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"A SEARCH FOR MEANING: MAKING SENSE OF DEPRESSION" by SIÂN E. LEWIS: A CRITICAL REVIEW

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Prolegomena

In "A search for meaning: making sense of depression", Siân E. Lewis (1995) examines the issue of meaning in depression as that appears in the personal accounts of depressive individuals. Lewis argues that the understanding of depression from an individual's point of view contrasts to the various characterizations provided by the clinical literature. Lewis explores the personal meaning of the condition "as a problem located in the individual or explained with reference to particular social circumstances" (p. 369).

Strengths of the present research

The present study looks at individual experiences of depression and its meanings in relation to the medical discourse they are approached. The author developed a qualitative methodology of thematic analysis[2], so to answer questions about the subjective experience of depression, as well as what the term 'depression' in itself means. It is argued here that the importance of Lewis's study is threefold: one, that the methodology she developed inquires how accounts of experiences are constructed; second, that she looks at the construction of meanings within accounts; third, that she aims to encourage respondents through interviews to structure their personal accounts of their experiences, and search their perspectives.

A. Depression and its context

Depression is a condition affecting the individual within the social context. It is a problem which cannot be isolated from the social environment. The fact that social circumstances are involved in the generation and cultivation of the condition does not mean that depression is not a subjective experience. Lewis, although she attests that depression is a socially constructed experience, she nevertheless argues that this experience is a problem that lies with the individual.

Lewis examines depression as a subjective experience by taking into account the individuals' understanding of the condition in terms of personal circumstances, and biographical accounts. She contends that there are four aspects that come out of the individuals' experiences: "the identification of oneself as depressed; the need to explain depression; the search for meaning; the potential explanations for experiences to depression" (p. 372).

Individuals living with the condition see it as a meaningful experience which influences their personal and interpersonal whereabouts, and struggle to make sense of it in their lives. Meanings, for Lewis, are understood as constructed through dynamic processes of social interaction and social interrelations. Meaning, for her, is an emergent reality which can be subjectively identified.

The accounts participants had given were of considerable importance for Lewis. Accounts were constructed with meanings which revealed participants' views on the condition and the repercussions they experienced. Lewis in her paper presents under headings the construction of

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[2] Thematic analysis was first introduced by Leininger (1985) as a step by step guide towards a process where "raw data are analysed by identifying and bringing together components or fragments of ideas or experiences, which are often meaningless when viewed alone" (Leininger, 1985: 60). Other brief guides to thematic analysis are offered by Aronson (1994) and Gantley (1999). The shared idea in all those considerations is that through thematic analysis there are identified levels of abstractions in the data.

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meanings within accounts in accordance to the responses she received: participants accept the diagnosis; participants accept and question the diagnosis; participants reject the diagnosis; participants' feelings after being denied to be provided with a diagnosis. These four headings display how the meanings are constructed to her participants' accounts.

Lewis designed her study to include patients had been exposed to the medical discourse of depression, and non-patients who had not been diagnosed as depressed, thereby not exposed to any medical interpretation of their condition. She carried out interviews which covered areas across-the-board, such as how participants understood the term depression, what they personally define as depressive experiences, their feelings about the condition, how do they interpret the circumstance they are in, as well as any support they may have received.

B. Methodological Framework

Lewis describes her research on *A search for meaning: making sense of depression* as "a qualitative methodology[3], incorporating grounded theory[4] and discourse analytic techniques[5]" (p. 369). Lewis claims that she used grounded theory in order to build up a theory able to discuss the experience of depression as individuals experience it. In this way, she argues that the experience and meaning of depression vary across individuals, as well as that they are found in opposition to the prevailing clinical model of the condition. Lewis takes into account the individual's personal interpretation of the condition and not the definitions given by the diagnostic criteria[6]. The individuals are those who hold up the story and create the theory, and not the hypothetical assumptions of the researcher.

Shortcomings of the present research

A. Diagnostic criteria, or the individual's interpretation of his/her experience?

Lewis, in the introduction of her article claims that the diagnostic approach to depression prevails as psychological approach. She argues that the diagnostic approach does not present the condition fully, because "the significance of these symptoms for individuals is not clear" (p. 369). However, from the way she approaches the issue it seems that the term "diagnosis" (pp. 372, 373, 374) played an important role in her discussion of the condition, according to the extracts taken from the interviews. (Overall & Zisook, 1980).

