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Depression as an incubation: Reply from a Jungian perspective

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Summary

Background: *Phenomenological psychiatry criticizes SSRI treatment by arguing that antidepressants do not restore the lived body's resonance with the world but install a novel mode of attunement. Gruica (2026) calls this state pharmacological alienation and characterizes it by three structural features: attenuation without restoration, functional preservation coupled with relational evacuation, and a distinctive form of self-estrangement. This reply asks whether that critique goes far enough.*

Subjects and Methods: *Conceptual and hermeneutic analysis. The phenomenological account of depression as corporealization (Fuchs) and as pathological bodily resonance (Svenaeus) is reconstructed and then confronted with Jung's energic theory of the psyche as set out in the Collected Works — the economy of the libido, enantiodromia, and the pair progression/regression — together with its clinical elaborations in Sharp, Rosen, and Moore.*

Results: *Phenomenological psychiatry abandons the biological substrate of the deficit model while retaining its conception of depression as a necessarily pathological state. Read energically, the energy withdrawn from the world has not vanished but turned inward: depression is a state of incubation in which contents excluded by a one-sided conscious attitude gain psychic value, permitting adaptation to the inner world and, once the state passes, better adaptation to the outer world. Only remaining stuck in this state is pathological.*

Conclusion: *Gruica's diagnosis should be supplemented with a fourth structural feature: alienation from one's own psyche. All three of his features concern the subject's relation to the world; none can register a disturbance in the relation to the unconscious, since that relation does not figure among the framework's categories. The omission is a limit of the framework itself, not an oversight.*

Keywords: *SSRIs, phenomenological psychiatry, pharmacological alienation depression, Jung,*

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INTRODUCTION: GRUICA ON PHARMACOLOGICAL ALIENATION

In his introductory paper, Toma Gruica presents a phenomenological view of depression in which depression is, in Heideggerian terms, a severing of our being-in-the-world. Drawing on Fredrik Svenaeus, Gruica warns us that the use of selective serotonin reuptake inhibitors (SSRIs) does not re-establish this resonance but instead creates a specific kind of attunement, a calm, disengaged and emotionally flattened mode of being, which is not a return to the pre-depression self but the installation of a novel one (Gruica, 2026). In his paper, Gruica calls this specific state *pharmacological alienation*, which differs from depression in three respects (Gruica, 2026):

1. Pharmacological alienation does not re-establish bodily resonance but establishes a new, flattened mode of attunement.
2. Pharmacological alienation preserves cognitive functionality and the work capacity, but at the cost of severing the motivational and emotional threads that make work, relationships and projects genuinely meaningful rather than merely executable.
3. Unlike depression, in which the body becomes alien through its heaviness and unresponsiveness, pharmacological alienation involves the experience of one's emotional responses as foreign or absent.

On this basis, Gruica concludes that pharmacological alienation is a state in which the resonant responsiveness of the lived body to the world is pharmacologically managed rather than restored; in which functional preservation is purchased at the cost of relational and emotional depth; and in which the very structures of caring, attunement and temporal engagement that constitute authentic being-in-the-world are systematically attenuated. This,

List of abbreviations

SSRI – selective serotonin reuptake inhibitor

he insists, is not the same as depression, since it lacks depression's acute suffering, its temporal implosion and its paralysis — but neither is it health (Gruica, 2026).

In this paper I will argue that phenomenological psychiatry has not gone far enough in its critique of SSRIs, since it retains the deficit-model conception of depression as a necessarily pathological state even after abandoning its biological substrate. As Gruica himself points out, the phenomenological framework suggests that depression should be approached as a disruption of the organism–environment relationship rather than as a brain-internal deficit (Gruica, 2026).

