in the wake of an unspecified disaster. Beckett’s play materializes a waiting that becomes a form of endurance through the promise of what might come to change the present for there is always some orientation towards the future in such practices. But the clear unavailability of Godot decouples the *for* (Schweizer 2008: 11), the most obvious preposition or relation, from the action of waiting. Neither weak enough to cease and desist nor strong enough to leave, Vladimir and Estragon endure and persist, not, in the end, waiting for Godot but waiting with and sometimes even on one another. Although in this chapter we will pay close attention to existential claims about the place of waiting in human experience, we will suggest that waiting is significantly shaped by the promises and narratives of particular historical moments and life-worlds, and their distinct ways of understanding time. Indeed, if tarrying in Godot’s waiting room seems to speak to the existential human condition, we would argue that it is because the audiences the play found and continues to find persist in a time when the promises of the future feel increasingly

unavailable. *Godot*'s characters, alongside their audiences, wait with their diagnosis, which is also their prognosis: 'nothing to be done'.

Perhaps one reason the slow modernism of *Godot* found and made its mark so sharply was its insistence on attending to the disavowed underside of the dominant timescapes of modernity. In 1931, Aldous Huxley was able to state that '[s]peed [...] provides the one genuinely modern pleasure' (Huxley 2001: 263), and it has been a critical commonplace to read aesthetic modernism as a reflection of the shock of the new and a pacing, racing present. Planes, trains, and automobiles; ragtime and jazz; epiphanies and revolutions; telegraphs and telephones; production lines and new mass media: humanities scholarship has thoroughly mined how the modernity of the early and mid-twentieth century produced, for better and worse, accelerated lives and shaped technologies capable of both registering and increasing sensations of speed (Duffy 2009). Engaged with a more contemporary moment and less concerned with aesthetic practices, Paul Virilio (2006) has described how a logic of acceleration that has compressed, foreshortened, and fractured time still sits at the heart of modernity and its drives towards destruction; while Jonathan Crary (2013) has critiqued a culture of 24/7 availability fuelled by unsleeping technologies that has turned even the slowing of rest into an act of embodied resistance.

But there were always other times folded into the modern, as Elisabeth Kirtsoglou and Bob Simpson's idea of 'chronocracy' suggests (this volume). For example, the managed and mechanized time of the working classes in a newly industrialized Europe was consistently used to service a version of a progressive future that was not shaped in their interests (Thompson 1967). Craig Jeffery has also identified 'chronic, fruitless waiting' (Jeffery 2010: 3) as a particular temporal experience of those colonized populations who provided much of the material resources for acceleration of Empire and modernity, noting it as a prominent feature of the experience of subaltern peoples globally since the 1960s. Bendixsen and Eriksen indeed point out that for certain groups waiting can be an expression of power and domination, generating vulnerability and humiliation (2018: 92). And while a 'new chronic' temporal imaginary has become more generally palpable in the late liberalism of the contemporary global north (Cazdyn 2012), many of the most acute experiences of 'chronic, fruitless waiting' remain 'zoned' in specifically gendered, raced, and classed ways.¹ As Lisa Baraitser has argued in *Enduring Time* (2017), despite an ever-increasing sense of acceleration, because the spooling of time towards a possible future seems to have come unravelling in the contemporary moment, experiences of interruption, suspension, delay, and slowness strongly insist in affective life in highly differential ways.

Here, however, we track this sense of time enduring rather than passing back to an earlier moment in the twentieth century, noting the ways in which waiting uncoupled from a future into which one might step came to be understood as a key feature of the affective condition termed 'melancholia', or,

in its more contemporary configuration, ‘depression’.² This is not to claim that either condition is simply a response to modern times or, more strongly still, a social construction; nor is it to seek to medicalize distress that may be the result of other social relations of inequality or injustice (Thomas et al. 2018). Rather, we are interested in exploring how understandings of melancholia in twentieth-century Europe came to be focalized through particular ideas and sensations of stuck, suspended, impeded, or ungraspable time that shaped and continue to mould the contours of the temporal landscapes and psychological imaginaries of (late) modernity. Furthermore, we argue that care in the context of depression, which we understand as imbricated with psychosocial relations and experiences and therefore ‘more than biomedical’ or psychological in constitution (Hincliffe et al. 2018), may turn out to hinge around the offer and use of extended periods of time and the capacity to stay with those whose experience is that of a temporality that no longer flows.

