

THE DEPRESSED PERSON

By David Foster Wallace

The depressed person was in terrible and unceasing emotional pain, and the impossibility of sharing or articulating this pain was itself a component of the pain and a contributing factor in its essential horror.

Despairing, then, of describing the emotional pain itself, the depressed person hoped at least to be able to express something of its context—its shape and texture, as it were—by recounting circumstances related to its etiology. The depressed person's parents, for example, who had divorced when she was a child, had used her as a pawn in the sick games they played, as in when the depressed person had required orthodonture and each parent had claimed—not without some cause, the depressed person always inserted, given the Medicean legal ambiguities of the divorce settlement—that the other should pay for it. Both parents were well-off, and each had privately expressed to the depressed person a willingness, if push came to shove, to bite the bullet and pay, explaining that it was a matter not of money or dentition but of "principle." And the depressed person always took care, when as an adult she attempted to describe to a supportive friend the venomous struggle over the cost of her orthodonture and that struggle's legacy of emotional pain for her, to concede that it may well truly have appeared to each parent to have been, in fact, a matter of "principle," though unfortunately not a "principle" that took into account their daughter's feelings at receiving the emotional message that

scoring petty points off each other was more important to her parents than her own maxillofacial health and thus constituted, if considered from a certain perspective, a form of neglect or abandonment or even outright abuse, an abuse clearly connected—here she nearly always inserted that her therapist concurred with this assessment—to the bottomless, chronic adult despair she suffered every day and felt hopelessly trapped in.

The approximately half-dozen friends whom her therapist—who had earned both a terminal graduate degree and a medical degree—referred to as the depressed person's Support System tended to be either female acquaintances from childhood or else girls she had roomed with at various stages of her school career, nurturing and comparatively undamaged women who now lived in all manner of different cities and whom the depressed person often had not laid eyes on in years and years, and whom she called late in the evening, long-distance, for badly needed sharing and support and just a few well-chosen words to help her get some realistic perspective on the day's despair and get centered and gather together the strength to fight through the emotional agony of the next day, and to whom, when she telephoned, the depressed person always apologized for dragging them down or coming off as boring or self-pitying or repellent or taking them away from their active, vibrant, largely pain-free long-distance lives. She was, in addition, also always extremely careful to share

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with the friends in her Support System her belief that it would be whiny and pathetic to play what she derisively called the "Blame Game" and blame her constant and indescribable adult pain on her parents' traumatic divorce or their cynical use of her. Her parents had, after all—as her therapist had helped the depressed person to see—done the very best they could do with the emotional resources they'd had at the time. And she had, the depressed person always inserted, laughing weakly, eventually gotten the ortho-



donture she'd needed. The former acquaintances and classmates who composed her Support System often told the depressed person that they just wished she could be a little less hard on herself, to which the depressed person responded by bursting involuntarily into tears and telling them that she knew all too well that she was one of those dreaded types of everyone's grim acquaintance who call at inconvenient times and just go on and on about themselves. The depressed person said that she was all too excruciatingly aware of what a joyless burden she was, and during the calls she always made it a point to express the enormous gratitude she felt at having a friend she could call and get nurturing and support from, however briefly, before the demands of that friend's full, joyful, active life took understandable

precedence and required her (i.e., the friend) to get off the telephone.

The feelings of shame and inadequacy the depressed person experienced about calling members of her Support System long-distance late at night and burdening them with her clumsy attempts to describe at least the contextual texture of her emotional agony were an issue on which she and her therapist were currently doing a great deal of work in their time together. The depressed person confessed that

