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Why Should a Doctor Read *Nausea*?

A Philosophical Analysis of Depression for Health-Science Majors

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Abstract

Depressive disorders affect approximately 19 million adults in the United States every year and are the leading cause of disability for ages fifteen through forty-four (Serani 1). Of those who recognize their depression, only 25 percent will seek treatment for their symptoms; the other 75 percent will suffer silently. While some individuals are discouraged from seeking treatment due to stigma, others may neglect treatment simply because they are unaware that they are experiencing depression. For these reasons, a deeper understanding of the experience of depression is needed now more than ever.

To meet this need, I created an interdisciplinary undergraduate course rooted in literature and philosophy. The course is designed for junior and senior-level students who plan to enter the healthcare field. However, the course is a deviation from the traditional science-based course that teaches students about depression. It is discussion-based and centers on reading novels and texts about depression to explore how literary narratives are able to help us expand our understanding of depression and ultimately improve communication with patients with depression.

Motivation

Depression is a misunderstood and stigmatized disease. All too often, people who have not experienced depression are quick to dismiss the disease as a minor, trivial concern. Even the word “depression” is commonly used as a synonym for “sad.” Yet depression is so much more than sadness.

As someone who has never experienced depression but has a family history of depression and suicide, I have spent a long time trying to understand the disease. It was not until late in my high school years when I read *The Catcher in the Rye* by JD Salinger that I began to understand depression on a deeper level and realized the power of experiential learning in the form of novels. I could see much of myself in the protagonist, Holden Caulfield—so much that I actually felt as if I *were* Holden throughout most of the book. However, deep immersion in the story also allowed me to understand how drastically Holden and I differed. Though we shared common, everyday thoughts about phony people and meaningless situations in life, his thoughts enveloped him in immeasurable sadness, while mine did not. Held at the mercy of his thoughts, Holden began to self-destruct towards the end of the novel, and I realized that my literary experience had allowed me a small glimpse into the life of someone with depression.

I have since discovered other novels of the same sort—the kind that evoke emotion and allow each reader to learn something new about him or herself. For this reason, I have designed an undergraduate course that relies heavily on the power of novels, with the hope of providing students like me with a better experiential basis for understanding depression. I also hope this course will be helpful for students who have experienced depression to better understand their own situations. In *The Catcher in the Rye*, one of my favorite Holden quotes is, “Lots of times you don’t know what interests you most until you start talking” (Salinger 188). My goal for this

course is to start a meaningful, enduring conversation about depression that will ultimately help those who are affected by depression and those who love and care for them.

Course Description

This course seeks to help undergraduate health-science majors deepen their understanding of the experience of depression through literature and philosophy. Specifically, it is designed for junior and senior-level undergraduate students who plan to enter the healthcare field. Before beginning the course, students will be required to complete an introductory level psychology course in order to gain basic scientific understanding of depression, as well as recognize the complexity and controversy surrounding the disease. This scientific base will be built upon during the course, which is rooted in literature and supported by philosophical texts. However, the course is a deviation from the traditional science-based course that teaches students about depression. It is discussion-based and centers on reading novels and texts about depression to explore how literary narratives are able to help us expand our understanding of depression and ultimately improve communication with patients with depression.

Course Objectives

At the end of this course, the student will:

- Deepen her grasp of the lived experience of depression through narrative content and structure of novels
- Recognize the ways that philosophy can help us to think well about the experience of depression
- Think about the experience of depression in relation to her own lived experiences
- Be better able to reflect upon and discuss the experience of depression

Required Texts

- *Literature and Knowledge* by Dorothy Walsh
- *The Message in the Bottle: How Queer Man Is, How Queer Language Is, and What One Has to Do with the Other* by Walker Percy
- *Signposts in a Strange Land* by Walker Percy
- *The Catcher in the Rye* by J.D. Salinger
- *Nausea* by Jean Paul Sartre
- *The Bell Jar* By Sylvia Plath
- *Hyperbole and a Half: Unfortunate Situations, Flawed Coping Mechanisms, Mayhem, and Other Things That Happened* by Allie Brosh
- *Living with Depression: Why Biology and Biography Matter along the Path to Hope and Healing* by Deborah Serani

Course Structure

Unit 1: What is depression, and why do health-science majors need to understand more than the science of the disease?

