

LIVING UNDER LIBERALISM

*The Politics of Depression
in Western Democracies*

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The Politics of Depression in Western Democracies*

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Introduction

THE POLITICS OF DEPRESSION

“I was far less secure than I have accustomed myself to believe, and the reasons were in great part political.”

Arthur Miller, *Timebends* (London: Methuen, 1990), p.81.

As residents of western liberal democracies, we are confronted with a painful paradox – high levels of personal freedom and material affluence relative to much of the rest of the world, and high levels of personal depression. In western societies, the high incidence of the psychological state known as depression is now widely acknowledged¹. In contrast to as recently as five years ago (and as establishment of national depression institutes bears out) depression is now recognized to be a major public health problem which is wide-ranging in its effects.

On the face of it, coexistence of liberal ‘freedoms’ with high levels of depression would seem to be a contradiction in terms. Despite the fact that western democracies allow (and by virtue of capitalist economic systems even encourage) high levels of *inequality*, most of us regard liberal democracy as the form of government most conducive to happiness. Certainly few of us would want to live under openly authoritarian regimes. Yet closer consideration reveals that the relationship between a high incidence of depression and what is broadly termed ‘the liberal way of life’ is not coincidental. As commentators have been pointing out for some time, the two are not only closely correlated, but structurally linked.²

This book has its starting point in that challenging fact. It is challenging because it prompts us to confront aspects of both our personal lives and our political system that we may not want to reflect

on too deeply. A major theme of the book is that the personal and the political are two sides of the same coin. While that claim may evoke the residual radicalism of an earlier era, it has less to do with 1960s radicalism than with an inescapable reality. Personal life, *including psychic and emotional life*, is crucially shaped by social and political forces.

To describe a ‘politics of depression’ may seem surprising and even strange. Depression connotes a subjective, interior state which seems to contrast starkly with what is conventionally defined as ‘political.’ But as more recent understandings as well as everyday life attest, politics involves far more than governments and formal institutions. In the broad sense of power relations, politics is operative at all levels, from the overt and ‘large’ to the micro relationships of the everyday. Necessarily, it affects all human interactions, such that it is unrealistic to deny its influence in less visible contexts.

‘So what?’ might be one response. The claim that ‘private’ life is influenced by politics has been around for some time now. It is even a boring cliché. But it is still confronting. This is because many of us would want to deny that our personal relationships are affected by politics, still less that the most intimate realms of our psyches are touched by sociopolitical forces. Conscious will and autonomy (prized commodities in liberal societies!) mean that we can be reluctant to recognize the importance to our emotional well-being of influences outside ourselves.

‘*Self-reinvention*’, ‘*self-reliance*’ and ‘*maker of one’s own destiny*’ are just a few of the slogans which capture this reluctance. ‘*If it’s to be it’s up to me*’ is another. Such maxims convey a valuable truth about the importance of personal attitude and effort. Yet they are also seriously reductionist. This is because they are premised on a reading of self *in isolation*, and of people as detached from the range of social influences which shape them. In liberal societies, the myth of individualism dies hard.

The phenomenon of depression – both its incidence and responses to it – dramatically illustrates this. For notwithstanding the prevalence of depression in western societies, and the fact that social models of health have been around for a long time now, depression is widely regarded as an ‘individual’ disorder. It is striking that depression continues to be conceptualized in individualist terms, even as research attests to the importance of social factors. A raft of diverse studies

show that *depression is socially influenced such that it cannot be viewed in individualist terms alone*³. Yet the reading of depression as a primarily individual disorder remains remarkably resilient at both popular and professional levels.

There are many reasons for this anomaly (as will be discussed in the following pages). Yet there is a sense in which it is not surprising. *Understanding of depression in individualist terms is quite consistent with the ethos of a liberal culture*, which for all the lipservice paid to social factors, remains relentlessly individualist. Liberalism is unquestionably the dominant ideology of western democratic societies,⁴ and individualism is one of the most characteristic and distinctive features of liberalism. Yet however valuable it may be in some respects, individualism is deeply problematic in others.

HAND IN GLOVE: LIBERALISM AND INDIVIDUALISM

Because individualism is the bedrock of liberalism, and of the ‘democratic freedoms’ we tend to accept uncritically, its more troubling features tend not to be focused on. Liberal individualism is so pervasive in western societies – so much part of ‘the air we breathe’ – that it shapes aspects of life in ways we scarcely even register. For good and for ill, it subtly structures a whole range of diverse areas, *including emotional well-being and attitudes towards it*. Necessarily, it also shapes both the experience of, and attitudes towards, depression.