when whatever supportive friend she was sharing with finally confessed that she (i.e., the friend) was dreadfully sorry but there was no helping it she absolutely *had* to get off the telephone, and had verbally detached the depressed person's needy fingers from her pantcuff and returned to the demands of her full, vibrant long-distance life, the depressed person always sat there listening to the empty apian drone of the dial tone feeling even more isolated and inadequate and unempathized-with than she had before she'd called. The depressed person confessed to her therapist that when she reached out long-distance to a member of her Support System she almost always imagined that she could detect, in the friend's increasingly long silences and/or repetitions of encouraging clichés, the boredom and abstract guilt people always feel when someone is clinging to them and being a joyless burden. The depressed person confessed that she could well imagine each "friend" wincing now when the telephone rang late at night, or during the conversation looking impatiently at the clock or directing silent gestures and facial expressions communicating her boredom and frustration and helplessness to all the other people in the room with her, the expressive gestures becoming more desperate and extreme as the depressed person went on and on and on. The depressed person's therapist's most noticeable unconscious personal habit or tic consisted of placing the tips of all her fingers together in her lap and manipulating them idly as she listened supportively, so that her mated hands formed various enclosing shapes—e.g., cube, sphere, cone, right cylinder—and then seeming to study or contemplate them. The depressed person disliked the habit, though she was quick to admit that this was chiefly because it drew her attention to the therapist's fingers and fingernails and caused her to compare them with her own.

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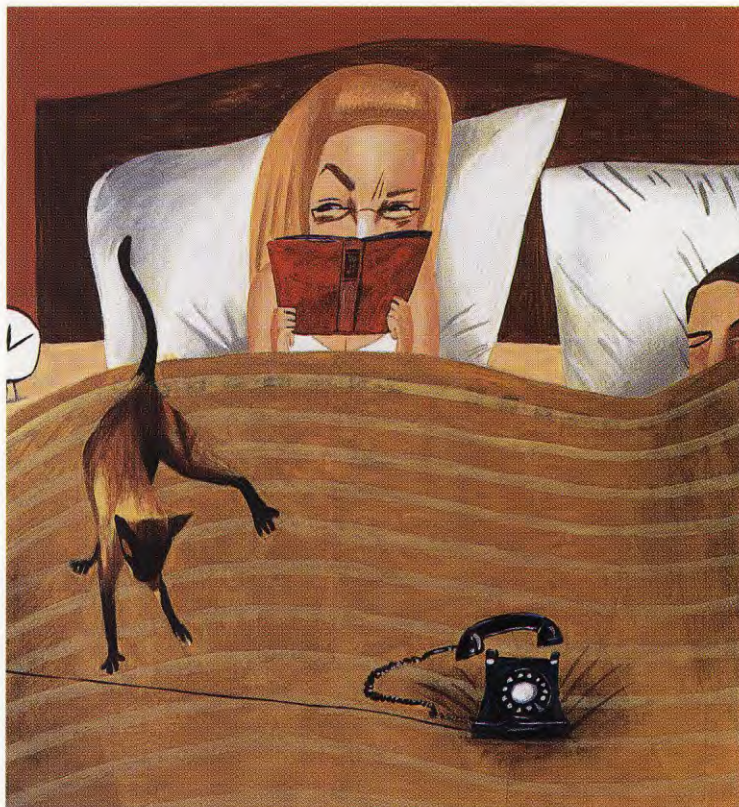
The depressed person shared that she could remember, all too clearly, how at her third boarding school she had once watched her roommate talk to some boy on their room's telephone as she (i.e., the roommate) made faces and gestures of entrapped repulsion and boredom with the call, this popular, attractive, and self-assured roommate finally directing at the depressed person an exaggerated pantomime of someone knocking on a door until the depressed person understood that she was to open their room's door and step outside and knock loudly on it so as to give the roommate an excuse to end the call. The depressed person had shared this traumatic memory with members of her Support System and had tried to articulate how bottomlessly horrible she had felt it would have been to have been that nameless pathetic boy on the phone and how now, as a legacy of that experience, she dreaded, more than almost anything, the thought of ever being someone you had to appeal silently to someone nearby to help you contrive an excuse to get off the phone with. The depressed person would implore each supportive friend to tell her the very *moment* she (i.e., the friend) was getting bored or frustrated or repelled or felt she (i.e., the friend) had other more urgent or interesting things to attend to, to please for God's sake be utterly candid and frank and not spend one moment longer on the phone than she was absolutely glad to spend. The depressed person knew perfectly well, of course, she assured the therapist,¹ how such a request could all too possibly be heard not as an invitation to get off the telephone at will but actually as a needy,

manipulative plea *not* to get off—*never* to get off—the telephone.