Literature and Knowledge by Dorothy Walsh sets the stage for the entirety of the course and builds a framework for the study of how literature can lead readers to a certain type of understanding. First, Walsh establishes the characteristics that make literature different from other written works. “A linguistic composition is, or aspires to be, artistic in so far as it is non-teleological and moves towards *closure*, whereas it is non-artistic in so far as it is teleological and moves toward *conclusion*” (Walsh 37). In other words, things that are teleological, like directions for assembly of a table, move towards an end goal—once the end of the set of directions is reached, the table is hopefully assembled and the directions are discarded.

Literature, on the other hand, is non-teleological because books can be read and re-read—experienced over and over again. There is no end goal with reading literature as there is for reading directions.

Walsh understands that reading literature is interconnected with human experience, but she also affirms that the purpose of literature is not simply to provide us with vicarious experiences that readers would otherwise not be able to attain in their own lives. Instead, Walsh believes that literature can help readers *have* experiences in their lives and live on a deeper, more aware level. “What is singled out as ‘an experience’ is never just a case of mere awareness but always a matter of awareness of awareness” (Walsh 92). Sometimes, physical experiences are not enough, and experiencing something through literature can make certain situations more palpable. One must have an awareness and consciousness of her experiences in order to fully understand them. Along those same lines, literature also contains an element of truth. Literature does not exist to make a point—rather, it gives the reader an experience that he or she deems to be authentic. “When we pronounce something to be authentic or inauthentic we are not saying that it corresponds or fails to correspond to some sort of knowledge about this or that, neither are we giving it some sort of plausibility; we are saying, in effect, “It rings true” or “It rings false” (Walsh 125). A novel that captures the authentic experience of depression is *The Catcher in the Rye* by JD Salinger.

The Catcher in the Rye features Holden Caulfield, a high school student who is dissatisfied with life and dismayed by all the “phony” people he meets. He is preoccupied with phoniness, but at the same time, is quite insincere himself. “Then I started reading this timetable in my pocket. Just to stop lying. I can go on for hours if I feel like it. No kidding. *Hours*” (Salinger 76). Holden takes great care to preserve his carefully crafted, cavalier image and

attitude. Underneath his charming demeanor, however, lies a great emotional trauma he has dealt with since age thirteen, when his younger brother, Allie, died of cancer. “I was only thirteen, and they were going to have me psychoanalyzed and all, because I broke all the windows in the garage” (Salinger 50).

Holden also lacks motivation in school, and he has been expelled from a handful of high schools. He is a talented writer and excels in English (when he puts his mind to it), but does not feel motivation to engage in his other subjects. He feels as though school is “bogus” because the life that school prepares you for—which involves getting a job to make money, have a family, and eventually die—is pointless and phony. After being expelled from his latest school, Pencey, Holden decides to explore New York City to avoid returning home and facing his parents. However, when he leaves school, he feels nostalgic and even sad about his situation. “When I was all set to go, when I had my bags and all, I stood for a while next to the stairs and took a last look down the goddam corridor. I was sort of crying. I don’t know why” (Salinger 68).

Holden takes the train to New York City, and his tough, uncaring façade quickly slips away. His hatred for phony people seems to stem from his disappointment with himself and lack of personal fulfillment. Being alone is Holden’s greatest source of sadness, so he goes to New York City to be around people. Yet, the more people he talks to, the more depressed he becomes. He catches a taxi from the train station to a hotel, where he aims to spend the night with a prostitute named Sunny. Holden ends up feeling like just talking with Sunny, but she does not feel comfortable doing so. When Sunny begins taking off her clothes, Holden feels sad instead of sexy. “I know you’re supposed to feel sexy when somebody gets up and pulls their dress over their head, but I didn’t. Sexy was about the *last* thing I was feeling. I felt much more depressed than sexy” (Salinger 123). After Sunny leaves, Holden feels even more depressed.

“Boy, I felt miserable. I felt so depressed, you can’t imagine. What I did, I started talking, sort of out loud, to Allie. I do that sometimes when I get very depressed” (Salinger 129).

