

# Subjective Darkness

## Depression as a Disintegration of Meaning in the Core Narrative

Meredith Lynn Friedson

Volume 3, numéro 2, 2013

URI : [https://id.erudit.org/iderudit/nw3\\_2art01](https://id.erudit.org/iderudit/nw3_2art01)

[Aller au sommaire du numéro](#)

Éditeur(s)

The University of New Brunswick

ISSN

1925-0622 (numérique)

[Découvrir la revue](#)

Citer cet article

Friedson, M. L. (2013). Subjective Darkness: Depression as a Disintegration of Meaning in the Core Narrative. *Narrative Works*, 3(2), 1–28.

Résumé de l'article

In this paper, depression is described as a disintegration of meaning within the context of attempting to narrate one's life. The difficulties of autobiographical narrative are explored, as are the shortcomings of language in conveying existential pain. A common societal response to attempts at narrative is to turn away, to silence the individual, and this leads to further difficulties in mourning and recovery. Clinical cases are used to elucidate the characteristics of depressive experience and the importance of narrative in the healing process. In addition, ethical issues regarding qualitative narrative research are discussed.

## **Subjective Darkness: Depression as a Disintegration of Meaning in the Core Narrative<sup>1</sup>**

Meredith Lynn Friedson  
*Adelphi University*

In this paper, depression is described as a disintegration of meaning within the context of attempting to narrate one's life. The difficulties of autobiographical narrative are explored, as are the shortcomings of language in conveying existential pain. A common societal response to attempts at narrative is to turn away, to silence the individual, and this leads to further difficulties in mourning and recovery. Clinical cases are used to elucidate the characteristics of depressive experience and the importance of narrative in the healing process. In addition, ethical issues regarding qualitative narrative research are discussed.

Beginning in infancy and continuing throughout the course of our existence, human beings need to be recognized, to be seen and to have their experiences, thoughts, and emotions validated by those around them. In Zulu, a dialect spoken in areas of Southern Africa, there is a greeting that speaks to the significance of this interpersonal need. When one person greets another, he or she says "sawubona," which means "hello" but has a much deeper meaning. It also means "I see you." The response, "ngikhona," means "I am here." Inherent in this greeting is the acknowledgement that we exist as part of a community; my existence is dependent on your seeing me, and my presence in turn is required to validate your own.

---

<sup>1</sup> I am exceptionally grateful to Dr. Michael O'Loughlin for all of his support, guidance, and editorial assistance in the preparation of this manuscript. Thank you for always encouraging me to use my voice.

### **My Own Investments: Locating Myself in the Work**

The following is my personal experience, which has been a contributing factor in shaping my interest in this work of narrative, depression, and the obstacles of conveying one's story.

When I was in high school, I took a mandatory course called "Tolerance and Acceptance." For one assignment, we were told to make posters demonstrating the importance of accepting one another's differences and being tolerant of everyone. As I was in the depths of a deep depression—what I later came to describe as a subjective darkness—I knew all too well the results of intolerance, of rejection. At that time I had been bullied relentlessly for being different; I was "too skinny," "weird," and "crazy." Puerto Rican, Eastern European, American, Jewish, atheist, and female, I embodied the Other in many arenas, from my physical form to my philosophical and existential beliefs, and what, when combined, they represented. Looking back I believe I represented a threat to the normative, to what is expected and acceptable by the societal standards found within the microcosm that is high school. I decided to create something of my pain, to make meaning of my experience so that it mightn't swallow me whole. I thought that, maybe, this would help others know that they were not entirely alone. On my poster I drew a tombstone on some grass. Behind it was a darkened sky. On the tombstone I wrote a poem, the details of which are lost to me now. I do remember the content being about people bullying a young girl for being different, about no one responding to her obvious pleas for help, and about how *"now her mother cries, mourning her baby's suicide."*

Looking back, I am aghast at the response I was given, but not entirely surprised. My poster was a significant extension of myself, and I was proud of the work I had done. It was also a sublimation of pain; instead of acting on a suicidal fantasy I created a work of art so that I might be understood, and this did help "repair (my) injured self-esteem," as Cyrulnik (2005) suggests (p. 34). Unfortunately, I did not write the poem down anywhere else. One day as I was walking through the halls, I found that my poster had vanished. When I inquired of the principal as to its whereabouts, he said "It's not Halloween anymore. We thought it was a Halloween decoration." When pressed further for its location, as I could accept being silenced but not losing that part of myself entirely, he added that he believed "a janitor must have thrown it out." Mine was the only poster in a long row of many to have been removed from the wall and discarded.

The irony of this act is not lost on me. I can only imagine the alarm an educational administrator might feel at reading my anything but subtle request to be seen. And yet I was silenced, as the girl in my poem had been silenced. The principal's response that he thought my drawing was a Halloween decoration was a purposeful misrecognition, a refusal, and an active distortion of my meaning. In this interaction I was erased. He had decided to hide the symptoms of the pain that I had made visible, to throw away the evidence so as to deny it, and in so doing, deny me. It was a reenactment of the original assault made against me by those who bullied me for being Other. The principal deemed the message I was trying to convey to be unacceptable. Unfortunately, this made it impossible for anyone in a position to help me to do so because the need I had expressed so clearly was refused acknowledgement. Not even a picture of the tombstone remained to commemorate what I was attempting to mourn.

Stepping beyond my own personal experience, this paints an even more disturbing—and all too common—picture. The signs of depression are very visible. Its symptoms all serve as supplemental communications that something is very, very wrong. Like countless others, I was bullied at school and I find it difficult to believe that no one (teacher, peer, or otherwise) witnessed these daily emotional assaults. The trouble is that the trauma is worsened when those who might recognize this struggle turn away, say nothing, deny its impact on the psyche of a developing mind. How many young children have had to scream through the silence in order to be heard, only to be met with a rejection such as this? How many suicides might be prevented if there were someone—anyone—willing to receive this cry for help?

### **“Subjective Darkness”**

William Styron (2001) took issue with the term “depression.” He believed it was too benign a word, and that it was dissonant from the chaos and suffering that people often feel when struggling with irresolvable pain. According to Styron, “the word has slithered innocuously through the language like a slug, leaving little trace of its intrinsic malevolence and preventing, by its very insipidity, a general awareness of the horrible intensity of the disease when out of control” (p. 115). For Styron and many others what is commonly known as depression is more of an all-encompassing nightmare or a terrifying monster than it

is a mere condition that depletes mood, energy, and interest in formerly enjoyable activities.

David Foster Wallace (Lipsky, 2010), when describing a period in his life in which he became suicidal and needed to be hospitalized, said:

It's worse than any kind of physical injury, or any kind of . . . spiritual crisis or whatever. It's just feeling as though the entire, every axiom of your life turned out to be false, and there was actually nothing, and *you* were nothing, and it was all a delusion. And that you were better than everyone else because you saw that it was a delusion, and yet you were worse because you couldn't function. And it was *just*, it was just horrible. (p. 66)

For Wallace, depression was the equivalent of realizing that his entire existence was a sham. When he felt depressed, there was no meaning to anything that he did or believed in or represented. He seemed to feel a sense of superiority in being able to recognize life for what it was, this "delusion" he described, and yet coming to this conclusion meant an end to his capacity to exist from one day to the next. For Wallace, depression was the worst thing a person could possibly experience. He said, "That period, nothing before or since has ever been that bad for me. And I am willing to make *enormous* sacrifices never to go back there" (p. 66).

