

IDENTITY AND ILLNESS¹

Nobody was as healthy as my wife, she lived in Health, while I always led a life in Sickness, an existence in the Sickness Unto Death, he said. She was Health, She was the Future, I was always sickness, I was the Past [...]

—Thomas Bernhard, *Alte Meister* (1988)

Prologue

We usually think of disease as episodic, something alien and pathological temporarily imposed on our normal bodies or minds. Sickness is health with an unfortunate and temporary add-on. A disease may be made to vanish, as with successful surgery or medication; or it may be held at bay, chronic but silent or nearly, as with insulin-treated diabetes.

Oliver Sacks has pointed out that such a view is often counterintuitive to patients, fails to match their experience, and may not reflect what the doctor sees. With respect to Parkinsonism, but equally relevant here, he notes that certain illnesses may not merely be malfunctions of one system or another, but *ways of being in the world* (1991: 4). Such diseases have an existential dimension; they seem to their sufferers (victims, possessors, hosts) inseparably part of them. It is virtually impossible not to have one's life altered, even transformed and remodelled, by certain pathologies.² A cancer patient who has had one secondary is a different person from what he was when the primary was discovered—regardless of how traumatic that may have been. There is a new uncertainty, an awareness of mortality, brought home in a different way from that imposed by a near miss in a road accident, or being cured of a potentially lethal but non-recurring condition. The waiting but presently unthreatened cancer-patient, or the insightful terminally ill, may have a special understanding of what for others may be just a cliché: *media vita in morte sumus*, in the midst of life we are in death. Such people may recalibrate the conventional scales for ranking life and death, and shift away from valuations and moral judgements that seem commonplace to the well.

Less dramatically, sufferers from non-fatal (or only distantly or uncertainly fatal) but chronic diseases may virtually become their diseases; there is no sharp distinction between their 'normal' and 'diseased' lives. This is true of many Parkinsonians or victims of chronic pain; and, as I know through long and unpleasant but often enlightening experience, mood disorder. 'Disease' and 'life' are intertwined; the boundary between illness and self becomes a penumbral zone, a vague no-man's-land—if it even exists clearly enough to be recognised. Personality and

¹ I'm grateful to my Philosophy of Consciousness students at the University of Cape Town, summer term 2000, for hours of good and often passionate talk about problems of identity and selfhood. They probably influenced me as much as I did them, which is the way it should be. Special thanks to Lara Davison, Christiane Stuebel and Monique Whittaker for hanging around after class and arguing, and being critical of both me and what I made them read.

² See the extraordinary chapter 'Parkinsonian space and time' in Sacks 1991: 339ff.

illness interleave; one may even (deliberately or not) use one's disease as a persona, a comfortable and comforting point of stability in an otherwise unstable world, and present oneself as 'having it' even when non-symptomatic.

Some years ago I observed this interpenetration, without quite realising the implications. In the journal quoted in chapter 1 I wrote that

I was imprisoned by a stifling inability to act, mired in self-pity and misery, in the seductive embrace of a dark and melancholy love-affair with my own disease. There can't be many other illnesses you can have this love-hate relationship with.

My friend L, as I noted, commented on this passage in an early draft:

It's also the total familiarity of it—depression is something that no one can disrupt and take away from you (unlike good & healthy moods which seem to be at the mercy of every shmuck who cares to ruin your day!)

It was only later that I realised how important a focal point in one's self-image and self-presentation depression can be. This was confirmed repeatedly by conversations, by others' autobiographical accounts, and by a certain nostalgia for my disease in when I went into long and almost frighteningly satisfactory remissions. There is a fine account of such an experience by Loren Slater; she was actually distressed, for intimately existential reasons, by the efficacy of antidepressant treatment (1998: 36-7):

But health [...] was not so natural, and despite its allure, I am not totally sold on its goodness either. My experience with Prozac and the kind of rushing recovery it spawned has caused me, at the risk of nostalgia, to look with favor upon the old sanatoriums [...] The old-fashioned convalescent home [...] isolated from the world and yet close on the cusp of it, acknowledged the need for a supportive transition, moving the patient from an illness-based identity to a health-based identity [...]

The sudden loss of her depression amounted almost to a change of personality; she had been stripped of an identity built up painfully over the years:

My personality [...] had always consisted of suppressed energies and curiosities, but also of depressions, echoing intensities, drivenness that tripped into pain [...] I missed these things .. For they were as familiar to me as dank fog and drizzle, which has its own sort of lonely beauty [...] (44)

[...] I had made for myself an illness identity, a story of self that had illness as its main motive. I did not sleep well because I was ill. I cut myself because I was ill. Illness, for me, had been the explanatory model on which my being was based. (50)

This may make my remarks at the end of chapter 5 on wanting to be undermedicated, and those in chapter 6 on regaining manias and even keeping depressions a bit more comprehensible. It will also introduce the main topic of this one—the mood-disordered self as private and public experience.

The persistence of memory

Storytelling

Remembrance and Reflection how ally'd;
What thin partitions Sense from Thought divide

—Alexander Pope, *Essay on man* (1733) I.225-6

I return to some puzzling but important questions I buried in a note in chapter 1. What, I asked, do I mean by ‘my disease’? Is it distinct from ‘me’? If so, in what precise sense is it ‘mine’? Or who (or what) is it that seems to be having the experiences that ‘I’ report? These scare-quotes are irritating but necessary; the concepts are not straightforward.

What is a ‘self’? The answer appears at first obvious, merely definitional. Who am I? Myself, naturally. That is, in the normal way of things. But consider for a moment the world of a fully conscious, mobile, conversational human being who has, literally, no self of his own. This description is of an encounter between a neurologist and a patient (Sacks 1986: 103-5):³

‘What’ll it be today?’ he says [...] (Evidently he saw me as a customer—he would often pick up the phone on the ward, and say ‘Thompson’s Delicatessen’.)

‘Oh Mr Thompson!’ I exclaim, ‘and who do you think I am?’

‘Good heavens, the light’s bad—I took you for a customer. As if it isn’t my old friend Tom Pitkins [...] Me and Tom [...] was always going to the races together.’

‘Mr Thompson, you are mistaken again.’

‘So I am,’ he rejoins, not put out for a moment. ‘Why would you be wearing a white coat if you were Tom. You’re Hymie, the kosher butcher next door [...]’

William Thompson rubbed his hands again [...] and looked for the counter. Not finding it, he looked at me strangely again.

‘Where am I?’ he said with a sudden scared look. ‘I thought I was in my shop, doctor. My mind must have wandered [...]’

Mr Thompson has Korsakov’s syndrome, a global amnesia due to bilateral damage to parts of the thalamus and/or the hippocampus. The commonest cause is alcohol-induced thiamine deficiency, but it may also result from tumours, strokes or trauma. Perhaps its most curious and disturbing feature is the relative isolation of personal or autobiographical memory from most of the rest of cortical function. ‘Personal’ (sometimes called ‘episodic’) memory is lost in both directions: retrograde amnesia (lack of recall of past events), and anterograde amnesia (inability to learn new information). But ‘semantic memory’ (encyclopaedic knowledge of the world) remains relatively untouched. Knowledge of the everyday world, historical events, literature, proverbs, music and language skills are to a large extent intact.

³I suspect something disingenuous in this ‘verbatim’ record of a clinical interaction. Sacks as so often is being half a novelist, but in this genre I suppose it is permissible.

Mr Thompson not only fails to identify other people, even after repeated meetings; he constantly constructs new histories for himself, producing ‘identities’, stories that last only as long as the particular conversation is in full flow. A moment or two’s lapse, and he is back with new identities, new stories. A Korsakov patient, as Sacks notes, ‘must literally make himself (and his world) up every moment’. This suggests that though self is crucially involved with the possession of a stable identity, this identity is not static; it *has to be maintained*. Selfhood requires the possibility of continuous stable narration.

This is an extreme case; but an awareness that something of the sort is possible seems to haunt our metaphors. Our everyday language hints at the abyss of selflessness:⁴ ‘I’m not really myself today’, or more dangerously, ‘I just couldn’t control myself’, or ‘I felt myself slipping away’. But still, what is my self? As the Korsakov example suggests, it is—or I am—the continuous chain of stories I tell myself, and have been telling since my brain was developed enough to do it. My narrative is woven out of my inner and outer experiences and my memories and manipulations of them, and a continuously unfolding response to others’ versions of me, built out of their reactions and recall. A self is memory and mirror. For most of us, unlike Mr Thompson, there seems, regardless of this unfolding, to be a protagonist or hero with a stable identity, what Daniel Dennett calls a ‘narrative center of gravity’ (1992: chapter 13). I might say figuratively that I am not ‘who I was’ forty years ago; but I still assume that 1968-Me and 2008-Me are somehow the same character in a continuing story.