The depressed person's parents had eventually split the cost of her orthodonture; a professional arbitrator had been required in order

¹ The multiform shapes the therapist's mated fingers assumed nearly always resembled various geometrically diverse cages, an association which the depressed person had not shared with the therapist because its symbolism seemed too overt and simplistic to waste their valuable time together on. The therapist's fingernails were long and well-maintained, whereas the depressed person's nails were compulsively bitten so short and ragged that the quick sometimes protruded and began spontaneously to bleed.

to structure this compromise and, subsequently, to negotiate shared payment schedules for the depressed person's boarding schools and Healthy Eating Lifestyle summer camps and oboe lessons and car and collision insurance, as well as for the cosmetic surgery needed to correct a malformation of the anterior spine and alar cartilage of the depressed person's nose which had given her what felt like an excruciatingly pronounced and snoutish pug nose and had, coupled with the external or-



thodontic retainer she had to wear twenty-two hours a day, made looking at herself in the mirrors of her rooms at her boarding schools feel like more than any person could possibly stand. Also, in the year that her father remarried, he, in either a gesture of rare uncompromised caring or a *coup de grâce* that the depressed person's mother had said was designed to make her own feelings of humiliation and superfluousness complete, had paid *in toto* for the riding lessons, jodhpurs, and outrageously expensive boots the depressed person had needed in order to gain admission to her second-to-last boarding school's Riding Club, a few of whose members were the only girls at this school who the depressed person felt, she had confessed to her father on the telephone in tears late one truly horrible night,

even remotely accepted her at all and around whom the depressed person hadn't felt so totally pig-nosed and brace-faced and inferior that it had been a daily act of enormous personal courage and will just to leave her room and go eat dinner in the dining hall.

The professional arbitrator her parents' lawyers had agreed on for help in structuring their compromises had been a highly respected conflict-resolution specialist named Walter D. ("Walt") Ghent Jr. The depressed person had never even laid eyes on Walter D. ("Walt") Ghent Jr., though she had been shown his business card—complete with its parenthesized invitation to informality—and his name had been invoked bitterly in her hearing on countless occasions, along with the fact that he billed at a staggering \$130 an hour plus expenses. Despite overwhelming feelings of reluctance on the part of the depressed person, the therapist had strongly supported her in taking the risk of sharing with members of her Support System an important emotional realization she (i.e., the depressed person) had achieved during an Inner-Child-Focused Experiential Therapy Retreat Weekend which the therapist had supported her in taking the risk of enrolling in and giving herself open-mindedly over to the experience of. In the I.-C.-F.E.T. Retreat Weekend's Small-Group Drama-Therapy Room, other members of her small group had role-played the depressed person's parents and the parents' significant others and attorneys and myriad other emotionally painful figures from her childhood, and had slowly encircled the depressed person, moving in steadily together so that she could not escape, and had (i.e., the small group had) dramatically recited specially prepared lines designed to evoke and reawaken trauma, which had almost immediately evoked in the depressed person a surge of agonizing emotional memories and had resulted in the emergence of the depressed person's Inner Child and a cathartic tantrum in which she had struck repeatedly at a stack of velour cushions with a bat of polystyrene foam and had shrieked obscenities and had reexperienced long-pent-up wounds and repressed feelings, the most important of which being a deep vestigial rage over the fact that Walter D. ("Walt") Ghent Jr. had been able to bill her parents \$130 an hour plus expenses for playing the role of mediator and absorber of shit while she had had to perform essentially the same coprophagous services on a more or less daily basis for *free*, for *nothing*, services which were not only grossly unfair and inappropriate for a child to feel required to perform but which her parents had then turned around and tried to make *her*, the