Solomon (2001) attempted to convey the magnitude of agony present in depressive experiences by stating, "Every second of being alive hurt me" (p. 19). He too craved an end to his suffering in the form of death, but his feelings left him so depleted that he no longer had the motivation to act on his own behalf. He said, "It . . . had a life of its own that bit by bit asphyxiated all of my life out of me" (p. 18). In using the analogy of a strong oak tree from his childhood that had been suffocated by a vine, Solomon described the way depression depleted his will to live:

I was not strong enough to stop breathing. I knew then that I could never kill this vine of depression, and so all I wanted was for it to let me die. But it had taken from me the energy I would have needed to kill myself, and it would not kill me. If my trunk was rotting, this thing that fed on it was now too strong to let it fall; it had become an alternative support to what it had destroyed. (p. 18)

For Solomon, depression became an omnipotent entity that enveloped him completely. As he could no longer invest in the relationships he had with himself or with other people, his depression became the only object of attachment to which he could cling. Depression, ironically, became the only life-sustaining force he had left, the “alternative support” to what had previously been his recognizable vital self. Tortuous though it was, his depression was sustaining in a manner completely devoid of nourishment.

Over the course of my research I have come to think of this Thing we call “depression” as a form of subjective darkness. Woven into the literature and firsthand narrative accounts of depression is a common theme of darkness, and this darkness seems to pervade every aspect of existence. A person’s subjectivity can be said to encompass perspectives, experiences, memories, understandings of relationships, schemas, attachment styles, perceptions of the world, and impressions of one’s self. When darkness falls, it enshrouds all these aspects of subjective experience, like a slow-spreading poison that infests all areas of the body, mind, and spirit. They become tinged with darker hues and threaten to suffocate the previously thriving being within the depths of despair. It is insidious and malignant, and at its worst, “depression” can become simultaneously the symptomatology and the cause of an intolerable existence.

### **The Exquisite Difficulty of Disintegrating Narrative: A Matter of Life and Death**

Each of us is a collection of stories. We carry with us through the course of our lives stories of places we have been, people we have met, and experiences that have changed the course of our lives irrevocably. All of these stories, when bound together, form a core narrative of subjective experience. They shape who we are, and in their retelling, who we become. Freeman (2000) describes narrative as the stories individuals tell themselves and others about their lives in which the past, present and future are inextricably linked. As primary author of our own life stories, each of us has the capacity to highlight details, focus on events, and interpret experiences in a multitude of unique and highly personal ways. In this way we ascribe meaning to our lives as lived thus far, and sketch the foreshadowing of the imagined future. Thus the core narrative comes to represent the very essence of our existence. As Ochs & Capps (1996)

say, “Through narrative we come to know what it means to be a human being” (p. 31).

There are times, however, when the core narrative is not so easily formulated. Freeman (2000) uses the term *narrative foreclosure*, which he describes as “the premature conviction that one’s life story has effectively ended” (p. 83). This sentiment can be clearly heard in Wallace’s statements that “all my reasons for being alive and the stuff that I thought was important just truly at a gut level weren’t working anymore” (Lipsky, 2010, p. 61) and “It was like, I really sort of felt like my life was over at twenty-seven or twenty-eight” (p. 63). The narrative Wallace had constructed about his life no longer gave him the same sense of purpose it once did, and he couldn’t imagine the future leading him anywhere different. Narrative foreclosure can result in a person feeling that the rest of his or her life no longer matters because the outcome is predicted through a lens of purposelessness informed by the present or past. This speaks directly to the hopelessness and despair found in many depressed people, especially within the context of suicide:

At an extreme, situations of this sort may lead to a kind of living death, a death in life. One such situation is that of suicide, or at least those instances of it that are tied to presumption that the future is a foregone conclusion, an inevitable reiteration of one’s present suffering. (Freeman, 2000, p. 83)

As such, depression can be seen as a disintegration of the core narrative. For many people who are depressed, it becomes harder to tell their story. Attempts may be stilted, muted, and disconnected from one another. Others may be quite articulate in describing their inner states, but the “why” remains elusive. Depression, or “melancholia,” as Freud (1917) called it, can be seen as a mourning that is never worked through. Even when people are able to pinpoint specifically what their feelings are, or if they are lucky, what caused them, the depression remains as a representation of pain that will not subside. When attempts at narration become difficult, so does the capacity to be seen, to be understood, and to feel like one exists. Kristeva (1989) puts it well when she says, “Melancholia then ends up in asymbolia, in loss of meaning: if I am no longer capable of translating or metaphorizing, I become silent and I die” (p. 42). Unfortunately for David Foster Wallace, this metaphoric death consumed him, and pushed him towards action to make it literal. Despite his stated desire to never succumb to his depression again, Wallace

ultimately committed suicide after many years of struggle because he was unable to conquer his own personal demons of darkness. In that act, the world was diminished by his loss.

Many authors have illustrated this concept of symbolic difficulty. In N. Casey's (2001) edited book *Unholy Ghost*, several authors write about their experiences with depression. Although the chapters are beautiful and articulate, eloquent and saturated with vivid imagery, many focus on the difficulty of describing with words experiences that are excruciatingly painful and urgently personal. Along with Kristeva's (1989) sentiment that a failure in symbolizing experiences lends itself to a disintegration of meaning and therefore the capacity to exist, others too have lamented the shortcomings of language in conveying depressive experience. For example, Shenk (2001) says, "It may seem strange that someone haunted by the inadequacy of words would become a writer, but I've often felt no other choice but to struggle and claw for what should be a simple birthright: to tell myself and others who I am" (p. 253). Similarly, M. Casey (2001) says, "Unfortunately to be depressed is not to have words at all, but to live in the gray world of the inarticulate, where nothing takes shape, nothing has edges or clarity" (p. 284).

This search for clarity in meaning is essential to a life's work, but it becomes even more crucial when one is entrenched in the distress of extremely depressive experience. As Kristeva (1989) says, "when meaning shatters, life no longer matters" (p. 6). I imagine Viktor Frankl (2006), author of *Man's Search for Meaning*, would agree. In his book, Frankl recounts the horrors of existence in Nazi death camps and the existential philosophy that resulted from his experiences. He developed "logotherapy," a type of psychotherapy based on the premise that the "primary motivational force" in human beings is to find meaning in life. Attempts to reformulate a life's narrative into one with which we are at peace can only begin after the psychic pain is recognized, symbolized, and eventually, worked through. This process requires the presence of another to aid in a collaborative reconstruction of meaning. This endeavor is the heart and soul of clinical work, and it is this venture into human connectedness that may have the most profound impact on the individual leading ultimately, hopefully, to positive change.