Although the disciplinary perspective here is not anthropological, our concern with examining melancholia and depression through experiences and practices of waiting brings our chapter into contact with an important body of anthropological literature. In his interdisciplinary volume, Ghassen Hage describes waiting as an experience that is always both existential and historically articulated or situational (Hage 2009: 4, 6). Manpreet Janeja and Andreas Bandak similarly suggest that analysing waiting requires a capacity to shuttle between existential and more clearly social or institutional perspectives, as they demonstrate how focussed ethnographic work can illuminate both waiting’s poetics and its politics (Janeja and Bandak 2018: 3).³ But this chapter uses a more dispersed, eclectic, and textual archive of experience to open up a theoretical account of melancholia/depression as a condition fundamentally entangled with existential, cultural, and socio-historical experiences and theorisations of European (late) modernity. Remaining broadly within the climate of these anthropological approaches to waiting, however, we propose that the remarkable tradition of phenomenological psychiatry from the late nineteenth and early twentieth century provides a significant opportunity to trace the relationship between accounts of lived experience of mental distress that emerged explicitly alongside existential philosophies, and more broadly socio-historical accounts of time.

As time became a topic of intense debate across the sciences and arts and humanities in early twentieth century Europe and North America, multiple disciplines explored the tension between accounts of intuitive/subjective time and understandings of mathematical/objective time (Fryxell 2019: 5–6). Phenomenological psychiatry established its distinctive approach in this context by refusing the dominant third-person approach to psychopathology exemplified by Emil Kraepelin (Broome et al. 2012: 90) in favour of paying careful attention to the first person, subjective experience of disruptions of well-being. The discipline was profoundly influenced by the new philosophies of temporality of Henri Bergson and Martin Heidegger in the

first three decades of the twentieth century and one of its key insights was that chronic mental distress can be understood as a disturbance of a sense of lived time. However, phenomenological psychiatry paid scant explicit attention to the temporal demands of treatment (Fryxell 2019: 23) – the time bound up in the intersubjectivity of the clinical encounter or simply the time that treatment takes.⁴ But psychoanalysis, which emerged alongside phenomenological psychiatry in historical terms, insisted on reflecting, with particular self-consciousness, on the complex, often seemingly interminable temporality of treatment (Freud 1937).

Both phenomenological psychiatry and psychoanalysis developed in explicit dialogue with the conditions of modernity and alongside the devastating experiences of industrialized warfare, but while phenomenology negatively articulated a temporal attitude of normalcy that recedes in experiences of mental illness, psychoanalysis used the rhythms of psychopathology and the inevitability of falling ill as a way of illuminating the structures of all mental life and of a psychic life of time that can never be simply linear, teleological, or smoothly flowing. Instead of suggesting that sensations of waiting without a *for* break apart what is proper to lived time, psychoanalysis comes to understand such experiences to be part of the inevitable conditions of psychic life. Psychoanalysis thus offers up a specifically chronic cure – the offer of time and care, and of remembering, repeating and working through (Freud 2014) – to contain, understand, and ameliorate the chronic condition of mental distress. By highlighting this link between the chronicity of the mind and the broader psychosocial contexts in which endurance plays out, this paper aims to open up a historically nuanced sense of the value of psychoanalytic temporal practices of waiting not *for* but *with*. We also suggest that by attending specifically to the relationships between depression, temporality, and historical and psychosocial experience, the urgent debates about uses of time in contemporary mental healthcare delivered by the UK's National Health Service might tentatively be reframed.

Waiting in modern times

In his illuminating short book *On Waiting*, Harold Schweizer (2008) suggests that although waiting is always essentially structured by its *for*, there is a value in decoupling this relation to get at the experience of waiting in itself that is all too easily passed over – where time is thick and slow, suspended, or extended. But we might infer from many of Schweizer's examples that an attention to waiting in itself extrudes into visibility in a historical period where there has been a fraying of the possibility of arrival. Where waiting for God (the final backstop for all human experiences of endurance and unfulfillment) becomes less culturally available, at least in many Western cultures of modernity, the possibility of messianic waiting also recedes and there is a waning of that sense of a final reckoning that structured, for example, medieval accounts of waiting. As Giorgio Agamben has shown,

medieval waiting might be understood as an experience of protracted imminence between the full presence of the Messiah and the messianic event of the resurrection (Agamben 2003: 63–64). The time that remained in medieval accounts – the time that it takes for time to come to an end – was both short and weighed heavily (67). Still, the notion of that final reckoning at the end of the ‘end times’ gave the *for* of waiting a structuring quality, leading to its implicit value in eschatological time. Indeed, this became explicitly the case in the invention of the idea of tariffed penance in Purgatory in the twelfth century (Le Goff 1981). In much pre- or para industrial life, waiting could also be gathered up into a more general sense of cyclical rhythms and the practices of activity they necessarily produced, as waiting had its part to play in contingent but imaginable returns. Reinhart Koselleck (2004) describes how in Western Christian cultures a particular linear time of expectation orientated towards the Second Coming of Christ persisted into the sixteenth century; but the timescapes of Western modernity decisively shifted with increasing secularization and an emphasis on human political and economic activity as shaping the conditions of the future. In the philosophical conceptualizations of waiting that emerge in later modernity, however, it is the pointed banality of the object of waiting that comes to the fore as positivist accounts of time and progression begin to unravel: sugar dissolving in water for Bergson in 1907 (1922); the train at a boring country station for Heidegger in 1929/1930 (1995); Beckett’s *Godot* in 1953 as a white-bearded fancy-dress version of a deity. This banalization of the object enables it to be bracketed off – a bracketing that permits an expansion of, and attention to, the phenomenological experience of waiting itself.