depressed person *herself*, as a *child*, feel *guilty* about the staggering cost of Walter D. Ghent Jr., as if the cost and hassle were *her* fault and undertaken only on *her* spoiled little fat-thighed pig-nosed shiteating behalf instead of simply because of her fucking parents' utterly fucking *sick* inability to communicate directly and share honestly and work through their own sick issues with each other. This exercise had allowed the depressed person to get in touch with some really core resentment-issues, the small-group facilitator at the Inner-Child-Focused Experiential Therapy Retreat Weekend had said, and could have represented a real turning point in the depressed person's journey toward healing, had the public shrieking and velour-cushion-pummeling not left the depressed person so emotionally shattered and drained and traumatized and embarrassed that she'd felt she had no choice but to fly back home that night and miss the rest of the Weekend.

The eventual compromise which she and her therapist worked out together afterward was that the depressed person would share the shattering emotional realizations of the I.-C.-F.E.T.R. Weekend with only the two or three very most trusted and unjudgingly supportive members of her Support System, and that she would be permitted to reveal to them her reluctance about sharing these realizations and to inform them that she knew all too well how pathetic and blaming they (i.e., the realizations) might sound. In validating this compromise, the therapist, who by this time had less than a year to live, said that she felt she could support the depressed person's use of the word "vulnerable" more wholeheartedly than she could support the use of the word "pathetic," which word (i.e., "pathetic") struck the therapist as toxically self-hating and also somewhat manipulative, an attempt to protect oneself against the possibility of a negative judgment by making it clear that one was already judging oneself far more negatively than any listener could have the heart to. The therapist—who during the year's cold months, when the abundant fenestration of her home office kept the room chilly, wore a pelisse of hand-tanned Native American buckskin that formed a somewhat ghastrily moist-looking flesh-colored background for the enclosing shapes her hands formed in her lap—said that she felt comfortable enough in the validity of their therapeutic connection together to point out that a chronic mood disorder could itself be seen as constituting an emotionally manipulative defense mechanism: i.e., as long as the depressed person had the depression's affective discomfort to preoccupy her, she could avoid feeling the

deep vestigial childhood wounds which she was apparently determined to keep repressed at all costs.²

Several months later, when the depressed person's therapist suddenly died—as the result of what was determined to be an “accidentally” toxic combination of caffeine and homeopathic appetite suppressant but which, given the therapist's extensive medical background, only a person in very deep denial indeed could fail to see must have been, on some level, intentional—without leaving any sort of note or cassette or encouraging last words for any of the patients who had come to connect emotionally with the therapist and establish some degree of intimacy even though it meant making themselves vulnerable to the possibility of adult loss- and abandonment-traumas, the depressed person found this fresh loss so shattering, its resultant hopelessness and despair so unbearable, that she was forced now to reach frantically and repeatedly out to her Support System, calling three or even four different supportive friends in an evening, sometimes calling the same friends twice in one night, sometimes at a very late hour, and sometimes, even, the depressed person felt sickeningly sure, either waking them up or maybe interrupting them in the midst of healthy and joyful sexual intimacy with their partner. In other words, sheer emotional survival now compelled the depressed person to put aside her innate feelings of shame at being a pathetic burden and to lean with all her might on the empathy and nurture of her Support System, despite the fact that this, ironically, had been one of the two issues about which she had most vigorously resisted the therapist's counsel.

The therapist's death could not have occurred at a worse time, coming as it did just as the depressed person was beginning to process and work through some of her core shame- and resentment-issues concerning the therapeutic process itself, the depressed person shared with her Support System. For example, the depressed person had shared with the therapist the fact

² The depressed person's therapist was always extremely careful to avoid appearing to suggest that she (i.e., the depressed person) had in any conscious way *chosen* or *chosen to cling to* her endogenous depression. Defenses against intimacy, the therapist held, were almost always arrested or vestigial survival mechanisms: they had, at one time, been environmentally appropriate and had served to shield an otherwise defenseless childhood psyche against unbearable trauma, but in nearly all cases these mechanisms became inappropriately imprinted and outlived their purpose, and now “in adulthood,” ironically, caused a great deal more trauma and pain than they prevented.