It is symptomatic of a liberal political culture that depression should be viewed through the lens of individualism. This is notwithstanding frequent reference to ‘biopsychosocial’ frameworks, and concessions to ‘social’ factors which yet leave the underlying individualism of mainstream approaches unchallenged.⁵ Why does this matter? It matters not only for better understanding of depression, but for steps towards the *healing* (as distinct from the more narrowly defined ‘treatment’) of it.

My aim in this work is not to present a philosophical critique of liberal democracy. As a practising therapist (albeit a teacher of politics in another life!) my concern is with facilitation of an environment in which the healing of depression can take place. But the often unrecognized role of social and political factors is part of that environment; indeed is inseparable from it. Yet you would scarcely know it from the existing

literature on depression. Much of the writing in this area (both clinical and academic, and including much that is otherwise good) says next to nothing about the wider social context which serves not only as the ‘backdrop’ to personal experience of depression, but as a major constituent of it.

To understand and account for the political context of depression – political in the sense of how prevailing ideas about social organization subtly structure the ideas we have about ourselves – is not an abstract theoretical exercise. It is a necessary and overdue step towards more effective addressing of depression. Nor is it to artificially introduce a dimension which would otherwise be lacking. *The politics of depression operates whether or not it is explicitly addressed.* To this extent, and in accordance with a major psychotherapeutic principle, I will be attempting to make the political unconscious conscious. As noted previously, it is not coincidental that high rates of depression are a feature of western liberal democracies, even as the implications – as distinct from bare acknowledgment – of this fact rarely feature in the literature of depression.⁶

Of course more specifically ‘personal’ factors remain relevant – particular life experience, family influence, temperament and so on. Clearly one size does not fit all. A number of ‘risk factors’ have been identified which suggest that we are not equally subject to depression (even here, however, it is revealing that social isolation figures as a major risk factor). Biochemical and genetic predispositional influences are also potentially relevant in depression, and these would seem to defy any political reading. I am not suggesting that depression is a simple ‘product’ of sociopolitical influences; a view which would clearly be untenable.

As a complex and multifaceted phenomenon, depression involves a range of diverse factors and cannot be traced to a single ‘cause.’ But my impetus for this book is dissatisfaction with how readily the *politics* of depression seems to slip from the picture entirely. It is the *intersection* of sociopolitical influences with the specifics of ‘personal’ situations and experiences which interests me. To focus on ‘individual’ experience alone is to artificially detach people from the wider sociopolitical context *which never ceases to exert influence on emotional well-being or the lack of it.* It thus needs to be considered if depression is to be comprehensively, and even adequately, addressed. While mindful of the diversity of experiences and influences, I also want to argue that

‘living under liberalism’ is *itself* a risk factor for depression, and that recognizing this has major implications.

QUESTIONING “MENTAL HEALTH” IN LIBERAL DEMOCRACIES

Recognizing the politics of depression challenges conventional understanding of depression within a liberal democratic society. It also challenges common conceptions of what ‘mental health’ comprises. Given the dominance of liberalism, ideas about emotional health are likewise more shaped by an individualist bias than we realize. What are the characteristics of being mentally healthy? What model of the person are we working from, and given the existence of different possibilities, what *kind of subjectivity* are we assuming?

In liberal society, as I will show, the underlying assumptions - which become implicit criteria - of what comprises healthy subjectivity are themselves flawed. To the extent that they remain narrowly individualist (as consistent with the dictates of a liberal political culture) they are *necessarily* skewed. But common understanding of liberal values as natural and neutral - as somehow untouched by politics - mean that the one-sidedness of liberal conceptions of emotional health is hard to recognize.

Subjectivity is not individualistic, but *relational*. This reading is supported both by current research⁷ and everyday experience. We know and experience ourselves *in interaction with others*. But while this is widely conceded at one level, the inherent individualistic bias of liberalism means that it is denied at another. The liberal ‘norms’ of healthy emotional functioning have to do with such values as *autonomy*, *independence* and *self-reliance*. Since we live in a culture permeated by liberal norms and ideals, we cannot help but subscribe to them at a deep level. By contrast, the *relational* view of subjectivity is based on *connectedness* and *interrelatedness*. It denies that independence is desirable or even possible. Living in a liberal political culture entails tension and disjuncture between these two readings.

In my view, the high incidence of depression in western liberal democracies stems from this disjuncture. We know - as at a basic level we cannot help but know - that the ‘ideals’ of independence, autonomy and separateness from social context are untenable. Yet to the extent that such values are part and parcel of the liberal democratic

system, this puts us at odds with key and continuing elements of the political ethos. ‘How I *should* be, feel or react’ (invariably ‘self-reliant’, ‘less needy’ and ‘independent’) is the characteristic self-reproach of depression. Again and again depressed clients berate themselves for their perceived inability to live up to the ‘ideals’ of the culture, rather than to question and critique the externally encouraged benchmarks we have internalized as our ‘own.’

