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Decoding Babel: “Ungrieved Futility” and the Unrecognized Order of the Depression Research Field

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The field of depression research and theory is a paradigmatic potpourri of different orientations without a central, consensus definition of depression. This study attempted to address these issues by investigating the depression sub-literatures (cognitive-behavioral, psychoanalytic, evolutionary, biomedical, phenomenological, existential-humanistic, cybernetic, environmental, and religious-spiritual theories) using a comparative analytic methodology, which allows for comparing disparate fields that do not share a common definitional set by relating them to a third concept, in this study the construct of “ungrieved futility” (UF) as a dynamic model of depression. UF defines the objective and/or subjective experience of the permanent loss of an attachment object that initiates the normal grief process, but which is blocked by other factors. As such, UF is one entity with two components. The results showed that UF does describe the core definitional statement about depression of most of the literatures, with the exceptions being the biomedical, behavioral, as well as parts of the environmental and spiritual sub-literatures. It also distinguishes those literatures that frame depression as an entity possessing inherent structure and dynamics from those that see it as an epiphenomenon. Finally, the analysis points to an inherent dynamic in depression which has implications for transpersonal psychology. Thus, this study shows that even without overt integrative theorizing, the field itself already has a wide inherent agreement about the structural dynamics of depression that has not been clearly recognized in existing literature.

Keywords: depression, grief, ungrieved futility, comparative analysis, cognitive-behavioral, psychoanalytic, evolutionary, biomedical, phenomenological, existential-humanistic, cybernetic, environmental, and religious-spiritual

Depression has been studied and theorized for thousands of years, most intensely during this last century (Lawlor, 2012), but still the field lacks a coherent or unified theory, with various subsets either hostile to, or ignorant of, the insights of other traditions (Kirsch, 2010; Lubbe, 2011). In addition, the field suffers from poorly defined and poorly bounded concepts (cf. Hupcey & Penrod, 2005), adding to its overall confusion. With this fragmented state of theory comes an equally fragmented state of practice—for example, one review (Jorm et al., 2013) of depression treatments lists 21 psychological, 15 medical, and 63 complementary/lifestyle interventions—and evidence for their efficacy is weak or ambiguous (Khan et al., 2012). The situation is grave: In 2020, 21 million Americans, 8.4 % of the adult population,

suffered an episode of major depression (National Institute of Mental Health, [NIMH], n.d., para. 7), and in 2010, the cost of treatment and lost productivity were estimated to be \$210.5 billion (P. Greenberg et al., 2015, p. 155). Given the prevalence and severity of depression and poor treatment efficacy, the lack of integration in theory and practice within the field is not merely an academic problem.

The field of depression research is arguably in a precariously liminal space between the first two phases of Kuhn’s (1962/2012) model of scientific development, the preparadigmatic phase “marked by frequent and deep debates over legitimate methods, problems, and standards of solution ... [which] serve rather to define schools than to produce agreement” (p. 48) and normal science phases. However, normal science (problem solving)

is also being produced within the individual schools of depression research (e.g., the huge volume of neurochemical research within the biomedical paradigm). Whether the field is in crisis is debatable, as the problematic cases, the anomalies, have been building for decades. To move the field into Kuhn's fourth phase requires a paradigm that would parsimoniously organize, synthesize, and relate the insights of the various schools.

The problems with such a fragmented state are manifold, compromising theorizing, research efforts, clinical competency, and client treatment. Reasons for fragmentation include political competition for resources and human psychological tendencies toward tribalism (Dattilio & Norcross, 2006), inherent properties of the physical versus the social sciences (Green, 2015; Hunt, 2005; Staats, 1999), and historical factors in the emergence of psychology (Walsh-Bowers, 2010; Yanchar & Slife, 1997) with resultant slowing of scientific progress (Baliotti et al., 2015; Staats, 1989), wastage of research resources (Stange, 2009), clinical confusion (Magnavita, 2008), diminishment of clinical efficacy (Lazarus, 1989), and client confusion and noncompliance (Duncan & Miller, 2000).

The purpose of this study was to address this fragmented state through a comparative analysis (CA) of the depression literature in order to illuminate like entities to find and clarify patterns (Esser & Vliegthart, 2017), in order to see whether a core model of depression could be identified.

Methodology

Comparative analysis was used in this study to examine the various depression literatures. As a methodology, CA seeks to: (a) describe the entities to be compared, the "comparands"; (b) articulate their functional equivalents (i.e., the dimension in which they exist in the same category); (c) develop typologies; (d) explain the relationships among those clarified entities; and (e) make predictions about the expected behavior of comparatively similar entities that were not cases in the study (Esser & Vliegthart, 2017). Also, because the "comparands" do not, by definition, share a common definitional language, a third comparison point (the "tertium comparationis") was necessary. For this study, the construct "ungrieved futility" (UF) served this function.

The central hypothesis of this study is that all the subsets of the depression literature (the cognitive-behavioral, psychoanalytic, evolutionary, biomedical, phenomenological, existential/humanistic, cybernetic, environmental, and religious-spiritual schools) describe a set of dynamic phenomena (e.g., demotivation, negative thinking, social withdrawal, etc.) that arise in relation not simply to futility (i.e., unrealizable goals), but to futility an individual cannot or will not grieve (i.e., withdraw from as active goals/attachments through a recognition of permanent loss). That is, it was hypothesized that all these sub-literatures describe the same core phenomenology of depression, and that, despite different topical descriptions or foci, all share a set of common factors best characterized as UF. Although UF has been approached and studied in its constituents—for instance, in the grief literature (Archer, 1999), the literature on impossible goals (Street, 2002), and some work on "futility" (Fairbairn, 1952)—it has not been directly investigated as a coherent construct, and certainly not proposed as a synthesizing reality of depression.

The process of letting go of futile (unrealizable) goals is understood here as "grief," that is, releasing attachments that may be precious but are objectively already lost as a possible or extant reality. In contrast to the depression field's preparadigmatic confusion, the grief literature has actually arrived at a consensus on the nature and function of grief, i.e., that grief is a nonpathological, necessary, biological and psychological response to loss, which involves discernable qualities and states, and moves toward a resolution that allows an individual to return to normal functioning (Archer, 1999). Essentially, grief is the process of dissolving the internal attachment to an internal psychic object (a person, an idea, or an inanimate thing), a painful but necessary reorganization of internal energetic commitments. When tolerable, tolerated, and therefore allowed, the experience is of loss, which triggers grief that moves toward resolution, restoration, and reorganization. The failure of that process produces what is called inhibited or complicated grief (Mancini et al., 2011), which is associated with depression (Shear, 2012). Regarding the construct of UF, the grief literature clarifies that, in relation to loss, grief is a non-

negotiable process, the avoidance of which causes pathological consequences.

The second part of UF is “futility,” defined here as a life condition in which an individual’s goals cannot be met given circumstances observed objectively or believed subjectively. Examples of futility are a professional role for which one can never have the qualifications (say, a 5 ft. tall pro basketball hopeful); a belief system that has incontrovertibly proven to be false (the flat earth theory); or the belief that “I can never be happy.”