that it felt ironic and demeaning, given her parents' dysfunctional preoccupation with money and all that that preoccupation had cost her, that she was now in a position where she had to pay a professional therapist \$90 an hour to listen patiently and respond empathetically. It felt demeaning to have to *purchase* patience and empathy, the depressed person had confessed to her therapist, and was an agonizing echo of the childhood pain she was so anxious to put behind her. The therapist, after attending very closely and patiently to what the depressed person later acknowledged to her Support System could all too easily have been interpreted as just a lot of ungrateful whining, and after a long pause during which both of them had gazed at the digiform ovoid cage which the therapist's mated hands at that moment composed,³ had responded that, while she might sometimes disagree with the substance of what the depressed person said, she nevertheless wholeheartedly supported the depressed person in sharing what-

³ The therapist—who was substantially older than the depressed person but still younger than the depressed person's mother, and who resembled that mother in almost no respects—sometimes annoyed the depressed person with her habit of from time to time glancing very quickly at the large bronze sunburst-design clock on the wall behind the recliner in which the depressed person customarily sat, glancing so quickly and almost furtively at the clock that what bothered the depressed person more and more over time was not the act itself but the therapist's apparent effort to *hide* or *disguise* it. One of the therapeutic relationship's most significant breakthroughs, the depressed person told members of her Support System, had come when she had finally been able to share that she would prefer it if the therapist would simply look openly up at the bronze helioform clock instead of apparently believing—or at least behaving, from the depressed person's admittedly hypersensitive perspective, as if she believed—that the hypersensitive depressed person could be fooled by the therapist's dishonestly sneaking an observation of the time into something designed to look like a routine motion of the head or eyes. And that while they were on the whole subject, the depressed person had to confess that she sometimes felt demeaned and enraged when the therapist's face assumed its customary expression of boundless patience, an expression which the depressed person said she knew very well was intended to communicate attention and unconditional support but which sometimes felt to the depressed person like emotional detachment, like professional courtesy she was paying for instead of the intensely personal compassion and empathy she sometimes felt she had spent her whole life starved for. She was sometimes resentful, she shared, at being nothing but the object of the therapist's professional courtesy or of the so-called “friends” in her pathetic “Support System”'s charity and abstract guilt.

ever feelings the therapeutic relationship itself brought up so that they could work together on exploring safe, appropriate environments and contexts for their expression.⁴

The depressed person's recollection and shar-

ing of the therapist's supportive responses brought on further, even more unbearable feelings of loss and abandonment, as well as waves of resentment and self-pity which she knew all too well were repellent in the extreme, the de-

⁴ Or even that, for example, to be totally honest, it felt demeaning and somehow insulting to know that today (i.e., the day of the seminal session during which the depressed person had opened up and risked sharing all these issues and feelings about the therapeutic relationship), at the moment their appointed time together was up and they had risen from their respective recliners and hugged awkwardly and said their goodbyes until their next appointment, that at that moment all of the therapist's seemingly intensely personally focused attention and interest in the depressed person would then be withdrawn and effortlessly transferred onto the next whiny spoiled self-involved snaggletoothed pig-nosed fat-thighed pathetic *shiteater* who was waiting to come in and cling pathetically to the hem of the therapist's pelisse, so desperate for a personally interested friend that they would pay almost as much per month for the temporary illusion of one (i.e., of an actual friend) as they paid in fucking *rent*. This even though the depressed person knew quite well, she had said, holding up a pica-gnawed hand to prevent interruption, that the therapist's professional detachment was in fact not at all incompatible with true caring, and that it meant that the depressed person could for once be totally open and honest without ever having to be afraid that the therapist would take anything she said personally or judge it or in any way resent or reject the depressed person; that, ironically, in certain ways the therapist was actually an absolutely *ideal* friend for the depressed person: i.e., here, after all, was a person who would truly and attentively listen and care and give emotional support and empathy and yet would expect absolutely *nothing* back in terms of empathy or emotional support or really any human consideration at all. The depressed person knew perfectly well that it was in fact the \$90 an hour which made the therapeutic relationship's simulacrum of friendship so ideally clean and one-sided. And yet she nevertheless found it demeaning to feel that she was spending \$1,080 a month to purchase what was in many respects just a fantasy-friend who fulfilled her (i.e., the depressed person's) infantile fantasies of getting her emotional needs met by an Other without having to empathize with or even consider the valid human needs of the Other, an empathy and consideration which the depressed person then tearfully confessed she often despaired of ever even having it in her to be able to give. The depressed person had here inserted that she secretly worried constantly that it was her own inability to get outside her needy self-centeredness and to truly emotionally *give* that had made her attempts at intimate, mutually nurturing relationships with men such a traumatic and agonizing across-the-board failure. And that her resentments about the cost of therapy were in truth less about the actual expense—which she freely admitted she could afford—than about the *idea* of paying for an artificially one-sided