In my experience as a therapist, self-blame is a common feature and even hallmark of depression. This is notwithstanding marked contrasts in other respects (age, gender, family experience, class, and so on). Depression in liberal societies is perceived, experienced and conceptualized as *personal*, in large part because our taken-for-granted liberalism gives us little option than to read ourselves and our symptoms through the individualist lens.

The ‘individual’/‘relational’ contrast is, of course, itself artificial. The two dimensions necessarily coexist. But the continuing individualist bias of liberalism (ie consistent emphasis on the individual as *separate from*, rather than *embedded in*, social context) cannot be underestimated. And it heavily colours our perceptions. It might be objected that we know better than to ‘fall for’ cultural beliefs and standards, however subtle their packaging. But to claim this is itself to fall for the fallacy that politics doesn’t influence us, and that our emotional functioning is somehow mysteriously immune from its workings.

It is also to underestimate our human complexity and internal diversity. We are not seamlessly unified creatures. What we ‘know’ may be different from how we ‘feel’ (and elevation of mind, intellect and reason over feeling and emotion is in any case part of our liberal heritage).⁸ *In becoming depressed, we show the strain and effect of living with the disjuncture between the individualist ‘ideals’ of liberalism and the relational reality of our lives.* Though the need for connectedness ‘should’ mesh more comfortably with our individualism, it often fails to do so.

IMPLICATIONS, AIMS AND AUDIENCE

The implications of this are major. And they relate simultaneously both to our daily emotional well-being and the wider context which affects it. If, contrary to the implicit value system of our society, *we are*

not autonomous but relational, it follows that we are at risk of depression in trying to live the contradictions of 'life under liberalism.' And that contrary to the widespread perception of depression as pathological, we may have good reason to be depressed.⁹ The value system to which we subscribe – of which we think highly, and which we largely want to defend – may not actually serve us well as far as our emotional equilibrium is concerned.

This is not only because the liberal values we support coexist with a range of disturbing developments and practices (from terrorism and poverty to environmental depletion). It is because the very core of our liberal belief system is based on a misconception (ie that we are autonomous rather than relational beings). As well as the more familiar and prevalent notion of depression as 'personal' and 'individual' (the only way in which the individualist philosophy of liberalism can characterize it) I want to argue for the reality of *cultural depression*, which may be a legitimate and quite realistic response to the contradictions and distortions of the society in which we live.

As noted already, this is not a work of political theory or philosophy, though it requires some discussion of these areas. My goal is to shed light on the politics of depression, with a view to both better understanding *and* healing of this disabling and prevalent condition. In western democracies, the dominance of liberal individualism influences not only the incidence and experience of depression, but the ways in which it is conceptualized and discussed. Most notably, and in accordance with the liberal individualist bias of our culture, the politics of depression is minimized if it is acknowledged at all. I believe this not only obscures key aspects of how depression functions, but serves to compound the distress and ironic isolation of the many who experience it.

It is the practical aim of contributing to the *healing* of depression that most concerns me. But this can't be achieved without better understanding of a condition which is routinely detached from social context, and which is individualized, privatized and depoliticized by a liberal framework which is wrongly implied to be neutral and objective. *Recognizing the politics of depression is a prerequisite of its healing*; the two aims are mutually dependent.

As I hope is clear at this point, depression is too complex and multifaceted to be reduced to single 'causes', explanations or frameworks. But my aim is to show that the politics of depression *must*

be addressed if healing is to occur. The politics of depression is not 'an optional extra'; another single framework or approach to be tacked on to the many that exist already. Rather it is central and integral at and to every level at which depression operates – from definition and the ways in which it is addressed to lived experience and treatment. To the extent that this is not recognized already, it is part of how the politics of *liberalism* operates – ie. to obscure and depoliticize the pervasiveness of politics at *all* levels, including (and to the degree this is not recognized, especially) within our psyches.

Recognizing the politics of depression within a liberal society which prefers to individualize it requires reference to diverse material. As well as cultural and political sources and commentary, I will be drawing on clinical work, both academic and experiential. My ongoing work as a therapist, in combination with a background in tertiary teaching and research, has been crucial in helping me to crystallize my ideas, and to 'connect the dots' from 'psyche to society' and vice versa. My approach is unashamedly eclectic, as I hope to show it needs to be. Specialization and compartmentalization, which are always necessary to a degree, can be major impediments to recognizing the connections we need to make.

