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Bodily saturation and social disconnectedness in depression

Abstract

Individuals suffering from depression consistently report experiencing a lack of connectedness with others. David Karp (2017, 73), in his memoir and study of depression, has gone so far to describe depression as "an illness of isolation, a disease of disconnectedness". It has become common, in phenomenological circles, to attribute this social impairment to the depressed individual experiencing their body as *corporealized*, acting as a *barrier* between them and the world around them (Fuchs 2005, 2016). In this paper, I offer an alternative view of the experience of social disconnectedness in depression, suggesting that rather than necessarily experiencing their body as *object*-like, the depressed individual's bodily is *saturated* with experiences of lethargy, tiredness, heaviness, sadness, hopelessness and so on, to the exclusion of being able to bodily connect to others. I suggest that depression does not involve a complete social impairment but a specific impairment of affective forms of interpersonal experience.

Keywords: depression; phenomenological psychopathology; social impairment; bodily saturation; interaffectivity; self-harm

Introduction

While depression is often associated with feeling deadened or flat, depression is a bodily intense experience. As the DSM-V highlights, depression is characterized, *inter alia*, by *feelings* of lethargy, tiredness, heaviness, sadness, guilt and/or hopelessness. It also notes that depression can "cause significant distress or impairment in social, occupational, or other important areas of functioning" (APA 2013, 163). Although the DSM makes explicit reference to experiential disruptions in depression, its descriptions of them are only "cursory" (Ratcliffe 2014, 5). In particular, while the DSM briefly refers to an impairment in social functioning in depression, it does not expand upon *how* interpersonal relations are altered in depression, nor *which* ones are affected. This is surprising given that most first-person descriptions of depression put much emphasis on feelings of isolation and disconnection from others. For example, David Karp (2017) in his book *Speaking of Sadness,* which records both his own and others' lived experience of depression, notes that "the most insistent theme" (2017, 73) that arises is the affect depression has on relations with other people; going so far as to describe depression as "an illness of isolation, a disease of disconnectedness" (*ibid.).*

Many working in phenomenological psychopathology, however, have put the interpersonal impact of depression front and centre (e.g. Fuchs 2005, 2013; Ratcliffe 2014; Ratcliffe & Stephan 2014; Wehrle 2019). Ratcliffe, in his book *Feelings of Depression* (2014), devotes a whole chapter to detailing how a central feature of depressive experience is a change in the structure of interpersonal experience. He describes how feelings of isolation, estrangement, distance from the world and from other people frequently crop up in descriptions of depression: "The person is cut off from the world and, most importantly, from habitual forms of interaction with other people" (Ratcliffe 2014, 31). He claims that there is an erosion of "certain kinds of interpersonal relation" in depression (*op cit*., 202). Ratcliffe is not alone in this diagnosis. Fuchs, for instance, argues that an individual's intercorporeality and interaffectivity with others is impacted by depression. Fuchs (2013, 223) describes how the individual with depression

loses their ability to be affected by others, that the depressive body "acts as a barrier" to being moved by the world and other people.

This emphasis on social impairment in depression prompts us to ask *how* this loss of connectedness with others is experienced in depression. In this paper, I introduce the notion of 'bodily saturation' as a way to unpack why and how depression disrupts the embodied subject's affective relation with others. There has been increasingly recognition in phenomenology that we are *affective* beings (e.g. Colombetti 2014; Fuchs & Koch 2014; Maiese 2018a); that we do not just look upon the world coldly but are moved by the world, experience the world through our *feeling* bodies. However, while the role of our bodies as an affective medium is emphasized, what goes unremarked is that while we are feeling beings, we do not have an infinite capacity for feeling. The term 'bodily saturation' is intended to capture situations where we are, so to speak, affectively 'full'. When this occurs, one is rendered less sensitive, or even insensitive, to other affective, bodily experiences. I argue that depression is a bodily intense experience that leaves the body saturated, thus disrupting affective ways of feeling connected to and together with others.

1. A disease of disconnectedness

It is generally acknowledged that depression is an affective disorder. Descriptions of depression commonly refer to persistent feelings of depressed mood, anxiety, despondency, worthlessness, guilt, isolation and hopelessness. The DSM states that at least one of the symptoms of depression is either:

i) depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feels sad, empty, hopeless) or observation made by others; or

ii) markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.

