

# Part I

## The Social Structure of Depression in China

The social structural analysis of depression cannot be performed without regard to the contributions made in psychology. Because of the mutual influence of human beings' mental state and the society, it is logical to investigate the relation between psychological analysis and social analysis. There are two main psychological approaches to the study of depression—cognitive behavioral theory (CBT) and psychoanalysis. CBT focuses on an individual's negative conception of himself. Theories of this approach include Beck's cognitive theory of depression,<sup>1</sup> Markus' theory of negative cognitive self-schemas,<sup>2</sup> Becker's idea of self-depreciation,<sup>3</sup> Seligman's Learned Helplessness Theory,<sup>4</sup> and Abramson's Hopelessness Theory of Depression.<sup>5</sup> All these theories emphasize that an individual's habitually negative views of the self can trigger depression. The cognitive behavioral approach, which primarily

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<sup>1</sup>Beck believed that depression arises from individuals' faulty cognition, which triggers a negative self-schema when negative or upsetting events occur. This can further lead to the individuals' cognitive distortions or illogical thought patterns, which in turn causes the cognitive triad of negative automatic thinking of the self, the world and the future (Beck et al. 1979).

<sup>2</sup>Markus (1977) argued that once an individual forms fixed opinions on the self, he tends to maintain those opinions and is more likely to notice information that is consistent with these views. Therefore, once a self-schema is established, it cannot be easily changed. A positive self-schema can help the individual to form positive self-judgement, while a negative self-schema can lead to a cycle of negative thinking patterns. Depression patients are an example of this negative cycle.

<sup>3</sup>Becker (1964) identified three mechanisms that he thought were responsible for depression: restricted behavior selection, rigid behavior modes and low self-evaluation.

<sup>4</sup>According to Seligman's Learned Helplessness Theory, depression mainly arises from the individual's negative attributional style, namely, attributing negative events to some internal, stable and global factors. When an individual encounters a negative life event, depression occurs if the external conditions are also not positive at this time, such as lack of social support and lack of appropriate adaptation strategies (Seligman and Maier 1967). Those who attributed a negative event to internal, stable, and global causes were more likely to develop depression than those who attributed the same event to external, unstable and specific causes.

<sup>5</sup>In the Hopelessness Theory of Depression, Abramson held that when highly desired outcomes are believed to be improbable and/or highly aversive outcomes are believed probable, and the individual has no expectation that anything he or she does will change the outcome, a sense of hopelessness results. However, the sense of hopelessness is an unnecessary but sufficient condition for depression,

analyzes depression at the individual level, is a mainstream approach in psychology that explains the causes of depression. The limitations of the “personality-stress” correlation view of this approach were presented and analyzed in Chap. 1 but not the psychoanalytic approach. Psychoanalytic analyses pay more attention to the relation and interaction between the individual’s inner states that give rise to depression and “external objects” (the Matrix, family, environment, etc.) Its viewpoint is closer to sociological analysis, so it can further our understanding of how depression arises. To this end, we will review the psychoanalytical studies of depression before we elucidate how the social structure in the new liberal globalization promotes the occurrence of depression.

We can classify psychoanalytical views on depression into the following six types.

First, depression is a form of self-attack. Depression originates from the sense of guilt and low self-esteem caused by the gap between the ideal self and the real self and is then internalized as self-attack. From the perspective of psychoanalysis, when individuals form strict and unrealistic judgments about personal emotions and thoughts, especially when they habitually turn anger into self-attack, they are susceptible to depression. When they encounter setbacks and disappointing situations, especially those beyond their control, they are prone to blame themselves, become angry and frustrated, and even enter a mental war that afflicts them. Freud pointed out that depressive patients often have a well-developed superego, which drives the ego to behave well. He said that when the superego is too strong and blames excessively the ego, self-attack will occur and then lead to depression (Freud 1917/2013, translated by Wen 2013). Bibring’s psychodynamic analysis shares similar views. Bibring (1953) believed that depression is the emotional expression of a state of ego-helplessness and ego-powerlessness of the individual’s inner conflict, which more than often diminishes the individual’s self-esteem. Depression arises from the psychic tension between high expectations and the impossibility of fulfilling these expectations.

Lacan extended Freud’s idea of superego from the social and cultural perspective. He proposed the concepts of symbolic identification and the big Other to offer a social and cultural interpretation of Freud’s psychological superego. Symbolic identification is how an individual wants to be observed in the eyes of others (the society) and what kind of signifiers he or she should have. This is the identification of his or her social position, from which the individual observes the self and make it more adorable and more worthy of being loved. The symbolic big Other plays the role of superego. It represents the social symbolic order: mainstream values, ideology, trends of the time, cultural tradition, etc. The process of socialization leads to the establishment of superego. The individual, surrounded by the Other, is required to conform to the desire of the Other. He identifies with the Other under its gaze, seeing himself as the “object” of the Other and making himself objectified. The Other gazes at “I” or the ego and gives “I” some expectation, while “I” play the role expected by the Other in order to gratify it. For example, children fulfill parents’ expectations of “good children”, students teachers’ expectations of “good students”, wives

