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A Social Constructionist Analysis of the Discourse  
of Mental Depression in British and Chinese News  
– A Corpus-based Study

by

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# Abstract

This thesis investigates the social construction of an increasingly relevant aspect of social life, namely mental depression, in British and Chinese news media over the last two decades, aiming at delivering a contribution to people's understanding of the link between discourse and the social reality of depression.

A discourse is understood as the totality of all the texts that have been produced within a particular discourse community. The special discourse analysed consists of two diachronic corpora including articles in which the lexical item *depression* or 抑郁症 (*yi yu zheng*, 'depression') occurs in British and Chinese national newspapers from 1984 to 2009. Corpus analysis is complemented by a targeted paraphrase analysis of the paraphrastic content expressed in the context of relevant keywords.

My findings suggest that in the British corpus, there has been a circular movement in the construction of the meanings of depression, swinging between a psychological problem that needs psychotherapy and a biochemical condition that needs pharmaceutical intervention. The Chinese corpus constructs '抑郁症' (*yi yu zheng*, 'depression') as a problem that is normally caused by external social factors, and therefore psychological support and improvement of the social environment have been represented as more helpful than medical treatment.

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# List of abbreviations

## Abbreviation

## Meaning

EDC

English Depression Corpus

CDC

Chinese Depression Corpus

# CHAPTER 1 INTRODUCTION

---

## 1.1 General aims

The main goal of this study is to investigate how depression, as an increasingly relevant aspect of human life, has been differently represented in the British and Chinese national newspapers in the last 25 years, thus aiming to make a contribution to people's understanding of the link between discourse and the social reality of depression. This study touches upon a whole range of disciplinary and cross-disciplinary endeavours: corpus linguistics, social constructionism and discourse analysis, as well as cultural history and media studies. The research aims of this project are threefold: firstly, from the theoretical perspective, it proposes a different concept of discourse: "discourse is the entirety of everything that has been said and written by the members of the discourse community" (Teubert, 2010, p, 1). It is through discourse that people make sense of the concepts of all concrete and abstract things. A key aim of this study is thus to investigate the meanings of mental depression in the sphere of news media with regard to its use by particular discourse communities. Secondly, from the methodological perspective, this project shows how corpus linguistic methods can be applied to discourse analysis: it addresses the diachronic dimension of both corpus linguistics and discourse analysis, implementing established and new corpus research methods to analyse diachronic changes in the meaning of discourse. It introduces paraphrase analysis, a new method complementing other approaches, by spotlighting the instances of meaning negotiation, so as to provide a full picture of how meaning is constructed in discourse. Lastly, this thesis will shed light on the meaning of depression from a social constructionist

perspective, describing depression as an object that is socially constructed through discourse, but not as something that necessarily exists outside discourse. It thus demonstrates how social constructionist research can help us to understand ourselves and the world in which we are living as discursively-constructed realities.

The aims stated here will be revisited towards the end of this introduction, presenting more specific research questions. In the following sections, the historical and cultural background of mental depression, as well as the theoretical and practical frameworks of this research, will be introduced.

## **1.2 The background to this study**

The phenomenon of depression has attracted wide attention in various disciplines. In his fascinating contribution *Manufacturing Depression*, Gary Greenberg states that: “[i]n countries all over the world, depression is now considered a major personal, social and economic problem” (Greenberg, 2010, preface, i).

The *Merriam Webster Medical Dictionary* defines depression as “an act of depressing or a state of being depressed as (1) a state of feeling sad, a psychoneurotic or psychotic disorder marked especially by sadness, inactivity, difficulty with thinking and concentration, a significant increase or decrease in appetite and time spent sleeping, feelings of dejection and hopelessness, and sometimes suicidal thoughts or an attempt to commit suicide; (2) a

reduction in functional activity, amount, quality, or force” (Merriam Webster Medical Dictionary, 2012). Similar explanations of depression can be found in many other dictionaries or encyclopaedias.

However, such a definition is not sufficient to understand the concept of depression. Over the last decades, depression has been taken up in a variety of disciplines, such as sociology, discourse analysis, social psychology, medical anthropology, as a culture-bound phenomenon: issues such as the meaning of depression, and the causes and possible treatment of such a condition, are all part of this discussion. The cultural and intercultural aspects of mental depression have been famously examined by the eminent cross-cultural psychiatrist Arthur Kleinman, the leading expert for the interrelationship between culture and mental disorder, and the first to study the concept of depression in the Chinese environment (Kleinman, 1986).

This thesis aims to investigate the meaning of the discourse object ‘depression’ from a linguistic perspective. It is important to state that in this thesis, depression with single quotation marks as in ‘depression’ is used to refer to the discourse object, and the italicised term *depression* refers to the lexical item that stands for the discourse object. In other cases, where depression is neither in single quotation marks nor in italics refer to the condition of depression in a more general sense. Here, the discourse object is not viewed as an object of the real world, but as being socially constructed in discourse through the contributions of the members of the discourse community. “I call the concepts of all concrete and abstract things, all properties, all states, actions and processes that are talked about in a discourse, the objects of this discourse, or discourse objects” (Teubert, 2009, p, 180). A discourse object is

represented by the lexical item that stands for it. The lexical item *depression* in a given discourse means everything that has ever been said about it in that discourse, which is also everything we can know so far about the discourse object ‘depression’. Teubert (2009, pp. 179-180) thus argues that “the meaning of a lexical item and the knowledge of the discourse object represented by this lexical item are co-extensive, are the same” and that “all our knowledge is firmly situated inside the discourse”. It is in this sense that we can say that it makes little sense to distinguish between discourse and a discourse-external reality. The only reality that we can access is the one that is collectively constructed in discourse and through discourse. We, as discourse participants, experience ourselves and our lives through discourse, even though we believe it to be our authentic first person experience.

Therefore, this research looks at how certain texts about depression or its Chinese equivalent 抑郁症 (*yi yu zheng*), as we find them in the two respective media discourses, construct the meaning of the lexical items that represent these discourse objects. To be more specific, I will compare the English language discourse as we find it in the British media with the media discourse in modern mainland China. Two large corpora have been compiled to carry out this research purpose: the English Depression Corpus (EDC) and the Chinese Depression Corpus (CDC). The EDC consists of all the news articles in which *depression* occurs at least three times in national newspapers in the UK from 1984 to 2009. The CDC includes the Chinese national news in which 抑郁症 (*yi yu zheng*, ‘depression’) occurs at least once between 2000, when the term started to appear in Chinese news, and 2009. Furthermore, each corpus has

been segmented into five time Phases<sup>1</sup> based on frequency changes of the articles concerned. There are two advantages of such data collection: firstly, the UK and China can be regarded as countries from two contrasting cultural backgrounds: the Western and the Eastern. A comparison between English discourse and Chinese discourse of depression represented by the EDC and CDC can provide readers a more reflective stance in understanding such a culture-bound phenomenon. Secondly, a diachronic examination of how the texts keep changing the ways in which they construct the discourse object ‘depression’ or ‘抑郁症’ (*yi yuzhen*, ‘depression’) will reveal the changes in the meaning of these lexical expressions, and the knowledge concerning the discourse objects for which they stand, over the last 25 years. The reasons that this project only include the newspaper texts, but not other types texts, such as medical journal articles and so on are that firstly, it can be managed within three years of PhD research program; and secondly, this choice is supported by the theoretical premise of understanding discourse stated in this thesis, that is, a special discourse is something that a researcher defines.

In order to provide the necessary background for understanding these texts, this thesis begins with a Chapter (Chapter 2) reviewing in some detail the historical horizon of this condition in both the UK and China. The following section provides a brief outline of this Chapter, giving a taste of how the concept of depression has been constructed in the history of both the UK and China.

### **1.3 Historical and cultural perspectives**

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<sup>1</sup> The capitalised word “Phase” is specially used in this thesis to refer to these time Phases of the EDC and the CDC.

### 1.3.1 Depression in the UK

In the Western world, depression is historically linked with melancholy and melancholia, as has been widely acknowledged. Basically, melancholia in the 19<sup>th</sup> century and early 20<sup>th</sup> was often explained in terms of physical conditions. On the other hand, the concept of melancholy generally had a much wider meaning, including melancholia, before the 17<sup>th</sup> century. For example, it was commonly alleged that melancholy was connected with the quality of mental brilliance, and therefore Westerners would have been more likely to admit to such a condition, as it comes with less social stigma and is seen as an indicator of a sensitive mind. It is from Freud's 1917 essay 'Mourning and Melancholia' that the term *depression* began to replace *melancholia* in European discourse, first in German, but soon also in English.

In Western psychiatry, there have been several widely acknowledged influential paradigms of understanding and curing depression. I only mention the three most important ones.

In the first paradigm, depression was considered as a reaction to the constraints of life, and thus the social explanation of mental disorders was adopted. As the founder of this paradigm, Sigmund Freud states in *Civilisation and its Discontents* that civilisation requires the suppression, or repression, of fundamental human drives, and depression is viewed as being caused by such repression: "In all that follows I adopt the standpoint...that the inclination to aggression is an original, self-subsisting intellectual disposition in man, and I return to the view that it constitutes the greatest impediment to civilisation" (Freud, 1930/1961, p. 58). Therefore, in the Freudian framework, depression is a way of expressing anger towards the

world, and the people in one's environment. In the second paradigm, depression started to be seen as a result of the dysfunction of biological states, such as deficiencies in the human brain. This development radically changed people's understanding of depression and impacted on its treatment. The cure of depression was no longer seen in dealing with external causes, but in restoring a biochemical balance through taking antidepressants. A third paradigm saw depression as being caused or kept alive by unrealistic and overly negative thoughts. Within this framework, depression was believed to be rooted in pessimistic thoughts and excessive self-criticism. One of the more popular forms of treatment of depression, seen from this perspective, is cognitive-behavioral therapy (CBT), which is designed to alleviate depression by modifying patients' depressogenic cognitive processes (Beck, Rush, Shaw, and Emery, 1979). Thus, this paradigm emphasises the collaborative interactions between patient and therapist in conjunction with specific cognitive and behavioural techniques.

It is hard to say which of the above three particular paradigms of understanding depression has gained most currency at present. Interestingly, an integrated model has been predicted by researchers from a variety of disciplines. My research will investigate how these three aspects of the meaning of depression have been constructed in our English corpus, and how these aspects have been distributed over the five Phases of the EDC. Is there a linear change in the discourse, with the psychological aspect constructed in the first Phase, the chemical one in the second, and the cognitive approach at the end, or is there a circular construction of these three aspects over the last two decades?

### 1.3.2 抑郁症 (*yi yu zheng*, ‘depression’) in China

While depression has been, for a long time, a popular topic in the Western media, it was comparatively much less discussed in Chinese academic or news discourse before the year 2000. For example, in the process of compiling the corpus for this study, it was found that there are only two articles in which 抑郁症 (*yi yu zheng*, ‘depression’) occurs in the national news of China distributed by Xinhua News Agency in the year 2000. In the year 2008, however, the frequency of such articles soars, with 1515 news texts talking about this condition. However, ‘depression’ is discussed in China with the aim of framing the condition in traditional Chinese concepts. The specific Chinese concept of depression had to be integrated in the cultural concept of health, that is, in the framework of traditional Chinese medicine. The domestication of the concept has led to a reconceptualisation that still differs in some ways from the Western concept. Therefore, the sources about the cultural background of depression in China presented in this section are mainly based on its discussion within the framework of traditional Chinese medicine.

One central concept of Chinese culture and medicine appears to be microcosm-macrocosm correspondences (*tian ren xiang ying*, ‘天人相应’). “[H]uman beings are seen as part of the natural world, and whatever happens in the larger natural and social environments (the macrocosm) has its effects on the smaller human sphere of the individual (the microcosm)”(Lin, 1980, p. 96). Therefore, any form of mental disorder in Chinese culture was understood as being caused by external factors, such as inharmonious relationships between human beings.

In the case of depression, its closest counterpart in traditional Chinese medicine is 郁症 (*yu zheng*, ‘stagnation syndrome’), which was usually seen to be caused by external social factors, such as inharmonious relationships between people or tragic life events. In traditional Chinese medicine, the appropriate treatment strategy for 郁症 (*yu zheng*, ‘stagnation syndrome’) focuses on de-stagnation of vital energy which relies on the improvement of environmental conditions.

Around the 1970s, the lexical item 神经衰弱 (*shenjing shuairuo*, ‘neurasthenia’) started to appear in a special social context in China, and the resemblances between neurasthenia and depression in Chinese discourse have been widely observed. Derived from Greek, the lexical item *neurasthenia* was first used as early as 1829 to mean a “lack of nerve strength” and came to denote “exhaustion of the nervous system” (Parker, 2001, p. 859). Then, ‘neurasthenia’ was constructed as a different discourse object by Beard (1869) in American psychiatric discourse, referring to a condition with symptoms of fatigue, anxiety, and depressed mood. When the concept neurasthenia was imported to China, it became, once again, a different discourse object within the particular Chinese context. The lexical item 神经衰弱 (*shenjing shuairuo*, ‘neurasthenia’) was coined by Chinese as the translation of *neurasthenia*, because literally, 神经 (*shenjing*) means *nerves*, 衰弱 (*shuairuo*) means *weakness*. In this way, the choice of this lexical item was intended to reduce the social stigma connected with depression because it addresses the cause of such a condition as a weakening condition of the nerves, but not as a mental condition.

In the mid-1980s, the discourse object ‘神经衰弱’ (*shenjing shuairuo*, ‘neurasthenia’) was gradually transformed into the popular “Western” disease category of depression by academic psychiatrists in urban China. The process of such a transformation will be explained in detail in Section 2.3.3. This also seems to be the time when 抑郁症 (*yiyuzheng*, ‘depression’) came to mean largely the same as ‘depression’ in Western discourse.

On the basis of this account of the Chinese cultural background of depression, I propose the hypothesis that in the Chinese discourse as defined in this project, the psychological or external construction of the condition will be more acknowledged than its chemical side. Depression will be constructed, in many cases, as an emotional disorder caused by upsetting life events. The role of medication, therefore, might not be seen as being as crucial as in Western society. However, as ‘depression’ was imported to China from the West around the year 2000, the construction of the meaning of the lexical item 抑郁症 (*yiyuzheng*, ‘depression’) in China in the last 10 years may also be simply copied from that in the West. Thus, this research will look into the continuing changes in meaning, and the way they correspond to changes in the British discourse.

## 1.4 Theoretical frameworks used in this study

This study is underpinned by two theoretical frameworks: corpus linguistics and social constructionist discourse analysis.

## 1.4.1 The framework of corpus linguistics

### 1.4.1.1 Application of traditional corpus linguistics

According to John Sinclair, the founder of the paradigm of corpus linguistics, a corpus is “a collection of naturally-occurring language text, chosen to characterise a state or variety of a language” (Sinclair, 1991, p. 171). Corpus linguistics investigates how people speak, write, learn and understand language in authentic environments, and holds the view that to a large degree, language use is idiomatic, consisting largely of recurrent patterns, i.e. statistically significant co-occurrences of words. The meaning of language lies less in “the syntactic structure of a sentence but the way words collocate with each other in recurrent patterns” (Teubert, 2011, p. 6). Thus, corpus linguistics aims at exploring language by focusing on how it is used as real symbolic communication between members of a discourse community, rather than locating the meaning of language in an abstract language system. Meaning is not a property of single lexemes in isolation, but only emerges in verbal interaction. This thesis sets out to enquire into the ways in which *depression* or 抑郁症 (*yi yu zheng*, ‘depression’) has been discussed, and what recurrent patterns have been used to construct the discourse object for which these lexical items stand. It is the textual evidence extracted from my discourses that is expected to provide the categories and classifications needed to describe the meaning of *depression* or 抑郁症 (*yi yu zheng*, ‘depression’). To this end, this project has applied the research methods that traditional corpus linguistics provides for making generalisations about meaning, such as frequency, collocation, keyword and concordance analyses.

Frequency information enables a researcher to get the most frequent words in a corpus, revealing what has been talked about most, and the researcher can therefore make general claims about the discourse that the corpus represents. Frequency information is also useful when comparing different corpora: interesting differences between corpora can be identified by examining different frequency lists. The first important part of this thesis is the presentation of the frequency information for the EDC and the CDC, and the subsequent comparison of the wordlists. Collocation, the statistically significant co-occurrence of words, is an important foundational principle of corpus linguistics. Corpus linguistics uses a number of statistical methods to measure the significance of co-occurrences, so that the significant collocates of a word under examination can be extracted. The meaning of the word can thus be predicted from the collocation profiles generated. However, instead of analysing all the significant collocates, this thesis presents a comparative analysis of the bigram (modifier + *depression*) lists for the EDC and the CDC. This is because over 80% of the significant collocates are found to occur in the left one position of either *depression* or 抑郁症 (*iyuzheng*, 'depression'). Therefore, such bigram list analysis shows us what types of depression or 抑郁症 (*iyuzheng*, 'depression') have been talked about in British and Chinese societies over the last two decades. The third vital method corpus linguistics supplies is keyword analysis. Keywords are defined in the WordSmith manual as "words which occur unusually frequently in comparison with some kind of reference corpus" (Scott, 2004). A keyword analysis indicates the "aboutness" of a corpus and its salient features (Scott 2004), and thus it enables a researcher to contrast the differences and similarities in the ways in which different discourses represent the same object. Therefore, the keyword analyses of the EDC and the CDC, and a comparison between them, will further highlight the differences

between the constructions of the meaning of depression, and avoid some important aspects that might be overlooked by previous frequency and bigram list analyses.

#### 1.4.1.2 Diachronic dimension of corpus linguistics

The previous section has explained how traditional corpus linguistics can help in the investigation of the meaning of *depression* from a synchronic perspective, by making general claims concerning the discourses under examination. In the second part of the research analysis of this project, I discuss the contribution that corpus linguistics can make from a diachronic perspective. Teubert (2011, p. 28) argues that a diachronic investigation of corpora can reveal larger language patterns that frame our ideas, including our understanding of ourselves and of the world we live in. Therefore, to depict the diachronic changes in the ways the meaning of *depression* is constructed, the EDC and the CDC have been segmented into five time Phases, and therefore this study will present five sets of frequency, bigram and keywords lists for the subcorpora of both the EDC and the CDC. It specifically looks at what new frequent words, new modifiers of *depression* or 抑郁症 (*iyuzheng*, 'depression') and new keywords have entered each Phase, which words have disappeared since previous Phase(s), and which words never come back. This analysis will highlight the changes that have taken place concerning the meaning of *depression* and its Chinese equivalent in both British and Chinese society over the last two decades. It is in this sense that this project can be regarded as a corpus-driven analysis.

The two basic corpus approaches to the study of linguistic phenomena are the corpus-based approach and the corpus-driven approach. Generally speaking, corpus-based research is the kind of research carried out according to pre-existing categories in the tradition of linguistics, though the corpus evidence can be used to refine such categories. The corpus-driven approach aims to derive linguistic categories systematically from the recurrent patterns and frequency distributions that emerge from language in context. It goes along with a holistic approach to language, in that the cumulative effect of repeated instances is taken to reflect the semiotic system; the text is seen as an integral part of its verbal context and, ultimately, no discontinuity is assumed between this and the wider context of situation, and the even wider context of culture. This point suits well in the present analysis: through the frequency, collocation and keyword analyses of our English and Chinese corpora, recurrent larger patterns emerge from these two special corpora, and those patterns that frame our ideas and beliefs about depression will not only inform us about the cultural differences concerning the meaning of *depression* and its Chinese equivalent, but also the significant changes that have taken place over a long time span.

#### **1.4.1.3 Paraphrase analysis**

This thesis also develops the method of paraphrase analysis, which I see as a new focus for corpus linguistics. The meaning of a lexical item lies in what is said about it. Meaning is negotiated in contributions to discourse. They tell other discourse participants how a lexical item should be used, by paraphrasing it, i.e. by saying what it should mean. Discourse is full of paraphrases, and they are often overlooked. It is the paraphrastic content we find in discourse for a given lexical item that tells us what this item means, and close attention to

these is therefore needed in our investigation of the negotiation and renegotiation of *depression*. Paraphrases must be seen as attempts (some of which are successful) to reformulate the meaning, to replace what was said before about this lexical item, by suggesting a new way to talk about it. Paraphrase analysis will help us to complement frequency, collocation and keyword analysis by spotlighting the instances where meaning is negotiated between discourse participants. Taken together, these analyses will give us a full picture of the construction of the meaning of depression and 抑郁症 (*yi yu zheng*, ‘depression’) in both UK and China. This study therefore argues that the task of linguistics is first to analyse any paraphrastic material relating to a particular lexical item, and then to interpret these findings in the light of further discourse evidence.

### 1.4.2 Discourse analysis from a constructionist perspective

The concept of discourse has been defined in many different ways in both linguistic and sociological fields. Basically, discourse analysis deals with naturally occurring language use rather than with the language system, focusing on larger units of language instead of isolated words. There are a variety of approaches to discourse analysis, depending on how researchers understand the concept of discourse. Recently, approaches from a constructionist perspective have attracted wide attention. Briefly speaking, the starting point of constructionist discourse analysis is that our ways of talking do not neutrally reflect our world, but rather that participants actively construct the world of everyday life and its constituent elements through a social process of symbolic interaction. This particular way of understanding discourse is closely related to the paradigm of social constructionism.

Vivien Burr describes the key premise of social constructionism as follows: "...a lot of things we take for granted as given, fixed and immutable, whether in ourselves or in the phenomena we experience, can upon inspection be found to be socially derived and socially maintained. They are created and perpetuated by human beings who share meanings through being members of the same society or culture" (Burr, 2003, p. 45). Social constructionists deny there is a given, a 'natural' or authentic understanding of the world or of people. Instead, they hold that all meaningful access to reality, including the reality of our mental states, is mediated by what is shared in a society or culture.

Social constructionism takes shape against the backdrop of post-modernism and post-structuralism, which have to be seen in their relationship to the paradigm of structuralism. According to Ferdinand de Saussure, the father of structuralism, the meaning of a text is determined by the structure of language: a sign can only achieve its meaning by its difference from every other sign in the system of signs. In this way, the role of authors in the meaning of language is removed from the scene. Post-structuralism proposes that meaning cannot be objectified, as there is never a 'signified': the meanings of lexical items are the results of paraphrases, and thus collectively constructed by discourse participants in their various discourse communities. It is on the basis of this presupposition that a new concept of discourse is developed in this project.

As said before, a discourse is understood as "the totality of all the texts that have been produced within a discourse community" (Teubert, 2005, p. 3). Meaning is only in discourse.

There we find the realities that confront us. We, as discourse participants, experience ourselves and our lives through these discursively constructed realities, and not through any seemingly ‘authentic’ raw experience. Therefore, in this study, ‘depression’ is considered as a discourse object whose meaning can only be found in what has been said about this condition in discourse.

At the same time, in this study, I distinguish between discourse at large and special discourses. “The discourse at large, in its widest extent, consists of all spoken, written or signed utterances from the time when people started using language, in any dialect or language, as long as they had an audience” (Teubert, 2010, p. 116). This is clearly not a sensible object of research, so we, as discourse researchers, have to define a special discourse. A special discourse can be understood as a tiny selection from the discourse at large, and we have to define “what this selection is in such a way that we can be sure for each text whether it belongs to this particular discourse or not” (Teubert, 2010, p. 116-117).

In this analysis, two special discourses have been defined, which include respectively news articles in which *depression* or 抑郁症 (*yiyuzheng*) occurs between the years 1984 and 2009 in British national news, and between the years 2000 and 2009 in Chinese national news. Corpus-analytical techniques such as frequency lists, keywords, collocations and concordances will be used to explore the repetitions and patterns of the language in these newspapers, which reveal the paraphrastic features of discourses concerning *depression* or 抑郁症 (*yiyuzheng*, ‘depression’). Then, I will analyse the paraphrases that contribute significantly to the meaning of these lexical items. Lastly, with my background knowledge

about depression or 抑郁症 (*yiyuzheng*, ‘depression’) in both UK and China, I will provide my interpretations of the findings based on previous corpus and meaning paraphrase analyses.

My interpretations during the whole analysis address not only the textual level, but also the contextual and social dimensions of texts. However, what distinguishes this analysis from the paradigm of Critical Discourse Analysis is that the findings I present here are viewed as possible constructions of the discourse object ‘depression’, and that they are contributed to the relevant discourses. If my interpretation is referred to, it, too, will become a part of the discourse about depression at large. Otherwise, it will disappear and will be superseded by subsequent contributions.

## **1.5 Research questions and research aims**

The overall aims of this thesis were stated at the beginning of this Chapter from the perspectives of theory, methodology and knowledge-building about depression, respectively. Based on the illustration of some basic concepts, and the analytical frameworks presented above, this section will formulate the specific research questions from each of these points of view.

From the theoretical perspective, this research aims at answering the following questions:

- 1) What is the concept of discourse? What is discourse at large? What is a special discourse?

- 2) To what extent can examining the diachronic dimension of discourse deliver something useful to our understanding of the meaning of a discourse item?
- 3) How should we apply corpus linguistics to discourse analysis?
- 4) What is paraphrase analysis? To what extent can this new way of looking at meaning complement findings based on traditional corpus tools?

The research questions from the methodological level mainly focus on the analytical steps involved in applying corpus linguistics to the discourse analysis of depression. Four research questions are formulated:

- 5) In applying the traditional corpus linguistics research methodologies, what do the analyses of frequent lexis, keywords and bigrams reveal about the discourses of mental depression or 抑郁症 (*yi yu zheng*) in the EDC and the CDC?
- 6) What changes concerning the construction of depression or 抑郁症 (*yi yu zheng*) can be found in the EDC and the CDC?
- 7) What are the similarities and differences between the discourses represented by the EDC and the CDC based on the findings of research questions 5), and 6)?
- 8) How do the paraphrases of *depression* or 抑郁症 (*yi yu zheng*), of its important collocates, and of the relevant keywords in the EDC and the CDC, support the findings revealed in research questions 5), 6) and 7)?

Lastly, as this thesis describes mental depression from a social constructionist perspective, as something that is socially constructed through discourse but not as something that necessarily also exists outside discourse, the relationship between meaning and knowledge is clarified through answering the following questions:

- 9) What is a lexical item? What is a discourse object? What is the relationship between the meaning of a lexical item and the knowledge about a discourse object?
- 10) Why is discourse analysis key to social constructionism and its concept of knowledge?

## 1.6 Outline of this thesis

In pursuit of the research questions outlined above, the whole thesis is organised as follows: Chapter 1, as presented above, gives a brief introduction of the research aims, providing an overview of the background of the research object ‘depression’ or ‘抑郁症’ (*yiyuzheng*, ‘depression’).

Chapter 2 gives a detailed introduction to the historical and cultural backgrounds of depression and ‘抑郁症’ (*yiyuzheng*) in both the UK and China. As a construct of the author’s knowledge of the topic in question, the information presented in this Chapter, together with the corpus findings revealed in the Chapters that follow, will contribute to the author’s interpretation of the meanings of depression and 抑郁症 (*yiyuzheng*).

Chapters 3, 4 and 5 form the theoretical parts of this thesis, comprising the literature reviews of corpus linguistics, Critical Discourse Analysis and social constructionism. Chapter 3 explains how corpus linguistics has become one of the most important paradigms of language research in recent decades, describes its main contributions in the field of applied linguistics and discourse analysis, and a possible new focus in the development of corpus linguistics is predicted. Chapter 4 firstly gives a brief review of how discourse has been defined by linguists (especially corpus linguists), and sociologists, and then two relevant disciplines of discourse analyses, namely Foucauldian discourse analysis and Critical Discourse Analysis, are introduced in detail. Lastly, the definition of discourse adopted in this research is explained, and the research processes undertaken in this study are previewed. The Chapter on social constructionism (Chapter 5) addresses concepts such as poststructuralism and postmodernism, and their relationship with social constructionism. Existing approaches to discourse analyses from a social constructionist perspective are reviewed, as well as the contribution this thesis can make.

Chapter 6 provides a detailed introduction to the data collection and the research methods applied in this study, for instance, what news articles are included for investigation? How are the corpora (the EDC and the CDC) divided into different Phases? Corpus analytical methods including frequency analysis, collocation analysis and keyword analysis are briefly reviewed. Furthermore, the diachronic analysis used in this research, along with its analytical steps, are presented in more detail.

Chapters 7 and 8 present the findings of research questions 1), 2) and 3) in the analyses of the EDC and the CDC, examining the frequency lists, collocation lists and keyword lists of these two special corpora and comparing them with each other. At the same time, the changes in these two special corpora, based on the division of different time Phases, are outlined and analysed. Meaning paraphrases of *depression* or 抑郁症 (*yi yu zheng*, ‘depression’) and their related words, as noted in research question 5, are also analysed.

Chapter 9, based on the findings presented in Chapters 7 and 8, sums up the similarities and differences concerning *depression* or 抑郁症 (*yi yu zheng*, ‘depression’) in the UK and China.

Chapter 10 reviews the findings presented in the previous Chapters. It gives an account of the contribution and also the limitations of this research, as well as suggestions for future research in this field.

# CHAPTER 2 CULTURAL AND HISTORICAL PERSPECTIVES

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## 2.1. Introduction

This Chapter reviews some of the cultural contexts and historical studies of depression or 抑郁症 (*yi yu zheng*, ‘depression’) in both the Western world and in China. In the Western world, the modern concept of depression is inherited from much older concepts such as *melancholy* and *melancholia*. With the birth of modern Western psychiatry, at the end of the 19<sup>th</sup> and early 20<sup>th</sup> century, *depression* became the clinical term for what used to be called 'melancholia', and the consequences of this development for the meaning of *depression* will be explained here. In China, 抑郁症 (*yi yu zheng*, ‘depression’) can be traced back to traditional Chinese medicine, which explains 抑郁症 (*yi yu zheng*, ‘depression’) as an imbalance in the human body. Under the influence of Western psychiatric practices, the term 神经衰弱 (*shen jing shuai ruo*, ‘neurasthenia’ see Section 2.3.3) was mainly used euphemistically in China to describe depressive states, until in the mid-1980s, 抑郁症 (*yi yu zheng*, ‘depression’) finally came to mean pretty much the same as depression in the framework of Western medicine.

However, what follows in this Chapter can only be considered a rough sketch showing how ‘depression’ or ‘抑郁症’ (*yi yu zheng*, ‘depression’) was constructed: the meanings of depression in the Western world and in China are far richer. It is hoped that this sketch will help to explain similarities and differences in the way Chinese and Western newspaper texts

discuss the global phenomenon of (clinical) depression.

## **2.2. The cultural background of depression in Western world**

### **2.2.1. Melancholy, melancholia and depression**

The Western term (*clinical*) *depression* only became popular in the first decades of the twentieth-century. As Radden (2000, p. 49) points out: “Earlier theories of melancholy and melancholia foreshadow, at least in broad form, most twentieth-century analyses of the disorder known as clinical depression.” Therefore, in this diachronic review of how depression was constructed and understood in the Western world, the meanings of melancholy, melancholia and depression, together with the changes that they underwent, will be examined.

#### **2.2.1.1 Melancholy and melancholia**

For many centuries before the advent of Western psychiatry, Greek science played an important role in the Western world in explaining people’s physical or mental disorders. As Jackson (1978, p. 367) points out: “Melancholia had an intimate and even inseparable association with the Greek humoral theory and it has been the term for a mental disorder of a depressive nature since at least Hippocratic times.” Radden (2000, p. ix) explains humoral theory in Greek science in a concise way: “...there were four elements (earth, air, fire and water) and [the theory] conceived of health as a balanced relationship between four humors,

fluids or substances present in the human body: blood, phlegm, black bile, and yellow bile.” In other words, a preponderance of one of the humours will cause a certain type of disease. Melancholia was considered a disease caused by an excess of black bile. Thus the English word *melancholia* is formed from two Greek words: “*melas* (black) and *Khole* (bile)” (ibid). Within this framework, melancholia was explained in terms of strictly physiological conditions. The concept of melancholy often had a wider meaning than melancholia before the 17<sup>th</sup> century, however, and included emotional and behavioural aspects. Burton’s 17<sup>th</sup> century work *The Anatomy of Melancholy* (Burton, 1621) brings together almost two thousand years of scholarship on this phenomenon, from Ancient Greek philosophy to seventeenth-century medicine. Based on this seminal work and other relevant scholarship, Radden (2000, pp. 5-17) summarises four different approaches in the writing on melancholy in the Western world. First, following the tradition of the theory of four humours, melancholy suggested any disease resulting from an imbalance of black bile. Second, fear and sadness without cause were identified as the true characteristics of melancholy. Third, melancholy was seen to be linked with some kind of compensatory quality of brilliance, intellectual refinement, genius, or creative energy. Fourth, melancholy was associated with the state of idleness, with aristocratic and courtly boredom. From these four perspectives, each of which still leaves behind traces, we can say that in Western culture, melancholy is often understood as being caused more by an internal imbalance rather than by external life events. This may also explain why depression without external cause is so unhesitatingly accepted in the modern Western world, as will be shown below in my analysis. At the same time, because melancholy is often linked with the quality of brilliance or creativity, Westerners are more likely to admit to such a condition as it comes with less social stigma and is seen as an indicator of an unusually sensitive mind.

People's interest in melancholy and melancholia peaked in the 17th and 18th centuries, and the use of these two words was almost interchangeable. Babb (1951) states that during such a period of time, *melancholia* refers to both a disease with physiological explanations and at the same time a sentiment cultivated by the elite. Delumeau (1990, as cited in, Jadhav, 1996, p. 277) also suggests that at this time, "melancholia was viewed on the one hand as a social and health problem, particularly amongst the poor and unemployed, whilst the artistic community and women of the 'genteel class' on the other hand, were expected to gain from melancholic disposition." Based on a close examination of the historical literature about melancholy, Jadhav (1996, p. 277) insists that, at this time, "*melancholy* in its mild form denoted a positive desirable and fashionable state while in its severe form, a disease state which caused suffering and stigma".

### **2.2.1.2 The birth of modern psychiatry and its influence on the meaning of 'depression'**

The birth and development of Western psychiatry exerted deep influences on the construction of people's understanding of mental illness. Hitherto, in the mid 17<sup>th</sup> century, Descartes' mind/body dualism (1641) changed people's understanding of mental states, and Gaines (1992) points out that this separation has been widely considered as a fundamental dichotomy underpinning Western psychiatric diagnostic and classificatory systems. Jadhav (1996, p. 272) notices that within this dualistic framework, "depression is primarily a disorder of mood that rests upon a pathology of key emotions considered to arise from within the mind. Expressions

of bodily distress, on the other hand, are situated within a separate category.”

It is with the advent of modern psychiatry that “the meaning of melancholy, with all its ambiguity and multiplicity, pulled apart from melancholia” (Radden, 2000, p. 4). *Melancholy* was more associated with subjective suffering as part of normal human experience, while *melancholia* the disease comes increasingly to be regarded in terms of bodily distress. At a time of these wide-ranging changes, the use of the word *depression* became more prevalent. Jadhav (1996) writes that the earliest use of the term *depression* in the English language dates back to the 17<sup>th</sup> century. “Its subsequent and ubiquitous use in describing a state of mind, the weather or economy, suggests a general state of ‘lowering of affairs’” (Fontana Dictionary of Modern Thought, 1988, as cited in Jadhav, 1996, p. 272). Samuel Johnson, in 1755, firstly includes the standard English gloss of this term in his dictionary: “the act of pressing down, the sinking or falling in of a surface, the act of humbling, abasement.” (Johnson, 1755, p. 569) When depression was specifically related to melancholy and melancholia, it originally referred only to a quality or symptom of melancholia, as noted by the English doctor Charles Mercier (1852-1919): “the most marked and conscious feeling of the malady – the leading symptom – is the depression of spirits which always characterises it” (Mercier, 1890, as cited in Radden, 2000, pp. 22-23).

It is, however, from Freud’s 1917 essay “Mourning and Melancholia” that the term *depression* began to replace *melancholia* on a large-scale in the English-speaking context. In this essay, melancholia was described as “a profoundly painful dejection, cessation of interest in the outside world, loss of the capacity to love, inhibition of all activity, and a lowering of the self-regarding feelings to a degree that finds utterance in self-reproaches and self-reviling,

and culminates in a delusional expectation of punishment” (Freud, 1917, p. 245). This definition actually describes what depression means, and it distinguishes depression from mourning, which is characterised as “the regular reaction to the loss of a loved person, or to the loss of some abstraction which has taken the place of one, such as one's country, liberty, an ideal, and so on” (Freud, 1917, p. 244). In this essay, Freud seems to use the two terms: *depression* and *melancholia* interchangeably. After that, melancholia became an increasingly rare disorder category. Instead, we find an emphasis on the condition today known as clinical depression. It is around this period of time that “depression [takes] its place beside and soon [eclipses] melancholia as the name of a kind of symptom cluster or disease” (Radden, 2000, p. 24). At the time of writing this thesis, the dictionary gloss of depression (this from the Oxford Dictionaries online) is: “a mental condition characterised by severe feelings of hopelessness and inadequacy, typically accompanied by a lack of energy and interest in life” (Oxford Dictionaries, 2012).

As depression started to mean this kind of symptom cluster, a diagnostic classification of depression was needed. Kraepelin<sup>2</sup>, the founder of modern scientific psychiatry, invented the nosology of mental disorder by describing and categorising the symptoms of patients, and his system stood out as the most influential in its time (Kraepelin, 1968). Kraepelin's scheme became the most obvious source for subsequent twentieth-century classifications of depression found in the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM) systems and in the World Health Organisation's International Classification of Diseases. This also provides the basic model for today's understandings of depression in the Western world.

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<sup>2</sup> Emil Kraepelin (1856-1926) is one of the most important figures in the history of psychiatry in the Western world. He is famous for claiming that all forms of diseases (including mental illness) are caused by biological and genetic disorders, and each can be diagnosed and treated according to symptoms.

## 2.2.2 The history of the DSM system and its role in the Western world

In this section, I will review the history of the extremely influential DSM systems. The DSM provides standard criteria for the classification of mental disorders, and is used by many mental health professionals worldwide to guide patient diagnoses.

The first two editions, DSM-I (American Psychiatric Association, 1952) and DSM-II (1968), were quite similar; although both of them included over 100 types of mental disorders, symptoms were not specified in great detail for specific disorders. Mayes and Horvitz (2005) state that, in these two editions, many disorders were seen as reflections of broad underlying conflicts or maladaptive reactions to life problems. This changed with the publication of DSM-III in 1980, which rapidly came into widespread international use, and has been termed “a revolution or transformation in psychiatry” (Mayes & Horvitz, 2005, p. 259). In this third edition of the DSM, the psychological states patients experienced were ignored, and different types or degrees of mental disorders were diagnosed purely on the basis of symptoms. An elaborate categorising scheme was applied, and many new categories of depression were constructed. The categorical approach used in this edition of the DSM assumed that each particular pattern of symptoms in a category reflects a particular underlying pathology, and thus it was described as “neo-Kraepelinian” (Compton & Guze, 1995, p. 196). The following editions, DSM-IV (1994) and DSM-IV-TR (2000), do not include radical revisions.

DSM-III and its later editions attracted wide criticisms. Greenberg (2010, p. 15) claims that

“DSM-III renders the varieties of our psychospiritual suffering without any comments on where the condition comes from, what it means, or what ought to be done about it”. Healy (2006) points out that the way the categories of DSM-III are structured might increase the medicalisation of human nature, which may be attributed to disease-mongering by pharmaceutical companies and psychiatrists. Cosgrove, Krimsky, Vijayaraghavan, and Schneider (2006) also indicate that of the authors who selected and defined the DSM-IV psychiatric disorders, roughly half had financial relationships with the pharmaceutical industry at one time or another, raising the prospect of a direct “conflict of interest” (Cosgrove, et al., 2006, p. 154).

Despite such wide criticism of DSMIII, it was swiftly globalised as a scientific guide to modern psychiatric practice. Lee (1999, p. 353) observes that it is almost impossible to find a textbook of psychiatry or clinical psychology that does not co-opt the DSM system, or “the new Bible”, to use Kirk and Kutchins’ term (1992, as cited in Lee, 1999, p. 353), as the main organising principle.

The impact of DSM-III is also found in the news texts that I am going to analyse in this study. For example, in the English Depression Corpus, there are elaborate modifiers of depression such as *severe, moderate, mild, acute, crippling, depression, recurrent, profound* and so on. All of these modifiers are used in DSM-III to describe depression as a scientific and fixed disease entity, with elaborate subclassifications rather than a general condition. In some Phases of the English Depression Corpus, ‘depression’ has been largely constructed as a scientific and objective disease, just like cancer or diabetes, which therefore requires

biochemical treatment. I will provide Citations<sup>3</sup> concerning this aspect in the paraphrase analyses presented in Chapters 7 and 8.

It can be argued that the different editions of the DSM correspond to the changing contexts of people's understanding of depression. The first two editions were more related to the psychodynamic<sup>4</sup> psychiatry which was popular when Freudian analyses of mental illness were still predominant, while the later editions reflect a more biological approach to psychiatry, when the science of brain chemistry was achieving great success. In the next section, I will give a brief review of these changing paradigms, and examine how depression and its treatment have been discussed in each of them.

### **2.2.3. Emerging paradigms of depression in the Western world**

Lake (2007) points out that in contemporary Western psychiatry, there is no single adequate explanatory model of the causes and corresponding treatments of mental illness. However, in the history of Western psychiatry, there are three influential and widely acknowledged paradigms of the understanding of depression, based on the explanations offered by the Freudian framework, the biochemical approach and the cognitive model. Three types of treatment, namely psychoanalysis, biomedical treatment and cognitive behavioural therapy, arose in response to these. As all these models contribute to people's understanding of mental illness, I will give an account of them here.

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<sup>3</sup> The capitalised word "Citation(s)" is specially used in this thesis to refer to the corpus example sentences extracted from the EDC and the CDC.

<sup>4</sup> In general, psychodynamics, also known as dynamic psychology, attempts to explain or interpret behaviour or mental states in terms of deep human needs, and innate emotional forces or processes.

As the inventor of psychoanalysis, Freud believed that human anger, guilt and sadness are caused by the constraints imposed by collective life. Freud (1961, p. 58) developed his view in *Civilization and its Discontents*, namely that civilization requires the suppression, or repression, of fundamental human drives: “In all that follows I adopt the standpoint...that the inclination to aggression is an original, self-subsisting intellectual disposition in man, and I return to the view that it constitutes the greatest impediment to civilization.” Therefore, in the Freudian framework, depression is a way of expressing anger towards the world, the collective life. Accordingly, “psychopathologies represent the expression of internalised conflicts” (Grusky & Pollner, 1981, p. 2). Furthermore, Freud discovered that these internalised conflicts always take place *at the unconscious level* of a human being. The unconscious, according to Freud, is a person's reservoir of feelings, thoughts, urges and memories that lie outside of his or her conscious awareness, especially memories left by some traumatic events. Feelings of pain, anxiety and conflict found within the unconscious can affect people's behaviour and experience, even though they are not consciously aware of them. Based on such a psychoanalytic theory, Freud invented psychoanalysis. Psychoanalysis is defined in *The Encyclopaedia Britannica* as “a highly influential method of treating mental disorders, shaped by psychoanalytic theory, which emphasises unconscious mental processes”. The goal of psychoanalysis is to help the patient develop an insight into these unconscious processes, such as uncovering (childhood) memories of traumatic events, memories that had been buried, so that patients' behaviour can be changed. The model of psychoanalysis can be seen as one of the most influential in the history of the development of depression.

Basically speaking, in the Freudian framework, depression is understood as a reaction to the

constraints of civilized life, and thus the social explanation of mental disorders is adopted.

However, at the end of the twentieth century, a new paradigm emerged and mental depression started to be seen as a result of the dysfunction of biological states:

“If there is one central intellectual reality at the end of the twentieth century, it is that the biological approach to psychiatry - treating mental illness as a genetically influenced disorder of brain chemistry - has been a smashing success. Freud’s ideas, which dominated the history of psychiatry for the past half century, are now vanishing like the last snows of winter”. (Shorter, 1997, p. vii)

According to this description, depression gradually ceased to be seen as a reaction to external factors, and is now conceived as a disease caused by internal factors as functional deficiencies of the human brain. This new perspective radically changed people’s understanding of depression, and impacted on its treatment. The cure for depression was no longer seen in dealing with external causes, but by restoring a biochemical balance. It is perhaps not accidental that the last decades have witnessed the growth and success of pharmaceutical industries specialising in mental disorders.

The third influential model expounds depression as a condition related to people’s cognitive domain. Based on the observation that depression is often caused or maintained by unrealistic and overly negative thoughts, Beck, Rush, Shaw, & Emery (1979) devised Cognitive-Behavioural Therapy (CBT), which aims to alleviate depression by modifying patients’ depressogenic cognitive processes. This model emphasises collaborative interactions between patient and therapist, in conjunction with specific cognitive and behavioural techniques such as activity monitoring and scheduling, analysis of the advantages and disadvantages of avoidance, graded exposure assignments, behavioural experiments and role-play (Beck &

Freeman, 1990). Since the increase in concern about the overprescription of antidepressants in the UK in the last decade, CBT has had a high profile in the UK media. However, the high cost and low accessibility of such a therapy have also been critically discussed.

These three influential models of understanding depression are about equally popular at present, to the extent that an integrated model has been suggested by researchers from various disciplines. Lake (2007, p. 477) hypothesises that the “synthesis of new ideas and more traditional clinical approaches ... will lead to rapid evolution of conventional Western biomedical psychiatry toward truly integrative mental healthcare.” Reid (2010) also argues for an “integrated approach” in treating depression by using both medication and non-drug therapy.

It seems likely, then, that all these three influential models of understanding depression would be reflected and discussed in the British news, with particular trends moving to the foreground in different Phases<sup>5</sup>. Thus in the last Phase of the English Depression Corpus, we will expect to see all three models in evidence.

## 2.2.4 Summary

This section has reviewed the meanings of melancholy and melancholia, and the way in which they are connected with the concept of depression, along with the history of the DSM and the three main paradigms of understanding depression in Western history. In summary,

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<sup>5</sup> In this thesis, the capitalized word “Phase” is specially used to describe the different time Phases of two specialized corpora: the EDC and the CDC.

depression has been understood respectively as an outcome of social constraints, as a result of a dysfunction of the brain, and as caused by negative cognitive processes. Each of these paradigms has achieved its status of currency at a specific historical period. In the next section, I will introduce the way in which depression has been formed and understood in Chinese society.

## **2.3. The Chinese cultural background of depression**

### **2.3.1 Traditional Chinese medicine and its views on health**

It can be said that traditional Chinese medical beliefs have had an important impact on Chinese attitudes towards health and illness for centuries. This section reviews some key concepts about health in the framework of traditional Chinese medicine, especially as they relate to mental illness.

One central concept of Chinese culture and medicine appears to be the 天人相应 (*tian ren xiang ying*, 'correspondence between microcosm and macrocosm') (Lin, 1980, p. 96). Here, human beings are seen as part of the natural world, and whatever happens in larger natural and social environments (the macrocosm) should have its effects on the smaller human sphere of the individual (the microcosm) (Lin, 1980, p. 96). That is why two dominant philosophical traditions in Chinese culture, Taoism and Confucianism, both emphasise the significance of harmonious relationships between human beings and their external environment. Taoists have persistently devoted attention to searching for the optimal way for

an individual to live a harmonious personal life in relation to the natural sphere (Hsu, 1934), while the Confucian philosophy demands that “to conduct a proper social life, the individual should act according to his or her social status, which provides guidelines for both public behavior and emotional response” (Cheng, 1990, p. 554). In both cases, the influence of the external world (either natural or social) on the well-being of individuals (both physically and psychologically) has been greatly emphasised.