Alongside this, the DSM specifies that an individual must experience at least 4 of the following additional symptoms:

i) significant weight loss when not dieting or weight gain or decrease or increase in appetite nearly every day;

ii) insomnia or hypersomnia nearly every day;

iii) restlessness or lethargy;

iv) fatigue or loss of energy nearly every day;

v) feelings of worthlessness or excessive or inappropriate guilt;

vi) diminished ability to think or concentrate, or indecisiveness; or

vii) recurrent thoughts of death or suicide.

(APA 2013, 163)

While depression is often associated with feeling deadened or flat, depression is a bodily intense experience. As the DSM-V highlights, depression is characterized by *feelings* of lethargy, tiredness, heaviness, sadness, guilt, and/or hopelessness. Even feelings of emptiness are not neutral states but involve an acute "felt awareness of absence" (Roberts 2019, 188). As I argue below, we might be better doing away with characterizing depression as involving an affective flattening and instead talk about depression involving specific forms of affective intensity or heightening which excludes other feelings or ways of affectively engaging with the world. Moreover, the DMS-V notes that depression can "cause significant distress or impairment in social, occupational, or other important areas of functioning" (*APA 2013, 163*). How, though, does depression impact one's social experience? What kinds of social encounters are impaired?

Over the last decade, there has been increased interest in how phenomenology can be used to analyse various disturbances found in depression, including discussions of disturbances of temporality (e.g. Fuchs 2013; Maiese 2018b; Ratcliffe 2015), personal identity (e.g. Svenaeus 2013), bodily feelings (e.g. Fuchs & Schlimme 2009; Fuchs 2013) and emotional experience (e.g. Slaby 2014; Stephan et al. 2014).[1] There has also been increased interest in phenomenological psychopathology in how depression involves impairments to one's social experiences (e.g. Fuchs 2005, 2013; Ratcliffe 2014; Ratcliffe & Stephan 2014; Wehrle 2019). I want to follow this trend and present a phenomenological assessment of bodily feeling and loss of social connectedness in depression.

First-person descriptions of depression almost uniformly highlight feelings of isolation and disconnection from others as central to the disorder (e.g. Karp 2017; Plath 1963; Styron 2010; Wurtzel 1994). Sylvia Plath (1963) describes how, when watching others interact, the depressed individual experiences a veil between themselves and the others, a distinctive experience of being cut off. While depressed individuals can shut themselves away (and many often do), this isolation or disconnection is not primarily about a physical distance between the depressed individual and others. Indeed, the sense of disconnectedness seems to be most painful when the depressed individual is around others, is not physically alone, but feels isolated nonetheless: "During all this I felt deeply alone. Everyone else seemed to be moving through their days peacefully, laughing and having fun...*Their very presence seemed to magnify my sense of isolation*" (Karp 2017, 59, my italics). Depression, then, is characterized by feelings of isolation, disconnection and loneliness even when the depressed individual is not by themself.

Interestingly, what this description from Karp highlights is that not *all* interpersonal experience is diminished in depression. One is not thrown into an entirely solipsistic world, where there are no others at all. Others still feature in experience and depressed individuals do not seem to lose their ability to understand others entirely. Indeed, in order to capture the experience of depressed individuals as missing out, as being cut off from others, some interpersonal experience must still be intact; for the depressed individual to experience being cut off from another and their happiness, they must be able to *perceive* the other and their happiness to some extent in the first place. Some forms of interpersonal experience and social understanding, then,

[1] It is worth noting that phenomenological psychopathology has, traditionally, drawn upon work from classical phenomenology and contemporary phenomenologists working in a, by-an-large, traditional phenomenological arena. However, with the rise of neo-phenomenology, critical phenomenology, and post-phenomenology, it should be recognised that new varieties of phenomenological psychopathology may also arise. For instance, neo-phenomenological psychopathology (drawing on the work of, say, Schmitz 2019, Slaby 2020, and Griffero 2017a), critical phenomenology psychopathology (drawing on the work of, say, Ahmed 2014, Ortega 2016, Lugones 1987, and Al-Saji 2010) and post-phenomenological psychopathology (drawing on, say, the work of Idhe 2008).

are preserved; namely, a visual and perhaps auditory form of direct social perception or empathy (Krueger & Overgaard 2012), whereby they are still able to see or hear the expressive behaviour of others. What depressed individuals seem to experience is, specifically, a diminished sense of *connectedness* to others. I suggest that we conceive of this sense of connectedness to others in *affective* terms. This will allow us to not only say that there is social impairment in depression but provide a more fine-tuned analysis of what *forms* of social relation are impacted in depression; thus, adding to the aforementioned works that highlight social disruption as a key characteristic of depression in more general terms. In order to unpack this, we must turn to how we not only encounter the other in *visual* or *auditory* terms but how we *feel* the other, through our feeling bodies.