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while the negative event is an insufficient but necessary condition for the occurrence of depression (Abramson et al. 1989).

husbands' expectations of "virtuous women", and citizens the expectations of "conformists". The Other is a very abstract concept, but it can be embodied as anyone around us, especially those who are important to us: parents, brothers and sisters, teachers, friends, communities, etc. In other words, the Other is hiding in all our relationships (Žižek 1994). Integrating Lacan's view with Freud's, we can see that the more the Other demands from the individual, the greater the pressure will be on him or her and the more severe the superego will be. However, the individual may not be able to meet the expectations or demands even after strenuous efforts. In this situation, he or she turns to self-attack and falls into depression.

Arieti (1977) held a similar view that depressive patients often live not for themselves but for "a dominant other or a dominant goal". When they fail to live up to the expectations of others, many of them, instead of questioning their mistaken belief system, have doubts about their own values or qualities, believing that they are not good or worthy enough to win others' care, love and protection. In addition, they, in their subconsciousness, believe that pain and self-sacrifice can be a last triumph card to obtain care and love from others. If pain and self-sacrifice do not work, depression becomes aggravated. As a result, they get depressed because of the loss of care and love from others, while they remain sorrowful and depressed to regain others' care and love (Arieti 1977).

Second, depression is related to narcissism. This view holds that the crux of depression lies in narcissism, and one of the conditions for depression is the narcissistic disorder in the individual's early development. Depressive patients fail to successfully transform from narcissism to object love in their infancy. Therefore, they cannot help mourning when facing the loss of an object or the frustrating and disappointing object. That is to say, they cannot face the fact of losing an object, nor develop mature love for another object with the passage of time. In other words, a narcissistic individual is more likely to fall into depression when encountering setbacks, because he is too committed to his narcissistic image and acquires a sense of extreme meaninglessness because of the failure to maintain the illusion of narcissistic self-sufficiency (Lasch 1979). This view on depression was further developed by Lasch into the view of the narcissistic society which we will discuss in detail in Chap. 4.

Third, depression occurs because the deprivation of the objects to lean on leads to the individual's persistent uncertainty. One of the theories is Spitz's Anaclitic Depression, which argues that the primary cause of depression is the loss of anaclitic objects (Spitz 1965). Bowlby (1988) held a similar view. He proposed the Attachment Theory to explain the emotional bond between infants and their caregivers. Safe attachments are important for infants to develop satisfactory interpersonal relationships in the future, while unsafe and unstable attachments reduce the adults's ability to obtain appropriate emotional support, thus leading to a variety of mental disorders, including depression (Bowlby 1988).

Fourth, depression can be caused by an individual's mixed emotions of love and hate towards objects which he cannot vent on these objects. The psychoanalyst Melanie Klein argued that an infant splits their parents into either good or bad (binary splitting) and enters into the "Paranoid-schizoid Position". When he becomes more cognitively mature, he realizes that the mother whom he fantasized destroying

is the same mother he loves. But because he is unable to vent the emotions on the mother, he falls into the “Depressive Position”. In this way, he realizes that in reality the one who he loves and hates can be close relative and the self. If the object is the self, an individual develops the self-attack in Freud’s terminology and falls into depression. Klein (1952) also pointed out that every child experiences the loss of the mother’s breast that nurtured him. It is a blissful feeling for an infant to be suckled and satisfied by the mother. Once the infant cries for suckling and feeding, if the mother doesn’t give him what he requires immediately, he becomes uncontrollably angry, because being rejected by the mother or feeling rejected by the mother is an early recurrent model of emotional loss (Klein 1952). This is also similar to the traumatic pain caused by the loss of anaclitic objects and the feeling of being rejected described by Spitz and Bowlby.

Fifth, depression is triggered by the psychological shadow or fear developed in infancy. The Object Relations theory in psychoanalysis delves into the formation and division of self-object psychic structures (the relation between the self and others, or the internal images of objects) in infancy. It also explores how these internal structures are represented in later interpersonal interactions. Theorists of this school focus on the long-lasting influence of various infantile experiences on future relationships, namely, the shadow or remnant of early experiences. The internal object relations form an interactive relationship between the perception and feelings of the self and those towards others. Therefore, an individual interacts not only with a real other, but also with an internally imagined other. The inner other is a psychic representation, which can be a twisted version of a real person (St. Clair 1996). The Object Relations Theory is a main approach in contemporary psychoanalytical studies. Melanie Klein, one of the founders of the theory, believes that when an individual experiences a certain loss, he feels as if he has lost “all that he has”, so that he will negate in the future all objects related to the lost one. Klein maintains that the adult’s response to detachment from loved objects is related to the response to emotional loss in childhood. When an individual can recover from the loss or detachment, the lost objects can live on in his mind without any distortion. But if he cannot recover from the loss, depression occurs. It is widely accepted by scholars that family experience exerts influence on individual behavior patterns throughout life. From Alder’s concept of people’s “style of life” (or “lifestyle”, as we would call it today) in his individual psychology to the concept of “script” (or life-plan) in Transactional Analysis, all these theories maintain that family life affects how an individual copes with future life. An individual acquires from early family experiences a set of explicit and implicit expectations, values, attitudes, and beliefs which serve as points of reference for the evaluation of many subsequent interpersonal experiences (Canfield, Hovestadt & Fenell 1992). This view has been explained in various theories of family therapy. Therefore, in the social structural analysis of depression in China, we will analyze not only the life stories of depressive patients, but also their family life events with loose or maladjusted structures. This will deepen our understanding of how an individual develops negative psychic structures in his lifetime.

