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Detuned Selves: Evoking and Conveying Affects and Emotions in Depression Writing

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Transcript verlag
2017

Ovaska , A H M 2017 , Detuned Selves: Evoking and Conveying Affects and Emotions in Depression Writing . in K Susanne , I Jandl , G Tockner & S Schönfellner (eds) , Writing Emotions: Theoretical Concepts and Selected Case Studies in Literature. . Transcript verlag , Bielefeld . <https://doi.org/10.2307/j.ctv1wxt3t.23>

<http://hdl.handle.net/10138/298587>
<https://doi.org/10.2307/j.ctv1wxt3t.23>

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Writing Emotions

Theoretical Concepts and Selected Case Studies in Literature

[transcript]

Printed with the support of the State of Styria (Department for Health, Care and Science/Department Science and Research), the University of Graz, and the Faculty of Arts and Humanities University of Graz.

KARL-FRANZENS-UNIVERSITÄT GRAZ
GEISTESWISSENSCHAFTLICHE
FAKULTÄT

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Bibliographic information published by the Deutsche Nationalbibliothek

The Deutsche Nationalbibliothek lists this publication in the Deutsche Nationalbibliografie; detailed bibliographic data are available in the Internet at <http://dnb.d-nb.de>

Cover concept: Kordula Röckenhaus, Bielefeld

Cover illustration: Facsimile of a text of Jean-Jacques Rousseau (Sur la mort)

Typeset by Mario Huber

Printed by Majuskel Medienproduktion GmbH, Wetzlar

Print-ISBN 978-3-8376-3793-9

PDF-ISBN 978-3-8394-3793-3

Detuned Selves

Evoking and Conveying Affects and Emotions in Depression Writing

ANNA OVASKA

I am sad
I feel that the future is hopeless and that things cannot improve
I am bored and dissatisfied with everything
I am a complete failure as a person
I am guilty, I am being punished
I would like to kill myself
I used to be able to cry but now I am beyond tears
I have lost interest in other people
I can't make decisions
I can't eat
I can't sleep
I can't think
I cannot overcome my loneliness, my fear, my disgust
I am fat
I cannot write
I cannot love¹

The passage is a list of symptoms written down by Sarah Kane for her play text *4.48 Psychosis*. It is also a list that is directly borrowed from Beck's Depression Inventory (BDI), a test used by medical professionals to assess the severity of a

1 Kane 2001: 206-207.

patient's depression.² Yet, in the context of Kane's work of art, the words become distanced from the medical discourse. They are meant to be read (and likely are read) as an expression of someone's inner experiences – of deep feelings of distress and pain. A voice names the sadness, the hopelessness and the loss of capabilities that characterize depression. Behind the words, we imagine a person whose experiential world is altered. Through the act of reading and empathizing with the speaking I, the words of medical discourse turn into an evocative expression of a depressed mind.

This article focuses on affects and emotions that are constructed and conveyed to readers in depression writing. How can fictional texts evoke the experiential world of depression? How are the often distressing and unsettling experiences of depression mediated through writing? Phenomenologists and theorists of embodied cognition have in recent years emphasized the interaffective, interpersonal and embodied nature of depression.³ In these views, depression is understood as a disorder of “intercorporeality and interaffectivity” and as “a ‘detunement’ of the resonant body that mediates our participation in a shared affective space”.⁴ The aim of this text is to show how this new understanding can help us to see why depression writing is able to evoke such powerful corporeal and emotional responses in its readers, and also how depression writing may point to the embodied and interaffective nature of the human mind, thus opening up new possibilities for understanding mental experiences.

The first section introduces two particularly affective texts which employ different narrative and poetic strategies in order to evoke and convey experiences of mental illness to their audiences: British playwright Sarah Kane's performance text *4.48 Psychosis* (2001) and Finnish writer Maria Vaara's autobiographical novel *Likaiset legendat* (*The Dirty Legends* [1974]). Both works of art challenge the common cultural and clinical view of depression as a “mental” disorder that is “inside the head”. Instead, they pay attention to the affective and bodily experiences of depression and portray depression as a mode of being in

2 In the questionnaire first developed by Aaron T. Beck in the 1960's, a patient chooses the experience closest to theirs from a list of choices such as the following: “(0) I do not feel sad. (1) I feel sad. (2) I am sad all the time and I can't snap out of it. (3) I am so sad or unhappy that I can't stand it”. On the multiple citations, allusions and intertexts used in *4.48 Psychosis*, cf. Diedrich 2013, also Ovaska 2016. Kane's monologist hints about the references for example by speaking about being the “last in a long line of literary kleptomaniacs”, as if pointing to the method of writing the text (Kane 2001: 213).