Futility is a remarkably overlooked concept (e.g., the primary theorist of futility was the mid-20th century Scottish psychoanalyst Ronald Fairbairn [1952]). In the depression literature, many concepts are adjacent to futility, but none describes the specific qualities this term encapsulates. For instance, the definitions of helplessness, learned helplessness, hopelessness, despair, and resignation all have elements of what futility points to, but none highlights what this study contends is a critical discrimination between objective reality and the subjective experience of futility. By understanding futility as defining a particular relationship between a goal and a context, it can be seen that futility is essentially a phenomenological (internal and experiential) entity first and foremost. That configuration/relationship of goal and context, like a Platonic ideal, is not essentially defined in terms of subject or object, that is, it is not but only an objective entity, nor only a subjective experience. Futility as an entity has an objective form—as in the futile goal of the short pro basketball hopeful—as well as a subjective form—the belief that “I’ll never be happy,” which renders the goal of happiness futile.

When this understanding of futility is contextualized by the non-negotiable dynamics of grief (in that a nongenerative attachment must be released and metabolized), a new concept (UF) with two moving parts is clarified. UF puts a static condition (the phenomenological “entity” of an unobtainable goal) into a dynamic context (grief) and links that dynamically to the consequences for refusing the grieving process, that is, the phenomenon of depression. This densely packed synthetic construct that the depression field has not articulated is hypothesized here to be the

common factor that can organize the otherwise (seemingly) impossibly Balkanized field, and thus this study investigates whether the construct of UF could illustrate a unity, clarity, and parsimony to depression studies and treatment.

Therefore, the current study analyzed the depression subliterations to assess and articulate their core contentions about depression and how those models relate to the other subliterations. Specifically, each literature was assessed for how it modeled depression, how broadly or narrowly it defined depression, what was included or excluded in that definition, how treatment was generally understood in terms of goals and possibilities, and to what degree it embraced information or perspectives from other subliterations. From this essentialized description of each literature, the common factors were assessed and related to those in the other subliterations, using UF as the common comparison point. The resulting composite view of depression was then assessed to determine whether, or to what degree, the field of depression research, theory, and practice is already implicitly pointing to UF as the core dynamic structure underlying the phenomenon of depression.

Findings

The depression literature was divided into nine groups according to how each orientation frames the dynamic structure of depression: cognitive-behavioral, psychoanalytic, evolutionary, biomedical, phenomenological, existential-humanistic, cybernetic, environmental, and religious-spiritual theories. Although it is not possible to draw absolute boundaries between these different literatures, these categories nonetheless describe natural divisions in terms of content and the various traditions’ self-designations.

Cognitive-Behavioral

This group of theories posits depression as arising from dysfunctional cognitive processes, claiming that interpretation (the mediating factor that makes sense of stimulus) is the locus of dysfunction for depression (Knapp & Beck, 2008). The major divisions in this school are: cognitive therapy (CT), cognitive-behavioral therapy (CBT), rational-emotive behavioral therapy (REBT), cognitive analytic therapy (CAT), Learned Helplessness (LH) theory, “third-wave”

cognitive therapies (acceptance and commitment therapy [ACT], mindfulness-based cognitive therapy for depression [MBCT]), as well as behavioral and learning theories. Behaviorism is included because, as with CBT, it similarly focuses on problems with cognition, with dysfunctional patterns of behavior arising from maladaptive “thinking,” although for behaviorism “thinking” is not the interstitial (between stimulus and response) interpretive process of CT, but a more or less direct application of former learning. The major theorists in this school are Aaron Beck (CT/CBT), Albert Ellis (REBT), B. F. Skinner (behaviorism), Martin Seligman (LH), and Stephen Hayes (ACT).

The cognitive-behavioral schools in general approach depression as a function of abnormal or dysfunctional cognitive functioning, influenced by such components as historical trauma, deprivation, and personality factors (Beck & Alford, 2009). Treatment centers on analysis and correction of the erroneous cognition (i.e., cognition that is not reality-based), challenging the “cognitive distortions” (Burns, 1989) and practicing what Beck (1979) described as a return to normative cognitive processing of reality. In ACT, the emphasis is less on the alteration of content of cognition as the change of the mode of cognition (Hayes et al., 1999). For behaviorism, depression arises from the imbalance of negative and positive reinforcers, where the problem is, as with CT, still interpretation, but as an interpretive act that happens somewhat mechanistically, through prior learning and stimulus-response associations, rather than more dynamically through cognitive-interpretive processes (cf. J. Carvalho & Hopko, 2011). Treatment of depression with all these schools is unlearning dysfunctional patterns and behaviors, relearning new functional patterns, and going through a retraining process.

In the various waves of the CBT tradition, the structure of the UF construct can be discerned with varying fidelity. In behaviorism, UF is difficult to see, not because behaviorist approaches to depression negate UF, but because depression as a unique phenomenon is not actually addressed by behaviorism (marking it as belonging to the “epiphenomenal” or non-entity division of the depression literature). From this view, UF may or may not be present, to be determined in a specific assessment of a specific individual,

but UF is not seen by behaviorists as necessary to understand depression.

In contrast, classical CBT’s understanding of depression, as exemplified by Ellis and Beck, can be boiled down to the essence of UF. Although the concept of futility joined with grief is not propounded explicitly as the core of depression, nonetheless UF is discernable in the particular language of CBT. Whether objectively or subjectively experienced, futile goals and attachments not responded to adaptively—accepted and grieved—are understood as predisposing an individual to depression. UF can equally be seen as the core of the Third Wave CBT view of depression, as crystalized in ACT. Futile attachments do not allow for psychological flexibility, resulting in a closed, rigid, and unaccepting stance in relation to self and environment. Depression arises from this rigidity, requiring a process to restore cognitive and behavioral openness and flexibility, which, although not identified as grief, actually expresses the same structure as grieving. Learned helplessness (LH) also clearly expresses the structure of UF in its understanding of depression. LH’s original and subsequent research specifically focused on the consequences of futility, objectively and in belief systems, tying it explicitly to depression in animals and humans. Although LH is not explicit about a return to agency, it acknowledges a process involving recognition of the state where personal power cannot exist, releasing futile ideas and attachments, and situating where there can be personal agency. This is synonymous with the core dynamic of grieving embedded in UF.

Psychoanalytic

The psychoanalytic schools span the last 130 years, and primarily encompass drive theory, ego psychology, object relations, and the interpersonal schools (Wolitzky & Eagle, 1992). Attachment theory is included in this grouping both because of its psychoanalytic roots as well as its focus on how internal representations are created in young humans, (although it emphasizes relational rather than intrapsychic dynamics). All of these orientations understand the psyche as having to maintain a dynamic homeostatic relationship between different components (formulated by Freud as id, ego, superego), with psychopathology

arising from a failure to integrate these levels and then enacted through various defense mechanisms (e.g., repression). Major figures in this school include Freud, Jung, Hartmann, Fairbairn, Winnicott, Sullivan, Bowlby, Kohut, and Mitchell.

The psychodynamic group understands depression to be a phenomenon arising primarily from dysfunction in internal psychological dynamics and the navigation of those dynamics (Bibring, 1953; Freud, 1917/1957; Ribeiro et al., 2018; Zetzel, 1966). Depression symptomatology is understood as manifesting from intrinsic intrapsychic structures and drives, which creates life challenges that need to be engaged (e.g., navigating the Oedipal complex, death anxiety, or the power drive). If those inherent forces are integrated with the individual's psyche and its community, depression is not present. But if there are failings in the navigation of these givens of the psyche, then depression is a likely consequence (Bibring, 1953). Typically, in the psychodynamic group, depression is seen as an inability or unwillingness to accept the vicissitudes of grief and loss (e.g., Freud's [1917/1957] classic, "Mourning and Melancholia"). Treatment centers on analysis of the ways the person has failed to relate to these forces, clarifying their obstructive fantasies, and developing the ability to know and tolerate the givens of human psychic life (Baker, 2001; Busch et al., 2004).