THE PHENOMENOLOGICAL ACCOUNT OF DEPRESSION AND ITS RESIDUAL DEFICIT MODEL

This view of depression rests above all on the account given by one of the most influential phenomenological psychiatrists, Thomas Fuchs, who defines depression as a *corporealization of the lived body* that comes about not "from without" but through a disturbance of intra-bodily dynamics itself (Fuchs, 2000, p. 99; translation mine). In a later English-language paper, Fuchs defines *corporealization* as a condition in which "the body does not give access to the world, but stands in the way as an obstacle, separated from its surroundings" (Fuchs, 2005, p. 99). A consequence of corporealization is that drive, impulse, appetite and libido are reduced or lost in depressive patients, and are no longer capable of disclosing potential sources of pleasure and satisfaction; the imagination and the sense of the possible fail to generate future goals and plans, leaving the self confined to a present state of pure bodily restriction, so that the depressive person can no longer transcend her body either in space or in time (Fuchs, 2005, p. 99).

Fuchs highlights an even more significant consequence of corporealization, however: the loss of bodily resonance with the world — the "affectability that mediates our experience of emotions and atmospheres, and is also required for our affective attunement with others" (Fuchs, 2005, p. 100). Drawing on patients' own statements, Fuchs calls this a feeling of not feeling, which manifests as an inability to feel anything for those closest to them (Fuchs, 2005, p. 100). Extending Fuchs's conception of bodily resonance, Fredrik Svenaeus distinguishes the healthy, normal resonance of the lived body, in which the body is capable of experiencing the full range of moods, from a pathological resonance of the lived body, in which the body is "out of tune" — as in states of depression and anxiety (Svenaeus, 2007, p. 160). However, is such a pathologizing conception of depression the only alternative to the traditional biologistic conception?

DEPRESSION IN THE LIGHT OF JUNG'S ENERGICS

Freud's one-time collaborator and the founder of analytical psychology, C. G. Jung, answers in the negative. He defines depression as "an unconscious compensation whose content must be made conscious if it is to be fully effective. This can only be done by consciously regressing along with the depressive tendency and integrating the memories so activated into the conscious mind. Which was what the depression was aiming at in the first place" (Jung, 1976, para. 625). References to Jung throughout this paper are to *The collected works of C. G. Jung*, edited by H. Read, M. Fordham and G. Adler and translated by R. F. C. Hull (Princeton University Press, 1953–1979), and are given by the year of the Princeton edition and the paragraph number; the corresponding volume numbers are indicated in the reference list. Based on this definition, Daryl Sharp, in his *Jung lexicon*, notes that "energy not available to consciousness does not simply vanish. It regresses and stirs up unconscious contents (fantasies, memories, wishes, etc.) that for the sake of psychological health need to be brought to light and examined" (Sharp, 1991, p. 45).

To understand Jung's reasons for defining depression in this way, we must bear in mind that he approaches it from an energic perspective — more precisely, from the perspective of the economy of the libido. Unlike Freud, who reserves the concept of libido for the energy of the sexual drive alone, Jung extends it to psychic energy in general, that is, to intentionality as such, understood as a quantum of energy that can be transferred to any activity whatsoever (Jung, 1976, paras. 195–197).

The fundamental principle of Jung's energics is *enantiodromia* (*ἐναντιοδρομία*) — a concept he takes over from Heraclitus, which on Jung's reading means "running counter to", and which posits that everything must at some point pass over into its opposite. Every psychological extreme secretly contains its own opposite, or stands in some sort of intimate and essential relation to it, since it derives its dynamism from that relation. The more extreme a position is, the more likely it is to convert into its own opposite. The danger of enantiodromia therefore arises precisely when a one-sided function proves unable to solve the problem (Jung, 1972, para. 111; Jung, 1976,

para. 581). In Jung's assessment, enantiodromia threatens modern man in particular, because the present age demands of him an especially concentrated and directed conscious functioning, thereby creating the risk of a greater dissociation from the unconscious. The further a person is removed from his unconscious by directed conscious thinking, the greater the likelihood of enantiodromia — the more probable it becomes that a powerful counterposition will build up in the unconscious which, should it break through into consciousness, can have disastrous consequences (Jung, 1975, para. 139).

