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# CULTURE AND DEPRESSION

## Studies in the Anthropology and Cross-Cultural Psychiatry of Affect and Disorder

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# 7

## Dimensions of Dysphoria: The View from Linguistic Anthropology

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If depression is a disease,<sup>1</sup> there seems to be very little indication among psychologists and psychiatrists as to what kind of disease it might be. To be sure, "depression" as a concept has been operationalized, measured according to standard testing devices, and treated. Still, vast areas of confusion remain. Is depression biological in origin, or is it a configuration of wrong "cognitions"? Is it brought about as a result of specific events, or are certain subjects "organically" more prone to suffer it, as a result of heredity? Is it primarily a state of mind, a state of the body, or a form of culture-specific response to human environmental conditions? This third possibility has rarely been considered as a regular factor in the diagnosis of depression. Although many cross-cultural studies of depression have been undertaken, most start with the assumption that depression is a universal human disorder, differing only in its manifestations.

Anthropologists, who might challenge the assumption of the universality of depression, have dealt with clinical emotional disorders only rarely. Such seemingly culture-specific disorders as Windigo psychosis, or *amok*, have been described in the anthropological literature, with some speculation as to origins and causes. Depression presents a far greater methodological problem for anthropologists, however, because of the enormous body of literature in psychiatry and clinical psychology which already exists, and which presumes universality. Anthropologists tend to look on most human phenomena as culture-specific until enough

cross-cultural data is amassed to enable substantiation of a universal pattern. At worst this leads to particularist excesses, but in general it shows a well-founded bias toward inductive methodology in cross-cultural research.

From an anthropological standpoint, the assumption of universality of depression seems ill-founded. The experimental and clinical literatures show the symptomatology to be wildly variant when examined cross-culturally. The anthropologist here becomes skeptical, since it looks suspiciously that, having formed a clear idea of depression in Western culture, psychologists and psychiatrists then merely assert its universality. The deductive question for research then becomes: How do all these depressionlike disorders vary from the "classic" mold? Fábrega, himself an anthropologist, simply begs the question:

One is left with the conclusion that the question of the possible universality of depression (or that of any Western defined psychiatric entity) as ordinarily stated is rather simplistic and not particularly productive. (1975a:78)

What does seem to be agreed upon by psychologists and psychiatrists is that there are two groups of symptoms: one "psychological" and the other physical in nature. Psychological symptoms are the most variant cross-culturally; however, this may be the result of testing biases. Marsella (1980:249–250) counsels in a major review that all reports of the manifestation of depression across cultures are "difficult to evaluate as a group because of the variability in the research strategies used to examine [the phenomena]."

Indeed, although most societies surveyed seem to exhibit the four "classic" signs of depression—depressed mood, diurnal mood variation, insomnia with early morning awakening, loss of interest in the environment (*ibid.*, p. 258)—researchers in many societies report none of these signs or infrequent manifestations of them.

Rather more universal in distribution seem to be somatic components, such as stomach pains, weakness, or more general sleep difficulties. Nevertheless, even these symptoms turn out to manifest quite different patterns in different cultures. The wide variation in patterns of manifestation leads Marsella (*ibid.*, p. 261) to conclude that "depression apparently assumes completely different meanings and consequences as a function of the culture in which it occurs."

Without additional study, particularly rigorous ethnographic study, the general issue of universality will not be completely resolved. The question may be approached from more than one direction, however.

Depression may be thought of as a disorder that requires close attention to communication and language in all of its aspects: symptomatology, diagnosis, and treatment. One anthropological subfield in particular, linguistic anthropology, may be able to provide insights into the communicative processes that underlie depression. Consequently, in the discussion that follows, I focus on three prime theoretical concerns in linguistic anthropology which have consequences for understanding depression.

The first concerns issues in language and cognition, exploring the question of how the linguistic expression used in native descriptions of emotional states reflects the reality of those emotional states. The second explores the role of language and communication in the therapeutic process, with particular attention to the work of Aaron Beck. The third deals with the creation of collective meaning in the overall framework of an individual's social network, with attention to the work of "family therapists" in dealing with depression.

## NON-WESTERN EXPRESSIONS OF DEPRESSION

One of the most puzzling aspects of the cross-cultural evaluation and diagnosis of depression for psychologists and psychiatrists seems to be that the concept of depression is expressed linguistically in widely varying ways in different societies. The literature seems to show particular interest in the fact that there are many languages that have no word at all for depression, or in which the concept is expressed in very different ways than in Western society (Resner and Hartog 1970; Schmidt 1964; Prince 1964; Edgerton 1966; Orley 1970, 1979; Boyer 1964).

This leads to the first broad question a linguist may address to the study of depression. This can be crudely stated: If they don't have a word for it, does it exist?

At least one prominent researcher in the field, Julian Leff, has categorized the kinds of linguistic representations one finds concerning depression, and has come up with an evolutionary schema for dealing with the entire range. According to Leff (1981), the structure of vocabulary of any particular language is directly reflective of the history of the emotional expression of the population using that vocabulary. Thus he posits that the earliest forms of language had a single primitive gruntlike word "presumably something phonetically similar to the root *Angh* in the case of the Indo-European languages [to denote] the somatic accompaniments of unpleasant emotional arousal" (p. 45).