3 Cf. Fuchs 2013a, Ratcliffe 2015.

4 Fuchs 2013a: 219.

which the basic structures of experience and being in the world (and being with others) have changed. In their work, depression is not understood as a “pathology of the mind”, but rather as a reaction of the embodied and social mind to extreme experiences or circumstances.

The second section demonstrates how Kane’s and Vaara’s descriptions of depression resonate with the embodied cognitive view according to which affects and emotions are not something “interior” (or “inside the head”), but rather structures that frame our bodily being in the world and our attunement to other people. The section outlines how affectivity – ranging from simple bodily feelings and intensities to more complex moods and emotions – connects us to the world and to others, and how in depression these affective structures have been altered, resulting in a self that is “detuned”. The discussion draws from the work of phenomenologists such as Thomas Fuchs and Matthew Ratcliffe and philosophers of embodied cognition such as Giovanna Colombetti and Michelle Maiese who have in recent years focused their attention on the role of affects and emotion in human experience in general, and more specifically, in psychiatric disorders.

Finally, the theoretical understanding of the role of embodiment and affectivity in depression is put to use in the analysis of Kane’s and Vaara’s writing. The last section shows how language and narration evoke affects, emotions and bodily feelings, and how fictional texts can invite readers to enact the alterations of affectivity that characterize depression.

DEPRESSION IN SARAH KANE’S AND MARIA VAARA’S WRITING

If being healthy means that I understand even more clearly the borders between people and myself, I think it is easier to be ill.

Then I want to be ill.⁵

British playwright Sarah Kane (1971-1999) and Finnish writer and autobiographer Maria Vaara (1931-1992) were very familiar with depression through their own experiences, and these experiences are also reflected in their writing. Both authors paint a striking picture of severe depression, Kane in her famous

5 Vaara 1974: 58: “Jos terveenä oleminen on tällaista, että tajuan entistä selvemmin rajan ihmisten ja itseni välillä, on kai helpompaa olla sairas. / Silloin haluan olla sairas”. All translations by A.O. unless indicated otherwise.

play *4.48 Psychosis* and Vaara in her less-known autobiographical novel *Likaiset legendat*. Both writers employ their readers' sociocultural understanding of the illness by referring to clinical and folk psychiatric accounts of depression and by utilizing generic conventions of illness narratives and patient–therapist conversations.⁶ But most importantly, both bring forth distressing bodily, affective and intersubjective experiences, and show how depression is connected to a person's relationship to the world and to other people.

Sarah Kane's *4.48 Psychosis* is a performance text which depicts severe depression on the brink of psychosis.⁷ In a fragmented monologue, Kane's nameless protagonist describes some of the most painful symptoms of depression, for example the heightened feelings of guilt and shame which debilitate her/his social being. The monologue is filled with repetitive voices which take the form of self-accusations: "Shame shame shame. / Drown in your fucking shame".⁸ The narrating I also outlines the most extreme symptoms of depression, like the loss of the sense of self, and the loss of interest in being alive: "I cannot touch my essential self";⁹ "I have been dead for a long time",¹⁰ the narrator complains. In addition, s/he describes changes in her/his bodily experiences. There is a sense that one's body is something separate, either a barrier between the self and the world, or something that is separated from oneself:

Here am I
and there is my body
dancing on glass¹¹

6 Vaara uses psychoanalytical terminology and refers to psychoanalytical notions like transference love, repression and loss. Kane quotes new diagnostic tools like the BDI, but refers also to the psychoanalytical understanding of depression (cf. Ovaska 2016).

7 *4.48 Psychosis* was written in 1998-99 and first performed posthumously in 2000 at the Royal Court Jerwood Theatre Upstairs in London. Kane referred to her plays as "texts for performance", and *4.48 Psychosis*, too, is meant to be performed on stage. It however lacks all the usual stage directions and consists of a collection of short monologues and dialogical fragments (cf. Ovaska 2016). In this article, Kane's play is approached as a text and attention is paid to its narrative and poetic techniques. For an analysis of affects and emotions in the performances of *4.48 Psychosis*, cf. Campbell 2005.