Sixth, depression is a psychological defense mechanism to escape from reality. Patients with mental disorders are sheltered in illness to some extent because it

is a self-protection mechanism; they can benefit from sheltering in illness. Illness is also a kind of resistance and even retaliation against reality. It often presents symptoms when people cannot find a way out. Freud illustrated the mechanism with neurotic women. Those who are brutally treated and mercilessly exploited by their husbands almost always adopt the evasion of the neurosis, provided that their predisposition permits this. This usually occurs when the woman is too conservative or too virtuous to seek secret solace in the arms of another, or when she dares not separate from her husband in the face of all opposition, or when she has no prospect of maintaining herself or of finding a better husband. Her illness becomes a weapon in her struggle with him, one that she can use for self-protection and misuse for purposes of vengeance. "The neurotic escapes the conflict by taking refuge in illness", (Freud 1917/2013, translated by Wen: 350). The neurotic certainly includes depressive patients. His insight into mental illness can also be applied to the analysis of the social conditions for the occurrence of depression in contemporary people. In other words, when people face both internal and external pressures and conflicts, maladjustment occurs, or the psychological state is out of balance mainly because of anxiety generated in the subconscious. When an individual experiences conflicts one after another but cannot solve them at the conscious level, various somatic symptoms result, such as psychosomatic symptoms and depression. Under such circumstances, the methods often adopted by the individual to avoid anxiety are various psychological defense mechanisms, the process of which can be regarded as one of adaptation. When an individual takes refuge in illness, he does not know the meaning of his behavior. As he places himself among the patients, he reduces his personal responsibilities and worries. By gaining other people's sympathy, he has a better chance of successfully adapting to reality. In this sense, depressive patients often encounter a dilemma where they cannot find meaning and are unable or unwilling to resist reality; illness can offer him a space for survival.

In a word, depression occurs because of the transition from the excessive demand of the superego into self-attack, excessively narcissistic responses to the frustrating object, the loss and trauma resulting from love-hate emotions towards loved ones, a continuous sense of uncertainty, a psychological scar or fear developed in infancy, or sheltering in illness to resist and retaliate against reality or protect oneself. Sometimes these factors are not independent of each other, but interwoven with each other.

The above psychoanalytic theories explain the causes of depression. Part I of this book will focus on whether the social structure under neoliberal globalization strengthens these factors as causes of depression. It is found that neoliberal globalization actually makes the whole social structure intensify the role of these factors in shaping depression. We will support this argument from two perspectives. The first is the production side. As mentioned earlier, the development of capitalism today is no longer restricted to domestic capital flows but has expanded into transnational neoliberalism, namely, a global network in which capital can flow across borders and accumulate flexibly under the WTO framework. Capital mobility and frequent transnational trade make neoliberal globalization prevail in all countries, leading to a drastic change in the perception of time and space. In space, increased migration

creates a sense of uncertainty, which in turn affects the stability of the family structure. We will discuss the relationship between depression and the changed space structure in Chap. 2. In time, the competitiveness logic that emphasizes speed influences all entities ranging from the country to the individual, which leads to people's mental health problems. The relation between depression and time change will be discussed in detail in Chap. 3. The second perspective of depression under neoliberal globalization is the consumption side. We will discuss how depression is related to the specific connotation of the social psychological environment under neoliberal globalization. This will be the major concern of Chap. 4.

In the second to fourth chapters, we will analyze the social structure that accords with the causes of depression identified in psychoanalytical studies. In these chapters, “visible” empirical data (both quantitative and qualitative) are collected to show how the causes of depression identified in the previous psychoanalytical studies are intensified by neoliberal globalization. However, psychoanalysis can go further to the analysis of “the unconscious” (the real order in Lacanian psychoanalysis) and penetrate into the deep underlying structure of social culture. Therefore, it is worth analyzing the social culture that nurtures depression, especially the structural relationship between capitalism and depression, from a psychoanalytical perspective. In addition, the social structure of depression is shaped not just by the drastic spatiotemporal changes on the production side, nor the psychological problems on the consumption side. Depression is a mental problem, so if we can further explore the relation between the “invisible” unconscious and the capitalist structure, we can deepen our understanding of the social structure of depression. For this reason, in Chap. 5 Lacanian psychoanalytical framework will be applied to the analysis of depression under the contemporary capitalist structure.

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