Leung (1998, p. 119-120) gives a comprehensive explanation of three fundamental components of traditional Chinese medicine that have evolved within this cosmological world view, namely the universal principle of 阴阳 (*yin yang*, ‘contradiction and change’), the 五行 (*wu xing*, ‘Five Processes’), and the 经络 (*jing luo*, ‘meridian channels’). Lin (1980, p. 97) explains that 阴 (*yin*, ‘negative’) and 阳 (*yang*, ‘positive’) are a pair of polar terms used to describe qualitatively contrasting aspects inherent in the universe, and the continuous and complementary interaction of *yin* and *yang* is thought to form the basis for all natural phenomena. The concept of 五行 (*wu xing*, ‘Five Processes’) originated from astronomical observation and from the five elements of the inorganic world (metal, wood, water, fire and earth), which correspond with five internal organs of human beings (lung, liver, kidney, heart, spleen). The 经络 (*jing luo*, ‘meridian channels’) are meridians and channels that allow the flow of 气 (*qi*, ‘vital energy’) that governs the functions of the human body. Health is maintained when there is a *yin-yang* balance and when vital energy can flow freely within 经络 (*jing luo*, ‘meridian channels’). However, excessive emotional activity (caused by the social environment) or external pathogens (caused by external natural causes such as cold,

heat, damp, dryness, wind, and fire<sup>6</sup>) can destroy the balance of the 阴阳 (*yin yang*, ‘contradiction and change’) system, inhibit the 五行 (*wu xing*, ‘Five Processes’), and produce blockage in 经络 (*jing luo*, ‘meridian channels’). The consequence is an interruption of the circulation of the vital energy, which may lead to disorders of the organs which, in turn, may lead to mental and physical illness. It is worth noting here that although the Chinese also closely relate physical imbalances to mental disorders, external factors (either social or natural) are always considered as essential in initiating such imbalances.

It is easy to see some similarities between the Chinese Five Processes theory and the Greek theory of the four humours. The key difference seems to be that in Chinese medicine, it was thought that the mental disorders were first caused by problems in the interaction with the social environment, which then caused somatic problems, in the form of disharmonies for the organs involved, while in Greek/Western medicine, the disharmony of the four humours caused mental disorders, while

### 2.3.2 Depression in the traditional Chinese medical framework

The closest counterpart to depression in traditional Chinese medicine was 郁症 (*yu zheng*, ‘stagnation syndrome’) (Ho, 1995, p.150). Literally, ‘stagnation’, or in Chinese, 郁 (*yu*), means ‘not flowing, entangled, blocked or clogged’ (Yuen et al., 1997, p. 585). Yuen et al. (ibid) explain that in traditional Chinese medicine, the cause of stagnation syndrome is ‘the

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<sup>6</sup> The first four pathogens of cold, heat, damp and dryness are closely related to the weather, while wind and fire are more abstract and generic. Lin (1980, p. 96) further explains: “Wind refers to any pathogenic force acting swiftly and therefore potentially more damaging. Symbolically, wind is thus implied in many diseases with acute onset or with an unpredictable nature....Fire...denotes a more passive, complementary factor aggravating any conditions caused by the first five factors.”

internal impairment of seven emotions'<sup>7</sup> which causes *qi* (vital energy, explained above in 2.3.1) to be unable to move and flow freely in meridians. Ng et al. (2006, p. 468) claim that “emotional stagnation can cause *qi* stagnation which, if prolonged, can lead to a number of dysfunctions, such as entangled preoccupations, obstructed emotions where anger is particularly common, sleeping disturbances, dizziness, fatigue, feeling of obstruction in swallowing, indigestion, bowel dysfunctions, etc.” That is to say, 郁症 (*yu zheng*, ‘stagnation syndrome’) in Chinese medicine is not only about the emotion of sorrow or low spirits, but also relates to the stagnation of all emotions. In other words, when any form of emotion is not balanced, the stagnation of 气 (*qi*, ‘vital energy’) is caused, and 郁症 (*yu zheng*, ‘stagnation syndrome’) will occur. In this sense, 郁症 (*yu zheng*, ‘stagnation syndrome’) takes centre stage among all emotional diseases in traditional Chinese medicine. Of course, depression is often particularly related to only one of the seven emotions, namely sadness. But it is also reasonable to say that the bodily distress caused by anger, worry, excessive thought, fear, and even shock, can hardly be distinguished from that of sadness. According to traditional Chinese medical theories, the appropriate treatment strategy for 郁症 (*yu zheng*, ‘stagnation syndrome’) focuses on ‘de-stagnation of qi’ by means of herbal decoctions and acupuncture (Cheung, 1997, p. 121). The true cure, however, lies in ‘de-stagnation of emotions’ (Ng, 2003, p. 114), which relies on the improvement of environmental conditions.

In this sense, it can be said that stagnation and depression are conceptually different, but they can closely resemble each other. Ng (2006, p. 469) suggests that the clinical manifestations of ‘stagnated emotions’ and ‘qi’ can be very similar to those of ‘low mood and reduced or loss of energy’, which are also diagnostic criteria for a major depressive episode in DSM-IV

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<sup>7</sup> The ‘seven emotions’ are joy, anger, worry, contemplation, sadness, fear and fright.

(American Psychiatric Association, 2000, p. 356).

Lin (1980, p. 101) further indicates that “[a]nother point in traditional Chinese medicine and their relevance to mental illness is its unwillingness to differentiate between psychological and physiological functions.” Both Tseng (1975) and Kleinman (1979) insist that the Chinese tendency towards somatisation may be qualitatively different from other cultures. This phenomenon is directly related to one of the important themes of Chinese medicine, the 五行 (*wu xing*, ‘Five Processes’) (see 2.3.1 above.) “When it is applied to human beings and to medicine, five internal organs: heart, kidneys, lungs, spleen and gallbladder are viewed as centers for combined psychological and physiological functions” (Lin, 1980, p. 102). As described by Leung (1998, p. 123), the Yellow Emperor’s Classic of Internal Medicine delineated some emotion-organ relationships, including 怒伤肝 (*nu shang gan*, anger is injurious to the liver), 喜伤心 (*xi shang xin*, joy is injurious to the heart), 思伤脾 (*si shang pi*, desire is injurious to the spleen), 忧伤肺 (*you shang fei*, sorrow is injurious to the lungs), and 恐伤肾 (*kong shang shen*, fear is injurious to the kidneys). That is why the occurrence of 郁症 (*yu zheng*, ‘stagnation syndrome’) may affect all five organs, and “when a patient suffers from mental difficulties, his attention is thereby easily channeled to a preoccupation with the alleged physiological function of the related bodily organ” (Lin, 1980, p. 102).

Though such a correspondence between psychological and physiological states also exists in Chinese culture, it is important to emphasise once again that it is basically different from what is assumed in Western psychiatry. In Chinese culture, excessive emotions are seen as first caused by external factors, which then exert an influence on the related organs, while in Western psychiatry, biological deficiencies are often believed to precede and lead to people’s

emotional changes. More specifically, Chinese medicine addresses mental disease more by focusing on external factors.

Several deeply symbolic depressive personalities in Chinese culture have experienced life events which led to their tragic deaths. Qu Yuan (340-278 B.C.), the patriotic poet and royal adviser of the Chu Kingdom in the Warring States period, committed suicide for failing to make his king follow his advice. As Galic (1996, p. 54) indicates, “King Huai of Chu and other powerful people’s neglect of Qu Yan’s admonitions were the most weighty reason for his sorrow, despair and melancholy.” Li Qingzhao, another poet, from the Song Dynasty, regarded as the premier female poet in the Chinese language, composed melancholic poetry after the capital of Northern Song, where Li Qingzhao lived, fell to the Jurchens in 1126. Li died in 1129, from the cruel blow caused by the death of her husband. The loss of her home, her country and her loved ones all led to her tragic death. In one of the most famous ancient Chinese novels, *The Dream of the Red Chamber*, the obvious cause of Dai-yu's malady was constructed as 心病 (*xinbing*, ‘heartsickness’), an overactive behaviour complicated by “lovesickness” which leads to the deficiency of *yin* in the liver (Yim, 2000, p. 87). In my own Chinese Depression Corpus, I found that in most cases, the patients are reported to start to suffer from depression immediately after some upsetting life events took place. All these examples show that Chinese emotions in general, including what is called “melancholy” or “depression” in the West, are commonly understood as being caused by the interaction with the social environment, thus establishing a strong sociocentric perspective.

### 2.3.3 The contextualization of depression in modern China: neurasthenia and depression

If we say that 郁症 (*yu zheng*, ‘stagnation syndrome’) was constructed as a concept resembling depression within the framework of traditional Chinese medicine, 神经衰弱 (*shenjing shuairuo*, ‘neurasthenia’) can be considered as a construct that appeared in a special social context in China around 1970s. The resemblances between neurasthenia and depression have been widely observed.

Parker et al. (2001, p. 859) indicates that from the early 1900s to the mid 1980s, the term *neurasthenia*, first used by American neurologist George Beard (1896, as cited in Parker et al., 2001), was widely used by Chinese psychiatric discipline and commonly understood by Chinese people. Derived from Greek, *neurasthenia* means a “lack of nerve strength” and came to denote “exhaustion of the nervous system” (Parker, 2001, p. 859), a state characterised by fatigue and weakness accompanied by a range of physical and psychological symptoms such as nonspecific aches and pains, dizziness, gastrointestinal upsets, and irritability. When the concept of *neurasthenia* was transmitted into China, it was translated as 神经衰弱 (*shenjing shuairuo*). Lee and Wong (1999, p. 350) give a very detailed explanation of the translated Chinese term: “*Shen* is emblematic of vitality, the capacity of the mind to form ideas, and the desire of the personality to live life. *Jing* originally refers to the meridians or channels which carry *qi* (vital energy) and *xue* (blood) through the body. Conceptually,

*shen* and *jing* are treated by Chinese people as one term (*shenjing*) meaning nerve or nervous system. When *shenjing* becomes *shuai* (degenerate) and *ruo* (weak) following undue nervous excitement, a variety of psychic and somatic symptoms may reasonably ensue.”

Kleinman (1982, p. 117) found that by the 1980s, as many as 80% of psychiatric outpatients in mainland China were diagnosed as “neurasthenic”, and he observed that 87% of neurasthenic patients in Hunan could be reclassified as having “major depression” according to DSM-III. In this sense, it can be said that neurasthenia is the construct that was used to refer to the state of depression in China before the mid-1980s.

The reasons that neurasthenia rather than depression found its ready acceptance in pre-1980s China have been explained by Parker (2001, p. 859) as that “the concept of neurasthenia as a nervous system disorder fits well with the traditional Chinese epistemology of disease causation on the basis of disharmony of vital organs and imbalance of *qi*. An neurasthenia means weak nerves, the category of 虚 (*xu*, ‘weakness’) in traditional Chinese medicine is considered to be caused by imbalance of *yin-yang* and the weak flow of *qi*, the vital energy.” In this sense, neurasthenia is viewed as a non-stigmatised condition in traditional Chinese medicine, and is thus easier for Chinese to accept. That is why Lee (1998, p. 452) described the popularity of neurasthenia as the “indigenisation of a culture-friendly condition.” Kleinman (1986) also noted that Chinese patients, as well as their psychiatrists, actively preferred such a label to the psychiatric label of depression.

Lee (1999) observed how in the mid-1980s, 神经衰弱(*shenjing shuairuo*, ‘neurasthenia’)

was transformed into the popular Western disease category of 抑郁症 (*yiyuzheng*, ‘depression’) among academic psychiatrists in urban China. He noticed that, based on the case study conducted by Kleinman (1982, see detailed introduction in section 2.3.4), from the 1950s to the 1970s, 80–90% of medical and psychiatric outpatients [in China] received the diagnosis of 神经衰弱 (*shenjing shuairuo*, ‘neurasthenia’), but the professional diagnosis of this condition has declined dramatically since the mid-1980s (Lee, 1999, p. 351). Zhang (1989) investigates what diagnoses would be given in terms of modern Western standard diagnostic systems to 40 patients who were diagnosed as suffering from neurasthenia. His findings suggest that “the distribution of the results of rediagnosis is widely dispersed from mild character disorder to severe affective disorder” (Zhang, 1989, 147). Lee (1999, p. 351) further emphasises that “[b]y 1900, few studies of 神经衰弱 (*shenjing shuairuo*, ‘neurasthenia’) can be found in Chinese psychiatric journals, whereas articles on depression and its good response to antidepressant therapy have become more frequent.”

This phenomenon, according to Lee (1999), is largely due to the hegemony of DSMIII. The publication of DSMIII and its heavy influence upon the psychiatric practice around the world was discussed in detail in 2.2.2 above. As Lee (1999, p. 353) explains: “[T]he DSM-III manual was available to Chinese academic psychiatrists soon after its publication in 1980, when psychiatry was still a medical speciality with very low status in China, and thus a national nosological system may enable Chinese psychiatrists to claim scientific respectability.”

However, DSMIII does not include 神经衰弱 (*shenjing shuairuo*, ‘neurasthenia’), which implies that it is “an illegitimate or, at best, out-of-date disease entity” (*ibid*). This also

explains the disappearance of 神经衰弱 (*shenjing shuairuo*, ‘neurasthenia’) in Chinese academic psychiatric discourse after the 1980s, and the more frequent uses of terms from the modern Western standard diagnostic systems. Several versions of the CCMD (Chinese Classification of Mental Disorders) have been published since the 1980s, the latest version being known as the CCMD-3 (Chinese Society of Psychiatry, 2001). Lee (*ibid.*) indicates that for the first time in China, detailed criteria for a broad range of diagnostic categories became available to Chinese psychiatrists. It can also be said that this was the time when depression took on its current definition in Western medicine.

### **2.3.4 Kleinman and mental illness in China: a trans-cultural perspective**

As the leading cross-cultural anthropologist and psychiatrist in the field of depression studies, Arthur Kleinman started to conduct combined anthropological and psychiatric research in China as early as in the 1980s. At that time, Kleinman was impressed by the silence on the subject of depression in China, while he found that neurasthenia was one of the commonest diagnoses given to psychiatric outpatients (See explanation about neurasthenia above in 2.3.3). He therefore decided to organise his field research around this surprising cross-cultural difference. He interviewed 100 neurasthenia patients, selected from the outpatient psychiatric clinic at the Hunan Medical College, about their symptoms, disease history, and any personal life events which may have caused the current illness. Kleinman’s (1986) findings indicate that 93% of neurasthenia patients could have been rediagnosed as having depressive or anxiety disorders, and the onset and exacerbation of neurasthenia, as diagnosed by Chinese doctors, were in most cases associated with problems in the sufferers’ family or

work, or with financial or political problems. Kleinman therefore acknowledged very clearly the overwhelmingly social derivation of mental illnesses in Chinese society, and in his later work, he developed this idea by reporting that “attributions of illness onset to social sources, the symbolic linking of symptoms to life context, and the alleviation of distress with improvement in circumstances point to the sociosomatic mediation of sickness” (Kleinman, 1992, p. 546). This point, to a large extent, supports what traditional Chinese medicine has claimed about the connection between social imbalance and physical imbalance in human beings, as explained in section 2.3.1. To be more specific, in Chinese thinking, sociocultural factors such as inharmonious human relations or major life events firstly cause the excess of emotions, which then cause both the damage to relevant physical organs, such as kidney, liver, heart, and so on (also see the explanation of the Five Processes in traditional Chinese medicine in 2.3.1) and cause the blockage of vital energy. According to Chinese medicine, such physical imbalance can be resolved by the use of Chinese herbs to nourish certain organs, or acupuncture to unblock the stagnation of vital energy. But the real cure still relies on the improvement of the social contexts of patients.

Kleinman’s second finding shows his neglect of the solid connection between sociocultural imbalance and physical imbalance embedded in Chinese medicine. Kleinman suggests that the symptom pictures of Chinese patients were dominated by bodily complaints, and he drew out the concept of “somatization” (Kleinman, 1986), meaning that the Chinese tend to “somatize” their emotional or mental depression to bodily distress. Based on this study, Kleinman points out both the tendency to avoid the label of depression in Chinese society in 1980s, and the phenomenon of somatization, appear to arise from the stigma attached to psychiatric disorders in general, because in 1980s China, depression and other psychiatric

labels were equated with wrong political thinking and lack of enthusiasm for the communist programme, and they thereby became dangerous descriptions to apply to anyone (Kleinman, 1986). However, such an explanation shows only one aspect of the problem. A more reasonable explanation of the Chinese tendency to express emotional problems in terms of bodily distress might be that traditional Chinese medical beliefs encourage that approach.

Despite this, Kleinman's pioneering work on mental illness clearly suggests the importance of examining a scientific discourse object such as this from a cross-cultural perspective, and his findings provide great insight in this increasingly relevant aspect of human life. Based on his studies, Kleinman (2004, p. 951) famously argues that "the way in which depression is confronted, discussed, and managed varies among social worlds, and culture influences the experience of symptoms, the idioms used to report them, decisions about treatment and so on." This study, conducted in a deductive way, confirms many aspects of Kleinman's findings about depression.

However, what Kleinman does not address is that when depression is looked at from a diachronic perspective, many different facets of the problem are revealed. For example, though the Chinese are famous, in Kleinman's work, for emphasising the external cause of depression, from 2009, the chemical side of the problem starts to enter Chinese media texts, which will probably change Chinese people's understanding of depression and its treatment choice, and Chinese medical beliefs do not encompass such approaches.

### **2.3.5 Summary**

This section has mainly been concerned with explaining how the concept of health has been conceived in the framework of traditional Chinese medicine, and how depression, as a rather Western import, has been contextualised in Chinese society. Essentially, the Chinese believe that it is always sociocultural factors that cause depression, which then leads to physical imbalance. Chinese medicine seeks to resolve such problems by first restoring the physical imbalances of patients, but the real cure still relies on the improvement of social conditions. This section also reviews Arthur Kleinman's work, which addresses the problem of depression in Chinese people and emphasises the sociocultural role in understanding such a condition.

In the next section, after discussion of the formation and understanding of depression in different cultural contexts, I will try to show whether depression can also be constructed differently in scientific discourses, namely in DSMIII (Diagnostic and Statistical Manual of Mental Disorders, version III) and the CCMD (Chinese Classification of Mental Disorders).

## **2.4. Depression in DSMIII and CCMD**

The previous sections of this Chapter have reviewed the backgrounds against which depression and 抑郁症 (*yiyuzheng*, 'depression') came into being in both British and Chinese culture. In this section, I will compare the way in which depression has been constructed in DSMIII (Diagnostic and Statistical Manual of Mental Disorders, version III) and the CCMD (Chinese Classification of Mental Disorders), to try to identify the ways in which the cultural factors in British and Chinese societies have played a role in constructing the concept of

depression in professional discourses.

Firstly, I will consider two samples of the diagnostic criteria for major depression from DSM III: a) a disturbance of mood and of the capacity to experience interest and pleasure, and b) disturbances in the following areas: appetite and weight (either decrease or increase when not dieting), sleep (either insomnia or hypersomnia), psychomotoricity (either retardation or agitation), capacity to experience interest and pleasure (decrease in general or specifically in the sexual sphere), energy level (fatigue and low energy), self-esteem (self-blame, guilt, sense of worthlessness), cognitive functions (loss of concentration and memory and of the ability to make decisions or of thinking fast), attitude toward survival (death wishes, suicidal ideation, suicidal attempts) (DSMIII, 1980). From this description we can see that the diagnosis is mainly symptom-based. The DSMIII describes a spectrum of such disorders and relates them to detailed symptoms. Furthermore, these mental disorders are also categorised into overt and detailed types, such as mood disorders, anxiety disorders and substance-related disorders. A typical example is as follows: in the category of mood disorders, further subcategories are introduced such as Major Depression Disorder, Dysthymic Disorder and so on. Major Depressive Disorder is defined as being characterised by one or more Major Depressive Episodes (i.e., at least 2 weeks of depressed mood or loss of interest accompanied by at least four additional symptoms of depression). This shows that DSM-III delineates the categories of illness more clearly than its predecessor. The highly elaborate classification system is designed here to enhance the objectivity of the diagnostic system, and constructs depression as a fixed disease entity (together with its endless subclassifications) rather than reflections of broad underlying conditions or as reactions to difficult life problems.

By contrast, the diagnostic system applied in China is a somewhat revised version of the DSM classification system, entitled the Chinese Classification of Mental Disorders (CCMD). CCMD-1 was made available in 1981 and was further modified in 1984 (CCMD-2-R). CCMD-2-R is viewed as “an ethnomedical classification that covers symptoms and etiology, with the aim of conforming to international classifications while respecting cultural characteristics and diagnostic preferences” (Parker, p. 860).

Parker (2001, p. 860) also points out that the CCMD-2-R criteria for depression include the duration of symptoms for 2 weeks or more. “The mandatory ‘core characteristic’ is open to various English translations, but ‘low spirits’ is perhaps the most appropriate. The criteria also include decline in social function, and either distress or negative consequences for the individual, plus any four of the following nine familiar symptoms of depression: lack of interest and anhedonia, anergia and fatigue without reason, psychomotor retardation or agitation, low self-esteem and self-blame or guilt, concentration difficulties, thoughts of death or suicidal behavior, insomnia or hypersomnia, poor appetite or weight loss, and a significant decrease in libido” (ibid). The similarities with the definition offered by DSM III can be clearly seen, and are mainly the result of the need to conform to the international classification. But the omission of subclassification by type or severity reflects the fact that the CCMD is still constructing depression as a rather general condition. Likewise, CCMD-3, the current version (Chinese Society of Psychiatry, 2001), has similar special advantages, such as “simplicity, continuity, the inclusion of culture-distinctive categories, and the exclusion of irrelevant Western diagnostic categories” (Lee, 2005, 421). The issue of cross-cultural interest is also highlighted in CCMD-3.

## 2.5. Conclusion

This Chapter has reviewed the cultural backgrounds of both depression in the West and 抑郁症 (*yiyuzheng*, ‘depression’) in Chinese society. Briefly speaking, depression in Western culture has been constructed variously as a psychological disease, a chemical deficiency and a problem caused by a combination of factors. Thus, the different forms of treatment proposed in such contexts tend to be psychotherapy, antidepressants and cognitive therapy. These trends have all been reflected in the British news. By contrast, in the framework of traditional Chinese medicine, health is conceived as a matter of balance in the human body, maintained by harmonious relationships between people and their environment. This might explain why in this study, it will be found that (presented in Chapters 8) Chinese news texts usually focus first on describing the negative major life events that patients experienced, which are further constructed as the cause of the onset of depression. Accordingly, the treatment for depression will be found as the improvement of their social environment and psychological comforts, together with the establishment of a healthy lifestyle.

This interesting cultural difference in the understanding of depression might be explained by a comparison of the Western and Chinese traditions. Marsella (1982) drew a clear distinction between the perspectives of Western and Asian/Pacific cultures in his review of the field of depression studies. In the West, Marsella (1982, p. 256) argues, “the self is considered to be distinct, individual, different from others and the source of autonomous actions, whereas in some other cultures the self is not clearly demarcated from others, boundaries are more permeable, and actions are a function of social relationships.” Therefore, in Western culture, an individual’s feelings are considered as autonomous and authentic, and that they should

therefore be the focus of attention. When a person feels sad, s/he is responsible for such an emotional state, and they want medication to solve such problems. In China, on the other hand, society demands that each person behaves in a reasonable social way, and it is not so important what s/he feels. In Chinese society, people rely more on other people and on their external environment to define their happiness. For instance, modern Western marriage is considered legitimate only if both partners individually “love” the other one. Marriage in China is an institution that has a wider social context, involving, for instance, one’s parents and even the employers of the two, consideration of where they will live, schools for a son or daughter, and obligations to both parents-in-law. Though such conditions in China are changing, moving towards a more Western understanding, (as is confirmed by the findings of the present study), the differences described above nonetheless play a formative role in people’s lives.

It will be interesting to see whether these basic differences can be confirmed by the present study. In this study, then, depression is being seen as a concept that owes its existence to its discussion in discourse. I am not investigating whether depression exists outside discourse, or in which form. Instead, I am only concerned with what is being said about depression in my two chosen discourses, namely the British and Chinese national news in the last 25 years. What I found there may largely confirm what I have presented in this section, concerning the knowledge about depression in two different societies. It may also be possible, however, for details about depression to emerge that are currently overlooked by existing literature. All these, together with my interpretation, will ultimately make a new contribution to the negotiation of the meaning of depression.

# CHAPTER 3

## SOCIAL CONSTRUCTIONISM

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### **3.1 Social constructionism: an approach to social research**

As an intellectual movement, social constructionism has reverberated across the social sciences over the last four decades. Gubrium and Holstein (2008, p. 3) explain that “[t]he leading idea [of social constructionism] always has been that the world we live in and our place in it are not simply and evidently ‘there’ for participants. Rather, participants actively construct the world of everyday life and its constituent elements.” Vivien Burr (2003, p. 45) also articulates the key premise of social constructionism, arguing that “...a lot of things we take for granted as given, fixed and immutable, whether in ourselves or in the phenomena we experience, can upon inspection be found to be socially derived and socially maintained. They are created and perpetuated by human beings who share meanings through being members of the same society or culture.” Both statements imply that, according to social constructionists, there is no given, natural or authentic understanding possible of the world or of people. Instead, they hold that people’s understanding to reality, including the reality of our mental states, is based on all the relevant symbolic interaction taking place in a society or culture. What is new about social constructionism is therefore that it takes a critical stance toward taken-for-granted knowledge, viewing the ways in which we understand the world as historically and culturally specific, and thus suggesting that neither the social world, nor we

ourselves as people, have any 'true' or discoverable nature. For social constructionists, our way of understanding the world is a social process of symbolic interaction.

This study takes a social constructionist perspective, looking at how the meaning of 'depression' has been constructed in different societies. Therefore, in the following sections, I will briefly introduce how this social constructionist paradigm has taken shape, what it means, and what implications it has for social research.

### 3.1.1 The sociology of knowledge

Cunliffe (2008, p. 124) indicates that the origins of social constructionism can be traced back to a number of intellectual traditions, most notably the sociology of knowledge. Coser (1968, p. 428) explains that the sociology of knowledge can be defined as "that branch of sociology which studies the relation between thought and society. It is concerned with the social or existential conditions of knowledge." In other words, the sociology of knowledge looks at how knowledge is produced or conditioned by social processes. In their seminal book *The Social Construction of Reality*, Berger and Luckmann (1966) propose the idea that all knowledge, including the most basic, taken-for-granted common sense knowledge of everyday reality, is derived from and maintained by social interactions. They thus encourage empirical attention to the reality-constructing process of everyday life:

Society does indeed possess objective facticity. And society is indeed built up by activity that expresses subjective meaning ... The central question for sociological theory can then be put as follows: How is it possible that subjective meanings become objective facticities? ... An adequate understanding of the "reality *sui generis*" of society requires an inquiry into the manner in which this reality is constructed. This inquiry, we maintain, is the task of the sociology of knowledge. (Berger and Luckmann, 1966, p.18)

Here, Berger and Luckmann emphasise that subjective meanings, common sense knowledge and objective facticity are all socially constructed through the interactions between members of a discursively mediated community, and they therefore draw our attention to the process in which “the subjective meanings become objective facticities”. Berger and Luckmann further indicate that this process is composed of “the three moments of externalization, objectivation and internalization” (1966, p. 129). 'Externalisation' refers to the fact that people experience this world as an objective reality which is external to the individual. One externalises this world and can only understand it by experiencing it through interactions with other members of the society, but not from any internal introspection. Objectivation is the process through which human activity is objectivated, and thus appears as factual, even though this objectivity is a constructed one. To be more specific, objectivation occurs when someone's mental states became reinforced through day-to-day communication, and thus appear as realities rather than as representations of realities. “The institutional world is objectivated human activity, and so is every single institution” (Berger & Luckmann, 1966, p. 60). This process of reification is the most crucial one in reality construction. Internalisation is the process “by which the objectivated social world is retrojected into consciousness in the course of socialization” (Berger & Luckmann, 1966, p. 61). In other words, this process is concerned with how people discursively absorb the objectified “facts” in the externalised world and make them a part of their own internal consciousness.

In the course of these processes, human activities come to be presented as part of an objective reality. As Burr comments, Berger and Luckmann thus show “how the world can be socially constructed by the social practices of people but at the same time experienced by them as if the nature of their world is pre-given and fixed” (Burr, 2003, p. 13).

For the present thesis, the objective facticity Berger and Luckmann are talking about is what we find in discourse. From the approach of discourse analysis chosen here, it is the discourse<sup>8</sup> that provides all the texts in which things can be externalised, objectivated, and internalised. What Berger and Luckmann's ideas mean for the notion of depression is that mental depression appears as an objective reality, but is constructed through the interaction between the members of a discourse community. What the present study seeks to emphasise is that discourse in general, and special discourses in particular, are plurivocal, thus offering different, often incommensurable versions of 'reality'. For example, in two different versions, there will be more or less pronounced differences in the way the same discourse object is externalised, objectivated and internalised. To be more specific, in the present project, when the discourse object of 'depression' is examined in English and Chinese discourse respectively, we might find two or more 'objective facticities' (in Berger and Luckmann's sense) about mental depression. It is in this sense that the present study would claim that our social 'realities' are constructed through discourse. Therefore, this research is about 'depression' in discourse, but not about depression outside of discourse, in reality.

Ludmilla Jordanova (1995) also conducts a research on the social construction of medical knowledge. Based on the discussion of the relationship between the history of science and the history of medicine, Jordanova argues "the latter can and should be modeled on the former", and "social constructionism is useful, partly because it gives weight to ideas, and that there is a potentially fruitful alliance to be considered between the social history of medicine and

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<sup>8</sup> Chapter 4 will explain in detail what discourse means in the present thesis. Generally speaking, discourse as understood in this study is the entirety of everything that has been said and written by the members of the discourse community. As such a discourse at large can not be a viable research object, researchers need to define special discourses. For the defining parameters of special discourses, please see section 4.1.3.

cultural history” (p. 361).

## **3.1.2 Social constructionism and social constructionist research**

### **3.1.2.1 Defining features of social constructionism**

The term ‘social constructionism’ has been borrowed by far-flung fields of enquiry, so it can be difficult to pin down. However, the sociology of knowledge (reviewed above) provides its philosophical foundation, and generally speaking, social constructionism is concerned with the sociological description of knowledge, focusing on the ways in which members of a discursively mediated community construct knowledge. Philips and Jørgensen (2005, p. 1) point out that all social constructionist research shares the starting point that “our ways of talking do not neutrally reflect our world, identities and social relations, but, rather, play an active role in creating and changing them.” In this Chapter and Chapter 4 of this thesis, two forms of social constructionist discourse analysis will be introduced, namely discursive psychology and Critical Discourse Analysis.

Building on Gergen’s (1985) work, Burr (2003, p. 2-5) lists some key premises shared by social constructionist research, which have been considered as defining features. Some aspects relevant to this study are selected here for further explanation.

Firstly, social constructionists take a critical stance towards taken-for-granted knowledge. Social constructionism proposes that “what we take to be the knowledge of the world is not a product of induction, or of the building and testing hypothesis” (Gergen, 1985, p. 266). The

traditional view that scientific theory serves to reflect or map reality in any direct or decontextualised manner has been severely challenged by the following two questions proposed by Gergen (1985, p. 266-267): “How can theoretical categories map or reflect the world if each definition used to link category and observation itself requires a definition? How can words map reality when the major constraints over word usage are furnished by linguistic context?” Burr (2003, p. 3) further asserts that “[s]ocial constructionism therefore invites us to be critical of the idea that our observations of the world unproblematically yield its nature to us, to challenge the view that conventional knowledge is based upon objective, unbiased observation of the world.” For example, the object of depression is examined in this project not as some scientific reality, but as a social construct. To put it another way, the categories according to which human beings are divided into normal people and people suffering from depression do not necessarily refer to real divisions. They are constructed by the versions of descriptions of depression we find in specific cultures. That is why Greenberg (2010, p. 10) famously states that “there was a time, and it was not very long ago, when people did not feel in their bones that they had depression, when the Centers for Disease Control were not calling depression the common cold of mental illness, when the World Health Organization was not claiming that depression was the leading cause of disability.”

Secondly, the historical and cultural specificity of knowledge is another essential idea for social constructionists. The ways we understand the world, the categories and concepts we use, are historically and culturally specific. Our knowledge about the world is the “product[s] of historically situated interchanges among people” (Gergen, 1985, p. 267). Any given object can have radically different meanings in different cultures, and it can change markedly over time. In the Chapter in this thesis on the introduction to the cultural background of depression

(section 2.2.1.1), Robert Burton's definition of melancholy, and Sigmund Freud's understanding of depression are rather different. Simply speaking, for Burton (1621) (also see section 2.1.1.1), melancholy was seen to be linked with some kind of compensatory quality of brilliance, intellectual refinement, genius, or creative energy. In the Freudian framework (Freud, 1930/1961, p. 58), depression is understood as a way of expressing anger towards the world, the collective life. Similarly, as discussed above, depression has been understood in different ways in Western and Chinese contexts. In a certain time of period, people in the West have been usually told that depression is caused by a biochemical deficiency in human brain, and taking antidepressants is an efficient form of treatment. But for Chinese people, ever since depression was imported from Western society at the beginning of this century, it has been contextualised as resulting from exogenous causes, such as the loss of loved ones or inharmonious human relationships.

Thirdly, the primary formative role in the construction of knowledge, knowledge specific to historical and cultural conditions, is played by language and discourse. Raskin (2002, p.17) points out that the role of language is critical in social constructionism: "How people talk about themselves and their world determines the nature of their experiences." Gergen (1991, as cited in Raskin, 2002, p. 17) gives an example to illustrate this point: "because Americans live in a society that employs the language of agency and selfhood, freedom and independence become experientially real for Americans." This is closely related to the understanding of discourse underpinning this thesis. It seems clear that whatever people know about themselves or the world in which they are living in depends on what they have been told. Whether depression is an illness, either physical or mental, or whether taking pills can cure depression, will be determined by the texts talking about depression. That is also

why this thesis sees discourse as the “entirety of everything that has been said and written by the members of the discourse community” (Teubert, 2010, p. 1). Burr (2003, p. 46) claims that “language and our use of it, far from simply describing the world, both constructs the world as we perceive it and has real consequences.” For example, in accordance with the knowledge discursively constructed, forms of treatment of depression will be introduced. Thus, the Freudian way of understanding depression as an expression of deep, unresolved conflicts legitimises the form of psychoanalysis in treating depression. The biological understanding of depression, on the other hand, makes people believe that taking antidepressants is the best way of curing it. By contrast, when Chinese people are told, by media texts for example, that depression is caused by the inharmonious relationships between people, they will consider psychological comforts and the repair of human relationships as crucial in treating the condition. All this can show that in making sense of any form of knowledge, of the way it has been constructed, or of its effect in society, language should always be at the centre of the analysis. As Burr states, “It is the insistence upon the nature of language as constantly changing and varied in its meanings that is the key stone of social constructionism” (2003, p. 46).

Thus, it can be concluded that the role of language in constructing reality, (a specific form of knowledge), is specially emphasised by social constructionism. Any research claiming to follow this approach must prioritise language in the analysis. The present study defines discourse as the language data that a researcher has to define, and it examines the meaning of depression as it is constructed within the discourse defined, rather than trying to compare the construction of depression with what depression is “in reality”, in the world outside discourse.

### 3.1.2.2 The benefits of social constructionist research

As suggested above, a central feature shared by all social constructionist research is its focus on how knowledge is socially constructed in communities. Therefore, social constructionist research stresses the importance of diachronic analysis of the emergence of current forms of knowledge. This study examines how knowledge about depression as a mental illness is constructed over time in Western and Chinese cultures, and points out the main differences between them.

One particular merit of social constructionism is that it criticises the voice of authority in which traditional psychology speaks. “Social constructionism criticizes traditional psychology for adopting an implicit or explicit imperialism and colonialism in which western ways of seeing the world are automatically assumed to be the right ways, which it then attempts to impose on others” (Burr, 2003, p. 7). Another important benefit is that social constructionism sees our environment and society as products of discursive construction, rather than as part of a real world outside of the discourse. This framework can motivate people to change the construction by discursively reconstructing their reality. In other words, social constructionism can encourage people to question the realities other people want them to accept, by becoming aware that these realities are socially constructed. In this way, people can de-internalise what they have been told. For example, being depressive is just a way in which the dominant discourse classifies a particular form of behaviour, describing it as a mental illness, while it could also be described as a person’s conscious and even rational way of seeing themselves. Therefore, a man who accepts he is depressive will find it very hard to lead a normal life, and his doctors will have him undergo psychiatric treatment. But by reflecting on his mental representation of depression, he is given the chance to see it in a

different light. Therefore, social constructionism emphasises the co-existence of a multitude of realities that can be discursively constructed.

### 3.1.2.3 Critiques of social constructionism

In the previous sections, social constructionism has been briefly introduced, alongside an account of its uses, and of the reasons for its choice in the present analysis. However, social constructionism is also under fire on several fronts. In this section I will focus on the rival claims of *critical realism* (e.g. Bhaskar 1978), which poses perhaps the most pertinent and relevant theoretical challenge to the social constructionist position.

The premises about the natural and social worlds proposed by Bhaskar (1978) in *critical realism* are quite different to those in social constructionism. Bhaskar claims that “[t]he domain of the real is distinct from and greater than the domain of the empirical” (Bhaskar, 1998, p. xii). Houston (2001) summarises Bhaskar’s key ideas thus: “[t]here is a reality out there independent of our thoughts or impressions ... [which] can be differentiated into three levels: the empirical level consisting of experienced events; the actual level, comprising all events whether experienced or not; and lastly, the causal level embracing the mechanisms which generate events.” In the context of the social world, Bhaskar (1989) proposes that society comprises a variety of systems, and that people’s actions are influenced by a range of mechanisms, such as psychological as well as wider social mechanisms. When applied in linguistic and discourse studies, *critical realism* proposes that language is understood as constructing our social realities, but “these constructions are theorized as being constrained by the possibilities and limitations inherent in the material world” (Sims-Schouten, Riley, &

Willig, 2007, p. 102). Unlike social constructionists who claim that material practices cannot achieve meaning unless they are interpreted discursively, critical realists believe that “material practices should be given an ontological status that is independent of, but in relation with, discursive practices” (ibid). In other words, for critical realists, “while meaning is made in interaction, non-discursive elements also impact on that meaning” (ibid).

It can be seen that the main difference between social constructionism and critical realism is that the former proposes that everything, including the material world, is discursively constructed through semiotic interaction, while the latter posits that social practice always has a material dimension and there is always a complex relationship between the real (the non-discursive) and the discursive dimension of human existence. The reason that I do not accept critical realism in this project is that it never gives an answer to the question of how to distinguish between the non-discursive and the discursive. For me, even the non-discursive, as defined in critical realism, is also a part of the semiotic system. It has to be represented and interpreted to achieve its meaning. As Edwards and Potter (1995, p. 30) put it, “[w]hat we have, on closer examination, is a demonstration not so much of out-there reality, but rather the workings of consensual commonsense” .

Some other criticisms of social constructionism are concerned with its positing of an exclusively social account of some items from the natural sciences. For example, Hacking (1999, p. 38) observes that “[c]onstructionists state that various items from the natural sciences are social constructs.” For example, when discussing the phenomenon of dementia, one of the most important mental states examined in both psychology and many other disciplines, Hughes (2011, p. 169) points out that “social constructionism is wrong inasmuch

as it suggests that intentional psychological concepts (and the states they stand for) are caused by social factors alone.” Hughes further argues that “[t]here is nothing wrong with presenting a social, causal account of intentional mental states, but this is only one amongst many possible causal accounts”, and “it is just as sensible to speak of physical or geographical causes” (p. 169). This is representative of one of the commonest criticisms of social constructionism. For me, the “many possible causal accounts” as mentioned in Hughes’s work cannot move out of a semiotic system; nothing can achieve meaning unless it is represented and interpreted in texts. Even the clinical categories to define dementia are also discursively constructed through mediated interaction.

Another important criticism of social constructionism is related to the problem of social agency. McClimens (2005, p. 44) proposes that “social constructionism is criticised for denying social agency.” He further explains: “If knowledge is socially constructed, then how can we as individuals take control of the direction of our lives, given that all of the influences over us – the education and legal systems, the political machinery, the powerful discourses of medicine and the law – deny any biological imperatives?” (p. 44). On this point, Vivien Burr, herself a social constructionist researcher, comments that although social constructionism depicts people as being constructed through discourse, it does not adequately theorise the relationship between the individual and society. Here, Burr proposes some questions that social constructionism does not answer: “Does the individual have the power to reconstruct themselves, to build new identities and change their life story? Do they have the capacity to change the society they live in? Or are these possibilities illusions? Are our lives determined by social structures that are beyond our control?” (Burr, 2003, p. 182). Such criticisms address the problem that social constructionists only acknowledge the importance of the

process of the construction of knowledge, but the effect of such a process on people and the world that they inhabit remains under-researched.

In the following sections, a range of approaches will be introduced, from one of the intellectual resources of social constructionism, postmodernism, to two prominent representatives of constructionist research, namely discursive psychology and Foucauldian discourse analysis. At the same time, some relevant paradigms, such as social psychology, social constructivism and radical constructivism, will be reviewed.

### **3.1.3 Social constructionism, postmodernism and post-structuralism**

Hollinger (1994, as cited in Burr, 2003, p. 10) points out that “The cultural and intellectual backcloth against which social constructionism has taken shape, and which to some extent gives it its particular flavor, is what is usually referred to as postmodernism.” As postmodernism is commonly interchangeably used with post-structuralism, in this section, a definition of structuralism will first be considered, along with the problems associated with it. This will be followed by an account of how structuralism became gradually converted into post-structuralism, and how social constructionism is related to post-structuralism. The work of Saussure, Foucault, Barthes and Derrida will form the basis of these discussions.

Structuralism implies different things in different disciplines. “The idea that the structure of language, understood as the network of concepts expressed by the lexical items of a given language, determines the lines along which we divide up our experience, is at the heart of

structuralism” (Burr, 2003, p. 50). Structuralism will be understood here as the idea that originated with Saussure’s study of structural linguistics (Saussure, 1916/1974). Saussurean linguistics asserts that all the things in the world can be called signs, and every sign has two aspects: the spoken sound of a word describing the thing in question (signifier) and the thing it refers to (signified). Saussure (1916/1974) further asserts that the meaning of a sign does not reside intrinsically in that sign itself, but in its relationship to other signs. Thus all signs of a language are in a structured relationship with all other signs. This relationship is fixed, because Saussure adopts a synchronic perspective. He does not explore the diachronic dimension of language. The focus of his study is *langue*, the language system, which is fixed by rules. He is not interested in what is actually said by people, which he calls *parole*. This Saussurean perspective thus contrasts sharply with that of discourse analysis, with its emphasis on the diachronic dimension of discourse. In the view of a discourse analysis informed by social constructionism, words only obtain meaning by how they have been used, by people negotiating what they should stand for. In this sense, a social constructionist can say that meaning is never fixed: it is always provisional, contestable, and open to change.

In sociology, structuralism proposes that the underlying structure, which can be described as a set of rules or laws, is the reality determining the surface features of the world, so that the truth about the world can be disclosed by analysing the patterns we find in social practices (Burr, 2003, p. 11). Just as structural linguistics cannot answer the questions concerning language change, in the social field, structuralism fails to account for the historicity of structures. Olssen (2003, p. 193) notes that “amongst structuralists like de Saussure, Barthes and Lévi-Strauss there was little sense of history,” which is to say they privileged synchrony over diachrony in analysis. For post-structuralists, on the other hand, social structures are

culturally and historically conditioned, and thus contingent. What is fundamental to post-structuralism is the argument that textual meaning is never fixed, always open to question, contestable, and provisional. Post-structuralism therefore rejects the idea of a link between discourse and discourse-external reality, but holds that discourse has to be seen as an incremental system of layers of texts, each layer being an interpretation of previous layers of interpretations. Every occurrence of a signifier only refers to previous occurrences of this signifier, without even referring to a discourse-external signified.

Several prominent scholars were involved in reforming Saussure's notion of structuralism and transforming it gradually into post-structuralism. In 1968, Barthes published the key text *The death of the author*. In this article, Barthes declares that "a text is not a line of words releasing a single 'theological' meaning (the 'message' of the Author - God) but a multi-dimensional space in which a variety of writings, none of them original, blend and clash" (Barthes, 1968, p. 146). This shows that it is not the author who determines the meaning of a text. Each reader can find meanings in accordance with their specific cultural embeddedness. How a reader contextualises a text depends on their contingent exposure to semiotic representations, to which they relate this text. Even though Barthes never declared himself against structuralism, this is a clear departure from structuralism, where texts are believed to have fixed meanings, and can only be understood by appeal to one "single theological meaning".

Michel Foucault, too, never openly renounces structuralism, but his ideas reshape it thoroughly. In his work, he presents a conception of the social world as shaped by language in the form of discursive formations, and by power. "Foucault... rejects the idea that we can

understand society in terms of psychological, functional, or institutional universals. Rather, any set of social arrangements rests on a particular, arbitrary conceptual structure” (Bevir, 1999, p. 352). In this way, Foucault expresses his dissatisfaction with Saussurean structuralism, which proposes that there is only one system of knowledge governed by universal rules. Instead, each discursive formation sets its own, contingent rules. Burr, who reads Foucault from the perspective of social constructionism, argues that, for Foucault, a discourse refers to “a set of meanings, metaphors, representations, images, stories, statements and so on that in some way together produce a particular version of events” (2003, p. 64). This definition implies that “surrounding any one object, event, person etc. there may be a variety of different discourses, each with a different story to tell about the object in question, a different way of representing it to the world” (p. 64).

Where post-structuralism and social constructionism finally meet is in Derrida’s work. As a leading post-structuralist writer, Derrida, in his 1976 book *Grammatology* introduces a methodology of textual reading called deconstruction. For Derrida, every text “deconstructs” itself: every text is “a complex historical, cultural process rooted in the relations of texts to each other and in the institutions and conventions of writing” (Lye, 1996, para. 3). Readers are encouraged to point out the hidden assumptions and contradictions that shape a text, to relate them to other texts, and thus to provide multiple interpretations of a text, none of which can be said to be final. There is no true or objective meaning of a text. “From the moment that there is meaning, there is nothing but signs. We think only in signs” (Derrida, 1976, p. 50). But signs are embedded in different contexts and therefore cannot have fixed meanings. Each new interpretation of a sign is unique and thus can be interpreted in different ways. Therefore, every text is undecidable in the sense that “it conceals conflicts within it between

different authorial voices”, because “deconstructive reading prises open inevitable, unavoidable gaps of meaning that readers fill with their own interpolative sense” (Agger, 1991, p. 112). Derrida thus deconstructs the very notion of a stable structure of language. Texts are not linked to discourse-external reality. It is no coincidence that such an emphasis on the signifier over the signified is what connects social constructionism to post-structuralism. Similarly, in the present project, it is argued that the meaning of ‘depression’ lies in what has been said about it in predefined discourses: there is no truth about depression outside discourse.

After clarifying the relationship between social constructionism, post-structuralism and postmodernism, in the following sections an attempt will be made to distinguish between several paradigms of social constructionist research, namely social constructivism, radical constructivism, social psychology, and discursive psychology.

## **3.2 Social constructionism, social constructivism and radical constructivism**

The first part of this section aims to clarify some similarities and differences between the terms social constructivism and social constructionism, which seem to share some fundamental assumptions. Following that, radical constructivism will be introduced, with an account of its meaning, and its relationship to social constructionism.

