In recent years, the debate over whether to consider depression a purely biological phenomenon or a response to social situations has exploded. Psychiatrists, linguists, historians, and interdisciplinary feminist and queer theorists have encouraged us to move beyond this binary and to consider the nature of depression as chemical and public, rhetorical and real, biological and bound to legacies of oppression. Feminist theorist Elizabeth Wilson, for example, encourages us to see depression as “contingent,” given the tremendous hormonal, neuronal, genetic, social and digestible traffic in and out of the body that provide the context and conditions for this most ‘common and serious’ mental and emotional health condition. In this course, we examine these debates and the ways in which they disrupt conventional understandings of emotional despair. We also trouble depression as a diagnostic category taking as our guides: investigations into the claim that women are disproportionately affected by the disorder; arguments that the disproportionate number of women, queer, trans and people of color who suffer depression reveal both a discrepancy in life-challenges and biases implicit in the science that conceptualized depression as a disease requiring particular kinds of treatments; critiques of these diagnostic categories and treatment regimes (and psychology broadly as a field) as largely developed by and for white experience; “mad” and postcolonial challenges to normative notions of wellness; and the interventions of queer theory into the heteronormative assumptions that accompany popular visions of happiness.