The reader notices a contradiction in this argument relating to the polemic against the so-called diagnostic criteria. The contradiction refers to the aspect of symptoms, which she does not consider as well-defined, and yet she employs the term 'diagnosis' to analyse her respondents' interviews. To the reader's point of view, to be used terms such as 'diagnosis' and 'symptoms' about depression is not something that "gives voice to those silenced" (Widdicombe, 1993: 109-110); it probably supports the status quo (Ibáñez, 1997) by conferring upon an issue that is in itself problematical (Riger, 1992).

Another contradiction comes with Lewis' statement in the summary of her article:

[3] Qualitative approach is the textual analysis of data collected in the form of naturalistic verbal reports, i.e. interview transcripts, written accounts, etc. Interpretation of such data unfolds the issue in question in relation to participants' personal understandings (Smith, 2004).

[4] A short terminology about Grounded Theory refers to "developing analytic codes and categories from the data, and not from preconceived hypotheses" (Charmaz, 2004: 83). The former relates to "simultaneous involvement in data collection and analysis", whilst the latter is concerned with "constructing middle-range theories to explain behaviour and processes" (Charmaz, 2004: 83).

[5] Discourse analytic techniques illustrate the collaboration and negotiation of ideas, meanings, and presentations of personal experiences of the individual. Discourse analytic techniques focus on the "ways in which speakers manage issues of stake and interest" (Willig, 2004: 163), as well as they refer to a "form of social action, produced for a specific purpose(s)" (Wikinson, 2004: 203).

[6] It is difficult to provide an individual's account of depression nowadays, because the condition is approached under psychiatric terminology. Very rarely, individuals are asked about their experiences and how they got there, for classification – *clinicalisation* - proves to be the utmost goal of the clinical practice (Nemeroff, 1998). In this way, individuals are labeled and sometimes institutionalized without being left free to express their opinions about what they experience.

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"As Karp reported (1994) many individuals saw the diagnosis of depression as liberating, providing recognition and the hope of resolution of their problems, but also as pathologising and stigmatising in terms of their social identity as depressed persons. The diagnosis of depression has variable meanings. It is powerful as a legitimation and validation of problems as depression, in specifying the problem, and cutting through the confusion which is part of the experience of depression. But it may be rejected as inappropriate to the way someone actually feels. It is also stigmatising, and the notion of depression may be rejected as something which happens to others but not to oneself. However, a clinician's denial of depression through the refusal to diagnose it, is devaluing of the person suffering and the problems they are experiencing, and leaves them with a real problem of finding an alternative source of help" (p. 374).

The reader is left wondering whether statements on depression, such as *liberating, pathologising, stigmatizing*, on the one hand, and statements such as, *a clinician's denial of depression, …devaluing of the person suffering,* on the other, are able to present a clear understanding of the individuals' own perspective of the condition? Both the former and the latter leave the question unanswered; and yet the reader still wonders if one could ever suppose that the individual contributes to the condition by valuing it with a personal meaning (Sears et al., 2000)!

B. Dialectical discourse and the clinician's point of view

Lewis seems to admit that the interpretation of depression is more prevalent from a clinical perspective, rather than an individual's point of view. In this respect, she does not present the condition according to the participants' experiential viewpoints, but according to a terminology provided by expert professionals. It looks like the personal account of the meaning about depression to having been influenced by the physicians' or clinicians' personal accounts, and not what the individuals think about the condition! The latter is extracted by examples, Lewis provides in her article, of the interviews (pp. 372-377).

What the reader obtains from this is that the meaning 'borne out' of the individuals' account of the condition comes by relevant consultation with the person's clinician, who 'holds the reins' for this 'meaning'! Otherwise stated, the reader cannot see an authentic account of the meaning of depression in a person's life, but a meaning that conforms to the diagnosis given by GPs and clinicians. The reader finds oneself puzzled, since what is 'discovered' by the author is the assumed account of depression retrospectively placed by mental professionals; in other words: "the degree to which a given form of understanding prevails or is sustained across time, is not fundamentally dependent on the empirical validity of the perspective in question, but on the vicissitudes of social processes" (Gergen, 1985: 268).