Proceeding up Leff's evolutionary ladder one finds: languages that reflect societies that do not differentiate between bodily and psychological experiences (thus expressing their psychological feelings in somatic terms); languages that serve societies that do not differentiate between psychological experiences; until we finally arrive at languages that express rich feelings of distinct psychological experience (like English).

For a linguist it is indeed wearying to see that theories such as this are alive and kicking after so many years of effort by the ancestors of the field in trying to throw cold water on such empty and groundless notions. I must confess that I feel somewhat foolish addressing Leff's schema, since it is ground that has already been worn bare by the tread of many others who have come before me. Nevertheless, this schema is equally foolish and must be dealt with by someone before a generation of psychiatrists adopt it as doctrine.

First, I admit that I have no patience with persons who characterize languages as "advanced" or "primitive" because they fail to meet their own extracontextual needs. Leff presumably feels that any language that cannot handle direct translation of the MMPI or Beck Depression Inventory word for word is somehow "less evolved." Consequently, he makes the mistake that since the language does not provide for expression of the emotional world with the same, or at least as many, slots as European languages, then the ability of the societies that use these languages to differentiate emotional feeling and separate it from somatic discomfort is less evolved as well.

A similar argument was advanced in anthropology during the early days of interest in color categories. Roughly, it was felt that because some languages had fewer names for colors, therefore the abilities of speakers of those languages to discern colors was different. This was quickly proven false. People using a four- or five-color-category system can of course differentiate colors as well as someone using an eight- or nine-color system. The difference is that the colors are grouped differently for communication. In some cases, as shown in Conklin's (1955) studies of Hanunoo color categories, dimensions other than tint and hue are coded with color terms (see also Berlin and Kay 1969).<sup>2</sup>

It is tedious to go through the litany of reasons that linguists and anthropologists have rejected evolutionary schemes for classifying languages over the decades. It may be more satisfying to attempt to show why linguists and anthropologists find indirect expression and metaphor, which Leff seems to believe indicates that some languages are "living fossils" (1981:45), are as acceptable as direct classificatory terms within human communication systems.

The first question one must address is a question of function in language. As Malinowski maintained nearly fifty years ago, the meaning of any particular term must be understood in conjunction with its natural context of occurrence, or else distortion results. Moreover, language is far more than a series of indexes. Speakers use their language pragmatically to accomplish concrete acts. As Malinowski admonished in speaking about his own ethnographic situation in *Coral Gardens and their Magic*:

It is obvious that words do not live as labels attached to pieces of cultural reality. Our Trobriand garden is not a sort of botanical show with tags tied on to every bush, implement or activity. It will be our business to reconstruct what speech *achieves* in a primitive culture, or, for that matter, in a highly developed one. (1935:21–22; emphasis mine)

The question of the pragmatic use of language is in fact central to the study of the meaning of any linguistic complex, whether it be Malinowski's Trobriand gardening terms, or an inventory of words used for talking about emotional states. Nor are such notions confined to anthropological esoterica. As psychiatrists Watzlawick, Beavin, and Jackson (1967:20–21) observe,

a phenomenon remains unexplainable as long as the range of observation is not wide enough to include the context in which the phenomenon occurs. Failure to realize the intricacies of the relationships between an event and the matrix in which it takes place, between an organism and its environment, either confronts the observer with something "mysterious" or induces him to attribute to his object of study certain properties the object may not possess.<sup>3</sup>

Leff makes a distinction between direct referential terms for depression and anxiety, and words for the bodily experiences of emotion which are relatively undifferentiated. This ignores some of the primary functions of metaphor in human language. Metaphor is indeed the primary method of expressing emotion in all but the most clinical settings. In normal discourse metaphor serves as one kind of metacommunicational signal that something relatively unpredictable or unexpected is part of the communication. In another paper (Beeman 1982) I have suggested that other linguistic devices such as the use of unexpected or seemingly inappropriate stylistic forms signal emotional content in face-to-face interaction in Persian. Friedrich (1966, 1972), who pioneered this line of research, shows many stylistic devices in pronoun usage in Russian which convey emotional content in the context of communication.

Thus, there seems to be a clinical bias in Leff's discussion of language and emotion. In normal human interaction, metaphor, stylistic shifts, and even suprasegmental features such as tone of voice are far more prevalent as devices for conveying information concerning the emotional state of individuals. Indeed, Leff as a practicing psychiatrist should be more keenly aware of this than most individuals. The crux of the bias, one suspects, lies in the desire of the medical practitioner to value positively the ability of a patient to clearly label and categorize his own symptoms. The fact that contexts of interaction such as those that pit physician against patient in Western fashion do not exist in many places in the world seems not to be a factor in his discussion. With this observation we return once again to Malinowski (1935:58) who makes it clear that the difference that exists between abstract terminology and "primitive" language usage is one of contextualization:

even in the most abstract and theoretical aspects of human thought and verbal usage, the real understanding of words is always ultimately derived from active experience of those aspects of reality to which the words belong. The chemist or the physicist understands the meaning of his most abstract concepts ultimately on the basis of his acquaintance with chemical and physical processes in the laboratory. . . . In short, there is no science whose conceptual, hence verbal, outfit is not ultimately derived from the practical handling of matter. . . . In one of my previous writings, I opposed civilised and scientific to primitive speech, and argued as if the theoretical uses of words were completely detached from their pragmatic sources. This was an error and a serious one at that. Between the savage use of words and the most abstract and theoretical one there is only a difference of degree. Ultimately all the meaning of all words is derived from bodily experience.

