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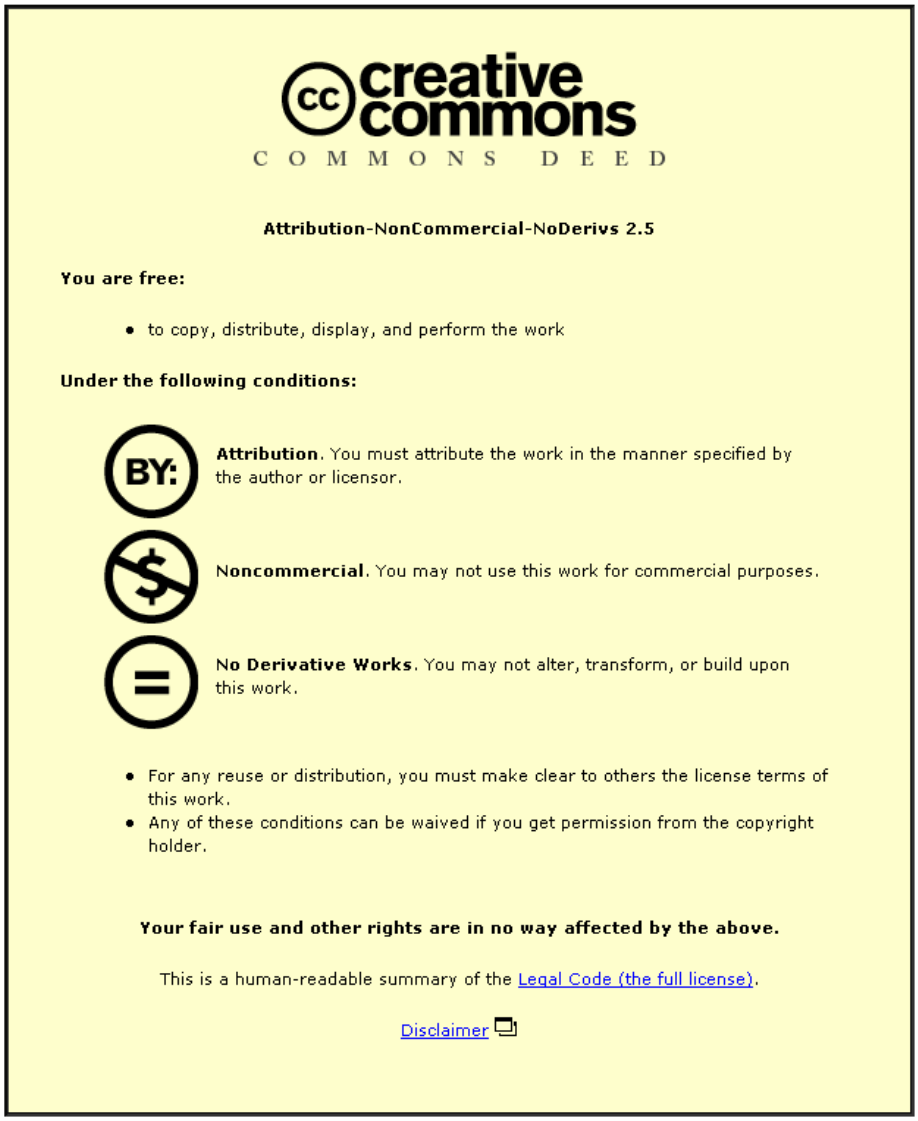

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Depression: embodying social inequality
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Depression: embodying social inequality

Summary:
A critical realist social constructionist account of depression that attempts to thoroughly take account of embodiment, materiality and power by drawing on various resources, including neuroscience.

Introduction

Mainstream psychology is predominantly disembodied, the processes and models it offers as capable of being enabled by silicone and wire as by flesh and blood. Yet this aspect of the mainstream has received relatively little attention from critical psychology, perhaps because critical psychology too is a mostly disembodied affair. For example, social constructionist psychology downplays or ignores the body (Bayer & Shotter, 1998), as do many feminist approaches (Wendell, 1996). When embodiment is omitted materiality also tends to disappear since, phenomenologically, these are dual aspects of a unitary experience. But the omission of both materiality and embodiment makes it impossible to adequately address issues of power. Without some notion of embodied beings whose activities are both enabled and constrained by a material world where resources are both scarce and unevenly distributed, power tends to simply dissolve into the play of discourse (Cromby & Nightingale, 1999).