relationship, the depressed person then laughing hollowly to indicate that she heard and acknowledged the unwitting echo of her cold, niggardly, emotionally unavailable parents in the stipulation that what was objectionable was the idea or "*principle*" of an expense. What it really felt like sometimes was as if the hourly therapeutic fee were a kind of ransom or "protection money," purchasing the depressed person an exemption from the scalding internal self-contempt and mortification of telephoning distant former friends she hadn't even laid fucking *eyes* on in years and had no legitimate claim on the friendship of anymore and telephoning them uninvited at night and intruding on their functional and blissfully ignorantly joyful if somewhat shallow and unconscious lives and appealing shamelessly to their compassion and leaning shamelessly on them and trying to articulate the essence of her unceasing emotional pain when that very pain and despair and loneliness rendered her, the depressed person knew, far too self-involved to be able ever truly to Be There in return for the supportive friends to reach out and lean on in return, i.e., that the depressed person's was a pathetically starved and greedy omnineediness that only a complete idiot would not expect the members of her so-called "Support System" to detect all too easily, and to be repelled by, and to stay on the telephone only out of the barest and most abstract human charity, all the while rolling their eyes and making faces and looking at the clock and wishing desperately that the phone call were over or that the depressed person would call someone else or that the depressed person had never been born and didn't even exist "*if the truth be told*," if the therapist really wanted the "*totally honest sharing*" she kept "*alleging [she] want[ed]*," the depressed person later tearfully confessed to her Support System she had hissed derisively at the therapist, her face (i.e., the depressed person's face) contorted in what she imagined must have been a repulsive admixture of rage and self-pity. If the therapist *really* wanted the truth, the depressed person had finally shared from a hunched and near-fetal position beneath the sunburst clock, sobbing uncontrollably, the depressed person *really* felt that what was *really* unfair was that she was unable, even with the trusted and admittedly compassionate therapist, to communicate her depression's terrible and unceasing agony *itself*, agony which was the overriding and a priori reality of her every waking minute—i.e., not being able to share the way it *felt*, what it actually *felt* like for the depressed person to be literally unable to *share* it, as for example if her very life depended on describing the sun but she were allowed to describe only shadows on the ground . . . The depressed person had then laughed hollowly and apologized to the therapist for employing such a floridly melodramatic analogy. She shared all this later, with her Support System, following the therapist's death from homeopathic caffeinism, including her (i.e., the depressed person's) remi-