In the etymological history of the verb ‘to wait’ one can note the development of a more passive relation to the contingency of the future and events that may or may not take place. The oldest occurrences of the term link it to the Old North French *waitier*, meaning to ‘to watch, lie in wait for’, the Old High German *wahten*, ‘to watch’, and the Germanic *wak*, to be wakeful. Both early transitive and intransitive forms connect waiting to the activity of lying in wait, often with hostile intent – to watch out or watch for, wakefully. According to the *Oxford English Dictionary*, from the 1400s onwards, to wait (used either transitively or intransitively) becomes linked to ‘looking forward (with desire or apprehension) to (some future event or contingency); to continue in expectation of’, and then, somewhat later, to ‘remain[ing] for a time without something expected or promised’. This waiting in more passive expectation also develops into ‘remain[ing] in a place, defer[ing] one’s departure until something happens’, which becomes one of the dominant usages from the nineteenth century onwards. Significantly, this waiting in expectation or staying in place in the hope of something happening, falls out of transitive use in the nineteenth century, to be superseded by ‘awaiting’, or, more commonly now, by ‘waiting for’; but it is also still possible simply to wait, intransitively. One can find this usage as far back as the medieval period, the *OED* tells us, but it becomes

notably more common in modernity. Here, the unarticulated *for*, though it never completely disappears, may gesture towards nothing more specific than time passing. As ‘waiting’ develops in relation to historical circumstances, it becomes increasingly prone to spooling back from its object, to losing its preposition, either carelessly or purposefully, and to shedding its wakeful projections and the promise of its future. It seems that the temporal, embodied experience of waiting itself becomes a distinct object of attention only in the face of the growing uncertainty that it will ever be fulfilled, or that one will ever do one’s time.

Philosophies that concentrate on the experience of waiting that resist being subordinated to their *for* indeed emerge in the twentieth century as part a critique of the increasing quantification and rationalization of time. As is well known, the advent of both the railway and telegraph wire towards the end of the nineteenth century required and therefore enabled the development of national time regimes, as timetables demanded synchronized clocks across geographical regions (Kern 1983). Waiting, in turn, became more clearly associated with the redundancies built into standardized or industrialized time in which human duration could be rendered expendable in relation to the time tabled according to the needs of modernity. Yet as time became standardized, more easily quantifiable, and more susceptible to being cut up into blocks and exchanged as units,⁵ there was a coterminous sense that temporality might more authentically be found within experiences in which time’s felt pace of passing, and its relativity, became the essential mode of measure. Henri Bergson’s famous 1907 account of waiting for sugar to dissolve in water thus starts to pay attention to the experience of *just* waiting. This is waiting that enables a perception of subjective time precisely because the subject is thrown out of sync with something that passes smoothly:

If I want to mix a glass of sugar and water, I must, willy nilly, wait until the sugar melts [...] For here the time I have to wait is not that mathematical time which would apply equally well to the entire history of the material world [...] It coincides with my impatience, that is to say, with a certain portion of my own durations, which I cannot protract or contract as I like. It is no longer something *thought*, it is something *lived*.
(Bergson 1922: 9–10)

Bergson shows here that time, which for him is famously the qualitative experience of duration, obtrudes for philosophical reflection precisely as it resists being seized by it. We perceive time as it refuses to align itself with our intentions and instead we feel seized by it, as if from the outside. As ‘something *lived*’, the experience of time that finds us in waiting is one that endures in neither complete passivity – for we may choose to wait, or not – nor in a position where time can simply be subordinated to the subject’s projects.

Bergson uses a phenomenology of waiting to illuminate the nature of being in time precisely because the time that flows, and in which we might ourselves be absorbed, is not easily available to conscious reflection. It is so transparent to us that we tend to see through it, in fleeting spontaneity. Waiting, however, disturbs the putatively ‘natural’ experience of being at one with time’s passage; it therefore acts as a form of phenomenological *epoché*, a suspension of assumptions and ideas about the experience of the world – in this case the experience of a time that flows – to concentrate instead on how things might appear to consciousness (Husserl 2014). For phenomenologists, there is a similar disruption of normative conceptions of temporality that come to consciousness in and as pathology. Maurice Merleau-Ponty was to argue in 1945 that the threads that invisibly bind our sense of a compliant body (one that expresses a subject coherently positioned and unified in relation to temporal intentions) are crucially loosened in the experience of illness:

the life of consciousness – cognitive life, the life of desire or perceptual life – is subtended by an ‘intentional arc’ which projects round about us our past, our future, our human setting, our physical, ideological and moral situation [...] It is this intentional arc which brings about the unity of the senses, of intelligence, of sensibility and motility. And it is this which ‘goes limp’ in illness.