But by now, there is probably not one atom of the ‘original’ me *in situ*; the carbon I have exhaled for seventy years, much of it bits of ‘me’ metabolized, might be doing anything, anywhere, for all I know or could know. And the sources of their current replacements are equally unknown and unknowable. The same for my nitrogen, sulfur, oxygen, phosphorus ... Yet I am still here, and (apparently) me. I am the output of an endless sequence of non-identical copies of my original, but narratively still more or less the same book. I am a tissue of information (my genes and their products) extended in time, held together by a structure built on memory, or what I *think* is memory.

So even if my primordial elements have landed in unknowable places, the information structure that is ‘the real me’ is unaware of this cataclysmic dispersal. I *feel* that I am still ‘the same person’ in the body I inhabited at the age of three—if now with vanishing hair, an overlong picaresque novel full of experiences good and bad, creaky joints and depression. How is this magic possible?

Here is an image that may illuminate both the maintenance of the self and its transformations over time. Let this book be retyped every day, or hand-copied by an industrious scribe. Further, let each copy be made not from the original, but from the previous day’s copy. After each replication it will still be ‘this book’, but in different materials and forms (paper, handwriting, typeface, ink). And not only that: the book will be ‘the same’, true, but errors will

⁴ Not of course in the sense of ‘unselfishness’ (there it is again), or devotion of one’s life to others. That is best viewed as a matter of *constructing* one’s self through devoting it (or more of its activities than normal) to the interests of other selves.

inevitably creep in during the copying process, and some will be propagated from copy to copy. No proofreading system is error-free. A tiny lapse of attention, a slip of the pen, and the text is corrupted; and the corruptions will themselves be copied or corrected or miscorrected. Yet the book remains recognisably ‘itself’. All these notions—information, copying, propagation of both sound text and error—are relevant to the genesis and maintenance of the self. They are Darwinian images, descriptions of the process of variation and selection. This is how species, selves and consciousness come into being. Individuality, memory and selfhood are histories of variation and selection.

What we remember

Experimental results from an ever-widening range of psychological functions tell the same story, that what we are conscious of is a relatively small proportion of what we know and that we are the unwitting beneficiaries of a mind that is, in a sense, only partly our own.

—Jonathan Miller, *Going unconscious* (1995)

Our memories appear to build and maintain this tacit information structure without interference or explicit recognition. But we can access it when we need to, in introspection, ethical decision-making, attempts at recall of particular events, relationships, pieces of music, poems, stories, quotations. We also have apparently motiveless and involuntary recalls. Our present understanding of memory can perhaps be sketched as a computational analogy. Imagine some sensory input: an observed event, a telephone number you have to learn, a request for some action. This potential memory goes first to a working-memory ‘scratchpad’, where it remains and is briefly available. It has to be rehearsed (not necessarily consciously) to be retained, and can easily be lost through distraction. We can even access some short-term rehearsals; think of looking up a phone number in one room and repeating it over and over as you go into the next room where the telephone is. Any distraction and you are quite likely to lose the number and have to go look it up again and start over.

If an input is to be retained for a longer period, it is shifted to short-term memory (metaphorically and perhaps functionally equivalent to computer memory) and unconsciously, inaccessibly rehearsed and re-rehearsed until it is stable, invulnerable to distraction, and ready for longer-term storage. The early manipulations are primarily mediated by the prefrontal cortex, thalamus and hippocampus—and if emotionally charged, the amygdala. After processing, the newly manufactured memory is stored in a complex, diffuse, and as yet poorly understood way in various regions of the cortex, especially the medial temporal lobes.⁵ We know this because

⁵ This is only a very broad sketch. For fuller discussion and useful references, see the chapters on memory in Temple 1993 and Ratey 2001; for slightly more technical accounts of recent thinking, Squire 1998 and Bliss 1998.

stimulation of these regions can elicit uncontrolled memories.⁶ At this point the memory has been ‘saved’. Cortical storage seems to be rather like disk storage. Memories are not kept together in one place, as ‘whole pictures’ to be called up at will; they are stored in diffuse networks, each bit randomly located but with an identifying filename, and have to be actively reassembled in retrieval. And each retrieval is a re-collection, a copying, therefore a potential opportunity for corruption.

This is a sketch of how the collection of memories grounding a sense of selfhood might be put together. But there is a problem. Let us stipulate that our selves are indeed collections of accessible memories organised by an implicit binding narrative. How do we know if the mnemonic building-blocks are ‘true’? Normally we do not think about this; either we remember something clearly, or we don’t. If we do remember clearly (‘I can just see it now ...’), we assume that the clarity and conviction of our memories correlate with empirical truth. But what if this is not really the case? If we cannot guarantee this correlation, it could be that we not only construct our selves through memory, but at least partly *invent* them, because memory may be unreliable in fact, regardless of how reliable it feels.

This is disturbing; if we take it seriously, it might undercut the sense that our selves are ‘real’. Yet this is what the evidence suggests: recall, even of dramatic events, is often very poor indeed. We may unknowingly confabulate at least some of our past, and feel the results as ‘true’. Consider for instance the implications of a familiar sort of experience. Once my wife and I were talking about a house we had seen a few years earlier. I remembered it as being painted red, and she remembered it as green. Now both of us have normal red/green vision, are interested in architecture, and should remember things like that accurately. It certainly appeared that one of us did; but there was no way of telling which, since we were both unshakeably convinced that our memories were veridical. We *saw* the house in photographic detail, but in different colours. Logically either I was right, or she was right, or neither of us was; but this did not affect the strength and incorrigibility of our memories. Yet one or both must have been false memory.⁷

The reliability of memory is an issue not only for our personal self-narratives, but in the public domain. People have been sent to prison or hanged on eye-witness evidence, and ‘I saw it with my own eyes’ is almost a guarantor of truth. A frightening thought now, given the role of memory and recognition in forensic matters—e.g. evaluation of eye-witness testimony, or ‘recall’

⁶ This was first discovered during neurosurgical procedures on conscious patients in the 1950s. See Penfield & Rasmussen 1950.

⁷ After my wife read this passage an even worse complication appeared. She did not recall the episode at all. Did I make it up as a pedagogical example without realising it? When she told me this I tried to place it geographically and temporally: ‘We saw it out the window of a coach from March to Ely—the same time we saw that sublimely vulgar little pseudo-Spanish cottage called “Costa Plenta”; you remember, when the train from Cambridge to Peterborough broke down’. She remembered the coachride and the cottage perfectly; after some further discussion she developed a rather vague (and perhaps spurious) memory of the discussion, but no certainty. My memory still *feels* valid, but I can’t trust it now.

under hypnosis or in ‘therapy’ of episodes of childhood abuse that may never have occurred.⁸ In recent years much research has focussed on the accuracy of memory, and two kinds of experiments stand out as having particularly disturbing (and fascinating) implications.

It used to be assumed by psychologists (and still is by lay people) that dramatic events are fixed in the brain as ‘flashbulb’ memories: burned into the cortex exactly as they happened, never to be forgotten or changed. I remember clearly (I think) that I was standing on a particular street corner on Chapel Street in New Haven Connecticut in 1963 when I heard the news of John F. Kennedy’s assassination; but I have no corroboration. I remember that my wife and I were in Harrods in 1968, idly looking at TV sets when one of them flashed the news of Robert Kennedy’s assassination. Here the two of us agreed in every detail, so either we were both remembering correctly, or this was a *folie à deux*. Not likely, since the match is just too good, and there are two ‘independent witnesses’.

In 1986, the US space-shuttle *Challenger* exploded dramatically, killing all on board. This is precisely the sort of event that ought to have been burned in by the putative flashbulb. The day after the explosion, the psychologist Ulric Neisser asked a class of first-year students to write down where they were when they heard about the disaster, what they were doing, who they were with, and any other circumstantial details of interest. The reports were then filed away, and not looked at for three years, at which time Neisser asked the same group to repeat the exercise, and compared the results with the reports made the day after. The outcome was interesting: about 25% of the second responses were completely wrong, and only about 10% of the subjects still retained any accurate, detailed memories of the apparently dramatic and emotionally charged event of only three years before. In addition, when the respondents were asked how sure they were of the accuracy of their answers, the 25% who got everything wrong showed no difference from the others in their conviction of accurate recall.⁹

Another complication, which sheds a different light on what memories are actually *of*, is illustrated by ‘priming’. As any policeman or lawyer (or—often unfortunately—therapist) knows, many subjects of interrogation can often quite easily be made to ‘remember’ things that did not happen or were not there. Pretty much all you have to do is introduce the item to be remembered into the conversation in a quite casual and innocent way, let it stew a while, and then ask a question presupposing its existence. Such information can be incorporated into what appears

⁸ One of the major aberrations of our time, the so-called ‘recovered memory’ movement, got its start with the publication of a misguided, dangerous and influential book, *The courage to heal: a guide for women survivors of child sexual abuse* (Bass & Davis 1988). The tenor of their argument was that if you think you were abused as a child, or if a therapist makes you believe (even under hypnosis) that you were, then you were. This book started a huge cottage-industry of ‘therapists’ who recovered countless ‘repressed’ memories of childhood abuse, often by browbeating patients into believing that they had been abused. In one famous US case involving a clergyman, his reputation and family life were ruined by his daughter’s charge that she ‘remembered’ being raped by him continually over a long period; a belated medical examination found her *virgo intacta*. For a brief account of this movement, see Sutherland 1998: chapter 28.