pressed person assured her Support System, whose members she was by this time calling almost constantly, sometimes even during the day, from her workplace, swallowing her pride and dialing their work numbers and asking them to take time away from their own vibrant, stimulating careers to listen supportively and share and help the depressed person find some way to process this grief and loss and find some way to survive. Her apologies for burdening these friends during daylight hours at their workplaces were elaborate, vociferous, and very nearly constant, as were her expressions of gratitude to the Support System for just Being There for her, because she was discovering again, with shattering new clarity in the wake of the therapist's wordless abandonment, just how agonizingly few and far between were the people with whom she could ever hope to really communicate and forge intimate, mutually nurturing relationships to lean on. The depressed person's work environment, for example, was totally toxic and dysfunctional, making the idea of trying to bond in any mutually supportive way with coworkers ludicrous. And her attempts to reach out in her isolation and develop caring relationships through church groups or nutrition or holistic stretching classes or community woodwind ensembles had proved so excruciating, she shared, that she had been reduced to begging the therapist to withdraw her gentle suggestion that the depressed person try her best to do so. And as for the idea of girding herself and venturing out once again into the emotionally Hobbesian meat market of the dating scene . . . at this juncture the depressed person usually laughed hollowly into the speaker of the headset telephone she wore at the terminal inside her cubicle and asked whether it was even necessary to go into why her intractable depression and highly charged trust-issues rendered this idea a sheer

niscence that the therapist's display of attention during this seminal but ugly and humiliating breakthrough session had been so intense and professionally uncompromising that she had blinked far less often than any listener the depressed person had ever opened up to face-to-face had ever blinked. The two most special and trusted current members of her Support System had responded, almost verbatim, that it sounded as though the therapist had been very special and the depressed person obviously missed her very much; and the one particularly trusted and valuable, physically ill long-distance friend whom the depressed person leaned on more heavily than on any other friend during the grieving process suggested that the most loving and appropriate way to honor both the therapist's memory and the grief over her loss might be for the depressed person to try to become as special and caring and nurturing a friend to herself as the late therapist had been.

pie-in-the-sky flight of pathetic and denial-ridden fancy, at best.

By this stage in the grieving process, the depressed person's emotional agony had so completely overwhelmed her vestigial defense mechanisms that whenever a member of her Support System finally said that she was dreadfully sorry but she absolutely *had* to get off the telephone, the primal instinct for sheer emotional survival now drove the depressed person to swallow every last tattered remnant of pride and to beg shamelessly for two or even just one more minute of the friend's time and attention, and—if the "supportive friend" held firm and terminated the conversation—to spend now hardly any time listening dully to the dial tone or gnawing the ragged cuticle of her index finger or grinding the heel of her hand savagely into her forehead or feeling anything other than sheer primal desperation as she hurriedly dialed the next ten-digit number on her Support System Telephone List, which by this time had been photocopied several times and placed in the depressed person's address book, workstation terminal's PHONE.VIP file, billfold, minilocker at the Holistic Stretching and Nutrition Center, and in a special pocket inside the back cover of the leatherbound Feelings Journal which the depressed person—at her late therapist's suggestion⁵—carried with her at all times.

It was at this same point, driven by desperation to abandon all defenses and to share her deepest feelings with what was possibly the single most trusted and indispensable member of

⁵ As a natural part of the grieving process, sensuous details and affective memories flooded the depressed person's agonized psyche at random and unpredictable moments, pressing in on her and clamoring for expression and processing. The buckskin pelisse, for example, though the therapist had seemed almost fetishistically attached to the Native American garment and during cool weather had worn it, seemingly, on a near-daily basis, was always immaculately clean and always presented an immaculately raw- and moist-looking flesh-toned backdrop to the varioform cages the therapist's unconscious hands composed. It had never been clear how or by what process the therapist's authentic pelisse's buckskin was able to stay so perfectly clean—unless, the depressed person confessed to imagining, the therapist had worn it only for their particular appointments. The therapist's chilly home office also contained, on the wall opposite the bronze clock and behind the therapist's recliner, a stunning molybdenum desk-and-personal-computer-hutch ensemble, one shelf of which was lined, on either side of the deluxe Braun coffeemaker, with small framed photographs of the therapist's husband and sisters and son; and the depressed person often broke into fresh sobs of grief and self-excoriation on her workstation's headset telephone as she confessed to her Support System that she had never even asked the therapist's intimate loved ones' names.