The psychoanalytic and attachment literatures illustrate one of the depression literature's most overt expressions of the UF construct. The specific understanding of what defines the core goals of psychic life differs amongst psychoanalysis' branches, but the underlying structure of meaningful goals that determine critical qualities and outcomes for the psyche (whether in the intrapsychic or relational realms) is experienced as, or actually is, futile, even if the term is not used. The core dynamic structure of depression, for UF and psychoanalysis, is a loss (an attached-to object becomes permanently unavailable, and the goal of holding the attachment becomes futile) that initiates grief (the process of resolving, reconciling, and altering one's internal model of self and world to conform to the reality of the loss), which is inhibited by various factors, resulting in depression. Thus, UF distills how the

psychoanalytic field understands depression.

Evolutionary Psychology

Although evolutionary psychology (EP), is a relatively heterogeneous collection of theories and foci, nonetheless EP theories all group around the central thesis that human behavior and cognition are based in learned patterns adopted over evolutionary time because they proved to be useful adaptations to the then-contemporary environments, the "environment of evolutionary adaptedness" (EEA; Barkow et al., 1992; Buss, 2020; Tooby & Cosmides, 2005). This focus on the psyche as composed of programs sculpted by adaptational needs in their EEAs—the core of Cosmides and Tooby's (Barkow et al., 1992) integrated causal model—is referred to as "massive modularity" (Griffiths, 2001; Workman & Reader, 2014), which contrasts with behaviorism's and cognitive science's theories of domain general learning and information processing. EP, as a theoretical frame, does not propose psychotherapeutic protocols as such, so it has little to say about the treatment of depression. Among the major figures of EP are Cosmides, Tooby, and Buss, with Darwin and E. O. Wilson being the field's progenitors.

In relation to depression, EP asks, "Why, given depression's destructiveness, has it survived over evolutionary time?" with its answer lying in the function of depression as a regulating mechanism for early hominid bands (Hagen, 2011). This includes Gilbert's (1992, 2006, 2013) work on rank theory (which focuses on the survival need to balance power drives with group cohesion) as well as multiple other theories (e.g., social risk hypothesis [N. Allen & Babcock, 2003] and honest signaling theory [Rosenström, 2013]). All of these theories posit that depression arises from the interaction of given features of the human species (particularly hominid social structures) and evolutionary survival forces. Gilbert (2006) sums up EP's perspective:

Our brains appear to be wired to tone down positive affect in contexts of poor attachment and affiliation. In addition, people compete for social resources and when this competition is going badly (people think they are failing, and/or are inferior, shamed and defeated), especially

in the context of perceived unhelpful social environments and negative schema of others, depression can be triggered. (p. 294)

Given that UF treats the definitional structure of depression as a dynamic phenomenon (therefore including the structure of its resolution) but is agnostic about depression's origins, then to a certain degree EP and UF are simply addressing different dimensions of depression. However, when EP is broken down into component theories, UF can be seen with variegated fidelity. The strongest expression of UF within EP is in those theories that address goal detachment, resource deprivation, and social rank, which all focus on the fitness issues pertaining to goal pursuit in the context of the diminished likelihood, or impossibility, of obtaining that goal. These theories address depression's relationship to goal detachment in the EEA—that is, they do not contextualize the relationship within, say, the psychoanalytic intrapsychic domain—but they implicate depression's structure in a way that reflects UF.

Within rank/goal theories, evolutionarily sculpted mechanism of depression is as follows: in an environment that renders certain goals unrewarding to obtain, goal-directed behavior and goal-related belief in goal attainment are inhibited at the cognitive, emotional/mood, and physiological levels, and remission of this shutdown is allowed when the individual detaches from the futile goal. Extracted from the EP focus, this is exactly how rank theory describes the structure of depression, directly mirroring UF, except without an emphasis on grief per se. UF understands grief as a goal detachment procedure, which, when blocked in relation to a loss (futile goal), engenders depression. Rank theory implicates this structure in describing depression as a consequence of not accepting loss (Gilbert, 1992), that is, depression is attendant to ungrieved loss. Incentive-disengagement theory, covering similar terrain, is more explicit about the incentive-disengagement cycle (Klinger, 1975), roughly the same as Kubler-Ross's (2005) grief model. That is, depression is related to unrewarding goals, which is related to a process of goal/incentive disengagement, which mirrors the grief process.

The resource allocation (Nesse, 2000) and conservation-withdrawal (Kaufman & Rosenblum, 1967; Engel & Schmale, 1972) EP theories also, if less obviously, mirror UF. Both concern resource limitation and deprivation, and the fitness requirement for dynamically altering behavior and expectations. The same structure, mirroring UF, is also visible in the arrested defense theory (Gilbert, 1992) and the learned helplessness theory (Maier & Seligman, 2016; Seligman, 1975).

The social navigation hypothesis and analytic rumination hypothesis (Andrews & Thomson, 2009; P. Watson & Andrews, 2002) exhibit a more muted version of UF. In arguing for depression's being the mechanism that slows cognition to facilitate the analysis of complex problems, depression is not a facilitator of goal detachment but of goal solution. However, although this theory emphasizes that analysis as a process helps to maintain goals, it does make space for the "goal solution" involving goal detachment confusing.

Finally, EP theories skewed more toward medical framings of depression, the PATHO-D (Raison & Miller, 2012) and infection-defense hypothesis (Anders et al., 2013), are the least reflective of UF. Arguably they are more appropriately classed as evolutionary medical theories than EP, as they exclude a strong consideration of cognitive processing and social dimensions in ancestral and contemporary environments, focusing instead on depression as a reaction to the microbial environment.

The EP literature on depression, although focused on the core evolutionary questions of its field, does substantially express the more essentialist, integrated description of depression that is UF, and no theory in this literature explicitly refutes UF. Rather, UF's futility dimension is particularly strong in much of the EP literature, but the grief dimension is more muted.

Biomedical

The biomedical model, which underlies biopsychiatry, defines a way of looking at normal and pathological functioning that privileges the body and its physical systems (hormonal, neurological, genetic, chemical, etc.) as the primary source of information for determining the etiology and treatment of disorders. It has more and less reductionistic

expressions (Murphy, 2015), depending on the school of thought. But whether all mental phenomena are strictly reduced to biological functioning or not, the biomedical model is based on the axiom that ultimate explanation of psychological functioning is to be found in the body (Valles, 2020).

The biomedical literature treats depression as arising from physiological dysfunction, including somatic theories (e.g., Lowen, 1993; Reich, 1973), especially neurobiological pathology. Theories in this category view the DSM V's (APA, 2013) psychological symptoms of depression as secondary effects of underlying medical (e.g., dysregulated neurotransmitters) issues, and therefore pose various medical interventions (most pharmacological) as the therapy for symptom relief if not cure of depression. A primary example is the older monoamine deficiency theory (Kirsch, 2010), which claims that depression results from the decrease in normal levels of brain neurotransmitters (particularly serotonin). Other theories include molecular-cellular level dysfunction (Seo et al., 2017), thyroid dysfunction (Hage & Azar, 2012), and systemic inflammation (A. Miller & Raison, 2016).

