

Perception, Action, and Depression

0. Abstract

Agential pathology (sometimes referred to as impaired agency or motivational pathology) is a phenomenon whereby people suffering from depressive illnesses struggle to initiate and sustain day-to-day action, in the absence of any identifiable organic motor abnormality. In this paper, I argue that all extant attempts to explain agential pathology share the same explanatory weakness; they are unable to account for why the phenomenon is typically accompanied by an experience of diminished practical significance of objects and features of the world (i.e. experiences of objects' and features' 'availability' for action or 'invitingness'). After outlining this *explanandum*, I argue that the two broad classes of theory already proposed to explain agential pathology (which I term mental state theories and somatic theories) fall short of explaining it. I use this explanatory lacuna to motivate a novel theory of agential pathology (which I term the perceptual theory). This posits that those afflicted by agential pathology struggle to act and experience diminished practical significance in the world around them due to an absence of certain action-centric perceptual representations. This both fills the explanatory gap left by mental state and somatic theories, and provides evidence for the explanatory indispensability of a number of controversial kinds of high-level, action-oriented perceptual contents.

1. Agential Pathology and Philosophical Psychology

People with depressive illnesses (that is, those in which depressed mood features as a central criterion for diagnosis, including Major Depressive Disorder and Bipolar Disorder) often report and exhibit difficulties initiating and sustaining day-to-day action (Oyeboode 2015: 294-298). This symptom can range in severity from a mild or moderate increase in perceived effort when acting, to a significant degree of apathy or lethargy, all the way through to near-total catatonia (Starkstein et al 1996). Call this phenomenon **agential pathology**. A vivid account of this is given by a participant in an internet questionnaire study on experiences of Depression, reported by Slaby, Paskaleva & Stephan (2013),

[Depression] makes me completely incapable of doing things. When I'm at my worst I can barely drag myself out of bed... I can't hold everyday conversations or complete everyday tasks. Even getting dressed feels like a challenge. (Q5, Response #292, cited in Slaby, Paskaleva, and Stephan 2013: 11)

Femi Oyeboode distinguishes between diminution of *motivation*, characterised as a "hypothetical [action-]activating factor" (2015: 294) and *will*, thought to encompass the capacity to make choices or express preferences (Jeannerod, 2006, cited in Oyeboode, 2015: 296). Failures of each of these capacities are thought to characterise some cases of depression and not others, though disturbances to motivation are more typical than disturbances to will (298). Oyeboode suggests that it may be difficult to distinguish them in clinical practice, since "[t]he observable end result [of both these impairments] is lack of action in the absence of any motor abnormality impairing action". I take it that by 'absence of any motor abnormality',

Oyebode intends to exclude clearly organic causes of action-impairment, such as may result from peripheral or central nervous system damage, amongst other things.

My working definition of agential pathology in what follows, therefore, is as follows; an impairment typical of depressive disorders, characterised by difficulty initiating and sustaining action, which is not the result of organic motor abnormality. This is not tremendously precise, but it captures the phenomenon of interest without immediately stacking the deck in favour of any particular style of explanation, so it will do for now.

Philosophers of Science and Mind have offered numerous candidate explanations of agential pathology. On one side we have those who explain a person's agential pathology by a hypothesised change in the folk mental states of the person with depression; typically aberrant changes to their beliefs or desires (M. Smith 1994; Law, 2009). Call these **mental state accounts**. On the other side we have (often phenomenologically inclined) authors, who explain it by a hypothesised disturbance in the experience of a person's bodily feelings (Fuchs 2005; B. Smith 2013; Ratcliffe 2015). Call these **somatic accounts**¹.

Each camp, as well as the distinct theories which compose them, have their explanatory strengths. Mental state accounts, for instance, have on their side that their hypothesised changes to belief, desire and intentional make-up are well-recorded by depression researchers (see e.g. how Iain Law (2009) explains agential pathology by invoking the kind of belief changes studied by Beck et al (1979) when developing their influential 'cognitive' theory of depression). Somatic accounts, on the other hand, prefer to emphasise their phenomenological adequacy. They have on their side the fact that they seem better able to explain the pervasive lethargy and *embodied* sense of impossibility that bodily actions are reported to take on in cases of agential pathology (see e.g. how Benedict Smith (2013) primarily motivates his version of the somatic account by appealing to the vivid first-personal reports of his own interviewees with Depression, as well as those of memoirists such as Gwyneth Lewis (2006) and Andrew Solomon (2001)).

I argue, however, that existing accounts all share a critical explanatory weakness; they are unable to properly account for the changes in the experience of objects' practical significance that are typical in cases of agential pathology. Typically, the relevant changes are related to the degree or manner in which objects and features of the world are experienced as *useable* or otherwise *available for use*. For instance,

When you're depressed it feels as though there is a huge distance between you and things, which are inert, unresponsive to your wishes. Now that I was feeling better, a pen would leap into my hand, soap seemed to cover me of its own accord... (Lewis 2006: 225).