⁹ Neisser & Harsch 1992. There is some discussion of the significance of this experiment in Calvin & Ojemann 1994: chapter 7.

to the subject as genuine memory, and the more often it is remembered, the more deeply entrenched and convincing it becomes. Remembering makes memories.

This is well known to experimental psychologists, but not nearly well enough known to the innocents who sit on juries. In a characteristic experiment to show the effect of priming, the subjects would be shown a picture of the results of an automobile accident, and asked to study it carefully. At this point they are asked nothing about it, but after several days they are asked questions about the scene, requiring information which was not in the picture, but is introduced in a way that assumes that it was. Say a ‘yield’ sign, with its characteristic triangular shape, occupied a prominent position in the picture. The subject is asked something like ‘where was the stop sign in relation to the car that was hit?’ Now in real life it is impossible to confuse the two kinds of signs; but characteristically a majority of subjects will ‘remember’ the stop sign, and describe its location. That is, they were ‘primed’ to recall an object by its being mentioned, and went ahead and ‘recalled’ it—even if it was not there.¹⁰ Somehow mere mention turns into the presupposition of existence.

Crucially, there appears to be no way, after the passage of a certain time, for the subject to distinguish which ‘memories’ actually reflect experiences, and which have been planted. This applies also to the results of (typically unconscious) editing: common phenomena that can be grouped under this heading are ‘denial’ and honest (to the subject) self-serving misremembering. We know who we are, what has happened to us and what we have done, but what we ‘know’ is not always congruent with the story as outsiders might follow it. This autobiographical or ‘mnemonic’ self—though it seems to be ‘us’ from a common-sense point of view—may be more complex and problematic than we think; at times it displays an independence that appears to compromise our sense of ourselves as agents.

The myth of the single self

States of consciousness occur when the system responsible for awareness becomes privy to the activity occurring in unconscious processing systems.

—Joseph LeDoux, *The emotional brain* (1998)

Prologue with swine

Sometimes the meaning of experience can best be captured in metaphor or parable. My friend M suggested one day that I ought to think about the Gadarene swine in connection with the phenomenology of depression, and selfhood and its disturbances. She said that much of what this chapter, especially the following section, is really about had been beautifully expressed two millennia or so ago, in the Gospel According to St Mark (5:1-19). I think she was right; this is a

¹⁰ On false recall and priming, see the pioneering work of Elizabeth Loftus; e.g. Loftus & Loftus 1980, Loftus 1992, Loftus & Pickrell 1995. Further material in Conway *et al.* 1996.

powerful story about the possibilities of multiple selfhood, and the extreme distress of ‘possession’, which is an experience not unlike that of many depressives. I hope this brief comment will make clear why I include this parable, as a mythological image of much that has been discussed in more mundane terms so far in this book, and of things to come. It may seem out of place at first, but what the next section (or even this whole book) fails to make clear may be made clearer if the reader goes back and reads this again.

[1] And they came over unto the other side of the sea, into the country of the Gadarenes.

[2] And when he was come out of the ship, immediately there met him out of the tombs a man with an unclean spirit.

[3] Who had his dwelling among the tombs; and no man could bind him, no, not with chains:

[4] Because that he had been often bound with fetters and chains, and the chains had been plucked asunder by him, and the fetters broken in pieces: neither could any man tame him.

[5] And always, night and day, he was in the mountains, and in the tombs, crying, and cutting himself with stones.

[6] But when he saw Jesus afar off, he ran and worshipped him,

[7] And cried with a loud voice, and said, What have I to do with thee, Jesus, thou Son of the most high God? I adjure thee by God, that thou torment me not.

[8] For he said unto him, Come out of the man, thou unclean spirit.

[9] And he asked him, What is thy name? And he answered, saying, My name is Legion: for we are many.

[10] And he besought him much that he would not send them away out of the country.

[11] Now there was there nigh unto the mountains a great herd of swine feeding,

[12] And all the devils besought him, saying, Send us into the swine, that we may enter into them.

[13] And forthwith Jesus gave them leave. And the unclean spirits went out, and entered into the swine: and the herd ran violently down a steep place into the sea (they were about two thousand;) and were choked in the seas.

[14] And they that fed the swine fled, and told it in the city, and in the country. And they went out to see what it was that was done.

[15] And they came to Jesus, and see him that was possessed with the devil, and had the legion, sitting, and clothed, and in his right mind: and they were afraid.

[16] And they that saw it told them how it befell to him that was possessed with the devil, and also concerning their swine.

[17] And they began to pray him to depart out of their coasts.

[18] And when he was come into the ship, he that had been possessed with the devil prayed him that he might be with him.

[19] Howbeit Jesus suffered him not, but saith unto him, Go home to thy friends, and tell them how great things the Lord hath done for thee, and hath had compassion on thee.

Layers and attention

It's 5.40 AM on a November day in Cape Town. I am sitting in our conservatory, looking out through the small-paned cottage windows to the southeast. The right of my visual field is dominated by a house-high red Bougainvillea, and the left by a huge Zimbabwe Creeper with pink inflorescences, intertwined with deep blue morning glories. There is a triangular crack of sky between these banks of foliage, intersected in the middle distance by a tall pine-tree.

As I sit seeing all this, but not necessarily *looking* at it, I am listening to a rather uninteresting 17th-century motet on the radio, occasionally wincing when the soprano sings flat. If you were to ask me 'what I'm doing', the answer would be 'listening to music'. But besides seeing the outdoor scene as a kind of background, and listening to the music, I am simultaneously aware of a dull pain in my left wrist and shoulder, and my relatively 'focal' awareness of the music seems to be overlaid, without being interrupted or obscured, by a question: why are my shoulder and wrist sore? And the answer emerges as yet another overlay: I recall that I spent part of yesterday afternoon pruning an awkward tree, standing on a ladder leaning forward and cutting with heavy lopping-shears, which revived an old tendinitis in my shoulder, and the quiescent arthritis in my wrist. This memory (which is visual), appears as a kind of 'transparency' while I am also looking at the changing colours of the sky, noting the lack of wind (unusual), and simultaneously, as far as I can tell, not losing track of the music.

At the same time, I am thinking reflexively that what I am actually trying to do is to analyse the contents of a short period of 'consciousness-as-me' [what a lovely chord-change—another overlay], examining its complexity and layeredness and simultaneity while ostensibly listening to music.

The motet is over, and a Telemann concerto comes on. How do I know it's not Bach? Somehow the instrumental texture and the smooth and unangular melodic shapes say 'German Italianate but not Bach being Italian'. In the second movement violin and flute play a lovely melody against pizzicato strings, and an auditory image of a Vivaldi concerto is superposed on the one in progress, but without clashing with it. I listen more intently to try and figure out why I think this, and the pain in my shoulder disappears. I am now becoming somewhat overloaded, and close my eyes to enable me to focus on the music more clearly, getting rid of one set of sensory inputs and the computation they stir up. Now my wrist is worse, and nearly distracts me, and at the same time I feel the edge of the deck-chair I'm sitting in cutting into my legs behind the knees, and I shift position without thinking of shifting. The music has vanished for a moment, and I have to think hard to catch up—what key is it in now? The tonic is lost, and does not reappear until the end of the movement.

And this is only what I am aware of. But there are greater ambiguities. I love this quotation from *The Oxford Companion to the mind*:¹¹

¹¹ P.A.M. Rabbitt, Reaction times, *OCM*, 671.

Like all other animals, humans can only *experience* the immediate past. Many scores of milliseconds must pass before any change in the world can be registered by a sense organ or interpreted by the brain. This perpetual lag behind the world, measured from the moments at which changes actually occur and the moments at which we can apprehend them, has become known as ‘reaction time’

[...] Philosophies that attributed human consciousness to incorporeal entities whose rates of apprehension were infinitely fast (‘the speed of thought’) delayed recognition of this simple fact until very late in human history.

This is a description of layers that communicate, overlap, and are perceived as ‘belonging to’ one central observer, a ‘me’, a ‘center of narrative gravity’—yet there is already an illusion in the sense of contemporaneity. I feel that I am a unitary if complex and multilayered and not fully controlled agent—though there are plenty of philosophical and other arguments that suggest this is not the case.