8 Kane 2001: 209.

9 Ibid.: 229.

10 Ibid.: 214.

11 Ibid.: 230.

Maria Vaara's autobiographical novel *Likaiset legendat* deals with similar themes, images and techniques.¹² The narrating I (Maria; "the librarian") describes feelings of guilt and shame, and experiences of estrangement and loss of sense of agency:

And no one knows that the librarian is not a part of this reality, because she does not exist. Now I sit at home, I listen to records and I cry. I don't know really what I am crying about and who is crying. I should probably call the town doctor, he is the closest there is. I would still like to live this week and the next.¹³

Like Kane's protagonist, she describes experiences of social alienation and feelings of separation from herself. She is not a "part of this reality", she "does not exist". The narrating I is also constantly observing herself ("Maria") from the outside. In their most extreme manifestation, the self-reproaches take the form of hallucinatory voices: "– Maria, it would be better if you were dead, one of the Scattered said."¹⁴ The monologue of the narrating I is constantly interrupted by voices, like "the Scattered", which thematize the loss of a unified self and offer a vivid description of the experiences of worthlessness and failing in social relationships that are common in depression.¹⁵

Both Kane and Vaara depict experiences which slowly lead their protagonists to a psychotic breakdown.¹⁶ The narrator-protagonists lose their sense of a

12 *Likaiset legendat* was the first novel in Vaara's autobiographical trilogy published in Finland between 1974 and 1978. In her autobiographical novels, Vaara describes her experiences as a schizophrenia patient in 1970's Finland. It is, however, unclear whether she was actually suffering from schizophrenia, or only from severe depression and psychotic episodes which were misdiagnosed as schizophrenia (cf. also Vaara 1980).

13 "Eikä kukaan tiedä, että kirjastonhoitaja ei ole todellisuudessa mukana, koska häntä ei ole olemassa. Nyt istun kotona, kuuntelen levyjä ja itken. En oikein tiedä, mitä itken ja kuka itkee. Minun kai pitäisi soittaa kunnanlääkärille, hän on lähimpänä. Tahtoisin elää vielä tämän viikon ja ensi viikon" (Vaara 1974: 60).

14 Ibid.: 57: "– Maria, sinun olisi parasta olla kuollut, irrallinen sanoi".

15 On the problems in interpersonal experiences in depression, cf. Ratcliffe 2015: 218–226.

16 Thematically, the breakdowns in both texts are tied to a loss experienced during psychiatric treatment: Kane's protagonist is mourning (or rather failing in mourning, as psychoanalysts would put it) the ending of therapy. In her/his dialogic fragments, s/he goes through the (past) therapeutic encounters and problems of the therapy (cf. Ovaska 2016). Vaara's narrator likewise suffers from a feeling of being abandoned by

unified self and become unable to make distinctions between reality and hallucination, the outside world and their inner worlds. In addition, both texts are framed as stories of failed therapeutic relationships, which worsen the situation: both protagonists cling on to their therapists as a last source of hope, and end up planning suicide as they feel abandoned by their therapists.

Kane's and Vaara's portrayals of severe depression engage in a dialogue with common clinical accounts of depression (though, as we will see, they do not fit neatly into any specific diagnostic categories). Diagnostic manual DSM-5, for example, defines major depressive disorder as a combination of depressed mood, heightened feelings of shame and guilt, and diminished interest in being alive.¹⁷ In general, depression is understood on the one hand as an affective disorder characterized by the depressive mood, and on the other hand through its cognitive disturbances, such as delusions of being judged or despised by other people, memory alterations (negative or painful memories are often heightened in depression) and difficulties of expression.¹⁸

The cognitive problems inherent in depression are often seen to have consequences also for writing about depression. It is difficult for individuals to express these experiences, and linguistic problems and negatively embellished memories also distort autobiographical writing.¹⁹ Both Vaara and Kane reflect these difficulties in the structure of their works: both texts are constructed out of monological fragments, and the linearity of the stories is disrupted by flashbacks. The text is often gappy, and the perspectives change: in both texts the monologue of the narrator-protagonists is interrupted by dialogical elements (patient–therapist conversations) which may either be interpreted as hallucinatory or imaginary inner dialogues, reports of past conversations, or scenes in the actual world of the text.