2. *Feeling* the other

The phenomenology of sociality highlights numerous forms of interpersonal experience that are *affective* in nature. The phenomenological notion of empathy, which claims that we can directly perceive at least some aspects of the other's experience through their expressive bodies, predominately discusses how we *visually* perceive the other's experience (e.g. Krueger & Overgaard 2012; Overgaard 2019; Zahavi 2014). However, there is growing recognition that empathy is not restricted to *visual* perception but that we can also empathetically perceive the other through other sensory modalities (Osler 2021a). Relevant for our purposes is the idea that we not only empathetically *see* someone's experience, say in their clenched fists and scowl, but can empathetically *feel* the other (e.g. Colombetti 2014; Fuchs 2016; Svenaeus 2016, 2018). Drawing on thinkers such as Edith Stein (1989) and Maurice Merleau-Ponty (2012), the role of the *feeling* body in our empathetic grasp of others is highlighted (sometimes described as *sensual empathy* (e.g. Svenaeus 2018). Thus, I might not only see the other's anger but *feel* their anger "pouring" out of them (Stein 1989, 54). This is not to suggest that when I feel your anger pouring out of you this is because you have made me feel angry, indeed I might be afraid of or amused by your anger. Rather, that your anger is given to me *affectively*, I feel *your* anger without mistaking it for my own emotional reaction.

Fuchs, in particular, has developed Merleau-Ponty's notion of *intercorporeality* to discuss how our empathetic perception is rooted in our *bodily awareness of* and *interconnection with* others. He emphasizes that we do not coldly look upon others but experience a "mutual bodily resonance in social encounters" (Fuchs 2013, 222; also see Fuchs 2016; Fuchs & De Jaegher 2009). Through our bodies we express and connect with others through patterns of imitation, co-ordination, bodily expression, and bodily feeling. As such, we do not merely gaze upon others but find ourselves bodily present with and bodily affected by others and vice versa. This "intercorporeal affection" is highlighted as our fundamental way of being with others and feeling ourselves connected to others, as an important "pre-reflective attunement to others" (*ibid.*, 225). Where Fuchs (2013, 2016) and Merleau-Ponty (2012) refer to this as *intercorporeality*, the phenomenologist Watsuji pre-emptively describes this felt interconnectedness and interrelatedness with others as "betweenness" (Watsuji 1996; see Krueger 2020, Osler & Krueger forthcoming).

Work done on shared emotions also emphasizes the role affectivity has in experiencing oneself as *together* with others. Shared emotions refer to instances where we experience an emotion not just as an *I* but as a *We*. This is not intended to simply refer to two or more individuals who happen to be having the same kind of emotion simultaneously but to individuals experiencing an emotion that they experience *together*. Scheler (2017, 9) famously describes two parents sharing their grief over the loss of their child. Influenced by the work of Walther (1923), many now argue that when sharing an emotion with another, part of the 'glue' that joins people in a

shared emotion is a felt sense of *togetherness* (e.g. Osler 2020; León and Zahavi 2016; Szanto 2017). Walther argues that togetherness as a *We* is experienced as something bodily and affective. As such, an experience of shared grief is not only bodily felt in terms of *feeling* grief but involves an affective sense of experiencing that grief *together with another*. If one were not able to affectively experience this sense of togetherness, one would not be able to share emotions with others.

We might also refer to notions such as *emotional contagion* (e.g. Hatfield et al. 2011; Scheler 2017),[2] by which emotions and other affective states are said to pass between embodied individuals, and *sympathy*, where we do not only understand another's experience but feel *for* them (e.g. Scheler 2017, 12), as other examples of interpersonal encounters that involve an *affective*, bodily felt dimension. Additionally, we might also think of the way we experience the atmosphere of grief that emanates from people mourning at a funeral, as well as feeling the authority of that atmosphere as demanding us to still our own joyfulness, as a more holistic form of interpersonal affective experience (Schmitz 2019; also see Griffero 2014).