(Merleau-Ponty 1962: 136)

In both waiting and in illness,⁶ the sense of a body and mind functioning as a smooth expression of the intentional subject, in sync with a temporality that flows according to an intentional arc, is rendered out of phase.

Time out of mind

Writing in 1933 on the subject of *Lived Time*, the phenomenological psychiatrist Eugène Minkowski suggested that mental illness, as part of its defining feature, detaches human beings from the kind of temporality that he sees as common and comfortable to human life: a ‘lived synchronism that we expect to find in the general feeling of moving with time and in step with it’ (Minkowski 1970: 69). Drawing on Bergson’s account of duration, Minkowski argues that the mind that is subject to psychopathology cannot properly orientate itself towards lived time. Phenomenological texts such as Martin Heidegger’s *Being and Time* (1927) and his lectures on *The Fundamental Concepts of Metaphysics* (1929–1930) had suggested how temporality was the basis of anxiety and a sense of the immanence of death. But whereas Heidegger imagines that anxiety and an awareness of ‘being-towards-death’ produce the conditions for *Dasein* (the kind of being that humans have) to have an authentic engagement with the present and the future as ‘its

ownmost possibility' (Heidegger 1967), Minkowski describes how waiting can be entwined with the nameless dread of what cannot be seized. Writing positively of 'activity', Minkowski notes that 'far from feeling imprisoned in the sphere of my activity and feeling that I bang up against its walls, I feel, on the contrary, at ease and take pleasure in moving without hindrance' (Minkowski 1970: 85). But what Minkowski calls 'expectation' is different:

Expectation [...] englobes the whole living being, suspends his activity, and fixes him anguished, in expectation. It contains a factor of brutal arrest and renders the individual breathless. One might say that the whole of becoming concentrated outside of the individual swoops down in a powerful and hostile mass, attempting to annihilate him; it is like an iceberg surging abruptly in front of the prow of a ship, which in an instant will smash fatally against it. Expectation penetrates the individual to his core, fills him with terror before this unknown and unexpected mass, which will engulf him in an instant.

(Minkowski 1970: 87–88)

First drafted just after the Armistice in 1918, this chapter was later called, simply, 'The Future' – a title that ontologizes but also dehistoricizes and depoliticizes the waiting it invokes. Nevertheless, the chapter mobilizes historically specific metaphors such as the sinking of *Titanic* in 1912 and experiences that read like a 'phenomenology of life in the trenches' (Kern 1983: 90) in its attention to waiting as a temporally extended, anguished expectation of imminent destruction. In this account of 'expectation', it is as if socio-historical experiences of waiting have 'englobed' both the ontological account and the seeming ontological propriety of a present and future through and in which time should flow.

Literary critic Kate McLoughlin has suggested that a disruption of duration is a particular precipitate of industrialized warfare for combatants (McLoughlin 2012: 107–134). Paul Saint-Amour similarly figures anxious waiting, and the distortions of temporality experienced in the face of a future towards which the self cannot be orientated, as a specific response to the global conflicts of the twentieth century (Saint-Amour 2015). Saint-Amour indeed uses Minkowski to take aim at psychoanalytically inflected accounts of trauma, arguing that the violence of war is not just extended through a traumatic return of the past; rather, in an era characterized by the imminent threat of 'total war' via aerial bombardment, 'violence anticipated is already violence unleashed' (2015: 13). The threat of a total war that impinges on both civilian and military populations might be understood as producing 'a proleptic mass traumatization', the symptoms of which exist 'not in the wake of a past event, but in the shadow of a future one' (2015: 7–8), even though, we would argue, this trauma must be activated and charged by at least a proximity to events in the past. But Minkowski's more ontological attempt to anatomize the disturbance of

lived time in mental illness seems to intuit something that Saint-Amour allows to slip from view: the way in which the propulsive pump of anxiety about an expected yet indeterminate disaster shifts into something more like depressed affect as the relationship towards the future is suspended, time cannot pass, and the present and past swell.

Minkowski's own traumatic experience of war and the social repression of its effects slowed the writing of his book to a stand-still (1970: 7), and perhaps he only moved his work forward by turning to endogenous depression rather than 'reactive depressions' that could be the long-term effect of combat experience. For Minkowski was able to claim phenomenological, ontological insights about the human capacity to march in step or fall out of phase with the flow of lived time. Indeed, he showed how such depressions reveal something essential about the shaping of human temporal experiences; they 'express a profound modification of the structure of time, a modification that reduces to a more or less broad contrast between immanent time and transitive time' (Minkowski 1970: 299), or the distinction between what he calls, following the phenomenological psychiatrist Erwin Straus, 'ego time' (a subjective sense of lived time), and 'world time' (a shared external experience of time) (Minkowski 1970: 297). Time is, instead, 'englobed' in and by forms that are detached from progression. To use Minkowski's patient's own words: 'I feel displaced in relation to life. I feel time flee, but I don't have the sensation of following the movement; I have the feeling of turning in the opposite direction than the earth' (Minkowski 1970: 332).

