

GUEST EDITOR'S INTRODUCTION

Depressive realism: what it is and why it matters to Humanistic Psychology

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The thinker who reflects without illusion upon human reality, if he wants to remain within the world, and if he eliminates mysticism as an escape-hatch, ends up with a vision in which are mingled wisdom, bitterness, and farce. (Cioran, 1998, p. 64)

The term 'depressive realism' (DR) is linked with philosophical pessimism (Heinegg, 2005; Ligotti, 2010).¹ It was first used by psychologists who found in laboratory conditions that those who are mildly depressed or dysthymic have a clearer view of some aspects of reality than so-called normal or non-depressed people (Alloy & Abramson, 1979). Its use in this narrow psychological sense has expanded to embrace a worldview along the following lines. As science progresses we must realize that the myth of God has served a purpose but is no longer credible or necessary; nor is comforting-but-untrue godless spirituality. The cosmos probably began with a big bang or in some alternative way yet to be discovered, and one thing led blindly to another: planets, life on earth, evolution, humanity. The universe is indifferent to our existence and our welfare, and there is no purpose for us beyond survival. Having survived supremely well, we are often victims of unnaturally safe, stultifying lifestyles. Like other animals we are born and we suffer, some pleasures notwithstanding. We are susceptible to accidents and disasters; we age in decades and deteriorate; we die, decompose and are forgotten. We have evolved with great complexity, from our upright gait to our multi-dexterous hands, large brain and other distinctive features. Human consciousness seems extraordinary, having led to tool-making, agriculture, cooking, language, co-operation, civilization and eventually to massive dominance of nature. We are clever and creative but we have a markedly dark, destructive and deceptive side that affects us as individuals and collectively.

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Analyses of the human condition are myriad, spanning religious, philosophical, political, psychological, sociological and other disciplines and movements. Religious diagnoses focus on sin or ignorance of enlightened perception, for example; philosophical views differ but include the stoical, utilitarian and existential; political views vary from leftist optimism about the potential of humans freed from capitalist greed, to right-wing insistence on letting matters take their course among the strong and the weak; evolutionary, social and mass psychology commend insight into long-standing habit, aggression, deception and other stubborn traits; feminism sees patriarchal traditions shaping culture and standing in the way of egalitarian progress. A strong DR position is that the human species is a mere accident with a tragically overgrown and self-deceived consciousness (Varki & Brower, 2013; Zapffe, 1933). We have constructed an inhumanly complex world which becomes ever more entropically disordered, and no magical escape or romantic reversal is credible. We are nonetheless driven relentlessly by illusions of escape and improvement when our better option would be acceptant, compassionate pragmatism: what Rosenberg (2011) refers to as ‘nice nihilism’. We want to deny our insignificance, our own not-too-far-away deaths and the inevitable, if distant, demise of an incidentally ‘human-friendly’ eco-sphere, the earth and the universe.

Key figures in DR include Sophocles, Shakespeare (in Hamlet and Macbeth mode), Giacomo Leopardi, Thomas Hardy, Philip Larkin, Samuel Beckett, Thomas Ligotti and Michel Houellebecq in literature; the Buddha (in his analysis of suffering, not so much in his remedies); Arthur Schopenhauer, Philipp Mainländer, Carlo Michelstaedter, Edgar Saltus, E. M. Cioran, Peter Wessel Zapffe, Herman Tønnessen, John Gray, David Benatar and Ray Brassier in philosophy; in the arts and film Edvard Munch, Francis Bacon, Ingmar Bergman, Woody Allen and Lars von Trier, among others. While much DR is fuelled by rationality and science, its prominent representatives are mostly philosophers, creative writers and artists. There is no clear DR lineage or consensus, but most of these are loosely united by a pessimistic, disenchanting view of life as meaningless, by acute awareness of death and disappointment, disdain for absurd social arrangements, radical scepticism about the reality of the self and free will, respect for antinatalism, understanding of suicide and refusal of false solutions.