After a couple of failed nights out on the town, Holden decides to return home early and talk with his sister, Phoebe. Phoebe is ten years old, very intuitive, and guesses that Holden has been expelled from school. He tries to explain to her that he did not like anything that was happening at Pencey. Phoebe, however, recognizes Holden’s dissatisfaction with life, not just high school. “You don’t like *anything* that’s happening... You don’t like any schools. You don’t like a million things. You *don’t*” (Salinger 220). Phoebe’s declaration makes Holden even more depressed, and he eventually decides to leave home for good and move west.

Before he departs, Holden tracks down Phoebe in order to say goodbye. However, she wants to head west with him and has her suitcase in tow. In order to convince her to stay at home, he suggests she skip the rest of the school day and go to the zoo with him. At the zoo, Phoebe rides a carousel, and Holden sees her innocence and non-phoniness. He finds that Phoebe is his motivation to stay at home and seek treatment for his depression. “I felt so damn happy all of a sudden, the way old Phoebe kept going around and around. I was damn near bawling, I felt so damn happy, if you want to know the truth. I don’t know why. It was just that she looked so damn *nice*, the way she kept going around and around, in her blue coat and all” (Salinger 275).

At the end of the novel, Holden is receiving treatment for his depression and talking with psychoanalysts. Things begin to look up, as he has plans to attend a new school after treatment. However, his future still hangs in the balance, as his struggle with depression will be a lifelong battle. Holden needs to deal with his depression day by day. “A lot of people, especially this one psychoanalyst guy they have here, keeps asking me if I’m going to apply myself when I go

back to school next September. It's such a stupid question, in my opinion. I mean, how do you know what you're going to do till you *do* it? The answer is, you don't. I *think* I am, but how do I know?" (Salinger 276).

Holden's struggles and uncertainty about life and the future bring to light the necessity for health-science majors to understand more than the science of depression, especially because depression affects everyone differently. Two essays from the book *The Message in the Bottle: How Queer Man Is, How Queer Language Is, and What One Has to Do with the Other* by Walker Percy—"From Facts to Fiction" and "The Coming Crisis in Psychiatry"—address this need for using literature and philosophy to better understand depression. In "From Facts to Fiction," Percy, a philosopher and physician, speaks of his job as a pathologist in a hospital. He was attracted to the pathology laboratory, "where it seemed medicine came closest to being the science it should be and furthest from the arts and crafts of the bedside manner" (Percy 187). He, like other physicians, evaluated illness via "the mechanism of disease," or the scientific principles or causative agents of the disease. However, upon contracting tuberculosis and having to put his medical career on hold, he became less interested in the physiological and pathological processes in the human body and more interested in a major human problem that science could not explain: "what it means to be a man living in a world who must die" (Percy 188). As a result, he put aside his scientific textbooks and began to read novels and philosophical texts to better understand the human condition.

In "The Coming Crisis in Psychiatry," Percy reveals that his exploration into literature made him reevaluate psychiatry, which he originally considered a biological science and eventually came to view as a humanistic discipline. He believes that American psychiatrists, "whose business is mental health, were silent about the sickness of modern man, his emotional

impoverishment, his sense of homelessness in the midst of the very world which he...has made over for his own happiness” (Percy 252). Percy argues that psychiatry, with its scientific concept of man, is unable to evaluate the predicament of modern man. While organisms thrive in good environments and wither in bad, humans do not behave that way. Essentially, a human being can have every biological need—such as food, water, and shelter—met but can still feel alienated from his or herself. This discrepancy leaves us to wonder, who really is mentally healthy? According to Percy, science may not completely answer this question. “If biological standards no longer suffice, then our criterion of mental health must derive from the unique traits of human existence” (Percy 260). These unique traits of human existence can be experienced through the humanities and literature.

A deeper understanding of the experience of depression is needed now more than ever, as depressive disorders affect approximately 19 million adults in the United States every year and are the leading cause of disability for ages fifteen through forty-four (Serani 1). Of those who recognize their depression, only 25 percent will seek treatment for their symptoms; the other 75 percent will suffer silently. While some individuals are discouraged from seeking treatment due to stigma, others may neglect treatment simply because they are unaware that they are experiencing depression. The book *Living with Depression: Why Biology and Biography Matter along the Path to Hope and Healing* by Dr. Deborah Serani offers a basic understanding of the nature and features of depression, treatments that are commonly used, and stigma against mental illness.