The observation that in melancholia 'immanent time seems to slow down remarkably, even to stop' (Minkowski 1970: 297–298) is not new to the twentieth century. Thomas Burton famously noted in his 1621 *Anatomy of Melancholy* that when ruminating on 'what I have ill done', 'methinks time does move very slow' (Democritus 1806: 12). In 1928, Straus picks up on a temporality which does not and cannot flow or unfold:

When depression brings internal time to a standstill, there is no longer the possibility of resolving experiences [...] by stepping on into the future. Inner experience has reached an impasse [...] The demands for conclusion that emanate from things cannot be fulfilled in the future-less experience of the depressive.

(Straus 2012: 211)

Straus goes on to note that

[s]ick people report that time runs dry, seems in their anxiety to have come to a stop. Or again, that the passage of time in general has slowed down, or that time only moves forward when a steady mechanical activity is taking place.

(Straus 2012: 214)

In 1928, Viktor von Gebattel also reported one of his patient's experiences of temporal disruption in melancholia, though here time is not brought to a standstill; instead the future is cancelled because time cannot be contained:

I am constantly thinking that time is flying past. As I am speaking with you, with every word I'm thinking 'past', 'past', 'past'. [...]

Every single movement makes me think: now I am doing this, now that [...] It is terrible thinking like this, it's a type of killing (?), that's why it's related to thinking about suicide.

(Von Gebattel 2012: 215)⁷

Quoting Von Gebattel's case study, Minkowski notes the terror such a future invokes through its hostile force (Minkowski 1970: 302–303). He adds that what someone might try to do in the face of such depression is attempt to reinstate 'mechanical progression' through obsessive symptoms that give rise to an illusion of forward movement, but in fact only fill the present by filling in for the weakening dynamism of time (Minkowski 1970: 299).

Whether it is a sluggish over-abundance of time that does not pass, then, or an excess of time that cannot be contained but speeds by like a freight train mowing down the person standing helplessly in its path, depression here tracks modernity's anxious relation to a temporality repeatedly imagined as having fallen out of phase with the proper rhythms of human life – a time that is either too slow or too fast to be absorbed, used, and then passed through the subject.⁸ If, as Hage puts it, '[w]aiting indicates that we are engaged in, and have expectations from, life' (Hage 2009: 1), then it is precisely this idea of waiting, in which a present might be used productively as it flows into a future of achievement, that begins to slip away. Instead, there is an obsessive repetition of the same:

No action, no desire emerged which, emanating from the present, could go toward the future across this succession of dull and similar days. Because of this, each day had an unusual independence. They did not vanish into the sensation of the continuity of life. Each one emerged as a separate island in the dark sea of becoming.

(Minkowski 1970: 186)

As Minkowski puts it later, 'When the flow of life is barred, immanent death is also arrested. Transitive death then becomes mistress of the mind' (Minkowski 1970: 304). Dependent relationships, both on the future and, crucially, by implication, on others, dwindle defensively into islands of diminished, brutally self-contained insufficiency in which it feels impossible either to live or to die.

Time as care

In *Being and Time*, Heidegger argued that *Dasein* is significantly ‘temporised’ by its involvements, its inclination, its leaning towards a world and ability to make use of it as part of its own projects – its ‘*Being-ahead-of-itself*’ (Heidegger 1967: 236). But although Heidegger uses the words care [*Sorge*] and concern [*Besorgen*] to describe his understanding of these ontological possibilities of being-in-the-world and involved with it (83–84), they are not freighted with the strong connotations of intersubjectivity, interdependence, and ethics that undergird more social conceptions of care. Instead, Heidegger’s accounts of care and ‘being-with’ are more concerned with involvements that are pragmatically useful to *Dasein*’s projects. As Gallagher and Jacobson (2012) have argued, Heidegger has a significantly underdeveloped account of the social that lacks any strong sense that humans might discover the world through relations with others that have already been established both psychologically and ontologically through primary intersubjectivity.⁹ The ethical lacunae in Heidegger’s thinking were also implicitly taken up by Emmanuel Levinas in his series of lectures delivered in 1946/1947, *Time and the Other*. There, Levinas argued that relationships with others and alterity are in fact ontologically primordial, preceding and producing the very possibility of selfhood rather than emerging from it, as Heidegger had argued (Levinas 1987). For Levinas, others are also not simply met in time in ways that ‘temporise’ the subject’s experience; rather, time is a primordial condition that enables any meeting between self and other or any possibility of sociality. ‘The dialectic of time is the very dialectic of the relationship with the other’ (Levinas 1987: 93), he insists. If this is so, when the sense of a time that passes and can be stepped into or inhabited is relinquished in favour of those ‘separate island[s] in the dark sea of becoming’ that characterize depression, it is perhaps the fundamental awareness of the ontological possibilities of being-in-the-world and being-with-others (in both Heideggerian and Levinasian senses) that shears away.