We may go Malinowski one better and assert that the body is ultimately the prime referent for all metaphor. Moreover, most of the vocabulary thought of as abstract expressions for emotional states can be shown to derive from words that indicate physical functions of the body. The twentieth century is the first period in intellectual history in which the notion that psychological states could be considered separately from physical body states became well established. Thus, it is arguably the case that words for the psychological experience of emotion as used in contemporary contexts are themselves metaphorical extensions of what were originally thought of as somatic expressions.<sup>4</sup>

One final point needs to be mentioned with regard to this topic. The ability to speak about disorder is also a function of the curing process. Thus when individuals in any culture seek to be cured of distress,

emotional or otherwise, their idiom for speaking about that distress is related to the context of curing. As Good (1977), Good and Good (1981), and Kleinman (1980) have shown, traditional practitioners are adept in using less than precise descriptions in their healing practice. They may in fact depend on the sustaining of a particular metaphor in order to explain to their patients the care that they need to bring about a cure.

Western-trained psychiatrists have been socialized into their own system of communication about disease. Thus they may indeed have difficulty communicating with patients who have learned how to speak to practitioners in a particular idiom. It is both ethnocentric and medicocentric to blame such communication difficulties on the patients, their language, or culture.

In concluding this section of the discussion, I feel I should make some alternative suggestions to those of Leff for understanding non-Western terminology for emotional disorders. First, one should refrain from taking the vocabulary of emotion out of context and at face value. To assess the actual meaning of non-Western terminology used to describe emotional disorder, it is necessary to perform as thorough an investigation as possible of the way that terms are actually used in natural interaction contexts for describing emotional distress, as has been the practice of Good (1977), Kleinman (1980, 1982), and Rosaldo (1980), among others.

## **AMERICAN DEPRESSION AND BECK'S COGNITIVE THERAPY**

A second area where linguistic anthropology can shed some light on depression and its treatment is in exploring the relationship between patient and therapist. It is close to being an article of faith among writers on depression that patients do not cure themselves of depression. Thus the nature of interaction between patient and practitioner must be a crucial factor in effecting a cure. Like any human communication, this kind of interaction has a structure that can be studied. If a particular kind of therapy is especially effective in providing a cure, then, an examination of its structure should provide insights into the disorder it is effective in curing.

In the last twenty years the work of Aaron T. Beck and his associates has come to be the base for a staple methodology in the treatment of depression. Known as "cognitive therapy," Beck's methodology is

extraordinarily interesting because it is a non-Freudian "talking therapy" that seems to produce extraordinary results in curing patients of dysphoria.

Beck (1972:129–130) describes the basic theory that underlies this treatment thus:

In brief, the theory postulates that the depressed or depression-prone individual has certain idiosyncratic cognitive patterns (schemas) which may become activated whether by specific stresses impinging on specific vulnerabilities, or by overwhelming nonspecific stresses. When the cognitive patterns are activated, they tend to dominate the individual's thinking and to produce the affective and motivational phenomena associated with depression.

At base is the belief of Beck and his associates that depression is not simply an affective disturbance. He writes:

In recent years . . . we have collected a considerable amount of evidence that indicates that there is a thinking disorder in depression and that this thinking disorder may be more central than was previously believed. . . . In contrast to the highly generalized and bizarre thinking of schizophrenics, the thought disorder in depression tends to be more focalized and discrete and less bizarre. . . . In addition . . . depressives tend to have a number of other distorted or maladaptive thinking patterns. Such individuals tend to think, for example in an all-or-nothing manner. Other thinking errors in depressives include overgeneralization and selective abstraction. For example, depressed patients typically focus on the negative in the environment and overlook or discount the positive. (Beck and Burns 1978: 201–202)

Beck's therapeutic techniques differ from traditional psychotherapy in that they focus on the "here and now" with no excursions into childhood memories. Moreover, the "work" of therapy does not involve the classic "transference" process, but rather "training the patient in a number of exercises which must be done on a daily basis as homework between the sessions" (*ibid.*, p. 201). His methods also differ from behavior therapy, since they concentrate on inner experiences: thoughts, feelings, wishes, daydreams, and attitudes. In addition, his therapy concentrates on trying to "change maladaptive thinking patterns" rather than trying to modify overt behavior (*ibid.*, p. 202).