According to Berger and Luckmann (1966) and Gergen (1985), both social constructionism and social constructivism are concerned with the description of knowledge, but from

sociological and psychological perspectives, respectively. To be more specific, “social constructionism is about the way knowledge is constructed by, for, and between members of a discursively mediated community”, while “social constructivism is concerned with the influence of social processes upon an individual’s psychological construction of meaning” (Hruby, 2001, p. 51). In other words, social constructionists view an individual's construction of the world as the product of social forces, while social constructivists see people as the agents who are in control of such construction process.

Burr (2003, p. 19) further explains that constructivism (unlike social constructionism) is “a particular kind of perceptual theory”; it sees “the person as actively engaged in the creation of their own phenomenal world”. In traditional psychology, the world is viewed as made up of things and events that have essential meanings, which influence people in predictable ways. Thus perception is understood as an internalisation of a truthful representation of the world. Constructivist psychology, on the other hand, holds the view that “each person perceives the world differently and actively creates their own meanings from events” (p. 19). The real world, therefore, is a different place for each different individual. This distinction between an individual’s phenomenal world and an unknowable real world is also acknowledged by von Glasersfeld (1989), the founder and the most prominent proponent of radical constructivism.

Radical constructivism emphasises the ability of human beings to use the understandings they create to help them navigate through life, regardless of whether or not such understandings match an external reality. “Different understandings of reality might 'fit' equally well to different experiences, and thus prove equally viable” (Glasersfeld, 1987, p. 141). Glasersfeld (1989, p. 162) further puts forward two main claims: “(a) knowledge is not passively received

but actively built up by the cognizing subject; (b) the function of cognition is adaptive and serves the organisation of the experiential world, not the discovery of ontological reality." Therefore, we can say that social constructivism is about how individuals structure knowledge, rather than receive it "all of a piece" (Spivey, 1997, p. 34). Each person, through their own adaptations to the world, is actively engaged in the creation and organisation of their experiential worlds.

Thus, it can be concluded that radical constructivism and social constructionism are similar insofar as they both agree that knowledge is constructed by people, and there are many different forms of knowledge according to different individuals. The essential difference is that radical constructivism is more concerned with people's individual selves in constructing realities, while social constructionists put more emphasis on the process of people's social interaction. This is why Burr (2003) summarises the differences between them as twofold: in the extent to which the individual is seen as an agent who is in control of this construction process, and in the extent to which our constructions are the product of social forces (Burr, 2003, p. 20).

They are, however, often seen as more or less synonymous, as a result of some obvious ground that they have in common, as can be seen in the work of Spivey (1997) and Botellas (1995), who have both tried to bring them together. In the present thesis, a social constructionist stance is adopted, that is, in presenting mental depression, it is not claimed that what is said about it reflects an ontological reality of depression (the realist view) or that it is the construct of an autonomous self (the constructivist view), but that the concept is discursively constructed and that there might be many different versions of constructions

surrounding this discourse object.

Following this explanation of social constructionism, its defining features and its relationships with social constructivism and radical constructivism, the next two sections introduce three distinct disciplines that adopt a social constructionist stance, namely social psychology, discursive psychology and Foucauldian discourse analysis.

## **3.3 Social psychology and discursive psychology**

### **3.3.1. Social psychology**

Hruby (2001) indicates that one of the origins of social constructionism should be credited to Kenneth Gergen, who adopts postmodernist and poststructuralist perspectives in his research on social psychology. In this section, it will be shown how Gergen's social constructionist model is derived from the framework of social psychology, and in what ways social constructionist theories have informed and shaped both this framework and that of discursive psychology.

In Gergen's (1973) paper *Social psychology as history*, he explains, "The field of psychology is typically defined as the science of human behaviour, and social psychology as that branch of the science dealing with human interaction" (p. 309). Gergen and Burr (1995, p. 11) further argue:

All knowledge, including psychological knowledge, is historically and culturally specific, and that we therefore must extend our enquiries beyond the individual into

social, political and economic realms for a proper understanding of the evolution of present-day psychology and social life.

This focus on the social construction process of psychological knowledge is opposed to traditional psychology, which views the individual and their behaviour as having some definable and discoverable nature. Gergen's paper is therefore considered as the text from which the emergence of social constructionism in psychology can be dated.

In later texts of social psychology, there are more typical social constructionist analyses of psychological themes or processes: Averill (1982), for instance, argues that the concept of anger is a social construction. Thus the term *anger* does not refer to a mental state, but constitutes part of the role itself. Coulter (1979) looks into the social construction of mind, and similarly, Gergen (1985) calls the concept of the self a construct of social discourse. What were seen as natural facts in traditional psychology are now re-examined as social constructs. In this way, social constructionism offers a challenge to traditional social psychological research: "The explanatory focus of human action shifts from the interior region of the mind to the processes and structure of human interaction" (Gergen, 1985, p. 271).

This study adopts the social constructionist stance in examining one of the psychological themes: depression. Depression, as a psychological state, is here viewed as a social and cultural construct. As will be demonstrated in Chapters 7 and 8, in the Western world, depression has often been constructed as a disease of a biochemical nature, caused, for instance, by a low level of serotonin, a chemical substance in the human brain. Within Chinese culture, on the other hand, depression has traditionally been understood as a disorder caused by external factors, such as inharmonious relationships between people. Therefore, a

positivist psychology cannot provide a full picture of depression. We can achieve a better understanding when we analyse the continually changing ways in which people talk about depression by focusing on the paraphrases they provide for this concept.

### **3.3.2. Discursive psychology**

Developed by Jonathan Potter and Derek Edwards, discursive psychology is a form of discourse analysis focusing on conversations between psychotherapists and their clients. Edwards explains that discursive psychology is “the application of principles and methods from discourse and increasingly Conversation Analysis, to psychological themes” (Edwards, 2005, p. 258). As there is no way to look directly into people’s heads, we can only analyse what people tell us about the internal processes of their mind, from the perspective that these reports are informed by what people normally say about these processes. Thus, people’s ideas about the working of their mind are revealed as social constructs.

Harré and Gillett (1994) insist that discursive psychology takes the radically anti-essentialist view of the person, “denying that language is a representation of, or route to, internal mental states or cognitions, such as attitudes, beliefs, emotions and memories” (Burr, 2003, p. 16). While traditional psychology is concerned with the ‘true’ nature of psychological phenomena, including internal mental states, discursive psychology deals with the ways in which these phenomena are constructed discursively and explained. According to Burr (2003, p. 17):

[T]he particular concern of discursive psychology is to study how people use language in everyday interaction, their ‘discourse’ with each other, and how they are adept at putting their linguistic skills to use in building specific accounts of events, accounts which may have powerful implications for the interactants themselves.

That is to say, discursive psychology starts with psychological phenomena as things that are constructed, attended to, and understood in interaction, and it focuses on the way people construct descriptions as factual in such interactions. Thus, discursive psychology treats talk as social action; that is, we say what we do as a means of, and in the course of, doing things in a socially meaningful world.

In discursive psychology, discourse is taken to be talk and text of any kind, but the focus is mainly on the kinds of naturally occurring interactional talk (Potter, 1997), through which people make sense of their lives and conduct their everyday business. In analysing the interview data, one can always find inconsistent, variable versions and accounts. Discursive psychology focuses on these seemingly noisy data, and attempts to find patterns behind it, because “what looked like cognitive inconsistency and unreliability became coherent when interview responses were left in the contexts of their occurrence and examined functionally and indexically” (Edwards, 2005, p. 259). As Edwards and Potter (2005, p. 241) show, discursive psychology respecifies standard psychological topics as discourse practices and re-works them in terms of discourse practices.

Discursive psychology can be considered as a form of social psychology which adopts a social constructionist perspective. It also puts discourse at the centre of the analysis. As Harré and Gillett (1994, p. 22) claim, “the idea that the mind is a social construction is true in that our concepts arise from our discourse and shape the way we think.” Thus, “there is no necessary shadow world of mental activity behind discourse in which one is working things out in private.” Correspondingly, this study takes the analysis of discourse to be the only access to the examination of mental depression.

## 3.4 Foucauldian discourse analysis

This section comprises an examination of one of the most influential paradigms in modern thought: Foucauldian discourse analysis. Firstly it will explain Foucault's definition of discourse and his research methodology, then will address Foucault's contribution to research into madness in different time periods<sup>9</sup>. Finally, this will be followed by a discussion of the implications Foucauldian discourse analysis has for the present study, and how the present research project differs from Foucauldian discourse analysis.

### 3.4.1 An outline of Foucauldian discourse analysis

Foucault's approach to discourse is central to much work in contemporary social sciences, and his ideas serve as a basic model for the analysis of the relationship between discourse and social power. Foucault's work, including his concept of discourse, has often been regarded as one of the most important intellectual contributions of postmodernism.

For Foucault, discourses are understood as "the practices which form the objects of which they speak" (Foucault, 1972, p. 49). Burr (2003, p. 64) defines this concept of 'practice' as "a set of meanings, metaphors, representations, images, stories, statements and so on", which together in some way form an object in question, or "produce a particular version of events" (p.64). This definition of discourse entails two basic elements: firstly, the social world and the social events of which it consists is constructed, or at least shaped by language and discourse; secondly, surrounding each socially constructed object, there are a variety of discourses, each

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<sup>9</sup> The other two important thematic areas that Foucault examined are *punishment* and *sexuality*.

representing the object in question in a different way to the world. Foucault's discourses (or discursive formations) are in principle monovocal. Different discourses dealing with madness, for instance, differ in that they conceptualise madness in different ways. As will be explained below, this thesis takes a different view. It views all special discourses dealing with the object of depression as being, in principle, plurivocal. They are defined not by content, but by external parameters.

However, in the Foucauldian framework, pieces of writing, speech, or visual images can be said to belong to a particular discourse if they are painting the same general picture of the object in question. The meaning of texts (writing, speech, visual images, or any other form of texts which can be read for meaning) depends upon the "discursive context, the general conceptual framework in which a text is embedded" (Burr, 2003, p. 66). Thus, a discourse and the texts belonging to it are in a two-way relationship: the specificity of a discourse shows up in its texts, while texts are dependent for their meaning upon the discourse in which they appear. This is why Burr also describes Foucault's concept of discourse as "a frame of reference, a conceptual backcloth against which our utterance can be interpreted" (2003, p. 66).

Hall (2001, p. 72) reads Foucault in the following way, emphasising the point explained in the paragraph above:

Discourse, Foucault argues, constructs its topic. It defines and produces the objects of our knowledge. It governs the way that a topic can be meaningfully talked about and reasoned about. It also influences how ideas are put into practice and used to regulate the conduct of others.

Thus, rather than looking for a deeper meaning underneath discourse, or looking for the

source of meaning in some transcendental subjects, such as minds, or real world objects, Foucault analyses the discursive and practical conditions determining truth and meaning (as defined by a discourse). In order to show the construction of meaning and truth in discursive formations, he describes in detail the way that different truth claims emerge during various epochs, on the basis of what was actually said and written during these periods of time. Furthermore, for Foucault, there is a variety of discourses about one object in question. Some of these discourses can gain normative status and thus become the currency of 'truth' for a given society, dominating the ways in which people are directed to define and organise their world, while alternative discourses are more or less marginalised. But because these marginal discourses can become virulent in times of prevailing changes, Foucault insists on the necessity to investigate them, thus opening up new avenues in his project of an archaeology of the past.

### **3.4.2 *Madness and Civilization: Foucault's analysis of the social construction of madness***

In his 1971 book *Madness and Civilization*, Foucault chose not to review historically the concept of madness, but to recreate, mostly from original documents, the concepts of mental illness, folly and unreason, as they were seen and understood in their time, place, and social perspective. Foucault examines ideas, practices, institutions, art and literature relating to madness in Western history. He begins with the Middle Ages, noting the social and physical exclusion of lepers. He argues that with the gradual disappearance of leprosy, madness came to occupy this now empty position. The *ship of fools* of the 15th century is a literary version of one such exclusionary practice, namely that of sending mad people away in ships. In 17th

century Europe, in a movement which Foucault famously describes as the Great Confinement, "unreasonable" members of the population were locked away and institutionalised. Foucault (1971, p. III) points out that "the demented fitted quite naturally between those two extremes of social maladjustment and iniquity." In the eighteenth century, madness came to be seen as the opposite of reason, and, finally, in the nineteenth century it was conceptualised as mental illness.

Thus, *madness* for Foucault is a term with many meanings. It is essentially constructed and controlled by the intellectual and cultural forces that exercise hegemony within a society, being in charge of the dominant discourse. The treatment of madness depends fundamentally on how the mad are perceived.

From the perspective of the present study, there are two principal merits to the Foucauldian analysis of madness. Firstly, as many historical books about psychic disorders look at the past in the light of the present, they single out only what has direct, positive relevance to present-day psychiatry. Foucault, however, rejects this perspective, which he claims is traditionally assumed by many historians. Instead, he presents the forgotten and marginalised discourses about madness, and analyses how they differ from the dominant contemporary discourse, thus giving us a wider understanding of the discourse object in question. Secondly, most of the time, for the sake of clarity, madness is examined through only one of its many facets, but Foucault's archeological method ensures an investigation of multiple facets, one after another, providing us with a fuller picture of the issue in question.

What now follows is a consideration of some of the limitations of Foucauldian discourse

analysis, discussed in comparison with the present research project.

### **3.4.3 Differences between Foucauldian discourse analysis and the present study**

The theoretical framework employed in this research is based on the view that discourses do not exist 'naturally'; they are not entities of a discourse-external reality. Rather, they are constructs of those analysing them, and a discourse does not exist until a researcher defines it. For any given topic, researchers can construct one or many discourses according to the avenues they pursue. Each of these discourses is plurivocal, representing different meanings of the concepts in question (i.e. of the discourse object). Foucault believes that discourses actually exist, that they can be defined and discovered by researchers (Foucault, 1972). For Foucault, the specific conceptualisation of any object in a given discourse is the working of what he refers to as either laws, rules or regularities, which exist independently of the agency of the members of a given discourse community, and which can be found in the set of documents of a given discourse. The rules of a discourse determine causally what can and cannot be said in a given discourse. But are discourses really monovocal? One of the problems here is that there is never a comprehensive set of data for any object under scrutiny. The decisive change of meaning which Foucault sees as causing a 'rupture' (1972, p. 17) may be not as crucial as he thinks: there may be other important changes overlooked due to the lack of data. Also, in the course of his research, Foucault occasionally takes the standard historical approach of explaining events via political, social and economic causes as he finds them in normative historical accounting. Despite providing what he calls a "non-

interpretative and non-anthropological’ analysis (1972, p.70), Foucault’s analysis often addresses the effects of events such as the Great Confinement by paraphrasing, and thus interprets the way people think and perceive. According to the framework used in this research, any discourse, or analysis of that discourse, is always in need of interpretation in order to make sense. Such an interpretation, however, has a distinctive perspective due to the research interest of the investigation.

Thus, discourse analysis in the Foucauldian framework is, as I see it, necessarily a subjective and interpretative task, and there is no possibility of a scientific methodology which could come up with a truly objective analysis (Burr, 2003, p. 171). It is due to Foucault’s structuralist background that he believes it is possible to aim for an unattainable objectivity. This sets him apart from the more recent social constructionist framework, as it is outlined, for instance, by Burr. Burr (2003, p. 174) argues that Foucauldian discourse analysis looks “very similar to the analysis of traditional qualitative interview approach”. That is, Foucault often presents a brief summary of each discourse identified, followed by a few examples of the text to illustrate and support the analysis. His analysis of the discourses in question is driven by the strong theoretical assumption that these summaries reflect accurately and objectively the salient points constituting each discourse. This study, however, distinguishes clearly between the application of an accepted scientific methodology to the data in question, and the contingent interpretation of the findings provided by this methodology. In this way, the peer community is allowed to form their own perspectives concerning this research, this representation of the discourse object in question (depression), and concerning its interpretations of the cultural and social constraints expressed in these discourses. An archaeology by itself, as envisioned by Foucault, based on the assembling of documents

hidden away in archives, can only ever be a first step. What has to follow is a methodological analysis using objectifiable parameters and the interpretation of the results obtained, which then has to be submitted to the interpretative community, to collaborate in making sense of the data. There is no true or final interpretation.

### **3.5. Summary**

In summary, this Chapter has provided an introduction to the theoretical framework of social constructionism, the defining features of social constructionist research, and how post-structuralism is related to social constructionism. At the same time, some varieties of social constructionist research such as social psychology, discursive psychology, social constructivism and radical constructivism have been reviewed. Lastly, one of the most important paradigms of discourse analysis, that of Michel Foucault, has been introduced in detail, with an outline of Foucauldian methodology, an account of Foucault's work on the social construction of madness, and finally explanation of the ways in which the present thesis differs in its approach.

Social constructionism is one of the most important theoretical elements underpinning the present project. When the discourse object 'depression' is examined from a social constructionist perspective, it ceases to be considered as an objective fact in reality. Instead, 'depression' only exists in the discourse; the meaning of it is contained in the texts talking about it. The analytical approach chosen by the present project will be explained in detail in the next Chapter.

# CHAPTER 4 DISCOURSE ANALYSIS

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## 4.1 Discourse: definition of terms

The term 'discourse' is used in both linguistic and social research in a number of inter-related yet different ways. Essentially, discourse analysis deals with naturally occurring language use rather than the language system, focusing on larger units of language instead of isolated words. This study follows Schiffrin et al. (2001, p. 1) when he proposes three main categories into which all definitions of discourse fall: “Firstly, for linguists, discourse has generally been defined as anything beyond the sentence. Secondly, the study of discourse is the study of language use. In the third paradigm of discourse analysis, discourse refers to a broad conglomeration of linguistic and nonlinguistic social practices and ideological assumptions that together construct power”. Jones (2012, p. 36) agrees on these three ways of looking at discourse, identifying three approaches to discourse: *formal*, *functional* and *social*. However, what Schiffrin and Jones, and other scholars in this area, do not include is the kind of discourse concept that has been recently developed, for example, in the framework of social constructionism. Here discourse is defined as the place where the realities confronting the members of discourse communities are constructed, and the objects of which these realities consist. This is how discourse is understood in this study. This Chapter will firstly provide an explanation of the definition of discourse used here, followed by a comparison with several important traditions of discourse analysis, such as discourse analysis in the scope of linguistics, in Foucauldian Discourse Analysis, and in Critical Discourse Analysis. Lastly, it offers a brief description of the analytical steps on which the research presented here is based.

### 4.1.1 The concept of discourse used in this study

While discourse at large is the entirety of symbolic communication from the beginning of language to the present moment, a discourse is understood in this study as “the totality of all the texts that have been produced within a discourse community” (Teubert, 2005, p. 3). Meaning is in discourse. Everything that has been communicated between the members of a discourse community has contributed to the constructions of the realities confronting them, including the objects of which these realities are made up; we, as participants in such a discourse, gain all meaningful access to reality through what has been shared in a society but not through any ‘authentic’, raw experience. This is because the discourses in which we take part contain all we have been told and we know about our lives, our world, and our feelings.

It might be difficult to accept that the world confronting us is constructed by discourse, but some examples may be useful here. For instance, we can easily think of an apple or a pear as natural objects that exist in the real world. But “the reason why we believe what we see is authentic reality is that the apples and pears that populate it have been around in the discourse for a long time before we had a chance to encounter them ourselves” (Teubert, 2010, p. 172). When we finally meet up with these objects, we take the categories ‘apple’ and ‘pear’ for granted and we take other people’s words as sufficient reason to believe that apples and pears are ‘really’ different things. However, for those without language, apples and pears are just stuff, and they cannot distinguish the two. Nothing can be experienced or understood until the relevant categories have been learnt. Just as what Teubert (2010a, p. 116) has claimed, “All we have is the reality of texts, the meaning they express, the knowledge they contain.” This idea is deeply rooted in the framework of social constructionism, introduced in Chapter 3.

This is the formulation presented by Edwards et al. in their seminal article *Death and furniture: The rhetoric, politics and theology of bottom line arguments against relativism*: “All the pointings to, demonstrations of, and descriptions of brute reality are inevitably semiotically mediated and communicated” (Edwards, Ashmore & Potter, 1995, p. 27).

This definition of discourse makes more sense when we are looking at more abstract objects, such as ‘civilized world’, ‘global warming’, ‘filial piety’ and here, in this project, the condition of ‘mental depression’. We would not know about these concepts if we had not learnt about them by having access to discourse. Without discourse, we do not know whether there is a phenomenon such as global warming; we do not know what it takes to belong to the civilized world, and what not. Westerners will not know what the lexical item *filial piety* means, before they acquaint themselves with the discourse about this Confucian concept requiring children to be devoted to their parents. In my study, ‘mental depression’ is considered as a discourse object whose meaning can only be found in what has been said about this condition in discourse. Chinese people have never felt that they needed medical treatment when they felt depressed, before the concept of depression was imported to China at the end of 1980s and public discourse started recommending medication. All that can possibly be known about depression is what has been said about it in discourse, including its causes, symptoms and treatment. Without discourse, people cannot even have the experience of feeling depressed. “It is discourse that constitutes our only unquestionable reality. All we can negotiate is discourse itself, not the world outside it” (Teubert, 2010a, p. 116).

#### **4.1.2 Discourse at large**

A distinction is drawn here between discourse at large and special discourses. Teubert (2010a, p. 116) defines, “The discourse at large, in its widest extent, consists of all spoken, written or signed utterances from the time when people started using language, in any dialect or language, as long as they had an audience.” It has to be acknowledged that discourse at large is not an appropriate object for research. Discourse researchers, therefore, have to define a special discourse.

### 4.1.3 Special discourses

Special discourses are constructs; they are not discourse-external realities. It is up to us, the speakers, to define a special discourse (such as ‘our way of talking in Britain’) or up to us, the linguists (such as ‘the discourse of depression in British newspapers’). Therefore, discourse analysts firstly have to decide how to define a special discourse for their analysis. A special discourse can be understood as a tiny selection of the discourse at large, where the selection is defined “in such a way that we can be sure for each text whether it belongs to this particular discourse or not” (Teubert, 2010, p. 116-117). Generally speaking, defining parameters can be either “text-internal” (such as linguistic parameters or the occurrence of certain lexical items), or they can be “text-external”, (such as parameters of space, time or situation) (p. 117). However, our definition of special discourses should not be bound by rules dictating what can be said and what not, as in Foucault's sense (see Section 3.5, on Foucauldian Discourse Analysis). The parameters set do not define what we find.

In this study, the two special discourses are defined as all the texts in which the lexical item *depression* or 抑郁症 (*yiyuzheng*, ‘depression’) occurs at least once in either British or

Chinese national news over the last 25 years. Of course, setting up such parameters defining a discourse or a sample thereof will reflect our prejudices, but prejudices are unavoidable. Teubert (2010a, p. 117) argues, “Our prejudices sum up the knowledge we have, as an individual or as a group. By talking about them we become aware of them. This allows us to achieve a higher level of reflection.” However, as part of the process of defining special discourses, the method of sampling and data collection needs to be explained to our peers, so that we can show how we arrive at our interpretations.

In this way, the texts about depression or 抑郁症 (*iyuzheng*, ‘depression’) in the special discourses investigated and interpreted in this study reflect the meaning of *depression* in the discourse at large. How this meaning is interpreted is unpredictable. Every discourse member (or every discourse analyst dealing with this discourse) can come up with their own unique interpretation of the meaning of *depression* or 抑郁症 (*iyuzheng*, ‘depression’) based on the special discourses that s/he defines, even though these interpretations are based on the same set of texts. Interpretation is free; it is not subject to a strict scientific methodology.

Two features of discourse should be emphasized here concerning the concepts of the discourse at large and special discourses, namely plurivocality and the diachronic dimension of discourse. Just like discourse at large, all special discourses are plurivocal. Special discourses are not defined by the rules of what can and cannot be said, as Foucault would have it, but by internal or external parameters, as explained earlier. This makes it possible to find different ways of constructing realities (or ideologies, as some discourse analysts prefer to call them) even in one special discourse. Different discourses construct different realities. These realities are discourse-internal; they do not mirror the world outside. Thus they are

neither true nor false. Furthermore, the meaning of a discourse object such as ‘depression’ is liable to change, especially when the object has been talked about differently in different time periods. In this case, we can only make sense of a piece of text if we know which previous texts it is intertextually connected to. Teubert (2010a, p. 210) further clarifies that “Whenever we make an utterance, whenever we contribute something to the discourse, we react to something that has been said before.” Therefore, “any discourse has, by necessity, a diachronic dimension” (2005, p. 4). Only when we investigate the diachronic structure of a discourse can we find the intertextual clues which link this text to its previous texts, and it is from the interpretation of such intertextual links in a special discourse that we can contribute to the discourse at large an interpretation of the meaning of the discourse object that we are looking at.

## **4.2 Discourse Analysis**

Having introduced the understanding of discourse on which this study is based, this section now proceeds with a review of the way in which the concept of discourse has been understood within the field of linguistics. Then, two sociological paradigms of discourse analysis will be reviewed, namely Foucauldian Discourse Analysis, and discourse analysis within the framework of social constructionism.

### **4.2.1 Discourse analysis in linguistics**

Early in the 1950s, Zelig Harris (1952, p. 1-30) proposed the use of the term ‘discourse’ within the field of linguistics to mean language above the level of the sentence or the clause,

and suggested the method of *distributional analysis* for discourse study. Jones (2012, p. 36) explains that Harris' idea of *distributional analysis* is to "identify particular linguistic features and determine how they occur in texts relative to other features". Different genres of texts have been extensively studied in this way, such as stories, novels, news and scientific articles: certain specific fixed structures of grammar and lexis are identified, and then expected to appear in each genre. With the development of discourse analysis in this tradition, the concept of discourse has been defined in many different ways, but most such analyses focus on textual features.

It is worth noting here that corpus linguistics in recent years has made an important contribution to this field. For example, Hunston (2006, p.1-16) identifies what she sees as a distinct genre of academic discourse, namely the conflict article, where one writer explicitly opposes another. She focuses on the ways that attributions are carried out, discovering that some phraseologies are specific to these articles, and where conflict is topicalised, consensus is realised as well. She thus argues that one of the discourse features of such conflict articles is that they have a consensual function. Hoey (1991) mainly looks at special discourses in terms of specific textual organization features, by looking at word choice, grammatical choice, pragmatic choice and cohesive relations<sup>10</sup> etc. For example, he examines how the word *reason* is used, considering its lexico-grammatical patterning from the perspective of both functionality and sentence position (1993, p. 81). Stubbs (1996, p. 158) proposes a new concept of discourse which goes beyond the scope of distributional analysis of textual structure, and also includes the notion of recurrent content: "Discourse means naturally

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<sup>10</sup> Two key aspects of linguistic discourse in texts are cohesion and coherence. "The former refers to linguistic features which help to link different parts of the text together, and the latter refers to the overall pattern or sequence of elements in a text or conversation that conforms to our expectations about how different kinds of texts or interactions ought to be structured." (See Jones, 2012, p. 37)

occurring instances of language in use. It also means recurrent phrases and conventional ways of talking, which circulate in the social world, and which form a constellation of repeated meanings.” What Stubbs has highlighted here is that meaning is found in the contextualised use of language, and that it is the conventional, repetitive way of talking that shapes people’s beliefs and understandings of themselves and the world they inhabit. Teubert (2005, 2010) proposes a new focus on qualitative analysis that takes into account the diachronic dimension of discourse, as a concrete socio-historical formation characterised by specific, changing ways of using language. The commonality between Teubert and Stubbs in their understanding of discourse is that they both reject Saussurian dualisms<sup>11</sup> and ascribe central importance to the patterns found in real language use. Corpora, representing *parole*, as large collections of authentic texts, are used to derive empirical knowledge about language. Discourse, for corpus linguists, is *parole*, and not *langue*, the abstract language system which is the focus of theoretical linguistics. Corpus linguists analyse naturally occurring language – language in use.

## 4.2.2 Discourse analysis in sociology

### 4.2.2.1 Foucauldian Discourse Analysis (FDA)

FDA was discussed in some detail earlier, in section 3.5, including an account of its contribution to the study of mental illness (through Foucault's major work *Madness and Civilisation*), and of the differences between Foucault's approach and that of the present study. In this section, FDA will be revisited only briefly, pointing out the key differences between

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<sup>11</sup> Stubbs (1996, p. 23-45) has provided an extensive discussion of how corpus linguistics discarded Saussurian dualisms in favour of the analysis of patterns of real language use.

his concept of discourse and the one used in this study.

There are many ways to interpret Foucault's definition of discourse. Foucault himself acknowledges the wide range of meanings of discourse in his works:

Instead of gradually reducing the rather fluctuating meaning of the word 'discourse' I believe I have in fact added to its meanings: treating it as sometimes the general domain of all statements, sometimes as an individualisable group of statements, and sometimes as a regulated practice that accounts for a number of statements. (Foucault, 1972, p. 80)

There are three definitions here, the first of which is the widest. "[T]he general, domain of all statements" can be understood as all texts which have meaning, and some effects in the real world. This definition is more about discourse in general than about specific discourses. The second definition, "an individualisable group of statements", has been efficiently explained by Mills (2004, p. 6) as "a group of utterances that seem to be regulated in some way and which seem to have a coherence and a force to them in common". In using this definition, Foucault is more concerned with the structure of a specific discourse. The third definition, "a regulated practice that accounts for a number of statements", shows that Foucault is particularly interested in the rules or underlying principles regulating the ways in which a specific discourse discusses its topic. Foucault believes he can discover the rules determining what can be said in a discourse and what cannot. The overarching aim of FDA, therefore, is to discover these underlying regularities defining a specific discourse. The following quotation from Foucault further confirms this point:

If I succeed in showing, as I shall do shortly, that the law of such a series [a group of acts of formulations] is precisely what I have called so far a *discursive formation*, if I succeed in showing that this discursive formation really is the principle of dispersion and redistribution, not of formulations, not of propositions, but of statements (in the sense in which I used this word) the term discourse can be defined as the groups of statements that belong to a single system of formation. (Foucault, 1972, p. 107)

Foucault believes that whether a text belongs to a certain discourse depends on whether this

text is covered by certain rules. That is why Foucault emphasises the concept of discursive formation, to stress the regularity of dispersion of statements: “Whenever one can describe, between a number of statements, such a system of dispersion, whenever, between objects, types of statements, concepts, or thematic choices, one can define a regularity, we will say, for the sake of convenience, that we are dealing with discursive formation” (Foucault, 1989, p. 38). Teubert (2010a, p. 119) comments, “For Foucault, a special discourse is a real-world entity whose identity rests on laws, rules and regularities.” However, Foucault never shows us explicitly the rules that would define one of his discursive formations. Whether these rules reflect certain social structures, whether they are instituted social conventions, is a question not answered clearly. This point marks the difference between FDA and the present thesis. Instead, certain external parameters are chosen here, to define a special discourse, and all the texts included in the chosen definitions comprise the special discourses for study in this research. As previously discussed, this study looks at articles in which *depression* or 抑郁症 (*yi yu zheng*, ‘depression’) occurs in English and Chinese national news articles respectively in the last 25 years, these being the two special discourses defined. Within these discourses, it is fair to assume that different ways of talking about ‘depression’ or ‘抑郁症’ (*yi yu zheng*, ‘depression’) will be found, and it is on that basis that it is argued here that all special discourses are plurivocal.

#### **4.2.2.2 Discourse in the framework of social constructionism**

Foucault is very close to the social constructionists in taking the stance that there are many different discourses around each topic. Social constructionism was discussed earlier, in Chapter 3, along with the relevant paradigms, such as social psychology and discursive

psychology. Arguably, the approaches within these disciplines differ widely, but what they have in common is that they all see discourse as producing a particular kind of knowledge about a topic. As explained in Chapter 3, in the context of the theoretical framework of social constructionism, discourse has been conceived as, as Burr (2003, p. 86) defines, “a set of meanings, metaphors, representations, images, stories, statements and so on that in some way together produce a particular version of events. It refers to a particular picture that is painted of an event, person or class of persons, a particular way of representing it in a certain light”. This definition is introduced by Burr when she is explaining Foucault’s conception of discourse, so this can be seen as an interpretation of Foucault’s definition of discourse from the social constructionist perspective. The key essence of such a definition is that the same discourse object can be represented in different ways, and each way would be constitutive of a separate discursive formation. The stance of this study, however, is that the same discourse object can be represented in different ways in the same discourse, and thus discourses can be plurivocal. For example, in this study, in the two special discourses about depression and 抑郁症 (*iyuzheng*, ‘depression’), newspaper articles say quite contradictory things about them even in the same Phase in each specific corpus.

### 4.2.3 Summary

This section has offered a brief clarification of what discourse means and what discourse analysts in linguistics, in the Foucauldian Discourse Analysis tradition, and in the social constructionist framework, assume. Briefly speaking, discourse analysis within the scope of linguistics is largely concerned with distributional features above sentence level in texts. In the scope of sociology, discourse has been considered as a particular means through which

people construct social realities. The discourse concept adopted in the present research, being rooted in social constructionism, allows researchers to investigate the range of meaning of discourse objects in clearly defined, but plurivocal, special discourses.

The next section reviews another approach to discourse analysis which also has relevance to the present study, namely Critical Discourse Analysis (CDA). CDA is a young discipline, influenced by Foucauldian Discourse Analysis, which has evolved over the last three decades. It has aroused widespread attention among many linguists interested in the role of language in society.

## **4.3. Critical Discourse Analysis (CDA)**

### **4.3.1 Scope, aims and definition of CDA**

As Wodak (2001a, p. 4) writes in her introduction, “CDA as a network of scholars emerged in the early 1990s, following a small symposium in Amsterdam, in January 1991.” At that time, much linguistic research was concerned with the formal aspects of language that constituted the linguistic competence of speakers, without consideration of the social context of language use. Fairclough and Wodak (1997, p. 258) explain, “CDA sees discourse – language use in speech and writing – as a form of social practice.” CDA is not concerned with authorship or the intentions of an author. Its aim is to describe and theorize “the social processes and social structures which give rise to the production of a text” (Fairclough & Kress, 1993, as cited in Wodak, 2001a, p. 3). At the same time, CDA demonstrates the view that language use (discourse) is not only shaped by social situations, and social structures, but also shapes them

(Fairclough & Wodak, 1997, p. 258). Conventional methods of language use play an important role in forming assumptions of the world, and thus social structures can be maintained or changed through particular types of language use. Furthermore, CDA is founded on the idea that there is unequal access to social resources, and that such social inequality is established and manifested through language use. What is essential for CDA, then, is to uncover social inequality by analysing structures of language use, and to systematically relate them to structures of the sociocultural context of language use. In Wodak's words: "CDA aims to investigate critically social inequality as it is expressed, signalled, constituted, legitimized and so on by language use (or discourse)" (2001a, p. 2).

Norman Fairclough defines CDA as an interdisciplinary approach to the study of discourse, which views language as a form of social practice, and focuses on the ways social and political domination is reproduced by text and talk (1995). This clearly indicates that when studying texts, the analyst not only looks at the texts themselves, but also at how they are created by society and how they interact with that society, its practices, history and traditions, and with other texts. Thus, Fairclough's discourse analysis has three components: *text*, *discourse practice* and *sociocultural practice*. The 'text' includes written and spoken texts and visual images, while 'discourse practice' means the processes of text production and text consumption (Fairclough 1995, p. 57). Qian (2008, p. 29) provides a comprehensive explanation of such discourse practice: "These relate to questions surrounding the circumstances under which a text was produced (who wrote the text and why, what editorial decisions were made, were any aspects of the text censored) and consumed (who were the intended and actual consumers of the text, what were their responses, under what circumstances did they consume the text – was it free or did it have to be purchased)." Finally,

'sociocultural practice' means "the social and cultural goings-on which the communicative event is a part of" (Fairclough, 1995, p. 57). Fairclough (1989, p. 26) notes that CDA research involves three stages, namely description, interpretation and explanation. These three stages include the analysis of text as the result of a process of production, as a source of interpretation, and the relationship between interaction and social context.

Compared with Fairclough's analytical framework, the Discourse-Historical-Approach (DHA) developed by Wodak (2001b) emphasises the importance of interdisciplinarity and the historic context of discourse. Weiss and Wodak (2003, p. 23) argue that "DHA, which includes four layers of analyses, namely Linguistic Analysis, Discourse Theory, Middle-Range Theories, and Grand theory, attempts to transcend the pure linguistic dimension and to include more or less systematically the historical, political, sociological, and psychological dimensions in the analysis and interpretation of a specific discursive occasion." According to Weiss and Wodak (2003), at the first level of linguistic analysis, co-textual aspects and pragmatic strategies are analysed. At the level of Discourse Theory, the intertextual and interdiscursive relationships among utterances, texts, genres, and discourse are considered. Middle-Range Theories deal with extra-linguistic social and sociological variables, including institutional frames of specific contexts. Grand Theory constitutes the study of the wider historical and socio-political contexts which influence the discursive practices within which they are embedded. Thus, DHA aims to "integrate systematically all available background information into the analysis and interpretation of the many layers of a text" (p. 22). One merit of DHA is that it enables CDA practitioners to examine their research topics from a historical perspective. The problem is, though that the evidence for this perspective is not contained in the discourse under investigation. It is outside of the analysis itself, and its status

is therefore questionable.

Van Dijk proposes a socio-cognitive approach to discourse analysis. For Van Dijk, discourse is defined broadly as a “communicative event, including conversational interaction, written text, as well as associated gestures, facework, typographical layout, images and any other semiotic or multimedia dimension of signification” (Van Dijk, 2001, p. 98). Van Dijk is interested in the socio-cognitive interface between social structures and discourse structures, examining the ways in which discourse interacts with social structures and human minds, particularly the “cognitive operations” that “guide the reception of messages” (Wetherell, 2001, p. 288). Van Dijk thus limits his own research to the domain defined by “the theoretical discourse-cognition-society triangle” (Van Dijk, 2001, p. 98). Here, the social analysis is mainly concerned with the overall societal structures, the social context. His discourse analysis is mainly text-based, focusing principally on lexicon, syntax, semantics, topics and so on. The analysis of cognition is based on the assumption that the production and reception of the texts rest on cognitive schemata. To be more specific, “Cognition here involves both personal as well as social cognition, beliefs and goals as well as evaluations and emotions, and any other mental or memory structures, representations of processes involved in discourse and interaction.” (p.98). Such cognitive models are seen as manifested in media texts, and being possessed by journalists and media users. In this way, the socio-cognitive analysis proposed here enables the researcher to proceed to establishing relationships with the context, and to achieve a better command of “the actual process of decoding, interpretation, storage and representation in memory, and in the role of previous knowledge and beliefs of the readers in this process of understanding” (Van Dijk, 1998, p. 26).

Despite there being different research models in CDA, as we have seen above, the consensus behind CDA is that its goal is to analyse ‘opaque as well as transparent structural relationships of dominance, discrimination, power and control as manifested in language’ (Wodak, 1995, p. 204). Furthermore, Van Dijk (1995, p. 253) points out that “Critical discourse analysts go beyond the immediate, serious or pressing issues of the day. Their structural understanding presupposes more general insights, and sometimes indirect and long-term analyses of fundamental causes, conditions and consequences of such issues.” In this way, critical discourse analysts are making “a more specific contribution, namely to get more insight into the crucial role of discourse in the reproduction of dominance and inequality” (p.253).

### **4.3.2 Power and ideology**

Power and ideology are two important concepts developed in the framework of CDA. Van Dijk defines power as “the property of relations between social groups, institutions or organisations” (Van Dijk, 1996, p. 84). CDA is concerned with power as a central feature of social life, and aims to investigate critically social inequality: people in power are responsible for the existence of social inequalities, and they employ certain linguistic forms, such as syntactic or textual metaphor to create or maintain such inequalities. “Language is not powerful on its own – it gains power by the use powerful people make of it” (Wodak, 2001a, p. 10). One of the major tasks for CDA is to examine the nature of social power, and in particular the ways dominance is expressed or enacted in texts. Fairclough (1992, p. 91) proposes to use Gramsci’s (1971) concept of “hegemony”, as it provides a way of analysing discourse in terms of power relations. Fairclough (1992, p. 92) further expounds, “Hegemony

is leadership as much as domination across the economic, political, cultural and ideological domains of a society.” It is about how dominant groups in power relations, or hegemonic institutions, exercise power over subordinate classes through constituting “local orders of discourse” (p. 94). A related example here is that in the discourse of mental illness, the hegemonic institutions, such as pharmaceutical companies, exercise power, for instance by exercising their influence on the definitions given in DSMIII (Diagnostic and Statistical Manual of Mental Disorders, 3<sup>rd</sup> edition). Here, mental disorder is constructed as a chemical malfunction rather than a socially caused disorder. This transformation leads to an increase in the medicalisation of the population, and thus serves the interests of the pharmaceutical industries. However, as this thesis employs a different understanding of discourse from that of CDA, this is a topic that will be excluded from the present analysis.

A related concept which is important for CDA is ideology. Thompson (1990, as cited in Wodak, 2001a, p. 10) points out that the concept of ideology firstly appeared in late eighteenth century France, and since then the term has been given different meanings over time. It refers to “social forms and processes, within which, and by means of which, symbolic forms circulate in the social world” (p. 10). This implies that the way symbolic forms (such as texts, images or other meaningful signs) are talked about in the social world determines to a large extent how people think and feel, an effect which is created and sustained by certain social forms and processes. Wodak (2009, p. 8) defines ideology as “the more hidden and latent type of everyday beliefs that guide people’s thinking and attitudes”. Such beliefs, according to CDA analysts, are determined by specific historical reasons. Thus, the study of ideology in CDA is an analysis of the ways in which such beliefs are constructed and conveyed. It investigates the social contexts in which texts, images or other meaningful signs

are employed and deployed. Thus, Wodak (2001, p. 10) emphasises, “Ideology, for CDA, is seen as an important aspect in establishing and maintaining unequal power relations.” One of CDA’s aims, therefore, is “to demystify discourses by deciphering ideologies” (p.10).

For CDA researchers, the analysis of power and ideology is an important feature of the way in which language has been used to serve unequal power relations, by distorting ‘reality’. As the present study holds that different discourses construct different realities, however, none of these ‘realities’ can claim to be ‘true’. They do represent different ideologies, but they never represent reality as it ‘really’ is. For CDA, ideology is seen as a false reflection of reality. This thesis argues that, since we have no access to the discourse external reality, we can only compare the different realities as they are constructed in discourse. Power and ideology should not, therefore, be discussed in absolute terms, but can only be investigated relatively, by comparing one version of reality to others.

### **4.3.3 Critical comments on CDA**

A number of criticisms have been made of CDA concerning its methods of data collection, the analysis itself and the interpretation of its findings.

Firstly, it is widely acknowledged that there is no agreed methodology for compiling special discourses or the corpora representing them. As CDA practitioners tend to make their positions and interests explicit with regard to the subject of their analysis, the texts that they are analysing are chosen subjectively. Therefore, the text selection in CDA does not always avoid the danger of partiality; often the texts are chosen to “suit their own agenda”

(Widdowson, 1998, p. 148). In this way, “texts that represent a more complex or even contradictory picture might be overlooked” (Baker, et.al., 2008, p. 283).

This thesis concurs with Koller and Mautner (2004) when they say:

The hidden danger is that the reason why the texts concerned are singled out for analysis in the first place is that they are not typical, but in fact quite unusual instances which have aroused the analyst’s attention. (Koller and Mautner, 2004, p. 218)

Therefore, the possible bias in corpus compilation, often featuring just one ideological stance and failing to show the plurivocality of special discourses, should surely be seen as a potential drawback to CDA.

Secondly, critical discourse analysts are often accused of analysing only a small number of selected texts. Fairclough’s approach to CDA is designed for the analysis of a relatively small number of texts: he always uses carefully selected texts to exemplify the main categories of his approach, and this application cannot be transferred to a large collection of texts. For example, when examining the discourse of change in the ‘global economy’, he chose two short texts on global economy, by Tony Blair and Barratt Brown, and Ken Coates respectively (see Fairclough, 2001, p. 137-138). Stubbs (1994, p. 204) argues that large corpora are essential as “some patterns of language use are not directly observable, because they are realized across thousands or millions of words of running texts, and because they are not categorical but probabilistic.” This is a valid argument against Fairclough’s approach. Stubbs holds that the drift of a discourse (which for him is monovocal rather than plurivocal) cannot be ascertained by small scale analysis, but requires a large body of texts, where the analyst can observe repeated linguistic patterns positioning people in distinctive ways.

Although this is not the view taken in the present thesis<sup>12</sup>, analysis of a large amount of texts is undoubtedly more reliable in revealing patterns of beliefs that shape people's thinking and attitudes.

Thirdly, CDA researchers are accused of being subjective in asserting what social reality is. In other words, CDA researchers claim to compare what they call a discursive practice to other social practices, the latter representing, as they see it, the 'real' social reality. But is this stance justified? Linguists are not experts on 'social reality'. All they can do is document the various voices found in a discourse, and compare them with each other. It should therefore be argued that discourses are plurivocal. Ideology then, can be detected by identifying the different voices. Of course, it is also possible to extend one's research to a comparison of two discourses, both externally defined, as in the present study. However, what Fairclough, and many other CDA practitioners do, is compare a seemingly monovocal discourse, not with a different discourse, but to their 'knowledge' of social reality, as they see it. As Teubert insists: "There is no vantage point outside of the discourse from which an observer could describe the way a group of people is structured" (2010, p. 121).

#### 4.3.4 Summary

The last three sections have introduced CDA, its scope and research aims, and have discussed the meaning of power and ideology in the framework of CDA, along with some principal critiques of it. Briefly speaking, this young and prominent discipline in discourse analysis

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<sup>12</sup> The view held here is that power and ideology should not be asserted by researchers, but can only become visible by comparing one version of reality to others, as represented in a plurivocal discourse predefined by discourse-external parameters.

pays close attention to the social context of language use, aiming to detect the ideological substratum in a discourse by comparing the reality it constructs with the ‘real social reality’, as CDA researchers see it. There are certain differences in the approaches proposed by notable researchers in this field, such as the sociologically-oriented approach of Norman Fairclough, the discourse-historical approach of Ruth Wodak, and the sociocognitive approach of Van Dijk. What they have in common is the analysis of various social problems. However, CDA has been widely criticised for its subjectivity in both data collection and analytical procedures.

The present study, which aims at examining discourses of mental depression, differs from CDA in that here, discourse is not understood as a stable form of language use serving hegemonic institutions and structuring social life, because neither hegemonic institutions nor social structures exist outside of discourse. Instead, they come into existence only by being talked about within discourse. Therefore, in this study, the special discourse under scrutiny is analysed by using discourse-external parameters (e.g. genre, time span, language). These discourses are plurivocal, and we can identify competing attitudes (or ideologies) by comparing what is said about the discourse object ‘depression’. In this way, the competing aspects of the meaning of the lexical item *depression* are to be found *within* a discourse, and not in the comparison of the discourse to some hypothetical discourse-external social reality.

It is easy to see that the CDA practised by Fairclough or Wodak is an interpretative procedure, because making sense of language use and its shaping by social factors relies largely on the researchers’ experience, their knowledge of the context of the text, and also on their personal judgement. The present study is also interpretative, but differs from CDA in that it does not

include in its interpretation any ‘knowledge’ of unclear origin, that is not part of the discourse itself.

This thesis takes the view that all knowledge we can communicate is discourse-internal. It is discourse that constructs social structures. The present interpretation of the meaning of the discourse object ‘depression’ or ‘抑郁症’ (*yiyuzheng*, ‘depression’) will not render the ‘real meaning’ of them. Instead, it will add another layer to the already existing complexity of the meaning of the object. If it is referred to in future texts, it will become a part of the discourse about depression. Otherwise, it will be superseded by subsequent contributions.