Lewis appears to argue more about the 'discursive importance' of the clinicians' point of view rather than that of the individuals'. That means that she employs definitions which are in use by mental professionals, such as "powerlessness" (pp. 370, 375, 376, 378), "loss of self" (p. 369), and "a change of state" (p. 370). In this vein, although she appears to look for a meaning about depression from her participants' point of view, this meaning has been primarily biased by a clinician's approach to the issue.

C. Depression and the socio-cultural environment

The author does not seem to have taken into account culturally different constructions regarding the personal meaning and experience of her participants when she did the interview. Differently acknowledged social constructions provide different meaning of the subject in conversation (Howard, 2000; Richman et al., 2000; Breakwell, 2001). Different social constructions share different cultural discursive meanings, even between same-culture families (Heelas & Lock, 1981). Meanings are shaped as experiences individuals acquire in the social world (Jenkins et al., 1991). Examples to the latter include distress when individuals relate to others; a sense of reduced effectiveness when in cooperation with others; decreased motivation if individuals are let down by

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their social contacts; dysfunctional attitudes and behaviours, if individuals are overridden by social circumstances (Schaufeli & Enzmann, 1998).

The discursive view of a meaning is constructed by social circumstances, and shapes the experiences an individual obtains in life. When cultural and social requisites prevail, meanings become influential in a person's life. To this extent, it seems that questions addressed to participants – which Lewis did not cite in her study - did not relate to depression as a socially constructed experience, but to a condition which is mainly influenced by experts in the field. Hypothetical questions could include how the experience of depression has been affected by the social point of view, as well as how relevant environments could prove vital for such a meaning to be expressed, thus collaborating dialectical and symbolic interactionist perspectives (Jussim et al., 1992)[7].

Interpersonal affairs are proved crucial in the construction of the meaning of depression in a person's life. For instance, there are individuals who in interrelationships attempt to prove their competence and achievements, but end up being rejected by others. In the same vein, others by wishing to be positively valued by their liaisons, experience lack of appreciation and feel abandoned. Although Lewis discusses the role of social circumstances, such as "with whom one interacts in daily life" (p.374), or the "sense of isolation" (p. 374), in giving meaning to an individual's view of depression, she nevertheless does not discuss it in terms of her respondents' ethnographic and educational backgrounds. Also, by presenting depression as a biological instability, as well as a social by-product, Lewis does not make clear which she regards more prevalent. Depression is identified as a condition by taking into account individuals' meanings and experiences which are biologically and socially intertwined (Chou, 2005).

D. Patient and Sufferer

Although it has been asserted that the author does not acknowledge the role of the social context in the diagnosis and development of depressive symptoms, she does refer to the identification of depression through the term 'patient'. The term 'patient' characterises the individual as 'sufferer' (pp. 376, 377), and entails an understanding of pathology from a clinician's point of view. The term dominates in the medical discourse, however the author does not make clear how that is related to the social milieu of the individual (De Fruyt et al., 2006).

In line with this, by calling an individual 'patient' appears contradictory in terms of how she as a researcher approaches depression from a discursive point of view. Thus, she is seemingly conferring upon a term (patient) and discusses an individual's meanings and experiences on depression, such as the "social model…reasons" (p. 378), and "a discourse of personal socio-moral inadequacy" (p. 378), as of a secondary importance. That *importance* results from symptom-based criteria (diagnosis) that label and reject an individual's experiences on the condition, (Ebmeier et al., 2006).

E. Depression as mood/Depression as emotion

Finally, it is not clear in Lewis' findings, such as "depression remains a mystery to those who are depressed" (p. 377), and "while it can be understood within the framework of particular life experiences, it is not necessarily seen as caused by those circumstances" (pp. 377-378), whether the meanings and experiences individuals obtain through the condition relate to the consideration of 'mood' – a long-term status - or 'emotion' – a circumstantial feeling (Davidson & Ekman, 1994; Price et al., 2004). Since depression is experienced as an affect and that affect undermines a

[7] "Symbolic interactionist approaches (Cooley, 1902; Felson, 1989; Mead, 1934; Shrauger & Schoeneman, 1979; Stryker & Statham, 1985) propose that the self develops and changes as people see themselves through the eyes of others (Cooley, 1902; Mead, 1934). Metaphorically, others' evaluations function as a mirror in which one sees oneself – thus *reflected appraisals* refer to perceptions of others' evaluations, and *looking-glass self* refers to the idea that people see themselves through (their perceptions of) the eyes of others (Cooley, 1902; Felson, 1981, 1985, 1989; Mead, 1934; Shrauger & Schoeneman, 1979)" (Jussim et al., 1992: 403).

