

PEER REVIEWED PAPER

Is life a bitch? The need to contextualize depression and realism

Barbara Dowds*

Psychotherapist in private practice, Greystones, Co. Wicklow, Ireland

(Received 15 May 2015; accepted 20 April 2016)

This article maintains that splitting into polar extremes is detrimental for the individual, for society and for therapy. Accordingly, it balances realism with its opposites of fantasy and idealism, and examines where in society and in therapy we need more of one or the other. It questions whether realism is necessarily linked with depression, and summarizes the research literature which reveals the situational constraints that limit the realism of depressives. The article then goes on to hypothesize some additional benefits of mild depression for both the individual and society. As well as the survival benefits of greater realistic ‘pessimism’, improved cognitive performance and giving up unreachable goals, low mood can carry us below the bland and the superficial into greater depth where the soul can thrive. Finally, some of the steps that might be involved in synthesizing realism and idealism are outlined.

Keywords: depressive realism; pessimism; idealism; depression; society; genetics; evolution

When starting to write this article, I got somewhat stuck on the presumed connection between depression and realism. In fact, research of the literature revealed that the links between the two are tenuous and limited. The upshot was that I had three topics: (1) the place of realism in therapy and society; (2) the evidence for depressive realism; and (3) depression and its benefits, one of which might indeed be greater realism as compared with the non-depressed. In my reluctance to ditch any of these approaches, the ensuing article attempts, somewhat rashly, to synthesize the three. To associate depression with realism is to imply its efficacy for the individual (and possibly society) – but the question is, in what contexts? Accordingly, my discussion will explore and evaluate the concept of depressive realism from a variety of perspectives, ranging from the societal to the genetic.

We may locate depressive realism (DR) by seeking to define its opposite. This seems to suggest living out of touch with reality, in cloud cuckoo land, in fantasy or in a state of blind optimism. The opposite of DR seems like a comforting state, like a child who has yet to grow up and inhabits a land of innocence and unawareness, a Garden of Eden before the fall. Depressive realism, by contrast, evokes Melanie Klein’s depressive position, where we face up to the reality principle. These are the

*Email: barbaradowds@eircom.net

This article was subject to double-blind peer review and in accordance with the journal’s editorial and reviewing policy. (See Aims & Scope, www.tandfonline.com/RSEL).

two polar opposites: DR versus wild fantasy. If we adhere strictly to DR, we will live lives of grim, Soviet-era materialist reductionism. Only what is objectively real can be acknowledged: we may survive, but we won't thrive. We also need the other pole of fantasy, or imaginative subjectivity. If development goes well in childhood, we come to the stage where we emerge beyond what Winnicott called 'the illusion of omnipotence' to a capacity to recognize objective or shared reality. We move into transitional space where inner reality and external life both contribute. Adam Phillips succinctly characterizes the dangers of living out of a single pole: the choice lies between 'the isolation and madness of excessive subjectivity or the anonymous futility of objectivity' (Phillips, 1988, p. 122). For the child who has not yet emerged into objective reality, or for the adult clinging to a land of Walter Mitty make-believe, the realm of fantasy is outside of consensual reality. However, there is a more mature version of this pole, which is a place of utopian dreams or idealism.

There is a big difference between these alternatives. Make-believe and fantasy are places where our dreams or desires can come about without any effort on our part, without the friction of reality; they represent a regression to the period of omnipotence, a denial of reality in adult terms. In extremis, such fantasy is delusional. However, an idealizable self-object, to use Heinz Kohut's term (referenced in Lessem, 2005), is a need not just of childhood but of later life too. The idealizable goal or idealized person may change with development, but the absence of ideals will lead to cynicism or depression. Viktor Frankl observed of his fellow inmates who survived the concentration camps that what they had in common was something meaningful outside for them to return to (Frankl, 1985). In Nietzsche's words: 'If you have your *why* for life, then you can get along with almost any *how*' (1998, p. 6). Meaning and ideals are intimately intertwined. Idealism is a grown-up form of fantasy – not a slipping out of the current world we inhabit, but an imagining of a better state for us to work towards in the future. Realism, too, has a degraded or pathological form in the shape of the nihilism of extreme pessimism. Thus, mature adulthood is not just about being realistic: it is, rather, a dynamic balance between the poles of realism and idealism. Immature adulthood is being stuck in a fantasy that is a denial of reality, or alternately in extreme nihilism: teenagers are prone to both at different times.