#### **4.4. Discourse analysis in this study**

This section offers a brief sketch of the analytical steps involved in the discourse analysis employed in this study, namely, defining a discourse, identifying patterns of language use in discourse, and interpretation of discourse. As the first two parts will be introduced in more detail in the following two Chapters, the main focus here will be on the third one: the conceptualisation and interpretation of discourse, including its theoretical foundation and the application of its research tools<sup>13</sup>.

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<sup>13</sup> The reason of discussing the third step in doing discourse analysis in more detail in this Chapter is that the theoretical foundation and the research tools of the interpretation of discourse are more related to the concept of discourse used in this study. Defining a special discourse involves the procedures of data collection and management, which will be explained in more detail in Chapter 6. The process of identifying patterns of language use is more concerned with the research methodology of corpus linguistics, which needs an extensive explication and will be arranged in the next Chapter.

#### 4.4.1 Defining a discourse

The first step is the definition of a (special) discourse. As explained in sections 4.1.2 and 4.1.3 above, the discourse at large is not a sensible object for research, and a researcher therefore needs to clarify the parameters that s/he is using to define a special discourse for further analysis. In the present study, two special discourses are defined, containing a selection of the national news articles in which the lexical item *depression* or 抑郁症 (*iyuzheng*, ‘depression’) occurs between the years 1983 and 2009. Chapter 6 provides a detailed description of these corpora.

#### 4.4.2 Identifying patterns of language use in discourse

One of the things that different traditions of discourse analysis have in common is that they aim to reveal certain ideologies, or ways of talking about the world, found in texts. Unlike Foucault or CDA analysts, however, who often analyse discourse(s) based on a small number of chosen texts from subjective perspectives, this thesis holds that the plurivocality of discourse as evidenced in patterns of language use can only be revealed by analyzing large quantities of texts. Corpus linguistics provides a sound methodology and the necessary research tools. In this study, specially-designed corpus software will be used to identify the most frequent words in the two special discourses defined, along with the words that frequently co-occur with *depression* or 抑郁症 (*iyuzheng*, ‘depression’), and those words that are used significantly more frequently, compared with their usage in a more general corpus. These findings will effectively reflect how the concepts of ‘depression’ or ‘抑郁症’ (*iyuzheng*, ‘depression’) have been talked about. Chapter 5 will provide a detailed

introduction to the research rationale and research methodologies of corpus linguistics.

## **4.4.2 Interpretation of discourse: paraphrase and intertextuality**

### **4.4.2.1 Meanings of discourse rest upon interpretations of language users**

Once objective results have been obtained from the predefined special discourses, the third step in the discourse analysis can take place, namely interpretation. During this process, the researcher provides an interpretation of the units of meaning in their discourse, drawing on their own knowledge of the research object. This interpretation is subsequently submitted to the discourse community of the researcher's academic peers, and to the discourse community whose discourse is under analysis, to be negotiated. If the interpretation leaves traces in future texts, it will become a part of the meaning of the discourse. Otherwise, it will be superseded by subsequent contributions.

It is necessary to clarify at this point that the aim of the interpretation is not to compare this discourse evidence to social reality, as some other discourse analysts do. As explained above, this thesis sees the reality confronting us as being constructed by the discourse, and therefore the object of interest is the comparison of different voices in a discourse, and in different discourses, in order to see how different versions of this reality are constructed, and how people make sense of what has been said before. All sense-making refers to discourse, not to a discourse-external reality.

This stance is rooted in modern hermeneutics. Generally speaking, hermeneutics is about interpretation, about the meaning of texts. The German theologian Schleiermacher was the

first to offer a theory of hermeneutics, which addresses the interpretation of texts. He is interested in the act of understanding. Palmer (1969, p. 88) explains Schleiermacher's point in the following way:

Just as every speech has a twofold relationship, both to the whole of the language and to the collected thinking of the speaker, so also there exists in all understanding of the speech two moments: understanding it as something drawn out of language and as a "fact" in the thinking of the speaker.

According to Palmer's explanation, Schleiermacher's theoretical framework acknowledges two dimensions of interpretation: an understanding which is realised through examining the relationship between texts and some preceding totality of texts occurring in the discourse, and an understanding that attempts to recreate the writer or speaker's original thinking when s/he was producing their work. According to Schleiermacher, these two dimensions of interpretation are brought about by two ways of understanding the texts in question. Attitudes towards these two ways of interpreting the meaning of texts have undergone changes within hermeneutics. "Up to the twentieth century, secular hermeneutics was always interested as much in the author as in the text" (Teubert, 2010, p. 201). The interpreter's task of discovering meaning was thought to be achieved by revealing the authors' intentions. In the words of Wilhelm Dilthey, this activity is described as trying "to place oneself into the situation of another person" (p.201).

However, Gadamer (1965) separates meaning from the speaker or writer's intention and only takes the observer's perspective into account. As Teubert (2010a, p. 201) explains, "Gadamer sees interpretation, the core of hermeneutics, as an act, determined by the contingent intentionality of the people who carry it out". Paul Ricoeur echoes Gadamer's idea, claiming that "if we cannot map what is written onto the author's intentions or some discourse-external reality, we have to accept that meaning is only in the discourse...What the text means now

matters more than what the author meant when he wrote it” (Ricoeur, 1976, p. 29). This stance is clearly related to post-structuralism, and thus shares with Jacques Derrida the view that “[f]rom the moment that there is meaning, there is nothing but signs. We think only in signs” (Derrida, 1976, p. 50).<sup>14</sup> Therefore, in the present study, collections of texts about mental depression are studied without recourse to their individual authors’ intentions and beliefs.

Furthermore, interpretation depends on the intertextual links that connect a given text or text segment with the totality of its previous texts. The meaning of a lexical item, and the changes in its meaning over time, can only be achieved by investigating the links between a particular use of this lexical item and other uses that precede it. As Teubert (2010a, p. 199) argues, “No text starts from nowhere. Every text is a reaction to previous texts.” Meaning is negotiated as such in discourse by means of delimitation of a lexical item from other lexical items, through definitions and explanations, through paraphrases.

The next two sections will introduce in detail two instruments available for hermeneutic analysis: paraphrase and intertextuality.

#### **4.4.2.2 Paraphrase**

Meaning is, first of all, paraphrase: everything the members of a given discourse community have said about a lexical item, and there is no common denominator for these utterances. Teubert (2010a, p. 204) points out that “paraphrases are text segments that attempt to explain,

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<sup>14</sup> See also section 3.1.3 of this thesis about social constructionism, postmodernism and post-structuralism.

affirm, modify, reject, or merely elaborate on the discourse object corresponding to the expression in question.” A few examples of *depression* from the data under scrutiny in this study will now be considered in order to illustrate paraphrase. The most common and straightforward form of paraphrase uses the copula *is*. For example:

**Depression is a disorder of mood**, so mysteriously painful and elusive in the way, it becomes known to the self - to the mediating intellect - as to verge on being beyond description. The Independent, February 24, 1991

**Depression is a life-threatening illness** responsible for many of the 4,000 suicides in Britain every year; doctors said. The Independent, January 31, 1992, Friday

**Depression is an illness that can have serious consequences**, including suicide attempts, although these can also be triggered by quite different problems. The Independent, November 24, 1992

**Depression is the least understood of all illnesses and is only partially helped by anti-depressants**, many of which have difficult side-effects, such as postural hypotension (fainting because of low blood pressure), loss of smell, falling asleep at inappropriate moments, memory problems and extreme nausea. Daily Mail, August 23, 2007

According to scientists, **depression is good for us**. They suggest that medicating depression as if it is a disease stops us embracing our miserable side and removes the motivation to change our lives for the better. Daily Mail, January 17, 2009

The first three Citations explain that depression, as a *disorder of mood*, is a very serious *illness*; it is *painful* and *elusive*. It has *serious consequences*, such as *suicide*. It has been described as *life-threatening*. However, the last two Citations reject the idea that depression is a serious human condition, but claim it is not *understood*, and can only be *partially helped* by medication. It is even *good for us*, and can even give us the courage to *embrace our miserable side* and give us *the motivation to change our lives for the better*. Thus, depression

is constructed as a less negative condition compared with the first three Citations. In paraphrasing these paraphrases here, it can be said that each member of the discourse community is creating a new paraphrase of the definition of depression, based on what has been said before. When other members of a discourse community are confronted with these paraphrases of depression, they may feel challenged to react and come up with their own paraphrases. It is in this sense that we can say plurivocality is one of the most basic features of a discourse.

However, as Teubert (2010a, p. 205) points out, not all paraphrases are so straightforward. Many citations contain paraphrastic content that can be extracted from the contexts in which the expression is found. These cases of researcher's paraphrase also contribute to the construction of the meaning of the lexical item. Here are a few examples taken from the English Depression Corpus:

*...had triggered paranoia and delusions that would be diagnosed as **manic depression**, a mental disorder that is characterised by episodes of mania and depression.* Daily Mail, September 06, 2007

*Less than a week before his death on March 20, David Brunton, 39, was diagnosed with **bipolar disorder**, a commonly misdiagnosed illness characterised by recurring bouts of depression and chaotic thoughts.* The Telegraph, May 03, 2007

The first Citation describes that 'manic depression' is a combined form of depression including *episodes of mania and depression*. The second Citation states that 'bipolar disorder' is a commonly misdiagnosed illness characterised by *recurring bouts of depression and chaotic thoughts*. All the sentences containing paraphrastic content concerning *depression* will be manually extracted from the corpus according to the researcher's judgment, although

such instances tend to be fairly straightforward and unambiguous, leaving little room for contention.

Another question that needs to be addressed here concerns contradictory paraphrases. As the Citations listed on previous page indicate, depression has been paraphrased in different ways. Teubert (2010a, p. 205) points out, “there is no reason to expect the paraphrastic contents we find in a special discourse do not contradict each other.” A discourse should be plurivocal, as discussed in section 4.2 above. Lexical items do not have a fixed meaning. People often disagree. This is, for any discourse community, a positive and also desirable thing. For “only if there are different voices heard in the discourse, can a discussion evolve that may lead us to a new level of reflection. And progress, measured as reflection, is only possible when different ideas, different paraphrases compete” (p.28). In this study, when texts about depression from different discourse communities and different time Phases are compared, different voices can be detected discussing the meaning of depression, together with different suggestions on its treatment. It is only by showing these different dimensions of meaning that we, the members of a discourse community, can become aware of the wide range of meaning of *depression* according to different discourse communities, and according to the diachronic dimension of discourse.

#### **4.4.2.3 Intertextuality**

Both the analyses of paraphrase and intertextuality make use of the assumption that discourse is self-referential. The meaning of discourse only lies in the negotiations of lexical items conducted by discourse participants. Each lexical item is continually interpreted and re-

interpreted, and the meaning of the item can only be investigated by collating all the paraphrases that add to the meaning. “Texts often refer to previous texts, by discussing text segments, more complex phrases, and single lexical items found there” (Teubert, 2010, p. 205). Each new text (normally a paraphrase) may repeat more or less what has been said before, thus claiming allegiance to accepted conventions. But it will also add something new, something that has not been said before. The interrelationship between these variations on the interpretations of a unit of meaning (as evidenced by recurrent patterns) can be studied through intertextuality. In other words, what constitutes intertextuality is what is repeated both in a new contribution and the one(s) to which it refers. Researchers need to identify and interpret such intertextual links, in their contribution to the discourse concerning the meaning of the discourse object in question.

Teubert (2003, p. 13) explains that “The texts which make up a discourse are not entered into it simultaneously. Whenever a new text is being contributed, we have to understand it as a reaction to something that has been said before.” If we say that the meaning of a lexical item is all that has been said about it, then this meaning can be built upon things said before in previous texts. Meaning, in this sense, has a diachronic dimension, because it is shared and exchanged between discourse members over a temporal span. In other words, meaning is formed and maintained through the intertextual links between the different texts contributed by the community.

The concept of intertextuality plays an important role in the current analysis of paraphrases about mental depression, when the changes in the construction of the meaning of such a discourse object are taken into account. Each text in the corpus that discusses depression

might in some way repeat, and in another way deviate from, previous texts. As the corpus has been divided into five segments based on the Phases in which these texts are produced (with five years as one time Phase), it is possible to extract all the paraphrases of depression in each Phase, and compare the discourse conventions constructed in all five Phases. More specific intertextual links can be captured by looking at paraphrases such as “Depression is not...” in order to find out how previous statements are rejected, and what new features of subsequent statements are gradually introduced into the discourse. Some examples follow:

*People will do a lot to avoid feeling depressed because **depression is so debilitating, and they build up all kinds of defences, like anger, bitterness and resentment.***’ The Times, May 14, 1987

***Depression is due to** (or at least consistently associated with) **chemical changes** in the brain, and the drugs reverse the chemical changes.* The Independent, November 15, 1992

*Marjorie Wallace, chief executive of the mental health charity Sane, said: **“Depression is a complex and challenging condition that remains poorly understood. We welcome any scientific contribution to our understanding of this illness.”*** Daily Mail, January 29, 2008

Based on the above three Citations, taken from 3 time Phases (Phases 1, 4 and 5) of our English Depression Corpus, we can say that in the first Phase, depression has been understood as the same as feeling depressed, because they are talked about together. In this Phase, depression is not considered as an illness. In Phases 2, 3 and 4, a large number of Citations confirm that depression is a chemical disease resulting from *chemical changes in the brain*. However, in Phase 5, objections to the chemical construction of depression are raised, as depression is *a complex condition that remains poorly understood*. Therefore, a combination of treatment methods is recommended in Phase 5 of the EDC, though both the psychological and biochemical constructions of depression still exist. It is through the investigation of such intertextual links that we can contribute to negotiations about the

meaning of lexical items (here, *depression*) in a diachronic dimension.

Intertextual links and paraphrase, as explained in this section, are analytical concepts that help when dealing with the textual evidence. They focus our attention on the never-ending negotiation of the meanings of lexical items. Such negotiations are based solely on the reality of discourse, but not any discourse-external reality. Meaning is all that has been said about a lexical item, and it is co-referential with the knowledge of the discourse object for which this item stands. Meaning is in the discourse; it is shared and exchanged by discourse members through contributions to a discourse. It is the collaborative act of paraphrase as interpretation that makes meaning available to a discourse community.

## 4.5 Summary

This Chapter has provided a detailed introduction to how the concept of discourse is understood in this study, particularly the concepts of discourse at large and of special discourses. Foucauldian discourse analysis and the framework of Critical Discourse Analysis have also been reviewed here, and the differences between these approaches and the approach applied in this project have been highlighted. Finally, a brief description of the analytical steps taken in this study has been given. The Chapter has also touched on the theoretical foundation of interpretation, the most important step in the research process, along with discussion of the key research tools, namely paraphrase and intertextuality.

The next Chapter will deal with the theoretical and methodological foundations of corpus linguistics, and illustrate how corpus linguistics can contribute to the discourse analysis as set

out in this study.

# CHAPTER 5 CORPUS LINGUISTICS

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## 5.1 Introduction

### 5.1.1 What is corpus linguistics?

#### 5.1.1.1 Definitions

According to John Sinclair, the founder of the paradigm of corpus linguistics, a corpus is “a collection of naturally-occurring language text, chosen to characterise a state or variety of a language” (Sinclair, 1991, p. 171). Another functional definition of a corpus is given by W. Nelson Francis, the co-compiler of one of the earliest corpora, the Brown Corpus. He describes it as “a collection of texts assumed to be representative of a given language, dialect, or other subset of a language, to be used for linguistic analysis” (1982, p. 7). Both definitions agree that the characteristics of a defined variety of language use can be better understood by investigating large quantities of authentic linguistic data representing the chosen variety, and by describing patterns that emerge in such data. Corpus linguistics investigates how people speak, write, learn and understand language, and holds the view that to a large degree, language use is idiomatic, consisting largely of recurrent patterns, i.e. statistically significant co-occurrences of words, rather than of a random concatenation of single words.

Thus, corpus linguistics aims at investigating language by focusing on how it is used in authentic environments, rather than locating the meaning of language in an abstract language system. Meaning is not a property of single words in isolation, but only emerges in verbal interaction. Corpus linguistics examines the actual use of language and views language as “less the syntactic structure of sentences but the way words collocate with each other in recurrent patterns” (Teubert, 2011, p. 6). It is this phenomenon that John Sinclair calls the idiom principle, or the recognition of recurrent semi-fixed phrases that are co-selected (see Sinclair, 1991, pp. 110–115), that has been regarded as one of the major achievements of corpus linguistics. Stubbs (2001, p. 14) takes up the point in this way: “It is not the words which tell you the meaning of the phrase, but the phrase which tells you the meaning of the individual words in it.” This is the stance which underpins the examination of the meaning of depression or 抑郁症 (*yiyuzheng*, ‘depression’) in this project: It will examine the way in which depression or 抑郁症 (*yiyuzheng*, ‘depression’) has been discussed, and what recurrent patterns have been constructed around them, so that the paraphrastic content of such a discourse object can be extracted.

Apart from this theoretical contribution made to the understanding of language, corpus linguistics has also come up with devices for collecting, storing and managing vast amounts of data relatively quickly and inexpensively. Leech (1992, p. 106) claims that the use of computers “gives us the ability to comprehend, and to account for, the contents of corpora in a way which was not dreamed of in the pre-computational era of corpus linguistics.”

## 5.1.2 Corpus linguistics: language theory and methodology

### 5.1.2.1 Corpus linguistics: a new theoretical understanding of language

The question of whether corpus linguistics is a language theory or just a research methodology has caused heated debates in recent decades. McEnery and Wilson (2001, p. 2) insist that corpus linguistics does “allow us to differentiate between approaches taken to the study of language”, but it does not truly constrain the kind of language theory to which it can be applied, and thus “it does not truly delimit an area of linguistics itself”. On the other hand, some linguists working with corpora take the view that corpus linguistics is in a position that touches on both theory and methodology. For example, Tognini Bonelli (2001, p. 1) believes that “corpus linguistics belongs to the sphere of applied linguistics, but it differs from other partner disciplines in that it can be seen as a *pre-application methodology*.” She further explains that “methodology can be defined as the use of a given set of rules or pieces of knowledge in a certain situation, while corpus linguistics is in a position to define its own sets of rules and pieces of knowledge *before* they are applied” (and hence the term ‘pre-application’) (2001, p.1). However, there are linguists who firmly believe that corpus linguistics goes well beyond this methodological role. For instance, Halliday (1993, p. 24) points out that “corpus linguistics reunites the activities of data gathering and theorizing”, arguing that this is leading to “a qualitative change in our understanding of language”.

The point of departure of those arguments distinguishing corpus linguistics and linguistic theory is that linguistic theory is normally understood as describing and explaining language as a system whose states are defined by rules, even when it uses corpus evidence at some

point. Corpus linguistics, on the other hand, does not look at language as a system, but it looks at language in use, at discourse, at what people actually say or write (Teubert, 2011, p. 19). It is this very point that makes corpus linguistics as much a theory as any other paradigm in linguistics.

In McEnery & Hardie's more recent book, *Corpus Linguistics: Method, Theory and Practice*, two approaches to the analysis of discourse, namely corpus-as-method and corpus-as-theory, are still emphasized: "For practitioners of corpus-as-method, corpus linguistics can be used in interaction with an established analytic framework, which may, in and of itself, have nothing to do with corpus linguistics. For Teubert, the only appropriate analytic framework for corpus evidence regarding discourse is the corpus-as-theory framework" (2012, p. 149). This distinction still rejects the idea that corpus linguistics qualifies as a linguistic theory. It may be useful at this point to offer further evidence for corpus linguistics being a linguistic theory, by comparing it to traditional language theories, for instance to the structuralism of Ferdinand de Saussure, or the mentalism of Noam Chomsky, looking at how they differ from corpus linguistics in their understanding of language.

#### **5.1.2.2. Traditional theories of language: structuralism and mentalism**

Ferdinand de Saussure, the great Swiss linguist, is regarded as the founder of structuralism. In his *Course in General Linguistics*, Saussure (1916/1983, p. 13) posited that language itself (e.g. the French language) is to be viewed as *langue*, which is "the system of communication, a fund accumulated by the members through the practice of speech, a grammatical system

existing potentially in every brain of a language community.” On the other hand, *Parole*, (i.e. speech), is “no more than an aggregate of *langue*, or the language system” (p. 19). For Saussure, the meaning of a linguistic sign can only be explained by its relationship to all other signs belonging to a given system, and its meaning is constituted by the way in which it differs from all other words. Because meaning, as he sees it, is part of a language system and not of *parole*, Saussure sets *langue* as his research object. The position taken in this thesis is that meanings of linguistic signs can only be seen as the result of negotiations of members of a discourse community. Corpus linguistics is about examining the *parole*. The meaning of depression or 抑郁症 (*yi yu zheng*, ‘depression’) is all that has been said and exchanged in forms of arguments about it. For this, there is no common denominator, no formula fixing its meaning in a stable relationship to other linguistic signs, since people can, at any time, redefine it.

The second basic difference is that Saussure looks at language from a synchronic perspective, believing that if one chooses a diachronic point of view, one is no longer examining the language, but a series of events which modify it (1916/1983, p. 89). From this we can say that Saussure regards language as a static system, and what he is trying to do is to inquire into language within a stable, unchanging system, as described above. Teubert (2010b, p. 22), on the other hand, argues that language is not static, but that it undergoes constant change. This change is not systematic: it is unpredictable and many regularities that we find in languages today did not exist before. Therefore, it is ultimately in vain to describe language as a static system from a synchronic perspective.

The other important paradigm of linguistics is mentalism, proposed by Noam Chomsky (1965), who claims that each word has a basic meaning located in the mind, in the language faculty or the language organ of each individual language user, and that language is a natural and biological system that everyone is born with. Furthermore, this system can be described by a universal grammar, since the language system (the language faculty) is innate and therefore the same for everyone, whether English or Chinese. “Linguistic theory is mental reality since it is concerned with discovering a mental reality underlying actual behaviour” (Chomsky, 1965, p. 4). In this sense, the object of language study for Chomsky is the discovery of the set of rules determining the language faculty, defined as the grammaticality of an infinite number of possible sentences, regardless of the language in which they are expressed. The fatal flaw of Chomskyan theory is that it neglects the social sphere of language. The scientific rules that Chomsky tries to discover do not seem to work for language as being “made and formed by arbitrary decisions and unpredictable interaction of people” (Teubert, 2011, p. 12). The view of the present thesis is that language, including its regularities and conventions, is shaped by language users, and if they do not like what they find, they can always change it, as long as they find others to go along with them. People are free in whatever they choose to say.

### **5.1.2.3 Differences between traditional language theories and corpus linguistic theory**

Both structuralists, mentalists, and other linguistic theorists are all trying to explain language as a system defined by certain rules, and by building a model of this presumed system. Saussure adopts a scientific way to look at society. He views language as a system of

communication, a social phenomenon. Teubert (2010b, p. 23) summarises that language for Saussure, and other structural linguists, is “a sub-system of the society, a law-based system”, and “members of a society were not free to accept or reject language rules; they were bound by the collective language faculty that resides in society as such, not in the minds of individuals. In order to communicate, they had to use language as a social system.” Chomsky also views language as a system. What he is concerned with is not a social system, i.e. society, but a natural, biological system that people are born with. He believes that all the languages share the same language faculty, that regulates what can be said and what not.

Both structuralists and mentalists, together with most cognitive linguists, who share many basic assumptions of mentalist theory, overlook that fact that language is the “result of arbitrary, contingent human action” (Teubert, 2010b, p. 23.). Discourse participants can change the rules and regularities they find in a language. Each member of a discourse society can attempt to change them whenever he or she feels like it. If other participants follow suit, such an attempt will be successful. “There is nothing systematic about language except what the discourse itself has constructed as our language system” (2010b, p. 35). Corpus linguistics examines language in use, in the form of discourse samples, and the meaning of lexical items in this sense is always the (often contradictory) result of negotiations between discourse members. It is this theoretical perspective that makes corpus linguistics, as the linguistics of discourse, as much a theory as those dealing with an elusive language system.

A few more words may need to be said about the division into applied linguistics and theoretical linguistics, for more and more cognitive and other theoretical linguists focusing on

the language system have begun to apply the methodology of corpus linguistics to their research. However, the corpus linguistic approach to language is totally different from these.

## **5.2 The corpus linguistic approach to the study of meaning**

The notion of linguistic meaning is, in most cases, central and indispensable to linguistic investigation. Corpus linguistics, as both a language theory and research methodology, defines meaning from a new perspective. In this section, the corpus linguistic approach to the study of meaning will be introduced, along with some basic concepts within this framework.

### **5.2.1. The British contextual theory of meaning**

#### **5.2.1.1. Firth on language and meaning**

As opposed to Saussure, who dismissed *parole* as the basis of the theory of language, Firth (1957) believed that the focus of linguistic inquiry has to be on language use, embedded in a given situation, and against the background of a social and cultural context:

We must take our facts from speech sequences, verbally complete in themselves and operating in contexts of situation which are typical, recurrent, and repeatedly observable. Such contexts of situation should themselves be placed in categories of some sort, sociological and linguistic, within the wider context of culture. (Firth, 1957, p. 35)

Here, Firth argues that the study of meaning can be realised by examining the actual utterances of speakers (facts from speech sequences), because all the factors beyond

linguistic structures, such as those in the context of situation and context of culture, are intricately woven into the actual use of language.

Firth borrowed the term “context of situation” from Malinowski, the Polish-born anthropologist, who insists that: “...utterance and situation are bound up inextricably with each other and the context of situation is indispensable for the understanding of the words” (Malinowski, 1923, as cited in Koteyko, 2006, p. 127). Thus, Firth (1957, p. 176) believes that the text becomes “an integral part of context, and is observed in relation to the other parts regarded as relevant in the statement of the context.”

Firth further points out that every context of situation is closely connected with the context of culture, which is explained by Palmer:

Process and patterns of life in the environment can be generalised in contexts of situation, in which the text is the main concern of the linguist. Order and structures are seen in these, and after examining distribution in collocations, pieces, words and morphemes may be arranged in ordered series, resulting in systems and sets of systems, the terms of which are functions of one another and of the systems. (Palmer, 1968, p. 24)

Here, Palmer argues that systems of texts, which can be examined through the distribution of collocations, pieces, words and morphemes, reflect both systems of contexts of situation and systems of culture. In another word, people’s common attitudes and beliefs, which are acquired through their interaction with others within their cultural systems, can find reflection in the way they use language: how they arrange words and what they choose to talk about. Choices of words reflect social choices; the selection of language at the textual level can reflect the social and cultural contextual level. “No language can exist unless it is steeped in

the context of culture, and no culture can exist which does not have at its centre, the structure of natural language” (Lotman, 2001, p. 27).

Firth’s (1957, p. 195) definition of context as “the functional relation of the sentence to the processes of context of situation in a wider context of culture” makes a very important contribution to the study of meaning. It facilitates the description of the meaning of a lexical item as what it receives “internally (from its verbal environment)” and “externally (from the context of situation and further context of culture)” (Koteyko, 2006, p. 130). Tognini-Bonelli (2001, p. 89) explains how this theoretical standpoint informs the paradigm of corpus linguistic study: “In the Firthian framework, the typical cannot be severed from actual usage, and ‘repeated events’ are the central evidence of what people do, how language functions and what language is about. The statements derived from the formalisation of repeated events, therefore, correlate directly with language as a semiotic system, as realised in the specific corpus.”

### **5.2.1.2 The relevance of Firthian theory to corpus linguistic research**

Such close links between co-text (the verbal environment of language) and context (the situational and cultural parameters involved in the interaction) are highly significant for the current research as a study of the language of particular discourses, and it legitimates the comparison of discourses. Meanings of the lexical item *depression* or 抑郁症 (*yi yu zheng*, ‘depression’) cannot be separated from other words co-occurring with it in recurrent patterns, which determine how it is located in a specific context of situation and of culture. By comparing the ways that British and Chinese news use language in constructing the meaning

of depression or 抑郁症 (*yi yu zheng*, ‘depression’) especially the collocational choices that they make in the corpora specifically tailored for this investigation, we can provide the evidence showing how it has been understood differently by different discourse communities.

To sum up, what Firth proposes within his theoretical framework of context is that language use does not occur in isolation, and therefore can only be studied contextually. On the verbal level, this context will be the textual environment of a word, and it will be analysed in this project by using the concept of collocation, as proposed by Firth, to describe context on the lexical level.

## **5.2.2 The synchronic perspective: generalisations about meaning**

In this section, I will introduce some basic concepts relating to the study of the meaning in the framework of corpus linguistics, such as collocation, colligation, semantic preference/prosody, and the concept of lexical item will also be explained. All these concepts help to analyse the meaning of lexical items, normally from a synchronic perspective, by making generalisations concerning language use.

### **5.2.2.1 The concept of collocation**

Firth refers to Wittgenstein’s well-quoted statement “the meaning of words lies in their use” (Wittgenstein, 1953, as cited in Firth 1968, p. 138) and he puts it right in the centre of his work: language use should be studied contextually. On the verbal level, the most central

concept is that of collocation. As the term collocation has been defined in many different ways, some of the definitions will be reviewed in this section, with an explanation of the approach taken in this thesis.

One principal definition of collocation is given by Firth (1957, p. 196), arguing that “[m]eaning by collocation is an abstraction at the syntagmatic level and is not directly concerned with the conceptual or idea approach to the meaning of words. One of the meanings of *night* is its collectability with *dark*, and of *dark*, of course, collocation with *night*.” This definition shows that the study of meaning by collocation can contribute to a contextual, as opposed to conceptual, approach to word meaning. Sinclair (1991, p. 170) defines it in the following way: “Collocation is the occurrence of two or more words within a short space of each other in a text.” Partington (1998, p. 15) calls this a “textual definition of collocation: one item collocates with another if it appears somewhere near it in a given text.” Hoey (1991, pp. 6-7) defines collocation by emphasising the statistical aspect of the concept: “Collocation has long been the name given to the relationship a lexical item has with items that appear with greater than random probability in its (textual) context.” Partington (1998, p. 16) views this as “a good working definition of the concept of collocation for those studying corpus linguistics: the co-occurrence of two items becomes interesting if it seems to happen for a purpose, and especially if it is repeated, if there are patterns of collocation.” Stubbs (2001, p. 30) defines collocation as: “A relation between words in a linear string: a node<sup>15</sup> predicts that a preceding or following word also occurs.” To illustrate this, Stubbs (p.30)

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<sup>15</sup> Here, the terminology proposed by Sinclair (1966, p. 415) is adopted: “We may use the term **node** to refer to an item whose collocations we are studying, and we may then define a **span** as the number of lexical items on each side of a node that we consider relevant to that node. Items in the environment set by the span we will call **collocates**.”

gives an example of *breakaway* in the Bank of English, and finds the following list of collocates:

Breakaway 1,379 <republic(s), group, faction, party> 45%

This formula shows that of the 1379 occurrences of *breakaway*, 45% collocate with one of the four word forms in the angled brackets, with the highest scoring collocate being *republic(s)*. Leech (1974, p. 20) defines collocative meaning as: “the associations a word acquires on account of the meanings of words which tend to occur in its environment” Partington (1998, p. 16) calls this as a psychological definition and it is this meaning of collocation which Hoey (2005) is partly concerned with, where words are primed for collocation use: statistical reality, it is claimed, is bound up with psychological reality.

It should be pointed out that the common ground for all the definitions of collocation is the co-occurrence of words. In this study, collocation is understood as the statistically significant co-occurrence of words. It is generally accepted that significant collocates are usually found within a span of 4:4 (Jones and Sinclair 1974). Sinclair (2004) later revised that, suggesting that a span of 5:4 may be more appropriate to account for significant planning in discourse. In this study, 5:5 is used as a safe choice of word span setting.

### **5.2.2.2 Lexical item**

Another important concept related to collocation is the lexical item, which is not necessarily the same as a unit of meaning, another relevant term propounded by Sinclair. The traditional unit used to be the individual word, and the study of meaning used to be mainly confined to the single word. The tradition of dictionaries has reinforced the popular view that the single

word is the basic unit of language. Traditional dictionaries list alphabetically individual words as lemmas and describe the range of meanings of a single word, thus confirming the equation “word = unit of meaning” (Sinclair, 2004, p. 25). The first real challenge to the traditional view of the word as the unit of meaning can be traced back to Firth, who proposed that “the complete meaning of a word is always contextual, and no study of meaning apart from a complete context can be taken seriously” (Firth, 1935, as cited in Stubbs, 1993, p.9).

It is easy to understand that when a single word is used repeatedly and in variable contexts, it is likely to acquire a different meaning in each new context. But when used in similar contexts, in the context of recurrent collocates, the meaning becomes more stable and all ambiguity disappears. On the basis of this, Sinclair (2005) argues for replacing the linguistic construct *word* by the linguistic construct *unit of meaning*, which can be defined as the node word in conjunction with all the words (collocates) in its immediate context that make it unambiguous. Teubert (2010b, p. 31) further clarifies that “meaning is the sum of everything that has been said in the discourse about a unit of meaning.” The unit of meaning, or the lexical item discussed here, is the object of study for discourse analysis.

The lexical item, (the unit of meaning), often consists of more than one word. Ultimately, it is the nature of the research question that will determine what is counted as the unit of meaning in a particular study. In this thesis, *depression* cannot be considered as a lexical item, because it can mean both *mental depression* and *Global Depression* in the economic sense. However, *clinical depression* is a lexical item, and so is *clinical depression treatment*, which can be regarded as a larger unit of meaning. Therefore, a lexical item is an item that we can paraphrase in a more or less concrete way, assigning to it just one sense. Teubert (2010b, p.

31) also indicates that there is no clear cut distinction between lexical item and collocation: “categories such as ‘word’, ‘lexical item’ or ‘collocation’ are not ‘scientific’ in the sense that there is a universally accepted method of detecting them. It is us, the linguists or the layperson’s interpretation that decides on their status.”

Furthermore, the investigation of the meaning of a unit of meaning can be extended to the levels beyond collocation by taking a wider perspective. Sinclair (1996, 1998) claims that from surface to the core, there are four layers of relationship of language co-occurrence: collocation (the relationship between a node and individual words), colligation (the relationship between a node and grammatical categories), semantic preference (semantic sets of collocates), and semantic prosody (affective meanings of a given node with its typical collocates).

Therefore, corpus linguistics, which works in a 'bottom up' way, can give us a more objective perspective on language than the theories of the language system working with 'top-down' analytical labels. However, on a more fundamental level, both approaches must fail because they overlook the fact that language is a discourse construct, and the meaning of language can easily be different in different discourses, resulting from the collaborative interpretations of discourse members. There is no common denominator that captures the full meaning of a lexical item, and a strictly synchronic perspective cannot do justice to it. Language is a constantly renegotiated construct. The same lexical item is often paraphrased in quite different ways. It is from this deliberation that corpus linguistics has begun to become interested in the diachronic perspective in investigating the meaning of language.

### 5.2.3 The diachronic dimension of meaning

One of the most important differences between corpus linguistics and mainstream 20<sup>th</sup> century theoretical linguistics is that it views language as use, as discourse, but not as a system predefined by certain innate rules. When corpus linguistics investigates meaning, it looks at what has been said about a unit of meaning in real language use. As Teubert (2005, p. 6) points out, a given lexical item can be viewed either as “an instantiation of a lexical item type” (a recurrent unit), or as “a unique occurrence”, a lexical item embedded in a new context. Traditional corpus linguistics can come up with generalisations, common denominators of the meaning of a lexical item in order to make general claims, but corpus linguistics can also be concerned with them as unique occurrences, specific claims. Today’s paraphrase of a lexical item can be seen as a reaction to how this item has been used before, and therefore it relates to previous paraphrases. A new paraphrase is successful if subsequent texts refer to it and repeat it frequently. But in order to find out how a new occurrence differs from earlier occurrences we have to compare it to the ways it has been paraphrased previously. Otherwise we cannot fully know its meaning. This is the point at which the diachronic perspective takes over from the synchronic, and it is in this sense that we can say “every discourse, by necessity, should have a diachronic dimension” (Teubert, 2005, p. 3).

Therefore, when we try to examine the meaning of a lexical item, or a text segment, we have to detect the traces that earlier texts leave in subsequent texts, and we can only find such intertextual links in a corpus that has a diachronic structure. It is worth noting here that all re-interpretations of lexical items are not outside or on top of the discourse as a ‘meta discourse’, but a part of it. Any discourse is normally full of such negotiations of meaning, which have the form of paraphrases and can be viewed as (re-) interpretations of previous occurrences.

Paraphrasing, or adding new paraphrastic content, is modifying the meaning of a unit of meaning.

The current project will examine diachronic changes in the meaning of mental depression. As we can never have the discourse of depression as a whole at hand, we constrain this discourse by the parameters “newspaper texts”: that is, we will only look at how the unit of meaning *mental depression* (often reduced to *depression*) has been talked about in both British and Chinese national news reports over the last 25 years. To trace its change of meaning, the corpus is divided into five subcorpora, based on frequency explosions, which will be analysed with a focus on paraphrastic content. The top collocates and keywords in each subcorpus will be examined, with identification of the different aspects that have been used to construct the discourse object ‘depression’ (this discourse object being represented by the lexical item *mental depression*). Paraphrases often have the form of: ‘something is something’ (different forms of paraphrases that are used in this research are discussed in more detail in Chapter 4), therefore, we will only be concerned with sentences beginning “Depression is...” These will be analysed as reactions (and thus modifications) of what has been said before. The combination of traditional corpus tools and innovative paraphrase analyses will give us a clearer picture of how depression was understood at a given time, which represents an extension of corpus linguistics through the inclusion of the diachronic dimension of discourse.

## 5.2.4 Summary

In this section, it was first argued that corpus linguistics is both a language theory and research methodology, with an explanation following of some of the central concepts in corpus linguistics such as collocation, lexical item and (extended) unit of meaning, concluding with the proposition that to achieve a fuller understanding of language, one has to adopt a diachronic view. Unlike mainstream 20<sup>th</sup> century theoretical linguistics, corpus linguistics does not model some elusive language system, but examines the actual use of language in discourse. The concept of the lexical item, or unit of meaning, thus replaces what has normally been the simple word in previous linguistic studies. The meaning of lexical items is understood as the sum of what has been said about them. Making generalisations about the use of these lexical items can tell us the meaning of them from a synchronic perspective, but in order to examine the meaning of lexical items as unique occurrences embedded in novel contexts, and to trace the change of the meanings thus affecting the lexical item, the traditional synchronic perspective in corpus linguistics needs to be complemented by a diachronic dimension.

As this section is mainly concerned with corpus linguistics as a language theory, the next section includes a brief review of the history of corpus linguistics as a research methodology, explaining the main functions that the corpus method provides, and pointing out their limitations.

## **5.3 The history of corpus linguistic research methodology development**

Apart from the theoretical contribution that corpus linguistics has made towards language research, it provides powerful research methodologies such like frequency, collocation, keyword and concordance analyses. In this section, I will briefly talk about these methodologies, point out their limits, and predict a possible new focus of corpus linguistics: paraphrase.

### **5.3.1 Corpus linguistic research methods**

McEnery et al. (2006) point out that information about frequency is perhaps the most important type of data that a corpus can provide. As one of the most basic tools of corpus linguists, a frequency list, which enables researchers to get the most frequent words in a corpus, can tell them what has been talked about most, and researchers can therefore make general claims about the discourse that the corpus represents. Frequency information is also useful when comparing different corpora: a researcher can identify interesting differences by examining different frequency lists. However, such findings need to be complemented by interpretation, which brings us to the next method used. Collocation, the statistically significant co-occurrence of words, is the foundational principle of corpus linguistics, and together with its various definitions, has been discussed in section 5.2.2.1. . All the tools that have been developed in corpus linguistics ultimately serve to examine various aspects of this principle, such as frequency, clusters and keywords, etc. Corpus linguistics uses a number of statistical formulae to measure the significance of co-occurrences, so that the top collocates of a word under examination can be extracted.

The third method corpus linguistics provides is keyword analysis. Keywords are defined in the Wordsmith manual as “words which occur unusually frequently in comparison with some kind of reference corpus” (Scott, 2004). A keyword analysis indicates the “aboutness” of a corpus and its salient features, and thus it enables a researcher to contrast the differences and similarities in the ways in which different discourses represent a same object.

As this study is underpinned by the methods reviewed above, a more detailed discussion of them is provided later, in Section 6.3.1.

### **5.3.2 The limits of the current corpus linguistics research methodology**

The above section touched on the most important forms of research method that corpus linguistics can offer. These methods will obtain identical results whenever they are applied to the same corpora, and in this way they can be considered to be strictly ‘scientific’. What these research methods do not tell us is what a lexical item is, and more importantly, what it means. For example, we can find the frequency lists of a corpus, collocates of node words, keywords lists and so on, but it is up to us, the linguists and the language users, to interpret this evidence. We may disagree in our interpretation, but that is the way we can make sense of what has been said, and present it to the interpreting community. Interpretation, however, is not a scientific task. Interpretations and paraphrases, in this sense, are attempts to make sense of what a lexical item or a text segment means in the eye of the interpreter. Different interpreters will come up with different interpretations. None of them can be said to be ‘true’.

The task of the linguist is first to extract from the corpus any paraphrastic material relating to a particular lexical item, since this is the empirical evidence that then needs to be interpreted.

As there is no such thing as the ‘true’ or ‘scientific’ meaning of a lexical item, corpus linguistics is more than a scientific method; As Teubert (2011, p. 19) argues, “It is a language theory that is rooted in the humanities. It looks at language as something humankind has come up with, and something of which we, the language users, are in charge.” When we obtain the evidence of how units of meaning have been talked about in discourse by using scientific method we have to present this evidence to language users, who can acknowledge the fairness of our extraction of the data. However, we cannot force language users to accept our interpretation. Each language user has to make their own sense of what a lexical item or a text segment means. “Language is an artefact. Applying a strictly scientific method can never deliver the full picture, just as no scientific analysis can ever tell us the true meaning of a painting” (Teubert, 2010b, p. 35). With this in mind we might envisage a new focus for corpus linguistics in the future, where a new research methodology of the humanities and social sciences is formed, incorporating both scientific and interpretative methods in order to get a fuller understanding of language.

## **5.4 Paraphrase: a new focus for corpus linguistics?**

Language study based on ‘scientific’ methods alone, as discussed above, is in need of complementation by methods used in the humanities. If we want to know what a unit of meaning means, we have to interpret the evidence. Stahl (2006, p. 318-9) argues that meaning in the context of collaboration is viewed as an integral part of communication, and therefore

necessarily shared within a community. Meaning is defined for and by the community involved in the given situation, and it is up to each individual to develop their own interpretation of that meaning (p. 322). Therefore, the meaning of language signs rests upon the interpretations made by language users. Language users have to interpret the evidence obtained from scientific research in their own way, and submit them to the discourse community. Cheung (2009, p. 79) also asserts, “How people create, share and interpret meaning, forms an integral part of collaboration.” There is no ‘true’ meaning of language: “[M]eaning is the contingent, unpredictable result of negotiation, often a negotiation that has taken place in the past and that we are brought up to accept, but that we can always call into question” (Teubert, 2011, p. 17). Therefore, corpus linguistics can also be concerned with the ways in which meaning is negotiated in such processes. It is this aspect of linguistic enquiry that makes corpus linguistics also a branch of the humanities paradigm.

Cheung (2009, p. 79) proposes that “[i]nterpretation of meaning, from the corpus linguistic perspective, can take the form of paraphrase.” Teubert (2005, p.11) argues that paraphrases are statements providing explanations, explications, or re-definitions of units of meaning. “He advocates a new direction of corpus linguistics towards an analysis of paraphrase, towards an investigation of the ways in which units of meaning in a discourse are described, negotiated, explained, defined or even replaced” (Cheung, 2009, p. 80). In the traditional remit of corpus linguistics, once the meaning of a lexical item is presented in the form of, for example, its collocation profile, the work is seen as finished, and the explanation of the lexical item is considered as applicable to all other occurrences. Generalisations are made, and a common denominator is searched for that would fit each occurrence in the discourse at large. However, the understanding of units of meaning cannot be abstracted from their unique contexts, and

from the way in which they differ from previous contexts. Rather, as Teubert (2009, p. 224) explains, “Paraphrases are instances in the discourse that can throw light on the meaning of lexical items as unique occurrences.” All citations of a lexical item will contain all the paraphrastic content available, but they cannot be reduced to a common denominator. Thus, every new paraphrase adds something new to the meaning of a lexical item.

Furthermore, if a discourse is a set of interlinked texts, any new paraphrase is an interpretation of previous paraphrases. Previous paraphrases can be re-interpreted and further elaborated, or even rejected by other participants of the discourse community. During this process, people can reach a common understanding about a lexical item, but they are also free to disagree. Investigating the range of paraphrases and the intertextual links obtaining between them will allow us to realise how meaning is constructed over time. This may be the future of corpus linguistics.

The precise approach to paraphrase analysis taken by the present thesis is discussed in more detail in Chapter 4.

This new theory of meaning and the research methodology of paraphrase are fundamental to the research objectives established for this project. Aiming at detecting changes in the meaning of mental depression or 抑郁症 (*yiyuzheng*, ‘depression’), constructed in British and Chinese news discourses over the last 25 years, this study requires a diachronic corpus, so that the negotiation of meaning can be investigated as it takes place, from one paraphrase to the next. This thesis attempts to make sense of what has been said about mental depression or 抑郁症 (*yiyuzheng*, ‘depression’), by examining paraphrastic content and the intertextual

links connecting the paraphrases. This interpretation will not tell us the ‘true’ meaning of the lexical item (*mental*) *depression* or 抑郁症 (*yi yu zheng*, ‘depression’), and it will not provide ‘true’ or ‘scientific’ knowledge of the discourse object ‘mental depression’ or ‘抑郁症’ (*yi yu zheng*, ‘depression’). It is a contribution to a discourse to be superseded by subsequent contributions.

## 5.5 Summary

This Chapter gives a detailed introduction to corpus linguistics, including its theoretical approach to language and the research methods it offers. Some important concepts in the framework of corpus linguistics such as collocation, lexical items, and discourse prosody have been explained. Based on this, it is argued that the traditional synchronic perspective in corpus linguistics needs to be complemented by a diachronic dimension. It is also explained that the corpus findings generated by scientific research methods can only become valid when complemented by interpretation. The combination of a traditional corpus, corpus tools and innovative paraphrase analyses will give us a clearer picture of how depression was understood at a given time, which is an extension of corpus linguistics through the inclusion of the diachronic dimension of discourse.

The next Chapter will describe in detail the building of a diachronic corpus of depression in order to serve the current research purpose, including an account of the corpus methods used in this study, and an evaluation of their usefulness in carrying out discourse analysis.

# CHAPTER 6

## RESEARCH METHODOLOGY

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### 6.1 Introduction

Chapter 5 provided a detailed explanation and overview of corpus linguistics and its research methods. In this Chapter, the corpus research methods used in this project will be introduced, alongside discussion of the reasons why they were chosen, and the ways in which they relate to the work of other researchers. That will be followed by a detailed introduction to the procedures involved in data collection and management, with an account of the corpus resources and exploration tools used. Lastly, there will be a description of the steps taken in the analysis of the data, which can be considered as an outline of the analyses in the subsequent three Chapters. First, however, it will be useful to consider an important distinction in corpus linguistic research, namely that between corpus-based and corpus-driven approaches, and to explain how both of them can benefit discourse studies.