Depression researchers have been quite sceptical about whether it is possible to gain knowledge about the illness through first-person accounts such as memoirs or self-narratives because of the memory problems and linguistic problems.²⁰ It is true that we need to be cautious of not drawing too far-reaching

her therapist and falls into psychosis. Both texts implicitly refer to the well-known psychoanalytical view of depression as an inability to mourn a lost object: what is lost, is incorporated into one's bodily ego as an object of eternal sorrow. Like Freud's theory (Freud 1985), both Kane and Vaara emphasize the bodily aspects of depression experience and connect their experiences to a painful loss.

17 Cf. DSM-5 2013.

18 Cf. Fuchs 2013a.

19 Cf. Radden/Varga 2013; also Ratcliffe 2015: 25.

20 Cf. Radden/Varga 2013.

conclusions from depression narratives, but I also suggest that there is a different kind of value in the autofictional depression writing produced by both Kane and Vaara. Neither of the writers seeks to create clinical knowledge of depression. Rather, they use fiction and experimental writing as means to express these experiences and to convey them to their readers in ways that break the distinctions between the mind and the body, and the self and the world. In addition, both writers emphasize the universality of these experiences. The experiences are not something impossible to understand: even though they are often extreme, they are still tied to the ways we all – whether suffering from depression or not – experience our bodies, feel emotions and relate to other people.

Despite the connections to common understanding of depression, both Kane's and Vaara's writings thus pay attention to experiences that are often disregarded in clinical and folk psychiatric accounts. The experiences they describe are not just *affective* problems or *cognitive* problems that are somehow separate from one another and unrelated to other people and to the shared world. Especially bodily experiences and affectivity have a significant role in their representations. Much like the embodied cognitive and phenomenological accounts of depression, Kane's and Vaara's written, artistic descriptions show that we need a different kind of understanding of the relations between embodiment, affectivity and cognition in order to understand these experiences. Most importantly, Kane's and Vaara's texts invite us to pay attention to the ways the mind, affectivity and relations to the world and to other people are intertwined.

ALTERATIONS IN AFFECTIVITY

In recent views of the mind as embodied, affectivity is seen as the basis for our being in the world and our being with others. Affectivity or 'affective framing' is understood as a way in which bodily agents engage with their surroundings.²¹ To be affective means to be cognitive, and changes in affectivity have a deep impact on the ways one makes sense of the world. As Michelle Maiese puts it: "A shift in affective framing changes not just how one perceives the world, but what someone remembers, how one engages in practical reasoning, how one relates to other people, and even which object-directed emotions one experiences."²² In other words, affectivity is a mode of being bodily attuned to and engaging with the world. Affects are ways of making sense of and caring about one's surround-

21 Cf. Colombetti 2014; Maiese 2014, 2016.

22 Maiese 2014: 525.

ings: they influence the ways we perceive, remember, feel and reason.²³ Affectivity also connects us to other people, creating intersubjective and interaffective spaces, as Thomas Fuchs and Sabine Koch suggest: “Our body is affected by the other’s expression, and we experience the kinetics and intensity of his emotions through our own bodily kinaesthesia and sensation.”²⁴ Ever since early infancy, we are tied to others through bodily resonance, and this forms the basis for intersubjective relations.

The view of affectivity as a mode of “making sense” of the world and being with other people has consequences also for our understanding of depression. In this account, depression is understood as an alteration in the ability to affectively engage with the world and with others. According to Fuchs: “our participation in interaffective space is mediated by a fundamental bodily resonance. In depression, this attunement fails, and the lived body, as it were, shrinks to the boundaries of the material body.”²⁵ Rather than as a “mental” problem in some interior sense, depression is thus understood as a problem of interaffectivity and bodily resonance.²⁶

23 Cf. also Fuchs 2013b: 613. In the background is the idea that a living organism always “cares” for its surroundings and its existence. Giovanna Colombetti defines affectivity as “lack of indifference”: as sensibility for or interest in one’s existence (cf. Colombetti 2014a: 1-2). On this very primitive level, affectivity is a mode of making sense of the world: a mode of evaluating one’s environment and navigating this environment (cf. Maiese 2014, Colombetti 2014a). There are different kinds of affective states, ranging from the more simple to the more complex or enriched: the *primordial affectivity* just described is in the background of everything that is alive (cf. Colombetti 2014a). In addition, there are *background feelings* or what Matthew Ratcliffe has called *existential feelings* or *Stimmung* (for instance, the feeling of being alive, the sense of belonging to the world, or the feeling of being dead or alienated) – and these form the background of experience (cf. Ratcliffe 2009, 2015, Fuchs 2013b). Furthermore, there are longer lasting moods and atmospheres (like the depressed mood, or the feeling of uncanniness). And finally, there are shorter lasting and more complex *emotional episodes* that are usually intentional, i.e. oriented towards objects in the world or other people (like experiences of shame or guilt). Cf. Fuchs 2013b for a discussion on the phenomenological distinctions between different forms of affects and emotions.