In Beckett's short story 'Dante and the Lobster' – who better to illustrate the voice of depressive realism – Belacqua is horrified to learn that the lobster he has bought for dinner will have to be boiled alive. He comforts himself by thinking, 'It's a quick death, God help us all', to which the narrator darkly comments: 'It is not'. In the narrator (Beckett himself?) we see the depressive realist position challenging the wilful denial of a painful truth. We could extend these positions much more widely to, for instance, laissez-faire conservative vs reforming stances in the face of the full range of global ills, whether deregulated capitalism, climate change, pollution, population overgrowth, factory farming or religious fundamentalism and the myriads of problems that arise from them. The conservative/fantastist belief is that things are not as bad as we think (e.g. the climate change deniers), or even that things are better than they have ever been. These blind optimists believe that any little problems (such as an endemic worldwide financial crisis) will take care of themselves, for instance in the oft-claimed self-regulation by the 'market'.

The reforming/left wing/worried/pessimistic/compassionate view is that of realism: things are indeed as bad as or worse than we think. But that realism tends, when healthy, to be balanced with idealism: we can still do something about it to make

things better. The idealism interacts dynamically with realism: yes, things can be changed but we haven't got much time left. What we need to do is tell the truth (e.g. there is no such thing as a 'free' market) and give up the comforting assumption that every problem can be fixed by the (ironically opposite) solutions of 'natural rebalancing' (e.g. the market) or technology (e.g. 'fixes' for the climate change problem). These are the responses of fantasists – albeit those who are realistic enough to acknowledge there is a problem. By contrast, the realistic idealists say we need to change our entire worldview and way of life. Exemplars of the latter realist/reforming stance are Naomi Klein's argument that we have failed to cut carbon emissions because this would be incompatible with deregulated capitalism (Klein, 2014), and the economist Ha-Joon Chang's demonstration of the myths of free market capitalism (Chang, 2011), which in reality induces poverty and instability, and deepens inequality both within and between countries. The capacity to face unpalatable truths and engage with reality, when combined with idealism, brings with it a sense of responsibility and compassion.

Our current pragmatic society, where leaders are managers rather than visionaries, needs more idealism overall. But we also need more penetrating realism in facing our problems and seeing behind the phoney ideologies, masquerading as 'realism', with which we are brainwashed. As Eliane Glaser points out: 'The new realism in politics is just another way to portray subjective intentions as objectively inevitable' (Glaser, 2012, p. 7). What is claimed as realism by the conservative right is simply a disguise for deepening the divide between rich and poor. She argues that 'the refusal to take a position in today's political culture – centrism, cross-party cooperation, politics as economics, and the culture wars – all these developments provide fertile conditions for agendas to advance in secret' (Glaser, 2012, p. 9).

New theology demonstrates both the possibility and need for moving beyond the polarity between scientific materialism and reductionist atheism on the one hand, and religions that demand belief in the unbelievable on the other. We can transcend the split by drawing on concepts such as Stephen Jay Gould's two magisteria which are complementary rather than opposing; the acceptance of personal experience as a complementary truth to scientific observation/evidence; belief as an ongoing process of spiritual questing rather than an acceptance of dogma; and, finally, faith as 'performative rather than propositional' (Eagleton, 2009, p. 111). Despite the widespread regression back to fundamentalist religion, there is a wing of sophisticated and often scientifically literate theology that recognizes our need for both realism and something more: we must not be forced into choosing between science and spirituality, we must find a way of making the two needs compatible. New theology is certainly not about making yourself believe something you know to be illusory. But it does emphasize the element of 'not knowing', of spirituality as questioning and exploration, rather than the implementation of given dogmas. This of course brings it quite close to humanistic psychotherapy, which does have 'religious' echoes in its project of undertaking a redemptive journey.

Human potential vs depressive realism

As this suggests, the poles of realism/pessimism and idealism/optimism play out in psychotherapy too. The former pole is inhabited by the Freudian acceptance of neurosis as the price of civilization, the goal being to replace neurosis with ordinary

unhappiness. Likewise, ego psychology is focused on adapting to reality, and cognitive behaviour therapy (CBT) has the limited goal of the swift removal of some unpleasant symptoms. By contrast, the human potential movement, along with Jungian therapy, has imagined a far more ambitious and life-long project of self-actualization or individuation, with both having a more expansive and optimistic outlook. The non-professional side of the human potential movement hasn't fully expired, but how little is now heard of rebirthing, co-counselling, LSD and holotropic work, encounter groups, transcendental meditation (TM), Rajneeshis and Esalen, among many other experiments. However, the humanistic therapies which the movement spawned, such as Gestalt and person-centred therapy, are still viable and, arguably, indispensable. Also, while the movement may have faded, students still come into training, and clients come into therapy, with these same aspirations. These may be summarized as a need for more meaning in the midst of the reductionism of a pragmatic and materialist culture.