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person's inner and outer whereabouts, the author does not clarify if the meaning been given to the condition by her interviewees' lines up with such an understanding (Price, 1988).

Summary of main points

Lewis in her paper conducted an interview study about what is subjectively experienced as depression and how individuals define it in their lives. She carried out a qualitative methodology of thematic analysis in order to look at what is experienced as depression, and how such experiences are constructed.

The strengths of the study refer to the context, personal and circumstantial, where depression is found, and how that is interwoven to the individuals' construction of meanings and experiences. In this context she also discussed the condition according to the medical discourse, and how participants are exposed to it.

The methodological framework, Lewis employed, incorporated grounded theory and discourse analytic techniques. In this way, she claimed, a great weight in the individual's personal accounts was placed, and not in the definitions provided by the diagnostic criteria.

Shortcomings of her research refer to the term 'diagnosis', which does not present the issue in question to the participants' experiences, but in line to the way it is approached by health professionals. Also, the terminology regarding the condition is introduced according to the medical discourse, and not to the way understood by individuals. In the same vein, there are not taken into account, by the author, culturally different constructions of the condition, which could present the issue closely to the meanings and experiences offered by her respondents.

On the other hand, Lewis presents the meanings and experiences of her participants by defining them as 'patients' and 'sufferers'. In employing terms such as the above, she addresses the clinical tradition which regards depressive individuals under medical points of clarification. In other words, she somehow lines up with the discursive approach of the experts, which labels and rejects the individuals' experiences and personal meanings.

Finally, in her findings, she did not conclude whether the issue in discussion was presented by her participants as an experiential feeling – mood – or as a circumstantial experience – emotion. That should have been pointed out, since she presented depression as an affect, which is indeed associated to accounts of mood and emotions.

Keywords Clinical depression, critical review, grounded theory, discourse analytic techniques

References

1. Aronson, J. (1994): A pragmatic view of thematic analysis. The Qualitative Report, 2.
2. Breakwell, Glynis, M. (2001): Mental models and social representations of hazards: The significance of identity processes. Journal of Risk Research, 4 (4), pp. 341-351.
3. Charmaz, Kathy (2004): *Grounded theory*. In: Jonathan A. Smith (Ed.), *Qualitative Psychology, A Practical Guide to Research Methods*). London: Sage Publications Ltd., pp. 81-110.
4. Chou, Kee-Lee (2005): Everyday competence and depressive symptoms: Social support and sense of control as mediators or moderators? Aging & Mental Health, 9 (2), pp. 177-183.
5. Cooley, C. H. (1902): *Human nature and the social order*. New York: Scriber.
6. Davidson, R., J., Ekman, P., (1994): *Afterword: how are emotions distinguished from moods, temperament and other related affective constructs*. In: Eckman, P., Davidson, R., J. (Eds.), *The Nature of Emotion: Fundamental Questions*. New York: Oxford University Press, pp. 94-96.
7. De Fruyt, Filip, Van Leeuwen, Karla, Bagby, R. Michael (2006): Assessing and interpreting personality change and continuity in patients treated for major depression. Psychological Assessment, 18 (1), pp. 71-80.
8. Ebmeier, Klaus, P., Donaghey, Claire, Steele, J. Douglas (2006): Recent developments and current controversies. The Lancet (Seminar), 367 (9505), pp. 153-167.
9. Felson, R. B. (1981): Self-and reflected appraisal among football players: A test of the Meadian hypothesis. Social Psychology Quarterly, 44, pp. 116-126.