However, even when people are able to struggle through the obstacles of narration so that they will not have to carry their burden alone, sometimes the intended recipient of that narrative is unreceptive. Whether it is an individual, a group, or an institution that silences, each has the capacity to communicate in subtle and blatant ways that it is



unacceptable for the narrator to tell his or her story. As Ochs & Capps (1996) note, “Silencing is part of the fabric of culture in that it is critical to socializing prevailing ideologies. Assuming one’s expected place in society entails conforming to and telling stories that reinforce social order” (p. 33). It is quite possible then, that expressions of anguish, pain, and despair deviate from the cultural norms expected in many groups. For example, Andrews (2000) describes Freeman’s work on narrative foreclosure among the elderly as an exploration of a “meta-narrative . . . which is dominant in many Western cultures and offers little scope for a meaningful, productive existence in old age” (p. 78). In his work, Freeman (2000) describes the ways in which many common narratives of aging are confining because they do not offer a wide range of possibility in the future. As he says, “with pre-scripted narratives of decline well in place, there often appears little choice among the aged but to reconcile themselves to their narrative fate” (p. 81). Therefore, people living with these expectations for the roles they fill in society are left with a decision to make: either they can accept the narrative that condemns, or they can rebel against it and search for possibilities of self-renewal in the future. In a similar sense, the poster I created in high school contradicted the dominant voice of my principal that said “we will not speak of suicide here.” While the central argument in this paper is that narrative is essential for psychological, emotional, and even physiological well being, there are cultures that value non-disclosure of emotions as a route to health. Therefore, sharing one’s narrative—especially if it is filled with negativity—would be looked down upon, discouraged, even silenced altogether. Georges (1995) states that in Bali, children are

socialized from infancy not to disclose negative emotions such as sadness and anger. Children are taught that such emotions can be conquered by the strategies of “not caring” and “forgetting” as well as by laughing and joking, even in the most somber of circumstances. (pp. 18-19)

In Balinese culture, it is believed that thinking about negative feelings and events causes them to be felt more deeply, whereas actively not attending to them will help a person remain calm and peaceful. Furthermore, many Balinese people believe that “sadness spreads when it is verbally and nonverbally expressed” (p. 19). As emotions are often described within the body as physiological reactions (increased heart rate, backaches, etc.), the expression of and attention paid to negative emotions is thought to

increase susceptibility to actual illness. Many will therefore avoid formulating or expressing a narrative to others out of concern for them. Moreover, this is a culturally ingrained matter of social conscience; one could literally make another person sick by vocalizing painful experiences.

It is therefore plausible that across cultures, people are often silenced because their narrative is too painful to be received. Many react with discomfort to the kind of pain that brings a depressed person to the brink of his or her willingness to live. Perhaps the stories of depressed individuals serve as a reminder to those who would rather not see that such severe pain exists in the world. As Pennebaker (1995) says, “Whereas talking about a trauma may make the discloser feel better, it can make the listener feel worse” (p. 7). Perhaps some people refuse recognition as a means of self-preservation, for even to acknowledge that kind of suffering might threaten to pull the witness into something that cannot be tolerated; it is much easier to ignore or deny the darkest aspects of human existence than to be caught in their grip and swept away by their full force staring you in the face. Eigen (2006) notes in *The Annihilated Self*, “The human race has not evolved the capacity to take what it does to itself, the pain people inflict on each other” (pp. 25-26). And so the “audience,” so to speak, turns away. So many people try to hide their annihilation with a pretense of life so as not to become further alienated.

There are many ways in which this rejection of narrative is reinforced. As Eigen (2006) says, “It is shameful to look like the annihilated being one is. It would turn others off, make one even more alone” (p. 26). Yet when pain becomes impossible for one person to bear, the imperative becomes to share it, to tell one’s story to whomever is willing to receive it, whether they can handle it or not. It needs to be witnessed so we can feel more alive. Shenk (2001) describes this necessity well:

And so I remind myself: an imperfect word is sometimes better than silence, a pale metaphor better than suicide. . . . Those who suffer in isolation, starved for connection, mad with the sense that they will never be understood and never find relief, need to say *something*, even if it’s wrong, or not wholly right. (p. 250)

He makes sure to emphasize the importance of the struggle, however, by saying, “Still, while we cannot be silent, or forsake the available word or

metaphor for the perfect one that eludes us, we also cannot stop at the less-than-perfect words and metaphors” (pp. 250-251).

In the context of medical ailments, Frank (1995) speaks of illness as the driving force behind the body’s need for a voice; the changes that occur during illness make the body alien to its owner, and words are used in an attempt to make it recognizable and familiar again. He too acknowledges that even as this process is occurring, “the body eludes language” (p. 2). He elaborates: “The ill body is certainly not mute—it speaks eloquently in pains and symptoms—but it is inarticulate” (p. 2). Quite similarly, a person who is depressed may feel that his or her body and mind have been hijacked, invaded by a darkness that makes the person he or she once was seem but a distant memory. Thus pain and sadness are the body clamoring to be heard, the soul aching to be given words with which to recognize itself once again. That is why narrative matters: it is imperative for healing. When the only path to feeling better is in finding ways to make one’s narrative heard, a lack of receptivity on the part of society and other individuals tends to exacerbate existing problems.

### **An Illustrative Case Study: The Story of Richard<sup>2</sup>**

Over the past few years I have been conducting research on chronic depression. As part of my research, I engaged in five open-ended, loosely structured psychodynamic interviews. For the purposes of this essay, I would like to present what transpired with Richard, as he was the first person I interviewed. He was a non-Caucasian man of mixed ethnicity in his late twenties. When I asked him about his experiences with depression, he first spoke about being bullied as a child and the effect this had on his developing sense of self. Richard was a very shy child. He described himself as “maybe on the nerdy side” and he was bullied in elementary school for his ethnicity; as he said, “it was like probably 99% white community and white school. So like ah, I was kind of, you know I guess outsider in school when I was younger.” He continued,

I probably had some kids . . . like bully me a little bit, they just like verbally you know what I mean, ‘cause I was like the only (ethnicity) kid. Definitely the only (ethnicity) kid in in our

---

<sup>2</sup> All names and identifying information have been changed in order to protect the individual’s identity.

school... So I was an easy target all the way around, you know what I mean?

When I asked Richard about how being bullied might have affected his self-esteem, he said,

If you don't feel accepted into society or at least into your community, that's not good . . . and I guess that affected me a little bit when I wanted to commit suicide because uhm . . . I probably just (felt) like okay I've never made those connections with everyone else.

Being bullied left Richard on the outskirts of society during his childhood and this had significant negative ramifications for his self-impression and the role he saw himself occupying in interpersonal relationships. The rejection he experienced became an internalized reflection of himself and his innate qualities. As he described it,

at that time, I just didn't have that social ability. I wanted to though, I definitely wanted to that was one of the reasons I probably . . . got more depressed about myself, I felt... like a loser maybe, that I couldn't do it . . . like, I can't even do that, like what's wrong with me?"