Progression and regression

Within this energic framework defined by enantiodromia, Jung determines the concepts of progression and regression. He defines progression as a process of constant adaptation to environmental conditions, grounded in the vital necessity of such adaptation, which in turn compels an absolute orientation toward environmental conditions and the suppression of all inclinations and possibilities that serve individuation. Regression, by contrast, he defines as a process of adaptation to the conditions of the inner world, grounded in the vital necessity of satisfying the demands of individuation. Both processes are defined by enantiodromia, such that the intensity of progression is always proportional to the intensity of regression (Jung, 1975, paras. 72–75).

Progression — that is, adaptation to the conditions of the external world — requires the adoption of a conscious, directed and consequently one-sided psychic attitude, characterized by consistency and logical coherence. Because it is directed, everything unsuitable must be excluded to preserve the integrity of the direction. Unsuitable elements are inhibited and thereby deprived of attention. However, the attitude adopted no longer satisfies the demands of adaptation, because changes in environmental conditions call for a different psychic attitude. The attitude of rational thinking, for instance, which seeks to meet the demand for adaptation, may encounter a situation that can only be resolved through irrational feeling. In that case the rational attitude fails, and the progression of the libido ceases (Jung, 1975, para. 64).

The stoppage of the libido is always characterized by a breakdown into opposites. During the progression of the libido, the pairs of opposites are united in a coordinated flow of psychic processes. Their collaboration makes possible the balanced regularity of the process, which without this inner opposition would be one-sided. Every extravagance and excess therefore represents a loss of equilibrium, since the effect of the counter-impulse is lacking. It follows that progression requires that an impulse and its opposing impulse, the positive and the negative, attain a state of regular reciprocal action (Jung, 1975, para. 61).

In the case of a stoppage of the libido, when its progression becomes impossible, the positive and the negative can no longer be united in a coordinated action in which both carry the same psychic value and hold one another in balance. The longer the stoppage lasts, the more the psychic value of the opposites increases: they are enriched with ever more associations and attach themselves to ever more psychic content. This tension leads to conflict; the conflict leads to attempts at mutual suppression; and if one of the opposites is successfully suppressed, dissociation ensues — a splitting of the personality, a disunion with oneself — and neurosis arises. Acts in this state are uncoordinated and pathological, and manifest themselves as symptoms. Although these acts are in part normally determined, they are on the other hand grounded in the suppressed opposite, which, instead of acting in a balancing way as in the case of development, now acts disruptively, obstructing the possibility of further progression (Jung, 1975, para. 61).

This conflict of opposites would go on forever were it not for the regression of the libido. Through their collision, the opposites gradually lose their psychic value and thereby their power. This decline in value steadily increases, and consciousness perceives it. This phenomenon signifies regression, because in proportion to the decline in the psychic value of the conscious opposites, there is a rise in the value of those psychic processes which have nothing to do with adaptation to the external world and are therefore rarely applied consciously. In this way the psychic value of the unconscious increases, and it gains influence over consciousness (Jung, 1975, para. 62).

Since regression raises the psychic value of contents that were originally excluded from the conscious process of adaptation, and are therefore either unconscious or only latently conscious, these contents — when they cross the threshold of consciousness — prove useless for adaptation and are consequently held at a distance by the directed psychic functions. Among these useless psychic contents belong not only infantile sexuality but, more generally, contents and inclinations incompatible with consciousness, whether because they are immoral, inaesthetic, or irrational and imaginary. In the depths of the psyche to which regression can lead, however, there lie not only these incompatible and discarded residues of experience, nor merely disagreeable and unacceptable animal instincts, as Freud maintained, but — according to Jung — the seeds of new life and vital possibilities for the future (Jung, 1975, para. 63).