One of the most satisfactory models of consciousness to me is the one in Daniel Dennett’s *Consciousness explained* (1992). Here is a brief sketch of Dennett’s view of what consciousness is. I find it immensely appealing on philosophical grounds, and more than that quite consonant with one view of my own experience. To encapsulate, he proposes getting rid entirely of the Cartesian ‘observer’, the central ‘agent’ of consciousness, and replacing it by an essentially Darwinian process in which consciousness is an artifact generated by the selection of what he calls ‘multiple drafts’. That is, the brain is incessantly and randomly producing variant and competing states, and some of these match up better than others with perceptual input and other environmental (including internal) phenomena. The winners of any given competition are selected *for the moment* to serve as ‘consciousness’. He argues that language works in much the same way: the brain generates myriads of utterance-precursors virtually at random, and some of these are selected and end up as things we say. Given the time-lag discussed above, and the fact that explicit present consciousness even of one’s own intentions also postdates the unconscious brain’s preparations for them (‘Libet’s half-second’: see the discussion in chapter 4), it seems difficult to argue for a more ‘directed’ form for consciousness. And hence we have a less controlled ‘ownership’ than we might wish for. Here though I look at selfhood not philosophically, but existentially: what is it like having *my* self? And do I have only one?

Selflets

What we touch is always an Other; I may fondle my leg, but not Me.

—W.H. Auden, ‘Shorts II’ (1969-71)

I have several times described experiences of ‘dissociation’, in which I was aware not of just being ‘me’, but of being something (not physically) like at least two people. These episodes are strange, and were at first disturbing, though I have increasingly got used to them, and accept them now as part of how it is to be me. I have great difficulty describing this situation; the usual

meanings of words tend not to fit as well as I would like them to.

In these dissociations, there is one ‘selflet’ (the term is Oliver Sacks’) that I call my ‘Observing self’ (for short, OS). There is also at least one other, who holds centre stage, ‘Performing self’ (PS). Typically, when both are about, PS is depressed or manic and OS is not, or at least he is much less disordered than PS, if with a clear (but not necessarily sympathetic) understanding of PS’s condition. When OS surfaces, he is characteristically the ‘good guy’, and appears to want the relatively uncontrolled PS to shut up—or if PS is acting in private, to stop thinking certain kinds of thoughts, pull up his socks, etc. But there is a barrier. The depressive PS watches too, to see if things are working the way *he* thinks he wants them to. But while he watches he is also being watched by this powerless ‘normal’ self who often feels contempt for the actions of the one who is making public utterances, or having absurd thoughts, but cannot cross some cognitive wall and turn off or redirect the speech or thinking machinery. And there may be a third selflet in this society, one who watches the whole business from a more or less detached position, and judges the behaviour and efficacy of the other two. At bad times there may be a further regress of these fragments, and they can also engage in dialogue, and sometimes argument, creating chaos, all talking at once.

Humans are nearly too complicated to think about. We come in layers and selflets, and we can (though not usually) be copresent. If the competing or interacting *personae* were to be perceived as ‘not-me’, then I would be split in a psychotic sense, delusional, attributing an independent ‘outside’ life and identity to them—which fortunately is not the case. I know they are all in some sense ‘me’.¹² But they are not me in that they are an ‘object’ located at a particular place in my brain: there is no neurological evidence for any particular location for the ‘self’, it is an artefact of the operation of the whole brain and the rest of the body.

So often I have at least one Other, a copresent *Doppelgänger*; only I do not usually meet him walking toward me, and he normally carries no built-in terror, no hint of approaching death. I am, that is, or my self is, modular. This is because brain function is the working-together of an enormous number of independent but multiply connected and massively redundant subsystems, not all speaking the same language or having access to the same senses, but most of the time contributing to the smooth functioning of the whole without telling anybody. In fact some kind of modularity is necessary above a certain level of complexity, as a way of channelling the various functions of the brain and keeping them from tangling with each other. But it can be perilous to allow too much of the intermodularity to surface, to let the connections and pathways become untethered, the boundaries obscured. You can see what happens when gates open in dreams and psychotic states, and disturbances like depressions, obsessions, compulsions.¹³

This modular structure is populated by unconsciously cooperating strangers who often do

¹² On the distinction between the selflet types in schizophrenia and MPD, see the beautifully clear exposition in David *et al.* 1996.

¹³ For powerful illustrations of what happens when major subsystems become untethered, see the discussions of blindsight and the Capgras and Cotard delusions in chapter 3.

not get to meet each other at all, or meet only under extreme stress. What Ramachandran calls ‘zombies’ (see chapter 3) are partly ‘others’ living symbiotically in this complex environment; but when things are going well, we do not know they are there. It is only when the normal processes that keep the modules separate (from the point of view of consciousness) break down, that things go wrong; the others then come to the surface and announce themselves instead of working away quietly in their offices. I think a notion like this is crucial in defining what we might call ‘self-knowledge’, and the peculiar alienness of things that occur in psychiatric illness. Here ‘stuff surfaces’ as it were, and you (defining yourself as cortex and your sense of ‘agency’) suddenly find the manhole cover off and things bubbling out, often taking the form of Others, who are nonetheless ‘you’, closer to you than even your offspring could possibly be, though you have in a sense given birth to them. And they often have distressingly different ideas about what you ought to be doing or thinking than you think ‘you’ have. (And cf. the ‘visions’ or hallucinations described in chapter 6.)

We are a multiselfhood of selves that regard themselves as single because—fortunately—in the normal way of things the prominent, ‘focal’ self has no idea of what it is made of. It is this erroneous notion of ourselves as ‘single’ agents that keeps us sane. Without the sense of selfhood we would lack the ground for agency, and this might very well be the selective advantage of having evolved one. The self is in a way a device for separating one from the environment and encapsulating one’s own purposes. It is when this sense of a single ‘center of narrative gravity’ breaks down under stress, when more than one of the innumerable selflets that compete for our attention hold centre stage at once, that we get an inkling of the normally hidden dramas that go on perpetually inside our brains.

‘Temperament’, ‘personality’, self and disease

It is daunting to try to disentangle personality characteristics from a psychologically expressed, yet constitutionally based illness. Temperament is enmeshed with perceptions, expectations, and ways of interacting with others, and [...] affective illness has compounding effects on personality structure.

—F.K. Goodwin & K.R. Jamison, *Manic depressive illness* (1990)

I have already remarked a number of times that there is a sense in which my manic depressive illness is not something ‘alien’ or ‘imposed’ on me, but rather a reflection of my temperament, the nature of my self. My disease is a somewhat fuzzy spectrum, whose bands represent states of mood. The far ends verge on the psychotic (depressed or manic), the intervening bands represent dysthymia at one end, hypomania at the other, and the very middle bands are ‘normal’, stable mood. In this sense my disease is a continuous exploration of regions which might perhaps be better not explored, but which for some reason I drift or am propelled into. At the end of chapter 5 I claimed that I simply *am* a manic depressive. Being so is part of my identity, perhaps its framework and grounding, not just a disease-state—though in terms of dysfunction and response to medication it is clearly that too.

This needs some clarification. The terms generally used to refer to these things are ambiguous and difficult—particularly ‘temperament’ and ‘personality’. These are items of ordinary vocabulary, but are also used more or less technically in academic and clinical psychology and psychiatry. Hijacking ordinary language for technical use can be problematic, because the hijack victims may still be carrying some of their colloquial baggage. Consider ‘temperament’, for instance. It is commonplace to say that a person or animal has ‘a wonderful temperament’; on the other hand one might characterise an actress or singer as ‘a delight to work with—no temperament’. Of course in the latter case, she must have *some* temperament; only here ‘having temperament’ means ‘behaving in a temperamental way’, where ‘temperamental’ signifies ‘having tantrums’. That’s how natural language is: very little is unambiguous. This can cause some confusion after a hijacking, where precise meanings have to be stipulated, and not everyone makes the same stipulations. Indeed reading the literature on temperament and personality can be maddening; there is an extraordinary latitude of use, and many writers seem to use the central terms with subtle but important differences. Here I will use what seem to me sensible distinctions, consonant with a good deal of the literature, and useful for describing both ‘normal’ and diseased states.¹⁴

Temperament. For McHugh & Slavney (1998: 132) this is ‘the term to describe [...] dispositions, identifying an individual’s tendencies to react to circumstances in a particular fashion’. Goodwin & Jamison (1990: 282) remark that the notion ‘has always been viewed as having a more constitutional, genetic, and biological basis than [...] personality’. They quote Gordon Allport’s aphorism that temperament is ‘the “internal weather” in which personality evolves’, and his more extended definition (1961: 33f.):

Temperament refers to the characteristic phenomena of an individual’s emotional nature, including his susceptibility to emotional stimulation, his customary strength and speed of response, the quality of his prevailing mood, and all peculiarities of fluctuation and intensity in mood, these phenomena being regarded as dependent upon constitutional makeup, and therefore largely hereditary in nature.