I have to admit to having been deeply influenced by the human potential movement, which I first encountered in the late 1980s when I stumbled into the unknown counterculture of co-counselling. For a time the project and vibrant practice of self-realization filled me with a sense of liberation, hope and meaning. After a while, however, I was brought back to depressing reality. How could the personal development project be sustained alone or in a small group such as co-counselling, when, as I felt, society was moving in the exact opposite direction, and co-counselling was itself collapsing through internecine strife? The working and living environment was becoming grim, filled with ever-increasing regulation and bureaucracy, endless technological innovations to mediate experience and a globalization of awareness that rendered all experience too widely and thinly spread. The urge for freedom was being met with constraints, and the drive to depth was derailed by enforced superficiality.

Why is it so hard to maintain such utopian movements? Are they too removed into the realms of cock-eyed optimism without the necessary counterbalance of realism? The philosopher Charles Taylor suggests that it is very difficult to unite the diverse goals of utopian groupings such as self-expression, sensual release, equal relations and social bonding. He maintains that sooner or later some elements must be sacrificed, and that one of the things that got lost was social equality. While bourgeois bohemians 'retain their over-riding sense of the importance of personal development and self-expression', they 'have made their peace with capitalism and productivity' (Taylor, 2007, p. 477). Likewise, utopian communities tend to fall into schism over a short space of time, particularly those that worship libido, like the Rajneeshis. The ones that last longest are those with an authentic spiritual discipline at their heart (Jones, 2007).

Part of the reality not being faced here are the tensions between individual desires and community needs, as well as between the longing for freedom and the need for limits and containment. The incidence of depression is highest in rich countries (lifetime prevalence of 19% in the USA) and almost unknown in societies such as the Amish and the Kaluli tribe of New Guinea (www.clinical-depression.co.uk). There has been a 10-fold increase in depression in people born after 1945, and there is a great irony in the likelihood that this is due to increased individualism and decreased community support in the developed world. Thus, the movement for human potential may have helped to create its opposite: human restriction consequent to atomization. One of the main drives of the human potential movement was the drive towards

freedom, but it must be asked, ‘what is the freedom for?’. Freedom cannot be a value that stands alone outside of a context. In the absence of an alternate vision, old ways are simply replaced with new old ways, one form of oppression with another in most countries ‘liberated’ by freedom movements.

The human potential movement was born in the wide open spaces of the USA, whereas the European sense of the tragic underpins depressive realism. For the human potential model to go further it will have to embrace depressive realism. It will have to become more political and to recognize that the potential of humankind depends, as psychodynamic developmental theory implies, on the social, cultural and political facilitating environment. We have as much *potential* for great evil as great good, for a miserable constricted existence as for self-actualization or individuation. People behave as they are treated. Our experience gives rise to genome-wide effects that alter gene expression. Who we become and how we behave depends on our environment. For example, men’s testosterone levels and associated aggression are highly context dependent. They reduce during baby minding and increase after winning at sport (Konner, 2010). The treatment of unwanted babies and old people in tribal societies – whether they are revered or abandoned to die – depends very strongly on the availability of resources (Diamond, 2012). Likewise, the economist Ha-Joon Chang shows that ‘by not assuming the worst about their workers, ... Japanese companies have got the best out of them’ (Chang, 2011, p. 47). The behaviour of workers may be based on self-interest or greed, if this is all that is recognized by management. But other motives, such as ‘honesty, self-respect, altruism, love, sympathy, faith, sense of duty, solidarity, loyalty, public-spiritedness, patriotism’, may be fostered by management with a less cynical and more expansive worldview (Chang, 2011, p. 46).

I want to support neither idealism nor realism, but to show our urgent need to transcend this split in all disciplines concerned with human behaviour. People are not motivated solely by love, but neither are we motivated solely by power or aggression. Individually and collectively we contain both drivers. Human behaviour and human potential depend on our biology and on our family, social, economic and cultural environment. If we live in a society that strangles widows, even the best of us will strangle widows (Diamond, 2012).