A word about style and organization. Since my hope is that the book will be read widely by a general audience as well as by academics, clinicians and health professionals, my bias is towards informality of expression. In the interest of ease of reading, references will not feature in the text itself, though endnotes and a bibliography are included. The experiential dimensions of depression are, of course, impossible to represent with clarity. Those familiar with the state of depression (which is to say with some of the many forms it can take) will know that it is notoriously elusive to describe. It is the classic case of 'words fail.' Not for nothing is depression described in terms of darkness, 'a fog' and 'a black cloud!'

But chinks of light exist in some of its expressions and phases. There are times, even in the midst of depression, when we are more receptive to ideas than others. While there is much that follows which is unlikely to be helpful if you are reading it while actually experiencing depression (to the degree that reading is possible at all at such a time) I hope the latter sections - which speak more directly to the challenges of healing - will be energizing when the time is conducive to considering them.

The best time to explore different approaches to depression is when not actually experiencing it – when ‘the cloud has lifted’ and light and colour can again be recognized. Even so, however, the ability to *intercept oneself* is proposed as a strategy for healing. In depression, as so much else, timing is often all. Self-knowledge and familiarity with oneself will be proposed as crucial to the healing of depression. But it is a self-knowledge which is predicated on relationality rather than isolation, and in which the shaping role of political factors needs to be recognized.

ORGANIZATION OF CHAPTERS

Lack of emotional expressiveness is often characteristic of depression, and it is interesting to consider the politics of this. While personal specifics are always operative, I argue that the emotional constraint characteristic of many forms of depression is symptomatic of the dominant belief system of western societies – that of liberalism. Chapter 1 suggests existence of a generalized ‘liberal personality’ which, as residents of western liberal democracies (and for all our insistence on our ‘individuality!’) we necessarily share. It is shown to be apparent in the high priority ‘professionalism’ is accorded within our culture; a way of being in which emotional expressiveness is effectively outlawed in public life, and relegated to the ‘private’ sphere.

Clinical vignettes are included to show the high psychological costs of the ‘split’ between private and public, and emotion and intellect, which is characteristic of ‘the liberal personality.’ And which is in turn traceable not only to the emergence of liberalism in the eighteenth century, but to the broader western tradition which predates it. Chapter 1 argues that while the rigidity of the ‘public’/‘private’ divide has declined in some respects, and while the ‘hyper-individualism’ of classical liberalism is now less likely to be openly celebrated, its legacy lives on in the frequent tension we experience between intellect and emotion. It is likewise present in the tension we experience between what we ‘know’ and how we feel we ‘should’ be. Revealingly, this is a tension which is often particularly pronounced in depression.

Chapter 2, ‘Dynamics of Depression...’, raises some of the challenges the ‘relational’ perspective poses to the ‘autonomy’ one. It also focuses more explicitly on depression *per se*. It discusses how the

politics of depression operates at two levels, both of which are hard to recognize. The first is in regard to the phenomenon of depression itself (which contrary to widespread belief is both biological *and* social). And the second is in the ways depression is described and talked about.

Despite the increasing popularity of ‘alternative’ and ‘non-mainstream’ approaches, it is the professions of medicine, psychiatry and psychology which are culturally authorized to define and ‘treat’ depression. Yet notwithstanding claims and implications of neutrality and objectivity, professional discourse is itself culturally shaped. The ‘double whammy’ of liberal culture and the culture of the professions combines to present as ‘objective’ what nevertheless represents *particular* views about the nature of depression and the ways it should be ‘treated.’ This is especially important to recognize in the current period, where the increased pervasiveness of a market-based economy raises new and urgent questions not only about how to define ‘depression’, but radically affects treatment ‘options.’

Chapter 3 - ‘What Kind of Person? Questioning the ‘norms’ of ‘mental health’ – considers in more detail the kind of personality liberalism promotes. It also questions our notion of ‘mental health.’ For the most part we don’t question the ‘norms’ of emotional and psychological health. They are as taken for granted as the liberal values to which they are intimately related (and which we likewise regard as natural). But what does it mean to be psychologically healthy – and unhealthy – in western liberal democracies? I contend that the answers to this question are central to the politics of depression.

I also contend that contrary to the implication of our liberal value system that ‘the individual’ means each one of us, the individual assumed by liberalism is *a particular kind of person* who shows quite specific characteristics. These reveal as problematic the very conception of subjectivity on which ‘mental health’ in western liberal societies is based. My claim is that assumptions about what comprises healthy subjectivity are so linked to taken-for-granted assumptions about liberal values that we fail to see the ways in which they are political. *Healthy subjectivity is assumed to be a liberal subjectivity.* This is an assumption which, for all the positive dimensions of liberalism, is deeply flawed. It is also an assumption which has major implications not only in terms of high depression rates in our own society, but for the countless ‘others’ who live outside it.