ISSN 1512-1801

10. _____(1985): Reflected appraisal and the development of self. Social Psychology Quarterly, 48, pp. 71-78.
11. _____(1989): Parents and the reflected appraisal process: A longitudinal an
12. lysis. Journal of Personality and Social Psychology, 56, pp. 965-971.
13. Gantley, M. (1999): *A beginner's guide to developing a thematic analysis*. In Y. Carter, S. Shaw, C. Thomas (Eds.), *An introduction to qualitative methods for health professionals*. London: The Royal College of General Practitioners.
14. Howard, Judith, A. (2000): Social psychology of identities. Annual Review of Sociology, 26, pp. 367-393.
15. Heelas, P., Lock, A. (Eds.) (1981): *Indigenous psychologies*. London: Academic Press.
16. Ibáñez, Tomás (1997): *Why a Critical Social Psychology?* In: Tomás Ibáñez & Lupicinio Íñiguez (Eds.), *Critical Social Psychology*. London: Sage.
17. Jenkins, Janis, H., Kleinman, Arthur, Good, Byron, J. (1991): *Cross-cultural studies in depression*. In: Becker, Joseph, Kleinman, Arthur (Eds.), *Psychosocial aspects of depression*. Hilldale, N.J.: Lawrence Erlbaum Associates, pp. 67-99.
18. Jussim, Lee, Soffin, Sonia, Brown, Richard, Ley, Janine, Kohlhepp, Kyle (1992): Understanding reactions to feedback by integrating ideas from symbolic interactionism and cognitive evaluation theory. Journal of Personality and Social Psychology, 62 (3), pp. 402-421.
19. Karp, D. (1994): Living with depression: illness and identity turning points. Qualitative Health Research 4, pp. 6-30.
20. Leininger, M., M. (1985): *Qualitative research methods in nursing*. London: W. B. Saunders.
21. Lewis, Siân E. (1995): A search for meaning: Making sense of depression. Journal of Mental Health 4(4), pp. 369-382.
22. Nemeroff, C. B. (1998): The neurobiology of depression. Scientific American 278, pp. 42-49.
23. Overall, John, E., Zisook, Sidney (1980): Diagnosis and the phenomenology of depressive disorders. Journal of Consulting and Clinical Psychology, 48 (5), pp. 626-634.
24. Price, John S. (1988): *Alternative channels for negotiating asymmetry in social re-*
25. *lationships*. In: Chance, M. R. A. (Ed.), *Social fabrics of the mind*. Hove: Lawrence Erlbaum, pp. 157-195.
26. Price, John, S., Russell, Gardner Jr., Erickson, Mark (2004): Special review: Can depression, anxiety and somatization be understood as appeasement displays? Journal of Affective Disorders 79, pp. 1-11.
27. Richman, Judith, A., Jason, Leonard, A., Taylor, Renee, R. (2000): Feminist perspectives on the social construction of chronic fatique syndrome. Health Care for Women International, 21 (3), pp. 173-185.
28. Riger, S. (1992): Epistemological debates, feminist voices: science, social values and the study of women. American Psychologist, 47, pp. 730-740.
29. Schaufeli, W. B., Enzmann, D. (1998): *The burnout companion to study and practice*. London: Taylor & Francis.
30. Shrauger, J. S., Schoeneman, T. J. (1979): Symbolic interactionist view of self-concept: Through the looking glass darkly. Psychological Bulletin, 86, pp. 784-795.
31. Sears, Samuel, F. Jr., Unizar, Guido, G. Jr., Evans, Garret, D. (2000): Examining a stress-coping model of burnout and depression in extension agents. Journal of Occupational Health Psychology, 5 (1), pp. 56-62.
32. Smith, Jonathan (Ed.) (2004): *Qualitative Psychology, A Practical Guide to Research Methods*. London: Sage Publications Ltd., pp. 1-3.
33. Stryker, S., Statham, A. (1985): *Symbolic interactionism and role theory*. In G. Lindzey and E. Aronson (Eds.), *The handbook of Social Psychology* (3rd ed., vol. 1, pp. 311-378). New York: Random House.

ISSN 1512-1801

34. Widdicombe, S. (1993): *Autobiography and change: Rhetoric and authenticity of "Gothic" style*. In E. Burman and I. Parker (Eds.), *Discourse analytic research: Repertoires and readings of texts in action* (pp. 94-113). London: Routledge.
35. Wilkinson, Sue (2004): *Focus groups*. In: Jonathan A. Smith (Ed.), *Qualitative Psychology, A Practical Guide to Research Methods*). London: Sage Publications Ltd., pp. 184-204.
36. Willig, Carla (2004): *Discourse analysis*. In: Jonathan A. Smith (Ed.), *Qualitative Psychology, A Practical Guide to Research Methods*). London: Sage Publications Ltd., pp. 159-183.

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