There is a significant distinction, too, between radical DRs who consider sentient existence unavoidably painful, and other diagnosticians of the human condition who locate the origins of our malaise in the agricultural shift from a hunter-gatherer existence 10,000 years ago, in deep patriarchy, the industrial revolution, capitalism, the positivistic technical-rational society and/or late modernity. Or even in an ahistorical psyche. Therapist Virginia Satir said, ‘I like the world as it is’ (Grogan, 2013, p. 232), whereas many humanistic psychologists want to change society, or elevate humanity; and most DRs largely dislike it and don’t believe it can be fundamentally changed. Abraham Maslow is reported to have spurned ‘pure cold truth for its own sake’, and opined grandiosely that ‘the world will be saved by [humanistic] psychologists’ (Milton, 2002, p. 56).

Few psychologists and psychotherapists feature in such lists. Ours is an era of positive psychology and problem solving; of hope against experience. Beckett’s famous line ‘I can’t go on, I’ll go on’ (from *The Unnamable*) applies to us not only individually but collectively. In historical context, much psychology and most psychotherapy from the 1930s can arguably be read as part of a ‘Jewish psychological evangelism’ (Heinze, 2004) in traumatic reaction to the horrors of anti-Semitism and the Holocaust, and

confirmation of atheist reality. Paradoxically, many positive psychologists acknowledge an asymmetry of bad to good in life (Baumeister, Bratlavsky, Finkenauer, & Vohs, 2001), urging us to work hard to feel good by bolstering our illusions. Psychologists associated with terror management theory, generated from Ernest Becker's (1973) seminal work, focus on mortality salience, making a virtual academic industry of it. Existentialist therapists claim they can help in overcoming meaninglessness. One of the few claims to adhere to a terminally pessimistic view (belief in 'near-term human extinction' through extreme climate change), while espousing an accompanying form of collective endtimes grief therapy, is found in Baker and McPherson (2014). Zapffe's work can be construed as a psychology of the human condition (Feltham, 2013), and he drew from Freudian defence mechanisms. Von Hartmann's (1931/2014) pessimistic *Philosophy of the Unconscious* is said to have influenced both Freud and Jung. Tønnessen (1966–1967), however, regarded all psychologists and therapists as fraudulent hope peddlers. In spite of what is sometimes called the 'Beckett industry', DR in its commitment to facing the gloomiest of truths is not a growth industry.

It is important that theorists of therapy make their philosophical assumptions explicit. Psychotherapeutic theories sometimes touch briefly on their 'philosophy of humankind' or 'image of the person', but on the whole minimize this, concentrating instead on psychological functioning and techniques for improvement. Of relatively few attempts to capture the worldviews tacitly embedded in psychotherapy, Messer's (1992) 'visions of reality' remains quite helpful. This outlines the tragic, romantic, comic and ironic visions. Freudian and neo-Freudian therapy and theory is often ranked as the most pessimistic (Dienstag, 2006). Recall Freud's suggestion that psychoanalysis converts hysterical misery into ordinary unhappiness, and the stated role of analysis as therapeutically disillusioning its patients (Ladan, 2014; Weatherill, 1997). Freud had read his Schopenhauer, and *Civilisation and Its Discontents* underlines that Freud (1930/2010) was no Pollyanna. Cognitive behaviour therapy (CBT) claims that common human depressogenic thinking can be modified or overthrown by more rational thinking strategies. Humanistic therapy, while partly attending to the 'psychopathological', focuses more on a 'romantic' vision of optimal human experience. Existential therapy may come closest to DR in recognizing the finiteness of life and the anxiety attendant on this. Kierkegaard would qualify as a DR were it not for his delusional leap of faith (OR: were it not for his 'leap of faith' that DR would regard as delusional). Yet existential therapy, like psychoanalytic therapy, necessarily holds out hope of improvement (Ghaemi, 2007), while DR suggests that hope, faith and meaning are just further illusions.

Rogers' well-known actualizing tendency applies to all organisms positively. Characteristically, Rogers wanted to see all life as aspiring towards fulfilment; there are no Darwinian brakes on flourishing, there is little death or darkness in Rogers' worldview. But Schopenhauer's concept of Will is remarkably similar to Rogers' actualizing tendency, with the difference lying in its negativity: it is in the very assertiveness of life forms, driven by sex and the will to survive and proliferate, that suffering endures, in Schopenhauer's view. Philosophical antinatalists extend this into an argument for reduced population, even perhaps towards voluntary, gradual human extinction (Benatar, 2006; Coates, 2014). We do not know the number of therapists, and in particular humanistic therapists and psychologists, who desist from reproduction in order to reduce future human suffering. Humanistic practitioners generally

hold hopeful views, often espouse transpersonal beliefs, endorse social justice commitments and embrace emerging ecotherapies. A majority of counsellors and therapists are also female and probably pronatalist (although see Perry, 2014).