Since the failure of the conscious attitude brings about the stoppage of the libido, regression is significant because the unconscious it reaches contains functions excluded by that attitude and can supplement or replace the inadequate conscious attitude. By activating the unconscious, regression confronts consciousness with the problem of the psyche as the counterpart to the problem of adaptation to the external world. Consciousness resists accepting the regressive content, but will in the end be compelled to submit to the regressive values, owing to the impossibility of progression. Jung therefore concludes that regression leads to a necessary adaptation to the inner world, to the psyche (Jung, 1975, paras. 65–66).

For this reason, Jung holds that regression does not necessarily represent degeneration but, on the contrary, constitutes a necessary phase within development. However, the individual himself is not aware that what is at stake is development; rather, he believes himself to be in a compulsive situation that reminds him of an infantile or even embryonic state. Only if he remains stuck in the phase of regression does it represent degeneration (Jung, 1975, para. 69).

On this basis, Jung warns that man is not a machine, in the sense that he cannot continuously deliver the same work output; he can meet the demands of the environment in an ideal way only when he is also adapted to his own inner world — that is, when he is in accord with himself. And conversely, he can adapt to his inner world and attain inner harmony with himself only when he has adapted to the conditions of the environment (Jung, 1975, para. 75).

DEPRESSION AS A STATE OF INCUBATION

We can now see that Jung's conception of depression is a direct implication of the economy of the libido. He observes that all unconscious contents, once activated — that is, once they have become perceptible — possess a specific energy by virtue of which they are able to manifest themselves. This energy is not sufficient to push the content into consciousness; a precondition must also be met on the side of consciousness, in the form of a loss of energy that raises the psychic value of certain compensatory contents in the unconscious. This loss of conscious energy manifests itself as a failure to meet obligations, procrastination, obstinacy and the like, which block the flow of vital energy to a degree sufficient for a certain quantum of energy — no longer having any application in consciousness — to pass over into the unconscious and there activate certain compensatory contents, in such a way that they begin to act compulsively upon consciousness (Jung, 1985, para. 372).

The second way in which such an energic loss comes about consists not in the poor functioning of consciousness but in the spontaneous activation of unconscious contents, which begin to cause consciousness difficulties. New interests and inclinations appear, or new character traits. This change is always preceded by an incubation period in which a loss of conscious energy is discernible. This drop in energy is most conspicuous before the outbreak of a psychosis, or in the state of quiescence preceding creative work, or in the anxiety and depression that precede psychic exertions such as public lectures or important conversations (Jung, 1985, para. 373).

Based on these claims, Sharp summarizes the Jungian position on depression. In his *Jung lexicon* he notes that depression is not necessarily pathological, and that it often foreshadows a renewal of the personality or a burst of creative activity (Sharp, 1991, p. 46). On this basis I conclude that although phenomenological psychiatry has correctly seen that depression is characterized by being "out of tune" with the surrounding environment, it overlooks that the energy withdrawn from the external world could not simply have vanished: it has turned toward the inner world. Depression is therefore a state of incubation, a turning toward attunement with one's own soul.

CLINICAL IMPLICATIONS: DEPRESSION AND THE TRANSCENDENT FUNCTION

Jung also found a way to apply his theoretical insights into the nature of depression in clinical practice. He maintains that depression is a means for establishing the *transcendent function*, since in the very intensity of this emotional disturbance lies the energy the person needs to have at their disposal to remove the state of diminished adaptation. Jung defines the transcendent function, which he regards as the mechanism of therapeutic transformation, as a psychological function comparable in its way to a mathematical function of the same name, which is a function of real and imaginary numbers; the psychological transcendent function, he stresses, has nothing mysterious or metaphysical about it, and arises from the union of conscious and unconscious contents (Jung, 1975, para. 131).