What these examples serve to illustrate is that many of our interpersonal experiences are rooted in our bodily experience of others - in feelings of connectedness, being interpersonally moved and affected, of feelings of belonging, togetherness and inclusion.[3] What underpins these various forms of interpersonal experience is not simply being physically present with other people but an affective grasping of the other.[4] As Fuchs (2013, 223) puts it, in these interpersonal encounters our body acts as a "sounding board" through which we engage with others.

What is also interesting about these bodily experiences of the *other*, is that these encounters often *move* us or prompt us to undergo a *change* in emotion or mood. For instance, when I feel your anger through my body, this might lead me to *feeling afraid* myself; sharing an emotion with another can intensify or prolong an emotional experience; being infected by your happiness can lift my mood; feeling excited about your happiness can shift my current emotion; experiencing an atmosphere of grief might prompt me to mute my own happiness. As such, not only are these examples of affective interpersonal experience, but they are often ways in which my emotion or mood is altered or even regulated by others (Krueger 2015).

It is these affective forms of interpersonal experience that I suggest are inhibited in depression. What I argue is that in depression our bodily feelings of, say, tiredness, lethargy, hopelessness and so on, are bodily intense experiences and preclude or inhibit one's ability to be affectively sensitive to others, resulting in a sense of disconnectedness from others. I suggest we understand this as a temporally-extended and chronic experience of 'bodily saturation'. Cashing depression out in these terms, I think, helps does justice to the felt dimension of depression which typically goes overlooked in favour of discussions of depression as involving an affective flattening or diminishment.

3. Bodily saturation

As highlighted above, phenomenology emphasizes that as embodied, feeling subjects, much (if not all) of our engagement with the world is *affective* (Colombetti 2014). It is through our

[2] For a critique of the notion of emotional contagion, see Ahmed 2014.

[3] It should be noted that these forms of interpersonal relations presuppose that we encounter the other as another embodied subject in the first place and that we are not dealing with cases of social invisibility (Jardine 2020).

[4] For an argument that this affective grasping of the other can happen even when we are not physically together, see Osler 2020.

bodies that we are moved, that things draw us in, affect us, and it is our feeling bodies that allow us to experience others in affective ways. These approaches highlight that our bodies are not simply material objects in the world but are through which we have a world. It is through our feeling bodies that we are "affectively involved" with the world: "the conscious subject's constantly being affected by and involved with what goes on—an involvement both realised and mediated by corporeal feelings that in turn make manifest (disclose) goings-on in the environment" (Schmitz et al. 2011, 243). Importantly, bodily feelings are not tacked on to more cognitive ways of assessing the world, nor do bodily feelings simply reveal our bodies to us. Rather, our bodily feelings disclose the world to us in an affective manner; they have a certain bi-directionality to them, whereby a feeling involves a feeling of one's body (e.g. a feeling of uplift in one's body) that is also directed towards to world (e.g. one's best friend). As such, bodily feelings can be intentional and their intentional object is not restricted to the subject's bodily state (Ratcliffe 2008, 78; also see Slaby 2008). Using the neo-phenomenological lexicon, we can talk of how we are in continual embodied or corporeal communication with the world and others (Griffero 2017b; Schmitz 2019).[5]

However, what has not gone explored is that while we are feeling beings, we do not have an *infinite* capacity for feeling – we cannot feel all things at all times. I want to introduce a notion that I call 'bodily saturation'. This term is intended to capture situations where we are, so to speak, affectively 'full'. When this occurs, one is rendered less sensitive, or even insensitive, to other affective, bodily experiences. When one has a sudden experience of pain, for example, it can be experienced so intensely that we seem to *only* experience that pain. If the pain continues, it does so at the expense of feeling much else. When, for example, I have an ongoing headache, I feel a kind of distance from the world around me, it no longer solicits my attention in the way it normally does, it does not draw me in. My affective engagement with the world seems to have been muted by this other bodily intense feeling. This can be thought of as akin to a loud noise drowning out all other noises or a flash of bright light taking over one's visual field.