The strategies Beck advocates for treatment of patients is reminiscent of Albert Ellis's "rational-emotive psychotherapy" (Ellis 1958, 1962, 1971; Ellis and Whiteley 1979)<sup>5</sup> in that the patient assumes a great deal of personal responsibility for his cure, and is presented with a number of

techniques that he himself uses in daily living to counteract what Beck terms "maladaptive thinking."<sup>6</sup>

At base cognitive psychotherapy assumes the rationality of sufferers. The problems are seen to lie not in possessing abnormal thought patterns but only in the calibration of those thought patterns. As Beck (1976:246) observes, "the ideas are generally not irrational, but are too absolute, broad and extreme; too highly personalized; and are used too arbitrarily to help the patient to handle the exigencies of his life." The techniques of therapy thus involve methods which force the patient to test his cognitive patterns against reality, and adjust them to the point where they become more productive. He writes in an early formulation of his therapy:

Through the procedure of focusing on his distortions of reality and his unrealistic attitudes, the patient can loosen the grip of his erroneous ideas and sharpen his perception of reality. In this way he can become less vulnerable to the intrusions of his repetitive depressive thoughts and can formulate his experiences in a more realistic way. Consequently, the unpleasant affective consequences, such as depression, anxiety or agitation, are reduced. (Beck 1964:568)

The therapist aids in this process through techniques of what can only be described as persuasion—in point of fact, the exercise of effective rhetoric—to accomplish two things: (1) to persuade the patient to engage in activities that lead to concrete success, and (2) to help the patient to confront his cognitive distortions and test them to see if they are valid.

In the first case, the therapist sets up a series of graded assignments that he persuades the patient to engage in. They are simple at first, but lead to more complex accomplishments. "For example, a depressed housewife initially might be encouraged simply to boil an egg. With each successive mastered experience, she can build up to preparing an entire meal" (Beck 1976:272).

From the standpoint of linguistic anthropology, the second set of goals is extremely interesting since it involves direct engagement with the patient in interaction and, according to the case examples provided by Beck, in considerable role-playing and enactment in order for the therapist to effectively expose the patient's distorted cognitions to him. Beck makes the confrontational nature of the interaction very clear:

Challenging the basic assumptions is important in treating patients, such as depressives, whose cognitive organization is essentially a "closed system." . . . Through questioning, a particular assumption may be subjected to argument. The procedure consists of: (1) eliciting the patient's reasons for believing the depresso-genic assumption, (2) marshaling, *as in a*

*debate*, the evidence in favor of or contradictory to the assumption. The notion, as in the Socratic dialogues, is to find the "truth" through verbalizing the opposite position on a given issue [emphasis added]. (Ibid., p. 270)<sup>7</sup>

## Cognitive Therapy and Pragmatic Philosophy

In an early formulation of his thinking of cognitive therapy, Beck describes the basic thesis which underlies his entire theory:

*The affective response is determined by the way an individual structures his experience. Thus, if an individual's conceptualization of a situation has an unpleasant content, then he will experience a corresponding unpleasant affective response. (Beck 1964:657)*

Beck's approach here, and in his other prescriptions for the treatment of depression,<sup>8</sup> bears a remarkable resemblance to semantic analysis. Moreover, his therapeutic methods seem to follow the outlines of pragmatic philosophy in determining the nature of meaning.

At base, Beck describes depression and other emotional disorders as arising from meaning systems of patients which are out of phase with the demands of society. If we take a maladaptive cognitive system to be a particular species of meaning system, then the classic tenet of pragmatic philosophy, issued by the philosopher Charles Peirce, can be set alongside Beck's "thesis" above as a corollary:

Consider what effects that might conceivably have practical bearings, we consider the object of our conception to have. Then, our conception of these effects is the whole of our conception of the object. (Peirce 1878:287)

Peirce's insights have been slowly percolating into standard anthropological theory. Bean (1979), Beeman (1971, n.d., 1976a, 1977, 1981, 1982) and Silverstein (1972, 1976), among others, have made major theoretical statements on the applications of pragmatic theory in anthropology and linguistics.

A pragmatic approach to depression parallels Beck's notions in that it recognizes that phenomena in the mundane world have very different symbolic meanings for different individuals. Phenomena can be said to have meaning only insofar as they can be seen to link ongoing events for individuals. When an individual is confronted with an isolable phenomenon in his immediate environment, whether it be a word, an object, or a piece of behavior, he imbues it with meaning by performing three

separate actions: (1) by isolating the phenomenon from other phenomena, (2) by identifying the antecedents of the phenomenon, that is, the historical linkages that the phenomenon has with himself and with his present condition, and (3) by predicting the consequences of the phenomenon, that is, the possible future events that could proceed from the phenomenon. By this definition, meaningless phenomena are those with unclear or absent precedents and consequences.

In this schema all phenomena are potentially symbolic in their functioning in human affairs, once they become isolated for attention. As symbols, they are able to span temporal boundaries by encapsulating both antecedent and consequent behavioral events for the individual—in this sense they may be seen as truly timeless. It is common to speak of symbols and other sign phenomena as if they were detached from the context of everyday reality; in fact, they should be thought of as multi-contextual, since they always exist in a reconstructed historicity, and in multitudes of constructed potential futures.

It now becomes possible to deal with Beck's notion of the question of maladaptive cognitive strategies of the depressed individual in pragmatic terms. If the creation of meaning by the individual is seen as a cognitive act in which antecedent events are fused with possible consequent events, then the isolated symbolic phenomena that are the subject of immediate attention become the focus for that act. All past events are not relevant to the present, and neither are all future possibilities. Those which are relevant are selected in the interpretation of events by every individual. Symbolically constructed phenomena serve as the linkages that allow the individual to identify and select particular events for inclusion in the chain of antecedent-consequent linkage which constitutes pragmatic meaning.