UF in the biomedical model illustrates a deep philosophical divide within the depression literature as a whole. Most particularly, it is the standard bearer for the "epiphenomena" or non-entity view of depression, contrasted with the "phenomenon" or entity perspective of most of the psychologically oriented depression literature. However, as with all the depression literature, there are internal variances, in this case between the strong (reductionistic), minimal (symptom aggregate/Kraepelinian), and biopsychosocial model (BPSM) divisions. The strong biomedical is the most categorical about depression's being biologically based, thus implicitly negating UF. The minimal biomedical model does not overtly deny the constituents of UF as relevant or meaningful, but rather takes a nonspecific clustering approach to symptoms and disease definition. Thus, it does not express UF because its frame simply excludes models that have UF's structure. The biopsychosocial interpretation comes closest to expressing UF, in that it claims that all mental disorders are a reciprocally networked collection of biological, psychological,

and social/environmental factors, without claiming that biology has etiological priority over the other factors (e.g., Slavich et al., 2010).

Thus, the biomedical view of depression, in aggregate, denies or at least ignores UF as a specific explanatory construct describing depression, not because the biomedical model has rigorously wrestled with the philosophical and structural claims of UF but because any of the claims embedded in UF are (to varying degrees of intensity) axiomatically negated.

Phenomenology

Phenomenology, originating in German philosophy of the 1800s, describes both a philosophy and methodology which studies subjective internal, rather than objective external, objects. Within this field, human conscious existence and presence in the world is seen as an irreducible, or unabstractable, mutually defining combination of present awareness and the objects awareness intends toward, with both awareness and objects conditioned by the preconscious axioms of sensual and cognitive meaning making (what Ratcliffe [2009] labeled as "existential feelings"). The main thinkers in this field are Husserl, Heidegger, Sartre, and Merleau-Ponty, with Ratcliffe particularly important to the phenomenological lens on depression.

The phenomenology grouping focuses on depression from the vantage of what the phenomenological experience of depression exposes about the nature and structure of the condition (Moran, 2000). Instead of starting from a preexisting theory of mental functioning, this school employs the classic methods of bracketing and subjective analysis of the experiential objects to elucidate the subjectivity of depression (e.g., Ratcliffe, 2015). This literature emphasizes the factors of mental functioning that build the individual's preconscious sense of the world they live in, prior to overt awareness, and analyzes depression as a disorder of this level of meaning-making. Instead of identifying the definitional center of depression at a content level of experience (cognitive, medical, etc.), phenomenology locates it at the level of context or world-defining processes, and the alterations in those basic, pre-conscious parameters of experience.

The phenomenological literature is one of the clearer places where the UF construct is presented as an assertion of the relationship of grief and futility. The futility of depression is understood here as not the impossibility of a particular goal, but rather the futility of anything being attached to permanently in this life, that is, that the impermanence of phenomenon makes the goal of permanence futile. Grief, then, is the systemic failure to engage in reconciliation to the impermanence of life, in the state where one's experience of being is defined in terms of alienation, the impossibility of attachment, and the collapse in embodiment and temporality. Thus, phenomenology's conclusion is that depression is a fundamental alteration in the kind, rather than the contents, of reality that can be experienced, and that that kind is characterized by an irresolvable and unmournable existential goal, which reflects UF precisely.

Existential-Humanistic

Although existential-humanism has roots in and overlaps with phenomenology, it is distinguished by its focus on the issues of an individual's experience of existence itself, rather than on the constituents of awareness and perception. Thinkers in this tradition are organized by their central concern with the issues of lived existence, particularly meaning and authenticity in the face of the irrational, the absurd, and death or finitude (Khawaja, 2016; Webber, 2018). The major figures in existential-humanism include Kierkegaard, Nietzsche, Jaspers, Heidegger, Sartre, Beauvoir, Buber, Tillich, Bisswanger, Camus, Frankl, and Yalom.

In these writers' theories, the locus of dysfunction in depression lies in the lack or mismatch/misalignment of an individual's beliefs and expectations with the existential realities of human life, often expressed as death, freedom, isolation, and meaninglessness (Krauss & Krauss, 2015; Landro & Giske, 2017; Yalom, 1980). The existential-humanists emphasize the creation of personal meaning (Carveth, 2017; R. May, 1983; Morgan, 1983; Yalom, 1980), seeing depression as a blockage from experiential access to a more authentic reality (Carman, 2006). Depression is seen as an experience arising out of an unaccepting (i.e., dishonest, "faithless") relationship to the facts of existence, particularly death and

meaning. Existential-humanism's general diagnosis of suffering translates to the phenomenon of depression as the inability to accept and adapt (via grieving) to these existential realities.

Existentialism offers a particularly etched reflection of UF within the depression literature, in its reflection on how life's lack of inherent, given, objective meaning is refused and the pathologies that arise from such refusal. Although the general existential literature, and that which focuses on depression, do not use the language of, or discuss in detail the processes of futility and grief, nonetheless the structure of UF is represented. The primary human goal/attachment that goes ungrieved is seen as the futile drive towards immortality of the personal self. Hence, depression is the failure to engage in the process of honest living, of feeling the pain and grief of existential reality's undermining of the goal of immortality and not pulling away or hiding from that awareness. Translated into UF, depression is the refusal to go through the process of grieving futile existential goals. The resolution to depression, in both frames, is the reengagement of grief as the process of moving toward acceptance of existential reality in order to detach the self from its futile goals and obtain an existentially honest life.

Cybernetic

The most general concept of cybernetics, which holds and organizes the various elements of systems, is "complex adaptivity," that is, complex systems possess multiple factors that structure and maintain the system's cohesion, and that its cohesion is defined by both the system's own properties and its solutions to adaptive pressures from its environment (Heylighen, 1999, 2001). A complex adaptive system (CAS) is self-organizing, balancing its own internal cohesion dynamically in relation to the environment while being "attracted" (via goals) toward temporarily steady states. If successful, a CAS maintains homeostasis and balance, and if not, its coherent structures dissolve into disorganized (chaotic) structures and parts (e.g., an animal that fails in the goal of securing enough food will perish, leaving their body to decompose).

The cybernetic theories examine depression as an objective phenomenon in terms of its dynamic and self-reinforcing structures and feedback loops

(Pyszczynski & Greenberg, 1992). These theories do not place depression into a preexisting meaning structure but analyze it as they would any complex adaptive system (Novikov, 2016), including theories of goal setting and goal detachment (Koppe & Rothermund, 2017; Street, 2001, 2002), self-esteem (Leary, 1999), and self-regulation (Pyszczynski & Greenberg, 1987). These illustrate particularly clearly the dynamic construction of depression as a coherent entity (rather than an epiphenomenon), as well as the fundamental importance of the self-goal relationship. Self-regulation in the human psychological context, then, is understood by cybernetics as the regulation of goals. Whether goals define the “self” in an ontological sense is not taken up by cybernetics; rather, the field looks at the relationship of self and goals pragmatically. Where the goals that define and guide an individual’s functioning are disrupted or obstructed, then self-functioning and self-regulation are, to varying degrees, disrupted. This disruption is measured by the distance between the present and the goal-defined future state, referred to as “discrepancy” (Street, 2002), and the mind tracks for this factor, which either generates the motivation to organize resources to continue moving toward that outcome or to disengage from the goal. Goals are not, then, defined cybernetically as a person’s general intentions, but rather as systemic organization properties that determine an individual’s distribution of resources, with the goal-completion state measuring discrepancy-from-present, and it is this discrepancy against an assessment of likely success that determines continued striving or disengagement. The main assertion of cybernetic theories is that depression is a function of failed self-regulation.