What sort of people do we become under a liberal system? How do

the premises of western societies shape our subjectivities and not just our forms of government? By focusing on key principles of liberalism, a picture of liberal subjectivity begins to emerge. Chapter 3 shows the need to consider the kind of subjectivity liberalism promotes, and which it also subtly structures. There are positive aspects to this particular subjectivity (as there are many positive features of liberalism). But as residents of liberal democracies, we are also vulnerable to particular misconceptions about ourselves, others and the world we inhabit. These are not just 'personal' and 'individual.' They are *the misconceptions of liberalism itself*.

While chapter 3 shows how the 'ideals' of liberalism have been problematic since their inception, chapter 4 discusses more recent developments which profoundly affect how contemporary liberalism operates. Correspondingly, they also shape our subjectivities in ways which add new elements to existing and longer-standing norms as to how we 'are' and 'should be.' The contemporary 'neo-liberal' and corporatist variety of liberalism (which represents both a return to and deviation from classical liberal conceptions) has far-reaching implications. Indeed, it has been argued that depression itself has now become corporatized.¹⁰ This has even more far-reaching implications for what it now means to be a 'person' at all.

Recent changes in the commercial environment, and the increasing commodification of culture, mean that the authority of science and medicine is now itself challenged. As psychiatrist David Healy argues, the strength of corporate culture is such that it now has the capacity to *market*, as much as *treat* 'disorder', which correspondingly displaces the authority of medical discourse itself.¹¹ This represents a striking new development, in which the 'old' authority of science and medicine must compete in new ways within a substantially different environment. It also has new implications for conceptions of what constitutes depression, and of 'health' and 'wellness' *per se*.

In the sense of feeling, flat, melancholy and 'weighted down', what we term 'depression' is a constant of human experience. But it has not always been regarded in the same way. Chapter 4 also discusses evolution of contemporary understanding of depression (which is very much a product of modernity) and of the 'anti-depressant industry' (which is very different from what has existed before). Both have also emerged in the context of wider socioeconomic developments. Recent advent of the '24/7 society' - in which goods and services are accessible

around the clock, and participation in which is becoming a prerequisite for such 'wealth' as we acquire - places new demands on us at a range of levels. It also increases emotional vulnerability to achievement of 'norms' we may recognize intellectually as unrealistic and debilitating, but which in an increasingly consumerist society confront us at every turn.

Current developments, particularly as they relate to commodification of the culture in which health (as other) industries operate, mean that a new set of health 'norms' is also arguably being generated. These both intensify and take in new directions longer-standing 'ideals' as to how we are and should be. When grafted onto the traditional liberal 'norms' which underlie standard conceptions of emotional well-being, they suggest an implicit template of 'mental health' that likewise subtly structures subjectivity, but the relative recency of which makes it even less likely that we will recognize.

As we struggle to cope with fast-paced technology and the constant risk of 'overload', we also risk increased desensitization and psychological withdrawal from the many claims on our attention. While protective and functional at one level, this response is in turn conducive to depression. Part of the politics of depression is widespread use of anti-depressant medication in *a society which is already and increasingly desensitizing*. Depression in western societies is actively contributed to by the distortions of personality liberal ideology increasingly requires. While always problematic, in its current corporatized form liberalism is especially so, and the stakes are in different ways high for all of us.

Part II explores the practicalities of healing. Since it is possible for depression to be a normal and healthy response to a skewed value system, the question of appropriate 'treatment' is challenging. But I prefer the term 'healing' to 'treatment.' This is because the latter connotes a state of individual disorder and pathology which likely requires medical intervention. But if depression can manifest in the internal splits and disconnections which stem from the contradictions of 'life under liberalism' (which does not preclude the medication 'option'; depression can also be *and can become* pathological) other measures may be necessary.

Chapter 5 considers the mainstream 'treatments of choice' for depression. For all the emphasis on 'choice', to be depressed in a western liberal democratic system is to face limited treatment 'options.' While a range of 'alternative' and 'complementary' therapies exist and

flourish, their non-mainstream status and lack of affordability relative to ‘conventional’ approaches (which is also shaped by relative lack of government subsidy) can make them difficult to access. The ‘two traditional pillars of emotional treatment’ in the west are medication and ‘talk therapy’,¹² and to the extent that GPs remain the first contact point for depressed clients, the ‘treatment of choice’ is primarily medication.¹³

It is also revealing that of the various ‘talking therapy’ possibilities, one modality is overwhelmingly recommended, researched and utilized as a mainstream ‘option.’ This is *cognitive behavioural therapy* (CBT). Cognitive behavioural therapy emphasizes thought (cognition) as separable from feeling and emotion, and aims to challenge faulty and negative thinking. Chapter 5 explores both mainstream ‘treatment options’ for depression – medication and CBT. For all their differences, both converge in some of their premises about the nature of depression (neither, for example, is a depth approach, and neither addresses underlying conditions). In so doing, they reinstate some of the questionable assumptions and principles of liberalism – the value system which has arguably contributed to and compounded client depression in the first place.