24 Fuchs/Koch 2014: 5.

25 Fuchs 2013a: 234.

26 Fuchs (2009) and Colombetti (2013) have combined enactivist (embodied cognitive) theories and phenomenological insights in their analysis of mental disorders. For similar ideas on the basis of phenomenological theories, cf. Ratcliffe 2009, 2015.

The detunement, or loss of bodily resonance, which happens in depression helps in understanding the different symptoms of depression, like the feelings of bodily alienation and social estrangement. In addition to the loss of connectedness to oneself, the loss of bodily resonance diminishes the ability to connect with other people, which in turn results in the experiences of having failed socially or being judged by others. It explains one of the central paradoxes of the illness: how there can be at the same time symptoms like the loss of caring for one's existence and loss of will to live, and heightened social emotions like shame and guilt.²⁷ Clinical manuals like the DSM acknowledge the multitude of different kinds of bodily, affective and intersubjective alterations in their symptom listings, but focus on separate symptoms without paying much attention to the ways they are connected in the actual experiences of depression: in the ways the changes in how one perceives oneself, the world and others, remembers one's past, engages with the world and others, and experiences one's body are linked to each other.

This complex network of different kinds of experiences and changes in the experiential world is also what Kane and Vaara describe in their texts, focusing especially on the bodily experiences and on problems in intersubjective relations. As Kane's narrating I states:

I have reached the end of this dreary and repugnant tale of a sense interned in an alien carcass and lumpen by the malignant spirit of the moral majority

I have been dead for a long time²⁸

Kane's poetic writing brings forth the experiences of alienation and the loss of will to live – and the heightened, painful experiences of hopelessness that result as the world seems to offer no more possibilities: “No hope No hope No hope No hope No hope No hope No hope No hope”.²⁹ The narrating I also describes cutting her/himself and pays attention to the ways depression medication changes her/his body. The general experience of depression is closely tied to changes in bodily being – and articulated for example in the image of the body as an “alien carcass”.

Vaara, on the other hand, portrays how corporeal experiences are connected to the efforts of staying alive. The narrator tries to control her life by controlling her body: “I am tired, but I have to go skiing. / Maria says: –You have to ski,

27 Cf. Fuchs 2013a.

28 Kane 2001: 214.

29 Ibid.: 218.

you have to fast, you have to lose weight.”³⁰ The ability to control one’s body is depicted as a chance for hope (in this sense depression comes close to eating disorders). Yet, on the other side of these efforts of control is the loss of all meaning: “– It does not matter, nothing matters, I do not care.”³¹

The embodied cognitive view of the human mind offers a clearer understanding of these kinds of experiences and of the ways one’s body, mind and the social world are intertwined. In addition, it helps us to understand how these experiences can be conveyed to other people. When we listen to others, we are moved by them, and we may even bodily imitate what is being told. We are also moved by absent or imagined others through texts: writing, especially the emotional writing of depression narratives, becomes expressive of others’ experiences. This is particularly clear in texts like Kane’s and Vaara’s, which deal with phenomena such as changes in bodily experiences and heightened negative emotions, and use different poetic and narrative strategies to evoke affective resonance in their readers.³²

WRITING DEPRESSION

Humans have a tendency to attribute experiences to other people and other animate and inanimate creatures.³³ We also quite easily find expressions of feelings, affects and emotions in written texts. As anthropologist Niko Besnier aptly puts it, “affect permeates all levels of linguistic and communicative structures, all utterances, and all communicative contexts”.³⁴ Narrative texts are able to tap into

30 Vaara 1974: 44: “Maria sanoo: –Sinun on pakko hiihtää, pakko paastota, pakko laihtua”.

31 Ibid: 62: “–Se on yhdentekevää, kaikki on yhdentekevää, minä en välitä”.

32 Also neurocognitive research suggests that language is connected to bodily experiences: listening to stories activates some of the same neurological processes as telling them (cf. Hydén 2013: 235).