The omission of materiality and embodiment creates particular problems for critical accounts of psychopathology, which must then proceed as though their focus was simply a discursive form in the DSM, or an iatrogenic arrangement of administrative-bureaucratic-technical practices aimed at "symptoms" that were somehow immaterial before those very practices created them. This creates a conceptual space where individualised biomedical explanations can thrive since their explanatory force, derived from characteristics of and treatments to the soma, can appear greater by contrast with accounts that disregard the embodied character of distress. Whilst some especially valuable critical accounts *do* emphasise materiality and embodiment to successfully generate convincing alternatives to the ideology of organic individualism that pervades most psychiatric accounts (Smail, 1984, 1987, 1993), they nevertheless do not specify embodied pathways or mechanisms whereby material environments and subjective experience actually come together.

Attempting to counter these problems, this paper will develop a critical psychological account of depression that is neither disembodied nor immaterial. Depression, here, is understood as a form of distress characterised predominantly by profound and enduring unhappiness. However, discrete psychological diagnostic categories are not reinforced by this description, since there is no suggestion that such experiences are ontologically or experientially distinct from other forms or aspects of distress. The term 'depression' is used only as convenient shorthand for the general class of phenomena addressed; as the account progresses, its nominally psychiatric content is decomposed into a constellation of actual modes of lived subjectivity with societal origins. Two assertions legitimate the account but are not addressed within it. First, that depression and social inequality are associated, and that causation flows from the societal to the individual, from the direction of socio-cultural structures, organisations and practices to the so-called symptoms of individuals (e.g. Fan & Eaton, 2001; Ritsher, Warner, Johnson, & Dohrenwend, 2001; Williams, 1999). Second, that evidence for a causal organic basis for depression predicated upon particular dysfunctions or organic pathologies, is confused, uncertain, and on balance largely inconclusive (e.g. Davidson & Henriques, 2000).

There are two parts to the paper. In the first part a social and embodied notion of subjectivity is compiled using a series of resources framed by a critical realist version of social constructionism; in the second part, this notion of subjectivity is used to develop an alternative account of depression.

Theorising Subjectivity

1. Critical realist social constructionism

Social constructionism is an umbrella term describing a variety of approaches that share "family resemblances"(Burr, 1995) but also differ in significant respects, particularly with regard to their understanding of the relationship between language and other aspects of our world (see Parker, 1998) There are nevertheless some positions that it seems all constructionists, in some form, must share. Most importantly, all social constructionists argue that the world we experience and the people we find ourselves to be are first and foremost the product of social processes: neither God, nor individual consciousness, but society itself is the root of experience, the prime mover. It is primarily the societal reproduction and transformation of structures of meaning, morals and discursive practices that constitutes both relationships and subjectivity. This implies that language, both as the principal carrier of categories and meanings and as the medium that provides much of the raw material for our activity, is central. Language is understood to be organised into discourses, systems of statements that constitute objects and so call realities into being, making our world into this kind of place rather than that. Discourses organise forms of relating and so produce ways of being human. They define the boundaries of what is legitimately sayable with respect to any given phenomena, and in that way they condition what is actionable between people. And by shaping both what can be said and what can be done, discourses condition what is likely to be *thought*.

In this way, critical realist social constructionism (hereafter, CRSC) posits that discourses are *co-constitutive* of subjectivity. By structuring social interaction, permeating the norms and morals that regulate what can legitimately be said and done by people, discourses come, through socialisation, to structure the subjectivities of individuals. But CRSC also acknowledges that discourses are always already the product of embodied beings in a material world, and so the activities that structure this world are not exclusively discursive. Our embodied practices run alongside our discursive practices, shaping and constraining them at the same time as they enable and facilitate them. On the one hand, then, discourses are constitutive and call realities into being; on the other hand, there are extra-discursive influences that both constrain and enable the discursive constructs we can viably deploy. These extra-discursive influences can be organised into three broad and related categories: embodiment, materiality and power.

2. Shotter's account of subjectivity

John Shotter's work has been central to social constructionist psychology. His is not a critical realist constructionism; Shotter rejects critical realism in favour of a morally contested ontology of embodied intransigences and empowerments. This ontological grounding is nevertheless relatively close to CRSC (Bhaskar, 1993) so that, with additional theoretical work around materiality and embodiment, Shotter's notion of subjectivity can be deployed within the CRSC perspective outlined above.