I want to reach out to the world, but it isn't there to reach out to... (Benson et al 2013: 65)

¹ Since this is what the rest of the literature has done, I restrict my focus here to explanations of agential pathology that operate at the psychological (as opposed to neural or environmental) level.

It was as if the whatness of each thing ... the essence of each thing in the sense of the tableness of the table or the chairness of the chair ... was gone. There was a mute and indifferent object in that place. *Its availability to human living ... in the world was drained out of it.* Its identity as a familiar object that we live with each day was gone ... *the world had lost its welcoming quality.* (Hornstein 2009: 212-13, *emphasis mine*)

A natural interpretation of these passages, I think, is that the authors are reporting a change in how objects, features of the wider world, appear to be related to the agent's practical concerns. When an agent is depressed, objects do not seem *accessible*, *available*, or even *inviting* for use in satisfying the agent's wishes (or at least they seem much less so than when the agent was well). Despite *in fact* being relevant to the fulfilment of certain wishes the agent has, objects and features are experienced passively, possessing no *practical significance* to the agent's concerns.

Benson and colleagues identify this experience pervasively in their work on the feeling of being suicidal (2013), where most participants were diagnosed with some form of depressive disorder. They argue on the basis of extensive in-depth interview data, that in such cases, an agent commonly experiences a near-total disappearance of the sense that she is "integrated with her environment in the relationship of reciprocal action that is associated with ordinary living." (2013: 65). Agents instead report a feeling of abiding *inefficacy*, "of physical distance having been introduced between the self and the world" (65), and of being "unable to make any impression on the world whatsoever" (65). This is readily interpretable as a generalisation or extreme variant of the kinds of experiences described above; *all* or nearly all objects and features of the world have ceased to have practical significance to the agent, and so they feel constrained, or even trapped, with no resources for acting on the world seeming available to them.

A similar experience is identified by Slaby and colleagues in their description and analysis of agential pathology, where they suggest that, for people with depression the world seems to be "highly inaccessible, from a practical, active point of view" (Slaby, Paskaleva & Stephan 2013: 44). Similar experiences are also highlighted by Kendler (2016: 776), which reviews pre-DSM III attempts to describe depressive phenomenology and symptomatology. Though categorised as a kind of derealisation or depersonalisation, Kendler quotes Hornstein (2009: 212-13) as indicative of the phenomenon he is talking about. So, if these disturbances to practical significance *are* rightly described as a kind of derealisation or depersonalisation, it is vital to note that they are of a peculiarly *active* kind; objects and features are drained of their specifically *practical* essence.

Note that the disturbances to practical significance encountered in agential pathology are, in an important sense *unmediated*. The world, and its objects and features, simply *seem* to be lacking the availability or invitingness that they once had. This may persist despite an agent knowing or judging, in some sense, that the items *are* useable in this way. A depressed person who struggles to take a shower in the morning typically knows full well that their shampoo is available and useful to them in satisfying this goal, but

nevertheless it somehow does not immediately *seem so* to them. This may be overcome with significant effort, but the point is precisely that it will *require effort*, whereas someone who is well will not have to overcome the apparent lack of significance in the first place. Depressed people are not *dehuded* as to the basic utility of everyday objects, but something nevertheless seems to be ‘off’ about them, in a manner clearly associated with their practical utility.

There is an important distinction between two subtly different kinds of experiences being captured here. On the one hand, objects and features of the world are experienced as **unavailable**; recall the description in Hornstein (2009) of objects’ ‘availability to human living’ being ‘drained’, or in Benson et al (2013) of the world ‘not being there to reach out to’ (i.e. not being there in a specifically *active* sense). On the other hand, objects and features of the world are experienced as unusually **uninviting**; recall the description in Hornstein (2009) of the world having lost its ‘welcoming quality’, or in Lewis (2006) of objects as being unusually ‘inert’ or ‘unresponsive’.

Call the requirement that accounts of **agential pathology** explain these experiences the **practical significance constraint**. No existing mental state or somatic account is able to meet it.

2. The Challenges of the Practical Significance Constraint

2.1. Mental State Theories

The first class of theories I will examine attribute onset and maintenance of agential pathology to the absence or interference of folk mental states involved in action. Many of these theories owe a lot to philosophical theories of motivation, and some emerged specifically in the context of debates about the nature of (moral) motivation.