Understanding what a phenomenon portends also involves knowing the rules for performance of subsequent actions. In this respect, the cultural boundedness of the understanding of phenomena is circumscribed by the range of possible imaginable actions and events subsequent to encountering and isolating a given phenomenon.

Among all of these imaginable outcomes, a particular range will be identified as *probable*, still another range as *desirable*, and yet another range as capable of being affected by personal action on the part of an individual, among others.<sup>9</sup> Beck describes maladaptive cognitive structures in ways that suggest that the normal process of selection and evaluation of antecedents and consequents in the attribution of meaning is skewed for depressed patients in directions that do not accord with the

norms for their culture. Moreover, this skewing is, for depressives, of a particular sort—biased in the direction of overgeneralization, selective abstraction, and negativism.

Looking at depression in this way allows us to posit a relationship between normal cognitive functioning and the cognitive functioning of depressive individuals. In short, normal cognitive functions of isolating phenomena and linking them to relevant antecedents and probable consequents, and acting on the meanings thus generated, become skewed. Improbable or unrealistic consequent events are projected for isolated phenomena. Irrelevant or incomplete sets of antecedents are dredged up for linkage.<sup>10</sup>

Two advantages of this conceptualization seem striking. First, it is possible to deal with the mechanics of the cognitive dimensions of depression without reference to particular cultural contexts. A depressive patient in any cultural setting can mis-select antecedents and consequents for a particular phenomenon. It is up to the practitioner, or other observer (the anthropologist?), to determine what the normal parameters of linkage actually are for the social and cultural setting in which the depressive patient is functioning.

Second, this schema allows for a conceptualization of depression which also can be used to describe mania and paranoia, symptoms sometimes found in conjunction with depression. Mania and paranoia can here be thought of as disorders of the linkage function which involve a qualitatively different skewing from culturally determined normalcy than that exhibited in depression.

Finally, this conceptualization helps to explain why Beck's cognitive therapy works in effecting cures. This explanation has a great deal to do with the rhetorical functions of speech and what these do to affect the course of thought in interaction.

### **Psychiatrists as Adroit Communicators**

Beck's cognitive theory of depression seems weak in two respects. First, it may be the case that the techniques of cognitive therapy "work" not because they draw on an underlying "correct" conceptualization of depression and its mechanisms, but rather because the therapist is an especially adroit communicator. This does of course imply something very interesting about depressive disorder, namely, that it may yield to rhetoric. But if this is the case, then Beck's conception of depression as a

set of patterns "possessed" by the patient is clearly erroneous, since its treatment is both highly contextualized and involves processes of social interaction.

In all human society we must recognize that there are different levels of adroitness in communication. Some individuals are poor communicators, and others are extraordinarily skillful. Being an adroit operator in interpersonal communication involves not only the ability to produce and recognize appropriate signs but also to achieve the communication of meaning with others: to make oneself understood. In carrying out that accomplishment, one is constantly involved in constraining the conditions under which interpretation takes place. This includes both the definition of context, and the definition of items that are important within that context.

The process that adroit operators control to a higher degree than other individuals is the semantic process of *redefinition*, the ability to convince an individual through the application of linguistic devices that a particular interpretation of phenomena is to apply during the process of interaction. The truly adroit operator is also able to direct the attention of other participants in interaction to specific phenomena—to force them to single out those phenomena for isolation. As I have shown in other publications (n.d., 1976a, 1977, n.d.) this process often involves the use of stylistic devices in communication which lead and direct the attention of individuals in directions that are predetermined by the adroit operator. The adroit operator in communication is well known. He or she is the super-salesperson, the superb rhetorician, the magician, the fine actor, the politician, the preacher, the excellent teacher, the labor negotiator, the diplomat, and, finally, the therapist.

Cognitive therapists practicing as Beck and others describe in their writings are masters at making redefinition of specific phenomena, contexts, and linkage processes incumbent on their patients. This is done through classic techniques of argumentation and persuasion—introducing contradictions and refutations to the patients' meaning system, and helping them to recalibrate their processes of phenomena isolation and antecedent-consequent linkage. One is reminded here of the techniques of Zen masters, who introduce paradox to their pupils as a strategic device to force them to test the parameters of their own sense of reality.<sup>11</sup>

The remarkable aspect of this kind of therapy is that it works at all. One has to ask what kind of disorder is it that responds to normal techniques of communication when applied in a rigorous way? The only parallel that comes to mind is that of physical therapy, applied to limbs

that have been immobilized or inactive for long periods of time. They must be “convinced” through therapy to function once again along normal lines.