### 6.2 Corpus methodology: corpus-based and corpus-driven approaches

The two basic corpus approaches to the study of linguistic phenomena are the corpus-based approach and the corpus-driven approach. Generally speaking, the term ‘corpus-based’ is

used to “refer to a methodology that avails itself of the corpus mainly to expound, test or exemplify theories and descriptions that were formulated before large corpora became available to inform language study” (Tognini Bonelli, 2001, p. 65). Corpus-based research is the kind of research carried out according to pre-existing categories in the tradition of linguistics, though the corpus evidence can be used to refine such categories. Therefore, in corpus-based analyses, corpus evidence is brought in as an “extra bonus” but not “a determining factor” with respect to the analysis (p. 66), because it is never in a position to challenge the pre-existing categories. The two main strengths of the corpus-based approach are identified by Biber, Conrad and Reppen (1994, p. 169): “text corpora provide large databases of naturally-occurring discourse, enabling empirical analyses of the actual patterns of use in a language; and, when coupled with (semi-)automatic computational tools, the corpus-based approach enables analyses of a scope not otherwise feasible.” In this sense, a corpus-based approach is useful in some aspects of linguistic research, such as grammar, lexicography and register analysis, but it cannot really question received wisdom.

A corpus-based approach is also very suitable for discourse comparisons across languages. For example, Lux and Grabe (1991) describe two corpus-based analyses: comparisons of newspaper editorials in English and Brazilian Portuguese, and of university student writing in Ecuadorian Spanish and English. A corpus-based approach can also be used in diachronic studies. Biber and Finegan (1989, 1992) analyse the development of several written registers over four centuries, while Atkinson (1992) presents a detailed investigation of the development of medical texts. All such research needs pre-established categories functioning as *tertium comparationis*, otherwise no comparison would be possible.

However, as the corpus-based approach can only find corpus evidence in accordance with a specific language model, with a postulate of a specific language theory, “[i]t is not about finding out something new, about extending our language knowledge, but about verifying or falsifying the claims of a given language theory” (Teubert, 2011, p. 22). While corpus linguistics may make use of the categories of traditional linguistics, it does not take them for granted. “It is the discourse itself, and not a language-external taxonomy of linguistic entities, which will have to provide the categories and classifications that are needed to answer a given research question. This is the corpus-driven approach” (Teubert, 2005, p. 4). To be more specific, the corpus-driven approach aims to derive linguistic categories systematically from the recurrent patterns and frequency distributions that emerge from language in context. Taking this one step further, the corpus-driven approach is a holistic approach to language, in that “the cumulative effect of repeated instances is taken to reflect the semiotic system; the text is seen as an integral part of its verbal context and, ultimately, no discontinuity is assumed between this and the wider context of situation, and the even wider context of culture” (Tognini-Bonelli, 2001, p. 87). This argument informs the present study: using the frequency, collocation and keyword analyses of the English and Chinese Depression Corpus, it aims to find the patterns that will frame the ideas and beliefs about depression we find in newspaper texts. These patterns will not only inform us about cultural differences in the meaning of depression, but also the significant changes that have taken place over time. It would not be possible to ascertain these changes by a corpus-based approach. Predefined categories cannot do justice to the variegation of the evidence the corpus supplies. In this sense, Teubert (2011, p. 22) claims that “[A] corpus-driven approach is not a device that reveals some underlying true language structure, but it confronts us with the diversity and

inconsistency and unruliness we find in language use, in discourse.” It is also in this sense that we can extend our knowledge and become better acquainted with the world that discourse constructs for us.

## **6.3 Using corpora in discourse analysis**

### **6.3.1 Corpus linguistic research methodologies**

It was briefly mentioned in section 5.3.1 that the three main research methodologies provided by corpus linguistics are frequency analysis, collocation analysis and keyword analysis. This section will be primarily concerned with a discussion of these tools, including illustration of how they are used in this study.

#### **6.3.1.1 Frequency analysis**

As indicated in section 5.3.1, frequency is one of the most important concepts in corpus analysis. The most basic tool corpus linguistics provides in this field is the frequency list. Simply speaking, a frequency list enables a researcher to get the most frequent words of a corpus. Mike Scott's (2004) WordSmith Tools Version 4.0, the corpus software used for this analysis, allows frequency lists to be easily processed from corpora. Frequency analysis can be used to investigate various aspects of language, including grammar study, genre analysis, dictionary compilation, stylistics study, and discourse analysis. For example, Biber (1988) gives an account of the contrast between written and spoken language in use, based on his

findings of the high frequency of certain word classes and the low frequencies of others in texts from different contexts, and he goes on to explain these contrasts in terms of the different communicative purposes of spoken and written texts. Baker (2006) offers an interesting idea concerning the tension between two states of language: language as a set of rules vs. language as free choice. He says:

“Languages are rule-based – they consist of thousands of patterns governing what can and cannot be said or written at any given point. ... If people speak or write in an unexpected way, or make one linguistic choice over another, more obvious one, then that reveals something about their intentions, whether conscious or not.” (Baker, 2006, p. 47-48)

This, according to Baker, is why frequency is of interest to discourse analysis. Furthermore, frequency information is even more interesting when comparisons are made between different corpora. By examining frequency lists generated from different corpora, researchers can make general claims about the differences between the discourses that the corpora represent.

This study, aiming to investigate how depression or 抑郁症 (*yiyuzheng*, ‘depression’) is talked about in different ways in the UK and in China, two specialised corpora have been compiled, each consisting of British and Chinese national news about depression or 抑郁症 (*yiyuzheng*, ‘depression’) in the last 25 years. The frequency lists of these two corpora will tell us what different aspects of the condition have been talked about in the two discourse communities. The two corpora are further divided into five different time Phases based on frequency changes (see section 6.4.1.1 and 6.4.1.2 for details of the divisions), and thus five frequency lists are generated for each specialised corpus genre. Comparisons between these will reveal developments in the meaning of depression or 抑郁症 (*yiyuzheng*, ‘depression’).

However, as indicated in section 5.3.2 of this thesis, any scientific findings such as these should be complemented by interpretation. A frequency list on its own will not tell us why certain words occur more frequently than others, nor will it provide contextual information for such data. In this study, when different frequency lists are compared with each other, interpretations will always follow, with supportive Citations extracted from the corpora.

### 6.3.1.2 Collocation analysis

The concept of collocation, together with its various definitions, was discussed in section 5.2.2.1. Sinclair (1991, p. 170) notes that “[c]olloccations can be dramatic and interesting because they are unexpected, or they can be important in the lexical structure of the language because of being frequently repeated.” Stubbs reminds (1993, p. 17) us that “[n]ative speakers have only limited intuitions about such statistical tendencies. Grammars based on intuitive data will imply more freedom of combination than is in fact possible.” It is therefore necessary to use computational tools to investigate the features of word associations across large corpora. Corpus linguists use a number of statistical programmes to measure the significance of co-occurrences, with Mutual Information (MI) and t-score being two of the most commonly used measures. Hunston (2002, pp. 69-75) gives a detailed discussion of the calculation and uses of both MI score and t-score. Basically, the value of an MI score tells us the strength of the collocation, and the t-score tells us the degree of certainty. Another difference is that t-score is affected by the size of the corpus, but the MI score is not. This thesis uses MI scores in extracting significant collocates of *depression* or 抑郁症 (*yi yu zheng*, ‘depression’) in the English and Chinese Depression Corpus.

Stubbs (1996, p. 172) points out the importance of analysing collocations: “[W]ords occur in characteristic collocations, which show the associations and connotations they have, and therefore the assumptions which they embody.” In this study, all the collocates of *depression* or 抑郁症 (*yi yu zheng*, ‘depression’) are taken from two discourses, to reveal the different associations and connotations attached to depression or 抑郁症 (*yi yu zheng*, ‘depression’) in different ways. This, in turn, will contribute to the understanding of depression or 抑郁症 (*yi yu zheng*, ‘depression’).

A related tool which is pivotal for this research is the collocation profile. WordSmith Tools offers a function which extracts all the words co-occurring with the node word within a certain span (here: +5/-5, see explanation in section 5.2.2.1) and lists them according to the sum of their raw frequencies. Such lists are called collocation profiles. Different sets of collocation profiles in different corpora, or subcorpora of a diachronic corpus, allow researchers to see what has been said about a discourse object in different discourses, or in a specific time period of the same discourse. In this project, sets of collocation profiles are generated based on two specialised corpora and their subcorpora. An examination of these collocation profiles reveals interesting differences between the ways of talking about depression or 抑郁症 (*yi yu zheng*, ‘depression’).

### 6.3.1.3 Keyword analysis

The third research method that corpus linguistics provides is keyword analysis. A keyword list can be generated from two wordlists. According to Scott (2004, Help Menu), “a word will get into the listing here if it is unusually frequent (or unusually infrequent) in comparison with what one would expect on the basis of the larger wordlist.” Here, the larger wordlist is often one generated from a reference corpus. Leech (2002, p. 1) indicates that: “[a] reference corpus is designed to provide comprehensive information about the language. ... It has to be a general corpus of wide coverage of the language, and hopefully it will be treated by its user community as some kind of ‘standard’ for the language.” In this sense, The British National Corpus, which contains 100 million words of written and spoken text from a wide range of genres and settings, can work as such a corpus, and it has been used in this study as the reference corpus for the EDC. WordSmith Tools allows us to generate a keyword list based on one special corpus and its reference corpus. Scott (2008, p. 144) explains how a keyword list is extracted:

To compute the “key-ness” of an item, the program therefore computes its frequency in the small wordlist, the number of running words in the small wordlist, its frequency in the reference corpus, the number of running words in the reference corpus and cross-tabulates these. Statistical tests include: the classic chi-square test of significance with Yates correction for a 2 X 2 table; Ted Dunning’s Log Likelihood test, which gives a better estimate of keyness, especially when contrasting long texts or a whole genre against your reference corpus.

Therefore, “[k]eyness is a matter of being statistically unusual relative to some norm” (Culpeper, 2009, p. 34), and a keyword analysis can therefore indicate the ‘aboutness’ of a corpus and its salient features. It has been used to capture important genre features. For example, Tribble (2000) examines the features of spoken language in romantic fiction based on a keyword list, by comparing a corpus of romantic fiction with a general corpus. He finds that first and second person pronouns and proper nouns are used significantly more frequently in romantic fiction. By contrast, fewer complex noun phrases are used in this genre

of texts, revealed by the fact that the words *the* and *of* were found as negative keywords. Keyword analysis is also widely used in the field of discourse analysis. Baker (2004, p. 347) points out that keywords can be useful in “helping to spot traces of discourse<sup>16</sup> within language”. They “direct the researcher to important concepts in a text (in relation to other texts) that may help to highlight the existence of types of (embedded) discourse or ideology”. For example, Fairclough (2000) compares the language of ‘New Labour’, presented in a collection of speeches and news articles from the Blair period of government, with older Labour texts. The keywords of the corpus representing New Labour language are found to be *partnership, new, deliver, deal, business* and *promote*, from which Fairclough concludes that business interests have been increasingly emphasised by the New Labour government.

In this analysis, to reveal the salient features of two specialised corpora about depression or 抑郁症 (*yi yu zheng*, ‘depression’), keyword analysis has been applied. The two reference corpora used here are the British National Corpus (BNC) and the Lancaster Corpus of Mandarin Chinese (LCMC) (see section 6.4.1.3 for more explanation). At the same time, as WordSmith’s “compare wordlists” facility can be used to generate keywords based on any two similar-sized corpora, and each special corpus in this study has been divided into 5 subcorpora (see section 6.4.1.1 and 6.4.1.2 about the division), the keyword analysis is also performed on different time Phases. In this way, the changing features of discourses about depression or 抑郁症 (*yi yu zheng*, ‘depression’) can be captured.

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<sup>16</sup> Baker (2004, p. 347) emphasises that he understands discourse as “system of statements which constructs an object”, which is very different to my understanding of discourse (see section 4.1 for more explanation).

#### 6.3.1.4 Concordance analysis and discourse prosody

The three methods discussed above all address the quantitative analyses of discourse, which helps a researcher either to determine the focus of a corpus (frequency list), or to find out its salient features (keyword analysis). However, they do not tell us how words are actually used in a text, which might invite speculative presumptions concerning the ways in which a discourse object is actually talked about. At this stage, concordance analysis comes into play, enabling a researcher to conduct a close examination of the context of words, and thus to get a fuller picture of how the object under examination has been represented.

A concordance is “a collection of the occurrences of a word-form, each in its textual environment” (Sinclair, 1991, p. 32). To be more specific, it is “a list of a given word or word cluster with its co-text on either side” (Gabrielatos & Baker, 2008, p. 15). Concordances are usually displayed as a series of lines with the keyword<sup>17</sup> in context (KWIC), and these lines have a fixed width, which can be defined in concordance programs. The following two figures show concordance windows in WordSmith Tools, displaying the search results for *depression* or 抑郁症 (*yi yu zheng*, ‘depression’) in the English and Chinese corpora of Depression:

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<sup>17</sup> It is important to note that the keyword used here is different from that discussed in section 6.3.1.2. The keyword here simply refers to the word under examination. In this study, either the most frequent or salient words generated from frequency and keyword analyses are chosen as the searched-for words for further investigation.

#### N Concordance

1 higher today than they were in the 1960s, and the average age for the onset of depression is 14 and a half compared to 29 and a half in 1960. Even though ou  
2 drinking, and changing their sleep patterns. The average age of onset for manic depression is 17; for schizophrenia, it's 18-19. This means that the most intens  
3 o feel depressed while expecting than after their babies are born. The peak for depression is 32 weeks into pregnancy - close to birth. Research at Queen Cha  
4 reflected an increasingly popular view that the growing incidence of stress and depression is a bad case of the emperor's new clothes. We've turned our  
5 happy, they end up needing them for longer than is probably good for them. "Depression is a big problem in the UK and talking treatments, such as cognitive  
6 iversity of Michigan, say their discovery backs up previous theories that manic depression is a biological as opposed to a psychological condition. They als  
7 f medical and psychological intervention. I'm very concerned for her." Manic depression is a bipolar disorder that can lead to mood swings, reckless  
8 f medical and psychological intervention. I'm very concerned for her." Manic depression is a bipolar disorder that can lead to mood swings, reck-less behavio  
9 f medical and psychological intervention. I'm very concerned for her." Manic depression is a bipolar disorder that can lead to mood swings, reckless  
10 ness to get out and about and socialise. The difference between low mood and depression is a bit like the difference between a cold and the flu. A cold is we  
11 immediate treatments need to be applied to bring an individual up to speed. Depression is a catchall word that covers a range of situations. Hormonal discre  
12 uld go to a therapist and have someone to talk to. So I did, and it helped. "Depression is a chemical imbalance - some people have it and some people  
13 These people are unhappy, not depressed." But what is the difference? Depression is a chronic condition that can have a number of clinical factors ass  
14 ou belong to, what job you do, how old you are. So throw out the cliché that depression is a class indulgence, a luxury that only the middle and upper  
15 nic. "Unhappiness is a normal response to unfortunate circumstances, whereas depression is a clinical condition requiring treating by a therapist or doctor."  
16 talking therapies is no better. "The ideal treatment for someone with moderate depression is a combination of antidepressants and cognitive behavioural  
17 o look for a new job and am worried about owing up to this. TL, Sheffield Depression is a common illness; the detrimental effects of work related stress a  
18 s to a friend Printable version Parents talk out about depression Depression is a common form of mental illness The parents of a man who killed  
19 an early age so effective treatment can be provided. "Misdiagnosis of manic depression is a common problem - GP's in the UK receive no specific training in

Figure 6.1: Concordance lines for *depression* in the EDC

#### N Concordance

1 的一个独立危险因素,患抑郁症的心血管病人6个月内死亡风险大于非抑郁症病人的3·1倍。抑郁症是抑郁情绪长期无法得到排解而形成的。  
2 任何区别,它只是一种普通的疾病。抑郁症与精神分裂是两回事。我国抑郁症病人往往心存顾虑,不愿到心理科或精神科就诊,怕被人轻视或  
3 、高动荡人群占了抑郁症患者总数的40%;另外,由于空巢现象,老人得抑郁症的比例也高达30%。资料显示,抑郁症似乎已成为现代人的通病  
4 利于防治。其实,工作压力、人际关系等外界因素只是诱因,只是诱导了抑郁症的发作。抑郁症是人类最常见的心理疾患。但由于社会上对心理  
5 治疗。抑郁症是与心血管患病率和死亡率有关的一个独立危险因素,患抑郁症的心血管病人6个月内死亡风险大于非抑郁症病人的3·1倍。  
6 抑郁症的症状,到心理科去检查,如果确诊是抑郁症,那么我们就用抗抑郁的药,刚才我说了,目前常用的药有百忧解喜普妙等等,这一类的  
7 似乎已成为现代人的通病,愈是经济发达的地区愈是盛行。如果出现了抑郁症的症状,到心理科去检查,如果确诊是抑郁症,那么我们就用抗  
8 "精神病"。其实,抑郁症是可以治好的,抑郁症也不会发展为精神分裂。抑郁症对你的发展很可能是件好事。它让你陷入反思和内省,治愈后你  
9 ,或求医不当,会延误最佳的治疗时间,进而造成沉重的经济负担。全球抑郁症发病率约为11%遗憾的是,许多人并没有意识到抑郁的危害,不能  
10 能正视",也是心理疾患的一种表现,就更加重抑郁症,这也是导致抑郁症发病率上升的原因之一。据有关资料显示,患抑郁症是不分年龄大  
11 到正常生活的能力,这时他们就患上了抑郁症。每年9月至11月是抑郁症高发期,患者主要集中在20岁至50岁之间的人群,多表现为  
12 都有很重要的意义。抑郁症是抑郁情绪长期无法得到排解的异常状况。抑郁症还可增加其他躯体疾病、致残、早亡的风险,如不予及时治疗,或  
13 和浙医一院精神科教授许毅分析:高收入、高文化、高动荡人群占了抑郁症患者总数的40%;另外,由于空巢现象,老人得抑郁症的比例也高达  
14 人或低人一等,仿佛做了什么亏心事一般。其实,神经衰弱基本上就是抑郁症,既然我们能勇敢地说自己得了神经衰弱,为什么就不能告诉别人  
15 很难解释,仍是世界难题。邱医生说,把外界因素当做直接原因,是对抑郁症理解的误区,也不利于防治。其实,工作压力、人际关系等外界因素  
16 在抑郁的阴影下无力自拔,影响到正常生活的能力,这时他们就患上了抑郁症。每年9月至11月是抑郁症高发期,患者主要集中在20岁至  
17 地区愈是盛行。如果出现了抑郁症的症状,到心理科去检查,如果确诊是抑郁症,那么我们就用抗抑郁的药,刚才我说了,目前常用的药有  
18 我们能勇敢地说自己得了神经衰弱,为什么就不能告诉别人,自己得了抑郁症呢?这纯粹是一个观念问题。现在对它的发病原因仍不十分清楚  
19 。所以,如果你抑郁了,不要认为自己是倒霉的。果你或你的亲人得了抑郁症,千万不要感到见不得人或低人一等,仿佛做了什么亏心事一般  
20 40%;另外,由于空巢现象,老人得抑郁症的比例也高达30%。资料显示,抑郁症似乎已成为现代人的通病,愈是经济发达的地区愈是盛行。如果

Figure 6.2: Concordance lines for *抑郁症 (depression)* in the CDC

Here, instances of the search word *depression* are displayed with the KWIC-format, which enables the researcher to get a detailed picture of the context in which *depression* or 抑郁症 (*yi yu zheng*, ‘depression’) occurs. However, the concordance lines are always presented initially as they occur in a corpus, and thus it is not easy for us to spot language patterns by working through these lines from top to bottom. Gabrielatos and Baker (2008, p. 15) explain that: “[c]oncordanances can be sorted alphabetically on the left/right side of the word/cluster under investigation, and can thus facilitate the examination of different patterns” In the above figures, the concordance lines have been sorted alphabetically according to the two words to the right of the node word *depression* or 抑郁症 (*yi yu zheng*, ‘depression’). Baker (2006, pp. 77-84) gives a comprehensive explanation of how to use such a sorting function. He analyses the way in which refugees are represented in British newspapers by sorting alphabetically both to the left and right side of the word *refugee(s)*, and discovers that there are many words containing numbers occurring one position to the left, suggesting that “quantification is one way that refugees are characterized” (p. 78). To the right of the word, phrases like *refugee action*, *refugee service* and *refugee agency* appear, showing that official bodies are often referred to in discussions of refugee integration, and thus refugees are portrayed as “a group who are the passive recipients of help” (p. 82). Based on this and other related analyses, Baker concludes that refugees are constructed in a rather negative way in British newspapers.

This example helps to show that concordance analysis can be used to elucidate discourse prosody (discussed in detail in Section 5.2.2.4). Essentially, the idea behind such a concept is that individual words and the collocations in which they occur may express quite different evaluations. In this research, the discourse prosody of medication and 药物 (*yaowu*,

‘medication’) is investigated with regard to the English and Chinese corpora of Depression by examining the concordance lines in which these two words are embedded. It is found that radically different evaluations of the role of medication are represented, with the EDC tending to portray medication as very efficient, while the CDC marginalises the role of medication but puts more emphasis on psychological support and the improvement of the social environment.

It is worth noting that in this study, in displaying the concordance lines containing the search word *depression* or 抑郁症 (*yi yu zheng*, ‘depression’), the traditional method of presenting them in a series of lines with fixed width is not used, but they are shown as complete sentences in which the searched word(s) occur(s). This is because a close examination of complete sentences can offer a more accurate and comprehensive interpretation than the analysis of a single line.

### 6.3.2 The benefits of corpora for discourse analysis

The benefits of using corpora in discourse analysis by applying the corpus linguistic research methods reviewed above have been widely acknowledged. Baker & McEnery (2005) point out that corpus analysis can play an extremely important role in critical social research, allowing analysts to identify objectively widespread patterns of naturally occurring language, and rare but telling examples, both of which may be overlooked in a small-scale analysis. Baker (2006) outlines four advantages of a corpus-based approach to discourse analysis. Firstly, the use of corpora can reduce researcher bias (Baker, 2006, p. 10). Though Baker

states that it is never possible to be truly objective in doing discourse analysis, he insists that by using a corpus approach we are at least able to place a number of restrictions on our cognitive biases. It becomes less easy to be selective about a single newspaper article when we are looking at hundreds of articles – hopefully, overall patterns and trends show through. That is why Baker (2006, p. 12) indicates, “At least with a corpus, we are starting from a position whereby the data itself has not been selected in order to confirm existing conscious or subconscious bias.” The second advantage Baker addresses is that corpora can be useful in making us more aware of the incremental effect of discourse. Corpora allow us to uncover underlying ways in which language is employed to talk about the world, and how our perceptions of the world are constructed by discourse. By comparing different versions, readers can better resist a writer’s attempts to present their version as the only one. The third benefit Baker identifies is that corpora also allow us to analyse the diachronic dimension of discourse. Lastly, Baker advocates the use of “triangulation” (p. 15), where multiple analytical methods (such as corpus-based and corpus-driven approaches), are employed in the same study.

Notwithstanding the advantages of corpus methodologies in discourse analysis, however, interpretation of the results obtained by corpus methodology should always be considered as crucial. Essentially, what corpus methods do can be summed up as identifying, counting, measuring and calculating. Teubert (2011, p. 11) points out, “Though every time when we apply corpus tools to the same corpora, we will obtain identical results, this is how far it goes, this is a part of corpus linguistics’ attraction.” Only in this sense can we understand corpus linguistics as a hard science. But such a scientific methodology does not tell us what the results we obtain mean. Corpus linguistics, as a language theory, is rooted in the humanities,

and thus it sees its purpose in making sense of the evidence, not by instituting its own reading of it but by showing how the discourse participants themselves understand the world about which they talk. Once linguists have processed and presented the discourse evidence, they invite all discourse participants to engage in the interpretation of the evidence. Therefore, the final word about meaning rests with the interpretive community. They will make sense of what has been said. This is why this thesis holds the view that the meaning of depression or 抑郁症 (*yi yu zheng*, ‘depression’) only relies on the negotiations between particular discourse members, but not on some pre-given, fixed and immutable definitions.

### 6.3.3 A review of corpus-assisted discourse analyses

It has been widely acknowledged that corpora (either specialised or general) are useful for discourse analysis. Partington (2004) coined the term Corpus-Assisted Discourse Studies (CADS) as consisting of a form of discourse analysis which uses corpus linguistic methods and takes a critical approach to analysis. Many of the studies described in this section could be categorised as belonging to CADS. Gerlinde Hardt-Mautner is perhaps the first scholar to advocate using corpus linguistics techniques for critical discourse analysis. In her 1995 work she conducted an analysis of a corpus of British news editorials concerning the topic of European political and economic integration, by combining corpus techniques and qualitative Critical Discourse Analysis. She argues that, for example, “concordancing effectively heralds a breaking down of the quantitative/qualitative distinction, providing as it does the basis for quantitative analysis without deverbalsing the data” (1995, p. 24).

In his book *Using Corpora in Discourse Analysis*, Baker examines the use of methods grounded in corpus linguistics for uncovering linguistic patterns, showing that they can enable us to make sense of the ways in which language is used to construct people's views. A variety of corpus-based methodologies are introduced, with practical illustrations. For example, Baker uses frequency analysis to show how a persuasive form of discourse is realised in leaflets advertising holidays (p. 49-67); with concordancing analysis, he investigates the discourse around refugees, revealing that they are described in various negative ways (p.70-90).

Baker et al. (2008) further studied discourses of refugees and asylum seekers in the UK press, using a 140-million-word corpus containing British news articles about refugees, asylum seekers, immigrants and migrants (RASIM). This study involved a keyword and concordance analysis to explore the different stances of tabloids and broadsheets towards RASIM. The findings of this research suggest that in reporting on issues related to RASIM, the tabloids adopt a predominantly negative stance, whereas broadsheets are more balanced, combining both positive and negative arguments. They argue that corpus linguistic and Critical Discourse Analysis approaches help researchers to find "entry points" and "create a virtuous research cycle" (p. 295).

Stubbs (1996) conducted a corpus-based text analysis of Baden Powell's last messages to the Boy Scouts and Girl Guides. He considers how the distribution and collocations of the most frequent lexical items *happy* and *happiness* differ in the two texts (boys are told to be happy, girls are told to make others happy). For example, in his address to the Girl Guides, words

like *home, husband* and *children* are referred to, which naturalises the idea that girls should do what others expect them to do. Scouts, on the other hand, are not defined in relation to specific things, which encourages boys to be content with what they have got, such as their careers (p. 82).

The research reviewed above all suggests that discourse analysis can benefit from the application of corpus linguistic methods such as frequency, collocation and keyword analyses. What is new about this project is that the diachronic dimension of discourse analysis is included. In order to capture the diachronic changes in the meaning of depression or 抑郁症 (*yi yuzheng*, ‘depression’) , both the English and Chinese Corpora of Depression have been divided into different time Phases<sup>18</sup>, and the results of the corpus analysis (including frequency, collocation and keyword analysis) in each Phase have been compared with each other. To further illustrate how such corpus methodologies are used in this project, the next two sections will explain what corpus resources have been used in this study. In Section 6.4 their division into Phases is discussed, followed in 6.5 by an explanation of the analytical steps that will be taken to analyse the data.

## 6.4 Data collection and management

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<sup>18</sup> As the EDC includes the news articles from 1984 to 2009, while the CDC covers only news articles from 2000 to 2009, the five time Phases in the EDC and the CDC do not correspond to each other in this sense. However, as the frequencies of Chinese news articles about mental depression have been catching up with those in the Western media in the last ten years, it is acceptable to view Chinese discourse defined in this study as reflecting the complete process of the development of the meaning of depression in China. In this way, the comparability of the five time Phases in the EDC and the CDC is achieved.

In this section, the corpus data for this study is presented. It comprises two specialised corpora, consisting of news texts taken from British national news and Chinese national news. In order to examine the diachronic dimension of these corpora, they have been subdivided into five time periods. In the following two subsections, I will firstly explain my parameters of selecting the data, give statistical information concerned, then give my reasons for dividing the corpora into separate Phases. In the second part, I will give account of the tools and methods I am going to use in my analysis.

### **6.4.1 Corpus resources used in this thesis**

As explained in section 4.4.5, a researcher needs to define a subset of the discourse at large for research, and should take great care in “defining our research object” (Teubert, 2010, p. 117). As this study aims to discover how the discourse object ‘depression’ has been differently constructed in British and Chinese media, two corpora have been compiled to suit this purpose: the English Depression Corpus (EDC) and the Chinese Depression Corpus (CDC).

#### **6.4.1.1 English Depression Corpus (EDC)**

All the British news articles in the LexisNexis database in which the term *depression* occurred at least three times were extracted to form the EDC. The LexisNexis database has a fixed search parameter requiring 'three or more mentions' of an item to appear in a text before it can be selected, which is a helpful limitation, reducing the EDC to a manageable size, and ensuring that all selected articles are fully relevant. An obvious problem here is that

*depression* is a term used (even more frequently) to refer to the economic situation. In order to make sure that the results only contained articles about depression as a mental illness, another parameter was needed. One efficient solution was found by selecting only articles that included both the item *depression* and, somewhere else in the text, the item *mental*, meaning that all the selected articles dealt with depression as a mental illness. Some articles about depression as a mental illness in which only the item *depression* occurs may have been lost, if they did not include the word *mental*. However, it did ensure that all the articles selected for the EDC were suitable for the research.

Having chosen the source media for the corpus, the time specification needed to be decided, and in this case the period from 1984 to 2009 was selected, based on the fact that 1984 was the year in which articles including 3 or more mentions of *depression* and with the co-occurrence of *mental* started to appear in the UK national news, and the year 2009 marked the beginning of this research. Thus, the EDC is a diachronic corpus consisting of all the British national news articles in which *depression* occurred at least 3 times with the co-presence of the term *mental*. There are 19,377 articles altogether and the size of this corpus is 4,524,659 words. The following chart shows the frequency distribution of the articles in the EDC:

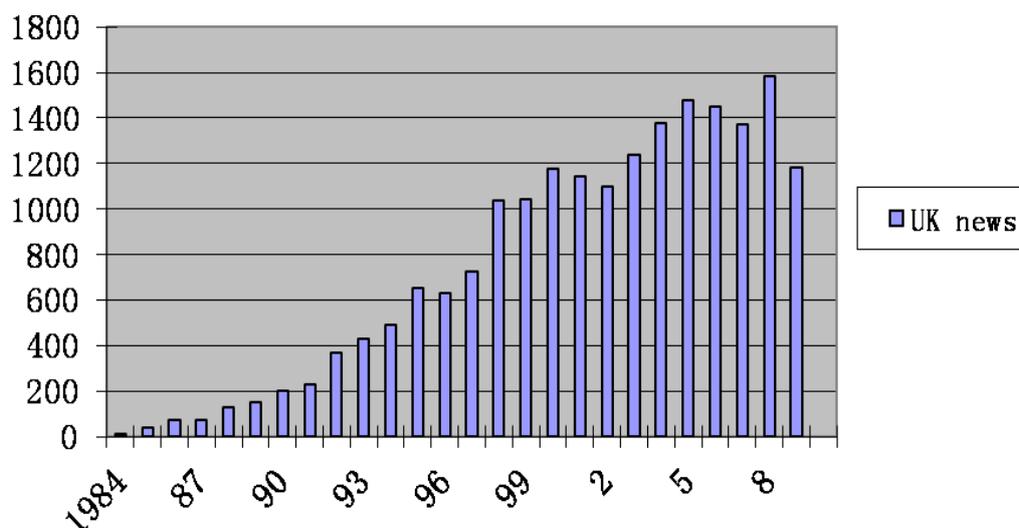


Table 6.1: Frequency distribution of the news articles about depression in the EDC

The frequency of news articles about *depression* in the UK national news increases markedly from 1984 to 2009, with very slight fluctuations between 2002 and 2009. As the study aims to trace the diachronic changes in the meaning of *depression*, it is necessary to divide a diachronic corpus like this into several time Phases, so that the meaning of *depression* and its related concepts in different Phases can be compared. Here, due to the evenly distributed frequencies of news articles, the whole corpus was divided up mechanically into 5 year Phases, according to time periods, producing five sub-corpora, represented in table 6.2.

| Subcorpora of EDC | Subcorpus 1 | Subcorpus 2 | Subcorpus 3 | Subcorpus 4 | Subcorpus 5 |
|-------------------|-------------|-------------|-------------|-------------|-------------|
| Time Period       | 1984-1988   | 1989-1993   | 1994-1998   | 1999-2003   | 2004-2009   |
| Size (words)      | 63,733      | 371,413     | 953,731     | 1,056,059   | 2,079,723   |

Table 6.2: Statistics for the five subcorpora of the EDC

### 6.4.1.2 Chinese Depression Corpus (CDC)

Since the LexisNexis database does not cover Chinese news, for the compilation of the CDC, the 新华网 (Xinhua News Agency) was used to collect the Chinese data. The Xinhua News Agency is the official internet news agency for distributing Chinese news articles. This source was accessed via [www.xinhuanet.com](http://www.xinhuanet.com), with the search word defined as the monosemous 抑郁症 (*yi yu zheng*, 'depression') meaning that the Chinese national newspaper articles (distributed by Xinhua News Agency) in which the item 抑郁症 (*yi yu zheng*, 'depression') occurs were obtained for the corpus. The search results show that Chinese newspaper articles about 抑郁症 (*yi yu zheng*, 'depression') only began to appear in the year 2000, and the frequency of such articles is not as high as in the British news. As explained in Chapter 2, depression as a Western concept only entered Chinese news discourse quite recently, and the discussion of this topic in Chinese news discourse is not as abundant as in the UK. Therefore, all the articles are included in which 抑郁症 (*yi yu zheng*, 'depression') occurs at least once from the year 2000 to 2009<sup>19</sup>. The size of this corpus is 5,930,926 words, and table 6.3 shows the frequency of articles per year in the CDC:

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<sup>19</sup> Unlike English, the concepts of depression in its clinical sense and economic sense are expressed by two distinguishable words in the Chinese language: 抑郁症 (*yi yu zheng*, 'depression') and 经济萧条 (*jing ji xiao tiao*, 'economic depression'). Thus, in compiling the CDC, there is no need to consider the problem of the economic meaning of the word.

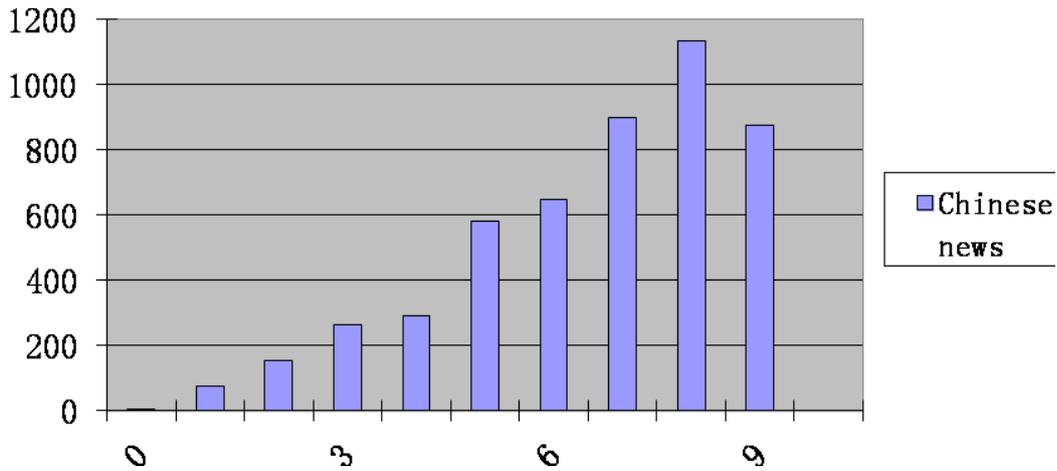


Table 6.3: Frequency distribution of the news articles about 抑郁症 (*yi yu zheng*) in the CDC

Obviously, the number of articles on 抑郁症 (*yi yu zheng*, ‘depression’) is not as high as in the UK corpus. However, the speed of the increase in numbers of Chinese articles exceeds that of the UK. For example, in the year 2000, there are only two articles in which 抑郁症 (*yi yu zheng*, ‘depression’) occurs, and there are already 961 in the UK national news. In the year 2008, when the frequency spikes in both the UK and China, there are respectively 1582 and 1132. That is to say, the discussion about 抑郁症 (*yi yu zheng*, ‘depression’) in the Chinese media catches up with that of the UK over a period of only 10 years. This leads to the second feature of the frequency increase in the Chinese articles: it does not go up as evenly as in the UK. Instead, there are several obvious frequency explosions in 2002, 2004 and 2008, while there is a fall in 2009. The CDC is therefore divided into five time periods, shown in the following table:

| <b>Subcorpora<br/>of C.Corpora</b> | <b>Subcorpus<br/>1</b> | <b>Subcorpus<br/>2</b> | <b>Subcorpus<br/>3</b> | <b>Subcorpus<br/>4</b> | <b>Subcorpus<br/>5</b> |
|------------------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| <b>Time<br/>Period</b>             | <b>2000-2001</b>       | <b>2002-2004</b>       | <b>2005-2007</b>       | <b>2008</b>            | <b>2009</b>            |
| <b>Size (words)</b>                | <b>80,596</b>          | <b>759,825</b>         | <b>2,375,021</b>       | <b>1,498,407</b>       | <b>1,217,077</b>       |

Table 6.4: Statistics for the five subcorpora of the CDC

Frequency and collocation analyses can now be conducted on this data. However, for the third step in corpus analysis, namely keyword analysis, we need two more reference corpora: one for the EDC and the other for the CDC.

### 6.4.1.3 Reference corpora used in this study

The rationale for using a reference corpus to make a keyword list of any specialised corpus has been explained above in section 5.3.2. Here, the reference corpora used will be explained.

As both the EDC and the CDC are rather large, diachronic corpora, the British National Corpus (BNC) was used as the reference corpus for the EDC. The BNC is a large general corpus, said to be representative of the English language, and, containing 100 million words of written and spoken text from a wide range of genres and settings. The Chinese reference corpus is the Lancaster Corpus of Mandarin Chinese (LCMC), a large, balanced Chinese

corpus of one million words, compiled by Lancaster-based researchers. Detailed information about this corpus, including its design and sampling, can be found in McEnery, Xiao and Mo (2003). As discussed in section 6.3.1.3, the reference corpus is generally larger than the corpus under consideration, but it is important to note here that the LCMC is actually smaller than the subcorpora for the third, fourth and fifth Phases of Chinese discourse. The reasons that I still choose LCMC as the reference corpus are that firstly, there was no other publicly available large balanced reference corpus of Chinese when the keyword analysis was undertaken, and secondly, as the LCMC is a large and balanced Chinese corpus, the keywords generated based on each subcorpus and the LCMC as the reference corpus are still valid to the current research. This is because when keyword analyses based on each subcorpus and the whole CDC as the reference corpus were conducted, it was found that the keywords generated overlap with the ones generated when the LCMC was used as the reference corpus. This suggests that the keywords generated in this project with the LCMC as the reference corpus can still be regarded as reflecting, to some extent, the aboutness of each subcorpus. I will return to this point in the discussion of the Problems in section 10.3.

## **6.4.2 Corpus exploration tools**

As noted above, WordSmith Tools Version 4.0 is used in this research. This is an integrated suite of tools for corpus exploration and statistical analysis, including the Concord, Wordlist and Keyword functions and a further set of utilities. It has been used extensively in corpus analysis research. Version 4.0 has not only overcome some of the limitations of previous editions, (for example a maximum of 16,868 concordance lines), but it also has some new and enhanced functions, such as a new WebGetter function to help users build corpora from

the Internet, and more statistical formulae for computing keywords. The most important improvement, however, is its support for Unicode, which means that Version 4.0 can be used to analyse corpora of all writing systems supported by Unicode, including Chinese.

Another very important tool used in the processing of the CDC is the Institute of Computing Technology, Chinese Lexical Analysis System (ICTCLAS). Because in Chinese language texts there are no spaces between words, this tool is used to segment them into analysable units that can be processed by WordSmith. The accuracy rate of ICTCLAS segmentation is over 97%, and the detailed working principles of this tool can be found in Zhang et al (2003).

## **6.5 Corpus methods used in analysing the data**

There is a variety of corpus tools that can be used for extracting lexical patterns found in a corpus. Section 5.3.1 gives a detailed explanation of research methods applied by corpus linguists such as frequency, cluster and collocation profiles, and keyword analysis. They all implement the principle of collocation that is the foundation of corpus linguistics. As discussed earlier, this project incorporates a diachronic dimension, also analysed using these methods. In this section, these processes will be described, with an explanation of how they are contextualised diachronically in this study. The account also serves as an outline of the subsequent three Chapters.

The findings from the English Depression Corpus are discussed principally in Chapter 7, in terms of the following procedures. Firstly, for the frequency analysis, a list of the 50 most frequent words<sup>20</sup> in the EDC as a whole was generated, along with the same for each of the subcorpora of the EDC, meaning that there are six frequency lists in all: one for the whole EDC, and the remaining five for each different time Phase. This allows us to see which words are consistent for both the EDC as a whole and for all the five subcorpora, which may suggest which aspects of the problem of mental depression have always been talked about, and what are the features of these aspects. More interestingly, in addition to the consistently frequent words examined above, each separate Phase of EDC can be analysed, showing which words enter for the first time, and which phase out either temporarily or permanently. It will thus be possible to examine what different aspects of depression have been emphasised or ignored in different Phases.

The collocation analysis will involve the extraction of 6 lists of top collocates of the term *depression*, with all the collocates occurring within 5 places to the left or right. Some aspects of the findings prompted particular decisions concerning analytical methods. Of the top collocates of *depression*, over 80 per cent of them are found occurring on one place to the left of the node word. A further examination reveals that these words are all modifiers (either adjectives, nouns or verbs) of *depression*, such as *mild*, *medium*, *severe*, *acute*, *crippling* and so on in the EDC<sup>21</sup>. Therefore, instead of looking at all the top collocates of *depression*, it

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<sup>20</sup> It should be stated here that all the function words in the wordlists are manually filtered out. This is because in analyzing the discourses of the concept noun (*mental*) *depression*, content words, from a general sense, are more relevant than the function words.

<sup>21</sup> Similarly, in the CDC, collocates were found such as 老人 (*old people*), 冬季 (*winter*), 大学生 (*university students*) and so on, and these modifiers also take up over 80 percent of the whole list of collocates of 抑郁症 (*yiyuzheng*, 'depression'). Therefore, in the collocation analysis of the CDC, the same method was adopted.

was decided to concentrate on discovering i). which modifiers are consistent for both the EDC as a whole and its five subcorpora; ii). which ones enter for the first time in each Phase, and iii) which modifiers phase out and never return. To highlight this change in the research method, this analysis was labelled a bigram analysis.

In the keyword analysis, it can be seen even more clearly which aspects of depression have been discussed in detail and which ones less talked about, because keywords themselves already show the uniqueness and the aboutness of each subcorpus.

It seemed likely that findings based on the frequency analysis, collocate analysis (here bigram analysis) and keyword analysis of the EDC would be shown to echo each other to a considerable degree, highlighting the same aspects of the discussion of depression in each separate Phase. At the same time, the application of these three methods would complement each other, avoiding some aspects being overlooked, which might occur if only one approach was being applied. The findings from the CDC are presented in the following Chapter, Chapter 8, where it will be seen that the same methodology was used as described above. In this Chapter, comparisons will be made with the EDC findings, as appropriate. For example, key features from the frequency, bigram and keyword lists which are consistent in the CDC as a whole will be compared with those in the EDC, with analysis and summary of the main differences between these words and, noting features that are more focused in either the EDC or the CDC.

Chapter 9 will be concerned with key findings presented in the previous two Chapters, and will summarise the main questions to which the EDC and the CDC give radically different answers, highlighting the salient differences between the meaning of depression in British and Chinese media.

The analysis does not stop here, however. A further step will be taken with the use of another method to complement the previous analyses: meaning paraphrase.

## 6.6 Meaning paraphrase

As discussed in section 4.3.2.5, the construction of meaning is always a collaborative act taking place inside a discourse community. Teubert (2007) argues that paraphrases are metalinguistic statements that serve for explanations and explications, accepting, rejecting or modifying what has been said. Together, all these interpretations of previous interpretations constitute the meaning. Just as Teubert (2007, p. 38) claims, “All citations together are everything one can know about the meaning of that lexical item.” Therefore, we have to focus on these paraphrases in order to interpret what the lexical item *depression*, or 抑郁症 (*yi yu zheng*, ‘depression’) means.

If discourse is seen as a set of interlinked texts, any new paraphrase is an interpretation of previous paraphrases (Teubert, 2005). Once a paraphrase interprets what has been said about

a lexical item, other participants will re-interpret it or further elaborate it repeatedly and in different ways. As discussed in section 4.3.2.5, meaning is a product of collaboration: “paraphrase is linked to other paraphrases, as the outcome of the collaboration within the discourse community over a period of time, which ultimately constructs the knowledge of the concept” (Cheung, 2009, p. 82). Therefore, in this research, all the paraphrases will be presented diachronically in appendices, to show the evidence of construction and development of meaning. Thus, the variations of the unit of meaning depression shown in these appendices, as well as the interrelationship between the variations (or the diachronic patterns) interpreted by the researcher can allow us to realise how knowledge (about depression) is constructed socially and diachronically.

In other words, the function of paraphrases is to negotiate meaning, to replace what was said before with a new way of talking about a lexical item. Identifying paraphrases will help us to complement the previous analysis by spotlighting the instances where meaning negotiation takes place. Taken together, these analyses will give us a full picture of the construction of the objects ‘depression’ and ‘抑郁症’ (*yiyuzheng*, ‘depression’) in British and Chinese media. Details of the methods used in paraphrase and intertextuality analysis are presented in Section 4.4.2 above.

## 6.7 Summary

This Chapter has been concerned with discussion of the methods employed in this study. Firstly the importance of, and differences between, corpus-based and corpus-driven approaches was introduced, followed by a discussion of the benefits of using corpora in discourse analysis, and a review of several existing studies in this field. There then came a presentation of the range of corpus resources and tools used in this thesis, with a brief account of how the data would go on to be analysed, in order to answer the research questions established at the outset. Lastly, the importance of meaning paraphrase was reiterated, with explanation of how such analyses will be conducted in order to assist and deepen the previous corpus findings. The next Chapter begins with the corpus findings from the EDC.

# CHAPTER 7 DIACHRONIC ANALYSIS OF THE ENGLISH DEPRESSION CORPUS

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## 7.1 Introduction

This Chapter will present the research findings based on the exploitation of one of the specialised corpora compiled for this project: the English Depression Corpus (EDC). This corpus includes all the British national news articles in which the word *depression* occurs at least three times between 1984, when the lexical item *depression* first appeared in British news, and 2009. There are 19,377 articles altogether, and the size of this corpus is 4,524,659 words. Since this project aims to trace the diachronic changes in the construction of the meaning of ‘depression’, the EDC has been divided into five time Phases, based on frequency changes in the news articles under examination<sup>22</sup>.

In this way, corpus analyses have been conducted of both the EDC as a whole and of its five subcorpora. Firstly, section 7.2 will present an overall analysis of six frequency lists, bigram (modifier + *depression*) lists<sup>23</sup> and keyword lists, sketching the general picture of the EDC (from the lists of the EDC as a whole) and depicting the changes of the meaning of

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<sup>22</sup> Section 6.4.1.1 explains the newspapers under consideration in the EDC and the five Phases into which it is divided. Briefly, the EDC includes all the national newspapers available in the database LexisNexis. The first Phase of the EDC includes all the news articles from 1984 to 1988, the second from 1989 to 1993, the third 1994 to 1998, the fourth from 1999 to 2003, and the fifth from 2004 to 2009.

<sup>23</sup> Section 6.5 explains why this study looks at bigram lists rather than lists of collocates. Essentially, a large proportion of the significant collocates of *depression* are found occurring in the left 1 position of the node word, and most of them are used as the modifiers of *depression*.