According to Serani, a clinical psychologist, depression is not experienced in a universally uniform way. The factors that make depression unique include biology (genetics) and biography (life experience). To illustrate the ways in which people can be affected by

depression, Serani shares her personal experiences living with postpartum depression and major depressive disorder, which she has battled since her late teens. She states that she feels fortunate to have recognized her depression so that she could seek treatment and shares her story as a “reminder that depression can be treated and that there should be no shame in living with mental illness” (Serani 15).

In order to cope with her depression, Serani found comfort in researching depression, treatment methods, and stigma so that she felt well acquainted with the many facets of her diagnosis. She became particularly interested in the different types of stigma that someone experiencing depression must deal with, including self-stigma, public stigma, or stigma by association. Each type of stigma is characterized by the assumption that the person experiencing depression is less capable or of a lower social status because of her depression. Due to the fact that stigma often prevents people from seeking treatment for depression, Serani encourages those who are depressed to learn more about stigma as well as their own depression. She believes that being educated about one’s own depression can make healthcare a collaborative participation between provider and patient. With its reader-friendly format and extensive appendix and glossary, Serani’s book sets the stage for a deeper conversation about depression and stigma.

Unit 2: What can literature teach us about depression?

Literature is a way to experience and become involved in a story that is not one’s own. Novels have the ability to allow the reader to disengage from her life and live as someone else for a short period of time. This phenomenon is explained in Walker Percy’s “Another Message in the Bottle” and is the basis for why novels will be utilized in this course. Percy discusses the instances in which a reader identifies with a text and exclaims, “Yes! That’s how it is! I didn’t know anyone had ever felt that way!” (Percy 359). Though Percy recognizes that identification

with the protagonist is one way to experience a novel, he, like Dorothy Walsh, believes the mark of a good novel is one that says authentic things about being human. The reader does not need lived experience in the topic that the novel addresses to recognize the truth in the literary work. An effective novel is rooted in truth—“a deeper truth about the way things are, the way people are; in a word, a truth about the human condition; and a truth of such an order, both old and new, that one recognizes oneself in it” (Percy 365). *Nausea* by Jean Paul Sartre is one such novel that this course will explore.

Nausea opens with an “editor’s note” claiming that the following pages were found among the papers of Antoine Roquentin, a traveling historian. Written in the form of a journal, the novel records Roquentin’s disgust with human existence and preoccupation with the meaninglessness of life. After traveling the world, Roquentin settles in Bouville, France to study and write a thesis about the Marquis de Rollebon, who was a minor figure in the French Revolution. Roquentin spends much of his time in the public library of Bouville but also frequents cafés, where he meets many different people and faces all sorts of distractions from his work. However, the largest distraction from his thesis is his depression, which “came as an illness does, not like an ordinary certainty, not like anything evident... Once established it never moved, it stayed quiet, and I was able to persuade myself that nothing was the matter with me, that is was a false alarm. And now it’s blossoming” (Sartre 11). With Roquentin’s blossoming depression come bouts of anxiety and nausea, which rip him from the present moment and send him spinning into hopelessness.

For a short time, Roquentin takes refuge from the Nausea (which he capitalizes in his journal because it affects him so profoundly) in cafés because being around people in a well-lit space provides him with necessary distraction. However, this relief is short-lived, as the Nausea

begins to haunt Roquentin wherever he goes. “The Nausea is not inside me: I feel it *out there* in the wall, in the suspenders, everywhere around me. It makes itself one with the café, I am the one who is within *it*” (Sartre 31). The only thing that can take away Roquentin’s Nausea is a song called “Some of These Days,” which is played in the café. “When the voice was heard in the silence, I felt my body harden and the Nausea vanish. [The music] filled the room with its metallic transparency, crushing our miserable time against the walls. I am *in* this music” (Sartre 34). The music takes him to another place, away from the Nausea and depression.