Richard didn't remember feeling depressed as a child, but he did say, "I think I was over it, but maybe when I look back, I think, I mean I try to analyze it, maybe that did affect me more than I thought, you know what I mean? . . . Maybe it still affected . . . my attitude about myself." He added, "I don't know if maybe . . . when I got to college, it all caught up with me . . . maybe I didn't realize I had those feelings the whole time." It would appear that Richard carried with him these feelings of social ineptitude even into his formative years as a young adult. He felt socially rejected as a child and in turn associated this rejection with something unacceptable about himself. Charles (2013) states that, "If one cannot emerge as a respected subject within the social surround, one's identity is foreclosed" (p. 21). It seems that a major aspect of Richard's depression can be linked to the fact that he did not hold a position of esteem and mutual respect among his peers. As Charles suggests, he was trying to negotiate an identity at a crucial period in his life within a group

that was critical and rejecting of him, so his sense of who he was, in context, was equally tinged with negative self-appraisals.

In his sophomore year of college, Richard became withdrawn and started isolating himself from other people. It was around this time that he made his first suicide attempt. He described the “dark thoughts” he had at that time and said: “When you feel down like that, you’re [going to] feel that everyone else’s life is perfect, you know that person’s smiling. They’re walking with a girl. Their life must be perfect.” When I suggested that these social interactions seemed easier for everyone else, Richard replied,

Yeah you think everyone else . . . has it right. Everyone else figured it out and then I’m like the one person that, you know, I can’t figure it out. You know what I mean, that definitely, played into [my depression] when I was at college. I probably just felt like I’ve never made those connections, I’ve never figured it out. So I must be an idiot, or you know whatever. You know?

In an autobiographical piece written on her own experience with depression, Mairs (2001) describes a similar sense of social unease by saying, “I lived in unutterable loneliness though seldom in solitude . . . My loneliness, in fact, only grew sharper when I was in the presence of others, especially my peers” (p. 186). She then goes on to recount an instance in which she, like Richard, was bullied by her classmates who made a song that mutilated her name in mockery:

From then on I felt tangential to any group, fearful of outright exclusion yet ignorant of the rules of admission, of the magic words that would let me all the way in. Gradually I learned a bit of the language, enough to pose as a member of the group, but the conflict I felt between the pose and my inward experience only increased my sense of alienation. (p. 186)

### **“I Can’t Solve This Problem. It’s Unsolvable.”**

Some instances of depression are accompanied by feelings of alienation and despair. The pain that results from such feelings is often internalized, and in the process it becomes surreptitiously entrenched with the individual’s sense of self. It then becomes much harder to discern what is the depression and what is identity. Sometimes the next logical

step is to fall into reverie in which that faulty self is annihilated in death. As Kristeva (1989) says, “The Thing is inscribed within us without memory, the buried accomplice of our unspeakable anguish. One can imagine the delights of reunion that a regressive daydream promises itself through the nuptials of suicide” (p. 14).

I had the sense in speaking with Richard that being bullied as a child was the beginning of something unnameable in his experience, that perhaps at the time he could not recognize or describe the effects it was having on his psyche and so they became dormant, working their way into his unconscious. According to Charles (2013), bullying “increases the likelihood of later depressive and anxiety disorders” as well as suicidality (p. 12). In addition, the feelings of unworthiness that result become “internalized, leading to low self-esteem, internalized shame, and a sense of being not only alienated but also essentially alien” (p. 12). Because he had such difficulty symbolizing his experience in a meaningful way, Richard’s suffering became diffuse. He could not formulate an identity for himself in the context of social or romantic relationships. Life itself became meaningless and unbearable, and he did not sense any hope for the future. As he said,<sup>3</sup>

I had no clue of how to . . . like how to get a girl, or how to figure out myself just have you know self-esteem to go—or have like the nerve, or whatever you know what I mean? I guess I was just a different person, you know, shy. So I had no—I had no answers. Definitely. And I didn’t see nothing on the horizon. So . . . when you’re when you’re in that kind of thought, frame, like it’s not good, ‘cause you’re just like, I can’t—I can’t solve this problem. You know what I mean? It’s unsolvable. This is probably going to be my life.

“This is probably going to be my life,” echoes Freeman’s (2000) description of narrative foreclosure described above. Richard could not envision a future self that was unencumbered by his past and present pain.

---

<sup>3</sup> Richard’s difficulty formulating his experience is evident in the language he uses. There are frequent pauses, fragments of thoughts that then continue in a different direction, and many instances of repetitive phrases meant to clarify or assure that the other person is still following his train of thought. This is addressed in more elaborate detail later in this paper. There are some places in which ellipses are used to fill in spaces where leaving all of the original text would have made it very cumbersome to read. However, in an attempt to represent Richard’s narrative as accurately as possible, much of his stylistic way of speaking is left intact.

His current circumstances would remain unchanged because he saw himself as a stagnant, core contributor to the problems he faced. His next logical step was to contemplate suicide; if there were no solution and no hope, the conclusion to his life could be predetermined.

Richard continued,

I probably just thought uhm, like uh, life is stupid or like you know you gotta go to work or go to school. And maybe I probably like, probably dug into every little aspect of stuff in a society and probably thought everything was stupid, or, pointless, or you know . . . . I just thought life was just maybe was like boring or something. You know. I think that seemed to be a thread in it like I would just I would get to a point where I just thought life is like pointless, and, why keep going through all the stress for . . . very little return or something. You know. That was kind of like how I used to feel . . . . I just gave up, I guess.

It was not just that Richard had experienced pain he could not represent. His entire existence was threatened by his inability to express his internal reality. When this failure of narration occurs, it is as if one's sense of being cannot be articulated, and one therefore exists only in a vague, dissipated sort of way. Loss then evolves into an incapacity for self-representation and therefore, life becomes a form of non-existence, of being without being. That is why "Narrative activity is crucial to recognizing and integrating repressed and alienated selves" (Ochs & Capps, 1996, p. 30). It is how we re-find our lost selves and resuscitate them.

This sense of narrative foreclosure and meaninglessness contributed greatly to Richard's suicidality, which was a core issue he battled in his depression. He said,

For me sometimes it was like—like suicidal thoughts can really get into it though, it's like . . . . But I mean obviously life is, you're going to have ups and downs, you know what I mean it's just natural, you know what I mean? Life isn't all like happy and everything. But . . . . for me depression is just not feeling like life is worth it, or something. 'Cause just feeling sad is a normal part of life, you know? I think I can be rational with that, you know? I can feel like if I'm depressed for like—if I feel down for like a week, I just think that's a natural part of life, I don't think that's

like depression. But uhm . . . for me though, it it comes real it g— it gets way stronger than that it's like . . . . you just almost don't even want to think about your future, or you don't want to live, or whatever you know. Or you really think about maybe I'll do something [referring to suicide] or . . . . that's what it is for me, I guess I don't know.