‘depression’ by discussing which new words enter these lists, and which words phase out and never come back. In the course of such a process, supporting Citations extracted from the corpus will be presented and briefly discussed. Secondly, to avoid any important aspect of the construction of the meaning of ‘depression’ being overlooked by the above corpus analyses, sections 7.3 and 7.4 will present the paraphrase analyses of some selected consistent keywords such as *depression, depressed, treatment*, as well as some Phasally keywords such as *endogenous/exogenous/reactive depression, psychotherapy, antidepressants* etc.

## 7.2 Corpus analysis of the EDC

### 7.2.1 Wordlist analysis

#### 7.2.1.1 A general description of the EDC wordlist

Appendix 1 shows six wordlists containing the top 50 frequent content words of both the EDC and its five subcorpora. Among these words, 20 are found occurring in all six lists. Of these consistently frequent words, those that make meaningful and relevant contributions to the concept of ‘depression’ are:

***people, health, mental, problem, life, children, help, work, women, illness, family, patients, hospital, treatment***

From these words, we can predict in a very superficial way that *people* suffering from *mental health problems* are continuously talked about over the last 25 years in British national news.

It also seems that people's *life, work and family* are always closely related to the problem of depression. Different ways that can *help* people to deal with depression have been discussed, though we can assume that these might be constructed differently in different time Phases. *Children and women* are more foregrounded as target groups of depression than men. Depression is considered as a *mental health problem* or *mental illness* which affects many *patients*, and different *treatments* of such an illness are constantly addressed. *Patients* of depression are customarily admitted to *hospital* to receive treatment. Many experts and researchers from certain *hospitals* are available to give their opinions on the understanding of the condition of depression.

Of course, such a prediction cannot be verified without further examination of the concordance lines of these words. However, it can give us a first taste of what has been mostly talked about in the EDC, which must be compared with that of the Chinese Depression Corpus.

Of all these consistently frequent words, the word *treatment* should entail important aspects of the construction of the meaning of 'depression'. This is because, usually, the treatment of an illness reflects what the illness is about, its causes in the first place, and only on the basis of such preliminary constructions about an illness can it be explained why a certain type of treatment is better than others. Likewise, for a single illness such as depression, different types of treatment can be constructed as appropriate in different time Phases of the EDC. This will in turn show the changes that people's understanding of the illness itself undergoes over time. A detailed paraphrase analysis of the word *treatment* will therefore be presented in section 7.4.1.1.

In the next section, five subcorpora from the EDC will be compared, with particular attention paid to those frequent words that enter or exit each new Phase, because these may indicate which aspects of depression have been talked about most, which have been less emphasised, which have entered as new, and which have disappeared and never come back.

### 7.2.1.2 Diachronic comparison of the EDC wordlists

In Phase 1 (1984 to 1988), of the 30 words other than the 20 most frequent (shown above), the following can be regarded as important to the construction of the meaning of ‘depression’<sup>24</sup> (brief Citations will be provided for underlined words):

***social, psychiatric, psychological, drugs(pl.), light, feel, depressed, research, study, group, case, evidence, found, death***

As these words show, the *psychological* and *social* sides of depression are foregrounded in this Phase, explaining why people feel *depressed*, seen for example in the following Citation of *social*:

(1). ***Only a minority of patients have psychiatric illness for which drug treatment is indicated and most are disadvantaged, disappointed, frustrated, or unhappy because of personal and social problems.*** The Guardian, June 3, 1985

Here, depression is constructed as a relatively rare illness (*a minority of patients have psychiatric illness*), and *personal and social problems* are presented as the main cause of the condition. This point is supported by the rank of the word *work* in the EDC wordlist. As

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<sup>24</sup> The sequence in which these words are listed is not necessarily the same as that in which they appear in the wordlists: words sharing obvious semantic preference(s) are arranged together.

appendix 1 shows, it ranks in fourth place after words like *people*, *mental*, and *health*. *Work*, of course, is a frequently used word in the English language, but a further examination of the sentences in which *work* occurs in this Phase reveals that *work* stress has been used frequently to indicate an important cause of depression:

(2). *Mr Boyes says stress can be caused by having too much, or too little, work, by fear of missing out on promotion or fear of new responsibilities, or it can be the result of domestic problems such as divorce, a problem teenager or a spouse's long illness.* The Times, July 1, 1987

Furthermore, sentences in which *depressed* occurs show that there is always a discussion concerning the distinction between feeling depressed and depression, with the former as a normal emotional state which can be soothed by social care, and the latter as a serious illness which needs more professional treatment. The following Citation is typical in this sense:

(3). *One of the differences between being depressed and having a clinical depression is that with the first, a kind friend and a bit of effort can help you 'pull yourself together' (a phrase I grew to hate), but depression leaves you entirely devoid of inclination or ability to do anything about it whatever the incentives. Nothing reaches you.* The Guardian, September 9, 1986

Such a distinction in Phase 1 is very relevant: people are told and made to believe that only some cases of feeling depressed are actually illnesses. We can also say that, in the 1980s, symptoms of depression as an illness were still largely described in terms of people's emotional states. I will come back to this point when the paraphrase analysis of *depressed* is presented in section 7.4.1.2. Furthermore, in this first Phase, people suffering from depression were quite frequently *admitted to hospital* receiving treatments such as *drug* treatment, *light therapy* and so on. Lastly, there are a large number of words indicating that people's understanding of depression was still in an early stage, and in need of many *studies* and much *research*: words like *research*, *study*, *group*, *case*, *evidence*, *found* and so on are all used to

describe a scientific approach to depression. And the word *death* indicates a possible serious consequence that depression brings about.

In Phase 2 (1989 to 1993), it is interesting to find that among the words discussed in the first Phase, *psychological* and *light* disappear. Instead, the following new words are found:

**drug(sg.), brain, body, therapy, anti (as in antidepressants), suicide, disorder, self**

Compared with Phase 1, a few newly entered words in this second Phase begin to touch upon the chemical side of depression: the working principles of the *body* and dysfunction of the *brain* are constructed as the new causes of depression. One typical Citation of *brain* is:

(4). *Many of these neurotransmitters are chemically classed as amines, and in depression the brain seems to have a deficiency of them.* The Independent, November 24, 1991

Once such a biochemical cause of depression is addressed, drug treatment will be considered as a proper choice. However, instead of *drugs*, the singular form of this word *drug* is now used frequently, possibly indicating that particular types of drug have been introduced. For example:

(5). *[S]ince its introduction, **Prozac has proved a most effective treatment for depressive illness**; so effective that it is currently prescribed for some three million people worldwide. However, in the last couple of years, evidence has emerged of suicidal, even homicidal, behaviour in a small minority of those prescribed the drug.* The Independent, January 9, 1991

Here, one of the most important brands of antidepressants – Prozac -- is introduced as *a most effective treatment* that has been prescribed for *three million people worldwide*, and its side-effects have been reported as only affecting *a small minority* of those prescribed.

Besides, the high frequency of the morpheme *anti*, which is a part of the word *antidepressants*, also reflects that depression has started to be understood as being caused by a loss of biochemical homeostasis, and that only *drugs* or *antidepressants* can cure the problem.

Instead of the *light* therapy, which is emphasised in the first Phase, many different therapies are discussed in this Phase, such as *electro-convulsive, behavioural, cognitive* and *drugs* . That is why the word *therapy* appears as a new frequent word. The following two Citations are typical:

(6). ***People with low mood but fewer than four of these symptoms are said to have minor depression and those with low mood alone "sub-clinical" depression. They require support, a sympathetic ear and in some cases counselling to prevent their condition getting worse. Those with major depression require more intensive psychological therapy or drug treatment.*** The Times, January 23, 1992

(7). *The team attaches importance to its use of counselling and a range of therapies alongside the more traditional antidepressant drugs.* The Independent, August 25, 1992

Citation 6 indicates that people with minor depression only require counselling, while those with major depression require more professional treatment such as psychological therapy or drug treatment. Citation 7 emphasizes the importance of using a range of non-drug therapies alongside the more traditional antidepressant.

Lastly, words like *suicide, self* (as in *self-harm, self-abuse*) are used to depict the harm depression can bring to people. At the same time, words like *suffering* and *disorder* are widely used in the phrase *people suffering from mental disorder*. Depression, in this way, is being understood as a *disorder*, alongside other types of disorders like *seasonal affective*

*disorder, personality disorder, eating disorder, post-traumatic emotional disorder*, and so on. This may help people to remove the social stigma of depression being considered as a mental illness.

To summarise, in this second Phase, a more open but still research-oriented discussion of depression is represented, either by investigating its more diverse causes or testing a range of therapies. The chemical side of the problem begins to be weighed. Also, depression is now constructed as a more normal, less embarrassing condition for people.

Meanwhile, the disappearance of the word *psychological* perhaps opens the way towards a more chemical approach to depression.

In Phase 3 (1994 to 1998), the following words are found to be important new entries at this stage:

**Prozac, mind, side, effects, use, young, know**

*Prozac*, as a brand leader and heavily advertised antidepressant, is overwhelmingly talked about as an efficient way to treat depression in Phase 2. In this third Phase, more counterarguments and contrasts between Prozac and other antidepressants become prevalent.

For example:

(8). *This week a new antidepressant, Zispin mirtazapine, has been introduced. Organon, the manufacturers, not only claim it is more successful and faster in the treatment of depression than the brand leader Prozac, but that it neither numbs the patient's sexual desires nor alters the nature of any amatory response.* The Times, September 25, 1997

This reveals that, in the mid and late 1990s, more brands of drugs have been produced and British news attempts to compare different brands in terms of their advantages or side-effects. It is worth noting here that such comparisons are actually based on the presupposition that depression is a biochemical disease and drugs can be used as a proper treatment. Only under this condition can comparisons between different brands of drugs make sense. In this context, the word *mind* is widely used in the body/mind relationship, explaining how the somatic dysfunction of the human brain will cause depression. For example:

(9). *The over-production of hormones that results from long-term exposure to stress can disrupt the normal functioning of the mind and body, leading to a host of symptoms from indigestion and aching muscles to anxiety, anger and **depression**.* Sunday Mirror, September 13, 1998

Thus, the biochemical side of the problem of depression is now emphasised, thus justifying the use of drugs as appropriate treatment. One of the typical Citations of the word *use*, another newly-entered word in this Phase, is as follows:

(10). *Also, when normal grief turns into pathological grief, there is often a depression, and **we use medications to treat the accompanying depression**.* The Independent, January 30, 1994

While in this third Phase, ‘drugs’ are constructed as something positive, we also find the word *side-effects* (or *side-effect*) as a newly-entered frequent word. However, a simple look at all the occurrences of this word reveals that it often prompts a certain kind of antidepressant by stating it has *fewer side-effects*, or even *no side-effects*. For example:

(11). *Controlled studies have begun to show that it (**Prozac**) and others in the SSRI group are as effective as imipramine, **have fewer side-effects** and seem to work faster.* The Sunday Times, April 3, 1994

(12). *Few medical treatments are **free of side-effects** and, all things considered, **lithium causes fewer adverse reactions than most**.* The Sunday Times, May 5, 1996

Citation 11 advertises that Prozac and other similar drugs have *fewer side-effects*, and Citation 12 argues that *few medical treatments are free of side-effects*, highlighting that lithium is a better antidepressant causing *fewer adverse reactions*.

Besides, we also find words like *young*, which may imply that depression happens to young and frequently lovesick people. The word *know* may indicate that now people *know* what depression is and why drug treatment is useful for people.

The adjectives *social* and *psychiatric* disappear from the wordlist in this third Phase, which further indicates that the social and psychological side of depression is now less frequently discussed. In this third Phase, we see the fading out of the psychological and social side of depression, and an increased, now prevalent emphasis on the chemical side of the condition.

In Phase 4 (1999 to 2003), these interesting new high frequency words come up:

**think, see, used, university**

The word *think* enters the corpus for the first time in this Phase, as a very frequent word.

Compared with the word *know* in Phase 3, people perhaps begin to rethink what depression is, and whether other causes of depression, such as external life events rather than the dysfunction of the brain should be brought back into consideration. Alternatively, people may originally have thought of depression as being one thing, and now it turns out to be another.

Therefore, people may *see* depression in new and different ways. The following Citations of *think* support this interpretation:

(13). *This impresses me more than many forms of group therapy practised in America. **It enabled me to think about depression as a thing external to, and separate from, myself.*** Mail on Sunday, April 22, 2001

(14). ***Most people think that depression, like cancer or a heart attack, will never happen to them.** Teenagers and men are especially prone to this way of thinking. Denial of mental illness runs through our culture, yet, as current research suggests, neurochemicals, genes and individual circumstances can interact unpredictably - sometimes horrifically.* The Daily Telegraph, February 22, 2001

Citation 13 reminds that depression might be a condition *external to, and separate* from oneself, denying the idea that depression is caused by chemical factors. Citation 14 suggests that depression is caused by the interaction of *neurochemicals, genes and individual circumstances*, in fact weakening the construction of depression as a biological disease.

Likewise, the word *used* enters as a new frequent word, while the word *use* now disappears. A detailed examination of the concordance lines of *used* in this Phase shows that many new therapies other than drugs are represented as being *used* to cure depression. For example:

(15). *One of **the most widely used herbal remedies for depression**, St John's Wort, is as effective as conventional antidepressant drugs but has fewer side-effects, a study shows.* The Independent, December 10, 1999

(16). ***Listening therapy** is mainly used to help people with learning problems such as autism, attention deficit disorder, hyperactivity and dyslexia. It is also **used to treat depression**, stress, speech and voice problems, brain injury, cerebral palsy or simply to help learn a foreign language.* The Express, October 20, 1999

(17). *A Portuguese neurologist, Dr Antonio Egas Moniz, then refined the technique. His results were considered so good that lobotomies started to be used in several countries as a last-ditch treatment for psychosis or severe depression.* The Guardian, October 5, 1999

The above three Citations introduce three alternative forms of treatment that can be used for depression: a herbal remedy: St John's Wort, the listening therapy, and lobotomies. This diverts people's attention from antidepressants to a wider variety of treatments.

If the frequency of the word *university* in this Phase exceeds that of previous ones, this is because many academic researchers in universities start to offer their own different ideas on depression, which makes the discourse object 'depression' become a complex problem requiring further scientific research. This point is based on a close examination of the sentences in which the word *university* is embedded. Words that exit in this Phase include *use*, *body*, and *Prozac*. This is additional evidence that the biological side of depression and the use of medical treatment are less discussed in this Phase.

In the last Phase (2004 to 2009), the following words enter the list of high frequency words:

**risk, care, support, use**

In this Phase, many new aspects of problems are shown to increase the *risk* of depression, such as stressful events, abortion, and a lower level of serotonin. But it seems that, while in previous Phases the chemical cause of depression (and therefore a therapy using drugs) was the key picture, now other external factors come back on stage. Words like *care* and *support* indicate the importance of the social environment to people suffering from depression.

*Depression support groups*, *websites* and *workers* are strongly represented in this Phase, and

the lack of social support is frequently pointed out. This may imply that the social side of depression comes back on stage in this last Phase.

On the other hand, the construction of the biological side of depression is less dominant in this Phase: people are advised to reduce depression without the *use* of drug treatment and the awareness of other therapies is raised:

(18). *The Department of Health data has raised concerns of **an over-reliance on prescribed drugs to combat depression over the use of other therapies.*** The Mirror, June 30, 2008

Here, the return of the word *use* (compared to ‘use’ in the third Phase) is employed to show that the *use of other therapies* is encouraged to prevent people’s *over-reliance* on prescribed drugs.

In this last Phase of the EDC, then, more external factors are discussed as possible causes of increase in the risk of depression, and social care and social support are correspondingly given more attention. The use of non-drug therapies is encouraged in order to prevent people’s over-reliance on medical treatment.

### 7.2.1.3 Summary

This diachronic analysis of the EDC wordlists tells us that, at the beginning, depression tends to be constructed as a psychological illness, while in the second Phase, a more open discussion shows depression as either a psychological or a biological illness. In the third Phase, with more words about names of antidepressants entering our wordlist, the chemical

side of depression becomes clearly dominant. In the fourth Phase, depression is once again more openly discussed, with more diverse possible causes behind it. In the last Phase, the social side of depression takes centre stage, and the importance of the social environment is emphasised. This makes the chemical and biological side of depression less prevalent.

To obtain more reliable views concerning the construction of depression over different time Phases, in the next section six bigram (modifier + *depression*) lists will be examined to see whether frequency analysis findings match those of the bigram analyses.

## 7.2.2 Bigram list analysis

### 7.2.2.1 A general description of the bigram list of the EDC

One of the main ways in which corpus linguists seek to identify the meanings of a word is through analysis of its collocates. As has been clarified in section 5.2.2.1, collocates are words that co-occur with the word under investigation statistically more significantly than others. In discourse analysis, collocation study is frequently used by researchers as an efficient means of finding out what has been said about a given discourse object, by looking at the collocates of the lexical item which stands for the object. However, when all the collocates which occur within right 5 and left 5 positions of *depression* over the five time Phases of the EDC are extracted, it is found that most of these collocates are adjectival or noun modifiers of *depression* which occur on the left 1 position of the node word. Due to the significance of such adjectival and noun modifiers in contributing to the meaning of depression, six bigram frequency lists containing the top 25 most frequent modifiers are

generated, based on the whole corpus and its five subcorpora<sup>25</sup>. Appendix 2 shows these six lists, from which we can extract consistent words that appear in all lists (here, only the modifier elements are displayed):

***manic, postnatal, post-natal, severe, clinical***

In the EDC, the discourse object ‘manic depression’ (equivalent with the lexical item that stands for it) occupies a significant position, even though from the early 1990s the new term *bipolar disorder* began to replace the term *manic depression*. The discourse object ‘manic depression’, although with slight differences between the five time Phases of the EDC, has been largely identified as a genetic disease due to an anomaly of the brain structure of its sufferers: its onset is thought to be at around 16 years of age, and it is said to run in the family. It is signified by mood swings between mania and depression. The discourse object ‘postnatal (post-natal) depression’ also comes across as a well-known illness in the EDC. *Severe* depression is referred to throughout the corpus, and is commonly seen as endogenous. Finally, *clinical* depression is a depression that is severe enough to require clinical intervention, and as such it is categorised as a disorder in need of medical treatment. These five consistent modifiers of *depression* give us the impression that depression is talked about in the EDC as a rather serious illness, which needs clinical intervention.

### 7.2.2.2 Diachronic comparisons of the EDC bigram lists

In Phase 1 (1984 to 1988), there are two<sup>26</sup> Phasal modifiers of *depression*:

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<sup>25</sup> In analysing the bigram lists, only the top 25 frequent modifiers in the EDC and its five subcorpora are chosen for further examination. This decision is based on the finding that modifiers which rank after 25 in most of the lists only occur once in the (sub)corpus, and that further examination of these words will not be significantly valuable.

*endogenous, winter*

‘Endogenous depression’ is the label assigned to depression caused by internal factors (usually genetic predispositions). Together with its antonym ‘exogenous depression’, they play an important part in the construction of the meaning of depression in this Phase.<sup>27</sup> The following occurrences offer a clue as to the way endogenous depression is discussed:

(1). *Genetic predisposition is believed to lie behind the cyclical nature of **endogenous depression**. The person withdraws from human contact and his or her severely depressed mood is qualitatively different from the norm.* The Guardian, August 5, 1988

(2). *About one-quarter of people with **endogenous depression** kill themselves.* The Guardian, August 5, 1988

‘Endogenous depression’, at this stage, is described as a very serious biochemical disease, being *qualitatively different from the norm* (‘exogenous depression’ is described as just quantitatively different). The serious consequence it brings about is also discussed, as shown in Citation 2.

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<sup>26</sup> In analysing the newly-entered modifiers in each time Phase, only the ones that occur more than twice in each subcorpus are selected. Modifiers occurring only once in each subcorpus, even if they are newly-entered ones, will not be chosen for further investigation.

<sup>27</sup> It is interesting to find that in different versions of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), endogenous depression has been differently defined and treated, and even abandoned over time. In the first (1952) and second (1968) versions of the DSM, depression was predominantly defined and understood as part of the field of psychodynamic psychiatry, which means that depression was more or less a reaction to difficult life events, and the doctors’ role was to listen to patients’ stories and help them to build up psychological control over depressive states. Endogenous depression at this stage was described as occupying a minor part. However, from DSMIII on, there has been a radical revision: the psychodynamic or physiologic view was abandoned, in favour of a regulatory or legislative model. Within the new framework established by DSMIII, endogenous depression as a medical term was deleted in 1994, implying that there is no distinction between depressions caused by internal and external factors, and most cases of depression were diagnosed as caused by biochemical factors. Thus, the doctors’ role was reduced to prescribing antidepressants.

The other modifier *winter* might indicate the external factor of depression: people feel gloomy in winter time. However, the following Citation proves that in the EDC, winter depression is presented as a genetic disease:

(3).'*[S]easonal affective disorder' (Sad), or winter depression, differs from the more familiar endogenous (or chemical) depression which affects 10% of the female and 5% of the male population in that it first strikes people in the autumn, is unrelated to life's ups and downs and always disappears with the coming of spring.* The Sunday Times, September 27, 1987

Here, although different from endogenous depression, winter depression is defined as an illness caused by internal factors, because it is *unrelated to life's ups and downs*. Furthermore, this article gives a scientific explanation in its wider context:

*With decreasing amounts of daylight striking the retina of the eye, a signal is fired that causes the pineal gland in the brain to produce more of a hormone called melatonin during sleep. The melatonin in turn brings on the classic symptoms of drowsiness, lethargy and craving for carbohydrates. The wearisome Catch 22 for sufferers is that the increased drowsiness causes longer periods of sleep which in turn produce more melatonin.* The Sunday Times, September 27, 1987

In this way, in the first Phase of the EDC, depression has been introduced as an illness caused by endogenous factors.

In Phase 2 (1989 to 1993), endogenous depression continues to be addressed, and the following new modifiers enter:

***brief, major, deep, chronic, serious, great, recurrent, profound, long-term, acute, mild, reactive<sup>28</sup>, menopausal, suicidal***

These modifiers can be categorised into two groups: one group is about different types or manifestations of depression as an established category of illness, such as *brief, major, deep,*

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<sup>28</sup> Reactive depression refers to depression caused by external life events, such as loss of loved ones, divorce and so on. Another term for reactive depression is exogenous depression, which is the antonym of endogenous depression.

*chronic, mild, serious, recurrent, profound, and acute.* Though these modifiers do not contain information about the cause of depression, it is fair to assume that they are all used to describe depression as quite a real and serious disease. The second group of modifiers indicate the causes of depression, such as *reactive*, and *menopausal*. The word *suicidal* indicates the serious consequence that depression can bring about. Therefore, Phase 2 of the EDC further confirms that depression is a real and serious disease: it can be either endogenous or exogenous/reactive:

(4). ***[D]epressive illnesses have been classified in two groups, variously described as psychotic, true or endogenous, and neurotic, reactive or exogenous.*** The Times, August 30, 1990

(5). *For years it has been fashionable to talk about 'endogenous depression' (coming from within) and 'reactive depression' (a response to an upsetting life event or difficulty).* The Guardian, September 29, 1989

Such introductory statements, as Citations 4 and 5, are frequently used in Phase 2, indicating that depression is caused by either biochemical factors (*coming from within*) or *upsetting life events*. This finding echoes that of our previous frequency analysis. That is, Phase 2 sees a binary discussion about depression concerning both its endogenous and exogenous causes.

In Phase 3 (1994 to 1998), the new modifiers are:

***moderate, antenatal, seasonal, biological, psychotic***

Of these five newly-entered modifiers, the word *biological* clearly indicates the biochemical cause of depression. *Moderate* and *psychotic* describe different degrees of depression (with 'psychotic depression' being constructed as a serious type<sup>29</sup>), without clear indications of the cause behind them. *Antenatal* depression is also constructed as a chemical condition related

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<sup>29</sup> "A psychotic depression is never mild; in the DSM, it is listed in the severe category, accompanied by gross and unmistakable motor and intellectual impairments." – Cited from *Weekend: INTO THE CUCKOO'S NEST* in The Guardian, January 31, 2004.

to the level of hormone. The only modifier that seems to indicate the external side of depression is *seasonal*, because seasonal depression should be understood as being caused by seasonal change: the low temperatures and reduced exposure to sunshine may affect people's emotional states. However, in this Phase, we find some Citations of *seasonal depression* being explained biochemically:

(6). ***The cause of seasonal depression is not fully understood, but there are thought to be links with the hormone melatonin and the performance of the body clock. Melatonin, which is secreted only at night by the pineal gland in the brain, is essential for the proper running of the body clock.*** Daily Mail, December 1, 1998

This scientific explanation reminds us that in Phase 1, winter depression is also explained in terms of similar biochemical functions.

We see, then, that in this third Phase more attention is paid to the biochemical side of depression. This matches what we have found in the previous frequency analysis, which suggests that depression as a biological problem is the focus of this Phase.

In time Phase 4 (1999 to 2003), two new adjectives enter:

***bipolar, resistant***

The frequent use of *bipolar* may show that by now the term *bipolar depression* is largely replacing the former user *manic depression*. In section 7.3.2: paraphrasing *manic depression/bipolar disorder*, more details will be provided. Here, however, the following Citation is illuminating:

(7). ***Bipolar disorder is, in fact, simply the modern clinical name for what has long been known as manic depression. Thus, where once a patient presenting with severe mood swings alternating***

*between highs (mania) and lows (depression) would have been told she was manic depressive, now the identical patient will be informed that she is suffering from bipolar disorder.* The Guardian, July 19, 2001

The transition from manic depression to bipolar disorder carries less social stigma than depression, which may well be the reason for its increasing use.

*Resistant* comes up as either *treatment-resistant* or *drug-resistant*. Literally, *drug-resistant depression* means depression that cannot be cured by drug treatment, and *treatment-resistant depression* a severe disorder which cannot be dealt with by any form of treatment. The existence of *drug-resistant* depression in this Phase might give weight to some non-drug forms of treatment, which explains that the discussions of both the chemical and the psychological construction of depression are juxtaposed in this Phase. An emphasis on *treatment-resistant* depression perhaps reminds people to persist with it for longer because depression is a more complex problem that cannot be solved by a single form of treatment.

At the same time, the modifier *endogenous* totally disappears from this Phase and does not return. (For the reason for this, see Footnote 28 explaining the Diagnostic and Statistical Manual of Mental Disorder).

In Phase 5 (2004 to 2009), the following adjectives enter:

***crippling, full-blown, latent***

*Crippling* and *full-blown* both indicate severe forms of depression, without talking about its cause or symptoms. *Latent depression* is considered as a hidden epidemic that is *more*

*common than we think.* The following Citations, although extracted from a single article, give a full description of latent depression:

(8). *In **latent depression**, that absence<sup>30</sup> is not expressed or even acknowledged. Instead, it is covered up. Many people with latent depression appear to be functioning very productively, and if anyone asked them if they felt dead<sup>31</sup>, they would think the question absurd. What matters, however, isn't "feeling" dead, but "being" dead.* The Guardian, September 28, 2004

(9). *But my own experience, as both a patient and a therapist, makes me believe that **latent depression is more common than we think. It may be more widespread, in fact, than its more blatant brother.*** The Guardian, September 28, 2004

(10). *If **latent depression is acknowledged and faced up to** there is the potential for a **fuller, richer, and more meaningful life.*** The Guardian, September 28, 2004

Here, latent depression is explained from a very abstract perspective: it is a feeling of *being dead* without sufferers being aware of it. It should be pointed out here that neither chemical nor psychological causes are mentioned, which might suggest that latent depression is a more complex condition. This may serve to remind people that even if they do not feel depressed, they still might suffer from depression. Depression is thus given a ubiquitous presence, a threat that constantly needs to be dealt with.

### 7.2.2.3 Summary

To sum up, the bigram frequency lists show how the depression discourse, as evidenced in five Phases of the EDC, changes in quite interesting ways over time. In the first two Phases,

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<sup>30</sup> The *absence* referred to here means “an absence of something - contentment, ease, a sense of aliveness”, according to the textual context of the Citation.

<sup>31</sup> The word *death* appears in the previous sentence: “There is a tendency to consider it (depression) just a set of behaviours; symptoms to be ticked off on a medical checklist, but at its cold heart, depression is not a preponderance of certain behaviours or feelings. It is an absence of something - contentment, ease, a sense of aliveness. It is, in fact, a sort of death.”

much attention is paid to the distinction between endogenous and exogenous (reactive) depression. Phase 3 constructs depression as mainly biological, a concept which takes centre stage for a short time. In Phases 4 and 5, *bipolar* replaces *manic*. Depression is also now shown to be an omnipresent threat with potentially devastating (crippling) consequences. Generally speaking, modifiers used in the EDC describe depression as a real illness which can happen to anyone, and thus sufferers from depression should seek timely treatment to avoid the serious consequences that depression brings to their lives.

### 7.2.3. Keyword list analysis

The previous two sections display the research findings based on frequency and bigram list analyses. However, to make sure that such analyses do not overlook any important aspects in the construction of the meaning of depression, in this section, findings based on keyword analysis of the EDC and its five subcorpora will be presented. The definition of keywords discussed in this section is not based on concepts that are viewed subjectively as important to culture, but allows for any word in a corpus to be “key” if it occurs frequently enough<sup>32</sup> when compared to a reference corpus. Sections 6.3.1.3 and 6.4.1.3 have provided a detailed introduction to the concept of keywords, and to the reference corpus used in this study. Here I will sum up briefly what 'keyword' means. Mike Scott's corpus analysis program WordSmith Tools (2004) identifies keywords on a mechanical basis by comparing two word lists, taken from different corpora or subcorpora. A keyword is therefore a word which occurs more frequently in a corpus than expected, when measure against a reference corpus. Additionally, it is possible to use WordSmith Tools to compare two wordlists, in order to compare two

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<sup>32</sup> Keywords can also be negative ones, i.e. those that are exceptionally infrequent. In this study, only the positive keywords are analyzed.

similar-sized corpora (here, subcorpora), in order to gain an indication of the lexis that is distinctive in each one (here, in each time Phase).

Keyword analysis is valuable for discourse analysis because keywords may reveal a preoccupation with certain ways of presenting information. The fact that a keyword technique identifies such words should prompt the researcher to go into the text to investigate qualitatively why such words have arisen with unusual frequency, and to attempt an interpretation, contributing to the understanding of the discourse object in question.

### 7.2.3.1 A general description of the keyword list of the EDC

Appendix 3 presents the EDC keyword lists, and those of its five subcorpora<sup>33</sup>, when it is compared against the BNC<sup>34</sup> wordlist. The following words are consistent keywords of both the EDC and those subcorpora:

***mental, illness, stress, depressed, psychiatric, symptoms, treatment***

The appearance of these seven words in all six keyword lists indicates that depression as a *mental illness*, as a *psychiatric* disease, together with its possible causes (such as *stress*), its *treatments* and its *symptoms* are all constant topics. Feeling *depressed* is shown to be closely related to depression as a disorder in need of treatment. However, it can be assumed that not all these aspects of depression have remained the same during the last 25 years. To show such

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<sup>33</sup> In analysing the keyword lists of the EDC and its five subcorpora, only the top content 25 keywords will be included. This decision is made based on the suggestion of my supervisor, Professor Wolfgang Teubert. According to his experience, an analysis of the top 25 keywords of a specialised corpus can adequately reflect the 'aboutness' of the corpus, and the result of such analyses can be more relevant.

<sup>34</sup> BNC refers to the British National Corpus, which is a large, general corpus containing 100 million words of written and spoken text taken from a wide range of genres and settings.

possible differences in the construction of the meaning of depression, two words in this list, *depressed* and *treatment*, will be chosen for further paraphrase analysis.

Apart from the consistent collocates shown above, some keywords enter one specific Phase as new ones and some disappear with the previous Phase(s); some do not return. These ‘comings and goings’ of keywords can offer great insights into the construction of meaning. The presence or absence of relevant meaning aspects carried by certain keywords will be of great importance in explaining what depression means. Thus, to get a clearer idea of how these keywords come and go in each specific time Phase, the following overlap analysis is conducted.

### 7.2.3.2 Diachronic comparisons of the EDC keyword lists

The changes in keyword lists between different Phases of the EDC match to a great extent those of the frequency lists which have been analysed in section 7.2.1. For example, in the first Phase (1984 to 1988), the following words are found to be important in revealing relevant features (underlined words will be provided with corpus Citations):

*psychiatrist, psychotherapy, psychological, psychiatry, depressive, scientology, endogenous*

Most of the words in the keyword list are about the psychological side of depression. Here, we see words like *psychiatrist, psychiatry, psychological, depressed* and *depressive*, which are all related to the psychological side of depression. Two words which refer to the treatment of depression are *psychotherapy* and *scientology*. It can be confirmed that in the first Phase, from 1984 to 1988, depression in the UK media was constructed as a psychological illness caused by emotional stress. To show more about how the psychological side of depression

has been represented, how it disappeared, or even possibly how it came back again, a detailed paraphrase analysis of *psychotherapy* will be presented in section 7.4.2.2. Here, I will only give three typical Citations for this word:

(1). *Various forms of **psychotherapy** are used to treat reactive depression, although antidepressive drugs may help resolve a prolonged episode.* The Guardian, August 5, 1988

(2). *Whether the advice is sound or not, **psychotherapy** and counselling are based on the belief that it is better in the long run to make up your own mind and be responsible for your own decisions and actions.* The Times, September 22, 1986

(3). *The people who seek **psychotherapy** tend to be better educated, and they don't seem to mind telling their friends that they are getting help.* The Times, August 5, 1988

These Citations describe psychotherapy positively as a proper treatment, making people more responsible for their own lives, and seeking psychotherapy is represented as a choice by well-educated people. This point supports the view that depression could be easily caused by psychological factors, and to cure it needs appropriate psychotherapies.

Though *endogenous* also appears as a keyword in this Phase, the chemical cause of depression is not typically represented through the use of this word. Instead, *endogenous* was used to introduce and define the discourse object 'depression', which includes both endogenous and exogenous types. In this first Phase, such two distinct types of depression are clearly distinguished. But from the second Phase onwards, the differences between them have become less clear-cut, and from the fourth Phase (1999 to 2003), both *endogenous* and *exogenous* are scarce in the EDC. This is largely due to the deletion of the term *endogenous*

*depression* in DSMIII in 1994, which has been explained in detail in section 7.2.2.2. In order to consider the way in which two such important concepts have been discussed in the English news, section 7.4.2.1 will provide detailed paraphrase analyses of *endogenous depression*, and *exogenous/reactive depression*.

Contrastingly, in the second time Phase (1989 to 1993), we start to see the cause of depression being discussed as a brain dysfunction, though a more wide ranging discussion about depression is also found. This point echoes the results of the frequency analysis. The following are the newly-entered keywords:

***drugs, brain, Prozac, Styron, ECT(Electroconvulsive treatment), psychiatrists, therapy, suicide, disorder***

In this list, four words have been used to indicate the significance of chemical cures of depression: *drugs*, *Styron*, *Prozac* (names of a type of antidepressants), and *brain*. The word *psychiatrists* emphasises the discussion of depression as a psychiatric illness. *ECT*, a common form of treatment for depression is still talked about. This may represent the widening of the discussion of depression, concurring with the findings of the frequency analysis above.

Furthermore, the entrance of words such as *suicide* and *disorder* indicate the seriousness of depression, but also its representation as a less stigmatised condition. The word *drugs* also enters as a new keyword in this Phase, in most cases meaning antidepressants. A typical Citation of this word is as follows:

(4). The new **drugs designed to increase serotonin levels** – called serotonin re-uptake inhibitors - are apparently helpful in conditions where serotonin levels (obsessive-compulsive disorder) and in conditions where they are low (impulsive-aggressive disorder). The Independent, May 28, 1991

(5). Antidepressant **drugs produced results within four weeks** although many people prefer "talking" treatments like counselling. The Independent, December 10, 1993

(6). Very few people saw depression as having a biological or chemical cause according to the survey but in some patients who suffer recurrent depression, **drugs may be prescribed for life**. "It is like giving insulin for diabetes." The Times, January 31, 1992

The above three Citations show that 'drugs', in this Phase, are constructed as a positive treatment (as in *produce results in four weeks*, or *may be prescribed for life*) by either explaining its working principles (as in *to increase serotonin levels*) or comparing it with talking therapy.

Words that emphasise the psychological side of depression, including *psychotherapy*, *depressive*, *psychological* and *scientology* exit in this second Phase.

In the third time Phase (1994 to 1998), the explanation of the chemical side of depression seems to dominate the discussion. New keywords that enter this Phase are:

**drug, manic, serotonin, antidepressants, medication, life**

In this Phase, *drug*, the singular form of the word, appears as a new keyword, although the plural form *drugs* continues to be a keyword. The reason for this seems to be that specific kinds of drugs are being talked about. In the frequency analysis of this Phase, the word *Prozac* appears at the top of the frequency list, and the textual contexts of the occurrences indicate that, in this Phase, different brands of drugs are being compared and contrasted with each other in terms of their advantages and side-effects, two of which follow:

(7). *Such claims anger doctors who see **Prozac as an effective drug** for depression and no more, and they point out it has only a two in three success rate, on a par with other antidepressants.* The Independent, March 17, 1996

(8). *The **drug fluvoxamine**, sold in Britain as Faverin, regulates one of the brain's chemical messengers, serotonin, which is used in eating, sleeping and sex, and is thought to control states of consciousness and mood.* The Independent, January 24, 1996

These Citations show that, though different brands of drugs are introduced and contrasted, the working principle of all antidepressants seems to be the same: to regulate the levels of *serotonin*. As emphasised already in the frequency analysis of this Phase, this kind of chemical construction of depression is prevalent. Furthermore, the newly introduced words *antidepressants* and *medication* also obviously reflect the role of medical treatment.

The word *manic* appears 13th in the keyword list in this Phase. Manic depression, which manifests as extreme mood swings between hyperactivity and depression, is constructed as a biological disease: the onset of such a disease usually occurs around the sixteenth year, and it runs in families. Furthermore, the brain of people with manic depression is constructed as *wired differently*. Due to the very frequent occurrence of *manic*, in section 7.3.2.2 of this thesis, I will examine how *manic depression* performs over time, until it is gradually replaced by the new term: *bipolar disorder*. Although words such as *psychiatrist* and *therapy* still exist within the top 20 keywords in this Phase, the chemical construction of depression still predominates.

Meanwhile, the word *life* appears for the first time as a keyword. Though it is a high frequency word in all five Phases, as indicated in the frequency list appendix, the higher keyness of this word in this Phase entails an important aspect of meaning development. A

look at all the sentences in which *life* occurs indicates that depression has been constructed as a *life* problem, affecting many aspects of human life, and possibly also suggesting the increasingly frequent occurrence of the disease. Accordingly, keywords such as *ECT* (Electroconvulsive treatment) and *Styron* disappear in this Phase, which means discussions of old forms of treatment and old antidepressants are replaced by new medications, such as Prozac. The word *disorder* temporarily exits in this Phase, but returns in the next.

In Phase 4 (1999 to 2003), newly entered keywords are found as follows:

***People, suffer, Seroxat<sup>35</sup>, suffering, disorder***

In this Phase, phrases such as *people suffering from mental disorder*, or *people who suffer from depression* become quite frequent. That is why words such as *people, suffering* and *suffer* appear as newly-entered keywords. Also, as shown in the bigram analysis, *bipolar* enters as a new frequent modifier of depression, indicating the frequent use of *bipolar disorder*, a phrase that gradually replaces the older term *manic depression*. Both changes may help to remove the social stigma of depression and to increase awareness of the illness of depression. The new antidepressant *Seroxat* is widely discussed, although *Prozac* still occupies the sixth rank in this Phase, suggesting the continuing importance of antidepressants in this time period, although other possible causes of depression come back on stage, as found in the earlier frequency analysis.

The keyword *serotonin* disappears in this Phase, which may indicate that discussion of the cause of depression is not strictly focused on the chemical side of the problem. Depression as

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<sup>35</sup> Seroxat is an antidepressant drug, being classified as a second generation SSRI (Selective Serotonin Re-uptake Inhibitor).

a mental disorder is now more well-known, and, perhaps as a result of this, the causes of depression are represented as more diverse. Words such as *antidepressants* and *medication* disappear in this Phase, which may give more space for non-drug choices in the treatment of depression. This hypothesis will be tested by the paraphrase analysis of *treatment* presented in section 7.4.1.1.

Here, I give two corpus Citations of *people*, which may offer some explanation for the above points:

(9). *However, there are **people** who can **overcome a depression** simply **through a limited number of psychotherapeutic sessions**.* The Independent, February 20, 1999

(10). *Worldwide, 330 million **people suffer from depression**. By 2020, the World Health Organisation predicts, it will be **the world's second most debilitating disease**, beaten only by heart disease.* The Times, May 8, 1999

These Citations can either show the increasing occurrence of depression (*the world's second debilitating disease*), or other choices on the treatment of depression (*internet, or psychotherapeutic sessions*).

Other words that disappear in this Phase are *psychiatrist* and *psychiatrists*. However, the previous frequency analysis shows that the word *university* enters as a frequent word in this Phase, and we see *professors* and *researchers* in *universities* quoted more often than *psychiatrist/s*, which may indicate that the understanding of depression is seen now as relying more on academic research than on experts engaged by the pharmaceutical industry.

In Phase 5 (2004 to 2009), the only newly entered keyword is:

## *help*

The sentences in which the word *help* occurs reveal that in this final Phase, a more diverse range of choices than simply pharmaceutical intervention are constructed as being able to *help* depression. People are encouraged to seek help when they are suffering from depression.

Here, I list two typical Citations:

(11). ***Other experts believe that exercise stimulates brain cell regeneration, and gives patients a sense of purpose and a chance to meet people, which can help overcome depression.*** Daily Mail, April 12, 2005

(12). *We hope that today's announcement will clarify the treatment options available to doctors and patients in the UK and will encourage people to seek help for diseases like depression when they need it most.* Daily Mail, December 7, 2004

If choices other than drugs can help people with depression, the role of *antidepressants* is naturally weakened. In this Phase, words like *antidepressants* and *medication*, which do not appear in the last Phase, reappear in the keyword list. However, the construction of the meaning of these two words seems to differ dramatically from those in Phase 3. Sentences in which these two words occur reveal that the phrase *over-prescription of antidepressants* becomes quite frequent, and other therapies such as exercise or psychotherapy are recommended for mild to moderate depression sufferers. A detailed paraphrase analysis of *antidepressants* will be provided in section 7.4.2.3

Meanwhile, the word *manic* disappears in this final Phase, which may indicate the success of the transference of *manic depression* to *bipolar disorder*.

#### 7.2.4. Brief discussion of keyword lists generated between Phases

This analysis shows the developments of keywords in different Phases when each subcorpus wordlist is compared with the BNC wordlist. To avoid any oversight, each keyword list in any specific time Phase has been also compared against its previous keyword list, and the findings may suggest different features of each time Phase. Appendix 4 shows the results.

We see that in the second Phase, the foregrounded top concept compared with Phase 1 is the emphasis on antidepressants, which can be seen by words such as *Styron* and *Prozac*. In the third Phase, *Prozac*, *serotonin* and *SSRIs* continue to be top keywords, which indicates that in time Phases 2 and 3, the chemical side of depression is emphasised. This echoes earlier frequency findings, and those of the bigram and keyword analyses. In Phase 4, the word *health* turns out to be the top keyword when compared with time Phase 3, which may be due to the construction and popularisation of the term *mental health*. In Phase 5, *psychotherapy* is the top keyword when the keyword list in this Phase is measured against Phase 4. This clearly indicates that from 2004 onwards, the UK media community talked more about psychotherapy. This is an echo of the findings from the keyword analysis, namely that in the final two Phases, the social side of the problem of depression has returned to the stage. People's *lives* are more talked about, and the help and support people need are addressed more frequently.

### 7.2.5. Summary

As mentioned at the beginning of each section, frequency lists, bigram lists and keyword analyses all contribute to our understanding of the discourse object ‘depression’ and the way it has changed over time. Frequency analysis reveals the aspects of depression that have been talked about most in each Phase; bigram analysis helps to highlight what kinds of depression have been constructed along the way, and keyword analysis reveals what has been addressed when the EDC is compared to a general reference corpus, and when different subcorpora of the whole corpus are compared with each other. From the general frequency, bigram, and keyword analyses between Phases, it can be said that the discursive construction of depression experiences swings between a psychological and a biological illness. More specifically, the first Phase sees depression as a psychological illness, and only psychotherapy is emphasised. The second time Phase represents a rather more wide ranging discussion, constructing depression as either a psychological or biological disorder. The third Phase represents depression predominantly as a biological disorder, and different drugs such as *Prozac* and *Seroxat* are talked about. In the fourth Phase, the social side of the problem comes back on stage, and more diverse causes of the problem are represented. Accordingly, more choices of treatment are addressed. In the final stage, *psychotherapy* comes back again as a focus of attention, and the importance of social help and support is emphasised. In addition to this important finding, familiarisation with the concept of depression among average people, and the increase in the medicalisation of the UK population, can be seen from the replacement of the word *patients* by the phrase *people suffering from mental disorder*, and the replacement of *manic depression* by *bipolar disorder*. Such euphemisms can help to develop the market in buying and selling emotions.

Based on such findings, the next sections will present a different form of analysis: paraphrase analysis. If we see frequency, bigram and keyword analyses as providing a general picture of what depression means, and of how such meanings have undergone significant changes, paraphrase analysis will help us to complement the previous analyses by spotlighting the instances of meaning negotiations of the discourse object 'depression'.

### 7.3. Paraphrasing *depression*

Section 4.4.2 explains the important role that paraphrase analysis plays in the understanding of the meaning of a lexical item. In this section, the paraphrase analysis of the lexical item *depression* will be carried out.

Section 4.4.2.2 describes in detail the method of conducting paraphrase analysis. In paraphrasing *depression* at this stage, the focus will mainly be on two parts: firstly, I will look at all the Citations in which the phrase *depression is* (the standard formula for defining objects) occurs, and I will analyse a selection of relevant Citations. Secondly, I will examine all the sentences in which *manic depression* and *bipolar disorder* are defined. This is because *manic* turns out to be the most frequent modifier of *depression* in the EDC as a whole, while in the third Phase, *bipolar disorder*, as a new term designed to replace *manic depression*, begins to appear. Paraphrase analyses of these two terms will show whether this exchange has only to do with the lexical expression, or involves a redefinition of the discourse object in question.

It is important to clarify at this point that the formulae *depression is*, *manic depression is* and *bipolar disorder is* not only occur at the beginning of sentences, but can also be found in other positions in sentences. While the subject of *is* in these sentences is a more complex phrase including the word *depression*, these sentences often contain relevant paraphrastic content. We also look at paraphrastic content occurring in other sentence constructions, for instance: "...had triggered paranoia and delusions that would be diagnosed as *manic depression*, a mental disorder that is characterised by episodes of mania and depression"; this sentence implies that 'manic depression' is characterised by episodes of mania and depression. Another example would be "Less than a week before his death on March 20, David Brunton, 39, was diagnosed with *bipolar disorder*, a commonly misdiagnosed illness characterised by recurring bouts of depression and chaotic thoughts." Accordingly, this sentence states that 'bipolar disorder' is a commonly misdiagnosed illness characterised by recurring bouts of depression and chaotic thoughts. In this sense, all the sentences containing paraphrastic content will be manually extracted from the corpus, based on the author's own judgement, although not giving much room for arbitrariness. Appendix 8 lists all the paraphrase sentences for *depression* extracted from the EDC, appendix 9 lists those of *manic depression*, and appendix 10 those of *bipolar disorder*. In order to arrange these paraphrase sentences in a more organised way, the capital letters A, B, C, D and E are used to stand for the five Phases of the EDC, and all the Citations are numbered according to their positions in each appendix. For example, 3A in appendix 8 means the third Citation of *depression is* in Phase 1 of the EDC. In the following sections of paraphrase analyses, relevant Citations extracted from different appendices will be displayed, together with their source information.

