

## Part II

# The Social Construction of Depression in China

The first four chapters have analyzed the “social structure” of depression, which partly accounts for the occurrence of depression in China. But the social structural analysis has two limitations. First, it presents the factors that can trigger the occurrence of depression, but it is not enough to answer the question why depression, rather than other mental disorders, has become prevalent in contemporary China. Second, the transformation of social structure can explain the difference between the contemporary social structure and that of the previous era (and in this sense the social structure is a trigger of depression because countries show a tendency of increasing mental disorder due to marketization and frequent transnational capital flows); however, there are many complicated mechanisms and contingencies for the occurrence of depression, as individuals’ interactions with the social environment, other people and events also play a role. The social structure presents the potential conditions for the occurrence of depression, but it cannot explain the inevitability of depression. Therefore, the social structural analysis is not enough to explain depression in China. For this reason, the perspective of “social construction” is more important.

The “social construction” of depression focuses on its rhetorical conceptualization, the knowledge and power relations behind the rhetoric, and patients’ participation in its construction (including how patients balance gains and losses in the construction process). We will discuss the construction of depression from two aspects.

Chapter 6 will discuss its social construction from the side of medical supply. In the framework of social constructionism, we will discuss how the complex of producers (drug producers), the government, academia and the media medicalize depression, including the expansion of discursive disciplinary power, and how these complex and civil groups (social workers, psychological counsellors, etc.) jointly construct the discourse and medicalization of depression.

Chapter 7 will discuss the social construction from the side of medical demand, namely, the public’s cognition and conceptualization of depression. Cultural interpretation in medical anthropology will be adopted to analyze the cultural influence on patients’ actions, methods of phenomenology will be applied to explore patients’

subjective feelings, and the framework of interactive theory will be used to probe the complex process of conflict, compromise and partial adoption between the patient and the hegemonic Western medical system.