For Shotter, subjectivity is the outcome of two conjoined processes that dynamically interact and are analytically rather than actually separable. The first is primarily discursive. Shotter calls it "joint action", and it characterises the ways in which we use discourse to jointly negotiate our moment-to-moment interactions with each other. Shotter emphasises the open-ended character of joint action, which often produces outcomes unforeseen by either participant, and highlights the transformative role of statements and their power to bring into being a changed state of affairs in the world. For example, saying, "I love you" for the first time, in the appropriate context, radically changes the nature of the relationship within which it is said (Shotter, 1993).

The second process producing subjectivity is called by Shotter "knowing of the third kind", an "embodied form of practical-moral knowledge in terms of which people are able to influence each other in their being, rather than just in their intellects" (Shotter 1993: 41-2). Here, Shotter is highlighting the role of *feelings* in guiding everyday conduct: the ways in which the sense of an interaction or relationship communicates itself, is shared by us in relation to another, not just discursively but also in the embodied feelings we simultaneously experience. Shotter further describes "knowing of the third kind" as an "affective attitude", a way of orienting to a person or situation that exemplifies the feelingful quality of that relationship. These feelings include, but are not restricted to, commonly-named emotions like love or fear; some (such as "gut feelings") are named, but this aspect of subjectivity is rarely examined and we have few terms with which to differentiate its characteristics. It is common to hear people say such things as "well I just *felt* something was wrong" – but rare to hear them specify the character of such feelings, to describe for example their nature, intensity or location.

So, subjectivity is our sense of who and what we are, constituted of feelings and thoughts that arise from and are embedded within shifting networks of social relationships. The discursive responses and embodied feelings of others (communicated by such means as gesture, posture, tone of voice and facial expression), together with our own discursive activity and embodied feelings, dynamically create the situations "into which" we must act and through which our subjectivities are continuously dynamically formed and re-formed. To align this account of subjectivity with CRSC we must also theorise embodiment, materiality and power. Materiality and embodiment are addressed next; the influence of power emerges in the subsequent discussion of depression.

3 Accounting for materiality: German Critical Psychology

With respect to subjectivity, we can theorise materiality by borrowing from German Critical Psychology the concept of "subjective possibility spaces". German Critical Psychology shares with other theories (e.g. Kelly, 1963) the view that humans live in a fundamentally *anticipatory* relationship to their world: what pre-occupies us is, for the most part, what we think might happen next. In German Critical Psychology, as in constructionism, subjectivity is structured by relationships - it is always simultaneously intersubjectivity, our awareness of the others with whom we share our lives. But subjectivity is *also* structured by the material resources actually available to each individual according to their societal location. Material resources structure subjectivity by providing options that must be considered and assessed, so creating an "epistemic distance" between subject and object, person and world (in German Critical Psychology this epistemic distance, the necessity of choice provided by a social organisation that liberates individuals from the immediate demands of survival, is an evolutionary precondition for subjectivity in our species). German Critical Psychology describes the range of options available to an individual, the sum total of things they can anticipate, as their *subjective possibility space*. But because material resources are unevenly distributed, there will be variation in the subjective possibility spaces of individuals:

> "The life world of the mine owner is literally different to that of the miner.. they perform different functions in the division of labour.. they occupy different positions in society and thus experience different life situations. This is bound to have significant effects upon subjectivity.. [the real, objective, quantitative differences] in their respective life situations are experienced subjectively as distinctly larger or smaller subjective possibility spaces"
> (Tolman, 1994): 113

So subjectivity is structured by the distribution of material resources, whose character and

availability reflect patterns of inequality. The two interacting processes described above, “joint action” and “knowing of the third kind”, are thus enmeshed in ongoing chains of interpersonal relationships within which materiality is always a factor. To generate a thorough account of subjectivity compatible with CRSC we must now theorise how embodiment and subjectivity are related. Shotter’s “knowing of the third kind” describes the phenomena of subjective feeling with which we must engage: this can be theorised by drawing upon some current work in neuroscience.

4 Accounting for Embodiment: The Somatic Marker Hypothesis

Damasio (1994) describes a neural system that facilitates decision-making in social settings by using acquired repertoires of feelings or somatic feedback. His hypothesis is derived from his work with people with injury to the ventro-medial sectors of the frontal lobes: he has now worked with 60 people with such damage (Damasio, 2002), who all display the same two consequences. First, their emotions are greatly diminished: they are described as lacking in feelings, emotionally unresponsive. Second, they are chronically unable to take decisions in social settings: even simple choices, such as making a doctor’s appointment some months hence, are problematic.