This brings me to the second point of criticism. Beck contradicts himself in a sense. He espouses a highly interactive form of therapy that emphasizes self-examination on the part of an individual of his or her social and communicative patterns, but then sees the disorder arising from those patterns as if they were “objects” isolated from the reality of everyday life—cognitions and cognitive schemas somehow possessed by the individual like a tumor or cyst. This I believe is an erroneous conceptualization. It cannot be said of a person that he “has certain idiocentric cognitive patterns” (Beck 1972:129) like he might have a piece of bad art. It is more accurate to emphasize—as Beck himself paradoxically does—that the process of imputing meaning to anything in one’s environment is a dynamic process that involves complex interaction between the individual, his immediate context, and the wider cultural context. The process of creating meaning, whether erroneous or accurate, is a dialectic between macrostructures of ideology and social values, and microstructures of individual ongoing interactions; between pragmatic foresight and after-the-fact rationalization. Any individual, depressed or not, must render an account of himself *to himself* and to the world at large. The resolution of all of these processes is the actual, visible, situationally based act of the creation of meaning.<sup>12</sup>

The difficulties above may arise in part from the fact that Beck does not appear to deal with the question of the genesis of depression. I raise this question again as a linguist, for it seems that in questions of semantic meaning individuals are rarely operating in isolation from each other. Thus, the social context of depression seems to be an inordinately important factor in determining the basic nature of depression itself, and by extension, means for its permanent cure. My feelings on this point are echoed by yet another group of therapists and researchers whose work is discussed in the following section.

## DEPRESSION AND SOCIAL INTERACTION

### Bateson and His Legacy

As has been suggested throughout this discussion, although depression has usually been diagnosed as an individual disorder, there is a strong

current of opinion that suggests that it arises and is exacerbated through social interaction processes. For this reason, careful study of human interaction, particularly linguistic communication in interaction, is potentially of great use in understanding the dynamics of depression.

Among anthropologists who have made significant contributions to the study of communication and affective disorders, Gregory Bateson stands out as a giant. Paradoxically, he seems never specifically to have addressed the question of depression. Nevertheless, his numerous writings on schizophrenia and neurosis have had enormous influence on many therapists and researchers working to understand dysphoric conditions. Bateson's legacy for the study of depression seems to have been to point out that mental disorders are often extrasomatic, in that they reside, both in their genesis and in their maintenance, in the social networks of individuals who suffer from the disorder. Thus, therapists seeking to help patients achieve permanent recovery from depression, if they follow Bateson's lead, need to look at far more than just the individual sufferer: they need to focus on their patients' entire social environment to discover "dysphorogenic" interactive mechanisms. Bateson would go farther than this, however, and would claim that such mechanisms are features of the social and cultural system within which the patient lives.

In recent years, a whole group of highly practical therapists, known generally as practitioners of "family therapy," have operated on the principle that whole social systems, not individuals, need to be the objects of treatment. One of the principal leaders of this group has been Virginia Satir (1967, 1972; Satir et al. 1976*a*, 1976*b*). This work has also been supported by psychiatrists practicing a more standard variety of therapy, notably Watzlawick (1977, 1978; Watzlawick et al. 1967), Haley (1963, 1964, 1976), and Jackson (1968*a*, 1968*b*), all of whom, not surprisingly, have been influenced to varying degrees by Bateson's work.

One of the premises governing this line of study is that communication and interaction are ultimately the devices that bind individuals to their immediate social networks. Another premise is the well-known assumption drawn from symbolic interactionist studies that "noncommunication is an impossibility in human society." Yet a third is that metacommunication (communication about the nature of a given communication) is even more important than communication for determining the ultimate "meaning" of a given situation.<sup>13</sup>

Metacommunicational messages are transmitted often by attitudes, tone of voice, nonverbal behavioral signals, and other extralinguistic

means. They are also coded in stylistic variation in language, and in things as subtle as word choice and juxtaposition of sentences. Satir (1972:25) offers this commonsense example:

A mother may accept the bouquet clutched in her three-year-old's hand and say, "Where did you pick these?"—her voice and smile implying "How sweet of you to bring me these! Where do such lovely flowers grow?" This message would strengthen the child's feeling of worth. Or she might say "How pretty!" but add, "did you pick these in Mrs. Randall's garden?"—implying that the child was bad to steal them. This message would make him feel wicked and worthless.

Sociolinguistics is full of examples of the ways in which stylistic variation conveys a wealth of meaning through the choice of one variant over another in a matrix of contrasts (see, among many others, Beeman 1976, 1977, 1983; Friedrich 1966, 1972; Irvine 1974, 1979).

Bateson's early contribution was to suggest that metacommunicative patterns of behavior—body movement, gesture, stylistic variation in speech, tone of voice, and so on—could provide messages for individuals, particularly children, which would affect their self-image, and thereby their mental well-being (Bateson 1935, 1955, 1960*a*, 1960*b*, 1961; Bateson et al. 1956; Bateson and Jackson 1964). Although this theory has primarily been applied to the study of schizophrenia and neurosis, it has been given broad application by family therapists, who have made it the base of a wide variety of intervention therapies designed to modify the overall communication patterns in family and other close-knit social units, such as work groups.

This approach offers a theory about both the genesis of depression and its maintenance as a chronic syndrome for individuals. In general, feelings of low self-worth and pessimism are seen as reinforced by the members of the sufferer's immediate social environment. The physical and emotional incapacity of the depressive patient is then seen as fulfilling a functional role within the social constellation of which he is a member. This contrasts sharply with even Beck's cognitive approach, in that it stresses the social dynamics that underlie the maintenance of emotional states rather than looking on emotional disorders as an exclusively individual pathology.