One is reminded here of Freud's death instinct (1961) and Eigen's concept of psychic deadness (1995). Freud describes in people an instinctive drive towards the tensionless state that precedes life; after all, "inanimate things existed before living ones" and "everything living dies for internal reasons" (p. 46). Therefore, he concludes that the ultimate goal of all life is death (p. 46). Furthermore, he adds that living organisms seek to pursue their own path towards death rather than having it imposed upon them from an outside source (p. 47). This concept is discussed alongside the pleasure principle, wherein all living things exist for the pursuit of pleasure and the avoidance of displeasure. In this context, threats to pleasure tend to be external. Psychologically, Freud speaks of mental barriers to external stimuli as protective against becoming overwhelmed. When external stimuli break through these barriers they can become so disruptive that they constitute a trauma that "is bound to provoke a disturbance on a large scale in the functioning of the organism's energy and set in motion every possible defensive measure" (p. 33). When in a state of depression, negative "stimuli" tend to attack from all positions; circumstances and the environment, including the people in it, are skewed by negative perceptions, as are the self-attacks that constitute the individual's emotional and mental state. When this occurs and a person can no longer defend against overwhelming pain, the solution may become to promote that return to death, through suicide.

Freud sees the death drive essentially in terms of a dissipation of energy, a striving for the absence of organic existence and all of the impulses, processes, strivings, and sensations that accompany it. Clive (2000) describes the resistance against this by stating that "life involves a daily effort (of which, thankfully, we are generally unaware) to turn ourselves away from the death that we carry in our bodies" (p. 36). Eigen (1995) expands upon the concept of the death drive by stating that the pull towards death is more than a mere passive regression, as Freud would have us believe. Rather, "Death is more an active breaking down than a passive falling apart" (p. 282). The pull towards and away from



death then, are in a constant state of active tension. Eigen goes on to describe a woman so tortured in her existence that

Death had eaten away almost all it could eat away. . . . She could not die before the death inside her devoured every crumb of potential aliveness in every corner of her being. It was as if she had to stay alive until there was nothing more for death to eat. (pp. 281-282)

This is analogous to a depressed person living to represent his or her pain, the suffering an object of attachment, until the torment becomes overwhelming and pulls the person, like a moth to a promising flame, towards suicide.

### **“It’s Just a Bunch of Notes, Probably Floating Around”**

Richard had a way of speaking that reminded me of Kristeva’s (1989) concept of language as a “nullifying negation” where words are supposed to compensate us for the loss of what cannot be said (p. 50). However, since language is arbitrary, we are restricted to available conceptualizations and what cannot be articulated is lost to us. Rogers (2006) describes this difficulty by stating that some traumas are so deep they are “unsayable” and in many respects, language itself is a trauma into which we are born because it fails to convey experiences that are beyond words. When words lose their meaning, language serves the purpose not of communicating, but of commemorating the loss of what cannot be spoken. And in this loss are pieces of ourselves. Throughout the telling of his story, Richard used phrases like “I guess maybe,” “probably,” “like,” “or something,” “or whatever,” and “you know what I mean?” Although I think he was trying to be clear in his communications, his words often had a generalizing or disowning effect rather than a clarifying one. I got the sense that the elusive quality of his speech was evidence of an experience that was exquisitely painful but not fully formulated. For him, words were falling short of their intended purpose, and I suspect that on some level, Richard did not expect to be heard or fully understood.

Furthermore, Richard seemed to think he might be a burden to people if he shared his depressed feelings, and he often tried not to think about them. He said,

Well I can easily phase out feeling . . . like if I have problems, you know obviously sometimes that'll stress me out, but I can also just not think about it. You know if I'm really really good I can put it away. And just like have like a straight face and, go on with, you know what I mean?

This approach to emotional turmoil is reminiscent of Balinese culture, described above. It would seem that Richard experienced a similar sentiment within the cultural atmosphere of his family and home, which may have extended to his friends and school life. It is possible that growing up, emoting was not valued, nor was communicating one's sorrows. After all, when describing his parents, Richard said they were "very low-key" and "had almost like no emotion." However, feelings did get expressed in other ways. Richard stated initially that there really weren't any conflicts in his household growing up, but this is in sharp contrast to his description of the way his family members communicated, particularly within the context of arguments with his mother. As he said,

We never had like conflict like that 'cause . . . we were good kids. But the thing was, sometimes there would be like yelling and stuff but like . . . like my mom, would be really annoying to everybody sometimes. And like all of us would yell at her. When I look back, like everybody—my sisters, and my dad, there would be like a lot of yelling like at my mom and stuff . . . . So it's like . . . that was like the closest to like conflict in the whole house. Like it would just be everyone like kind of teaming up like—when my mom got on our nerves, we all like you know, got our little time aggression out on our mom or something, and yelling at her or something. That was like about it. We didn't really have any other conflicts so much.

During the interview, I tried to get a better sense of the dynamic within Richard's family. What was it about his mother that was so "annoying" and warranted all that aggression and yelling? When I asked about it, my sense was that Richard felt his mother was overbearing, intrusive, and a nuisance. I reiterate that this was my interpretation, not Richard's expressed opinions. I got the sense—although he never said this directly—that perhaps she was trying to engage with her husband and children in more intimate conversations, to connect with them and relate in a more open manner. In addition, although Richard adamantly denied

feeling any conflict about his own multiethnic background, he seemed to hold a lot of contempt for his mother's lack of acculturation to the United States. When speaking of a therapist he saw as a teenager, he said, "I thought she was reaching, like she didn't really understand me." He continued,

I guess I wrote something [in a journal] and she thought I had issues with being like, biracial. But I didn't at all. And . . . she was really s—tough on that like "Oh I think your your like reasons for this is 'cause you think you're biracial and you don't like it." And I was just like it's not true. You're—you know it's just—I mean I'm not judging you 'cause you think that you're s—just seeing something that I wrote. But I'm just saying it's not true and she would always like had to get on that.

I interjected, "She would impose her—" and Richard continued, "Yeah she would be like 'No, I think that's what it is.' And I would be like I *know* it's not that reason." Even while maintaining that he did not have any issues regarding his own ethnic background, Richard did draw a clear delineation between his American identity and that of his mother.

But she never quite got like, fully Americanized as far as like she went to school, or like . . . got a job or anything. You know, or ever had like a big social life, with like American people or whatever . . . so she kind of was like . . . I mean she could speak English fine, but she had a little accent, you know, maybe, wasn't really maybe—educated, as far as like . . . current events.

He continued,

She'd just . . . bother you... like you'd be trying to mind your business watching TV or doing something. And then she'd just like start . . . asking you stupid questions. Or what we thought was stupid. But like, all of us agree 'cause all of us were were annoyed, like . . . my sisters younger than me, they'd be like cursing at her and yelling at her. And then it would be crazy it just would be every everyone would be, just, annoyed. I don't even know how to describe it . . . . That's just how she was, she was very . . . you know, like a simple person but she had these like ways, to like, just like bother these American kids, and you know .