Linking these deficits, Damasio suggests that the ventro-medial sector of the frontal lobe is vital to brain systems that bring feelings into consciousness. Feelings, here, are the raw material of bodily states (muscular tension, posture, arousal levels, visceral activity etc.) derived from information gathered by the brain to assist in the vital function of homeostasis. Injury to the ventro-medial frontal lobes removes such feelings from consciousness and also impairs the ability to make decisions, suggesting that "rational" decision-making is already related to somatic feedback. Damasio proposes that through experience we learn to classify some stimuli as positive and others as negative, and this learning includes a somatic component. On future occasions where this learning might be pertinent, the brain calls out patterns of bodily activity consonant with previous experience. When this happens, physiological states previously associated with either positive or negative outcomes get reconstituted to inform decision making as feelings, *somatic markers* which stamp putative options with valences: "When a negative somatic marker is juxtaposed to a particular future outcome the combination functions as an alarm bell. When a positive somatic marker is juxtaposed instead, it becomes a beacon of incentive" (Damasio 1994: 174).

Somatic markers are bodily states called out within streams of interaction and used to weigh alternatives and provide a guide to action. They *do not* make decisions for us, but they *do* accelerate and simplify decision-making by reducing the set of choices that must be considered. They use neural pathways that evolved to facilitate homeostasis and so have an intrinsic bias towards pleasurable bodily states, but their character, for each individual, is derived from that person’s particular history of incentives and penalties. As Damasio puts it: "Somatic markers are thus acquired by experience, under the control of an internal preference system and under the influence of an external set of circumstances which include not only entities and events with which the organism must interact, but also social conventions and ethical rules" (Damasio 1994: 179).

Somatic markers have two further relevant features. First, the body proper is sometimes bypassed in “as-if-body loops", wherein the somatosensory cortex gets organised by the prefrontal cortices and the amygdala to replicate the activity pattern which would have ensued had the body itself been engaged. Such loops cannot exactly copy the bodily state which would have occurred had full-blown somatic markers been engaged, they are an economy of processing forged during enculturation: "as we matured and repeated situations were categorised, the need to rely on somatic states for every instance of decision-making

decreased .. Decision-making strategies began depending in part on "symbols" of somatic states" (Damasio 1994: 184). Second, somatic markers can also operate outside of consciousness: although not in principle inaccessible, they simply do not always enter the limited capacity of awareness. This might occur at any time, but may be more likely where faster, more subtle "as-if body" loops are engaged, or in highly charged or complicated situations where the situated demands of interaction command the full capacity of consciousness. In this way, somatic markers may generate a "patterned irrationality", responses disjunctive with the present but consistent with aspects of past experience.

It is important to emphasise that whilst the neural system Damasio proposes for utilising somatic feedback to guide activity is biologically endowed, its specific content is, for each person, the outcome of her or his particular personal-social history. Just as the brain's capacity to acquire and use language in no way determines the languages individuals acquire and learn, so the mere existence of the somatic marker system does not determine the patterns of feelings it generates. Experience, not biology, is the determinant here. Adding Damasio's hypothesis to the resources already deployed therefore allows us to theorise a thoroughly embodied subjectivity that is simultaneously both relational (located in and formed through ongoing relationships) and material (structured and informed by the material resources available to the person). Combining these various resources yields a hybrid view of subjectivity as simultaneously constituted by discursive, material and embodied process: these processes work together to *co-constitute* subjectivity. Such a notion of subjectivity can facilitate a thoroughly critical account of embodied experiences and their relationship to material factors; in this way, then, the effects of power can be made apparent. To illustrate, this notion of subjectivity will now be integrated with a psychosocial transactional account of depression.

Theorising Depression

Wiener and Marcus (1994) examine discursively structured variation in social practices within Western culture. They identify transactional patterns with potentially harmful consequences, and suggest that such patterns might account for contradictions in the diagnostic criteria for depression. They describe three social transactional scripts (Helpless-Helpful, Powerless-Powerful and Worthy-Worthless) that, if they predominate during socialisation, might generate three distinctive ways of being in the world that psychiatrists would categorise uniformly as depression. These scripts characterise patterns of "concurrent, interdependent, mutual activities" (Wiener and Marcus 1994: 217). They are called transactions, rather than interactions, to emphasise their focus upon people acting collaboratively, not sequentially or independently. The Helpless-Helpful script characterises experiences wherein individuals gain recognition and reward for positioning or describing themselves as inferior and incapable. The Powerless-Powerful script characterises experiences where individuals are rewarded for placating others and ingratiating themselves, and the Worthy-Worthless script characterises experiences where individuals gain rewards for apologising and deploying self-deprecating discourses. Individuals socialised within families or settings where any one of these three scripts predominated might agree with statements such as "I can't make decisions at all any more" (Beck, 1967), but for each individual *the meaning of their agreement would differ*. Persons socialised within the Helpless-Helpful script would mean something like "I don't know how to manage responsibility"; those from the Powerless-Powerful script "I am not permitted to make meaningful decisions"; and those from the Worthy-Worthless script "I am not good enough to make decisions" (see Wiener and Marcus 1994: 223).