Neither mainstream ‘option’ for ‘treating’ depression addresses the cultural values and norms which so impact emotional well-being. What other possibilities exist for the healing of depression? Chapter 6 discusses ‘mental health’ as *a dynamic process in a culture which cannot be assumed to be healthy*. This is a different premise which raises different healing possibilities. It emphasizes the importance of *awareness* in alerting us to feelings with which, in the type of society we inhabit, we can easily lose touch. And it argues that part of such awareness is recognition of how the culture itself can be undermining of our efforts to support emotional well-being.

We tend to assume awareness as much as we assume ‘mental health.’ But partly because ‘life under liberalism’ can be so desensitizing, awareness is a skill that needs to be *learned and practised*. The ease with which we can slip into states of sadness in our society also underlines the vital importance of awareness before erosion of perception ‘sets in.’ In this context, practice of *meditation* can be valuable. By bringing mindful awareness to our mental and physical experience, we encourage reintegration of aspects of our functioning which are often disconnected in the society in which we live. We thus foster the

coherence which is widely recognized to be emblematic of emotional health.

The awareness that meditation fosters also assists us to *self-monitor* and *self-intercept*. It allows us to ‘tune into’ our fluctuating experience, to become aware of our more particular vulnerabilities and susceptibilities, and to begin to take steps to address them. If and as we detect ourselves to be ‘slipping’-the signs of which may be subtle, and may occur more readily than we like to think – we can begin to act on this realization (which in the absence of ongoing awareness we fail to perceive at all).

But the benefits of ongoing practice of attentiveness are not confined to ourselves. Since we are not independent but exist in interaction, awareness of others is enhanced as well. What we *do* about such recognition – how and even whether we act on it – is of course another matter. But enhanced *ability* to perceive is major, and itself contains the potential both for empathy and action. It also reveals the often unrecognized links – particularly unrecognized in a liberal culture – between the realms of ethics, spirituality and politics.

Awareness is the gateway not only to our more personal ‘well-being’, but to recognition of the type of society in which we can healthily live. With the ability to practise awareness, we simultaneously recognize both our ‘individual’ need to harness our own well-being, and the importance of a surrounding context in which we are supported in our efforts. This has major implications for maintenance of emotional well-being. Correspondingly, it has major implications for understanding and healing of depression. If our potential for concern about others is not admitted and encouraged, *we ourselves will suffer*.

It is this dimension, too, which distinguishes mindfulness of the kind described here from the narrowly ‘self-help’ premise of conventional psychology. In different ways, self-preoccupation detached from ethical and political sensibility applies both to ‘pop’ and professional psychology (each of which, predictably, is highly individualistic). Political, spiritual and ethical potential are not, in my reading, ‘optional extras’ to personhood. It follows that they need to be fostered if ‘mental health’ is to be maintained. Yet they are bypassed almost completely in a liberal society by the very fields ostensibly concerned with our psychological well-being.

Awareness is crucial to emotional well-being, as well as having social and political implications. And as mindful meditation shows,

it can be actively learned and practised. But awareness, too, is double-edged. And is it necessarily enough? What happens if, in *becoming* aware, we access feelings we don't know how to deal with, and which threaten to overwhelm us?

Actually this is quite likely to be the case. And it suggests that other methods may also be necessary. Chapter 7 discusses the importance of being able to experience our feelings when they are accessed. This is an ability which, like awareness, is not necessarily natural or easy to do in our society. And which likewise may need to be learned.

It also involves integrating our more specific personal experience (since we are of course also different from one another). In this context, *memory work* - in the form of what I call '*the memory exercise*' - can be helpful. It involves not only accessing but *processing* and *integrating* our experience. And since past experience powerfully influences both present and potential future activity, it is far from a deterministic exercise. Being able, to the extent that we can, to claim our more personal 'stuff' in terms of personal recollected experience has major benefits. It also develops the inner resources we need to nurture and sustain ourselves in a world where continuity and familiarity - including and especially with ourselves - can be hard to attain.