More specifically, depression is seen as the result of failure to obtain the abstract self-goal of self-esteem, when self-esteem is fused with concrete, conditional goals that are futile but nonetheless deemed too important to be surrendered. Although all loss initiates a goal-detachment process, not all losses lead to major depressions, which the cybernetic perspective acknowledges with two kinds of goal loss, those that are systemically tolerable and those that are not (Pyszczynski & Greenberg, 1987, 1992; Solomon et al., 2015; Street, 2002). The

two conditions are distinguished by the degree to which the person’s self-esteem and ideal self-state as a goal are threatened by the particular loss, and the degree to which that now unattainable concrete goal defines the conditions for positive self-esteem. In this state, the process of goal detachment in the face of object loss (i.e., a state of “irresolvable discrepancy”) is obstructed because the loss of the object is, in a real sense, the loss of the self (when “self” is defined in terms of beliefs concerning which ideal self-image conveys self-esteem).

Given that the ideal self is the hub of internal and social worth, the fluctuation of this self (measured as self-esteem) defines both the gross access to social resources through being an estimable group member as well as the internal access to states of peace (relaxed goal-striving) and safety (decreased activation of direct and existential threat responses). When abstract goals are conditioned directly by concrete goals, especially when multiple such goals are lacking, the individual is much more prone to depression (Crocker & Park, 2004), since the disruption of the goal is the disruption of their source of self- and anxiety-buffering resources. This condition creates what Pyszczynski and Greenberg (1987, 1992) called self-regulatory perseveration. The conflict between the obvious futility (irresolvable discrepancy) of attachment to a goal now unattainable, and the need to safeguard one’s literal and psychological survival through protection of the abstract self-esteem goal produces a state of shutdown and rumination, that is, depression.

UF closely mirrors the cybernetic modeling of depression. UF’s two interlocking dimensions, the grieving process and the nature and dynamics of futility, map onto cybernetics’ goal-detachment and irreconcilable discrepancy with both relational and definitional congruence. Though not explicit about grief as the process of detachment, the cybernetic conceptualization of depression intrinsically involves a process by which goals are regulated. A goal that cannot be attained without homeostasis-threatening energy depletion, in which the discrepancy between current and goal-state is unbridgeable, must be abandoned if homeostasis is to be maintained. Hence, futility is synonymous

with irreducible discrepancy. Cybernetics translated to UF yields this description: when goal-impossibility arises, the futility of continued goal seeking attempts to initiate a process of grieving (goal-detachment and system reconfiguration), the failure of which produces depression. Although UF implicates more of the psychological structure of depression the concepts and their relationship are directly mirrored in the cybernetic conceptualization of depression.

Environmental

The category of environmental theories in this study includes the sociological, cultural, and ecological, given that all of these literatures examine how environments condition individuals. Rather than treating environment as a modifying effect on a person's depression, this group of theories view individuals as inherently embedded in their environments and thus sees health or psychopathology as arising from an inseparable system of person-in-environment. This perspective is distinct from those previously discussed that either deemphasize or ignore how context influences or codetermines an individual's experience.

The environmental (social and ecological) group sees psychological dysfunction as arising from dysfunction in relational patterns with larger social groupings, as well as from the relationship between individual and natural environment, rather than from a person's internal relationships to the given human drives and dilemmas. The environmental group includes theories that consider certain structures in social/community relationships (involving power, rank, status as well as cultural elements, such as gender, race, ethnicity) as the central agents in understanding depression (Furman & Bender, 2003; Scheff, 2001). These theories focus on macrostructures of culture and society, rather than the intrapsychic, interpersonal, cognitive, behavioral, or biological models (Hari, 2018). The environmental group sees the individual's embeddedness in these larger social structures as leading to the instantiation of depression, including the political readings of depression (Marxist, critical theory [Sik, 2018]), as well as the socially-biased biopsychosocial schools.

Broadly speaking, depression is seen as the product of social forces that oppress human drives

for meaning, value, and purpose. The environmental group also encompasses theories that posit the individual-natural environment relationship as influential if not causal of depression (e.g., Kidner, 2007). This group sees the disordered or unnatural relationship with the natural environment as affecting mental health in general, and depression in particular. Treatment options are often only lightly addressed within the environmental group or are framed within a larger systems understanding of change, leading to an assertion that individuals need to initiate social-level changes in order to decrease the societal conditions viewed as leading to depression (e.g., Hari, 2018).

The environmental theories as a whole are predominantly either empirical without integrated theory or theoretical without a focus on depression as a phenomenon. The person-in-environment holds as the fundamental category of study throughout the sociological, cultural, and ecological literatures, such that depression is seen as fundamentally a symptom or epiphenomenon of macro dysregulations. Hence, UF cannot be seen represented in the environmental theories, since UF fundamentally sees the self as relating to, not embedded in, environment, and since these schools do not theorize depression per se.

Religious-Spiritual

The religious-spiritual literature focuses on the investigation of spiritual meaning and the structure of depression within spiritual and religious contexts. It encompasses empirical studies of the relationship between religious and spiritual beliefs and depression, the analysis of depression within particular religious traditions, and how depression can be seen within nonreligious, spiritual psychology contexts. Religion tends to be defined in terms of social and institutional structures of belief and practice that relate the individual to, and embed them in, a cosmology defined by its meaningfulness, sacredness, and divinity (Pargament, 1999). Spirituality" is inherently imprecise, but workable definitions exist, such as Vaughan's (1991), "subjective experience of the sacred" (p. 105).

The religious-spiritual theories analyze depression either as objective phenomenon to be studied empirically or as an expression

of a disorder of one's relationship to spiritual, transcendent realities. This literature includes various religious understandings (e.g., Lundy, 2018; Martin, 2009), objective empirical studies and comparative religious studies (Kaye & Raghavan, 2002; Lucchetti et al., 2021), the dark night of the soul (O'Connor, 2002), and the analytic psychology of Jung (Steinberg, 1989). The empirical work seeks to correlate religious-spiritual factors (such as belief and group belonging) with other factors (depression, general health), whereas the religious-spiritual theoretical writings diagnose and posit treatment in terms of misalignment and realignment with the canonical or experiential connection with spiritual reality.

The religious subset of the spiritual group is generally Christian in orientation, such that the language is more sectarian than philosophical. A novel feature of the spiritual group is its strong sense of teleology. This is particularly true within Jung's view (although he never strongly focused on depression), in which depression is seen as both a breakdown and a force of transformation (Steinberg, 1989). Treatment for Jung is not a matter of symptom relief, nor of reinstating the process of grief only (essentially Freud's treatment), but of understanding depression as, if not an intelligent force in and of itself, then in service of a teleological intelligence that is a deep aspect of the human psyche (J. Miller, 2004). Jung's concept of the transcendent function speaks to this force of transformation and conceptualizes depression as a driver of a core force in the human psyche that moves toward greater complexity and spiritual depth.