By integrating these scripts with the notion of embodied subjectivity developed earlier, we

can develop an account of depression that recognises its societal origins at the same time as it accounts for its embodiment within individuals. Over successive social interactions, discourses seen to have legitimacy and utility will get taken up by individuals to order and understand their own experiences. In settings characterised by the transactional scripts Weiner & Marcus describe, legitimated discourses will consistently invite persons to understand themselves as helpless, worthless or powerless, and consistently make germane dimensions of efficacy, power and self-worth. Alongside these discourses, and reinforcing devalued subject positions within them, will be affective flows or repertoires of feelings. In Damasio's terms, transactions discursively structured by these scripts will generate corresponding patterns of somatic markers. These somatic markers may influence subsequent activity by attaching negative or low values to options sensitively intertwined with self-image, or by making choices which would affirm personal worth, power or efficacy *feel* impossible. Self-constructions derived from experience of such transactions will gain salience because of these associated somatic markers, which will typically be called out in social settings where discourses of power, efficacy or self-worth are deployed. Somatic markers will condition the positions individuals "unthinkingly" occupy *within* these discourses, whilst simultaneously re-emphasising the continued relevance of the discourses themselves. Their (sometimes covert) operation helps explain the relative intransigence of unhappiness and shows how the experience of powerlessness, for example, is much more than just a discursive construction. Alongside its discursive aspect, powerlessness acquires an embodied, feelingful character composed of facial expression, posture, gaze direction and duration, breathing, head inclination, muscle tone, and less visible characteristics such as visceral and blood vessel activity.

The acquisition of such somatic markers could potentiate further trajectories of social transaction wherein power becomes salient. People who construct and display themselves as powerless (however unwittingly) may invite responses from others that accord with their self-construction. Such responses will increase for them, through rehearsal and reflection, the salience of the "powerless" mode of relating and being. Additionally, because of the hyper-relevance power might thereby acquire, such individuals may sometimes perceive abuses of power where no abuse was intended. All these trajectories could further embody "powerlessness" as a mode of being, each successive transaction wherein it is conspicuous increasing the probability of future salience. A vicious spiral may ensue: transactional scripts and social practices generate somatic markers and discursive repertoires, which in turn make further disempowering transactions and self-perceptions more likely.

Wiener & Marcus relate these transactional scripts to contradictions in the diagnostic criteria for depression, suggesting that each produces subtly different patterns of "depressive symptomatology" that the unitary diagnostic category must contain:

> "an individual who reports depressed mood .. manifests psychomotor retardation, reports low energy, hypersomnia and weight gain, is diagnosed with major depressive syndrome, as is an individual with psychomotor agitation .. insomnia, weight loss, feelings of worthlessness and indecisiveness. Although these people do not share a single action in common, and in many respects appear to be behavioural opposites, both are identified as belonging to the same diagnostic category" (Wiener and Marcus 1994: 219)

Psychiatry sometimes acknowledges such variation (e.g. Tyrer, 2001) but does not routinely theorise its occurrence, implicitly ascribing it to variations in underlying biomedical pathology. In contrast, by combining these transactional scripts with the constructionist notion of embodied subjectivity outlined above, we can generate a psychological account that recognises this variation, locates its origin in modes of socialisation, and systematically associates it with distinctive patterns of "depressive symptomatology"

For example, for individuals whose maturation was typified by the Helpless-Helpful script, most possibilities could *feel* unavailable because of somatic markers that evaluate the person as globally incapable in relation to them. Apathy and listlessness could ensue, accompanied by excessive sleeping and weight gain due to decreased activity. Conversely, if it *feels* that all possibilities threaten further invalidation or denigration, because of somatic markers acquired in settings where power or self-worth were consistently at stake, then agitation and defensiveness might be more likely, alongside insomnia, restlessness and consequent weight loss. Difficulty concentrating or deciding is a prominent feature in many people's experience of profound unhappiness. This could be the product of somatic markers that evaluate *all* options as similarly negative, unavailable, dangerous or difficult, markers that position the person as powerless, worthless or helpless in relation to all thinkable possibilities. Such persons would be attempting to decide without effective somatic guidance: consequently, rational consideration would be laborious, time-consuming and difficult, and the acts of choosing *feel* either impossible or irrelevant. Somatic markers that position individuals as worthless, helpless or powerless within relevant discourses might also underpin other features of depression listed in DSM-IV and ICD-10, including: a perceptual bias toward negative events; negative views of world, self and future; excessive guilt; inability to experience pleasure; irritable mood; anxiety and apprehension.