33 Cf. Colombetti 2014a: 178.

34 Besnier 1990: 437. Developmental psychologists suggest that language is grounded in early embodied interactions between the infant and the caregiver: in affect attunement, or in the “cross-modal matching of vocalizations and bodily movements in terms of rhythm and intensity”. Cf. Stern 1985; Colombetti 2014b. Prelinguistic processes also appear in language, in phenomena like rhythm and melody. This is most visible in face-to-face encounters, in speech prosody and gestures. It is perhaps less visible in

readers' bodily and affective background by soliciting our tendency to attribute and simulate experiences, as proposed by cognitive narratologists.³⁵ Depression writing may invite us to re-enact affective states which are a part of our past bodily, perceptual and emotional experiences, and writing can also point to experiences that are perhaps unfamiliar to readers. In the following, I will look at the ways Kane and Vaara evoke experiences of depression in their writing by manipulating the temporal and spatial structure and perspectives of their narratives, and by using emotive words, bodily metaphors and images, as well as different para- and extralinguistic means to create affective resonance in their readers.

The verbalization of emotions like shame and guilt is one powerful way to evoke experiences of distress. We can for example recall Kane's repetitive "Shame shame shame. / Drown in your fucking shame"³⁶ or Vaara's "–Maria, it would be better if you were dead, one of the Scattered said."³⁷ In both texts, the emotive words and the second person is used to create vivid accounts of self-accusations. At the same time, the "you" also addresses the readers – inviting them to take the other's perspective and perhaps evoking similar experiences in them.

The invitations for the readers to interact with the texts are visible also in the descriptions of experiences of loss and pain. Kane shows this in a particularly vivid manner in an early scene where the narrating I seems to be recollecting a past event:

It wasn't for long, I wasn't there long. But drinking bitter black coffee I catch that medicinal smell in a cloud of ancient tobacco and something touches me in that still sobbing place and a wound from two years ago opens like a cadaver and a long buried shame roars its foul decaying grief.

[...]

I trusted you, I loved you and it's not losing you that hurts me, but your bare-faced fucking falsehoods that masquerade as medical notes.³⁸

The memory is induced by a sensory experience (smelling coffee), and the powerful bodily similes and metaphors ("like a cadaver"; "long buried shame roars

non-poetic or non-narrative written texts, but again, extremely visible in poems and stories.

35 Cf. Caracciolo 2014.

36 Kane 2001: 209.

37 "–Maria, sinun olisi parasta olla kuollut, irrallinen sanoi" (Vaara 1974: 57).

38 Kane 2001: 208-210.

its foul decaying grief”) capture the physical experiences of shame, grief and loss. The text portrays how the smell transports the narrating I to the past experience, and the bodily images and the curses evoke the experience of distress. The unsettling effect is also strengthened by the syntax – by Kane’s long, exhausting sentences. Even though the main aim of Kane’s text is to portray deep depression, these words depicting pain and grief are likely to resonate with anyone who has experienced love and loss, whether they have experiences of depression or not.³⁹

Another dominating feature in Kane’s and Vaara’s texts is their fragmentation, which leaves a lot of room for readers to fill in the gaps with their own experiences and emotional reactions. Fragmentation is visible on the story-level (it is often difficult for the reader to make distinctions between what happens in the actual world of the text, and what is remembered, imagined or perhaps hallucinated), but also on the material, textual level in both texts. Vaara, for example, uses typographical changes and spaces in a scene just before the narrating I falls into psychosis. As in the previous example from Kane, in Vaara’s novel this climactic scene reveals how the feelings of deep loss and pain are connected to the loss of another person, the therapist Johannes:

It is dark.

–Could someone please help me?

Maria has gone away, I have gone away. The others have come.

JOHANNES HAS GONE SOMEWHERE FAR AWAY⁴⁰

Vaara’s narrating I suggests repeatedly during the novel that her life is tied to Johannes, who now seems to have abandoned her.⁴¹ After this scene, the actual world of the text disappears and the second part of the novel consists of short hallucinatory stories and is mostly controlled by the solipsistic view-point of the hallucinating, narrating I. In the end, however, there is at least some hope of

39 Cf. Ovaska 2016: 5; Greig 2001: xvii. Kane’s narrator-protagonist also repeatedly challenges diagnostic categories and binary distinctions like the “ill” and the “healthy”: “I am not ill. I am depressed. Depression is anger” (Kane 2001: 212).