The religious-based literature defines those works whose aim is to interpret depression through a particular canonical framework. As opposed to secular, a-religious scientific and theoretical examinations, these writings are applications of pre-given religious beliefs to depression, to derive both its meaning and treatment. In contrast, the empirical/correlational literature examines the relationship between depression and religious and spiritual factors. In aggregate, these numerous studies demonstrate both the positive prophylactic and therapeutic qualities of religious or spiritually oriented practice and belief.

Last, the theoretical literature on depression and spirituality-religion can be divided into three main sections: general theoretical perspectives, writings on the dark night of the soul, and the work of Carl Jung and analytic psychology. In aggregate, these writings share the perspective that within a larger spiritual and teleological framework depression is meaningful and purposeful, coming about both to signal a problem with the individual's current spiritual status and to act as an agent of a transformative change.

The general theoretical perspectives on depression and religion/spirituality tend to focus either on clinical issues or on exhorting psychotherapists to include spirituality in treatment, or on overarching descriptions of the relationships of depression and spirituality/religion. Specific theories of the nature of the interactions, or metatheories that integrate spirituality and religious factors in depression with other literatures, are virtually absent. The transpersonal psychology and integral literatures that specifically engage depression are sparse and general. These essentially present cursory engagements (e.g., Descamps, 2003; Llabres, 2003) or surveys that do not theorize connections so much as present a more complex overview of factors (Ingersoll, 2010; Teodorescu, 2003).

The literatures on spirituality and religion tend toward the atheoretical, or vague theory on depression's structure and dynamic relationship to other factors (e.g., biology, environment, phenomenology, culture, etc.), or more specific descriptions (the dark night of the soul and Jung) which nonetheless remain unintegrated with the larger field of depression study. The large empirical literature is restricted to elucidating correlations between various religious or spiritual factors and other factors (particularly health markers) related to depression but does not generate theory.

The cross-religion and comparative religious studies follow a similar pattern, and the non-empirical literatures also do not generate theory. Those writings arising from within religions intend to address the experience of depression among their followers, drawing on their particular ontologies to realign the individual with that belief structure. Inasmuch as theory exists in this literature, it is

simply that depression signifies a misalignment of the individual with the divine, thus making depression merely another form of suffering that simply needs to be overcome, not studied. The nature of loss, nonacceptance, and futility (the core features of UF) are understood as the loss of the connection with the divine and the path set out by the canonical teachings. UF can be seen in this literature, but only in a very broad and implicit way.

The nonreligiously centered literatures are also partially irrelevant to assessing UF, as they have other purposes than explicating the nature of depression. The nonempirical clinical literatures on religion and spirituality (including mindfulness practice) are either profession-bounded advocacy or patient-centered inspirational in intent. They assume a conventional, unanalyzed understanding of depression and use that for their purpose rather than to theorize depression's nature. UF cannot be seen in these literatures because they are not theoretical, essentially using "depression" as a tool rather than a focus of study or explication.

The writings on both the DNS as well as Jung's analytic psychology provide more articulated theories of depression within which to examine UF. With the DNS, depression (or depending on the author, some depressions) involves both loss and a sense of futility within a teleological process of transformation. The loss in the DNS is the loss of a connection with the divine, as a function of a transmutation process that moves the individual through stages of change en route to a deeper experience and intimacy with the divine. The sense of futility that the DNS describes, the spiritual dryness and impossible-to-locate quality of the divine, is seen as an experiential feature of the DNS, rather than the actual nature of the ungrieved loss—that something attached to is now gone or credibly believed to be lost—as in UF. That is, UF poses futility to be an actual feature of the structure of depression, rather than an effect of depression. Finally, in the DNS, the directional process that resolves the DNS bears some resemblance to the classic structure of grieving but is not so described. The grief that when engaged in UF moves an individual through to non-depression, and when refused, initiates and maintains depression, is not described in the DNS

in those terms. Nonetheless, within the DNS lens on depression the contours and elements of UF can be seen more strongly than in the other religious-spiritual literatures.

Last, UF can be to some degree discerned in the Jungian literature, although not with great specificity or clarity. Both see depression as signifying and symptomizing blockages in integration, and regarding the teleological nature of depression, Jung is clearly more explicit than UF. Nonetheless, the implications of UF for chronic depressions, where "futility" is an element of the individual's self or ego structure, inevitably implies that the resolution of depression must entail a transformative process of the self. However, UF is agnostic where Jung is explicit in claiming that the psyche itself is a teleological process. The process of resolving depression in UF—that is, if depression arises from ungrieved futility, then that which is futile must be grieved—is similar in Jung's and analytic psychology's understanding of depression, although differently languaged. For Jung, the blockage to individuation, of which depression is a symptom, must be faced, worked through, and integrated or released. UF expresses a similar structure, in that the futility (the actual loss) that is being avoided must be acknowledged and worked through, specifically in grieving.

Discussion

The initial problem this comparative analysis study sought to address was the preparadigmatic, Tower-of-Babel quality of the depression literature, in which different conceptual languages obscure a common grammar. The depression subliterations, lacking a consensus theory in which to contextualize themselves, tend towards assuming that their particular focus describes the whole phenomenon of depression. It is relatively rare for a theory based in one subliteration to engage one, or more uncommonly, several other literatures, and then to modify itself accordingly. It is also rare for a subliteration to overtly situate itself and its boundaries vis-à-vis other associated literatures.

Whether the depression field suffers from, or is simply an iteration of, the same preparadigmatic issues as psychology in general (cf. Henriques, 2011), the problems attendant to its theoretical

fragmentation are multiple. Preparadigmatic fields are not characterized by a self-aware acknowledgement of their own preparadigmatic status; rather, “the pre-paradigm period ... is regularly marked by frequent and deep debates over legitimate methods, problems, and standards of solution ... which serve rather to define schools than to produce agreement” (Kuhn, 1962/2012, pp. 68–69). Thus, against these problems with the preparadigmatic depression literature, this study explored the question, “What common factor can be discerned in the various depression literatures’ definitions of the dynamic structure of depression, and to what degree does that factor fit the construct of Ungrieved Futility?”

Limitations and Delimitations

This study did not attempt to prove either the empirical correctness of UF or that of any of the macro or micro theory embedded in the various literatures. Rather, its comparative analytic methodology addressed only the problem of theoretical fragmentation, focusing on the degree of implicate theoretical coherency amongst these literatures. Whether any of the theories are actually correct in describing the reality of depression (or reality in general), or whether UF is anything but a construct, was not addressed. The underlying assumption of this study is that the aggregated summary of the various literatures’ claims about the nature of depression, derived from the clinical, empirical, and theoretical study of thousands of researchers over more than a hundred years, should carry an authority in its weight of converged findings. But in the frame of this study’s research focus and choice of CA methodology, whether the common factor of the depression literatures is actually true and accurate to the nature of depression was simply not assessed.

Theoretical Insights from the Analysis

The key findings of this study involve (a) clarifications of the preparadigmatic nature of the depression literature, as a whole and in its subsections, (b) a clarification of the division between “entity” and “nonentity” theories within the literature that otherwise is not self-evident, and (c) an overarching observation that the UF construct does describe the core assertion of the majority of the depression subliterations.