Humanistic therapies

Most therapies would describe themselves as non-political in nature – with a few exceptions such as feminist therapy and ecopsychology. Likewise, the majority of therapists – again with a few notable exceptions – would claim to be non-political. Some therapies such as CBT are not only ‘non-political’ but actively believe in adaptation to the status quo. Aligned with this is the contention that the emotional state is simply determined by cognitive patterns: in this way of thinking you have nobody to blame but yourself if you are feeling depressed. Many humanistic therapies are equally non-political, but in the direction of blind optimism: the belief that our potential is infinite. Other than Gestalt, they tend to neglect the more negative emotions and drives such as anger, aggression and the struggle for power and dominance. Here there is a denial of the power of social conditions or genetic predisposition over individual well-being. Bringing some realism into the therapeutic arena would require that we accept the very limited capacity of the individual to change, given overwhelming social (and sometimes genetic) odds.

Humanistic therapies balance each other out, but on their own they are unbalanced. For example, Gestalt has a well-developed theory, whereas person-centred therapy (PCT) is often accused of being anti-intellectual – despite the intellectual credentials of some of the writers in this field. Gestalt is over-focused on assertiveness, selfishness and power; PCT on empathy and care, though with a nod towards congruence that, with some admirably robust exceptions, is frequently little more than lip service. Gestalt occupies the pole of realism, while PCT flies the flag of idealism. Therefore, therapy needs not only to bring in a societal and even genetic perspective, but also to integrate its own different approaches in so far as they share a compatible philosophy.

Successful Gestalt therapy generates greater aliveness and authenticity, which are hardly qualities associated with depression. Facing up to unpalatable reality may cause dismay and resistance at the beginning, but it will ultimately lead to a release of the energy bound up in repression. So realism is only depressing when we feel powerless in the face of it. If realism doesn't have to cause depression, what about the converse: are depressives more realistic than the rest of the population? What is the connection between realism and depression?

Realism and depression

Let's look at the evidence for linking depression with realism. The term depressive realism arose from the finding that mildly depressed (dysphoric, D) individuals were more realistic than non-depressed (ND) people in judging their degree of control over events (Alloy & Abramson, 1979). Some investigators have suggested that D participants' apparent accuracy is actually an artefact because the zero contingency conditions used in most experiments (i.e. having no influence over events) match their pessimistic worldview. More research needs to be done using contingency levels greater than zero in order to distinguish between realism and pessimism. In line with this pessimism-rather-than-realism hypothesis is the finding that D participants were realistic about themselves but had a positive bias about others, whereas ND people showed a positive bias when evaluating their own performance but no bias for others.

In a slightly different kind of experiment where participants were rated for a history of depression instead of current mood, Greenawalt and Hayes (2012) found that people with past depression were more accurate than those without when making negative but not positive predictions. Thus, the apparent 'realism' associated with depression may be restricted to situations that confirm the negative worldview of depressed people. A further twist in the story reveals that D participants' immediate perceptions were accurate but their memories were negatively biased, unlike ND controls who showed positive bias in immediate perceptions as well as later memories (see review by Moore and Fresco, 2012). Thus, there are major situational constraints on DR. Such negatively biased memory may explain why CBT theorists regard the thinking of depressed people as irrational, whereas the work of Alloy and Abramson and subsequent experimenters finds that Ds are more realistic than ND people. Psychotherapists deal with memories in the therapy room, whereas psychologists deal with immediate impressions in the experimental setting.

Most of the DR research is based on highly functioning participants (often students) and assigns people to D or ND groups based on self-evaluated questionnaires

such as the Beck Depression Inventory. Thus, the D group is usually only mildly depressed or dysphoric (possibly just ‘normal’ people who would score high on neuroticism in the OCEAN personality test?), and studies that utilized self-report estimates of depression were more likely to find DR effects than those using structured clinical interviews (Moore & Fresco, 2012). A few studies have indicated that DR does not apply to more severely depressed people (Soderstrom, Davalos, & Vazquez, 2011; Szu-Ting Fu, Koutstaal, Poon, & Cleare, 2012).

Moore and Fresco (2012), who both reviewed the current literature and conducted their own meta-analysis, concluded that there is a small DR effect, though one below Cohen’s convention for a small effect. It seems very likely that dystopian people are more willing to face up to unpalatable facts about themselves and the world – to see the empty half of the bucket. But they will probably be pessimistic and tend towards nihilism; they are unlikely to be realistic about the full half of the bucket. The chances are that they won’t embrace idealism as a balancing feature of their worldview.