her Support System, that the depressed person shared that she felt she had found, somehow, finally, the willingness to risk trying to follow the second of the late overdosed therapist's two suggestions which she (i.e., the depressed person) had most vehemently resisted over the course of their work together. The depressed person proposed now to take an unprecedented emotional risk and to begin asking certain important persons in her life to tell her straight out whether they had ever secretly felt contempt, derision, judgment, or repulsion for her, and was choosing to begin this vulnerable interrogative process with the one particularly nurturing and dependable and trustworthy Support System member with whom she was sharing via her workstation's telephone right this moment.⁶ She had resolved, the depressed person shared, to ask these potentially deeply traumatizing questions without preamble or apology or interpolated self-criticism. She wished to hear, with no holds barred, her very most valuable friend's honest opinion of her, the potentially negative and judging and traumatic and hurtful parts as well as the positive and affirming and supportive and nurturing parts. The depressed person stressed that she was serious about this: the honest assessment of her by an objective but deeply caring confidante felt, at this point in time, like a literal matter of life and death.

For she was frightened, the depressed person confessed to the trusted and convalescing friend, profoundly frightened by what she felt she was learning about herself following the sudden death of a therapist who for nearly four years had been her single most valuable resource and trusted support and—with no offense intended to any of the members of her Support System—her very best friend in the world. For she had discovered, the depressed person confessed, that when she took her daily Quiet Time now, during the grieving process, and got quiet and centered and looked deep within, she could neither feel nor identify any feelings for the therapist as a person, as a person who had died, a person who only somebody

⁶ The singularly valuable and supportive friend on the telephone was an alumna of one of the depressed person's boarding schools, a generous, nurturing divorced mother of two in Bloomfield Hills, Michigan, who had recently undergone her second course of chemotherapy for a virulent neuroblastoma, which greatly reduced the number of activities and responsibilities in her full, vibrant, undepressed life, and who thus was not only almost always at home but also enjoyed nearly unlimited conflict-free availability and time to share on the telephone, for which the depressed person was now careful to enter a daily prayer of gratitude in her Feelings Journal.

in truly stupefying denial could fail to see had probably taken her own life, and thus a person who, the depressed person posited, had possibly suffered levels of emotional pain and isolation and despair which were comparable to or maybe even exceeded the depressed person's own. And thus that although the depressed person had had agonizing feelings aplenty since the therapist's suicide, these feelings appeared to be all and only for *herself*, i.e., for *her* loss, *her* abandonment, *her* grief, *her* trauma and pain and primal affective survival. And that this terrifying set of realizations, instead of awakening in her any feelings of compassion, empathy, or Other-directed grief for the therapist—and here the depressed person waited patiently for an episode of retching in the especially available trusted friend to pass so that she could take the emotional risk of sharing this with her—these realizations seemed merely to have brought up in the depressed person still more feelings about *herself*. At this point, sharing, the depressed person paused to swear up and down to her long-distance, gravely ill, frequently retching, but still caring and intimate friend that there was no toxic or manipulative self-hatred in this confession, only profound fear: the depressed person was frightened for herself, for as it were “[her] *self*”—i.e., her “spirit” or “soul,” her capacity for basic human empathy and compassion—she told the supportive friend with the neuroblastoma. She was asking sincerely, the depressed person said, honestly, desperately: what kind of person could seem to feel nothing—“*nothing*,” she emphasized—for anyone but herself? She wept into the headset telephone and said she was shamelessly begging her now single most valuable friend and confidante in the world to share her (i.e., the friend with the virulent malignancy in her adrenal medulla's) brutally candid assessment, to pull no punches, to say nothing reassuring or supportive or exculpatory which she did not honestly believe to be true. She trusted her, she assured her. She had decided, she shared, that her very life itself, however fraught with agony and despair and indescribable loneliness, depended, at this point in her journey toward healing, on inviting—even, if necessary, begging shamelessly for—honest feedback, even if that feedback was traumatic or hurtful. The depressed person therefore urged her terminally ill friend to go on, to not hold back, to let her have it: What terms might be used to describe and assess such a solipsistic, self-consumed, bottomless emotional vacuum and sponge as she now appeared to herself to be? How was she to decide and describe—even to herself, facing herself—what all she had learned said about her? ■