2.1.1. Desire Theories

Both Michael Stocker (1979) and Michael Smith (1994) make use of the character of ‘the depressive’ to offer an argument in favour of Humeanism about motivation. This is the view that there is a sharp ontological divide between beliefs (which lack intrinsic motivational force) and desires, willings and similar pro-attitudes (which are the ultimate source of all motivational force). According to Humeans, “cognitive states are wholly lacking in motivational power” (Law, 2009). Anti-Humeans judge that at least some beliefs (perhaps those regarding what is good or right, or what one ought to do) can motivate an agent in the absence of a suitable desire-like state.

Both Stocker (1979: 744) and Smith claim that the character of the depressive is one whose “evaluative outlook [is] intact” (Smith, 1994: 120) but who is nevertheless altogether lacking in motivation. The salient point here for Smith is that if this description is correct, then the depressive has exactly the same set of beliefs as an imagined virtuous agent, and yet fails to be motivated to act in the same way as they are (or, indeed, at all). This, he claims, is decisive evidence against the Anti-Humeans, since they cannot explain how such a situation (the apparent *total* separation of motivation from belief) comes to be. The

salient point for us is that Smith has implicitly offered a theory of agential pathology; in such cases as the one he describes, the agent is suffering from an absence of a number of the desires, or other pro-attitudes, required to motivate her to act. Her evaluative outlook (that is, her belief set) may remain unchanged, but her desires drain away. When she fails to act, it is because she lacks the desire to do so².

The problem with this view that should most concern us, is that the *unmediated* character of the loss of practical significance characteristic of agential pathology speaks against it. One of the peculiar aspects of agential pathology is that objects and features lose their practical significance, even when one wishes to make use of them to satisfy particular goals. These (common) cases cannot be explained away by the suggestion that we lack the relevant desires. Their peculiarity lies precisely in the fact that an agent's desire-profile is dissociated from their experience of practical significance.

2.1.2. Belief Theories

Iain Law points out that depression/agential pathology does not typically leave a person's evaluative outlook untouched, contrary to Smith's claim (2009). He points out that a widely accepted view of depression, Aaron Beck's cognitive approach, suggest that depression is rooted in the 'cognitive triad'; negative beliefs about oneself, the surrounding world, and the future, which produce "the other signs and symptoms of the depressive syndrome" (Beck et al 1979: 11). That is, depression is the sort of thing that pretty much *necessarily* entails a radical change in a person's evaluative outlook. So the characterisation of depression offered by Smith is faulty in any case; predictable patterns of belief change are not just typical, but *characteristic* (perhaps even *constitutive*) of depression, on Beck's view.

This point, by itself, is insufficient for our purposes (though of course it somewhat disarms Smith and Stocker's intended argument). Even if changes in belief are characteristic of depression, they may not explain agential pathology specifically. Law, however, has a persuasive argument to the effect that they might.

Take some negative belief typical of depression on Beck's understanding, for instance, 'I am a boring person, and people are uninterested in spending time with me'³. Now imagine a person, *A*, who holds such a belief about themselves, is at a party and notices that a person across the room from them, *B*, looks lonely, shy, and anxious. It is perfectly conceivable that *A* has the desire to help *B*, and yet on the basis of their negative self-belief, fails to do so. After all, *A* is likely to believe that no matter how shy and lonely *B* is, *B* will nevertheless not want to talk to them. In this case, instead of *A* lacking some

² Iain Law (2009) points out that one *could* interpret Michael Smith as not talking about *actual* people with depression, but rather some possible kind of person that he just so happens to evocatively name 'depressives'. If so then it would be unfair of me to treat this as a serious theory of agential pathology. Nevertheless, he also points out that it would be uncharitable to do so, since unless Smith has reason to believe the people he describes actually exist, he is merely asserting the possibility of exactly the situation that the Anti-Humean denies is possible. This would barely amount to an argument, let alone a dialectically decisive one, against the Anti-Humean position.

³ Many different beliefs will do the work for the purposes of this example, but I will stick with this one throughout for clarity.

motivating desire, one of their beliefs acts as a *defeater* to whatever other motivations they may have (Law 2009).

How does this theory fare with respect to the practical significance constraint? One might simply think that amongst the action-inhibiting beliefs held by the depressed person are included beliefs with content like ‘x is unavailable for my use’, ‘x is irrelevant to me’. This might, indeed, sometimes be the case, but two considerations tell against it being the whole story.

Firstly, because we have noted that diminution of practical significance in agential pathology persists even in the face of conflicting knowledge, it seems like a belief theorist will be forced to suggest that many of these beliefs will be held while a contradictory belief is also held; agents in the grip of agential pathology will often (indeed, typically) be hypothesised to both believe and disbelieve that some object is available to them for use. This already seems like an extravagance; while depressed people might be thought to entertain contradictory thoughts on occasion, this hardly seems to be the rule. Negative thinking does not imply, or even suggest, contradictory thinking, and the latter is not generally thought to be an especially common feature of depressive illness⁴.