That pain has this saturating effect is well-supported by cases of self-harm. Self-harm is defined by Brown & Kimball (2013, 1) as "the intentional harming of one's body in order to reduce emotional pain and cope with overwhelming emotions". One might ask why the infliction of bodily harm brings about a reduction in 'emotional pain'. One suggestion is that physical pain, in these cases, distracts the individual from their emotional pain. However, I think a better formulation of this is to say that the physical pain *blocks out* one's capacity to feel the emotional pain. If we think of the body as a glass that only has so much room for feeling, then the pain can be thought of as filling us up to the top, no longer leaving room for any other feelings. On the 'distraction model' there is the impression that we can be in emotional pain or distress while not feeling it in moments of distraction. The 'bodily saturation' formulation avoids the potential oxymoron of unfelt feelings, opting for the idea that when we are in intense physical pain, we no longer have the capacity to feel anything else.[6]

My suggestion is that this bodily saturation can happen at the level of affectivity more broadly, that we can be overwhelmed or filled up by a particularly intense feeling (or feelings) which renders us insensitive to other feelings at that moment, including the kind of bodily feeling that

[5] Thank you to the reviewer who encouraged me to also situate my account in reference to neo-phenomenological work.

[6] A parallel example of this might be anorexia nervosa. When an individual with anorexia starves themself, they subject themselves to a near constant experience of hunger. This is a visceral experience that they might inflict upon themself as a way of diminishing their experience of other feelings, such as stress, anxiety or bodily upheaval such as puberty, that are outside their control (Osler 2021b; Krueger & Osler 2020).

I have argued is part of our felt experience of others. As such, bodily saturation does not only occur in cases of bodily sensation (such as pain). We can also be saturated by emotional experiences. Think of cases where one feels very anxious about something, like an upcoming presentation. Concern about whether your material makes sense, worries about whether someone might spot a problem in your account, or ask you a question about a philosopher you know next to nothing about, fear that you might forget what you were going to say - this anxiety can be so all-consuming that you no longer feel hungry (despite not having eaten yet), no longer feel affectively drawn in by the beautiful scenery on the walk to the conference, are left untouched by someone excitedly telling you about their upcoming birthday dinner that you are invited to.

The examples I have given so far are of a *particular* sensation, feeling or emotion that overwhelms someone. However, it is also possible for an accumulation of felt experiences to oversaturate me (rather than a single, intense feeling). Take, for instance, being in the middle of a food market with a friend. There is a cacophony of affective experiences going on, the smell of baked goods drawing me in, my friend's exciting news that she has had an article published, my slight anxiety about being hemmed in by many people, the banging noises of trucks, people shouting and so on. There is no one single intense affective experience here, rather a wide and rich array of them. This can, in some cases, be sensorily *too* much and prohibit my bodily awareness of anything further.[7]

Now this is not to say that our bodies are all the same 'size'. Schmitz (2019, 100) highlights that how and to what extent we become affectively involved with the world, how affectively sensitive we are, changes from person to person, as well as being impacted by one's own personal history. In a similar vein, then, it should be recognized that we do not all get bodily saturated by the same 'amount' of feeling, our thresholds might be different. Different individuals might have a greater capacity to feel a multitude of things at the same time or to feel an intense emotion without experiencing a desensitization to other affective experiences. Indeed, an individual may have different bodily capacities at different times in their life, in different situations, and so on. Nor is this to imply that bodily saturation only occurs in cases of negative sensations or emotions. We can, for instance, have our 'bodily bandwidth' used up with positive feelings and sensations; think of an experience of intense joy that leaves us desensitized to other feelings (e.g. episodes of mania (Bowden 2013; Fuchs 2015)) or intense pleasurable experiences like when one orgasms. Moreover, while I have used pain in self-harm as an example of how individuals use bodily saturation as a way of blocking out negative feelings such as stress or anxiety, it is conceivable that bodily saturation can be sought out in and of itself. For example, individuals who enjoy pain as part of their sexual practice might enjoy the sensation of being bodily saturated, being entirely in a particular moment and a particular feeling, that need not be related to a desire to force out other (negative) feelings. Acknowledging all this, the point stands that no individual is capable of an infinite array of feelings at any one time.