Watzlawick et al. (1967:228) make the point clearly:

Spouses who live lives of quiet desperation, deriving minimum gratification from their joint experiences, have been known to psychiatrists for a

long time. Traditionally, however, the reason for their misery is sought in the assumed *individual* pathology of one or both of them. They may be diagnosed as depressive, passive-aggressive, self-punishing, sadomasochistic, and so on. But these diagnoses obviously fail to grasp the *interdependent* nature of their dilemma, which may exist quite apart from their personality structure and may reside exclusively in the nature of their relationship "game."

Indeed, the model assumed here is one of a game where individuals are bound by a cognitive "frame" that locks them into a pattern of behavior from which they cannot escape as long as the relationship is maintained in its unchanged state. The game model too is derived from Bateson (1956), who noted that even animals are able to distinguish the cognitive frame "play" as a state of behavior and mental functioning apart from mundane reality. It is for this reason that intervention is used to break the existing pattern of interaction and communication operating in the social environment of the patient diagnosed as suffering from dysphoria or other emotional disorder.<sup>14</sup>

### **Sociolinguistics and Social Pathology**

Theories of emotional disorder based on examination of interaction patterns, assuming frame/game orientation, are similar to current models in linguistic anthropology for explanation of the creation of meaning. Although some semanticists still insist on theories of meaning for linguistics which isolate words and their usage from social reality, pragmatic theory insists that meaning in culture is a social process. Far from being a property of words, meaning is a concrete accomplishment of communicators who have learned how to manage the dynamics of their social interactions.

In this manner, the conceptions that individuals form of the meaning of individual phenomena in their immediate environment are shaped by those individuals with whom they habitually interact. Transferring this insight to cognitive and interaction theories of depression, we might hypothesize that, in analogy to the linguistic model, individual maladaptive cognitive processes of the kind specified by Beck and the maladaptive interaction patterns replete with their destructive meta-communicational messages, as identified and treated by "family therapists," exist in a symbiotic relationship. At least one recent study suggests that this is the case. Beier (1980) suggests that depressive

individuals tend to reinforce their depressogenic cognitive processes through the use of nonverbal metacommunicational devices. A person who feels that he or she is not desirable to others continually provides nonverbal signals that drive others away, thus proving the hypothesis, and allowing the person to maintain his or her depression.

Another remarkable study by Brown and Harris, *The Social Origins of Depression*, considers the total social environment of a group of 114 female psychiatric outpatients, and two control groups totaling 458 in Camberwell, England. The study was carried out by survey. The women's social *environment* was well documented in the study, but unfortunately no attempt was made to assess the nature or quality of the face-to-face interaction processes that the women engaged in with their friends, families, and neighbors. This is a pity, since evidence from the study indicates that this data would likely have been highly significant. This is especially indicated in one area of interactional data which was recorded: so-called triggering events, that is, social interaction and other life events that seemed to result directly in the women entering into a depressive state.

Except for the family therapists mentioned above, it is remarkable how little research is currently being carried out on the role of interaction processes in establishing and maintaining depression in individuals. Extensive bibliographic research for this chapter revealed only a few recent studies that linked interaction and depression, and the bulk of these dealt with patient-therapist interaction. It seems, moreover, that aside from Bateson and his followers, the chief source for interaction study as an approach to research on depression is a chapter in Jones and Girard's 1967 college text, *Foundations of Social Psychology*. To be sure, a person such as myself, coming to this problem as a commentator rather than an active researcher, may be unaware of various resources on this topic. Nevertheless, I do not believe I am too far wrong in saying that much more work needs to be carried out which provides for systematic investigation of the interaction structures in the social environment of depressive individuals.

In particular, it would seem that more study of this kind would go a long way toward solving some of the discrepancies that seem to prevent a clear picture of the principles that unify depression as a syndrome across cultures. Although symptomology and conceptions of depression seem to vary widely, it may well be in the processes of generation and maintenance of depression within the social system rather than in the individual psyche that the panhuman similarities are to be found.

## NOTES

1. The controversy between those who view depression as a disease and those who view it as some other form of disorder continues to rage, and may not be resolved very soon. Part of the problem seems to be one of definitions. What is a disease, after all? Beck's summary of 1973 still seems valid:

There are still major unresolved issues regarding its nature, its classification, and its etiology. Among these are the following:

1. Is depression an exaggeration of a mood experienced by the normal, or is it qualitatively as well as quantitatively different from a normal mood?
2. Is depression a well-defined clinical entity with a specific etiology and a predictable onset, course, and outcome, or is it a "wastebasket" category of diverse disorders?
3. Is depression a type of reaction (Myerian concept) [see Myer 1908], or is it a disease (Kraepelinian concept) [see Kraepelin 1913]?
4. Is depression caused primarily by psychological stress and conflict, or is it related primarily to a biological derangement? (Beck 1973:3-4)

2. Color term research has generated considerable interest in anthropology. Much of direct cross-cultural field research has focused on the question of whether language affects color memory. Heider's assertion (1972) that memory for color is based on certain "focal" areas in the color space, and is independent of language and culture has been disputed by Lucy and Shweder (1979) who demonstrate that language is an important aid for color memory. Other references are included in Lucy and Shweder's work. None, significantly, claim that basic discriminatory processes are affected by linguistic categorization.