People with normal mood tend towards illusions, overconfidence and blindness to faults. A brief change in mood induced in the laboratory changes how well people can argue, the sadder people being able to argue more persuasively with more concrete detail. Likewise, a sad mood was shown to increase a range of cognitive performances including memory, judgement, detecting deception and better interpersonal strategies (Rottenberg, 2014).

Limits to change

Gramsci’s precept of being ‘a pessimist because of intelligence, but an optimist because of will’ helped him to survive an 11-year imprisonment by Mussolini’s fascist regime. It can be seen as a kind of Pascalian wager: there is only a limited loss if you are an optimist when optimism is not called for, whereas being a pessimist will blight your entire life and hence is a foolish choice. (There are some counter-arguments to this in the section on the selective advantage of depression.) However, can we be an optimist by force of will, despite our circumstances and despite our personalities? Is this something we can choose? Are we bound to pessimism because of being depressives?

I want to make the case that – because of inherited tendencies and early life events – there are limits to the extent to which individuals can change from a pessimistic/depressive to an optimistic orientation. Adoption and twin studies show that about 37–38% of the variance in susceptibility to major depression is determined by genes and the remainder by environmental influences (Plomin, DeFries, Knopik, & Neiderhiser, 2013). However, this seemingly confident heritability estimate hides methodological problems and questionable assumptions for both research approaches, leading some scholars to conclude that the heritability values for depression and other psychological traits are considerably overestimated (Joseph, 2003). Recent evidence showing that some environmentally induced epigenetic modifications are inherited (e.g. Yehuda et al., 2015) complicates the picture even further. In any case, heritability refers to the genetic contribution to differences in a *population* but cannot be extended to the individual, whose depression could in principle have anything between 0 and 100% genetic causes.

Like most psychological traits, a very large number, perhaps hundreds, of genes are involved, providing a continuum of genetic risk for depression – and also for anxiety, which is genetically identical to depression. The two causative elements are not

separate, since our genes affect the kind of environment we are exposed to and the environment affects the expression of our genes (Flint, Greenspan, & Kendler, 2010). Environmental triggers alter gene expression by epigenetic modification, and this has been shown to be widespread in patients with major depression (see review by Sun, Kennedy, and Nestler, 2013).

If we accept that there is some, though perhaps quite a small, genetic contribution to depression in a population, the bulk of the causes are environmental. The aetiology of depression includes having a depressed mother and childhood exposure to loss, neglect and trauma. These render the individual vulnerable to later depression in response to secondary triggers such as stress, humiliation, loss and isolation. While we can make some changes to our adult lives (e.g. developing more social support, learning self-compassion and decreasing stress and alienation), there is a limit to how much we can reduce vulnerability that we acquired during childhood. Our stress response is set in the womb and infancy (Gerhardt, 2015), and early difficulties can leave us with a permanent predisposition to a depressive outlook. So there is a limit to the capacity of many to follow Gramsci in harnessing the will to become an optimist. Depressed clients, like many others, may be ill served by a philosophy of infinite potential. What may serve them much better is radical acceptance of the pain of depression – an acceptance that can evolve into a discovery of its teaching and its gifts.

Some advantages of mild depression

Disease mutations are maintained because of their usefulness in particular genetic combinations and/or under particular environmental conditions. Why are the genes predisposing us to depression and anxiety not eliminated by natural selection? One advantage may be the capacity to analyse the environment more realistically, as already discussed. That mild depression and anxiety improve fitness becomes evident when we explore the effects of the absence of low mood. Hypomania is associated with making impulsive decisions and getting into complicated social and business difficulties such as building up debts. Likewise, hypophobia is characterized by getting into trouble, and in some cases dying at a young age (Nesse, 2009).