4. The depressed body

How, though, does the notion of bodily saturation inform our understanding of the experience of social disconnectedness in depression? What I suggest is that rather than conceiving of depression as a case where individuals experience a flattening or deadening of affect, that we focus on and recognise the bodily feelings that characterize depression, such as feelings of

[7] Those familiar with autistic spectrum disorder (ASD) might seem some similarities between this experience of a situation being sensorily and affective overwhelming and common reports of those with ASD as finding the world sensorily intense. Applying the notion of bodily saturation to ASD may, then, also be fruitful.

tiredness, heaviness, fatigue, and hopelessness and even felt experiences of emptiness, listlessness, and absence. By recognising how intense such feelings can be, we can see how this picture fits with the notion of bodily saturation, whereby the depressed body is flooded with bodily feelings such as tiredness and fatigue that, in turn, diminish one's ability to enter into or be moved by other affective experiences that are bodily felt. If we accept that many of our interpersonal encounters are bodily felt, then the saturation that a depressed individual experiences inhibits their ability to also experience affective forms of social relation.

Just as when I am in so much pain, I am not sensitive to someone bumping into my elbow on the street, so when my body is saturated with, say, the lethargy of depression, I am no longer affectively sensitive to or moved by the happiness of another. I might still *see* that they are happy but no longer *feel* their happiness radiating from them, do not feel sympathy for the other, do not find their happiness contagious, cannot enter into a shared happiness together with them. For all these forms of social encounter involve being bodily sensitive and receptive to the other, to being moved by the other or feeling a sense of connectedness and togetherness with them. The depressed body, already saturated with other bodily feelings, is unable to enter into these affective styles of sociality; it does not have the affective bandwidth available that is needed for these interpersonal encounters. Thus, the depressed body is still a feeling body but it is so full with on-going bodily intense feelings that it is affectively cut adrift from others - leaving the depressed individual a cold social observer, rather than a bodily engaged, connected social participant.

In contrast to short-lived experiences of bodily saturation, such as the case of stubbing one's toe or having a headache, the depressed body is chronically saturated by certain negative feelings. The depressed body undergoes a temporally-extended form of saturation, that impacts one's ability to access other forms of affective experience not just for moments but for prolonged periods of time. We might, then, think of depression as involving a chronic, on-going bodily saturation that can significantly impair an individual's affective social relations.

What might be particularly pernicious about depression is that the sorts of social relations that are curtailed are the very kinds of social experience that lead to us being *moved*, to experiences that can bring about a *change* or *shift* in our emotions and moods. As such, when one is rendered bodily insensitive to experiences of sharing emotions, being upregulated by others' affective states, and so on, we can be left in a situation where we become *stuck* with these negative and isolating bodily experiences. By acknowledging this, we can go some way to accounting for how depression can progress, leading to a downward spiral of feeling that one cannot escape one's depression.

Importantly, by employing the notion of bodily saturation, we are able to specifically account for why certain forms of social relations are impaired in depression (e.g. those which are affective), while preserving other forms of social understanding that remain in place (e.g. the ability to grasp that others are happy and are easily engaging with one another and the world). This, then, allows us to provide a more fine-grained account of social impairment in depression. It also, importantly, enables a distinction to be drawn between the kinds of social impairment that characterize a disorder such as major depression disorder and other disorders such as catatonia. In catatonia, individuals appear to experience a complete breakdown in one's bodily receptivity to others and the world (Takaoka & Takata 2007), rather than the partial impairment I suggest depression typically involves.

Note that while my account of depression as involving bodily saturation has certain commonalities with Fuchs' discussion of the breakdown of social relations in depression

(Fuchs 2005, 2016) it has a key difference. Like Fuchs, I claim that one's ability to experience others in a bodily and affective manner is diminished in depression. Moreover, I root this claim in the idea that depression involves a *change* in the way that one experiences one's body, particularly in terms of experiencing one's body as 'closed' to affective styles of interpersonal relation. However, unlike Fuchs, I do not want to characterise the depressed body as a *corporealized* body. According to Fuchs, in depression, the individual primarily experiences their body as object-like. He suggests that in depression "the materiality, density, and weight [of the body], otherwise suspended and unnoticed in everyday performance, now come to the fore and are felt painfully" (2005, 99). The body is experienced as a burdensome object, inhibiting one's ability to smoothly engage with the world as a lived body and, importantly for our purposes, inhibiting one's bodily sensitivity to others.