Suppressing this state or rationally devaluing it achieves nothing. To gain possession of this energy,

which is fixed in the wrong place, the client must take their emotional state as the point of departure. They must become conscious of their mood, sink into it, and write down all the fantasies and other associations that arise. The fantasies should be given freedom, though not complete freedom, so that they do not stray from the central feeling. Freud's method of free association, for example, is an insufficiently directed approach, since it leads away from that feeling toward all manner of complexes, and one cannot know whether these relate to the feeling itself or only to the displacements that have replaced it (Jung, 1975, paras. 166–167).

From this occupation with the feeling arises an expression of the mood that reproduces the content of the depression, either concretely or symbolically. Since depression is not a product of consciousness but of an irruption of the unconscious, the elaboration of the mood serves as a representation of the unconscious contents and tendencies that have accumulated in the depression. This process enriches and clarifies the feeling, bringing it and its content closer to consciousness. The feeling becomes expressible and thereby comprehensible. In this way a new situation arises, since the previously inarticulate feeling is articulated into a representation accessible to verbalization, thanks to the assistance and collaboration of consciousness. This marks the beginning of the transcendent function — that is, of the collaboration between the conscious and the unconscious (Jung, 1975, para. 167).

Alongside intellectual clarification, Jung highlights another way of treating depression: giving it visual form, if the client is gifted in the visual arts (Jung, 1975, para. 168). This approach to the treatment of depression is perhaps most faithfully worked out by David Rosen in his book *Transforming depression: A Jungian approach using the creative arts*. He illustrates his view of depression through the analogy of taking shelter in a cave, asking us to imagine aboriginal men and women forced to take refuge during the day in a dark cave in order to escape a predator, bad weather or an earthquake: hungry, cold and fearful, they are nonetheless safer than they would be outside, and their withdrawal from the light of day gives them a chance to regain their equilibrium. Depression, on Rosen's account, is analogous to seeking sanctuary in a cave; for the human psyche it is a natural reaction to a disruptive situation, and though unpleasant in many ways it is essential if the psyche is to adapt to, and live through, that situation. Alternatively, he suggests thinking of depression as a dark underground in which seeds from dying plants can germinate: if the soil of depression is nurtured properly, the result will be "New Life for the psyche" — psychic rebirth (Rosen, 1993, pp. 3–4). He further distinguishes adaptive depression — a temporary period of inactivity akin to the state of incubation preceding the emergence of creative ideas — from pathological depression, which arises when a person remains locked in this state of inactivity instead of moving through it (Rosen, 1993, pp. 4–5).

However, Jung distinguishes from depression a state in which there is only a general, dull and incomprehensible malaise, a resistance to everything, boredom, a vague disgust, and an indeterminate but tormenting emptiness. In such cases a definite point of departure is lacking and must first be created. Here a special introversion of the libido is required, assisted by external conditions (Jung, 1975, para. 169).

CONCLUSION: A FOURTH STRUCTURAL FEATURE OF PHARMACOLOGICAL ALIENATION

This is precisely the state described by clients on SSRIs, which Gruica terms pharmacological alienation. The Jungian critique of SSRIs, however, adds a further structural feature that the phenomenological critique overlooks — alienation from one's own psyche. By compelling the person to live in an inauthentic attunement with the external world, it simultaneously forecloses attunement with the inner world of their own psyche. Whereas depression, however unpleasant, offers a point of departure for coming into accord with the contents of one's own psyche — and consequently for progression in adapting to the external world as well — pharmacological alienation forecloses this possibility for as long as it lasts.

Significantly, this is a dimension for which the phenomenological framework has no vocabulary. All three of Gruica's structural features concern the subject's relation to the world, and none could register a disturbance in the relation to the unconscious, since that relation does not figure among the framework's categories. The omission is thus not an oversight but a limit of the framework itself. It is for this reason that I believe this response from a Jungian perspective is best concluded in the words of Thomas Moore: "If we persist in our modern way of treating depression as an illness to be cured only mechanically and chemically, we may lose the gifts of soul that only depression can provide" (Moore, 1992, p. 146).

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