Personality, on the other hand, ‘generally refers to the unique aspects of an individual, especially those most distinctive or likely to be noticed by others in social interactions’, or as Allport has it, ‘what a person “really” is’. A personality is built on the genetic scaffolding of temperament, but reflects idiosyncrasies of both history and other aspects of genetic endowment. Given this framework, it is most likely that a personality will prominently exhibit features derived from the inborn reactivity type that defines its temperament.

The notion of underlying temperament goes back to the classical ‘humoral’ theory of personality. As the world is made up the four elements air, earth, fire and water, so the human being is characterised by four corresponding humours. These in turn are related to the elements

¹⁴ In this discussion I follow some of the classical and I think not superseded works in the area, particularly Allport 1961 and Eysenck 1970. There are useful summaries and discussions, which I have also used, in Goodwin & Jamison 1990: chapter 12 and McHugh & Slavney 1998:chapter 11. The synthesis is my own, and is to be taken as an expository toy model, not an attempt at serious science..

and their qualities, and to the seasons; their balance is essential for health. These humours are conventionally called blood, (yellow) bile, black bile and phlegm; dominance of any one produces one of the classical temperaments, in the framework developed by Hippocrates (b. 59 BC) and Galen (129-200 AD), and passed down through the mediaeval and renaissance medical traditions. Each humour is associated with a particular temperament: in the classical terminology blood (sanguine), bile (choleric), black bile (melancholic), and phlegm (phlegmatic). These terms still informally retain their ancient senses: the sanguine are cheerful and optimistic, the choleric are quick tempered, the melancholic sad, the phlegmatic passive and undisturbed by experiences that would induce anger in the choleric or gloom in the melancholic. The classical metaphorical schema of elements, humours, qualities, temperaments and seasons makes these quite reasonable associations:

<i>Element</i>	<i>Heat</i>	<i>Moisture</i>	<i>Humour</i>	<i>Temperament</i>	<i>Season</i>
air	hot	moist	blood	sanguine	spring
fire	hot	dry	yellow bile	choleric	summer
earth	cold	dry	black bile	melancholic	autumn
water	cold	moist	phlegm	phlegmatic	winter

Anyone familiar with astrology (also in its bizarre way a theory of temperament, with the extra foolishness of planetary influence added on) will recognise the familiar elements of the ‘winter signs’, the ‘water signs’, etc.

From classical times down to the 19th century there was a fine tradition of close clinical observation, and despite peculiarities of language and content, some of these ancient insights remain illuminating. The doctrine of the Four Temperaments can still form a metaphorical scaffolding for a reasonable modern taxonomy. H.J. Eysenck and others have incorporated these familiar terms into a classificatory system for temperament and personality that can be used as a basis for characterising, within limits, the interaction between underlying temperament and its contingent expression as personality. The Eysenck system is based on a primary dichotomy of temperaments, Introverted vs. Extraverted (this is the spelling used in the academic literature). Each of these is in turn divided into two subtypes, Stable and Unstable (or ‘neurotic’) and each pair correlated with a general, overarching temperament. The four temperaments that emerge are then characterised by a set of personality traits:¹⁵

¹⁵ Based on the Eysenck and McHugh & Slavney treatments cited above.

The Eysenck Typology

Extraverted

Stable (*Sanguine*): sociable, outgoing, talkative, responsive, lively, carefree, leadership

Unstable (*Choleric*): touchy, restless, aggressive, excitable, changeable, impulsive, optimistic, active

Introverted

Stable (*Phlegmatic*): passive, careful, thoughtful, peaceful, controlled, reliable, even-tempered, calm

Unstable (*Melancholic*): moody, anxious, rigid, sober, pessimistic, reserved, unsociable, quiet

Nobody of course is a simplex: though it is easy to think of people one might want to classify as mainly or almost entirely of one type. For expository purposes I will attempt to match myself against this classification. Since certain characteristics in me vary considerably, while others seem ‘bedrock’, I mark the two classes as follows: ✓ indicates a stable trait, one that seems to characterise me all or nearly all the time; ✨ marks one that is dramatically variable, in my case depending on mood. (Technically this is a ‘state’ rather than a ‘trait’.) Unmarked properties appear to be irrelevant. The schema below represents a selection of my slugs and snails and puppy-dogs’ tails.

Diagrammatic temperament/personality self-portrait:

Extraverted

Stable (*Sanguine*): ✨sociable, ✨outgoing, ✓talkative, ✨responsive, ✨lively, carefree, leadership

Unstable (*Choleric*): ✓touchy, ✓restless, ✓aggressive, excitable, ✓changeable,
 ✨impulsive, optimistic, active

Introverted

Stable (*Phlegmatic*): ✨passive, careful, ✓thoughtful, peaceful, ✨controlled, reliable, even-tempered, calm

Unstable (*Melancholic*): ✓moody, ✓anxious, ✓rigid, sober, ✓pessimistic, reserved,
 ✨unsociable, quiet

The most richly represented underlying temperaments are unsurprisingly the melancholic and choleric. But on both the introversion and extraversion scales, more traits and states than not lie on the ‘unstable’ dimension. Looking at this in the abstract, without six preceding chapters by and about me, it would still be easy and natural to map it onto the property-set ‘bipolar disorder’—or at very least ‘unstable melancholic temperament’.

My professional work shows the same kind of bipolarity as my personal life, as does this book. Much of what I write is negative, disparaging, sardonic, destructive; but I also float wild ideas, my style jumps vertiginously between the hyper-scholarly and complex and the vulgar. Depression is cold, tight-arsed, repressed, angry, negative, skeptical; (hypo)mania is warm, florid, emotional, undisciplined, romantic, sentimental. From this perspective this book is clearly a temperamental self-portrait: the changes in style, the diversions, the ideological posturings reflect an underlying complexity and instability.

To sum up: Temperament is an underlying, genetically defined pattern of reactivity, a set of characteristics with which we face the world from the very beginning. It is a scaffolding, a substrate for the individual details in context. Personality is a set of (stable or unstable) traits built up through historical contingency and personal idiosyncrasy on the platform provided by temperament. Temperament in this sense then is an inborn vulnerability or reactivity type (for the unstable temperaments, hyperreactivity). Temperament is genetic (congenital ways of reacting and tendencies toward mood-settings); personality is largely a historical construct, if highly constrained by temperament. The self is a conflation of temperament and personality and (edited) memory, taking both scaffolding and evolved information-structure as input (cf. the adumbration of this picture at the end of chapter 4).

These taxonomic groupings fit naturally with other characterisations in the literature. Sanguine and phlegmatic temperaments may be associated, in their personality realisations, with general euthymia; the sanguine, if unstable, underwrites hyperthymia, perhaps certain kinds of hypomania as well. Choleric, an explosive temperament, is the true grounding of hypo- and hyperthymia, and the manias; and melancholic is clearly hypothymic, all the way down to depressive. The bipolar types may be defined as ‘cycloid’ (Goodwin & Jamison) or more standardly ‘cyclothymic’; they are a mix of traits and shifts from one temperament or personality type to another during cycling. The classic bipolar personality switches between melancholic and choleric styles of presentation, or sometimes exhibits both at once (‘mixed states’).

Coda: Depression as rhetoric, style and culture

But depression gave me more than just a brooding introspection. It gave me humor, it gave me a certain what-a-fuck-up-I-am schtick to play with when the worst was over. I couldn't kid myself and think that anyone enjoyed my tears and hysteria—plainly they didn't—but the side-effects, the by-products of depression, seemed to keep me going. I had developed a persona that could be extremely melodramatic and entertaining. It had, at times, all the selling points of madness, all the aspects of performance art. I was always able to reduce whatever craziness I'd experienced into the perfect anecdote, the ideal cocktail party monologue [...]

—Elizabeth Wurtzel, *Prozac nation* (1995)

The depressive rhetorical style

In 1960 my wife decided to register and vote for the first time. Neither of us had ever done this; I still haven't. Her choice in the US election that year was John F. Kennedy. To me, the process of democratic election was farcical and distasteful—after all, you have to be a whore to get elected, don't you, selling yourself to the proles and groundlings? (To be grudgingly fair, even at this late date, I must add that the alternative was Richard Nixon.)

The point of this is not my (anti-)politics and cynicism—which have not changed a great deal over four decades and probably never will regardless of what my depression does—but the behaviour that followed. This seemed amusing to me at the time, distressing and irritating to my wife, and incomprehensible—until now, when I can finally see the pattern it was part of. When Jaime went to vote, I accompanied her to the polling station, badgering her all the while about what a silly thing she was doing (politics is not an occupation for someone who has enough ability to do a real job, your one vote doesn't make any difference anyhow, and besides, *Realpolitik* rather than promises and platforms determines the behaviour of presidents in office—which second-rate shit gets into the White House doesn't really matter much). I continued this on the way back home. It is not entirely clear why she did not divorce me on the spot.