'The memory exercise' has clear practical implications for ongoing emotional well-being. When we are able not only to access, but to *process* and *integrate* our experience, we actively promote our emotional health. But while at obvious levels highly personal, there is a political dimension to this as well. The exercise also reveals a conception of 'self' which is at odds with the liberal 'norms' which so permeate our society. For what emerges, even in the most 'individual' accounts, is a self which is far more social and interactive than the distorted 'ideal' of autonomy to which we are still socialized to aspire (and which, in attempting to meet this unrealistic ideal, we risk becoming depressed).

While it does not have to be done in the context of counselling (a 'growth area' which nevertheless is not accessed by many) 'the memory exercise' is particularly conducive to that setting. There are many (mis)conceptions about counselling. One that is particularly relevant to my claims is that it only relates to 'individuals.' Counselling is rightly focused on the individual who presents. But the prevalence of the type of problems which recur also points to larger issues about the ways in which our society functions (and, depending on the criteria we use, does *not* function).

Chapter 8 looks at practical ‘ways and means’ of optimizing our emotional well-being, and of ‘reintegrating’ ourselves within a culture which is undermining of integration. Since emotional health is dynamic and fluid, it is susceptible to a range of influences. Thus it is helpful to have a range of ‘tools’ in our kitbag. Methods discussed range from ‘coherence training’, physical touch and visualization, to the role of ritual, laughter and nutrition. Also considered is the importance of how we conceptualize ‘happiness.’ This is with reference to the contemporary ‘positive psychology’ approach, which while helpful and provocative at one level, is also and again problematic in detaching the ‘individual’ from social context.

Because depression can be so isolating, and is seen as a ‘private’ experience, its political dimensions are routinely unrecognized. But its very prevalence also suggests a different reading. The prevalence of depression in western liberal democracies is both symptom of, and challenge to, the individualistic liberal ethos we also want to defend. I hope this book contributes to recognition of the many ways in which depression is political, not just incidentally but fundamentally. For it is in such recognition that more systematic addressing of the healing of depression – and the collective as well as ‘individual’ stakes attached to this – can begin to take place.

Part One
LIVING CONTRADICTIONS

Chapter 1

LIVING UNDER LIBERALISM: FORMATION OF SELF IN WESTERN SOCIETY

To succumb to this system – that is to say, to grow up in our society and turn out normal – is to become pacified.

Joel Kovel, *The Age of Desire: Reflections of a Radical Psychoanalyst* (New York: Pantheon, 1981), p.189.

Does attaining ‘adult’ status mean accepting the status quo? It’s a provocative suggestion. To what degree – under the guise of ‘maturity’ – does adulthood equate with resigned acceptance of social norms? Such norms, of course, are themselves subject to change. And we can rightly object that it is possible to grow more, rather than less, radical with age. Yet Kovel’s contention levels some powerful challenges at familiar conceptions of personhood, and at the western democratic context from which they emanate.

The philosophy of liberalism, which underpins western democracies, is widely regarded as a ‘middle ground’ ideology. With some notable exceptions (such as the protest movements of the 1960s and the more recent anti-globalization protests) political apathy among citizens of liberal western societies is also widely remarked. In this context, it is interesting to note that a frequent feature of depression (the incidence of which is extremely high in western democracies) is lack of emotional expressiveness.

“WHO ME? ” LOCATING THE LIBERAL PERSONALITY

So is there such a thing as ‘the liberal personality?’ Surely not. It goes against our instincts – against our view of ourselves as individuals – to think in this way. I may be like you in some ways, but I am also distinctively ‘myself.’ There is something unsettling about the possibility that liberal democracies, which so emphasize individualism, may impart discernible characteristics that we hold in common. Still more unsettling is the suggestion that despite our multiple differences at many levels, there may exist a ‘template’ of liberal personality to which all of us conform.

And yet since liberal values are so prevalent, how could this be otherwise? How could ‘living under liberalism’ *not* structure, however subtly, distinctive ‘ways of being’ and of operating in the world? ‘Liberalism’ is a word that has many meanings. In the small ‘l’ sense it implies views which are socially progressive. In the Australian party political sense it implies conservatism. But liberalism also defines *a political ideology*. Like all ideologies, it combines interrelated concepts which rest on a particular reading of life and of people. In this sense, liberalism is also a philosophy – a way of seeing things; a world view – and in western societies it is a powerful and dominant one.

We are accustomed and encouraged to see liberalism as ‘a good thing.’ Liberal democracies, for all their problems and faults, are regarded as the most desirable form of government and society. To this extent, and however initially disconcerting, the idea of ‘the liberal personality’ might also sound appealing. Tolerant, right? In favour of equality? Respectful of individual freedoms? Well, maybe. But liberty and equality (which along with individualism, rationalism and faith in progress are well-known features of liberalism) are far from straightforward. They also coexist in some tension, including within ourselves.