Roquentin’s historical analysis of the Marquis de Rollebon also makes him think that life is meaningless, as time spans on forever with little regard for those who die. “Nothing happens while you live. The scenery changes, people come in and go out, that’s all. There are no beginnings” (Sartre 57). Even more upsetting to him is the fact that people pretend that life is meaningful when it obviously is not. For example, Roquentin visits downtown Bouville on a Sunday afternoon. Many pedestrians are out enjoying themselves and relaxing, blissfully ignorant, if for a couple hours, of the Monday that looms ahead. Roquentin ponders what they must be thinking. “They felt the minutes flowing between their fingers; would they have time to store up enough youth to start anew on Monday morning? They filled their lungs because sea air vivifies: only their breathing, deep and regular as that of sleepers, still testified that they were alive. I walked stealthily, I didn’t know what to do with my hard, vigorous body in the midst of this tragic, relaxed crowd” (Sartre 74).

At the end of the novel, Roquentin is exhausted by the Nausea. He decides to leave Bouville, take up novel writing, and abandon his historical thesis. Roquentin believes that writing a novel and using artistry will allow him to develop his own essence and feel better about human existence. “Naturally, at first it would only be a troublesome, tiring work, it wouldn’t

stop me from existing or feeling that I exist. But a time would come when the book would be written, when it would be behind me, and I think that a little of its clarity might fall over my past. Then, perhaps, because of it, I could remember my life without repugnance” (Sartre 238). However, the “editor” of Roquentin’s journal never mentions a novel being found among his papers, leaving readers to question whether Roquentin ever achieved that much respite from his Nausea.

Unit 3: How can we work towards better understanding of and communication with people who experience depression?

In *The Catcher in the Rye* and *Nausea*, Holden Caulfield and Antoine Roquentin show that communicating with someone who is experiencing depression about his or her depression can be a challenge. This communication can be particularly difficult when the conversation is taking place between the depressed individual and his or her healthcare provider. According to Walker Percy in “The Fateful Rift: The San Andreas Fault in the Modern Mind” from *Signposts in a Strange Land*, the reason why there is often a disconnect between patient and provider is that science does not adequately address what it means to be human. Science can explain the neurons and synapses involved in depression but cannot define the experience of an individual with depression. Percy uses the findings of philosophical pragmatist Charles Sanders Peirce to support this argument.

Peirce believes that human beings must look deeper than the biology of things, which he calls “dyadic events,” and focus more on human understanding and language, or “triadic events.” Dyadic events are those that can be explained scientifically, while triadic events involve symbols and meaning that cannot be explained with science. Healthcare providers could adopt the practice of paying attention to triadic events in order to develop more meaningful connections

with each of their patients, as well as build mutual trust. “There is a difference between the being-in-the-world of the scientist and the being-in-the-world of the layman,” and healthcare providers must remember this when speaking with patients (Percy 290). Too many healthcare providers rely on the dyadic, scientific knowledge on which their training is based and do not explore the art of triadic events and meaningful connections. Those who work in healthcare must take care to uncover the “language” of each of their patients and find the most effective way in which to discuss depression. While some patients may desire scientific knowledge about their depression, others may need to be encouraged to understand their depression in different ways. Esther Greenwood, the protagonist in *The Bell Jar* by Sylvia Plath, is one such person who struggles with unsuccessful dyadic treatments for her depression.

Esther, a third-year college student, experiences depression as a summer intern for a fashion magazine in New York City. Her internship is prestigious and glamorous, but unlike the other interns, Esther does not feel thrilled by the city and swanky nightlife that those associated with the magazine get to experience. “I felt very still and very empty, the way the eye of a tornado must feel, moving dully along in the middle of the surrounding hullabaloo” (Plath 3). As someone who has struggled with the impossible goal of perfection since childhood, Esther begins losing herself in the sorrow of unattained success. Her college career is quickly coming to a close, and she is worried about her future. “The one thing I was good at was winning scholarships and prizes, and that era was coming to an end” (Plath 77).