## 7.3.1 Paraphrasing *depression*

### 7.3.1.1 Paraphrasing *depression* in Phase 1

In the first Phase (1984 to 1988) of the EDC, there are no complete sentences beginning with *Depression is*. Rather, *depression is* occurs in the middle of sentences, which indicates that when depression is talked about, it is always in relationship to some other topic. In this Phase, three paraphrases are found:

(1). *One of the differences between being depressed and having a clinical **depression** is that with the first, a kind friend and a bit of effort can help you 'pull yourself together' but depression leaves you entirely devoid of inclination or ability to do anything about it whatever the incentives.* # 1A in appendix 8, The Guardian, September 9, 1986

(2). *People will do a lot to avoid feeling depressed because **depression** is so debilitating, and they build up all kinds of defences, like anger, bitterness and resentment.* # 2A in appendix 8, The Times, May 14, 1987

(3). *Severe **depression** is characterised by a persisting sadness, guilt and self-reproach, a numbing loss of drive, zest and energy, and a profound pessimism concerning the future.* # 3A in appendix 8, The Sunday Times, February 15, 1987

The difference between feeling depressed and having clinical depression indicated in Citation 1 has to do with the way people experience themselves: if you can manage your depressive emotions with others' help, you are only depressed; if you cannot, you are suffering from clinical depression. Actually, this distinction is addressed frequently in Phase 1. Citation 2 blurs somewhat the distinction between feeling depressed and having depression, asserting that to avoid feeling depressed is actually to avoid having depression. It is reasonable to say that such a distinction in Phase 1 is very relevant: people were told and made to believe that some (but not all) cases of feeling depressed are actually illnesses. In the 1980s, symptoms of

depression as an illness were still largely described in terms of people's emotional states, such as in Citation 3: 'severe depression' is constructed as being characterised by "a persisting sadness, guilt and self-reproach, a numbing loss of drive, zest and energy, and a profound pessimism concerning the future." Such expressions are all addressing people's subjective and emotional experiences.

In this sense, the biochemical side of depression, such as the biochemical change of the human body in depression, is not yet emphasised in Phase 1, and, although the bigram analysis displayed in section 7.2.2 shows that terms like *endogenous depression* and *winter depression* are explained with scientific evidence, the majority of the presentation of the meaning of depression is still focused on the reactive side of the problem. This is also the probable reason that the external (exogenous) factors of depression are still quite frequently foregrounded. In this way, it can be said that 'depression' is constructed more as a reaction to major life events, rather than an internal disease, in this first Phase.

### 7.3.1.2. Paraphrasing *depression* in Phase 2

In the second Phase (1989 to 1993), the discourse object 'depression' is overwhelmingly constructed as a much more common disease. It is described as a *dreadful, tragic, life-threatening* illness that can have *serious consequences*. The change in the meaning of depression is obvious: in the first Phase, depression is just distinguished from feeling depressed; in this second Phase, depression has been accepted as a serious illness that threatens many people's lives:

(4). ***Depression is the most common psychiatric disorder treated by GPs and hospitals.*** # 11B  
in appendix 8, The Guardian, September 14, 1993

(5). ***Depression is a life-threatening illness responsible for many of the 4,000 suicides in Britain every year, doctors said.*** # 5B in appendix 8, The Independent, January 31, 1992

The above Citations construct depression as *a common psychiatric disorder*, it is *life-threatening* and it causes around 4000 people to commit suicide every year in Britain.

At the same time, external factors are increasingly discounted in this Phase. Instead, we find more Citations about the chemical causes of depression:

(6). ***Depression is due to (or at least consistently associated with) chemical changes in the brain, and the drugs reverse the chemical changes.*** # 7B in appendix 8, The Independent, November 15, 1992

(7). ***Depression is often due to chemical imbalances in the brain and chemical treatments are the obvious cure.*** # 9B in appendix 8, The Times, January 31, 1992

(8). ***'Depression is part of the human condition,' said Professor Robin Priest, chairman of the campaign. 'Pulling yourself together doesn't work, but treatment does.'*** # 10B in appendix 8, Daily Mail, February 4, 1992

Citations 6 and 7 both directly state that depression is due to *chemical imbalances in the brain*; Citation 8 emphasises that only medical treatment works for depression sufferers.

Therefore, 'depression' is constructed as caused by such *chemical imbalances* in the brain, making depression an internal or biochemical disease, outside the responsibility of the individual. Sentences expressing similar ideas as the above three Citations cover almost half the space in this Phase. As can be seen from these statements, the medical treatment of depression has started to be constructed as the right choice or the obvious cure, as it reverses the chemical changes.

However, the idea that depression is due to external events does not disappear in the eight paraphrases extracted from the second Phase of the EDC. This situation makes the discussion of depression in this Phase a binary one: that is to say, when depression is caused by life events, talking about it with a psychotherapist is represented as the best solution, while when depression has no obvious outside origins, medical treatment is “targeted just as logically as the antibiotic treatment of infections” (from the wider context of Citation 7B in appendix 8). In this sense, depression is construed as “neither all illness nor all experience” (Citation 8B in appendix 8).

### 7.3. 1.3. Paraphrasing *depression* in Phase 3

A close examination of the 16 paraphrases of *depression is* in Phase 3 (1994 to 1998) reveals two findings concerning the construction of the meaning of depression: firstly, the chemical cause of depression, namely the decrease of serotonin levels in the brain, is repeatedly referred to, as in:

(9). ***Depression is linked to a reduction in the brain of certain chemicals known as neurotransmitters, among them serotonin, which is involved in regulating emotional behaviour, sleep, appetite and sex.*** # 20C in appendix 8, The Guardian, February 4, 1994

(10). ***Depression is associated with changes in the brain's neurotransmitters, pathways which carry chemical messages between brain cells.*** # 18C in appendix 8, The Observer, May 12, 1996

The large number of scientific explanations of serotonin is a marked new feature here. They construct depression as the result of a biochemical deficiency, and thus induce people to consume antidepressants, such as Prozac. More than half of the Citations in appendix 8 identify such chemical causes of depression and suggest medical treatment as the obvious cure.

Secondly, depression sufferers cease to be shown as disadvantaged in comparison to other biological illness sufferers: depression is a dysfunction, like a heart attack or diabetes, and it can happen to anyone. The following two Citations are chosen as representative:

(11). *Scientists no longer think that depression is a "them and us" disease - that there are depressives and there are normal people. In the west, **depression is a continuum from the completely suicidal to the mildly hacked off. We all suffer.*** # 13C in appendix 8, The Independent, November 15, 1998

(12). ***Depression is a genuine, debilitating problem for many people and it's a complete misconception that it only strikes people with poor social backgrounds who are out of work and have financial problems.*** # 16C in appendix 8, Daily Mail, October 27, 1998

Both Citations 11 and 12 emphasise that depression is a genuine disease that will strike anyone. On the basis of such a construction, it is natural to believe that almost everyone is under threat of suffering from this disease, and that there is nothing shameful about it. People do not have to blame themselves. Once such a view becomes popular, people find it acceptable and even necessary to take antidepressants quite regularly, because they are encouraged by stories about the miraculous effects of these drugs. This point is supported by the evidence of my keyword lists, in which words like *Prozac, serotonin, drug* and *antidepressants* entered as new keywords in Phase 3. However, in this Phase, we also find some counter arguments, which say that depression is not an illness, but a collection of symptoms:

(13). ***Depression is not so much a specific disease as a syndrome, a collection of signs and symptoms that are, for convenience, lumped together and described as affective disorders.*** # 24C in appendix 8, The Times September 25, 1997

Counter arguments such as this are perhaps predictable in media texts, but these views will not change the mainstream consensus of depression as a biochemical imbalance often due to a genetic predisposition.

#### 7.3.1.4. Paraphrasing *depression* in Phase 4

16 paraphrasing Citations of *depression* is are found in Phase 4 (1999 to 2003), and they can be neatly classified into three groups expressing three important aspects of the meaning of the discourse object ‘depression’. Firstly, the chemical cause of depression continues to be emphasised, as we see here:

(14). ***Depression is thought to be caused by a reduction in the level of certain chemicals in the brain called neurotransmitters which keep us in a good mood by stimulating brain cells. Most drugs work by raising levels of these mood-elevating chemicals in the brain.*** # 28D in appendix 8, The Mirror July 8, 1999

(15). ***In this interpretation, depression is not a localised, individual response to trauma or stress and nor can it be culturally determined - for example, a response to the strains of modern life. Rather it is, like cancer, a flaw in the organic mechanism that can happen to anybody anywhere.*** # 29D in appendix 8, Sunday Times, February 7, 1999

These two Citations address the cause of depression as *a reduction in the level of certain chemicals in the brain* or *a flaw in the organic mechanism*, which deny the external factors of depression in a quite clear and straightforward way. Secondly, the seriousness of the consequences of untreated depression, such as death and disability is emphasised. A sample Citation is:

(16). ***Depression is a raging, terrible illness that may completely immobilise its victims. It is not about feeling slightly down or under the weather.*** # 35D in appendix 8, Mail on Sunday, March 7, 1999

Here, depression is described as a *terrible illness*, which might *completely immobilise its victims*. Though such construction on the seriousness of depression started from Phase 2 of the EDC, the disastrous consequences it brings about are even more highlighted in this Phase 4. Lastly, depression is represented as a condition that people should not feel stigmatised for, and people are encouraged to seek treatment:

(17). *I understand that **depression is an illness and that one shouldn't feel stigmatised by it.*** # 43D in appendix 8, The Independent, February 24, 1999

These examples suggest that people are being encouraged to conquer the fear of stigma and to seek proper treatment in time. These statements are repeated frequently in the media, to reinforce the message, along with warnings to those with depression that if they do not take action the disease will worsen.

Lifting the stigma seems to go hand-in-hand with stressing how common, pervasive and serious depression is. The keyword list discussion highlights the fact that *patients* is largely replaced by the phrase *people suffering from mental health problems* in Phase 4, which makes people feel that it is normal to suffer from this disease, encouraging them to confess such a condition and seek proper treatment (still mostly antidepressants).

### 7.3.1.5. Paraphrasing *depression* in Phase 5

It is very interesting to find out that in this final Phase (2004 to 2009), the discourse object 'depression' is constructed as a highly *complex problem*, which is *not yet very well understood*, totally *unpredictable and irrational*, and in need of more scientific research. The highlighted phrases are found in the following two Citations:

(18). *Marjorie Wallace, chief executive of the mental health charity Sane, said: '**Depression is a complex and challenging condition that remains poorly understood. We welcome any scientific contribution to our understanding of this illness.**'* # 44E in appendix 8, Daily Mail, January 29, 2008

(19). ***Depression is totally unpredictable and irrational.*** # 86E in appendix 8, The Guardian, May 8, 2006

Of 46 paraphrases in this final Phase, only 4 deal with the chemical cause of depression (Citations 45E, 58E, 69E and 70E in appendix 8), and the ways in which depression is described in the remaining Citations are much more varied, relating for example to people's feelings, external factors, or rather vaguely named conditions, for example:

(20). ***Depression is like a void, a chasm, as though you have been stripped of every feeling.*** # 68E in appendix 8, Daily Mail, September 22, 2006

Thus, we can say depression is defined more as an abstract feeling and not so much as a biochemical imbalance. This finding is closely connected with the second new aspect concerning the construction of the meaning of depression in this Phase, that is, the function of drugs is now seen as not powerful, and more choices and forms of treatment such as *Cognitive Behavioural Therapy* are more frequently introduced. Here, I give one representative Citation:

(21). ***Depression is a powerful illness that requires powerful treatment. Pills only treat the symptoms.** They might play an invaluable, stabilising role in putting an end to suicidal impulses, obsessive thoughts, insomnia, episodes of self-harm, diminished appetite, crying, low energy, aching*

*limbs, but they don't operate on any deeper level.* # 51E in appendix 8, The Guardian, March 30, 2004

Of course, such a departure from the previous construction of depression is not accidental: at this point the UK media begin to view depression as a real problem. The over-prescription of antidepressants<sup>36</sup> is now seen as a problem, as are the shortage of psychotherapy and the economic damage caused by the sick leave of depression sufferers. It is quite remarkable to see such a radical change suddenly taking place in Phase 5. What is even more surprising is that depression is now also described as a positive experience, for instance in these Citations:

(22). *By far the most cheering news of the week comes from New York University, where scientists have found that **depression is good for us**.* # 63E in appendix 8, Daily Mail, January 16, 2009

(23). *I read with dismay the claim by psychiatrists such as Professor Jerome Wakefield of New York and Paul Keedwell of Cardiff University that **depression is good for us** and, as an expression of normal sorrow, should not be treated with medicine.* # 64E in appendix 8, Daily Mail, January 26, 2009

(24). *According to scientists, **depression is good for us**. They suggest that medicating depression as if it is a disease stops us embracing our miserable side and removes the motivation to change our lives for the better.* # 65E in appendix 8, Daily Mail, January 17, 2009

Though these statements are based on the same story, the inclusion of such reports in the UK media in this last Phase form a sharp contrast to what I have found in previous Phases, where depression was overwhelmingly constructed as a life-threatening biological disease and medical treatment was presented as the best choice. However, there are still numerous Citations reminding us that depression is common and serious, and that it is necessary to fight the social stigma attached to this illness.

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<sup>36</sup> As discussed more generally concerning texts in the EDC, although the sale of antidepressants brings profits for pharmaceutical companies, the government-funded National Health Service in the UK, which is responsible for paying for antidepressants for depression sufferers, tries to cut costs by cutting the demand for pills.

### 7.3.1.6. Summary

The above paraphrase analysis shows that the discourse object 'depression' has been constructed in changing ways over the last 25 years. At the outset, 'depression' is represented as a psychological illness caused by major life events, and psychotherapy or the adoption of a new life style are seen as crucial in dealing with the condition. In the second Phase, the chemical cause of depression starts to be addressed, making the construction of depression binary. In Phases 3 and 4, however, 'depression' is overwhelmingly constructed as a chemical, as opposed to psychological, disease, by the repetition of explanations of the working principle of serotonin, and medical treatment is proposed as the most effective solution. However, in the last Phase, depression is constructed as a complex problem, which needs further scientific research. In this final Phase, the recommended treatment of depression, becomes more varied, with different forms such as self-help, exercise and Cognitive Behaviour Therapy.

Such a diachronic paraphrase analysis enables us to learn how one single discourse object like 'depression' is constructed in such dramatically different ways in different Phases. It shows that the social constructionist approach is indispensable for explaining how people make sense of the world we live in.

### 7.3.2. Paraphrasing *manic depression/bipolar disorder*

In this section, paraphrase analysis will be conducted on two other lexical items: *manic depression* and *bipolar disorder*. My aim is to find out whether they refer to the same or two different discourse objects. All the paraphrases of *manic depression* are displayed in appendix 9, and those of *bipolar disorder* in appendix 10.

#### 7.3.2.1 Paraphrasing *manic depression* in Phase 1

In Phase 1 (1984 to 1988), *bipolar disorder* does not yet exist, and there is only one paraphrase sentence for *manic depression*:

(1). **Manic depression** is a good case in point. It affects up to 250,000 people in Britain and **involves alternating periods of depression and ‘mania’** – an over-active state usually marked by excessive feelings of well-being and delusions of self-importance. # 1A in appendix 9, The Sunday Times, October 4 1987

Such an explanation simply indicates that manic depression is a mood swing between depression and an over-active state. Here, the symptoms of manic depression are clearly described, but its cause is not sufficiently addressed. Though the seriousness of manic depression is not emphasised, it is reported to affect a great number of people.

#### 7.3.2.2. Paraphrasing *manic depression* and *bipolar disorder* in Phase 2

In Phase 2 (1989 to 1993), there are two paraphrases of *manic depression*:

(2). As Dr Jamison's book, *Touched With Fire*, puts it: ***manic depression*** "***almost certainly confers both individual and evolutionary advantage, but often kills and destroys as it does***". # 2B in appendix 9, The Times October 15, 1993

(3). ***Manic depression*** is an illness which causes wrenching swings of moods between transcendent elation and the deepest despondency, sometimes leading to psychosis. # 3B in appendix 9, The Times October 15, 1993

It seems that the seriousness of manic depression is given more prominence in this Phase: instead of *affecting people*, as in the first Phase, it *kills and destroys*, sometimes *leading to psychosis*. This point matches the findings of the preceding analysis, from Phase 2, where texts emphasise the pervasiveness, commonness and seriousness of depression. Manic depression, as a subcategory of depression, is also described as a more serious disease with more devastating effects. At the same time, the symptoms are once more explained as *swings of moods between transcendent elation and the deepest despondence*.

*Bipolar disorder* appears in this Phase for the first time, even if there is only one mention of this term, and implies that it is synonymous with *manic depression*:

(4). As many as one person in six has an episode of depression in their lifetime, and in around one person in 50 the disease is part of a recurrent cycle of mood swings - ***manic depressive or bipolar disorder*** - in which depression alternates with episodes of hyperexcitable over-activity. # 1B in appendix 10, The Independent, November 24, 1991

Here, manic depression and bipolar disorder are juxtaposed, indicating that *bipolar disorder* is just another term for the same discourse object, and that the meaning of *bipolar disorder* is not different from that of *manic depression*. It is worth noting that in the first two Phases of the EDC, both manic depression and bipolar disorder are only explained in terms of the symptoms (*depression alternates with episodes of hyperexcitable over-activity*) and their effects.

The discussion of the cause of such a condition, either psychological or chemical, is not fully addressed. As the chemical construction of depression starts to prevail in the third Phase of the EDC, it is predicted that the cause of manic depression or bipolar disorder will be represented from the next Phase on.

### 7.3.2.3 Paraphrasing *manic depression* and *bipolar disorder* in Phase 3

From Phase 3 onwards, we find more occurrences of *manic depression* offering paraphrastic content. In Phase 3 (1994 to 1998), eleven Citations are found, and a closer look at them shows that there is a new emphasis on the cause and treatment of manic depression. There are two typical paraphrases:

(5). ***Manic depression is caused by a chemical imbalance in the brain. It is characterised by wild mood swings and can be triggered by stress. When the sufferer is 'high' he or she can experience euphoria and delusions.*** # 4C in appendix 9, Daily Mail, August 16, 1997

(6). ***Manic depression is a serious psychiatric disorder that afflicts one person in 200 and causes extreme mood swings. If identified, it can often be controlled by drugs, such as lithium.*** # 5C in appendix 9, Daily Mail, August 19, 1997

These two sentences clearly indicate that the cause of manic depression is *a chemical imbalance in the brain*, and that it can be *controlled by drugs*. This point also coincides with what we have found in the paraphrase of *depression*, namely that the biological side of depression begins to appear and the role of drugs begins to be increasingly emphasised.

Meanwhile, the seriousness of manic depression is continuously emphasised:

(7). ***Manic depression is a devastating illness that afflicts half a million people.*** # 7C in appendix 9, Daily Mail, May 19, 1998

(8). ***Manic depression is a terrible illness that takes over and changes your life. It means pain and hell. You experience things that you would rather not experience at all.*** # 8C in appendix 9, The Times June 10, 1996

Here, manic depression is called a *devastating illness*, a *terrible illness*, which makes people realise that it is becoming a very serious condition which *takes over and changes your life*. Of course, there are also counterarguments such as:

(9). ***Manic depression is only a high-pitched version of what the rest of us call normality.***

# 9C in appendix 9, The Times June 10, 1996

In the above Citation, manic depression is represented as just a *high-pitched version of what the rest of us call normality*, but not a serious condition that will affect people's lives in a disastrous way. It is fair to assume that the co-existence of such competing statements reflects the pluralvocality of the discourse represented by the EDC, and it is from the examination of such discussions that we can see how the construction of the meaning of depression gradually changes and develops. Another interesting Citation stating the serious consequence of depression is:

(10). ***Manic depression is not just a touch of the blues followed by a slight lift of the spirits. It is terror and despair followed by a terrifying mania. To promote the chestnut "manic-depression-is-such-a-help-to-the-creative-process-and-aren't-you-luck-if-you-have-it" is dangerous indeed.*** # 13C in appendix 9, The Sunday Times, January 23, 1994

There was once a view concerning creative genius especially in the area of the arts, playwrights and so on usually produce great works during their manic state (see explanation in section 2.2.1.1). This is also addressed in the media texts in the UK, as manifested by the above Citation 10, but the emphasis always falls on the danger of such a view. In this way, the existence of manic depression and the harmful consequences it brings are fully represented.

In this Phase, there are two paraphrases for *bipolar disorder*, one of them again introducing this lexical item as a synonym of *manic depression*:

(11). *The doctors had diagnosed him as suffering from **bipolar disorder**, abnormally abrupt transitions from depression to elation. They prescribed lithium.* # 2C in appendix 10, The Independent, December 8, 1996

(12). *Manic depression, or **bipolar disorder**, is estimated to affect nearly one in 100 people at some time in their lives.* # 3C in appendix 10, The Guardian, November 2, 1994

In Citation 11, bipolar disorder is paraphrased as *abnormally abrupt transitions from depression to elation*. There is clearly no difference here between ‘bipolar disorder’ and ‘manic depression’. Citation 12 even directly addresses *bipolar disorder* as the synonym of *manic depression*. Thus, in this third Phase, these two lexical items are still used to refer to the same discourse object.

#### 7.3.2.4 Paraphrasing *manic depression* and *bipolar disorder* in Phase 4

In this Phase, the occurrences of *bipolar disorder* increase significantly, although *manic depression* is still more frequent. Also, these two terms are often regarded as equivalents, indicating a gradual transition from *manic depression* to *bipolar disorder*. In the Phase 4 section of appendices 9 and 10, we can see 4 Citations of *manic depression* and 5 of *bipolar disorder*. Clearly, the chemical causes of ‘manic depression’ and ‘bipolar disorder’ are both explained as inappropriate levels of serotonin: if the level is too high, sufferers can exhibit eccentric behaviour; while if it is too low, the symptoms of depression start to appear. For example:

(13). ***Manic depression is thought to be caused by an imbalance of brain chemicals, in particular serotonin, which governs emotions and moods. If the brain's level of serotonin is too high, sufferers can exhibit eccentric behaviour.*** # 15D in appendix 9, Daily Mail, December 9, 2003

The practice of the transition from *manic depression* to *bipolar disorder* was highlighted in this Phase, and can be seen from the following typical Citation:

(14). ***Bipolar disorder is, in fact, simply the modern clinical name for what has long been known as manic depression. Thus, where once a patient presenting with severe mood swings alternating between highs (mania) and lows (depression) would have been told she was manic depressive, now the identical patient will be informed that she is suffering from bipolar disorder.*** # 4D in appendix 10, The Guardian, July 19, 2001

The wider context of this statement<sup>37</sup> dwells more on the cause of such a transition: “The stigma of a psychiatric diagnosis doesn't help, of course, which is why the label you're given does matter.” It seems that in manic depression, the manic form carries a stigma of madness which, we prefer to assume, afflicts only a few individuals. The transition of the diagnostic term *bipolar disorder* from the clinical context to a more popular perception creates an opportunity for education. Thus, the popularisation of the term *bipolar disorder* is actually serving to destigmatise the illness of manic depression, to encourage more people to see their conditions as a common illness and seek treatment.

Now let us turn to five Citations of *bipolar disorder* in this Phase. As can be seen from the Phase 4 section of appendix 10, these five Citations do not show much difference from *manic depression*, for example:

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<sup>37</sup> This is quoted from the article entitled “Health: When you're up, you're up, but when you're down . . . : Matt Seaton on the ups and awful downs of 'bipolar disorder', more commonly known as manic depression”, which appeared in the Guardian July 19, 2001.

(15). Research has shown that **bipolar disorder patients appear to have a lack of stability in the transmission of nerve impulses in the brain, which makes them more vulnerable to emotional or physical stress**. Stressful life experiences such as pregnancy, bereavement or redundancy can be a trigger. # 8D in appendix 10, The Mirror September 19, 2002

Here, the cause of bipolar disorder is represented as *a lack of stability in the transmission of nerve impulses in the brain*, and thus bipolar disorder is presented as an illness relating to the predisposition of certain groups of people, and stressful events often work as triggers. This is very similar to what has been said about manic depression. In this sense, we can say the construction of the meanings of these two lexical items still remain the same in Phase 4 of the EDC.

### 7.3.2.5 Paraphrasing *manic depression* and *bipolar disorder* in Phase 5

In this final Phase (2004 to 2009), discussions of *bipolar disorder* (14 Citations) exceed those of *manic depression* (four Citations), and of these four Citations of *manic depression*, two of them address it as a former or equivalent term for *bipolar disorder*:

(16). **Manic depression is a bipolar disorder** that can lead to mood swings, reckless behaviour, delusions and hallucinations. # 19E in appendix 9, The Mirror January 7, 2008

(17). Shortly afterwards, I was diagnosed with **manic depression, also known as bipolar disorder**. It is a serious illness in which people's moods swing between high and low. I was like a bouncing ball: the lows were awful, and the highs were dreadful for those around me. # 21E in appendix 9, Daily Mail, February 27, 2008)

It is clear here that *manic depression* and *bipolar disorder* have always been understood as synonyms referring to the same discourse object, and the construction of the meaning of these two objects also remains the same, as in previous paraphrases.

It is obvious that these two lexical items do refer to the same object. The successful transition between these two terms may contribute to the raising of public awareness of mental health problems through the distribution and consumption of the news texts concerning the explanations of these two terms.

Finally, I will look at the 14 Citations of *bipolar disorder* in this Phase, to see whether there are any changes in the construction of this discourse object. In most of these 14 Citations, *bipolar disorder* is directly addressed as another term for *manic depression*, providing further evidence of the transition. The construction of this object also remains the same in most Citations, explaining the symptomatic mood swings, and emphasising its devastating consequences. However, the chemical cause of bipolar disorder is less talked about, and in the last three Citations, medical treatment is mentioned as *not the only answer*, but *self-help* or *self-management* are addressed as *the most spectacular advance over recent years*:

(18). *Besides, **drugs can never be the only answer to bipolar disorder**.* # 21E in appendix 10, Mail on Sunday, September 24, 2006

(19). *However, **the area of treatment of bipolar disorder that has shown the most spectacular advance over recent years has been self-management**.* # 22E in appendix 10, Mail on Sunday, September 24, 2006

This point coincides with what I have found in the keyword analysis: in the final Phase, more choices of the treatment of depression (here bipolar disorder) are represented, and the suggested use of medical treatment is not prevalent.

### 7.3.2.6 Summary

The above diachronic paraphrase analysis of *manic depression* and *bipolar disorder* shows that these two lexical items both refer to one single discourse object, with the transformation of such terms helping to remove the social stigma of manic depression. The construction of the discourse object ‘manic depression’ undergoes the following changes: in the first Phase, manic depression is briefly explained as involving mood swings between manic and depressive states. In the second Phase, the seriousness of manic depression is highlighted. The third Phase emphasises the chemical cause of manic depression, and the final two Phases give evidence of a successful transformation from the term *manic depression* to *bipolar disorder*.

## 7.4. Paraphrasing selected keywords

### 7.4.1. Paraphrasing consistent keywords

In this section, two consistent keywords of the EDC and its five subcorpora are selected for paraphrase analysis: *treatment* and *depressed*.

#### 7.4.1.1. Paraphrasing *treatment*

The word *treatment* remains as both a consistent keyword and a consistent frequent word, both in the EDC as a whole and in its five subcorpora. However, it seems likely that the discussion of this word will vary considerably across different time Phases.

In Phase 1 (1984 to 1988), there are three paraphrases of *treatment*:

(1). ***Treatment for endogenous depression is by physical means, including anti-depressive drugs and electroconvulsive therapy.*** # 1A in appendix 11, The Guardian, August 5, 1988

(2). *Clinical psychologists find an increasing need for measuring happiness. Such a measure is necessary to check the effectiveness of the new psychological therapies being devised as alternatives to treatment for the types of depression for which drugs are prescribed based on benzodiazepines, a cause of anxiety because they are addictive.* # 2A in appendix 11, The Times, April 18 1988

(3). ***It is estimated that in a lifetime, one person in 25 will seek psychiatric treatment for depression, but these figures in no way reflect the true problem. Depression after an emotionally upsetting event is rightly regarded as a normal reaction, and many people do not bother to seek help for it.*** # 3A in appendix 11, The Times, August 5 1988

Citation 1 shows that there is only a very brief introduction to the *treatment for endogenous depression*, such as *anti-depressive drugs and electroconvulsive therapy*. Citation 2 points out that drugs may be *addictive*, and therefore proposes the *psychological therapies* as alternatives of drugs. Citation 3 indicates the situation that people usually regard *depression after an emotionally upsetting event* as *normal reaction*, and that is why many people do not bother to seek help for it.

In summary, in the UK in the 1980s, depression was not yet seen as a major mental health problem, and discussion of treatments of depression was limited to brief introductions to the

forms of treatment, mostly focusing on physical approaches. Anti-depressant drugs are not widely discussed. In Phase 2, the emphasis on medical treatment forms the most important aspect of the meaning development of *treatment*. Of 15 extracted paraphrases of *treatment*, more than half are used to represent the positive effects of medical treatment, such as:

(4). *For some depressed patients, a course of antidepressant tablets is the only effective treatment.* # 13B in appendix 11, Daily Mail, February 4, 1992

(5). *Drug treatment is targeted just as logically as the antibiotic treatment of infections. Depression is due to (or at least consistently associated with) chemical changes in the brain, and the drugs reverse the chemical changes.* # 10B in appendix 11, The Independent, November 15, 1992

(6). *Professor Eugene Paykel said that drugs were an important part of treatment when depression was severe. "It is impossible to tackle problems when you are in the depths of despair," he said. "I recommend drugs for symptoms and counselling and psychotherapy for the problems that underlie the symptoms."* # 9B in appendix 11, The Times January 31, 1992

These typical Citations all address the important role of drug treatment, which is represented as *logical* and *only effective* for some depressed patients.

At the same time, depression, instead of being depicted as a normal reaction to emotionally upsetting events, as in Phase 1, starts to be constructed as a major mental health problem, and timely treatment is repeatedly recommended:

(7). *"Depression is not a passing mood or personal weakness, but a major health disorder which causes untold suffering", the colleges say. Their campaign aims to help professionals to recognise it and encourage the public to seek treatment for it.* # 6B in appendix 11, The Times January 23, 1992

(8). *It is crucial to ask for treatment; left untreated, depression is one of the worst illnesses known.* # 12B in appendix 11, The Independent, November 15, 1992

In this way, depression ceases to be simply a depressed mood, but *one of the worst illnesses known*, and therefore people are encouraged to seek treatment.

Of course, there are still some Citations indicating the efficiency of other treatments, such as ECT, cognitive therapy and so on. But the significant increase in the positive representation of medical treatment in this Phase is a very important development in the meaning of *treatment*.

In Phase 3 (1994 to 1998), 20 paraphrases of *treatment* are listed, and the following aspects of the development of meaning are found. Firstly, the effectiveness of medical treatment continues to be emphasised – about one third of all paraphrases construct drugs as effective, and in many cases, antidepressants are represented as having fewer side-effects:

(9). *Millions of people dogged by depression may receive **better treatment after scientists have revealed there are genes that govern anxiety.*** # 19C in appendix 11, The Sunday Times, April 21, 1996

(10). *But it is a **group of drugs known as selective serotonin re-uptake inhibitors (SSRIs) that have offered the most heartening advances in the treatment of depression in recent years, and have received the most publicity.*** # 23C in appendix 11, The Guardian, October 21, 1995

(11). *The company sees **Prozac as an important advance in the treatment of depression because it is as effective and fast-acting as other antidepressants, but has fewer distressing side-effects.*** # 20C in appendix 11, The Times February 15, 1994

Secondly, people are encouraged to seek treatment, especially medical treatment. For example:

(12). *The answer is that the **public remains ignorant about most basic facts of depression and its treatment**. Most people continue to confuse antidepressants with tranquillisers, and believe, wrongly, that the former as well as the latter can be addictive.* # 2C7 in appendix 11, The Times March 8, 1994

(13). *'If you have a broken leg, you need treatment. It's the same with depression - **you need treatment*** # 28C in appendix 11, Daily Mail, March 21, 1995

Here, it is suggested that the treatment of depression has similarities to the treatment of people who have *broken legs*, which implies the importance of seeking treatment quickly. In addition, the shortcomings of non-drug therapies such as ECT and psychotherapy are also represented, which helps to highlight the important role that drugs play in treating depression.

The following Citations show this point:

(14). ***Psychotherapy is not a panacea: in schizophrenia and severe depression, drug treatment is much more effective than psychotherapy**;* # 29C in appendix 11, The Guardian, February 25, 1994

(15). *But some psychologists and psychotherapists argue that **ECT (a form of treatment) has no long-term beneficial effects, and can actually cause psychological and neurological damage.*** # 31C in appendix 11, The Independent, June 16, 1998

Lastly, newly-found therapies such as Cognitive Therapy and herbal remedies begin to enter at this point, with particularly the principle behind Cognitive Therapy being shown in a positive light:

(16). *A major advance in the treatment and understanding of depression comes from the cognitive model of Beck. He maintained that negative thoughts not only characterise depression but are a key factor in maintaining the depressed state.* # 34C in appendix 11, The Independent, May 5, 1996

(17). *Cognitive therapy is widely accepted as a treatment for depression. Alan Wise, a psychotherapist who specialises in depression and panic disorders, says: "It changes dysfunctional thinking into positive thinking.* # 35C in appendix 11, The Guardian, February 4, 1998

Thus, in this Phase 3, medical treatment continues to be represented as the main form of effective treatment.

In Phase 4 (1999 to 2003), there are 14 paraphrases of *treatment*, and interesting changes occur in the construction of the treatment of depression. In the last Phase, one third of the Citations were used to represent the positive effect of medical treatment, whereas in this Phase there are only two such Citations (paraphrases 39D and 40D in appendix 11). The chemical cause of depression ceases to be considered reliable:

(20). *Lithium is highly effective in the treatment of manic - depression; but lithium deficiency is not a medical condition. **It is not always clear whether changes in brain chemistry provoke depression or whether depression causes changes in brain chemistry.*** # 42D in appendix 11, The Independent, March 20, 1999

Here, we can see that some doubts is cast on the chemical cause of depression: *whether changes in brain chemistry provoke depression* is represented as *not always clear*. Such a statement will contribute to the removal of medical treatment from centre stage, and instead, other forms of treatment begin to be introduced in the remaining Citations, particularly Cognitive Behavioural Therapy and psychotherapy:

(21). *'Cognitive Behaviour Therapy is a highly effective form of treatment for anxiety and depression,' says Dr Proudfoot. 'And it is more effective than medication in preventing a relapse.* # 47D in appendix 11, Daily Mail, June 8, 1999

(22). *Based on the available research, the Department of Health says that **psychotherapy is the treatment of choice for depression, phobias and anxiety.*** # 48D in appendix 11, Daily Mail, October 20, 2003

Therefore, in Phase 4 of the EDC, the importance of medical treatment is weakened, and the side-effects of drugs are foregrounded, giving way to a more open choice of treatments for depression. `

In Phase 5 (2004 to 2009), there are 17 Citations. Interestingly, the meaning of the treatment depression changes abruptly in this Phase: medical treatment is even more marginalised, and statements like *drugs don't work*, or *taking antidepressants is just a waste of time* can now be found in many texts. Thus, drugs cease to be represented as a first choice for depression sufferers. Instead, exercise, psychotherapy and Cognitive Behavioural Therapy are now recommended as more efficient in treating depression:

(23). *The findings, from the Mental Health Foundation, come after successive research papers have shown that exercise can be as effective as some drugs in the treatment of mild to moderate depression.* # 55E in appendix 11, The Daily Telegraph, February 8, 2008

(24). *The results of a trial, published in the British Medical Journal in 2000, showed that psychotherapy was the best and most cost-effective treatment for depression.* # 59E in appendix 11, The Daily Telegraph, July 1, 2006

(25). *The Royal College of Psychiatrists, however, says that **CBT is "the most effective psychological treatment for moderate and severe depression; as effective as antidepressants for many types of depression"**.* # 64E in appendix 11, The Guardian, June 30, 2006

Citation 23 and 25 indicate that exercise and CBT are *as effective as antidepressants*, and Citation 24 suggests that psychotherapy is *the best and most cost-effective* treatment for depression.

However, the low accessibility of psychotherapy and CBT is also indicated quite frequently:

(26). *The internet scheme, unveiled by Health Secretary Patricia Hewitt last month, has been designed to meet criticism that, even **though CBT is recognised as the best treatment for depression, waiting times can be more than a year because the health service needs 10,000 more therapists.***  
# 63E in appendix 11, Daily Mail, April 24, 2007

(27). *"The ideal treatment for someone with moderate depression is a combination of antidepressants and Cognitive Behavioural Therapy (see the table opposite). But **access to therapists is limited on the health service so patients often end up with just the medication.**"* # 61E in appendix 11, The Mirror, October 24, 2006

In addition to these, one third of the paraphrases in this Phase are about the introduction of other new forms of depression treatment, such as a *self-help* approach, *hypnotherapy* and so on. The relevant Citations are given in 67E-71E in appendix 11.

In summary, in the last two Phases of the EDC, psychological treatment of depression gradually comes back to centre stage, marginalising medical treatment. At the same time, exercise and self-help approaches are more often introduced as the ideal type of treatment for depression.

#### **7.4.1.2. Paraphrasing *depressed***

Large numbers of texts in the EDC refer to people being depressed, and this description is always closely related to depression. Paraphrases of *depressed* may reveal its relationship with the state of depression, and thus contribute to the meaning of depression. In this section, we will consider how paraphrases of *depressed* vary in five time Phases.

In Phase 1 (1984 to 1988), only two Citations contain paraphrases of *depressed*:

(1). *People will do a lot to avoid feeling depressed because depression is so debilitating, and they build up all kinds of defences, like anger, bitterness and resentment.* # 1A in appendix 12, The Times, May 14 1987

(2). *One of the differences between being depressed and having a clinical depression is that with the first, a kind friend and a bit of effort can help you 'pull yourself together' (a phrase I grew to hate), but depression leaves you entirely devoid of inclination or ability to do anything about it whatever the incentives. Nothing reaches you.* # 2A in appendix 12, The Guardian, September 9, 1986

Being depressed is described in terms of its relationship with depression in both cases:

Citation 1 depicts being depressed and depression as almost the same: *people avoid feeling depressed because depression is so debilitating*. Citation 2 indicates that feeling depressed can be solved by external help, but depression is something that will leave people entirely helpless. Generally speaking, in this first Phase, being depressed is depicted as an emotional state rather than a mental disorder.

In Phase 2 (1989 to 1993), the situation of being depressed, and people who are depressed (patients) receive more attention. In 20 sentences paraphrasing *depressed*, several types of meaning changes are found. Firstly, the previously clear line drawn between feeling depressed and depression becomes fuzzier, and the phrase *depressed people* now often refers to patients. Here I give three Citations:

(3). *Although there is no clear line of distinction between normal and abnormal depression, there are large numbers of people who are depressed who are not mentally ill. But we should not be encouraging more to join the ranks of a mental state that has been known since the time of Hippocrates.* # 3B in appendix 12, The Guardian, September 16, 1989

(4). *Feeling anxious about worrying events is a normal, everyday reaction. So is feeling depressed about sad events. But anxiety and depression which interfere with the way we function are surprisingly common.* # 4B in appendix 12, The Times, February 7, 1991

(5). *The purpose of the Royal College of Psychiatrists' Depression Campaign is to prevent unnecessary suffering by making depressed people aware of the numerous kinds of help available. For many patients, drug treatment will be the most accessible and effective form, but this does not imply that other approaches are excluded.* # 5B in appendix 12, The Guardian, February 8, 1992

Citation 3 directly indicates that *there is no clear line of distinction between normal and abnormal depression*. Here, *normal* is seen as *feeling depressed*, and *abnormal* as *depression*.

That is to say, people who feel depressed very possibly suffer from depression, and it is equally reasonable that *people who are depressed are not mentally ill*. Citation 4 similarly points out that feeling anxious and depressed affects us in *surprisingly common* ways just as depression does, which also implies that feeling depressed and depression are not clearly distinguished. Likewise, in Citation 5, *depressed people* are referred to as *patients* (of depression). One relevant implication of such paraphrases might be that people are reminded continuously that some cases of feeling depressed could be, or could lead to, depression. This may further imply that the causes behind the two situations might be the same.

The second very important aspect of the meaning development of *depressed* is that drugs are increasingly recommended for depressed patients as well as 'normal' depressed people who are not clinically depressed. The cause behind both feeling depressed and depression is now given as the lowering of serotonin levels in the human brain. About a quarter of the paraphrases (Citations 8B to 12B) are categorised in this group. I provide two Citations here:

(6). *These drugs also seem to work for some Chronic Fatigue patients, even if they are not, strictly speaking, clinically depressed. One theory is that both tiredness and depression may be due to a*

*lowering of the brain's electrical activity, caused by serotonin depletion.* # 9B in appendix 12, Daily Mail, March 2, 1993

(7). For some ***depressed patients***, a course of ***antidepressant tablets is the only effective treatment***. # 10B in appendix 12, Daily Mail, February 4, 1992

Such paraphrases bring the chemical side of depression, and feeling depressed, onto the stage, which echoes our previous findings.

Thirdly, psychotherapy, Cognitive Behavioural Therapy and other psychological therapies are now also recommended for depressed patients:

(8). *The Defeat Depression Campaign, run by the Royal College of Psychiatrists and Royal College of General Practitioners, recently issued guidelines on the diagnosis and treatment of depression, saying that such specific **psychological treatments had a key role in the management of depressed patients**.* # 14B in appendix 12, The Independent, December 13, 1992

Up to this point, we can say that in this second Phase, feeling depressed is in many cases constructed as the same as depression, requiring either drug treatment or psychological therapies.

In Phase 3 (1994 to 1998), 15 paraphrasing sentences of *depressed* are found. Citations 23C to 28C in appendix 12 show that in more cases in this Phase, feeling depressed and depression are talked about interchangeably, implying that these two objects actually mean the same thing. For example:

(9). *Nowadays we quite commonly use the words 'depressed' and 'depression' for experiences which are more those of being disappointed, bored, irritable or guilty. We should reserve the words 'depressed' and 'depression' for that experience of terrible isolation, but at the same time remember that the key to the prison of depression is simply to become truly your own best friend.* # 26C in appendix 12, The Guardian, March 25, 1995

(10). *If ever you have been depressed you will know that the experience is quite distinct from being unhappy, terrible though that may be. The experience of depression is that of knowing yourself to be utterly alone in a prison whose walls are as impenetrable as they are invisible. Inside that prison you have become your own worst enemy.* # 24C in appendix 12, The Guardian, March 25, 1995

In even more direct statements, feeling depressed is directly depicted as an illness:

(11). *Reactive depression was supposed to occur when a person got depressed after something distressing had happened in his life.* # 28C in appendix 12, The Guardian, March 25, 1995

(12). *"To expect someone to work when they are depressed is like expecting someone to walk with a broken leg," psychiatrist Dr John Cobb says. "They are unable to function."* # 29C in appendix 12, The Times, July 6, 1995

That is to say, feeling depressed is actually a form of depression that is caused by distressing life events, and it is an illness, because to make depressed people to work is like *expecting someone to walk with a broken leg.*

The discussion of feeling depressed and depression as one and the same thing, and the construction of feeling depressed as an illness, already begin to appear in the second Phase, though the discussions of these two points are more extensive in this Third Phase. However, the stress on the efficiency of medical treatment for depressed people only emerges in this Phase: of six Citations dealing with treatment of depressed patients, 5 (Citations 32C to 36C)

of them positively represent antidepressants as the only right choice and only one Citation (37C) mentions the telephone treatment, which can be considered as a form of talking therapy.

Here, I give two typical Citations:

(13). *So a **serotonin surge** in a **depressed person** would act as an **antidepressant**, which would outweigh any drowsy feelings.* # 32C in appendix 12, The Times, May 13, 1996

(14). *Although most of the depressed brain is dulled, some parts of it are more active than normal. This probably explains **why depressed people often have pain and why antidepressants sometimes reduce it**, even in those who are not depressed.* # 35C in appendix 12, The Guardian, November 24, 1998

This finding also matches what we have found in our previous analyses of the developing clues of the EDC, namely that the third Phase focuses on the chemical side of depression, and antidepressants are overwhelmingly constructed as efficient in treating depression, and therefore recommended to depressed people.

In Phase 4 (1999 to 2003), twelve paraphrasing sentences occur, and they present mostly non-chemical causes of people's feeling depressed (see Citations 38D to 47D). The following two Citations explain the cognitive differences, or differences in attitude, between depressed people and happy people:

(15). *The principle is that **people who are anxious or depressed have different cognitions** from people who are happy and confident. The real difference between people who are confident and anxious isn't that one group is having all the good luck, and the others aren't, it is how they perceive their own reality and the way they make sense of what is happening to them.* # 38D in appendix 12, The Guardian, January 13, 2001

(16). *Most of the explanations in the first programme seemed like restatements of the obvious - **depressed people are depressed because they think depressing things**.* # 39D in appendix 12, The Independent, March 4, 1999

Here, depressed people are depicted as having different perceptions of their own lives compared with happy and confident people: the cognitive model is seen as the determining factor in happiness or depression: depressed people become so because they tend to *think depressing things*. These constructions clearly depart from the chemical construction of feeling depressed.

Accordingly, causes of people's feeling depressed are depicted more as external factors, unrelated to any genetic reasons. For example:

(17). *Incomes are at an all-time low, and many people are **feeling depressed** and isolated.* # 42D in appendix 12, The Daily Telegraph, February 23, 2001

(18). *It is not as straightforward as saying that **people 'choose' to get depressed**. It simply means that every emotion you experience is connected to a belief.* # 43D in appendix 12, The Observer, February 21, 1999

Treatments for depressed people are more often represented in this period as various forms of cognitive or psychological therapy or exercise, leaving medical treatment less central:

(19). *If we encourage **depressed** people to look for the bad things that happened to them, and to explore and open up hurt feelings, we are doing them a disservice. They may temporarily feel some emotional relief, but research shows they are much more likely to stay depressed, and to have repeated bouts of depression, than if they are given a **therapy which addresses the psychological process**.* # 44D in appendix 12, The Times, May 8, 1999

(20). *If you can get **depressed** people to exercise, you can reduce their depression.* # 45D in appendix 12, Daily Mail, December 7, 1999

Thus, in this Phase, the meaning of being depressed begins to swing back, becoming similar to what was said in the first Phase: it is an emotional state rather than an illness, and the external causes are once again brought back to readers' attention. However, as we also see from our analysis, the chemical side of the problem of being depressed is still not losing its status.

In the final 5<sup>th</sup> Phase, being depressed is again, as in the first Phase, constructed as a sad mood, and caused by external factors. Feeling depressed is distinguished from depression again in that the former is just an emotional state and the latter an illness:

(21). *Being in a sad mood is colloquially referred to as being depressed but clinical depression goes much further and symptoms can last two weeks or longer.* # 50E in appendix 12, The Guardian, March 31, 2006

(22). *"People often talk about being depressed when in fact they just mean they're a bit down in the dumps because their week's not going well," says Dr Jarvis.* # 57E in appendix 12, The Mirror October 6, 2008

Many external factors are again mentioned as causes of people's feeling depressed:

(23). *Of course, problems such as **relationship breakdowns or work stress can leave you feeling sad, depressed and anxious**, but this is just a **normal, healthy response**, says Paul Farmer, chief executive of Mind.* # 51E in appendix 12, The Mirror June 19, 2007

(24). ***Children of broken families are twice as likely to become depressed adults.*** # 52E in appendix 12, Daily Mail, February 26, 2005

Therefore, being depressed, although described less as an illness than an emotional state caused by social factors, is seen as needing to be handled by solutions other than medicines.