3. As an example, Watzlawick et al. (1967) cite the example of the ethologist Konrad Lorenz in one of his imprinting experiments with ducklings in his garden. As he dragged himself, crouching, around the garden in figure eight configurations, quacking, he didn't notice a horrified group of tourists, unable to see the ducklings in the tall grass, viewing what seemed to be the absolutely insane behavior of an old man (p. 20).

4. These words that describe emotional states in English are metaphors, deriving from descriptions of actions that can be observed to result from those states. Among these are *joy* (from Latin *gadia* = to rejoice), *sad* (from Old English *saed* = sated, Latin *satis* = enough), *happy* (from Middle English *hap* = fortune, luck), *glad* (Old High German *glat* = shining, smooth), and so forth. English speakers, by this criterion, might well fail Leff's test.

5. Indeed, Ellis compiled a bibliography with Robert Murphy which combines sources in rational-emotive psychotherapy and cognitive psychotherapy (Ellis and Murphy 1975). It should be noted that Beck does not cite the work of

Ellis in his writings before 1976, indicating that he may only have noticed the parallel structures in their work after his theories were already well formulated.

6. There is some internal argumentation in Beck's work about the nature of "maladaptive thinking." Indeed, it seems that many of the environmental conditions that set off depressive reactions in sufferers arise not from questionable perceptions of reality but rather from real life trauma. Nevertheless, Beck (1976:236) notes that inability to deal with danger or trauma may itself be maladaptive:

It would seem difficult to justify applying the label "maladaptive" to an accurate appraisal of danger (and its associated anxiety) or to the recognition of a real loss and the resulting arousal of grief. Yet under some circumstances, even such reality-oriented ideation may be regarded as maladaptive because of its interference with functioning. For example, steeplejacks, bridgeworkers and mountain climbers may not only suffer serious discomfort, but may be subjected to greatly increased risk by a stream of thoughts or images about falling. . . . People engaged in hazardous activities generally acquire the ability to disregard or extinguish such thoughts. With experience, they seem to form a psychological buffer that diminishes the force and frequency of such thoughts.

7. Beck includes in his writings a number of dialogues that illustrate this technique. Although they are rather long, they capture the flavor of the confrontational nature of the therapy, and are thus somewhat important for understanding the reasons for the effectiveness of the technique.

8. And other disorders, particularly various forms of neurosis, phobias, and so forth (Beck 1976, chaps. 6, 7, 8).

9. Of course these ranges can be seen as overlapping. The material in the above section derives from Beeman (1976a:76–85), and was originally developed as a general discussion of the processes of creation of meaning in language.

10. I wish to explain that the schema presented here is not a diagnostic schema, or one based on any clinical study of depression. It is rather a way of conceptualizing depression which may help to bring it into focus against some models for cognitive functioning in language which have proved useful in discussions of cognitive dimensions of semantics. I would be delighted if the medical community found these proposals conceptually useful.

11. The techniques of argumentation cited by Beck are coupled with rather sophisticated linguistic analysis in the work of Bandler and Grinder (1975, 1979; Grinder and Bandler 1975). In their best-known book, *The Structure of Magic*, they specifically advocate transformational-generative analysis of patients' sentences as a technique for ferreting out unsaid or intended meanings, as well as for detecting the kind of "maladaptive cognitive structures" noted by Beck. As an example, they write:

There is a special case which we like to emphasize of certain words which have no referential index. This, specifically, is the set of words which contains universal quantifiers such as *all, each, every, any*. The universal quantifier is a different form when combined with other linguistic elements such as the negative element—*never, nowhere, none, no one, nothing, nobody*. . . . We use a special form of challenge for the universal quantifier and words and phrases containing it, for example, . . .

*Nobody pays any attention to what I say.*

may be challenged as:

*You mean to tell me that NOBODY EVER pays attention to you AT ALL?*

(Bandler and Grinder 1975:82–83)

This form of challenge asks clients if there are any exceptions to their generalizations. A single exception to the generalization starts the client on the process of assigning referential indices and ensures the detail and richness in the client's model necessary to have a variety of options for coping.

12. See Beeman 1976c and 1982:17–18, for additional discussion of this point.

13. Note the difference between "metalinguage," which is communication about the nature of the code, and "metacommunication," which is an additional set of messages given over and above overt linguistic codes by individuals in interaction situations. Thus a wink can inform participants in interaction that what is being said is not to be taken seriously. A particular tone of voice can clue a sensitive individual that though someone they are interacting with makes an offer, that person will be very unhappy if the offer is accepted. Silverstein (1976:16) points out another level of understanding: "Metasemantics," which describes "language [used] to describe the semantics of language."

14. The late Erving Goffman, while not dealing with depression per se, treated many social anomalies and pathologies using the frame/game mechanism. See particularly his *Frame Analysis* (1974).

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