Humanistic Psychology and therapy were founded on a rejection of constrictive social, religious and scientific values and practices. From Maslow's grumble theory to Rogers' 'way of being' and Wilber's 'integral vision', Humanistic Psychology emphasizes the counter-pathologizing trend, or glamorizes Jung's *katabasis*, and magnifies human strengths, virtues and potential. Humanistic Psychology's root identity as a mid-twentieth-century, Californian cultural phenomenon is much clearer than its future, and its failures are obvious (Milton, 2002). As a project of aspirational re-enchantment or resacralizing of the world, it must address extreme challenges, not only from CBT, biomedical psychiatry and Big Pharma but from climate change, geopolitical and economic instability, overpopulation, information overload and the sheer stress engendered by modern mass society. Contrary to its early intimations of being apolitical, it becomes clearer that humanistic theory and practice are essentially part of a (minority) leftist utopian project, and its practitioners as much at the mercy of soothing phantasy inwardly, and brute macro-economic and cultural shifts outwardly, as any other social tribe. The DR charge against Humanistic Psychology can be encapsulated in its romantic quest obscuring its denials, failures and relative impotency.

Aaron Beck's war on depression is well known but he is not necessarily against the idea that chronic *mild* depression may accompany realistic views. Miller (2013), in comparing the careers of the psychoanalyst Wilfred Bion and the 'DR' or absurdist writer Beckett, over-estimates the positive contribution of the former's work to the latter's mental health. The general therapeutic interpretation here is that depression and its sometime philosophical product, DR, are invariably rooted deeply in the unresolved, negative early psychological experiences of individuals. This is carried through in Yalom's (2005) novel *The Schopenhauer Cure*, in which a caricature modern-day fan of Schopenhauer finds his pessimistic views melting in the intimate warmth of American group therapy. William James was more sanguine in proposing the sick soul as closer to truth than the healthier and happier mind, in line with the 'sadder but wiser' claim of some DR literature. O'Hara (1997) attempts a doomed rapprochement between Beckettian and Freudian and Jungian concepts. I suspect the DR as person will one day be recognized as part of a minority group like gays, 'always having been this way', almost certainly introverted, and more often male than female. Perhaps therapies seeking to convert the DR to a happier disposition will come to be regarded as futile and unethical. The phenomenological underpinnings of Humanistic Psychology should at least consider the biological likelihood that not everyone is destined for a journey of psychological growth, self-fulfilment, relational depth and peak experiences (Zuckerman, 2002).

This special issue engages with DR from the point of view of the therapist or psychologist who appreciates some of the power and argument of DR but remains hopeful. **Paul Moloney** and **Jeannie Wright** look, respectively, to social materialist psychology and feminism for political and morale-boosting solutions to the DR quandary. **Russell Stagg** locates the origins of DR in personal traumatic experience, and holds out hope for its overcoming through therapy. **Barbara Dowds** argues for greater balance and contextualization in this debate. **John Pollard** shows the closeness of existentialism to DR but posits freedom as key. T.S. Eliot's 'humankind cannot bear very much reality' argues for the difficulty of maintaining an uncompromisingly

truthful view of life. We all need some denial, affection, activity and humour to get by (Feltham, 2015; Zapffe, 1933). Depressive realism is certainly not a happiness-promising outlook, but a questioning one that could lead to a less illusory, less self-deceived existence. Heroic negentropic effort is one thing, but attempting consciously to deceive ourselves with re-enchantment agendas is quite another. A genuinely critical Humanistic Psychology, or philosophical anthropology, must contain the bleaker aspects of reality – stubborn human tribalism, social absurdities, cosmic indifference, susceptibility to traumatic and heart-breaking events, ageing and illness, and personal and eventual habitat and species death without remainder (Feltham, 2015). Given common conceptual attrition, however, both Humanistic Psychology and depressive realism are likely to evaporate within decades.

Note

1. See also Andreas Moss Nielsen's *In Defence of Depressive Realism* on www.youtube.com/watch=uQ8yxGYJ4rw

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