. . ‘cause we were more American. So she could really get under our skin, bother us, and we’d just get mad.

It would seem that Richard saw his mother’s ethnic and cultural identity as inferior to his more Americanized upbringing and that this was somehow associated with his feeling annoyed by her. It is also possible that his experience being bullied for his ethnicity became internalized and directed at his mother; after all, he draws such a clear distinction between himself as an “American kid” and his non-American mother. Although he described both of his parents as unemotional, it is also possible that Richard’s mother was more expressive than the other members of the family and that this was not received well. If his mother was yelled at and perceived as annoying for trying to communicate her feelings, it would make sense for Richard to expect that he would be treated the same way if he did so. Therefore it was safer to “put it away” and have it manifest as irritability (as he described often happened) later. Being irritable and expressing anger are often (I believe mistakenly) associated with being less vulnerable than is the expression of other emotional states, such as sadness, affection, or desire for example. Richard stated that he believed his mother’s feelings weren’t hurt and that she was completely unaffected by everyone yelling at her because she continued to engage in the same behaviors that elicited the negative response. In contrast, he described his father as a very “laid back” “unemotional” person who could sometimes become explosive when angry. He said,

He was probably the- the get the most exacerbated, he would get the most, angry, of all of us. So we maybe we kinda probably, learned to deal off of him too because he was like the most, you know . . . get excited, like like he was about to have a heart attack half the time when he was doing that you know he’d get so angry sometimes. You know. So it was like, so he definitely didn’t judge us when if we were yelling he never would be like “you guys better stop, yelling at your mom.” It was totally it was cool ‘cause he was just like “yeah, you guys *should* be yelling at your mom too.

Given the relationship between Richard’s parents and the fact that his mother received the brunt of aggression from other family members in the household, it is possible that Richard identified with his father as a means of avoiding any hostility that might otherwise be directed at him. It

would be imperative that *he* not be seen as annoying so that he would not be yelled at. As a result, Richard learned to suppress his emotions so that they would not make him a nuisance to others or lead to ridicule. He was able to acknowledge, however, that this was not an effective way of resolving whatever issue was actually bothering him. It was more of a temporary fix that inevitably resulted in him becoming agitated by displacing his feelings onto another context. As he described it,

I kind of just don't think about it. But then, like at the same time it probably leads to me being irritable. That would be probably the reason why I'm irritated 'cause like . . . I'm not getting . . . I guess not releasing the stress. So then I get mad maybe for something stupid. You know what I mean? That's probably what I do. When I th- when I come down to think about it. I just don't think about it that much and then if something something else like random happens, I'll like, get mad and it's like . . . I'm totally not mad 'cause of that . . . I never fix the problem, you know what I mean, I never really . . . That'll release a little bit of the anger but it really didn't eff- you know . . . make me, face the problem, I guess. I don't know.

Richard was faced with a serious dilemma. He could express his feelings and risk being rejected, ridiculed, or even worse, ignored. Or he could hold everything inside until it became unbearable and then find release in the form of anger. Ultimately, he acknowledged the necessity of expressing himself out loud to another person. It helped him reflect on what was going on in his head, and being recognized was therapeutic in and of itself. It was essential that Richard be able to share his experience so as to make better sense of it, despite his strong hesitancy to do so with people in his inner circle. In some respects, confiding in friends or family members was much riskier than opening up to a stranger. As he said,

I think talking to someone is a good thing. I think it's a good thing. . . . 'Cause if you just talk to your friend, they're gonna be like zoning out, 'cause I mean I- I don't I mean I don't want to hear that stuff either. You know not to be mean or anything but if someone's calling me and telling me "Oh this happened, this happened, this happened," I'm going to listen and I'm going to be like "Oh geez, like, you know downer, downer." But at least if you're talking to someone that's a professional then you're . . .

you know . . . they're listening to you or y- or at least they're supposed to be.

Richard needed to communicate his feelings to an attentive listener, but appeared afraid that his words would fall upon deaf ears. Rather than acknowledge the pain this would cause in light of his legitimate desire for recognition, Richard normalized the dismissive reaction he imagined his friends would give him. His characterization of his feelings as a “downer” can be seen as self-protective in the sense that he was taking the power away from others to reject his story by doing so himself. If Richard approached his friends with his genuine feelings expecting an empathic response and did not receive it, that would be more devastating than to accept the possibility that he might be invalidated by normalizing the recipient's response. Richard's comment that he wouldn't want to hear someone complaining about their problems either can be seen as a way of making it okay when others rejected him. It seems he was only able to acknowledge the benefits of sharing his feelings within the safety of a professional relationship because the other person would be there specifically with the purpose of listening to him. The rules of the relationship were clear, so sharing seemed less dangerous.

As Richard explained,

‘Cause you keep everything inside, and uhm, it never gets a chance to ah, you just like it kind of just smolders and whatever. Smolders in your head and it just never gets . . . uhm can't- you know you maybe you want a little feedback or maybe you just want to say it out loud or something. And I don't want to talk to myself. I don't want to sit there in a room and be like, you know, thinking about talking to myself so. But like I said, I don't want to like, grab a random like friend and just like beat them in the head about my problems. So it's so it's like I guess talking to like a professional or something is good 'cause like uhm . . . You feel free, you feel like you can tell this person, 'cause they're they're listening. And and it's like it's ju- it's what they're supposed to be doing, it's not like you're bothering them.

“I don't want to talk to myself.” Narrative healing requires the presence of another person to receive the story, to recognize the individual, and in so doing, validate his or her existence. Without this recognition, we risk

annihilation. The demons become more menacing, their power increased by the nebulosity that comes from being confined to the shadows of the mind. In his head, Richard could not digest what he was experiencing. He could not formulate it in such a way as to be able to examine and grow from it, so it became a self-reinforcing spiral of negativity. But when he spoke about the benefits of attending therapy, it seemed that Richard was able to break free from the depressive bonds that held him by constructing a cohesive story from his previously unarticulated pain. When I suggested that in his head his experience may feel very different than when he articulates it, Richard replied,

Yeah. 'Cause you hear yourself saying it, like out loud, and then you see the reaction on the person's face when they're hearing you. And then they start to say something back. And then it's like- you can't quite do that alone in your head because like, you don't have the feedback like that. And then if you're hearing yourself saying it out loud instead of this like- when you're just thinking in your head, you might just have rapid thoughts, and you're not really... it's not that, you know? You get- it's better when you say it out loud I think . . . you can understand it better . . . because like when you're just thinking in your head you're probably, going from thought to thought, you might even . . . you know what I mean? It's just like, it's not a very, ah good place to analyze it. You know what I mean. 'Cause it's just like a, it's just a bunch of notes, probably floating around. Instead of seeing the big- you know the big- more clarified, you know?