Secondly, this picture entirely fails to explain why the diminution of practical significance in depression seems to be unmediated; the experience we are looking to explain is not characterised by deep and abiding cognitive conflict, or deliberative indecision over the state of the world. It is simply one in which how the world is *immediately presented* to people sometimes conflicts with what they know to be the case. This is not how having conflicting beliefs feels.

2.2. Somatic Theories

2.2.1. Fuchs

So much, then, for the explanatory adequacy of mental state theories. Some have proposed that agential pathology in depression is better accounted for by theories that place the body, and its role in shaping our sense of what is possible and important for us in our surrounding environment, at the centre of explanation.

One such view is due to Thomas Fuchs (2005). He distinguishes between two ways in which the body might be involved in experience. Primarily one’s body is the medium through which one has experiences of the wider world. Here, the body is the thing that enables you to experience other things, rather than being itself an object of experience. In this situation, it is not correct to say that the body is *unexperienced* or has receded from experience altogether. Rather, it is typically something of which we have background awareness; while we are primarily aware of the things that our bodies are interacting with (touching,

⁴ On the basis of my own experience, I will admit that this does happen sometimes, especially (in my case) when I am on my way out of a depressive episode and am explicitly challenging negative beliefs when they arise in consciousness. But diminutions in practical significance do not track these situations. Objects can appear unavailable to me in the relevant sense both when I am utterly convinced that they are, and when I begin to explicitly doubt my own capacities to a degree that makes it seem plausible that they in fact are not.

seeing, hearing, etc), we are aware of our body *as the thing enabling the interaction*. This particular kind of feeling of one's body, or its constituent parts, as the enabler of experience of the external world is termed a *noetic* feeling (Colombetti & Ratcliffe 2012).

The body, or its activities and parts may, however, also be experienced as an *object* of awareness. Here, the body is primarily felt to be the thing being experienced, rather than the thing enabling experiences of external features of the environment. Here, the body is at the foreground of experience, and is typically experienced much as any other physical object can be. Call these kinds of bodily feelings *noematic* (Colombetti & Ratcliffe 2012).

The contrast between noetic and noematic feelings can best be characterised by example. Suppose you are running your hand over a wooden table. Your experience includes the feel of the wood under your hand, but also a background awareness of your hand itself, especially where it is in contact with the wood. Though your hand has not vanished from experience (you are not unaware of it), you are primarily aware of it simply as the thing enabling you to feel the wood grain. Or consider a case where you are waiting for a person to arrive for an important appointment with you, and they are running late. The objects of your awareness are unlikely to include your body. You will instead be focused on the world; the door through which they may walk at any moment, the rapidly cooling cup of coffee you bought for them, your watch, and so forth. But all of these aspects of the experience are shot through with a sense of tense anticipation and/or anxious energy, which is in part the product of the tightness and restlessness of your body entering into the experience in the background. The tense anticipation of the whole situations is made manifest *through* a tense bodily feeling. These are both noetic bodily feelings.

Contrast these with noematic feelings; you remove your hand from the wood and focus your attention on it while you do nothing else with it. Here, your hand is the object of your awareness, it is in the foreground of your experience, and it is not felt to be the *mediator* of your experience of something else. Or consider the experience of feeling your stomach rumble, or feeling a sharp pain in your head that lacks any apparent external cause. In both of these cases the body is experienced as an object of experience, not as something that enables you to experience external objects. Or consider a situation where you are performing a 'full-body scan', perhaps as a form of mindfulness therapy or meditation. As you shift your attention from your feet, moving it up your legs, to your stomach, chest, and so on, you experience each of these body parts noematically; that is, as distinct objects of awareness rather than as mediums of interaction with the wider environment.

There is a key point to introduce here. It is generally thought that both the feeling of the body as a mediator of experience and the ability of an agent to use it effectively as such (i.e. to effortlessly engage in habitual, day-to-day activity) are diminished by its being a primary object of awareness. That is, the more the body is felt to be at the foreground of experience, the less it is experienced as a medium of engagement with the external world, and the more effort is required to use it for that purpose. Consider, for instance, a case where a typist reflects for too long on the precise movements and sensations of their

fingers. The more the fingers (rather than, say, the keyboard or computer screen) become the objects of awareness, the less they are experienced as a tool for typing, and the less effective they become as tools to actually type with.