One hypothesis is that low mood discourages effort where struggle would be wasteful or dangerous, as when we are subjected to inescapable stress (Rottenberg, 2014). Chronic stress from a variety of sources predicts depression in humans and other mammals. These are threats to what Keedwell (2008) calls our 'archetypal needs', which include safety, material, reproductive and social resources. Panksepp (2010) has made the case that depression has been selected as a shutdown mechanism to terminate protracted separation distress. This would conserve energy and minimize movement that would make the infant visible to predators. Rottenberg argues that we don't have to choose between theories because low mood is useful in many different situations. However, what most or all of these situations have in common is chronic frustration of our fundamental biological and social needs or goals. Low mood stops us from pursuing an unreachable goal, but if we persist in this unattainable ambition, ordinary unhappiness can escalate into pathological depression (Nesse, 2009). Examples of these goals may be trying to change another person, as in trying to get our rejecting mother to love us or to stop our alcoholic partner from drinking. This theory of the selective advantage of depression refers only to the low mood of mild

or moderate depression. Severe clinical depression is unlikely to increase fitness, and is probably a pathological extreme of the ordinary capacity for low mood.

Depression may have other valuable spin-offs. The Jungian Thomas Moore contends: 'In a society that is defended against the tragic sense of life, depression will appear as an enemy, an unredeemable malady; yet in such a society, devoted to light, depression, in compensation, will be unusually strong' (Moore, 1992, p. 137). Depression here manifests as a summons to descend into one's depth in order to heed the call of the soul. In a culture that is excessively superficial, speedy, noisy, busy, extraverted, alienated from the body and from nature, a regular visit to Saturn's temple may become a necessity and no more pathological than regularly attending a church or doing meditation. It is finding the touchstone within ourselves that permits the soul to thrive.

Balancing opposites

You will have gathered by now that I think we need a balance between idealism and realism, and that some movements or establishments need more of one than the other. What do we encounter when we attempt to balance the two poles in our lives? What are the horizons of this synthesis: the personal, our immediate environment or the global domain?

The depressive realist is often a disappointed idealist. (S)he is like the lover, who after two years of bliss suddenly discovers the feet of clay in the hitherto beloved. (This can be seen among therapy trainees after the first year of the course. The anger unleashed is proportional to their inflated expectations in the first place.) The beloved is dashed off their pedestal of positive projections and blamed for being less perfect than they were seen to be, and incapable of solving all of life's problems for their partner. Such a couple can part company, enter into an extended war of attrition – or they can develop a more mature love. This involves removing the rose-tinted glasses of idealization, but equally the bile-tinted glasses of demonization. It requires a more mature realism than the depressive kind. Expectations are drastically lowered without sinking into an abandoning, hopeless, helpless, depressive mire of 'Who cares? What's the point?'. In a personal relationship this means beginning to see life from the partner's perspective as much as from your own, and letting go of some of your most cherished prejudices, assumptions and expectations of the other.

A lowering of expectations is allied to the realization of powerlessness, particularly in the political arena. Our problems have never been more globalized – both objectively and, in terms of our awareness, subjectively. Each of us is powerless as individuals, even the most powerful. All we can do is reduce our expectations, 'think global but act local' and pool our resources for change.

Depressive realism is not just an adaptive process ('grin and bear it') but also a process of learning and development. Idealism is a characteristic of adolescence which, with age and wisdom, is gradually diluted by realism. How does any of this apply to the critical and immensely complex situation in which we find ourselves today? Where does this leave us, who are, to use Slavoj Žižek's phrase, 'living in the end times'? He proposes a multistep model for the development of realism in the face of a world approaching a collapse that comprises ecological, economic, social and biogenetic elements. Žižek (2011) suggests that our reaction to the forthcoming apocalypse is acting out Kubler-Ross's stages of grief: denial, anger, bargaining,

depressive withdrawal and, finally, acceptance – a chance for a new beginning (pp. xi–xii). In this last stage we do indeed face reality, but it is hardly the depressive realist stance. It would be a spiritual emergence into what Žižek calls an ‘emancipatory subjectivity’. This takes us a step beyond gloom, while the ‘emancipation’ relies on the paradoxical theory of change: you can only change what you first fully accept. Who knows whether we will be given the chance to complete the process?

But where are we right now? In Graham Ward’s powerful image, ‘we are now caught between Good Friday and Easter Sunday, suffering and liberation’ (Ward, 1994, p. 191). Caught between pain and hope, unless we can envisage and embody the hope, our pain will turn into despair, our realism into nihilism.

Disclosure statement

No potential conflict of interest was reported by the author.

Notes on contributor



Barbara Dowds is a humanistic and integrative psychotherapist, supervisor and trainer in the Dublin area, Ireland, and author of *Beyond the Frustrated Self: Overcoming Avoidant Patterns and Opening to Life* (Karnac, 2014). Until 2002 Barbara was a senior lecturer in molecular genetics at the National University of Ireland, Maynooth. For more information, see www.barbaradowds.net.