Ochs & Capps (1996) describe the recipients of narrative as occupying a privileged position in which they are able to provide feedback, to elaborate, to validate the teller's experience, or conversely, to argue against, reject, or ignore it. When a narrative is ignored, it often causes the "narrator to amplify volume, pitch range, and/or the scope of the claim. If even this fails to secure feedback, the narrator may suffer loss of validation as narrator or protagonist" (Ochs & Capps, 1996, p. 35). Thus the child who is initially merely lonely and expresses these feelings, if ignored may begin to see him or herself as a loner, as a person who is incapable of or unworthy of human connection. If the narrative continues to not be received, he or she may seek louder or more visible means of communication. The original commentary on loneliness turns into a song, or what Richard described as "dark poetry" in a book, or as it was in my

case, a poster on a wall. When even this narrative is rejected, words may fall silent and evolve into action; the person may think: if my words are ignored, perhaps my intended audience will be forced to acknowledge the significance of pain that prompts a suicidal gesture. It is often the act of ignoring, of merely doing nothing, that pushes someone towards suicide.

Cyrulnik (2005) says, “When we keep silent, we die even more. But when we bear witness, we encounter silence”. Interviewing Richard was my attempt to break the cycle of silence. I wanted to be a receptive witness to his story by meeting him with an open invitation for dialogue instead of turning away. However, writing his narrative has not been a simple process, and I would like to take a moment to discuss the imperative of reflection in this kind of narrative work.

### **“Who Am I To Have The Authority To Tell Someone Else’s Story?!”**

What I have presented here is merely a glimpse into Richard’s experiences with depression. I have shared his words and his story, but they have been altered by my retelling. I have drawn the readers’ attention to certain themes that I felt were important, and described them through the lens of my own perceptions. Likewise, many aspects of Richard’s experience have been lost in the translation. It is possible that elements he would feel are vital to his narrative have been stripped away, just as it is possible that he would disagree with at least some of my interpretations.

Many have written on the difficulties of conducting ethical, qualitative, narrative work (Behar, 1995 & 1993; Borland, 1991; Borneman & Hammoudi, 2009; Britzman, 1995; Doucet & Mauthner, 2008; Fine, 1994; Josselson, 2011; and Patai, 1987). As a person who believes that narrative has the power to create existential meaning, my writing of Richard’s story presented an array of complicated ethical and methodological questions that warrant further examination. Initially, I set out to conduct research that would preserve the individual’s voice. I did not want to allow participants’ messages to get lost in a sea of jargon or data, and I wanted to give future readers of my work a sense of what it was like being with each person I interviewed. My goal was to not lose the meaning each person was trying to convey by covering it up with my own expectations or assumptions. As soon as I began to write about the interviews I had done, however, I realized the issue of narrative representation was much more complex than I had originally understood.



As a result I found myself asking more questions than I could easily answer.

For example, whose story is being told in narrative work? What aspects of Richard's story get relayed to future readers and which parts of the narrative are eventually left out? More importantly, who am I to decide which elements warrant our attention and which become insignificant by their omission? I occupy a position of privilege as researcher and author, and with that position comes great responsibility. I wanted to remain "true" to the story Richard had told me because I felt I owed a loyalty to his perspective. After all, he had lived the experiences and presumably was engaged in a dialogue with me because he had a particular message to convey. Depressive states can represent what cannot be symbolized, processed, or mourned and therefore have the potential to signify a loss of meaning. As such, the process of relying on language in an attempt to communicate can have implications for existential struggles of self-representation. I felt that any interpretation of mine that contradicted Richard's sense of himself or his experience could potentially have extremely negative, harmful effects. I did not want to become yet another person who misunderstood some crucial aspect of his experience. Keeping this in mind, however, it is important to note that I also have a vested interest in this work that brings with it the responsibility to use my experience, research, and position to contribute something to the current field of knowledge on depression, and in order to do this I cannot abandon or neglect my own perspective. With this writing, I am working towards a dissertation for a doctoral degree in Clinical Psychology and I am hoping to advance my career as a mental health professional. Therefore I can personally benefit from its publication. These interests cannot be ignored. Richard and I are both located in this work. However, what results from a meeting of two individuals can no longer be said to be owned by either the original teller or the interpreter, as the story evolves throughout the entire process. What Richard said the day we met was shaped by a variety of factors, including his mood at the time, his comfort level with me, and the most pressing aspects of his memory. I also affected the narrative that developed with the specific questions I asked, the ways that I responded to Richard, my interviewing style, and my own subjective context within this topic. Many elements that influenced the end result are likely now unknowable to either of us. What transpired cannot be called an account of Richard's life, or "Richard's story" any more than it can be called a work based

upon my perspective alone. It belongs to us both, though neither of us can claim full possession of this work.

So how can a balance be found between recounting Richard's story exactly as he told it and elaborating upon his narrative from my own viewpoint? Josselson (2011) described this as a dilemma between "the authority of experience" and "the authority of expertise." She concluded that narrative work is about the interview experience in which a person participates and not about the actual individual. What this means is that I am using the particular anecdotes of individuals like Richard in an attempt to say something about the broader subject of depression in a more general sense. Although the questions that permeated my mind as I mulled over Richard's story indicate a tremendous responsibility in doing this work, I am *not* defining a person's life. I am describing an experience shared between two people and interpreting what came out of that meeting. In addition, what Richard told me on the day of our interview about his experience with depression may vary greatly from what he might tell me on another occasion and, looking back on what was said, he may have felt like there were things that needed to be added or clarified in the original interview. There are many aspects to lived experience, and it is not possible to fully capture the multiple dimensions of an entire life in an interpretive analysis. Like Behar (1993) in her description of writing life narratives, I came to realize that what results from one encounter is like a series of still-frame images that, when strung together, create a dynamic moving picture. But the way I organize those images differs from the way another might organize them and both of these are likely different from the way participants in narrative research see themselves.

So far I have interviewed five people on their experiences with depression. With each interview I attempt to write about, I find myself getting stuck trying to reconcile these questions. In discussing these difficulties with my advisor one day, I even found myself exclaiming: "Who am I to have the authority?!" I guess I did not realize that was the position I was signing up for when I decided to do this kind of work. And if I'm being entirely honest, I think I was and am still uncomfortable with embodying that kind of authority over another person's experience.

I do not suppose I will ever be able to fully reconcile all of the difficulties inherent in conducting qualitative, narrative work. But my continuous self-reflection and awareness of these issues as I continue my research will have to be enough to keep me conscious of the significance of my words so that I may use them in a constructive, not a destructive manner. What I ultimately decided to do was to get approval to return to

my participants after the interview with a transcript of our meeting so that they might make any additions, clarifications, or adjustments they desired. This also provided an opportunity for them to give a reaction to reading the transcript. In addition, after I write preliminary interpretative work, I will return with that to participants so that they are given a space to respond to any areas of dissonance with my understandings of what they shared with me. Many of the aforementioned concerns filled my mind as I prepared to send Richard my preliminary interpretative work. He responded that he probably would have described his experience and answered my questions in the same manner as he did during our original interview. He did not feel the need to clarify or add any more information to the transcript, and he said he thought I did a “good job” analyzing the interview.