According to Fuchs, depression, (or ‘melancholia’ as he sometimes calls it) is characterised by a diminution of noetic bodily feelings (which he refers to as feelings in which the body is ‘transparent’), and a concurrent enhancement of certain kinds of noematic bodily feeling⁵. In particular, the body ceases to be experienced as a medium of contact with the world, and is increasingly involuntarily experienced as a *heavy and unwieldy* object of foreground awareness; one that impedes the agent’s ‘access’ to the wider world. He labels this process *corporealization* (in the non-standard sense of increasingly resembling a corpse). Since the body is no longer experienced as the kind of thing that enables action, but rather as an impediment to it, the agent struggles to act with the fluidity that they once did. Fuchs writes,

To act, patients have to overcome their psychomotor inhibition and push themselves to even minor tasks, compensating by an act of conscious effort for what the body no longer does relatively effortlessly. (2005: 99)

Here we see how this theory places the body at the centre of the explanation of an agent’s struggle to act. The difficulty emerges precisely because ‘acts of will’ (paradigmatically mental efforts) must compensate for the fact that the body no longer functions as an effective interface between the agent and the world, and must instead be forced into action despite being increasingly experienced as a barrier between the agent’s intentions and the wider environment, rather than an enabler of them.

Fuchs leaves unclear how we should understand the *mechanics* of this retreat of noetic feeling and concurrent encroachment of noematic bodily awareness. He does, however, tell us that the normal neurobiological underpinnings of these sorts of bodily feelings is the integration of various kinds of proprioceptive and otherwise kinaesthetic information (Fuchs 2005: 96). Thus we may sensibly infer that he thinks disturbances to these feelings involve disturbances to the same systems. The details, however, are not important for our purposes.

Fuchs’ core proposal is that the process of corporealization inhibits an agent’s ability to *initiate* and *sustain* action. Smooth everyday action is typically (in part) enabled by a feeling of the body as an active mediator of world-directed action. In cases of agential pathology, the body is increasingly experienced instead as a passive object of foreground awareness; something which must be effortfully forced to move, rather than something that enables engagement with the outside world.

⁵ It is worth noting that noematic bodily feelings are not necessarily disabling in this way, or to any significant degree. Rather, the *involuntary* and *pervasive* way in which the body becomes an object of experience is supposed to be the key to understanding the role this change plays in bringing about agential pathology.

Importantly, however, Fuchs' core proposal cannot yet explain why agential pathology interferes with experiences of practical significance, simply because it concerns itself only with explaining the characteristic failure to initiate and sustain action.

2.2.2. Smith & Ratcliffe

A variant of Fuchs' core proposal, however, developed in detail by Matthew Ratcliffe (2015) and Benedict Smith (2013), suggests that the kinds of changes to bodily feelings invoked by Fuchs interfere with more than just an agent's ability to initiate action. They also, so Ratcliffe and Smith claim, interfere with an agent's sense of what they could *possibly* do, as well as wider kinds of practical significance of environmental features and objects.

Their thought proceeds as follows. In addition to enabling the body to be a medium through which the world can be interacted with, Smith argues that particular kinds of bodily feelings also render the body "that through which [worldly] things are experienced as meaningful in various ways" (2013: 626). The body is not just a medium of interaction between an agent and the world around them, but "is directly involved in shaping the meaningful contours of the world in ways that are usually inextricable from experience" (2013: 627). In particular, bodily feelings are the primary medium through which we experience the opportunities for action that the world presents us with. Crucially, the claim is not simply that *what we can do* is in part determined by our bodily make-up (which, I take it, is uncontroversially true), but rather that our implicit *sense* of what we can do, and what we are attracted to do, in a given situation is partly determined by the quality of our experience of our own bodies.

This claim seems at least *prima facie* plausible. It seems somewhat plausible that ordinarily, if I experience the keyboard in front of me as something that I can type on, that sense is partly determined by a background awareness of my hands as things that can be used to type. That is, my experience of this action-possibility is partly determined by experiencing my body, or some relevant part of it, as the sort of thing that is able to perform that sort of action (typing). This is another kind of noetic bodily feeling; an awareness of the body as that through which *specific* things can be done.

Cases of awareness of possibilities for action where the body does *not* play this subtle role might also be thought to be unusual in the following sense; they are cases where I actively consider the various possibilities offered to me by the environment, and make an effort to 'think outside the box'. For instance, it is plausible that I have a noetic bodily feeling that partly determines my sense that the keyboard is something that I can type with, but less plausible that I have such a feeling partly determining my sense that I could pick up the keyboard and use it to batter the person sitting next to me around the head. This is at least in part because the first kind of experienced possibility is something that I experience as part of the flow of ordinary day-to-day action, and the second is an abstract judgment of something that I could do. That is, the first kind of experienced possibility is of practical significance to me, and the second is not. It is the practically significant action-possibilities in my environment that are partly revealed to me through experiences of bodily feelings, according to Smith (2013) and Ratcliffe

(2015). So, if depressive experience involves a process of corporealization (specifically, a retreat of noetic bodily feelings), then it stands to reason (or so Smith and Ratcliffe posit) that the practical significance of various environmental action-possibilities will retreat along with it. In such a case we would expect increased psychological effort to be required to act (which Fuchs observes), and for depressed persons' sense of action-possibilities to take on a more explicit and deliberative character (that is, more like the 'battering-my-neighbour' possibility than the 'typing' possibility).