Looking back I see this kind of behaviour repeating itself over and over, in a wide range of contexts—much less now than before, increasingly rare, but still possible, sometimes creeping up on me unexpected. What stands out in these episodes is the negativity, the repetitive bitching. One of my selves creeps up on the other. I am compelled not only to communicate my own feelings (or feelings disguised as ideas), but to ensure that everybody else feels the way I do, if not intellectually at least emotionally. This does not happen with regard to anything positive: I would never think (perhaps the wrong word?) of endlessly badgering anybody and trying to convince them that Mozart and Haydn were the two greatest composers of the late 18th century, that rape is bad, that *The Arnolfini Wedding* is the finest illusionist picture ever painted. But if the idea in question is negative, or preferably negative and irritating and counter to the beliefs of the addressee(s), I can develop an impressive vehemence and fluency. It does not even matter whether I believe the position I am advocating. In moods like this all that counts is that my cynicism or anger or disapproval or insistence on the idiocy or danger or ugliness of some person or point of view should not only be expressed, but should effect a conversion. If I decide that humanity is fundamentally evil, that Truman committed an unspeakable and historically monstrous crime by not bombing Moscow immediately after Hiroshima, that the children of the poor should be culled, I try to make people believe it. My aim is to disequilibrate them, shatter their contentedness, undermine if possible any beliefs that allow them security or happiness or even mere comfort. Even if I cannot force my audience to accept my beliefs, I achieve a mild glow of success if I can make them embarrassed and uncomfortable and unhappy.

I can see this now as an attempt to transform my own depression into a communicable disease, by forensic skill if possible, if not by brute force, harangue and repetition. Whether I succeed or fail (mostly the latter), the attempt is vital. My own dark mood, or the propositions

generated by it, is the most important thing. It has to be preserved, it does not like the discomfort of living in a world where others think and feel differently, especially if this conduces to happiness. It feels bound to pour contempt on any icon that dares raise its head, to sneer at whatever most people like or think is good, to cultivate an exquisite intellectual and aesthetic snobbery, along with a profound and black cynicism and distrust. Its guiding imperative is never to allow the attribution of a good motive to any human act when it can find a base one. Notice this shift from 'I' to 'it', from my actions and desires to my state-of-mind's actions and desires? It was inadvertent, but important, and I leave it here as a piece of interesting evidence.

It is only in recent years that I began to notice clearly, let alone understand, what I was doing. I became more aware that in these episodes I was in fact dissociated (OS and PS both present and active). I would watch myself becoming more and more absurd and obnoxious. I would observe my own ridiculous, histrionic and often embarrassing behaviour, but be powerless to do anything about it. I also began to notice that this kind of behaviour, though mitigated and less frequent than before, still tends to occur sometimes 'by surprise' even when my mood is good. I do not have to be depressed to try and propagate affective darkness. All I need is some trigger, however apparently innocuous or even unconscious. And even when there is no overt depression, no social situation that could provide a good soapbox, these attitudes and ideas persist. They hang there in the face of contrary evidence, and become part of the introspective and self-maintaining dialogue between (crudely) my cortex and my limbic system.¹⁶ *My depression can become my default persona.*

I am just reporting; I never taped my monologues. But depression as a *style*, a way of communicating with the world, a rhetoric with its own peculiar character, can only be appreciated *in extenso*. I turn again to a literary presentation for an example, because this one is so accurate in its overblown way that it could almost come from a recording of me at my worst. One of the great representations of the existential dimension, a depression that becomes a whole person, is Thomas Bernhard's Reger, in *Alte Meister*. In this novel or soliloquy or harangue (311 pages without a paragraph division), we either hear Reger speaking, or his words reported by his neutral amanuensis and re-reported by the anonymous narrator. Every day the elderly Reger, a music and literary critic, comes to the Kunsthistorische Museum in Vienna, and sits in front of some great painting. His self-set task is to study each one until he can find some fatal flaw in it, some failure that will enable him to demote it from greatness, preferably make it banal:¹⁷

We can't bear the Complete and Perfect [...] All these pictures here in the Kunsthistorische Museum are fundamentally unbearable—to be honest, they terrify me. In order to be able to bear them, I look for a fatal flaw in each one—a procedure that has so far led to one goal—namely to turn each of these so-called 'complete' works of art into a fragment [...] (41-2)

¹⁶ Though, since limbic activity cannot be introspectively accessed, it all *seems* to be going on in the higher cortical centres.

¹⁷ As before, translations mine. I have tried to preserve the flavour of the original, even though it seems somewhat awkward in English. But it is as close to literal as I can get and still remain idiomatic.

This resolution can only be achieved by dedicated work:

We have to go to Rome and establish the fact that St Peter's is a tasteless, botched piece of work, that the Bernini altarpiece is an architectural idiocy [...] We have to see the Pope face to face and *personally establish* that he's a hopeless grotesque, like everyone else, in order to make him bearable [...] (43)

The same goes for Bach, Mozart, Beethoven, the great philosophers; he applies himself single-mindedly to the epic task of reducing them to exemplars of the trivial and incompetent. His style is insistent, didactic, repetitive, relentless:

One's mind must be a searching mind, a mind searching for errors, a mind searching for human errors, a mind searching for failures. The mind is only really human if it searches for human error. The mind is not truly human if it isn't searching for human errors. A good mind is one that searches for human errors, and an extraordinary mind is one that finds these errors, and the mind of a genius is one that once it has found them points them out, displays them. In this sense, said Reger, there's something to the mindlessly uttered proverb, *seek and ye shall find*.

The foundation of Reger's vision, his contempt and negativity, is simple: 'The uncultivated admire [so-called 'great works'], because they're simply too dumb not to admire, but the cultivated admire because they're too perverse not to' (124).

These attitudes stem from Reger's childhood, which he paints as unremittingly black and horrible:

If there's a Hell, and of course there's a Hell, he said, then my childhood was Hell. Probably childhood is always a Hell, childhood is *the* Hell [...] People say they had a wonderful childhood, but it was still Hell. People falsify everything, they also falsify their childhoods. They say, I had a wonderful childhood, but they had only Hell. And the older people get, the more easily they say they had a wonderful childhood, even though it was nothing but Hell. *Hell isn't coming, Hell has already been*, he said, because *Hell is childhood* (105-6).

In case we've missed anything, he elaborates (106):

What it cost me to get out of that Hell! he said yesterday. As long as my parents were alive, it was Hell for me. My parents made everything impossible for me [...] With their perpetual oppression-machine they protected me nearly to death, he said. My parents had to die, so I could live, when the parents die, I live.

Reger understands with a sad clarity how his childhood led him to be what he is now:

In the end it was actually music that brought me to life, he said yesterday. But I didn't want to and couldn't be a creative or performing artist, he said, in no way a creative or performing musician, but only a critic. I am a critical artist, he said, I have been a critical artist for ages. I was already a critical artist in my childhood, he said, the circumstances of my childhood naturally made me into a critic. (106-7)

He does not describe much in the way of particular events in his childhood, but speaks in great

generalities (108-9):

Childhood is the dark pit one is stuffed into by one's parents and which one has to escape unassisted. Most people don't succeed in escaping [...] they spend their whole lives in this pit and don't emerge and are embittered [...] It takes superhuman exertion to escape from the pit of childhood. And if we don't get out of this pit of childhood early enough [...] we never get out, he said. Our parents must be dead, if we are to get out of this pit of childhood, he said, they must be *finally dead, actually and for ever*, you know, in order for us to escape.

Not that parents have it much better, nor do they deserve to (109-11):

My parents made me, and when they saw *what* they had made they were terrified and wished they could have unmade what they'd made. And since they couldn't stuff me in the wardrobe, they stuffed me into the dark hole of childhood, which I never escaped during their lifetime. Parents make children irresponsibly, and when they see what they've made they're terrified [...] To make a child and give 'the gift of life', as it's so hypocritically called, is nothing but to bring a fatal misfortune into the world [...]

[...]

To say that one had a fortunate childhood and thereby to show respect for one's parents is just a sociopolitical commonplace, he said. We respect our parents, instead of accusing them of the crime of procreation [...] For thirty-five years I was imprisoned in the pit of childhood, he said. For thirty-five years they tortured me with their revolting methods [...] They committed two crimes against me, the most serious of crimes [...] without asking my permission they produced me and once I had been produced and hurled into the world, they oppressed me, they committed the crimes of procreation and oppression against me.

But the mental capacities that make one a great critic do not lead to happiness, because 'the man who thinks is an unfortunate man' (108).