The focus on depression might make this sound like a deterministic process, but it has to be emphasised that society is an open system, and that meanings are negotiated through these transactional scripts rather than determined by them. The open-ended character of the social interactions mediated by these conjoined discursive and neural processes inevitably creates contingency and variation, so that embodied subjectivity is always open to tangent or change. The intrinsic indeterminacy of social interaction, emphasised by Shotter, means that alternate trajectories can always emerge. Consequently, the vicious spiral into unhappiness does not occur for everyone who experiences adverse life events or unhelpful transactional scripts, because the causal associations between societal forces, situated transactions and modes of subjectivity are *necessarily* probabilistic rather than deterministic.

However, it must also be emphasised that all social transactions necessarily take place between embodied people in specific material settings. Re-introducing the material dimension makes it apparent that whilst societal causation is necessarily probabilistic, social forces are no less causal or influential for that. Interpersonal transactions are always informed by social divisions, for example of gender, class and ethnicity, which also condition the material resources, the choices and possibilities, actually available to participants. Not only do fewer choices impact directly upon subjectivity through the creation of smaller subjective possibility spaces, they may also make it more difficult to avoid situations where harmful or humiliating scripts are played out. Moreover, there are reasons why scripts that position individuals as relatively helpless, powerless or worthless may be more prevalent and legitimate in material settings of relative deprivation. First, the visible contrast between opulence and poverty, between "conspicuous consumption" for the few and bare survival for the many, may itself provide affordances that give denigrating discourses and practices greater apparent legitimacy. Second, the daily grind of coping with limited material resources may leave deprived individuals with less time and energy to sensitively negotiate the intricacies of their relationships, leading some to favour instead a more controlling discursive style – especially, perhaps, with their children. And third, such scripts may gain material force and legitimacy because of their prevalence in commonly encountered institutional and administrative settings – for example, through their deployment in and around the deliberately humiliating and difficult process of claiming benefits. In short, even though the idealised examples presented here don't make this explicit, the interpersonal is always already societal. Scripts such as those Weiner & Marcus identify always get played out within a broader arena of social divisions

and associated material resources that can both structure and reinforce their effects: in this way, we can understand the influence of power upon subjectivity.

Conclusion

This account of depression has numerous advantages over psychiatric accounts. First, it clearly relates depression to social inequality, specifying social and neural processes whereby the two might be related. Second, it provides a coherent explanation for variation in patterns of depressive symptomatology, relating them to variation in the transactional patterns prevalent in the lives of individuals. And third, in recognising that society is an open-ended system, and so the social interactions that mediate the effects of inequality are therefore somewhat indeterminate, it explains why the effects of social inequality do not impact uniformly upon individuals.

This account also has advantages over critical psychological accounts of depression that, typically, do not thoroughly engage with materiality and embodiment. First, jointly including these influences helps to explain the intransigence of depression, since the modes of subjectivity we call depression are not caused and maintained just by faulty cognitions, nor even by ways of talking and relating. They also derive both from material circumstances, and from a socially-conditioned neural system that is itself extra-discursive, producing embodied feelings that run alongside discursive activity but are not reducible to it. Second, theorising the influence of embodiment through acquired somatic markers as a distinct neural pathway whereby depression is created and maintained might help explain the inconsistent efficacy of the various kinds of psychological therapy. This echoes the view that successful therapy is essentially a matter of feelings, and is also consonant with the observation that even though interventions can be helpful, their efficacy is not a matter of cognitive re-programming: experiences such as depression might be alleviated, but can never be "unlived". And third, by including in the account a neural mechanism whereby societal influences can become part of individual subjectivity, it potentially mounts a stronger challenge to prevalent biomedical accounts. For example, it allows for the fact that anti-depressant medication might sometimes "work" (by operating at the neural level to modify the *feelings* that help to maintain depressive states), whilst clearly demonstrating that that this modification is in no sense the "cure" for an "illness".

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