The question that remains for phenomenological psychiatry, however, is how might these experiences of temporal disruptions, so deeply entangled with the disturbance of the possibility of relationships with others, be cared for or treated? If we move towards more social conceptions in which care can be described as ‘everything that we do to maintain, continue, and repair our “world” so that we can live in it as well as possible’ (Tronto 2013: 19), then a disturbance of the ability to encounter others and to move outwards from the solitary self in existential crisis into a ‘world’ made possible in and through time, seem significantly entangled with a sense that the basic temporal conditions that enable caring and being cared for have radically slipped from view. And one response, one offer of care, might therefore be an insistence on a form of treatment that takes time and the relationship with an other as its primary materials.

In ‘The Scandal of the Timeless’, Julia Kristeva situates Heidegger’s account of time and care alongside those of Bergson and his contemporary,

Sigmund Freud (Kristeva 2003). She sees each philosophical position as subverting the Western philosophical elision of temporality with consciousness, giving way, she argues, to articulations of extra-subjective temporality. As we have seen, Heidegger ‘ontologises’ time as care so that time can never be simply thought of as ‘subjective’:

Understood as the ontological meaning of care (*Sorge*), this temporality [...] conditions the categories of our existence in time (past, present, future) without being reduced to it. The human being is a being-there, a *Dasein*, a thrown being, always ‘ahead-of-itself’ and, for this reason, care-ridden: a ‘being-towards-death.

(Kristeva 2003: 29)

Bergson’s duration, on the other hand, while having a psychical dynamic, is anterior to the sphere of the psyche. Duration is not a product of consciousness, but an embodied memory of matter that is in constant vibration. Duration therefore dematerializes matter, with matter itself becoming a form of ‘an indefinitely dilated past’, and duration emerges as ‘the most contracted degree of matter’ (Kristeva 2003: 29).

It is Freud, however, whom Kristeva identifies as offering a linear conception of the time of consciousness within which he inscribes a fundamental heterogeneity that nevertheless frustrates linear time. *Zeitlos*, Freud’s term for the timelessness or the lost time of the unconscious, becomes, for Kristeva, a form of impossible temporalizing that suspends or frustrates the everyday meaningful modes of existence in the world which are reliant on time that is bound into sequence. *Los* – to come off, to come loose – is not connected to the ordinary or everyday. The timelessness of the unconscious signifies something closer to that which is un-timed, unleashed, or unbound. Rather than thinking of Freud’s unconscious as an absence of time, she argues that *Zeitlos* signals a timelessness beyond time that ‘encroaches on a pre-psychical time and approaches the somatic’ (Kristeva 2003: 31). *Zeitlos* gestures towards a time that is prior to the psychical binding of time, which she situates as the rhythm or pulse of the soma.

This tension between bound and unbound time, between the linear conception of the time of consciousness and the timelessness of unconscious processes, plays out in psychoanalytic treatment, which could itself be understood as a treatment *of* or *with* time. Kristeva draws out three modalities of timelessness that articulate analytic experience. These are the memory trace; the cyclical process in psychoanalytic treatment of ‘working through’; and the time it takes for the dissolution of the transference. Memory, as Freud saw it, is a lasting trace of excitation remaining in unconscious life, which he asserted was indestructible and yet displaceable through the production of symptoms that ‘remember’ differently. Working through is the struggle we have with resistance – we don’t want to know in conscious or historical time what we do know in unconscious timelessness, so we need to

constantly deflect that knowledge. The practice of analytic treatment entails approaching resistance not once but again and again in such a way as the analyst must remain unconcerned with the outcome of the approach, allowing the analysand to come to care about their particular truth. Finally the dissolution of the transference is the temporality of the end of the analysis itself. It signals the time of separation that confronts the patient with the possibility of the analyst's death and their own susceptibility to dissolution. In order to come to care enough about one's own death and the death of the analyst, some working through has to have occurred in which an experience of suffering or psychic pain has been marked by temporal difference – by the waiting, delay, or lost time of both analyst and analysand. The paradox then of treatment is that facing one's own potential dissolution and being able to bear living on beyond the end of the analysis requires the retroactive scene of having waited together. Psychoanalytic care, in this account, functions through a form of prolonged waiting *with*.

Despite the psychoanalytic emphasis on the timelessness of the unconscious, it is important to note the ways in which psychoanalysis and its theory of melancholia/depression emerge, in both theoretical and practical terms, from the conditions of twentieth-century modernity and particularly those experiences of violence and hate manifested through war. Freud's 'Mourning and Melancholia' was first published in 1915 and offers an account of melancholia in which the otherness of the lost love object and, by implication, the ungraspable temporal relationship with the past and the future that the other symbolizes and enables, collapses (Freud 2017). As the ego incorporates the object into itself by aggressively devouring it, it turns its hate towards the lost other inwards, implying a temporal structure that no longer moves, even minimally, outwards from the self through an inclination towards the other. Such melancholia therefore becomes the obverse of care, at least as we have been defining it here.¹⁰