The first finding is that the depression subliterations are at a preparadigmatic stage, existing for the most part in silos without engaging, cross-checking, or integrating their findings with the other literatures, as well as a lack of self-awareness about such behavior. Scattered outliers (e.g., Beck & Bredemeier, 2016; Ingersoll, 2010) include insights from other traditions or create a larger overview of the various relevant factors of depression but do not synthesize and cross-pollinate their orientations with other theories. This is, in retrospect, rather obvious but nonetheless important in illustrating the Kuhnian preparadigmatic phase of the depression literatures because, for several reasons, this reality is not self-evident from within the readings of particular literatures.

First, the literature is so vast and complex that seeing it as one entity is very difficult, encouraging a kind of implicit or de facto Balkanization. Second, the subliterations do not, from within their frames of reference, locate themselves within a larger, agreed-upon map of the depression terrain. This is not to paint the entire literature with the same brush, as there is variegation, and not all the literature is committed to parochialism or insularity. For instance, Aaron Beck presented a remarkable cross-disciplinary range of thinking over 60 years; psychoanalysis was engaged in a fight against the “natural attitude” of Victorian England; and the biomedical field was nobly combating centuries of religion’s claim of authority over health and science. All these efforts are not at all negated or diminished by the also observable truth illustrated by this study that the field as a whole has remained at a preparadigmatic phase.

The second major finding is that the depression literature as a whole is essentially divided into two sections, those that engage depression as an entity with self-integrity and self-coherency as a phenomenon, and those that view depression as a non-entity, an epiphenomenon which has only a chimerical existence as an entity unto itself. The “entity” category includes CBT, psychoanalysis, evolutionary psychology, as well as phenomenological, existential, cybernetic, and parts of the spiritual literature (DNS and Jung). The “nonentity” category includes the behavioral,

biomedical (excluding to some degree the minimal biomedical, and aspects of BPSM, particularly its modern models), the environmental, and the non-DNS and Jungian spiritual theories.

This finding also reveals what otherwise appears to be an incommensurability in the relationship of the different depression subliterations. The lack of recognition of this fundamental split between the entity and non-entity theories engenders a confused discussion, which assumes that either the construct of depression is the same for all theories or simply that one construct is correct and the others false. That is, not only is the nature of depression as an entity disputed but whether it is an entity at all is not agreed, and that disagreement has not previously been made clear. This creates a problematic inability to have the necessary ontological discussion about which kind of depression (entity or nonentity) is being analyzed, and to what degree the entity or the nonentity nature of depression is correct, and especially to what degree these two views can be (or already are) integrated. This finding is imperative, both relative to this study—in that it helps situate UF as an entity, not non-entity/epiphenomenological, model of depression—as well as to the larger field, in that it points more generally to a conversation that must occur if the field is to move toward a paradigmatic understanding of depression.

The third finding is that UF does in fact form the structural core of the entity literatures' various descriptions of depression's dynamic structure but does not map onto the nonentity literatures (with exceptions for parts of those literatures). Within the entity subset, UF is the common factor that links these literatures. With varying degrees of fidelity in their articulation of UF, all of these literatures propose models of depression that, essentialized, fit one form: a loss of object attachment, made meaningful by embeddedness in core goals, is not processed, which initiates a modal shift in systemic organization, manifesting as the variably coherent and self-reinforcing (depending on the futile goal's relationship to survival) phenomenon of depression.

None of the depression literatures express UF in its essentialization of depression, but all of these entity literatures are inherently, and with varying degrees of self-awareness, working with

the same phenomenon modeled and languaged as UF. All identify and relate subjects (goal agents), goals (attachment/bonding relationships between the subject and object), futility (the state of "irreconcilable discrepancy" between goal and reality), goal detachment (as a process), and a state that represents the failure of goal detachment (i.e., depression's coherent phenomenology). This is the exact armature that UF describes, in concentrated form, as depression.

UF and Transpersonal Psychology

The aspect of UF not highlighted in this study is UF's elegant intersection with the domain and dynamics of transpersonal psychology (TP):

A transformative psychology of the whole person in intimate relationship with an interconnected and evolving world; it pays special attention to self-expansive states as well as to spiritual, mystical, and other exceptional human experiences that gain meaning in such a context. (Hartelius et al., 2013, p. 14)

Although UF is not an overtly transpersonal construct in that it does not per se theorize or model transegoic states or transpersonal dimension of consciousness, implied within the workings of UF are a transpersonal dynamic and force. Depression literature has a rarely acknowledged (with Jung probably the most overt) the self-transformative pull to it, not as a choice by the depressive but as an intrinsic, cybernetic quality of depression itself. This dynamic is true throughout the range of depressions but is least impactful with the reactive or circumstantial depressions involving loss of objects that only minimally define the ego. However, for more chronic depressions, where the "objects" of loss define the ego, the futile goals that must be surrendered and grieved are the very ones that structure the self, both in the combined intrapsychic and world-defining dimensions. According to the UF model, this state can only be solved the same way any other goal-failure is solved, through grieving the loss and allowing the self to reconstitute around a world defined absent of that object.

With trivial losses, the self is stable, essentially unaffected. But with losses of objects that have structured the self (i.e., narcissistic resources),

the ego is actually impoverished according to the self's old definition, and a return to the old self is impossible, given that that old version of ego is now unreconcilable with reality. For the self to avoid either the ghostlike existence of chronic depression or actual death through suicide, it must expand past its previous ego limits, especially when the lost "object" is the core belief of the ego in its own omnipotent control and permanence (see Pappas & Friedman, 2007, for a discussion of the concept of "self-expansiveness"). Thus, UF points to the unavoidable, mandatory development of the ego into transegoic, transpersonal realms, again not as some spiritual aspiration but as a matter of survival dictated by the very dynamic structure of depression.

The transpersonal literature is remarkably lacking in clear engagements, theoretically or clinically, with depression. (Jung, for all his rich pointers, did not address depression in any consistent or focal way.) However, this does not mean that TP is an irrelevant frame on depression, nor that depression has no embedded transpersonal dimension, nor that UF is merely a parsimonious construct applicable only to the "secular" fields. In fact, UF includes a deep transpersonal dimension that, as with its other implications, is simply the extension of depression's own dynamic structure, necessitated by its own unforgiving engineering.

UF and Paradigmatic Integration

UF is an essentialized modeling of the dynamic structure of depression that seeks to avoid a loss of clarity through an overfocus on detail and an oversimplification of depression's complexity. Structurally, UF models depression as a mode of human systemic organization in which biological, emotional, cognitive, and relational "set points" are altered from a standard configuration (in which self, other, and future are defined positively) to a depressive configuration (in which they are defined negatively). Dynamically, UF models depression as this systemic mode shift, instantiated by an important goal recognized as futile, and locates the processes of goal detachment (grieving) as the most central to the functioning of depression. As such, combined with the structural dimension, UF models an integration of the static and dynamic elements

of depression. This does not deny the multifarious aspects of depression's expression, but rather UF organizes those aspects into a coherent structure, contextualizing those factors in terms of their adaptation to (or use by) the primary organizational (static/structural and dynamic) mode of depression.