I locate myself within this research as a student, as a researcher, and as an individual with a very intimate *subjective* knowledge of the subject matter I am studying. As a student, I have my own interest in using the material gathered from interviews to write a dissertation and to submit my work for publication. As a researcher, I seek to contribute something meaningful to the already existing literature. Hopefully it can one day be used to better inform clinicians and those who treat depression about its causes and what the experience of having it is like. Many have expressed despair and helplessness when in the depths of such a destructive state. Perhaps in my role as researcher and clinician I am stubbornly holding onto a tentative sense of hope in this regard. And finally, as a person who has experienced my own form of subjective darkness over the course of many formative years, I recognize that I carry with me certain conceptualizations of what it means to be “depressed.” I cannot separate my own subjectivity from this matter, nor would I want to. With every life comes a series of experiences, and the ways in which these are woven together into a cohesive narrative forms the core of the meanings we ascribe to ourselves, our relationships with others, and that life. Depression can at times make the telling of personal narratives more difficult, as what often accompanies it is a collapse in meaning on a massive, existential scale. However, it is in this endeavor, the struggle in locating one’s voice and making one’s story known that I believe the healing process can begin.

## References

- Andrews, M. (2000). In M. Andrews, S. D. Sclater, C. Squire & A. Treacher (Eds.), *Lines of narrative: Psychosocial perspectives* (pp. 77-80). New York, NY: Routledge.
- Behar, R. (1995). Introduction: Out of exile. In R. Behar & D. A. Gordon (Eds.), *Women writing culture* (pp. 1-29). Berkeley: University of California Press.
- Behar, R. (1993). *Translated woman*. Boston, MA: Beacon Press.
- Borland, K. (1991). "That's not what I said": Interpretive conflict in oral narrative research. In S. B. Gluck & D. Patai (Eds.), *Women's words: The feminist practice of oral history* (pp. 63-75). New York, NY: Routledge, Chapman and Hall.
- Borneman, J., & Hammoudi, A. (2009). The fieldwork encounter, experience, and the making of truth: An introduction. In J. Borneman & A. Hammoudi (Eds.), *Being there: The fieldwork encounter and the making of truth* (pp. 1-24). Berkeley: University of California Press.
- Britzman, D. (1995). Beyond innocent readings: Educational ethnography as a crisis of representation. In W. T. Pink & G. W. Noblit (Eds.), *Continuity and contradiction: The futures of the sociology of education* (pp. 133-156). Cresskill, NJ: Hampton Press.
- Casey, M. (2001). A better place to live. In N. Casey (Ed.), *Unholy ghost: Writers on depression* (pp. 281- 293). New York, NY: HarperCollins.
- Casey, N. (Ed.). (2001). *Unholy ghost: Writers on depression*. New York, NY: HarperCollins.
- Charles, M. (2013). Bullying and social exclusion: Links to severe psychological distress. In M. O'Loughlin (Ed.), *The uses of psychoanalysis in working with children's emotional lives*. Lanham, MD: Jason Aronson.
- Clive, S. (2000). Resurrective practice and narrative. In M. Andrews, S. D. Sclater, C. Squire & A. Treacher (Eds.), *Lines of narrative: Psychosocial perspectives* (pp. 36-47). New York, NY: Routledge.
- Cyrułnik, B. (2005). *The whispering of ghosts: trauma and resilience*. New York, NY: The Other Press.
- Doucet, A., & Mauthner, N. S. (2008). What can be known and how? Narrated subjects and the Listening Guide. *Qualitative Research 2008*, 8(3), 399-409.
- Eigen, M. (2006). The annihilated self. *Psychoanalytic Review*, 93(1), 25-38.
- Eigen, M. (1995). Psychic deadness: Freud. *Contemporary Psychoanalysis*, 31(2), 277-299.
- Fine, M. (1994). Working the hyphens: Reinventing self and other in qualitative research. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 70-82). Thousand Oaks, CA: Sage.
- Frank, A. (1995). *The wounded storyteller*. Chicago, IL: University of Chicago Press.
- Frankl, V. (2006). *Man's search for meaning*. Boston, MA: Beacon Press.
- Freeman, M. (2000). When the story's over: Narrative foreclosure and the possibility of self-renewal. In M. Andrews, S. D. Sclater, C. Squire & A. Treacher (Eds.), *Lines of narrative: Psychosocial perspectives* (pp. 81-91). New York, NY: Routledge.

- Freud, S. (1917). Mourning and melancholia. In J. Strachey (Ed. & Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol 14, pp. 237-258). London: Hogarth Press and the Institute of Psycho-analysis.
- Freud, S. (1961). *Beyond the pleasure principle*. (J. Strachey Ed. & Trans.). New York, NY: W. W. Norton.
- Georges, E. (1995). A cultural and historical perspective on confession. In J. Pennebaker (Ed.), *Emotion, disclosure, & health* (pp. 11-22). Washington, DC: American Psychological Association.
- Josselson, R. (2011). "Bet you think this song is about you": Whose narrative is it in narrative research? *Narrative Works: Issues, Investigations, & Interventions* 1(1), 33-51.
- Kristeva, J. (1989). *Black sun: Depression and melancholia*. New York, NY: Columbia University Press.
- Lipsky, D. (2010). *Although of course you end up becoming yourself: A road trip with David Foster Wallace*. New York, NY: Broadway Books.
- Mairs, N. (2001). On living behind bars. In N. Casey (Ed.), *Unholy ghost: Writers on depression* (pp. 181-213). New York, NY: HarperCollins.
- Ochs, E., & Capps, L. (1996). Narrating the self. *Annual Review of Anthropology*, 25, 19-43.
- Patai, D. (1987). Ethical problems of personal narratives, or, who should eat the last piece of cake? *International Journal of Oral History*, 8(1), 5-27.
- Pennebaker, J. (1995). Emotion, disclosure, and health: An overview. In J. Pennebaker (Ed.), *Emotion, disclosure, & health* (pp. 3-10). Washington, DC: American Psychological Association.
- Rogers, A. (2006). *The unsayable*. New York, NY: Ballantine Books.
- Shenk, J. W. (2001). A melancholy of mine own. In N. Casey (Ed.), *Unholy ghost: Writers on depression* (pp. 242-255). New York, NY: HarperCollins.
- Solomon, A. (2001). *The noonday demon: An atlas of depression*. New York, NY: Touchstone.
- Styron, W. (2001). Darkness visible. In N. Casey (Ed.), *Unholy ghost* (pp. 114-125). New York, NY: HarperCollins.

**Meredith Friedson**, MA, is a fourth-year doctoral candidate in the Clinical Psychology program at the Derner Institute for Advanced Psychological Studies at Adelphi University. Her research interests include depression, social anxiety, subjectivity, identity formation, the repetition and transmission of intergenerational trauma, family narratives, the psychological impact of the limitations of language, and the capacity for various religious beliefs and their psychological effects. She is currently conducting pilot qualitative research on chronic depression that seeks to understand more about its origins, how it is experienced, and its existential effects while keeping the voice of the individual as an intact narrative.