References

- Alloy, L., & Abramson, L. (1979). Judgment of contingency in depressed and non-depressed students: Sadder but wiser? *Journal of Experimental Psychology: General*, 108, 441–485.
- Chang, H.-J. (2011). *23 things they don't tell you about capitalism*. Harmondsworth: Penguin.
- Diamond, J. (2012). *The world until yesterday*. Harmondsworth: Penguin.
- Eagleton, T. (2009). *Reason, faith, and revolution: Reflections on the God debate*. New Haven: Yale University Press.
- Flint, J., Greenspan, R., & Kendler, K. (2010). *How genes influence behaviour*. Oxford: Oxford University Press.
- Frankl, V. (1985). *The Unheard Cry for Meaning*. New York: Washington Square Press.
- Gerhardt, S. (2015). *Why love matters* (2nd ed.). London: Routledge.
- Glaser, E. (2012). *Get real: How to tell it like it is in a world of illusions*. London: Fourth Estate.
- Greenawalt, D., & Hayes, A. (2012). Is past depression or current dysphoria associated with social perception? *Journal of Social and Clinical Psychology*, 31, 329–355.
- Jones, T. (2007). *Utopian dreams: In search of a good life*. London: Faber and Faber.
- Joseph, J. (2003). *The gene illusion*. Ross-on-Wye: PCCS Books.
- Keedwell, P. (2008). *How sadness survived: The evolutionary basis of depression*. Oxford: Radcliffe.
- Klein, N. (2014). *This changes everything: Capitalism vs the climate*. London: Allen Lane.
- Konner, M. (2010). *The evolution of childhood: Relationships, emotion, mind*. Cambridge: Belknap Press.
- Lessem, P. (2005). *Self Psychology: an introduction*. Lanham, MD: Jason Aronson.
- Moore, M., & Fresco, D. (2012). Depressive realism: A meta-analytic review. *Clinical Psychology Review*, 32, 497–509.
- Moore, T. (1992). *Care of the soul: How to add depth and meaning to your everyday life*. London: Piatkus.

- Nesse, R. (2009). Explaining depression: Neuroscience is not enough, evolution is essential. In C. Pariante, R. Nesse, D. Nutt, & L. Wolpert (Eds.), *Understanding depression: A translational approach* (pp. 17–35). Oxford: Oxford University Press.
- Nietzsche, F. (1998). *Twilight of the idols*. (D. Large, Trans.). Oxford: Oxford University Press.
- Panksepp, J. (2010). Affective neuroscience of the emotional BrainMind: Evolutionary perspectives and implications for understanding depression. *Dialogues in Clinical Neuroscience*, *12*, 533–545.
- Phillips, A. (1988). *Winnicott*. London: Fontana.
- Plomin, R., DeFries, J., Knopik, V., & Neiderhiser, J. (2013). *Behavioral genetics* (6th ed.). New York: Worth.
- Rottenberg, J. (2014). *The depths: The evolutionary origins of the depression epidemic*. New York: Basic Books.
- Soderstrom, N., Davalos, D., & Vazquez, S. (2011). Metacognition and depressive realism: Evidence for the level-of-depression account. *Cognitive Neuropsychiatry*, *16*, 461–472.
- Sun, H., Kennedy, P., & Nestler, E. (2013). Epigenetics of the depressed brain: Role of histone acetylation and methylation. *Neuropsychopharmacology*, *38*, 124–137.
- Szu-Ting Fu, T., Koutstaal, W., Poon, L., & Cleare, A. (2012). Confidence judgment in depression and dysphoria: The depressive realism vs negativity hypotheses. *Journal of Behavior Therapy and Experimental Psychiatry*, *43*, 699–704.
- Taylor, C. (2007). *A secular age*. Cambridge: Belknap Press.
- Ward, G. (1994). Heidegger in Steiner. In N. A. Scott and R. A. Sharp (Eds.), *Reading George Steiner* (pp. 180–204). Baltimore: Johns Hopkins University Press.
- Yehuda, R., Daskalakis, N., Bierer, L., Bader, H., Klengel, T., Holsboer, F., & Binder, E. (2015). Holocaust exposure induced intergenerational effects on FKBP5 methylation. *Biological Psychiatry*, in press. doi:10.1016/j.biopsych.2015.08.005.
- Žižek, S. (2011). *Living in the end times*. London: Verso.