My concern with this approach is that while the depressed body is often overwhelmed by experiences of, say, fatigue and tiredness, this fatigue and tiredness need not only be experienced as foregrounded in our experience, nor solely in terms of experiencing the body as object-like (though this is not to say that it cannot be experienced in this way). As Sartre (2005) highlights in his description of tiredness, our tiredness can be revealed to us in the way that the tired body discloses the world to us: for instance, in the way that I experience the words on the page I am reading as blurred, finding it difficult to concentrate on specific tasks. The body is not the object of the tiredness here, rather it is a *lived tiredness* that shows up in the way that the world is disclosed to the subject.

When we talk of the body as the medium through which we have a world, that discloses the world to us, we should be careful not to imply that this is a neutral or unfeeling medium. While we often see descriptions of the body as transparent (Fuchs 2005, 25) or absent (Leder 1990, 10) when we are engaging with the world smoothly, this can mask the way in which our feeling bodies *shape* the way in which we experience the world. As Ratcliffe (2008) highlights, our bodies do not disclose the world in a uniform manner; our emotions, moods and feelings can *colour* the way we experience the world. When I am joyful, the world is experienced as full of exciting possibilities; when I am tired, the world can be experienced as dull and lifeless. Feelings of tiredness, then, do not have to foreground the body as object but still impact the way in which the world and others are disclosed to us.

This is to say that in depression feelings of tiredness, fatigue, and hopelessness can be intensely felt in the way that the world is disclosed as not interesting, beyond one's reach, as difficult or burdensome. These, though, are still felt experiences *of the world*, not just felt experiences of one's body as an object. Feelings that characterize depression, then, do not need to render the depressed individual corporealized *per se*. Rather, the depressed body feels these negative bodily feelings in such an intense manner that it no longer has the capacity to be affectively sensitive to or moved in other ways. The *saturated* body is not simply closed, is not a complete barrier to the world, and does not necessarily have to have the body itself as its intentional object. Instead, it is closed to specific forms of affective experience, leaving the individual with a limited range of affective options, a limited way in which the world and other people are experienced.

Importantly, this helps us capture cases of individuals who have lived with depression for a long time, where feelings of depressed mood become habitualized. When this way of being in the world just becomes 'the way things are', we do not see the depressed individual as totally trapped inside a corporealized body. Many people are still able to go about their lives, do their jobs, even hold down stable relationships. One might suppose that if the depressed individual predominantly experienced their body as corporealized, this would be a difficult feat to pull

off. I suggest that if we adopt a bodily saturation model, we are able to capture how the depressed individual still experiences the world and even others in it in some ways; yet are left peculiarly disconnected from those around them. In short, then, I pose the notion of bodily saturation as an *alternative* way of conceiving of the depressed body that accounts for experience of being disconnected or unable to be moved by others, that I think provides a richer picture of the depressed individual and their world.

Conclusion

In this paper, I have developed the notion of 'bodily saturation' as a way of unpacking how depressed individuals experience a sense of disconnectedness from others. While we are feeling bodies, we do not have infinite capacity for feeling and can become saturated with our affective experiences. When this occurs, we are rendered insensitive to other affective or feeling experiences. Depression, I have argued, is an intensely felt affective disorder. I suggest that the intense feelings characteristic of depression leave individuals insensitive to 'feeling the other', thus impairing certain social encounters and interactions, as well as their social understanding. This, though, does not mean that the depressed individual primarily experiences their body as the object of their experience. Rather, the saturated body in depression is rendered insensitive to certain forms of affective experience, including a raft of affective social experiences such as sensual empathy, shared emotions and other shared experiences, intercorporeality, interaffectivity, interpersonal atmospheres, emotional contagion, and sympathy. All these affective forms of interpersonal experience are ones which connect our embodied selves with others in terms of how we *feel* the other as present, *feel* the other's feelings, *feel* sympathy for others, or *feel* together with others. When these interpersonal experiences are impaired, an individual is left with a peculiar sense of isolation.

Using the notion of bodily saturation, we can move towards a more fine-grained picture of depression and social impairment. Whereby we can elucidate *how* the depressed body is affectively cut off from others and *which forms* of interpersonal experiences might be compromised by this. Moreover, while I have developed the notion of bodily saturation in the context of self-harm and depression, I think it could be fruitfully applied to other disorders (such as anorexia nervosa and autistic spectrum disorder), as well as to positive experiences of bodily saturation such as orgasm and BDSM practices. With increased recognition that we are affective, feeling bodies, greater attention can now be turned to the limit cases of our affective experiences.

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