What I will broadly term ‘the liberal personality’ (of course there are variants within it) shows a number of features. One of the most significant of these - and partly as a result of the original emphasis of liberalism on rationalism and ‘reason’ - is *lack of emotional expressiveness*. This may sound a bizarre proposition. Of course we are aware of *experiencing* emotion (at least we hope we are). But how spontaneously do we *express* it? In what contexts, and under what circumstances? I

submit that one effect of ‘living under liberalism’ is a deep reserve about demonstrating feeling, particularly strong feeling, and even about emotional expressiveness *per se*.

Such reserve is not necessarily conscious, and it is certainly far from complete. Emotion is central to life and vitality. We recognize this in the premium we place on our friendships and intimate relationships. The importance of ‘showing one’s feelings’ is well recognized at one level (although revealingly joked about as well). But the immediate application of emotion to ‘friends, family and personal relationships’ is itself interesting. It suggests a lack of certainty about the role and place of emotion(s) within our lives more generally. I think this unease; this lack of confidence in and about emotion and its expression, has *political* as well as more obviously ‘personal’ components. The wider political context shapes us more substantially and in more ways than we realize, and in western societies the wider context is that of liberalism.

Distance from emotional expressiveness, which I see as related to the prevalence of liberal ideals, is also very evident in the phenomenon of depression. As a counsellor, I am struck by the fact that when clients cry in the context of therapy, they invariably *apologize* for doing so. This applies not only to men (gender socialization is still stronger than we may like to think) but to women as well (from whom tears are more culturally acceptable). *The frequent first reaction to crying in the presence of another is embarrassment.* This is even within the therapy room, which is ostensibly (and revealingly) a ‘safe place’ for expression of emotion.

As facilitators of emotional expression (a service the increasing popularity of which itself says volumes about contemporary liberal culture) counsellors are unlikely to be embarrassed by tears from their clients. Since authentic expression of emotion is a major goal of most forms of therapy¹⁴, counsellors are more likely to *welcome* tears than to be discomfited by them (which is not inconsistent with empathy). If the initial reaction of a client who cries is to apologize to their *therapist*, this says something powerful about the strength of social inhibition within our society, not only about expression of tears, but about emotional expressiveness more generally.¹⁵

Emphasis on *reason* is a key distinguishing feature of liberal ideology. Because of its rationalist foundations, and corresponding lack of emphasis on emotion and feeling - which is fine ‘in its place’ - liberal political culture is *particularly* uncondusive to emotional

expressiveness. Indeed, experience as a couples counsellor leads me to suggest that in liberal political culture, emotional expression is problematic *even in*, and often *especially* in, the very 'place' where it is held to belong (namely the 'private' sphere of interpersonal and intimate relationships). Comparative to many cultures and political systems, liberal societies show a marked restraint in relation to emotional expressiveness (which is not to revive discredited ideas of cultural determinism, or of dubious, and often racist, conceptions of 'national characteristics'). Yet liberal ambivalence about emotional expressiveness typically presents as 'neutrality' rather than as what it frequently is – *incapacity*.

Difficulties surrounding expression of emotion are *symptomatic of liberal political culture* as much as of the individuals who inhabit it. In combination with other features of liberalism which I will go on to discuss, this sheds light on, and indeed in large measure accounts for, the high incidence of depression in western societies. My claim is confronting, and may seem potentially reductionist. Clearly a range of influences combine to form the state called 'depression' (as I will go on to discuss). In a culture which so proclaims individualism, we can also expect to experience resistance in ourselves to the very idea that we can be decisively shaped *emotionally and psychologically* by social norms. My point is simply that we are *inevitably* influenced by the wider culture, and that it is unrealistic to believe that we are not psychologically *and* emotionally shaped by the values which inform it. If there exist constraints within that culture on emotional expressiveness, *necessarily* this affects our 'individual' expressiveness.

But how are we emotionally constrained by a liberal society? In a political and cultural system widely regarded as exceptionally 'open' and permissive in comparison to others, is emotional restrictiveness within a liberal society really so strong? Belief in our autonomy and ability to make choices, themselves characteristically liberal convictions, is also strong. This is even as most of us would concede that we are subject to processes we have little control over. We would likely hesitate to apply the notion of 'social control' to liberal 'individualist' societies, still less to the shaping of our *feelings*. Yet consideration of what amounts to the cult of 'professionalism' within liberal democracies suggests otherwise. It also reveals the actual strength of some of the emotional constraints under which we labour.