The central claim of these accounts is that corporealization not merely creates difficulties initiating actual actions, but also disturbs our sense of what we can do, and what is otherwise significant to us in our environments. That is because, so Ratcliffe and Smith claim, bodily feelings are the primary medium through which we experience environmental significance of various kinds.

This variant of the somatic account appears, in principle, able to satisfy the practical significance constraint. The hypothesis that bodily feeling determines the practical significance of objects in and features of the wider environment is exactly what this account adds to Fuchs' basic somatic story. A wide range of ways in which features of the environment can appear significant depend critically, according to this view, on the presence of the right kind of bodily feelings and orientation. Feelings that relate the agent not to the world through their body (noetic), but to the body itself (noematic) are also likely to be of the sort that will impede experiences of practical significance. If the objects and features of the world are experienced by us as practically significant (and, in particular, actionable) in virtue of the background experience of a transparent, mediating body, then the involuntary encroachment of opaque, objectified bodily experiences will interfere with those same experiences.

Two questions remain completely unanswered, however, which together raise serious concerns about somatic theories' explanatory capacity. These are as follows. Firstly, why should someone believe that the character of our background bodily feelings does, in fact, determine all (or even a majority) of our experiences of practical significance (i.e. do Smith or Ratcliffe have an argument available for this particular claim beyond repeating the introspective claims of historical phenomenologists)? Secondly, how are Ratcliffe and Smith to *explain* this determination, even if we grant that it holds?

On the first point, I can appreciate the *prima facie* attraction of thinking that bodily feelings shape my sense of objects' practical significance in some cases. For instance, when I am holding a pen in my hand, whether my focus is on my fingers or the pen (as-gripped-by-my-fingers) clearly affects how 'available for writing' it feels. That much is introspectively reasonable, though not decisive (at least to me). But it is not remotely obvious that this generalises, especially to objects that I am not currently in bodily contact with. The sense in which my shampoo seems available or inviting to me when I am showering, and not so when I am shaving in the same room, is not obviously connected to any change in bodily feeling. Changes in experience somewhat like this are a huge proportion of those we are seeking to account for with a theory of Agential Pathology; we want to explain what has changed when I become depressed, am showering, and now experience my shampoo bottle as practically insignificant; unavailable and uninviting.

Unlike advocates of mental state theories, Ratcliffe and Smith will be hard-pressed to suggest that the change is unconscious. While I may readily conceive of myself to be in mental states of which I am not aware, it seems almost contradictory to suggest that I am having a bodily feeling of which I am unaware. Of course, bodily feelings can be more-or-less foregrounded in experience, but I am inclined to think that if I don't *feel* anything, then I cannot count as having a *bodily feeling*. Naturally, those more sympathetic to Ratcliffe or Smith than me need not try to make such a claim. But in that case, I think the burden is on them to precisely identify the kind of bodily feeling that could account for such a case. As it stands, characterising these changes of practical significance as all or even mostly determined by changes in bodily feeling strikes me as simply phenomenologically inaccurate. Whatever the difference is, it does not feel to me to be somatic.

Secondly, even if I entertain, for the sake of argument, the hypothesis that many or most of these kinds of practical significance are determined by bodily feelings, it is not obvious how we are to go about explaining that determination. It is tempting to say that various kinds of practical significance (say, the *availability* or *invitingness* of objects) are *represented* in some aspect of my experience. But while it is not wholly implausible to think of some kinds of bodily feelings as representing things about the world (perhaps pains or itches do this (see Klein 2007)), it is highly unnatural to think of a wider class of bodily sensations as representing *anything*, let alone complex properties of objects in the wider environment. For one thing, most bodily feelings seem to lack the requisite structure to represent complex environmental properties. This is, one slight advantage that (some) mental state theories had with respect to the practical significance constraint – they, at least, are naturally thought of as structured, representational entities. Absent this option, it is hard to see how this determination relation could be unpacked in a psychologically plausible way.

Note that my claim here is not that somatic accounts are fundamentally unable to satisfy the practical significance constraint. My claim is more modest; no explanation is *currently* forthcoming as to how any *existing* somatic account could satisfy it in its full complexity.

So we have arrived at an explanatory impasse. Mental State Theories of agential pathology struggle to account for the *unmediated* experience of diminished practical significance, at least in its full generality. And while Somatic Theories may explain why such experiences strike us as unmediated features of experience, they struggle to account for the apparent representational complexity of the properties in question.