British psychoanalysts working in the middle of the twentieth century under the influence of Melanie Klein also brought the external experience of two world wars into charged contact with the time of psychic life and the psychic life of time. As Michal Shapira has shown, these analysts were concerned to anatomize the idea of a "war inside", that is, what they saw as the aggression, sadism, and anxiety that in part constitute every subjectivity' (Shapira 2013: 49). For Klein, writing in 1946, the child's loss of complete identification with the primary object, usually the mother, is an inevitable part of development; but in order to preserve the idea of the good lost object that can be held inside, the child splits it spatially, keeping the good object at some distance from a bad object that attacks both from within and from the external world, and is felt to be responsible for painful but inevitable experiences of frustration and loss. The movement from this spatializing 'paranoid schizoid' position to a 'depressive position' that recognizes the aggression of the attack on the loved object and looks, remorsefully, to repair the damage done – to put it back together over and through time – signals an

emergent capacity to understand the object in reality as separate and neither wholly good nor fully bad, but both good and bad (Klein 1946).

As Hage astutely notes of psychoanalytic theory:

waiting has always been seen as foundational in the formation of the affective self, particularly at the moment of separation from the mother or the breast. It is not far from the truth to say that in psychoanalytic theory the self takes shape the very moment it starts waiting.

(Hage 2009: 9)

In terms of melancholia, the psychoanalyst David Bell suggests that Klein's model articulates how serious depressive illness can emerge in the temporal extension of schizoid processes driven by an 'incapacity to manage the psychic pain characteristic of the depressive position' (Bell 2000: 25) – the reality of loss and separation and the dependence upon others that demands an inclination, a relationship, with an other and an unknown future in which time cannot simply be controlled or 'filled in'. In their account of waiting, Janeja and Bandak make the central claim that 'waiting must be scrutinized in relation to the central figures of hope, doubt and uncertainty' (2018: 1). Certainly the capacity of the analyst to bear repeated 'paranoid schizoid' attacks, and offer, time and again, a form of understanding that interprets the aggression rather than defensively throws it back or denies it, marks out the work of psychoanalysis in the face of depression. This practice, however, entails a mode of waiting that deliberately suspends hope, and offers instead a commitment to work under the conditions of permanent doubt and uncertainty. Only through staying with a time that is experienced by both analyst and analysand as phenomenologically 'not flowing' can depression have the chance of being understood. This staying with, this waiting *with*, nevertheless gestures towards at least the possibility of a future that might not merely be a repetition of a stuck past or a swelling, obsessively revolving present.

One major problem for developing an evidence base for the efficacy and therefore potential efficiency of psychoanalytic treatment is the need for long-term studies that can capture this slow process of endurance when time, for the patient, might have effectively stopped unfolding in the ways we have described above. In 2015, the first findings were published of a ten-year long randomized controlled trial on treatment-resistant depression and long-term psychoanalytic psychotherapy (Fonagy et al. 2015). The Tavistock Adult Depression Study suggests that previous research had been poor in assessing the efficacy of psychoanalytic psychotherapy precisely because it had struggled to take into account the chronic qualities of treatment-resistant depression, or the effects of a very long and slow treatment process. In the study, 44% of the patients who were given 18 months of weekly psychoanalytic psychotherapy no longer had a major depressive disorder when followed up two years after therapy had ended; for those receiving the current NHS treatments of choice (anti-depressants and short-term Cognitive

Behavioural Therapy) the figure was 10%. While only 14% of those receiving the psychoanalytic psychotherapy recovered fully, for those receiving current NHS treatments of choice full recovery occurred in just 4% of patients. In every six-month period in which participants were tracked (over a total of 3.5 years), the chances of a remission from depressive symptoms for those receiving psychoanalytic psychotherapy were 40% higher than for those receiving the current treatments. After two years of follow-up, 30% of those receiving the psychoanalytic therapy had remission from their depressive symptoms; in the control condition this figure was only 4%.

Between 1998 and 2012, England saw a 165% increase in the prescription of anti-depressants (Spence et al. 2014: 4), and in 2016, 64.7 million antidepressant items were dispensed and 33.7 million (108.5%) more than in 2006 (Thomas et al. 2018: 2). A recent systematic review and meta-analysis of available data on treatment for major depressive disorders has suggested that antidepressants are demonstrably effective (Cipriani et al. 2019). Nevertheless, as noted above, relapse rates remain high (Kirsch et al. 2008), particularly when tracked across the decades over which chronic conditions often play out, and side effects can be significant (Götzsche 2015). Recent work on prescribing practices in NHS has also revealed a tendency for GPs to medicalize distress in low-income communities facing chronic conditions of material poverty and experiencing the effects of the pervasive sense of shame produced by political and broader social discourses surrounding ‘benefits’ or ‘welfare’ (Thomas et al. 2018).