Whether it works or not, this style is fundamentally manipulative. One of the fundamental properties of the depressive is manipulateness (note how Reger has intruded here, influencing my style), because the ability to manipulate the moods of others is a source of stability and power, a safety net and a consolation. If my mood will not cohere with stimuli from the outside, then the outside must be made to cohere with my mood. This is a social and rhetorical style born out of pervasive mood; but it also permeates one's own transactions with oneself. The cognitive/affective interaction is so complex that intellectual or ideological attitudes in affectively 'normal' states are often swamped by their dysregulated substrate; in the end it may be impossible to tell which is which. And even if one could, it might well not make any difference. There is often a strange disconnection of style from content in this kind of personality; we might say paradoxically that style is content, or the other way round. This is one of the things I meant earlier when I said that depressive illness is a 'way of being in the world': I am my depression, and it is me. The two coalesce even in day-to-day self-manufacture, in introspection and dialogue with myself. Nowadays they do so much less than they once did, but it is an effort still at times to keep the two separate.

Mood edits memory

Yea from the table of my memory
I'll wipe away all trivial fond records.

—*Hamlet* I.v.96

Let us say Reger is 'real' for the moment. Memorable literary characters are real enough to be taken as people, for some of us at times more real than most of our acquaintances. Where would civilised discourse be if we could not ask, sanely, questions like 'why does Hamlet delay so long in killing Claudius?', 'What makes Raskolnikov murder the old lady?' So I can ask a reasonable question, assuming the context of the novel as a real world: is Reger exaggerating? Was his childhood *that* bad, unilluminated by moments of innocence, of happiness, of grace? Is he remembering 'truly', or confabulating a grim picture congruent with his basal mood, making his history and therefore himself more tightly crafted, more coherent, more in keeping with the style of discourse he has adopted?

Memory, as we saw, even though it is the substrate of one's sense of a continuous self, is often unreliable; we apparently cannot safely vouch for the truth of a memory, no matter how powerfully it presents itself to us as true. Things go wrong, even when no particular emotion seems to be acting to make them go wrong. Why should Neisser's subjects so consistently have forgotten where they were when they heard about the Challenger, and yet been equally convinced that they hadn't? Why should we be so vulnerable to trivial priming? But there may be good reasons for distorting one's memories. Can an *affective style*, a long-term mood setting, edit memory in such a way that the owner of the memory is not confabulating, but completely convinced of the truth of what he remembers? Let me turn to me again.

In chapter 1, I quoted a letter to my friend M in which I seem to have recalled my childhood in a Regerish way:

As for childhood, well I grew up in a small family with an ineffectual mother and a manic depressive father (as I now see, looking back and knowing more than I did then), and childhood for me is simply an image of hell, cruelty, anxiety and desire for death. I find myself exceedingly surprised in fact that I didn't commit suicide before I was 16 or so.

How seriously should we take this? Am I claiming that *every day* of my childhood was tainted by anxiety, fear, suicidality, misery? Weren't there any days when I was truly, completely, innocently happy? No matter how hard I try, I honestly cannot remember one day (then or later) that could be characterised as continuously, uninterruptedly, happy. What, a whole day without anxiety, a bit of depression, some thought of death and suicide, worry even in a soaring hypomania about its end and the waiting abyss? If there were such days, I cannot remember them. Either there genuinely were none (which is what I apparently believe and recall); or if there were, my overall mood-setting has edited them out, spiked the good stories as unsuitable for publication

in this paper. And there is no way I can tell which, because no outsider's report could carry any true conviction. ('R looked happy all day long on 1 June 1947'.) The only access to such a state—if it had existed—would be my own memory of it. And no matter how hard I look I cannot find one. I therefore conclude—even knowing what I do about the vagaries of memory—that there were no such days.¹⁸

I recently had empirical evidence of such editing, this time in the short term. I am trying to give up smoking and have been of course horrendously depressed as well as enraged. I wrote to M that I was sinking back into the constant unrelieved depression of the 1990s, regressing, falling apart. I felt that way. But she pointed out to me that I had been writing some cheerful and optimistic e-mails, and that my mood had been good for much of the 3-week or so period when I back-projected my depression to expunge the good moods—so competently that they had actually vanished from memory. A check of the e-mails showed she was right.

The editing of memory can even take place in full consciousness; one can, in a dissociated state, watch oneself editing, know one is doing it, yet be unable to return to the state before the editing took place, and be forced to live both with the memory and the results of editing. My friend K, on reading a draft of this section, wrote me the following:

About the memory editing—I'm not sure if I've told you this before—when I was in 1st year, probably one of my worst depressions, I had a very odd experience: I was (foolishly) slightly stoned, which was probably what slowed me down enough to watch it happening, though of course it also means it may not be a 'normal depressive' experience anyway. Though at the time I thought it really did explain a lot about me; I still do, though with less intensity than an unmedicated 20-year-old. But I was reasonably 'happy' (ha, ha), nothing was particularly wrong, I was pleased to be spending time with old friends I hadn't seen for a while and had missed—and exactly as I was thinking this, I 'watched' (if that makes sense at all) my own mind/memory turn the whole moment of being 'ok' into something bad. And then I wasn't ok at all and I couldn't imagine why I thought I had been.

This really does sound a bit nuts; for one thing, if it's a laying-down-memory issue I shouldn't remember it happening at all. But that was exactly how I saw it at the time; and I couldn't do a fucking thing about it. The whole afternoon had suddenly in fact been unrelieved misery, and watching my brain remake it so it had been did nothing to change it.

Now, all I remember is that weird moment, and the misery afterwards; if I was happy or miserable before *really*, I couldn't say. Make of it what you will; I don't actually understand it. It was just very real, and calm, and sane-feeling.

For my whole childhood there were tiny fragments, part-days, episodes, bright, even glorious figures, but always against a dominating tenebrous ground. This at least is my own 'truth', as far as I can recover it. Whether I am reading an edited text or not is undecidable, because I am both the editor and the only possible decider, and I simply have no way of knowing. So as a default I believe what I remember, and my childhood is Reger's, or at least has the same overall feel to it. Is there any way I could 'really find out'? Perhaps 'the truth' could be made to surface under hypnosis, for instance? I wouldn't think so. There is always, in cases of 'hypnotic

¹⁸ This phenomenon is well known in memory studies and is called 'retrospective bias'.

regression' so-called, the danger of what we might call the Bridey Murphy Effect—recall of 'facts' that could not possibly be true in a sane world, probably planted by the hypnotist, and/or reported by biased or credulous or mad observers. I remember reading about a woman who was 'regressed' under hypnotism and suffered a panic attack because she suddenly recalled getting stuck—*as an unfertilised ovum*—in her mother's fallopian tube. This makes even alien abductions pale into insignificance. If you can believe this you can believe anything, and as I have shown it is not even certain you can believe yourself. But *faute de mieux*, I suppose you have to try and make the best of it. Either the near-total misery was true, or I have edited it into being true. This is what I live with.

The culture of depression

There is a pleasure sure
In being mad, which none but madmen know

—John Dryden, *The Spanish friar* II.1

Depression, especially now that it is more clearly focussed as an entity at least for the educated and interested, can lead to its own socialisation or enculturation. It can create a special existential and behavioural style—an identification with the sickness, revelling in the advantages it confers, and the genesis of a specialised and (for its members) often delicious subculture. It is not only bipolars who want to hang onto their hypomanias, even become addicted to them; one can become addicted to depression as well, to the general state of having a mood disorder, unipolar or bipolar. There is a charm in being marked out from the herd by one's special dispensation, a dark but magical gift, like the agonising legs of Andersen's Mermaid. We can define ourselves as something 'special' by our secret, hermetic knowledge; we are the Rosicrucians of mental illness:

Sweet are the uses of adversity,
Which, like the toad, ugly and venomous,
Wears yet a precious jewel in his head

—*As You Like It*, II.i.12ff

If we acknowledge and publicise our depression, even take a kind of pride in it, we can reshape our lives to cater for both the disease and our (partially disease-induced) predilections. Behaviours that might otherwise be construed as 'antisocial' become permissible; they can be excused on the grounds of 'moods'. Refusing invitations, bunking meetings, avoiding social interactions all become easier than under 'normal' conditions (i.e. when you were as 'normal' as everybody else, or at least that was what *they* thought). This ease of refusal may establish a feedback (vicious or virtuous—I find it hard to decide, but tend toward the latter). That is, it can lead, as it certainly has many times for me, to increasing reclusiveness. Or it may help one to stay

sane, or both, who knows? Maybe the two are the same thing. One can cry off from engagements because one is 'in a bad mood', and this is understood by those who know not as petulance or rudeness or laziness but as recurrence of an illness. With the proper rhetorical background carefully established, one's moods may take on the invalid's dignity of flu or food poisoning. Public acknowledgement and attendant shift of image, given an audience with the appropriate attitudes, can legitimate behaviours that would otherwise not be acceptable. The result is fewer engagements, more time for oneself, an enhancement of the possibility of withdrawal. 'Oh, he's having another one of his moods', they say, and this often allows one to be more oneself, or at least to be left alone.