This thought takes us to my main proposal; we should look for an explanation of diminished practical significance in perceptual states. These have the key advantage of being naturally thought of as immediate features of experience, while also being structured, representational entities.

3.0. Perceptual Theories of Agential Pathology

3.1. Perceptual Disturbances in Depression

We should pause here and consider the evidence that perceptual disturbances are a common but often unrecognised feature of Depression. Such changes are not often the focus of research. More often, psychologists take negative beliefs, low mood, anhedonia, and (occasionally) somatic symptoms to be their primary explanatory target (for a few notable exceptions, see Bubl et al 2010; 2009). This lack of focus should be somewhat surprising after one has read a few first-person accounts of depression. Many people with Depression speak of abnormalities in the way they perceive the world. For instance,

The world now looks remote, strange... uncanny. Its color is gone, its breath is cold, there is no speculation in the eyes it glares with. (James 1902: 151)

It feels as if I am a ghost – I cannot touch or see the world clearly and it all becomes grey and transparent. (Anon, cited in Ratcliffe 2015: 33)

...wherever I sat—on the deck of a ship or at a street café in Paris or Bangkok—I *would be sitting under the same glass bell jar*, stewing in my own sour air. (Plath 1963: 178, *emphasis mine*)

These reports give *prima facie* evidence that severe depression is associated with certain perceptual abnormalities. If we take these quotes at face value, we are inclined to think that to the depressed person the world *looks* different; somehow distant, cut off, or even not really there.

I think the reason why these phenomena do not receive more attention is that they are deemed a comparatively uninteresting consequence of other symptoms; they are thought to be the direct consequence of, say, a low mood, and it is assumed that they will dissipate when that underlying symptom is relieved (for a recent exception see Golomb et al 2009). More importantly, I think they are generally assumed to hold no independent explanatory power of their own. That is, they are not thought to figure in an explanation of any other feature of depression⁶. As far as depressive symptomatology goes, perceptual abnormalities are deemed to be *epiphenomena*.

In this section, I will argue that there is reason to think that such a view is mistaken. The kinds of perceptual abnormalities involved in Depression include experiences of diminished practical significance.

3.2. Perceptual Theories of Agential Pathology: Overlooked Contenders

My hypothesis is that there are numerous kinds of perceptual representation, present in everyday perception, the *absence of which* can explain both why agents' with depression exhibit difficulty initiating

⁶ See Fitzgerald (2013) for a recent exception. In that paper, it is argued that perceptual abnormalities might mediate anhedonia in Major Depressive Disorder.

and sustaining action, and why the world's features and objects seem to lack practical significance⁷. I will refer generically to all of these kinds of perceptual representations as *ecological perceptual representations*⁸. The different kinds of ecological perceptual representations I will refer to in what follows define an overlooked class of perceptual theories of agential pathology.

3.2.1. Action-Property Theories

Firstly, and most simply, one might think that ordinary perception involves the representation of action-properties. That is, one might think that ordinary perception (at least sometimes) involves representing apples as *edible*, ladders as *climbable*, mugs as *graspable*, and so forth. Bence Nanay has made two different arguments for this claim (2011; 2012). Specifically, he argues that a typical agent *a*, for many different kinds of action *Q*, regularly perceptually represents objects as *Q-able* for *a* (henceforth I abbreviate this to simply *Q-able*). On this story, we have one plausible way of explaining diminished practical significance; for a wide range of objects and values of *Q*, a depressed person fails to perceptually represent those objects as *Q-able*. Thus, much of the world *appears* to the agent to be unavailable for action.

Moreover, Nanay (2012) argues that to perform an action, *Q*, with an object, *x*, an agent, *a*, must represent *x* as *Q-able*, in the sense of representing that it is not impossible for *a* to *Q* with *x* (perceptually or otherwise). That is, I regularly perceptually represent apples as edible, and in order to actually eat the apple I *must* represent it (perceptually or otherwise) as edible for me, in the sense of representing it as not impossible for me to eat it.

If correct, this does not imply that it is *necessary* to perceptually represent an object as *Q-able* in order to *Q* with it, but it does suggest that perceptual representation of *Q-ability* is a common way in which one necessary condition on *Q-ing* is satisfied in practice. If so, then it stands to reason that persistent failure to perceptually represent objects as *Q-able* could be expected to lead to a persistent failure to act. Thus this account of the experience of unavailability is, in the basic sense, a viable explanation of agential pathology; it is able to explain why agents suffering this specific impairment would fail or struggle to act.