The neurobiological understandings of mental illness that underpin current prescription regimes, alongside the Improving Access to Psychological Therapies initiative for anxiety and depression that has prioritized relatively low-cost digitally enabled therapies and cognitive behavioural therapy, have meant that psychoanalysis has lost most of its traction in the National Health Service in England.¹¹ To suggest a reconsideration of psychoanalysis in relation to the treatment of depression in the NHS in this climate is not to deny the difficult realities of straitened finances, the particular ways in which clinicians are acutely time-starved, and clinicians’ pragmatic attempts to ameliorate distress in the face of what are felt to be intractable problems caused by government policies (Thomas et al. 2018) and significant constraints on prescribing practices. In particular, we are not suggesting that we return to psychoanalysis in a way that resonates with the current veneration of ‘the slow’. We note that a certain resurgence of psychoanalysis in public discourse in the last few years saw Stephen Grosz’s *The Examined Life* become a bestseller serialized in 2013 on BBC Radio 4. This kind of work implicitly connects psychoanalytic practice to an elegiac mode in which the equation of time and money is not addressed and there is no scarcity of resources to pay for treatment. We want to suggest, however, that we might do psychoanalysis a disservice in terms of its ability to speak to our present moment if we hold it to the romance of the slow and to fantasies of plenitude – to a world where there is no gap between need and fulfilment. Our point is rather

that our current times are shot through with a more resistant, more chronic relation to time, and that in this context psychoanalysis provides a rare discourse that enables us to articulate the link between chronic time and practices of care that inhabit and use time's complex chronicity.

We finish by returning to Beckett. One of the things that much of his drama makes clear, through his strange 'pseudo-couples' who remain bound to one another, is that, in the absence of a future towards which one can orientate oneself, one might wait not *for*, in solitary existential crisis, but *with*. In Beckett's *Endgame*, which has been interpreted as both a displaced account of the Second World War and an anxious anticipation of a nuclear holocaust, Hamm cannot stand, and Clov cannot sit. Clov tells Hamm there is no more painkiller; indeed, all the things they may have once been waiting for have been exhausted. Even the alarm clock does not work anymore, yet the time that time takes to come to an end remains. They endure in an extenuated yet nevertheless clearly finite state. They remain, dependent, waiting; in their terms they are 'obliged to each other' (Beckett 2012: 90). Though Beckett is always prone to undercutting his awareness and acceptance of interdependency with cruelty, we could at least say that Hamm and Clov care for one another through persistence, through an insistence on waiting *with*. Where depression collapses experience back into subjectivity, waiting, which is not to be completely subsumed under anxious anticipation, active expectation, or the stuckness of depressed time, invokes intersubjectivity; it fashions a minimal openness to a future in care and dependence. To be dependent is, after all, literally to understand oneself to be hanging – like a pendulum, suspended – from an other and from a future towards which one might find oneself at least minimally inclined.

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Data availability statement

Data sharing not applicable as no datasets generated and/or analysed for this study.

Notes

- 1 See Schwartz 1975; Sharma 2014; Bendixsen and Eriksen 2018.
- 2 To address melancholia and depression together is not to claim that they are simply different words for a transhistorical condition with stable features – in other words, a 'natural kind'. We note that there might be some significant differences between the ways in which melancholia and depression are defined and represented. Nevertheless, if we take the position that psychological objects necessarily have an 'ambiguous' status (Hayward 2011: 526) – held between 'natural

kinds', disciplinary constructions, and ideological formations and subject to feedback as individuals are thrown into a complex confluence of biological and social causes and effects – early twentieth-century melancholia and depression have significant similarities in the ways in which they figure the importance of temporal disturbance.

- 3 Further recent examples include Liene Ozolina's ethnography of waiting in post-soviet Latvian workfare programmes; Bruce O'Neill's ethnographic study which tracks boredom in urban homeless populations in Bucharest; and Javier Auyero's (2012) study, *Patients of the State*, which focusses on welfare offices in Argentina, and the indefinite waiting imposed on those who need social assistance.
- 4 This is particularly remarkable in the case of the phenomenological psychiatrist, Eugène Minkowski, whose 1923 paper, 'Findings in a Case of Schizophrenic Depression', drew from his experience of living day and night over a period of two months with a patient as his personal physician (Minkowski 1958).
- 5 This idea of time is most fully articulated in Frederick Winslow Taylor's theories and practices of scientific management between the 1890s and 1910s.
- 6 See also Havi Carel (2016).
- 7 For a more contemporary account, see the philosopher Matthew Ratcliffe (2014) on how people with depression frequently report an alteration in their phenomenological experience of time.
- 8 See Goodstein on boredom, and Duffy on speed.
- 9 In 1943, one of the first phenomenological psychiatrists, Ludwig Binswanger (1964), made a similar criticism of Heidegger.
- 10 'Care' is, of course, also a synonym for woe.
- 11 Significantly, psychoanalysis was in fact key in the emergence of models of care in the development of General Practice in the NHS in the 1940s and 1950s (see Balint 1957).

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