40 “Pimeää. / –Eikö joku voisi vielä auttaa minua? // Maria on mennyt pois, minä olen mennyt pois. Ne toiset ovat tulleet. // JOHANNES ON MENNYT JONNEKIN KAUAS POIS” (Vaara 1974: 63).

41 This is the narrating I’s interpretation of the situation, but it becomes clear to the readers that Johannes is actually only on vacation.

recovery, as the narrating I finally breaks out of psychosis. She has “gone through” her “dirty legends”,⁴² and the novel ends with a scene where Maria is shown to reach Johannes again: “I hear Johannes’ voice on the phone”.⁴³

Kane’s performance text, on the other hand, ends with a scene that can be interpreted as suicide.⁴⁴ The narrating I has – like Vaara’s Maria – gone through her/his story with the therapist, and although we do not get a reliable picture of what has happened between them, it seems that there is no hope of recovery – not even though s/he states that “I have no desire for death / no suicide ever had.”⁴⁵ Directly following these words, in the final lines of the text, Kane creates an effect of movement through typography and repetition. The “falling” words express the disappearing subjectivity:

watch me vanish

watch me

vanish

watch me

watch me

watch⁴⁶

As suggested, gaps and fragmentariness invite readers to interact with the text, and para- and extralinguistic elements like typography and prosody evoke emotional intensity and movement. The repetition of the “falling” words on the page casts a calm, melancholic tone. The reader of the text (or the performance audience) is once again directly addressed and invited to witness the disappearance of the narrating I, and a connection between the protagonist and the audience is created.

In a similar fashion, the narrating I in Vaara’s final chapter addresses her readers:

42 As suggested in another part of the autobiographical trilogy (cf. Vaara 1980).

43 “Puhelimesta kuuluu Johanneksen ääni” (Vaara 1974: 272).

44 Cf. Ovaska 2016.

45 Kane 2001: 244.

46 Ibid.

I do not know if this is the final chapter.

Maria does not know either.

Johannes does not know.

None of us knows at the moment.

At the very least none of you.⁴⁷

In Vaara's ending, the narrating I reminds her readers of the impossibility of experiencing another person's experiences: it is not possible to feel what another is feeling. Yet, this does not mean that we would be unable to empathize with others: we can connect with others through our shared world and through our own bodily and affective experiences and histories.⁴⁸ Kane's narrating I makes the same point, emphasizing the ultimate blessing in the difference between the self and the other:

Despair propels me to suicide

Anguish for which doctors can find no cure

Nor care to understand

I hope you never understand

Because I like you.⁴⁹

CONCLUSION: MAKING SENSE

As mentioned, there are problems in the autobiographical testimonies of depression due to the distortion of memories and the ineffable nature of the experiences. However, both Kane's and Vaara's (auto)fictional writing actually uses these problems for its own ends. The problems are thematized, as we have seen, and there are different techniques and literary devices through which Kane and Vaara invite their readers to enact these experiences.

The descriptions, verbalizations and images discussed earlier solicit readers' experiences and memories of loss and pain. Different discursive and structural choices trigger readers' experiences of perceiving, imagining and remembering, as well as their experiences of the ways the borders between perceiving, imagin-

47 "Minä en tiedä, onko tämä viimeinen luku. / Mariakaan ei tiedä. / Johannes ei tiedä. / Kukaan meistä ei sitä tällä hetkellä tiedä. / Kaikkein vähimmin joku teistä" (Vaara 1974: 266).

48 On empathy, cf. Gallagher/Zahavi 2012; Ratcliffe 2015.

49 Kane 2001: 239.

ing and remembering are sometimes blurred. Emotive words, unsettling images and bodily metaphors evoke spontaneous corporeal reactions. In addition, non-verbal elements, such as typographical changes, gaps (extralinguistic features) and word repetition, alliteration, and prosody (paralinguistic features), solicit readers' kinesthetic experiences. Both Kane and Vaara use bodily and affective metaphors and images as well as structural and typographical changes to evoke the physical and kinesthetic character of affective experiences: to create tension and movement.

These kinds of affective and bodily phenomena are familiar to everybody and they are at work in different kinds of narrative and poetic texts, but they often become highlighted in depression writing. Vaara's and Kane's texts tap into our most basic affective experiences and forms of sense making, evoking experiences of alterations in affectivity, and thus creating unsettling experiential worlds – but also meaning. Depression may be a state where the meaning of life is lost, but Kane's and Vaara's writing is all but meaningless.

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