This kind of story can easily explain why objects and features in the world strike a person suffering from agential pathology as unavailable or unusable. The normal representations of their *Q-ability* (usability) are simply absent from the contents of that person's perception. It is conceivable that this can be overcome by representing the relevant properties cognitively instead of course, but this pattern explains the overly effortful character of the actions of those with agential pathology that we have already noted. On this

⁷ This contrasts with an alternative possible position that I will not consider where one thinks some property, or property-complex, can be *positively represented* in perception such that objects and features of the world are perceived to lack practical significance. I do not consider this proposal, simply because I do not know how to begin to cash it out, though I do not rule out that there might be a way to do so.

⁸ I name them in this way as a nod to the tradition of Ecological Psychology (Gibson 1979), which has historically been the area of Psychology most inclined to closely tie perception and action together in the way these accounts do. I do not intend to suggest that any of these accounts share everything, or indeed much, else in common with contemporary Ecological Psychology.

picture, individuals are cognitively compensating for a peculiar kind of perceptual disturbance or failure. This is a solid explanation of objects' and features' experienced unavailability.

3.2.2. Guiding Intentionality Theories

One might also posit that ordinary perception involves not just an *informing*, but also a *guiding* form of intentionality. It is often taken for granted that perceptual representations are solely belief-like in the sense that they only purport to tell us what features the world has and what objects it contains (they exhibit only *informing* intentionality). But one might think that perceptual representations can sometimes function more like desires or intentions by 'telling' us, directly, what to do with those features and objects (they exhibit *guiding* intentionality as well). This is a claim defended by both Sebastian Watzl (2014) and Susanna Siegel (2014).

There are many different kinds of contents one might attribute to perceptual representations in order to make sense of this. One might, for example, suggest that the contents of certain perceptual representations are imperatival; of the form [Do Q!] (a suggestion that mirrors certain recent suggestions in the Philosophy of Pain/Itches, see Watzl 2014: 418, Hall 2008, and Klein 2007). Alternatively, one might follow Susanna Siegel (2014) and say that the contents of certain perceptual representations are *soliciting*. That is, they represent some object x as [to-be-Q'd]. For instance, a slice of chocolate cake may be perceptually represented as [to-be-eaten].

If this sort of view is onto something, then we have a way of explaining objects' and features' uninvitingness. On this view, uninvitingness would be a product of the diminution or absence of these guiding perceptual representations. The world would look inert to the depressed person because their visual experience is lacking its typical *guiding* form of intentionality. Consequently, their perceptual representations do not command or solicit them to act in the way they normally would.

If we permit that perception may exhibit these guiding forms of intentionality, then experiences as of objects being uninviting or inert (in addition to being unavailable or unusable) also make literal sense; it is plausible that what is missing in such cases is an explicit representation of these objects as soliciting, inviting, or demanding certain kinds of action.

The upshot is that the admission of both action-properties and guiding intentional contents into our generates a new theory of agential pathology that neatly satisfies the practical significance constraint. This gives it a notable advantage over its rivals and establishes it as a serious explanatory contender.

4. Conclusion: Moving Forward

The main purpose of this paper is to argue for the serious consideration of perceptual theories of agential pathology. I hope that I have done so, opening up interesting new possibilities for the study of the significance of perceptual disturbances in explaining paradigm features of Depression.

The hypothesis that the representation of action-properties and guiding forms of perceptual intentional impede action in Depression should not be taken as an attempt to account for everything of explanatory significance when it comes to agential pathology. The strengths that mental state and somatic theories had are not diminished by the fact that perceptual theories account for one (albeit important) feature of agential pathology than they do. The explanatory limits of perceptual theories are unclear at this stage, as they have not been well investigated. I strongly suspect, however, that a full account of agential pathology will require i) a more thorough exposition of its characteristic phenomenology and ii) a broad explanatory pluralism, deploying resources brought to the table by the mental state, somatic, and perceptual camps. Perceptual theories, I suspect, are therefore *complementary*, not in competition, with mental state and somatic theories.

If perceptual theories *really are* indispensable to a satisfactory account of agential pathology though, this has immediate ramifications that are more widely philosophically significant. Claims that perception represents action-properties and guiding forms of intentionality are highly controversial. Many theorists think that perception is limited to relatively low-level contents (e.g. shape, colour, illumination, depth) and that further information about the nature of those contents is a matter for relatively high-level cognition (see, e.g., Tye 1995; Clark 2000). If we cannot explain agential pathology satisfactorily without positing ecological perceptual representations, then this picture comes under significant pressure. Remember, perceptual theories of agential pathology do not posit the pathological *addition* of certain kinds of perceptual representations, but the *absence* of otherwise common representations. I suspect that the aforementioned views of the contents of perception will struggle to explain this without admitting ecological perceptual representations into their ontologies. Philosophers of Perception, no less than Philosophers of Psychiatry, need to explain pathological experiences, so that they may ensure their theorising remains consistent with them.

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