On the last day of Esther’s internship, she is badly beaten and nearly raped while on a date. Upon returning home, she also learns that she has not been admitted into a prestigious summer writing program for which she had applied. These instances are a trigger for her to sink deeper into depression, for which she sees a psychiatrist and receives shock treatment. After her

first shock treatment, Esther refuses to see her psychiatrist or receive any treatment. To Esther's refusal of treatment, her relieved mother responds, "I knew my baby wasn't like that...like those awful people. Those awful dead people at that hospital...I knew you'd decide to be all right again" (Plath 145). Esther must cope with the fact that her mother believes that she can just "decide to be happy" instead of depressed. Her mother's glib advice and denial make Esther feel further isolated and misunderstood. This feeling of utter isolation ultimately culminates in her suicide attempt with sleeping pills, after which she is sent to receive treatment for her depression in an asylum. Although she does not want her time in the asylum to define her as a person, Esther realizes that her experiences in the hospital have allowed her to gain more excitement for life and better understand how to manage her depression. "Maybe forgetfulness, like a kind snow, should numb and cover [my experiences]. But they were part of me. They were my landscape" (Plath 237). Esther begins to heal from this new awareness that her hospital experiences are humanly and personally valuable.

Allie Brosh, author of *Hyperbole and a Half: Unfortunate Situations, Flawed Coping Mechanisms, Mayhem, and Other Things That Happened*, also believes that healing experiences should be recognized and remembered, not shoved aside. Brosh, who suffers from severe depression, offers an accessible look at depression via often-humorous (but also heartbreaking) cartoon illustrations. She addresses the crippling sadness that took over her body, as well as her inability to force herself not to be sad. "Trying to use willpower to overcome the apathetic sort of sadness that accompanies depression is like a person with no arms trying to punch themselves until their hands grow back. A fundamental component of the plan is missing and it isn't going to work" (Brosh 100). Brosh also reminds those who are trying to help someone experiencing depression to acknowledge the situation rather than try to find a solution. Acknowledging

depression and reaffirming support for those who are depressed is often more encouraging than proclaiming a solution must be found. Most times, Brosh states, there is no easy solution, as depression is a long, uphill battle that involves trial and error and incremental improvements since depression manifests itself differently in everyone.

The texts referenced in this course agenda are by no means an exhaustive list of references that can be used to improve understanding of depression. They are books that have moved me throughout my life and have allowed me to better understand depression. Since depression manifests itself differently in all who are affected, these texts are not completely representative of the diversity of life experiences that depression can encompass. If this course were to be taught at an undergraduate institution, it would be the duty of the instructor to fine-tune her required texts to reflect her course objectives. Other texts could be utilized to encourage understanding of depression in people of varying ethnicities, socioeconomic status, gender identity, sexual orientation, and more.

Teaching Methodology

This course will have required assignments that supplement each unit. The assignments will be designed to correspond with each unit and the in-class discussions. Throughout the semester, students will keep a journal to record their thoughts, questions, and observations. At the end of the semester, they will re-read the entries and reflect upon personal growth and how their understanding of depression has changed. Students will also be required to write three philosophical analyses that correspond with the course units and complete one capstone project at the end of the course.

Philosophical Analysis Topics

1. What is depression, and in what ways are people affected by it? Why is there a stigma against the disease? What are the different types of stigma that people can experience? What do you think Walker Percy would have to say about the stigma that people with depression experience? Use Percy's texts to support your essay.
2. Walker Percy argues that novels can tell us things about ourselves that science cannot. Dorothy Walsh believes that literature contains authentic truths about what it is like to be human. How do their arguments connect? Do they differ, and if so, how? How can literature help us better understand the experience of depression? In what sense are the novels we have read in class "true stories"? Use the texts of Percy and Walsh to support your essay.
3. Have you ever felt like Antoine Roquentin in *Bouville on a Sunday afternoon*? Overwhelmed by phonies like Holden Caulfield? Connect an experience of a protagonist in one of the required novels with a personal experience of your own. Use the texts of Percy and Walsh to support your essay and explain why you were able to connect to your novel of choice.

Capstone Project

Write a letter to one of the protagonists struggling with depression from the point of view of Walker Percy or Dorothy Walsh. How would Percy or Walsh address the topic of their depression and help them understand their depression? Use the novels and philosophical texts we have discussed in class to support your essay.

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