The value of UF, in advancing the whole field of depression studies toward normal science, lies in its offering a parsimonious construct derived from the bulk of the empirical and theoretical depression subliterations. "Grief" and "futility" are not theoretical constructs but observable phenomenon that any researcher, regardless of theoretical affiliation or allegiance, can describe and verify. Although not as fixed as, say, the objects studied by physics (e.g., the speed of light constant), the existence of these entities is not debated in the field, nor are their general discernable parameters. Thus, because of its atheoretical nature, UF has the potential to act as a translation device for the various theories. Given that different theories use both dissimilar languaging and conceptual structures, UF can function as a neutral reference point for theories that otherwise appear to be incommensurate with one other. This is important because, as noted, moving to a paradigmatic state will require clarifying and agreeing upon the basic "grammar" of the field. Without this, the field can continue to generate usefulness and insights, yet only in a fragmented and, to some degree, wasteful form.

The remaining question is, how or whether the nonentity literatures can be translated through the UF construct. Arguably, the most important part of this question is whether depression is an entity or nonentity, given that the field has not seriously engaged the issue at this level. So here, too, UF has the potential to point starkly to this essential divide in the literature, in order to concentrate focus on this question and move the field toward a paradigmatic clarification, whatever that might be.

That said, several possibilities exist for the nonentity literatures to be folded into the entity framework of UF, already indicated by this study's comparative analysis. One is the observation that these literatures propose the nonentity nature of depression as an axiom, a given ontology assumed

to provide the natural domain of theory, research, and praxis. This is noticeable particularly in the biomedical literature but also the other nonentity literatures, as in behaviorism's bias toward seeing mental entities as simply a matrix of behavior, in environmental theories' presumption that "person-in-environment" is a fundamental category, and in some spiritual theories/models of humans as only meaningful (given "entity status") in relation to the higher-ordered reality. Although all these theories assume that discrete human entities exist—none reduce humans to absolute fictions—they nonetheless bend toward seeing human functioning as subaltern to some other reality or system. This overarching "nonentity" axiom has not been debated, certainly not proved, and is especially vulnerable to challenge because it has not seriously engaged or defeated the entity theories. That is, it has not been shown how depression is actually a nonentity by virtue of challenging and falsifying the large entity literature, which are arguably better at engaging the nonentity theories and describing how those theories/models can be seen as embedded within the entity frame.

The second point of possible integration offered by UF is that UF inherently has room for all the domains of research into depression, given that grief and futility are not theoretical but are directly observable elements of human experience. Grief is a property of complex living organisms (humans and apparently some higher mammals), organisms whose mental and behavioral function incorporates the domains of biology, physiology, and neurology, environmental (social and ecological) relationships, and spiritual factors. Grief does not stand apart from those domains, but rather represents a particular organization or functioning patterning of those various elements. Similarly, the "object" of futility is an ontological reality—the relationship between current state and goal state can become experienced (in objective or subjective reality) as irreconcilable—that is also a particular relationship between the subject, object, and bond (the goal), which themselves are organizations of various physical, mental, and environmental factors. As far as is known, mind is at least relatively dependent on body, and the body on chemical dynamics,

and given that mind registers futility, then futility inherently includes a particular organization of those other "non-mental" domains.

Thus, the entity framework can include and organize those foci of the nonentity literatures (i.e., chemical structures, phenomenological dynamics, cultural structures, etc.), but the opposite is not true. Much of the biomedical approach sustains its coherence by negating these relationships, by ignoring the interpenetrating and co-conditioning of the complex of human domains, particularly in the field of depression. UF, as an entity model, can accommodate the insights of the nonentity literatures not by assimilating and reducing them to a different language, but rather through an organizational system that maps onto the observations of most of the depression literature.

UF, Theory Integration, and Applications for Depression

The benefits of recognizing UF as a paradigmatic entry point are multiple, both in terms of catalyzing theoretical coherence, facilitating cross-discipline communication, and offering important implications for the field at large, as indicated. In terms of theoretical coherence, UF can possibly act as either an example of a parsimonious, coherent, and integrated construct to use as a template for integrating the depression field (the sand in the oyster, as it were), or as an agreed-upon central construct that provides the core armature to be elaborated and detailed. It would serve as a base from which researchers and clinicians could venture out into the various literatures and then recursively return to their own root tradition, in order to further understand, synergistically, the logic of both UF and their particular perspective. This would generate a kind of dialectic (or hermeneutic cycle) between theoretical reflection, academic study, and clinical experience.

UF's value to the applied section of the depression field is also potentially rich. For empirical researchers of depression, UF can point to where their talents and attention can be most productively used, as well as provide a way to relate their findings to a larger, coherent field. This serves to address both a confidence in the value of a researcher's work (rather than one's work feeling like a shot in the dark) and a way of understanding how even

very particular work deepens understanding of depression. Just as psychological and neurological research rendered phrenology obsolete, the research into depression can, through a construct such as UF, be graded into most and least useful projects to help allocate scarce human and financial resources toward a higher (as it were) return on investment.

In the clinical domain, the value of UF is marked since the cost to clinicians and patients of functioning within a preparadigmatic stage are high. For psychotherapy practitioners, UF offers a model within which clinicians can situate their own orientation and understand where to place their focus to heal depression. The economics of any profession require balancing costs and returns, and psychotherapists must balance multiple factors (e.g., financial/business, training investments, self-work, motivation) to survive and function well. In these terms, poor theory is a heavy cost to clinicians. Motivation and inspiration to continue in the difficult role of healer are affected by outcome effectiveness, as chronic poor results are dispiriting. Thus, a model of depression such as UF that integrates and organizes the field's huge and disorganized insights into something clear and digestible, would offer harried clinicians new confidence and effectiveness.

This would be especially true in the medical professions (even among psychologically trained psychiatrists), acting as a quick reference for how practitioners should orient to depression, which they are not trained nor have the time to carefully treat. For the medical professional, UF can serve as a quick-reference heuristic for engaging depressed clients, and although it does not give the kind of one-shot treatment and (seeming) authority as psychopharmacology, it does mark the dimensionality and complexity of depression in a way that takes that provider off the hook of having to treat the whole condition and validates the need for adjunctive treatment professionals.

For depressed patients, UF offers a much fuller and more parsimonious "street-level theory" to displace the centrality of the biomedical explanation. Although it will be an uncommon depressed person who uses UF as a jumping off point to understand the depth of their depression—most will understandably just want to feel better—

UF can complexify the common understanding in a way that more clearly matches the experience of the depressive. The confusion and the dissolution of ordinary structures of meaning and connectedness endemic to depression need to be addressed by a theory sufficient to hold the depressive's experience and orient them (and their clinician) toward healing and a grounded hope.

For a patient to be met by a clinical field that either pretends toward full understanding or worse, acts from a known false understanding, invites an iatrogenic response, magnifying the native "lostness" of the depressive. For healing to work, depressed patients must learn to trust in something other than the depression, and poor theory and ineffective clinical practice often magnify the patient's already existing despair, leading to a long-term deepening of the depression, which at best is sustained suffering and at worse, suicide. Theory rolls downhill to the patient, and UF has the potential to magnify the healing of patients, regardless of their clinician's theoretical home base.

The hope is that this study will affect the preparadigmatic comfort that seems to exist in the field, and that, in some measure, its arguments and conclusions will contribute to both a greater clarity in the field and a bit less human suffering.

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