So depression can generate a special style and rhetoric. It can, if admitted, taken up and appreciated, acknowledged as simply part of the way life is, generate a society, a culture. Certainly at least educated, high-achieving, intellectual and insightful depressives, interested in their own illness, may form a distinct subculture, as clearly defined as that of druggies or rugby fans, though less public and recognisable by others. (These are the only depressives I am really intimately familiar with, so I do not know if it is true of depressives with other kinds of cultural or social backgrounds.)

Some of my favourite social gatherings contain a tight nucleus of these educated, usually academic, high-achieving depressives. We all hold down responsible jobs; in our everyday transactions we can normally maintain (at least put-on) euthymia. But we are chronic even if remitted enough to get on with things, and almost all of us are high achievers because we are deliberately undermedicated; we live breathlessly on our fragility, our instability. We are a fellowship, a freemasonry; we have secret verbal handshakes, special knowledge denied to the uninitiated, communicable through a nod and a giggle. We know all about meds and moods. Whenever we find out that a friend or new acquaintance is depressed, the first question is 'what are you on?'. Then come the technical discussions of antidepressants, mood-stabilisers, favourite or non-favourite drugs (Cipramil did zilch for me except give me new anxiety attacks ...). We share our experiences of impotence and loss of libido, of constipation, agitation, the dry mouth, the sleepless nights, the quest for the right ancillary substances, the central role of drinking. We seem always to be hunting for booze at conferences and other gatherings; lunch without alcohol is nearly unthinkable.

Academic depressives like me and L and D and K are perhaps a rather specialised collection. We possess a kind of 'clubbiness' that can be irritating and excluding to our non-depressed friends. We share many things: a self-deprecatory irony, nasty and obscene humour, cynicism, misanthropy, distrustfulness, pessimism. We enjoy true comfort and total relaxation only among ourselves (with very few exceptions), because no matter what we do or say all of us have done or said something very like it, and we all know what it means, no apologies or explanations needed. We meet and pause for a quick acknowledgement, a salute defining our special status. A quintessential vignette: I meet one of my 'circle' at a conference, and note that she is not merely healthy looking and rubicund as usual, but really flushed, sweating, her light brown hair darkly soaked through. She is far too young for menopause, and the room is relatively

cool. Most people would say nothing, even if they noticed. I say 'Effexor menopause?'. And we all get the joke and enjoy it, there is no possibility of offense, we tell anecdotes about our worst hot flashes, the sudden soaking and curling of the hair at the most inopportune times, whipping off one's jacket and wishing one could strip down to knickers while lecturing, throwing off the blankets and then freezing and getting under again.

This subculture is a bit like a 'support group', but not the traditional kind.¹⁹ There is nothing confessional, collectivist, religious or self-righteous, no belief in a 'higher power', no 'buddies', no giving anything up, no enforced 'sharing'. Nobody stands up and says 'Hi, my name is X and I'm a depressive'. We don't confide in strangers (often not even shrinks), we don't promise to do things or have 12-step programmes. Virtually all of us are convivial solitaires; in my circle at least we are also atheists and loathers of ceremony, with a patrician contempt for the kind of people who form 'support groups'. We always heave a sigh of relief on getting away, back from even the most delightful company to solitude and quiet. (Probably many non-depressed people do too; I just mention this because it seems to be stronger among us.) But still we support each other by simply knowing about each other, in case of emergency there's always the phone or text message or e-mail, and if one of us starts talking suicide we don't go ballistic and call for the Authorities. We have all been on the verge; some of us have nearly gone over. If necessary we will sit silently for hours with another member of the circle and just be supportive, or say the things that are needed. On first acquaintance and the moment of recognition we unobtrusively look for and often find the delicate white transverse scars on the wrists left over from old attempts, and we say nothing about them until or if it becomes appropriate.

There is great comfort and even joy in this subculture; how many people after all are in any situation totally sure of being understood and not condemned no matter how weird they get? And we are funny and amusing (to ourselves of course, but often to others—at least when we are not being obnoxious). We cultivate irony and self-caricature. One marvellous property of depression is that no matter how sad, destructive, agonising, life-threatening and bleak it is, it is also preposterous. Finding the silliness and laughing at it even in its worst moments (if you are lucky enough to be able to) is a kind of salvation. Three of us have formed an informal group we call 'The Fruitcake Club', and we go out and eat nice meals and get drunk and talk in code and giggle. We also indulge in a certain amount of self-pity, and talk about our symptoms and strategies for staying relatively sane. We are thinking now of having T-shirts made, with the title and a representation of the Prozac molecule.

¹⁹Many books and websites on depression give lists of support groups, as do information sources on other diseases. And sometimes patients are virtually forced into contact with them, regardless of what they want. I personally find the idea sufficiently repulsive that I do not even consider it as a form of adjunctive therapy. When my wife (who would have been a member of our Circle had it been fully formed before she became terminally ill) came home from hospital after having had a mastectomy, she was visited (unsolicited) by an earnest and cheerful lady from a support group sponsored by the hospital. Jaime was automatically repelled but being a polite person she offered the emissary some tea and talked with her for quite a while. After she left Jaime's summation was: 'Could you imagine spending a whole evening with a bunch of women where the only thing you had in common was missing at least one tit?' If the idea of a depressive support group appeals to you nonetheless, you can get local listings easily enough off the Internet or from doctors or psychologists..

Here is an example of how this support works, the kind of therapy we provide for each other, and the spirit in which we provide it, our special mixture of surrealism, madness and failure to get upset. This is a short correspondence with one of the 'circle', my friend D, in December 2000 (southern hemisphere high summer), when she was in Australia. She is younger than me, almost certainly sicker, and I write or say things to her I would let out to almost noone else. And she does the same. Strangely, it helps. If we told our shrinks it would be pointless and ineffectual. This exchange occurred in the middle of one of the longest remissions I have ever had.

R. You know, yesterday I found out that remissions have interruptions. I was tying up some creepers in the garden, and Jaime was standing at the bottom of the ladder trying to guide me, and all of a sudden I lost it — real mania, screaming Fuck and stuff, then 4 hours of depression. This is really what she needs. I drank 4 double Jack Daniel's and came back to earth, but it's a little scary after all this level & elevated time. I suppose if it were winter I could be quietly depressed.

D. Manic and screaming on a ladder? It's the fucking summer. We have all been crazy here for a week. Bad bad crazy. I have stopped sleeping. There is bickering. I want to murder shop assistants. I suspect that people are trying to make me late, and fuck up my plans. Seriously, that's a strange thing. Do you ever get too happy (I know that's an incoherent thing to say) or too full, and then have to burst, usually into an anxiety attack?

R. I think this may be what happened. Judging from various physical symptoms that went along with it there was an anxiety attack tucked away there too. Yes I think too much remission, too much sunlight, a few months of worry, too much thinking, writing, [...] life.

D. That episode, was it triggered by anything? Let depression and mania be visited on other people for a change. I think maybe it was the sun and the air and the smell of the garden, but what do I know? You, on the other hand, probably know. Sometimes a little inside job happens, just in case you think you're OK. The temperature here is too high for me. It makes me psychotic (a state I am near at the best of times, but now I am out of oestrogen and I've got a gun!).

R. I haven't a clue. I was just standing there trying to tie up a climber. Jaime gave me some directions on what to do, and I either couldn't understand or wouldn't understand (I have the visual imagination of a mole), and suddenly I was yelling for fuck's sake what do you want me to fucking do, etc. And really loudly, and Jaime was exceedingly distressed, and didn't answer back in kind, as is proper when people have lunacy attacks. She was really stressed by this, and I just went away and sat and was down at the bottom for a while, and counted the phenobarbital and amitryptaline again (1500 and 4000 mg respectively). Not nice, but it was short, and controllable eventually, and all I did was count the pills and feel contented. OK today, but it's the sort of thing I should tell people like you because you know what it's about. What triggered it? Maybe just bright sunshine and my cycling mechanism had decided it was time. M thinks maybe I've been too remitted for a while, and under too much stress, and just folded when my defences were down.

D. I hope the season is not bringing out desires in you to blow anything up, because they usually result in pill counting. I think pill counting is not a bad thing, actually. It brings you down to earth and is our way of counting our blessings and knowing there are options, even though we don't have to take them. Look, don't try to be tall, Don't climb ladders, they make you dizzy. You don't need vertigo. If I have to come and get you down, it will be a bad thing. They will have to send helicopters. What powerful little minds we have. You have people who will not let you go down the plughole, try though you might.

This is something no therapist could do, except one as mad as us. She knows about pill counting, it's one of the routines, she knows about summer explosions and murderousness, and just reminds me that for people like us this is what happens, this is existence, and two in the lifeboat means you can ask somebody for a hand in case of near drowning, and not be criticised because you forgot how to swim.