The following Citations summarise the discussions of treatment in this Phase:

(25). "***Depressed people tend to be inward looking,***" says Collins. "***To care for another soul, an uncomplicated one, is therefore extremely therapeutic.***" # 56E in appendix 12, The Daily Telegraph, July 22, 2006

(26). ***When you're depressed, you retreat into your shell. Running is the complete opposite - it forces you to engage with the world. It is better than any chemical high.*** # 54E in appendix 12, Daily Mail, April 12, 2005

Here, *care for another soul* means looking after someone else, to take his mind off depression. This can be achieved by talking therapy. Citation 26 suggests that running, the common form of exercise, can help to force depression sufferers to *engage with the world*, which is pivotal for sufferers to recover from the condition. Therefore, talking and exercise are represented as the main solutions for people who are depressed.

In summary, the construction of the meaning of 'depressed' also swings between being an emotional state and a chemical illness during these five Phases. The causes of being depressed are constructed in the initial Phase as external factors, then as chemical factors in the second and third Phases, and then back into social factors in the 4<sup>th</sup> and 5<sup>th</sup> Phases. The construction of therapies parallels this development: psychological therapy is represented in the first Phase and drug therapy in the second and third, with psychological therapy (talking cures) and exercise in the final two Phases. The changes in the construction of the meaning of 'depressed', echo to a large degree what has been constructed about 'depression'.

Furthermore, the relationship between depression and being depressed also changes according to the above trends: in the first Phase, being depressed is depicted as different from

depression, but in the second and third Phases, being depressed and depression are related together as the chemical causes make the two things merge as one. In these two Phases, terms like *clinically depressed* and *depressed patients* are frequently used. In the last two Phases, being depressed is once again differentiated from depression, which convinces people that being depressed is only an emotional state caused by social factors, therefore not needing to be treated by drugs.

### 7.4.2. Paraphrasing Phasal keywords

In this section, Phase-specific analyses will be conducted on the following three keywords: *endogenous*, *psychotherapy* and *antidepressants*. Both *endogenous* and *psychotherapy* appear as important Phasal keywords in the first Phase of the EDC, and disappear from the second Phase onwards. Though *exogenous* does not appear as a keyword in any of the specific Phases of the EDC, as it is closely related to endogenous depression, the paraphrase analysis in this section will include both *endogenous* and *exogenous*. Lastly, the word *antidepressants* enters as a new keyword in the third Phase, and disappears from the fourth Phase onwards.

#### 7.4.2.1 Paraphrasing *endogenous* and *exogenous/reactive depression*

In the first Phase of the EDC (1984 to 1988), there are altogether 6 paraphrasing Citations of *endogenous depression* and 4 of *exogenous/reactive depression*, as shown in appendix 13.

Based on these Citations, several aspects of endogenous depression are addressed:

(1). *Seasonal depression differs from the more familiar **endogenous (or chemical) depression** which affects 10% of the female and 5% of the male population in that it first strikes people in the autumn, is ***unrelated to life's ups and downs*** and always disappears with the coming of spring. # 1A in appendix 13, The Sunday Times, September 27 1987*

(2). ***Genetic predisposition is believed to lie behind the cyclical nature of endogenous depression.** # 3A in appendix 13, The Guardian, August 5, 1988*

(3). ***Treatment for endogenous depression is by physical means, including anti-depressive drugs and electroconvulsive therapy.** # 5A in appendix 13, The Guardian, August 5, 1988*

Endogenous depression, in this first Phase, is constructed as being caused by *genetic predispositions*; it is different from normal unhappiness, being a chemical condition. The treatment of endogenous depression is by *antidepressants* and *electroconvulsive therapy*.

By contrast, exogenous/reactive depression is represented as caused by major life events:

(4). *Medically speaking in this case it would be described as a **reactive or exogenous depression** rather than an endogenous one; it would not therefore be thought of as a psychiatric disease, nor as one which would respond to medical treatment, since the condition ***would be due not to changes in the biochemistry of the brain*** but to, as Harry Truman would say, *the heat in the kitchen.* # 7A in appendix 13, The Times, June 30 1988*

(5). ***Reactive depression**, on the other hand, is only ***quantitatively different from the norm.*** # 10A in appendix 13, The Guardian, August 5, 1988*

(6). *Various forms of **psychotherapy are used to treat reactive depression**, although antidepressive drugs may help resolve a prolonged episode.* # 8A in appendix 13, The Guardian, August 5, 1988

Thus, reactive depression is represented as a normal response to major life events: it is *not a psychiatric disease*, nor *would respond to medical treatment*. It is like the state of feeling sad, but just *quantitatively different from the norm*. The treatment of such depression is *psychotherapy*. In this way, two distinct types of depression, endogenous and exogenous/reactive depression, are clearly defined and distinguished in the first Phase.

In the second Phase (1989 to 1993), there are still five paraphrases of *endogenous depression*. A very interesting aspect of the changes for endogenous depression is that, in most cases, it is talked about in connection with exogenous depression, and some common traits of these two types are mentioned, thus making the differences between them less clear-cut:

(7). *For years it has been fashionable to talk about '**endogenous depression**' (coming from within) and '**reactive depression**' (a response to an upsetting life event or difficulty). Now it has emerged that **depression is more complex, and that the differences between the types are less clear cut than previously supposed, these terms are less widely used.*** # 11B in appendix 13, The Guardian, September 29, 1989

(8). ***Endogenous depression**, for example, is invariably worse in the morning; reactive depression in the evening and when the individual is alone.* # 12B in appendix 13, The Guardian, January 31, 1992

(9). *Recurrence rates were much the same whether the patient had **endogenous depression**, which seems to be related to a chemical imbalance within the brain, and has a strong familial link, or*

*depression which has arisen in cases where a patient's less than robust personality has been confronted with an unfavourable environment.* # 15B in appendix 13, The Times, March 30, 1989

An obvious theme can be sensed in these Citations: it is no longer *fashionable* to distinguish between endogenous and exogenous depression, because the differences between these types are more complex. Endogenous and exogenous depressions are also discussed with some common parameters, such as the notion that endogenous depression is worse in the morning, and reactive depression in the evening: such a statement makes people neglect the previously constructed differences between these types. Furthermore, they tend to share some common features, such as the *same recurrence rate*.

In the second Phase, four Citations of *exogenous/reactive depression* are found, three of them implying the mainstream status of endogenous depression:

(10). *In the past, depressive illnesses have been classified in two groups, variously described as psychotic, true or **endogenous**, and neurotic, reactive or **exogenous**. The terms are too simplistic, but even so there are obvious differences in the symptoms from which depressed patients suffer, and there is no doubt that to some extent these can be grouped together.* # 17B in appendix 13, The Times August 30, 1990

(11). ***Reactive depression** may be "the last straw" – the culmination of persistent, nagging symptoms.* # 18B in appendix 13, The Guardian, January 31, 1992

(12). *So-called **reactive depression**, brought on by "understandable sadness" at the death of a close relative, a loss of job, or the onset of a fatal illness, is probably just another category of trigger of mainstream depression.* # 19B in appendix 13, The Independent, November 24, 1991

Two types of depression (endogenous and exogenous) are now seen as a too simplistic model, and some symptoms of these types *can be grouped together*. Furthermore, reactive depression ceases to be seen as a separate type of depression, and becomes just another category that triggers mainstream depression (endogenous depression). Thus, it can be concluded that, in this second Phase, there is an explicit tendency to highlight the mainstream status of endogenous depression, at the same time removing the differences between the two types.

In Phase 3 (1994 to 1998), there are five paraphrases for *endogenous depression*, which suggests that endogenous and exogenous depression are more closely related to each other:

(13). *When a person suffers a bout of **endogenous depression** this is primarily a chemical or biological complaint which is often **provoked by traumatic events**. # 21C in appendix 13, Mirror July 19, 1998*

(14). *Some put it down to biochemistry, and indeed a minority of people do become depressed for no apparent reason, sometimes called **endogenous depression**. Some psychologists insist all depression is a reaction to adverse life events, such as bereavement, redundancy or divorce, or long-term family or childhood problems. Most people, however, acknowledge that **the truth is somewhere in between**, pointing to research that shows **emotional reactions to life events can actually cause chemical changes in the brain**. # 23C in appendix 13, The Guardian, February 25, 1997*

(15). ***Reactive and endogenous depression rarely feature now in research journals**, but those psychiatrists who are not given to reading their profession's research still talk of them as if they are real diseases. # 24C in appendix 13, The Guardian, March 25, 1995*

Endogenous depression is described as *a chemical or biological complaint which was provoked by traumatic events*, implying that traumatic events can actually cause the chemical change in the brain. This point is further confirmed in the next Citation. It is also pointed out that the two types *rarely feature in research journals* now, implying that medical opinion about them has now moved on (Citation 18 analysed in a later stage does more what I suggest here). All these statements contribute to the merging of endogenous and exogenous depressions, making the endogenous one the only established type of depression, and the exogenous one no more than a category of trigger.

Likewise, four paraphrases for reactive depression also confirm that exogenous depression is not an illness, but rather *an extension of the normal upset feeling following unhappy life events* or *a perfect sensible way to react to loss and suffering*. The following Citations contain such statements:

(16). ***Reactive depression*** is an extension of the normal upset feeling following an unhappy event such as the death of a close relative or friend, marriage break up or loss of employment. # 26C in appendix 13, Mirror July 19, 1998

(17). Certainly, ***reactive depression*** can be a warm and comforting sort of chrysalis in which to pupate. It can be a perfectly sensible way to react to loss and suffering, at least for a while. # 27C in appendix 13, The Independent, July 5, 1997

(18). The reason that ***endogenous and reactive depression*** have vanished from the research literature is because, despite many years of extensive research, ***psychiatrists have not been able to prove the existence of two such distinct illnesses***. # 29C in appendix 13, The Guardian, March 25, 1995

Reactive depression is now seen a sensible response that people have to adverse life events, not an illness caused by them. The last Citation even points out that *no research can prove the existence of such two distinct illnesses*. Up to this point, the existence of and distinction between endogenous and exogenous/reactive depression have been gradually diminishing, and the discussion of the two terms ceases in this Phase. From Phase 4 onwards, there is no occurrence of these terms at all.

Thus, at the beginning Phase of the EDC, endogenous and exogenous/reactive depression are constructed as two distinct types, with the former seen as caused by chemical imbalance in the human brain, and the latter by traumatic life events. In the second and third Phases, the differences between these two types are blurred, with endogenous depression increasingly constructed as a mainstream type, and exogenous or reactive depression being represented as a category of trigger. In some cases, even the existence of such two types is denied.

Furthermore, an examination of Citations of *depression* in the next few Phases, where such terms vanished, reveals that 80% of those Citations are referring to endogenous depression, and one side of manic depression, or bipolar disorder, is also identical with endogenous depression.

#### **7.4.2.2 Paraphrasing *psychotherapy***

The way ‘psychotherapy’ is constructed is very important in the connection with ‘depression’. As an important type of treatment, psychotherapy acknowledges the existence of external factors that cause depression. Thus, the change in the role of ‘psychotherapy’ will reflect how

'depression' is understood and treated. A close examination of ten paraphrases of *psychotherapy* in the first Phase (1984 to 1988) of the EDC reveals that it is overwhelmingly positively constructed:

(1). ***Drugs offer only symptomatic relief; they do not solve problems, they do not get to the root of depression or anxiety and above all they do not help people to make sense of their suffering and pain. Treatments such as psychotherapy aim primarily to do that.*** # 2A in appendix 14, The Times, September 22 1986

(2). ***The objective outsider is a key to any success which psychotherapy may achieve.***  
# 10A in appendix 14, The Times, September 22 1986

Citation 1 explains that psychotherapy can *get to the root of depression and anxiety*, helping people to *make sense of their sufferings and pain*. Therefore, *an objective outsider*, such as a psychotherapist, holds *the key to the success of psychotherapy*. Such constructions of psychotherapy obviously reflect the belief that depression is caused by upsetting life events: it is about the psychological pain and suffering of people. Furthermore, other Citations construct psychotherapy as desirable in different positive ways:

(3). *David Malan, a retired NHS psychotherapist now in private practice, says most of his patients do not feel ashamed about seeking treatment. 'The people who seek psychotherapy tend to be better educated, and they don't seem to mind telling their friends that they are getting help.'* # 6A in appendix 14, The Times, August 5 1988

(4). *The district health authority, confronted with being Pounds 3 million overspent, decided that considerable savings could be made among the psychotherapy services.* # 9A in appendix 14, The Guardian, January 7, 1988

In Citation 3, people who seek psychotherapy are represented as *better educated*. Citation 4 states the use of psychotherapy could *make considerable savings* by replacing hospital care for patients. Medical treatment, on the other hand, is constructed as only offering *symptomatic relief*, as indicated in Citation 1.

In Phase 2 (1989-1993), interesting changes in the meaning of psychotherapy are found. Instead of being represented positively as an efficient therapy, in this Phase, doubt is cast on it, and many problems are discussed:

(5). ***Psychiatrists are not trained in counselling or psychotherapy, and are therefore often forced to rely on medication or ECT as their only treatment weapons.*** # 20B in appendix 14, The Guardian, February 6, 1992

(6). ***The risks of damaging psychotherapy might be reduced if more controls were imposed on its practitioners. Anyone can call themselves a psychotherapist, buy a couch and a small ad in the paper, and set up in business.*** # 31B in appendix 14, The Independent, June 11, 1991

These Citations indicate that some psychiatrists are *not trained in counselling or psychotherapy*, and therefore they can only rely on medication; everybody can work as a therapist by *buying a couch and a small ad in the paper*. In this way, the reliability and quality of psychotherapy is weakened. It is also said to be not scientific and very expensive:

(7). ***You can sum it up as: pills for symptoms, psychotherapy for problems. But the biggest puzzle about the boom is that it has happened in the absence of any hard scientific evidence that psychotherapy actually works. It does not come cheap, either.*** # 25B in appendix 14, The Independent, June 11, 1991

Various shortcomings of psychotherapy are represented in almost one third of all the paraphrases in appendix 14. In addition, some Citations in this Phase indicate that the combination of psychotherapy and medical treatment is appropriate:

(8). ***I recommend drugs for symptoms and counselling and psychotherapy for the problems that underlie the symptoms.*** # 12B in appendix 14, The Times, January 31, 1992

(9). *For patients the choice is between drugs or psychotherapy. The latest evidence suggests the most effective treatment is a combination of both.* # 13B in appendix 14, The Independent, May 28, 1991

Citation 8 expresses that drugs are mainly effective for symptoms and psychotherapy for the root of the problem. Citation 9 asserts directly that the combination of drugs and psychotherapy is the *most effective treatment*.

There are also a few Citations in this Phase introducing a new type of psychotherapy, Cognitive Behavioural Therapy, for example:

(10). *A new quick-fix brand of psychotherapy is being used to rout mental problems in as little as five hours. The treatment, called '**cognitive therapy**', is being used to sweep away depression. Whereas conventional psychoanalysis looks to the unconscious mind for the roots of emotional problems, behavioural therapy aims to change the way we act, cognitive therapy works by altering the way we think.* # 35B in appendix 14, Daily Mail, March 9, 1993

Here, 'cognitive therapy' is quite positively constructed as a new way of sweeping away depression by *altering the way we think*. Though there is negative evaluation implied in the word *quick-fix*, suggesting superficiality and lack of thoroughness, the differences between conventional psychoanalysis and the new behavioural therapy are clearly explained, and the working principle of the latter is emphasized.

In summary, in the second Phase, quite a few shortcomings of psychotherapy begin to be represented, and the combination of medical treatment and psychotherapy is proposed as ideal. The lack of scientific evidence for psychotherapy, as discussed in this Phase, implies

that the cause may not necessarily be the distressing events in lives, which further opens some possibilities for the chemical cause of the illness.

In Phase 3 (1994 to 1998), there are fewer focused discussions of psychotherapy. Only eleven Citations contribute to the essential construction of the meaning of psychotherapy, and in half of them, psychotherapy is said to be less efficient than drug treatment:

(11). *Unfortunately, though, **psychotherapy frequently fails to work at all, and is nearly always slow and expensive.*** # 40C in appendix 14, Mail on Sunday, November 1, 1998

(12). ***Psychotherapy is not a panacea: in schizophrenia and severe depression, drug treatment is much more effective than psychotherapy;*** # 39C in appendix 14, The Guardian, February 25, 1994

(13). *Dr Eric Hollander, professor of psychiatry at New York's Mount Sinai School of Medicine, told a symposium in Madrid that many of these **behavioural disorders had biological origins and that fluvoxamine often helped where psychotherapy had failed.*** # 41C in appendix 14, The Independent, January 24, 1996

Negative construction of psychotherapy can be seen from quite obvious statements like *psychotherapy frequently fails to work at all, and it is always slow and expensive* (Citation 11). Therefore, *drug treatment is much more effective* (Citation 12). The reason might be that many behavioural disorders have *biological origins* (13). This kind of construction fits the climate of this Phase: both of our frequency, bigram and keyword analyses support the fact that the third Phase of the EDC predominantly represents medical treatment as efficient, with the biochemical side of the problem being repeatedly asserted. Furthermore, the working principle of psychotherapy is also viewed from a chemical perspective:

(14). ***Psychotherapy, too, changes activity in certain brain modules; when it works, the effect on the brain is identical to a successful course of drugs.*** # 42C in appendix 14, Mail on Sunday, November 1, 1998

Here, psychotherapy is seen in a new light: it works through changing the chemical brain modules, and such an effect is *identical to a successful course of drugs*. Thus, psychotherapy is marginalised as a less efficient treatment by the construction of drug treatment as scientific. At the same time, the chemical cause of depression is also widely represented as contributing to the weakening of psychotherapy.

In the remaining Citations in this Phase, various disadvantages of psychotherapy are discussed, such as the ideas that it is slow and expensive. On the whole, Phase 3 depicts psychotherapy as quite inefficient.

In Phase 4 (1999 to 2003), we see a return of the focused discussions of psychotherapy, along with the presentation of more complicated aspects of the meaning of psychotherapy. Of 30 paraphrases of *psychotherapy*, three aspects of its meanings are evenly distributed. Firstly, the combination of psychotherapy and drug treatment is shown as the ideal solution for depression:

(15). ***Ideally, she should enter a hospital where drugs would moderate her life-threatening depression and psychotherapy would help her to understand its causes and her life.*** # 49D in appendix 14, The Guardian, November 26, 1999

(16). ***Depression is not treated either solely with pills or with cognitive psychotherapy but with a combination of both.*** # 50D in appendix 14, The Times, June 3, 1999

Citation 15 emphasises that drugs help to moderate sufferers' symptoms, and psychotherapy helps them to understand the cause of the condition. Citation 16 confirms in a direct way that the combination of medical treatment and psychotherapy is most effective.

Secondly, the advantages of psychotherapy are represented quite frequently:

(17). *If you have experienced a crisis of some kind, it may well be that counselling, or a brief therapy, would suit you best. If, however, you feel your problems are more historical and less specific, then **psychotherapy might be the most helpful approach**. If one particular therapist does not suit, find another.* # 55D in appendix 14, The Guardian, January 13, 2001

(18). ***Psychotherapy, an intensive form of 'talking' treatment, can help while some sufferers prefer stress control and relaxation groups.*** Medication is not usually a first-line treatment as drugs can have side-effects. # 58D in appendix 14, Daily Mail, April 17, 1999

Citation 17 constructs psychotherapy as *the most helpful approach*, especially when the condition lasts for a longer term and its cause is less specific. Citation 18 confirms that psychotherapy *can help* though some sufferers have alternative choices in the treatment.

However, there is also talk of various shortcomings of psychotherapy:

(19). *A recent Department of Health report suggested that as many as two and half million people in Britain offer talking treatment to others, and **psychotherapy is on offer for every twinge of mental angst. Yet there is practically no evidence that it works.*** # 67D in appendix 14, The Times, October 11, 1999

(20). *She admits she spent 30 years having "counselling, **psychotherapy, analysis and group therapy**". But today she has serious doubts about the worth of such counselling.* The Times, October 11, 1999

Here, some counter-arguments are found: there is *no evidence* that psychotherapy works (Citation 19), and a sufferer who has used psychotherapy for 30 years now has *serious doubts* about its worth.

Lastly, some new treatments which are seen as being as efficient as, or even better than, psychotherapy, such as *exercises, religion, computer programming* and *Cognitive Behaviour Therapy* are also mentioned. Thus, Phase 4 presents rather a mixed treatment as the ideal response to depression. Different layers of argument and counter-argument co-exist.

In Phase 5 (2004 to 2009), another radical change in the meaning of *psychotherapy* is found by examining 23 paraphrases: the effect of psychotherapy is said to be overwhelmingly positive in this Phase as *the best and most effective treatment* for depression:

(21). *The results of a trial, published in the British Medical Journal in 2000, showed that **psychotherapy was the best and most cost-effective treatment for depression.*** # 79E in appendix 14, The Daily Telegraph, July 1, 2006

(22). ***Psychotherapy is a well-established talking treatment for mental and emotional problems.** The aim is to uncover and discuss issues related to the client's mental state and help him or her use this self-awareness to break free of negative thought patterns. Childhood experiences are regarded as crucial, and emphasis is placed on examining the past and how it affects present behaviour.* # 80E in appendix 14, The Daily Telegraph, July 1, 2006

Such positive constructions of psychotherapy take up almost half of the paraphrases in this Phase, and psychotherapy is shown as the first-line treatment for depression sufferers.

However, there are also quite a few Citations indicating the low accessibility of psychotherapy:

(23). *And the report said most common alternative approaches - psychotherapy and counselling - are often in short supply, with patients being asked to join long waiting lists.* #92E in appendix 14, The Guardian, June 21, 2009

Here, the inaccessibility of psychotherapy is emphasised: people have to *join long waiting lists*, because psychotherapy and other counselling services *are in short supply*.

In the remaining Citations in this Phase, Cognitive Behavioural Therapy, a form of psychotherapy, is described as a scientific and efficient talking therapy:

(24). *CBT is the most widely practised branch of psychotherapy. It was developed in the Seventies by Professor Aaron T Beck, of the University of Pennsylvania, who, in his treatment of depression, found that a combination of cognitive and behaviour therapies was more effective than psychoanalysis.* #97E in appendix 14, *The Daily Telegraph*, February 20, 2006

The UK government has invested heavily in training more CBT practitioners to meet the needs of depression patients, and other methods of relieving depression, such as *physical activities, music, play and drama* therapy, are also mentioned as being as efficient as psychotherapy. It can be said that in this last Phase, psychotherapy is put back on centre stage, although it is repeatedly described as being in short supply.

My diachronic analysis of the role psychotherapy plays in connection with depression matches what we have found in previous analyses. In the first Phase of the EDC, depression is constructed as a psychological illness and psychotherapy therefore receives a lot of attention and approval. The second Phase sees a binary representation of psychotherapy: it works, but it also has unavoidable disadvantages, such as the lack of regulation in its practice, and the fact that it is time-consuming and expensive. At the same time, in competition with psychotherapy, we start to hear of the effectiveness of drug treatment. Phase 3 presents a

negative view of psychotherapy, by highlighting the important and scientific role of drug treatment, and the disadvantages of psychotherapy. Phase 4 swings back to a mixed view of the treatment of depression, proposing a combination of drug treatment and psychotherapy as a judicious choice for depression sufferers. The last Phase puts psychotherapy on centre stage again, by enhancing the role of psychotherapy and the marginalisation of drug treatment.

#### 7.4.2.3. Paraphrasing *antidepressants*

The word *antidepressant* appears as a new keyword entering the third Phase of the EDC. The way in which antidepressants are paraphrased reflects people's understanding of depression very significantly. The positive construction of antidepressants naturally confirms the chemical and internal cause of depression, and the negative representation will accordingly be putting more attention to psychological or external factors of depression. Thus, it will be very interesting to see whether the meaning paraphrases of *antidepressants* echo what we have found in previous analyses.

There are no paraphrases of *antidepressant(s)* in the first Phase (1984 to 1988) of the EDC. In the second Phase (1989 to 1993), there are seven, along with four Citations (1 to 4 below) clearly indicating that the use of antidepressants is very efficient in treating depression. The first two are as follows:

(1). **Antidepressant tablets are an effective treatment for many suffering from the classic signs of depression** - loss of weight and appetite, fatigue, anxiety, poor concentration, loss of sex drive and suicidal thoughts. # 1B in appendix 15, Daily Mail, February 4, 1992

(2). 'We are very concerned that people are confusing antidepressants with tranquillisers - antidepressants are not addictive,' said Professor Priest. 'For some depressed patients, **a course of antidepressant tablets is the only effective treatment.** # 2B in appendix 15, Daily Mail, February 4, 1992

Antidepressants are constructed as *an effective treatment* for depression sufferers, are *not addictive* and for some depressed patients, they can even be the *only effective treatment*. But the side-effects of such antidepressants are also pointed out, such as in Citations 3 and 4:

(3). Since **several hundred people die every year from suicidal antidepressant overdoses**, that is not a trivial point. # 5B in appendix 15, The Guardian, January 31, 1992

(4). It also has some advantages over antidepressant drugs since **the side-effects of ECT usually wear off quickly, whereas those of antidepressants may last as long as the course of treatment** and it is impossible for patients to take an accidental or deliberate overdose of ECT. # 6B in appendix 15, The Guardian, January 31, 1992

Overdoses of antidepressants can cause suicides, and their side-effects *last as long as the course of treatment*. Here, we can see that the comparisons between old-style ECT (Electroconvulsive Therapy) treatment and antidepressants are drawn and the advantages of ECT over drugs are emphasised. This is to be expected, because whenever a new type of treatment is introduced, it is always compared with existing types of treatment. In general, however, antidepressants are positively represented in this second Phase, as they are being introduced for the first time.

It is from the third Phase (1994 to 1998) onwards that more focused discussions of *antidepressants* begin to appear. In the third Phase, antidepressants continue to be constructed

as very effective, and detailed scientific explanations of the way they work are provided in detail:

(5). ***Antidepressants correct the imbalance in the chemical make up of the brain which causes the depression. They are not addictive and are often used in addition to therapy and counselling. Patients sometimes need to take several medications simultaneously.*** # 10C in appendix 15, The Independent, December 14, 1998

(6). ***Antidepressants increase the levels of brain chemicals believed to be lacking in those who suffer from clinical depression.*** # 11C in appendix 15, Daily Mail, September 23, 1997

Scientific representations such as these help to foster acceptance and belief in the positive effects of antidepressants. By contrast, the side-effects of antidepressants are still frequently talked about, but they are represented in such a way as to suggest their inevitability and therefore acceptability, in clauses such as *no drug is without side-effects*, or *no drugs can be free of side-effects*. The following is typical:

(7). ***Unfortunately, no drug is without side-effects. The tricyclic antidepressants can cause tiredness, shaking, dry mouth, irritating cough, hunger, constipation and, in older men, a difficulty in passing urine. But these are relatively trivial compared with the risk of fatal heart problems when taken in overdose remember that almost by definition depressed patients have suicidal tendencies and risk overdose.*** # 9C in appendix 15, The Times, February 15, 1994

Thus, in this third Phase in the EDC, antidepressants are represented in an obviously positive way. Furthermore, a large number of texts in this Phase focus on a more detailed representation of antidepressants, comparing tricyclic antidepressants, the first generation drugs, with SSRIs (Selective Serotonin Reuptake Inhibitors), the new and more modern type of antidepressants. Clearly, SSRI drugs are constructed as an improvement on the old antidepressants. Typical Citations include:

(8). **SSRIs, whose prescriptions rose by 732 per cent, have fewer side-effects than the older tricyclic antidepressants** and those who take them are less likely to discontinue the course of treatment.

# 14C in appendix 15, The Independent, February 28, 1997

(9). Prozac is one of the group of antidepressant drugs known as 5HT re-uptake inhibitors. **These drugs are safer than the older tricyclic group of antidepressants**, for they are less sedative and do not cause the cardiac irregularities which can even be, very occasionally, dangerous to the patient. If taken in overdose, they are less likely to result in a fatality.

# 17C in appendix 15, The Times  
September 12, 1996

Both Citations 8 and 9 directly address that SSRIs have *fewer side-effects* and are *safer* than the old antidepressants. Such comparisons between different brands of drugs form one of the most important themes in the discussions of antidepressants.

However, the shortcomings of SSRIs are also mentioned, for example their being too expensive, and therefore there is fear expressed that the rise in the use of SSRIs will become *a huge burden on the NHS budget*:

(10). The report, which purely examines prescription levels rather than analysing their effect, warns that **the rise in the use of SSRI antidepressants, which are far more expensive, is "potentially a huge burden on the NHS budget"**.

# 18C in appendix 15, The Independent, February 28, 1997

(11). And **Seroxat, one of the new generation of antidepressants** which, like Prozac and Viagra, is now marketed as a 'lifestyle' drug - **did help me out of my depression, but at terrible cost.**

# 19C in appendix 15, Daily Mail, December 22, 1998

Citation 10 indicates that new generation antidepressants, such as Seroxat, are very expensive, which might become a significant burden for both individual sufferers and the NHS (National Health Service) budget. Citation 11 points out that antidepressants are helpful in treating depression, but *at terrible cost*. Here, the terrible cost does not refer to financial cost, but will be another, worse outcome involved. Though antidepressants are represented in

rather negative ways, such discussions educate readers about the possibility of medical cures for depression.

In summary, the third Phase sees antidepressants as effective, and the new SSRI antidepressants are seen as more effective than the old, with fewer side-effects. At the same time, the working principles of antidepressants are explained, contributing to an increase in people's acceptance of the use of antidepressants.

In Phase 4 (1999 to 2003), the positive effects of antidepressants are continuously referred to, especially the effectiveness of new generation of antidepressants is frequently discussed.

What is new is that some problems in taking antidepressants are highlighted:

(12). 24D. *Its studies show that even with correct diagnosis, **only 39 per cent continued to take antidepressants for the minimum period of six months.** Regrettably the average dose prescribed is usually half that recommended by specialists.* # 24D in appendix 15, The Times, April 22, 1999

(13). ***SSRI-type antidepressants have only been licensed for adults but are used by 50,000 children in Britain.*** # 35D in appendix 15, Daily Mail, December 11, 2003

Citation 12 reports that only 39 per cent of depression patients take antidepressants based on specialists' instruction, which implies that to adhere to the request of doctors in taking antidepressants is essential to treat depression. This, in the author's opinion, helps to emphasize the effectiveness and necessity of taking medication. Citation 13 warns that *SSRI-type antidepressants* are mistakenly used by children in Britain. Though, such a serious problem of misusing antidepressants is indicated, this statement helps to make people realize

that antidepressants are actually widely used in Britain. At the same time, various problems in the prescription of antidepressants are emphasised. The prescription of antidepressants is seen in a more negative way. The following are some typical Citations:

(14). *The Government predicts that half of all women and a quarter of all men will be affected by depression at some period during their lives But there are serious concerns that **antidepressants have become lifestyle drugs, handed out like sweets to patients.*** # 30D in appendix 15, Daily Mail, October 21, 2003

(15). *Doctors are being forced to prescribe **antidepressants to patients who may not need them because of huge mental health waiting lists.*** # 31D in appendix 15, Daily Mail, May 8, 2002

(16). *SSRI-type **antidepressants have only been licensed for adults but are used by 50,000 children in Britain.*** # 35D in appendix 15, Daily Mail, December 11, 2003

It seems that people are prescribed antidepressants just because of *huge mental health waiting lists* (Citation 15), and taking antidepressants has become a modern *lifestyle* choice (a very unhealthy one) because doctors just *hand out pills like sweets* (Citation 14). Furthermore, in many cases, children are prescribed antidepressants which are licensed for adults (Citation 16). All these Citations warn people that the use of antidepressants might not be necessary at all: they are given such pills for reasons stemming from institutional problems in the medical system in the UK.

The aspects mentioned here occupy the largest part of this fourth Phase. In the remaining paraphrases, taking antidepressants for a longer time, or combining the use of antidepressants with psychotherapy, are recommended, but the negative discussion of antidepressants in this Phase is clear to see.

In Phase 5 (2004 to 2009), only twelve out of 23 paraphrases are given, because the others repeat the same points in constructing new aspects of the meaning of antidepressants. Firstly, exercise is largely constructed as being as efficient as antidepressants, and is thus recommended to all, especially sufferers of mild to moderate depression:

(17). *Studies show that **regular exercise is as good as antidepressants for mild-to-moderate depression.*** # 39E in appendix 15, The Mirror April 29, 2008

(18). *After a career in conventional medicine, Servan-Schreiber's theory is that **exercise can be as effective in treating depression and stress as antidepressants.*** # 40E in appendix 15, The Guardian, May 4, 2004

In this final Phase of the EDC, antidepressants are always discussed together with exercise. Statements like *exercise is as good as antidepressants*, or *exercise can be as effective in treating depression*, as presented in Citations 17 and 18, are found throughout the Phase. In addition to this, the role of Cognitive Therapy and psychotherapy are increasingly emphasised as alternatives to the use of antidepressants:

(19). *The Royal College of Psychiatrists, however, says that **CBT is "the most effective psychological treatment for moderate and severe depression; as effective as antidepressants for many types of depression"**.* # 42E in appendix 15, The Guardian, June 30, 2006

(20). *We listen to a thousand callers a week, and while 86% of those reporting depression are given antidepressants, **only 6% receive any form of counselling or talking therapy, yet that is what they say will help them most.*** # 43E in appendix 15, The Guardian, September 21, 2005

Recommendation of exercise and psychotherapy, as presented in the above Citations, occupy almost two thirds of the paraphrases in this last Phase. At the same time, the over-prescription of antidepressants continues to be widely represented:

(21). ***The number of prescriptions for antidepressants in England has almost tripled in the last 10 years, with many GPs admitting that they prescribe antidepressant medication because they can't***

*access talking therapies for their patients - waiting times can be as long as 18 months.*

# 46E in appendix 15, The Guardian, January 3, 2007

(22). ***Seroxat is far too extensively prescribed, especially for mild and moderate depression. But antidepressants - including SSRIs - do work, and can prevent suicides in severe cases. However, they are not wonder drugs.*** # 47E in appendix 15, Daily Mail, March 23, 2004

Citation 21 reports that concerns about the over-prescription of antidepressants has been admitted as a fact by GPs in the UK, and some brands of antidepressants are *far too extensively prescribed*, as we see in Citation 22.

In this last Phase, then, the role of antidepressants is discussed critically, giving space to many non-medical methods of treating depression and building healthy lifestyles. The problem of over-prescription is further foregrounded, which also contributes to people's cessation of medical treatment.

So far, we can see that the development of the construction of the meaning of antidepressants matches closely the findings of previous analyses. In the first Phase, the lexical item *antidepressants* does not appear; it makes its entry in the second Phase, where very brief introductions to the positive effects of antidepressants are found, along with recommendation of the combined use of antidepressants and psychotherapy. The third Phase sees antidepressants as the most efficient form of treatment, with emphasis on their relatively fewer side-effects, and on the provision of scientific explanations of their function, so that people's acceptance of them is improved. In the fourth Phase, the focus is on their adverse side-effects, and constructions of the advantages of non-medical therapies replace those of support for antidepressants. The problem of over-prescription of antidepressants is also

emphasised in this Phase. In the final Phase, exercise, CBT and psychotherapy are represented as being as effective as antidepressants, and antidepressants are seen as a last resort. The over-prescription of antidepressants continues to be emphasised, and the low availability of counselling is in most cases constructed as the main cause of such over-prescription.

## 7.5 Summary and interpretation

Up to this point, we have been concerned with identifying examples which contribute to the construction of the meaning of *depression* in the EDC, using frequency, bigram and keyword analyses, along with paraphrase analyses of selected keywords. In this section, I will briefly sum up these findings, and at the same time, offer an interpretation of how the construction of depression changes over time, looking at the way it is first considered as a psychological disease, then a biological one in the second and third Phases, and finally as a mental disorder which is more related to psychological factors.

In the first Phase of the EDC, the psychological side of depression is emphasised: the word *psychological* appears as both an important frequent word and a keyword in this Phase. That is to say, depression is considered to be caused by upsetting life events that make sufferers depressed, and accordingly, the main treatment for depression that is talked about at this time in the UK is *psychoanalysis*, which appears as a keyword in this Phase.

The second and third Phases see depression as an impersonal, biological disease, caused by chemical deficiencies in the brain. This point is well supported by the frequency and keyword analyses, where we see that words such as *drug* and *brain* appear both as important frequent words and keywords in Phase 2, indicating that brain deficiencies are talked about as the cause of depression, with drugs seen as an effective treatment for it. In Phase 3, the discussion of the chemical side of depression becomes even more overwhelming, as words such as *antidepressants*, *serotonin*, and *medication* enter as new keywords, and *side-effects* appears as a new high frequency word. Detailed paraphrase analyses of these words reveal that in Phase 3, more scientific explanations of depression (e.g. the low level of serotonin in the human brain) appear, with more extensive discussions of different specific drugs. The word *side-effects* is not used primarily in this Phase to show the negative side of drugs, but reminds people that *no drugs can be free of side-effects*, and new generation drugs have *fewer side-effects*. Bigram lists in this Phase also show that all the modifiers of depression are used to describe different types of depression, such as *brief*, *major* and *acute*, when it is seen as an endogenous disease.

Phase 4 sees a binary discussion of depression: it is either a biological disease or a disease caused by psychological factors. At the same time, phrases such as *people suffering from mental disorder* are used in preference to the term *patients*, for example, suggesting attempts to remove the social stigma of depression, and that would seem to be why words like *people*, *suffer*, *suffering*, and *disorder* appear both as newly entered frequent words and keywords in this Phase.

The last Phase sees a larger representation of the psychological side of depression, and the negative effects of medical treatment are widely represented. Words such as *support*, *help* and *care* are used much more frequently than in previous Phases, indicating that the psychological and social sides of depression are being emphasised again.

In summary, in the EDC, depression is first constructed as a psychological disease and psychoanalysis is emphasised. After that, the biological side of depression takes centre stage, and depression is seen as an impersonal disease caused by chemical deficiencies in the human brain. Accordingly, antidepressants are depicted as the most efficient form of treatment. Finally, the psychological factors of depression come back, and the effects of medication are reduced in significance. Instead, more non-medical therapies such as Cognitive Behavioural Therapy, exercise, and so on are introduced as principal treatments for depression.

We can see then that the changing picture of the construction of the meaning of depression in the EDC is formed by differing answers to questions about the nature, causes and treatment of depression in different time periods. These questions have been closely examined here, and 25 years of different answers in the EDC have been analysed. It will be interesting to see whether similar developments occur in the Chinese Depression Corpus.

# CHAPTER 8

## DIACHRONIC ANALYSIS OF THE CHINESE DEPRESSION CORPUS

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### 8.1 Introduction

Chapter 7 presents the research findings from the exploration of the English Depression Corpus (EDC). This Chapter will discuss the findings from the Chinese Depression Corpus (CDC), with the same research methods applied, and the same presentational structure as that used in Chapter 7. The CDC consists of the Chinese national news articles (distributed by the Xinhua News Agency) in which the lexical item 抑郁症 (*yi yu zheng*, ‘depression’) occurs at least once from the year 2000, when 抑郁症 (*yi yu zheng*, ‘depression’) first began to be talked about in China, up to 2009. In 2000, only two articles in which the lexical item 抑郁症 (*yi yu zheng*, ‘depression’) occurs at least once are found. However, in 2008, there are 1515 such articles, which exceeds the number of English news articles about depression in that year. That is to say, it takes only 10 years for the Chinese media to develop its construction of 抑郁症 (*yi yu zheng*, ‘depression’) from its introduction to its full exposure to Western influence. It will therefore be interesting to see what has been said about 抑郁症 (*yi yu zheng*, ‘depression’) within the last 10 years in the Chinese media, and to examine to what extent it has been influenced by the construction of the meaning of depression in the UK.

Section 6.4.1.2 gave a detailed description of the statistical information from the CDC. Like the EDC, the CDC is also divided into five subcorpora, based on the frequency changes in the Chinese news articles in question. Briefly speaking, the first Phase refers to the years 2000 and 2001, the second Phase includes 2002 to 2004, the third 2005 to 2007, and the fourth and fifth Phases include 2008 and 2009 respectively. The reason for such a deviation lies, of course, in the changes in frequencies of relevant Chinese news articles in different Phases.

In this section, the diachronic analyses of 抑郁症 (*yiyuzheng*, 'depression') in the five Phases of the CDC will be conducted. As in the case of the diachronic analysis of the EDC, this section also starts with discussion of frequency lists, bigram lists and keyword lists of first the CDC and then its five subcorpora. Next, paraphrase analyses of two selected consistent keywords: 治疗 (*treatment*), 药物 (*drugs*), and two Phasal keywords: 老人抑郁症 (*old people depression*) and 网络抑郁症 (*internet depression*) will be presented.

## 8.2 Corpus analysis of the CDC

### 8.2.1 Wordlist analysis

Section 6.3.1.1 above explains that an examination of frequent words in a given corpus can reflect the most talked about topics talked about, and in different Phases of a given corpus these can help to depict the shifting focus over time. The frequency analysis of the EDC mainly revealed that the construction of depression swings between a psychological illness and a chemical imbalance, and different treatments, such as psychotherapy and medical treatment, are thus emphasised in different time Phases. In the final Phase of the EDC, we

find that depression is constructed as a rather complex problem, needing more social care and psychological support.

In this section, the same methodology will be used to investigate the CDC: I will first look at the consistently most frequent words in the whole corpus in general, and in its five subcorpora. Secondly, I establish which frequent words enter in each new Phase, which exit, and which never come back.

### 8.2.1.1 A general description of the wordlist of the CDC

Appendix 5 shows six wordlists containing the top 50 lexical words of both the CDC and its five subcorpora. The following 25 words are found as occurring in all these lists:

心理 (*psychological*), 自己 (*self*), 抑郁症 (*depression*), 精神 (*mental*), 问题 (*problem*), 自杀 (*suicide*), 健康 (*health*), 疾病 (*illness*), 治疗 (*treatment*), 研究 (*research*), 医院 (*hospital*), 患者 (*sufferers*), 障碍 (*disorder*), 药物 (*medication*), 抑郁 (*depressed*), 情绪 (*emotion*), 工作 (*work*), 家庭 (*family*), 父母 (*parents*), 公司 (*company*), 孩子 (*children*), 生活 (*life*), 社会 (*society*), 压力 (*pressure*), 学生 (*students*)

The first 16 words listed here are the same as those found in the EDC (see section 7.2.1.1). These words indicate that ‘抑郁症’ (*yiyuzheng*, ‘depression’) is also constructed as a 精神疾病 (*mental illness*) or 精神障碍 (*mental disorder*) in Chinese media; it is a 问题 (*problem*) threatening people’s 健康 (*health*), and it can have serious consequences such as 自杀 (*suicide*). Its 治疗 (*treatment*), such as 药物 (*medication*), is also addressed on an ongoing basis throughout. Relevant 研究 (*research*) is conducted about depression and being

emotionally 抑郁 (*depressed*) is always talked about in relation to depression.

However, the last nine words listed above represent a striking difference in the construction of the meaning of depression between the EDC and the CDC: in the CDC, there are more words that directly indicate the exogenous factors of depression, such as 工作 (*work*), 家庭 (*family*), 父母 (*parents*), 公司 (*company*), 生活 (*life*), 社会 (*society*), 压力 (*pressure*). The frequent construction of these exogenous factors implies that the external factors may play a larger role in causing depression, and they are foregrounded for a longer time in the Chinese context. To contextualise such an idea, I provide here several typical Citations of two distinct frequent words in the CDC: 父母 (*parents*), and 学生 (*students*).

The word 父母 (*parents*) does not occur as a frequent word in the EDC: it may be interesting to see how 父母 (*parents*) are talked about in the Chinese context. Here are two typical Citations:

(1). 在这起案件中, 杀人者是一名少年, 因父母离异患上了抑郁症, 长期靠药物控制情绪。 *In this forensic case, the murderer, who is in puberty, suffers from depression because of his **parents'** divorce. He has to control his emotions with long-term medication.* Xinhua Net, 2004-8-25, source: Shanghai Morning Post<sup>38</sup>

(2). 他开始出现幻觉, 患上轻度精神分裂症和抑郁症, 烦恼的父母整日愁眉不展。 *He began to have hallucinations and suffered from mild depression. **His parents** grieve very day.* Xinhua Net, 2008-07-18

The first Citation here shows one of the most typical cases that occur involving 父母 (*parents*)

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<sup>38</sup> The news articles circulated by the Xinhua news agency in China include articles produced by both Xinhua Net and some influential Chinese national newspapers. Therefore, in displaying the sources of corpus Citations from the CDC, both Xinhua Net and names of specific Chinese newspapers (if there are any) will be clearly indicated.

namely that Chinese children whose parents are divorced are more likely to suffer from depression. This obviously implies that depression is more represented as being caused by external life events in the CDC than in the EDC. On the other hand, on the basis of the examination of the concordance lines of 父母 (*parents*), it is found that in the CDC, if people suffer from depression, their parents are the ones who worry the most. This may indicate that in China, relationships between children and their parents are more intimate than that in Western countries.

Another feature revealed here is that 大学生 (*university students*) are consistently constructed as the group of people most at risk from depression. For example:

(3). 2003 年, 经媒体报道过的自杀大学生在全国就有十数人, 专家分析, 生理疾患、学习和就业压力、情感挫折、经济压力、家庭变故等诸多因素, 是学生自杀的直接原因。In the year 2003, Chinese media reports more than ten **university students committing suicide**. Experts say that **physical diseases, course and employment pressure, difficulties in emotional life, economic pressure, life events in families and so on, are the direct causes of such tragedies**. Xinhua Net, 2004-1-9, source: Beijing Youth Daily

(4). 专家分析, 抑郁症是大学生自杀的首要原因, 而大学生抑郁症大多是由于学习、就业等外来压力造成的。Experts say that the primary cause of **university students' committing suicide is mental depression, which is caused mostly by external factors such as course pressure and difficulties in finding jobs**. Xinhua Net, 2006-9-8, source: China News

Here, course pressure and difficulties in finding jobs are constructed as the most important causes of students' depression, further suggesting that exogenous factors are root causes of the condition.

In addition to the above two words indicating external factors, another interesting word in this list, which does not occur in the top frequency list for the EDC, is 自己 (*self*). As

appendix 5 shows, this word ranks as the second most frequent word in both the whole CDC and in its final three Phases. Though terms like *self-harm*, *self-hurt* and *self-identity* also exist in the EDC, the use of this word in the CDC is totally different. The most frequent collocates of the word 自己 (*self*) are 知道 (*know*), 怀疑 (*suspect*), 承认 (*admit*) and 感觉 (*feel*). For example:

(5). 出于各种顾虑, 国内许多抑郁症患者不愿意承认自己患有此病。 *For various reasons, a lot of depression sufferers in China do not want to admit that they themselves have this kind of illness.*  
Xinhua Net, 2008-5-6

(6). 更多的人由于缺乏心理学常识, 不知道自己得了抑郁症。 *Many people do not know that they have depression just because they themselves do not have a good understanding of the basics of psychology.* Xinhua Net, 2008-11-18

Thus, ignorance of depression, and the social stigma attached to it, are emphasised through the use of the word 自己 (*self*): people do not know that they are suffering from depression, and even if they know, they are not likely to admit such an embarrassing condition.

From this general analysis of the 50 consistently most frequent words of the CDC, it is fair to assume that depression is primarily represented as being caused by exogenous factors. However, such an analysis may overlook important Phasal developments in the construction of the meaning of depression: the high frequencies could result from a prominent peak in a particular year, for example. In the next section, I will conduct an overlap analysis between Phases of the CDC, to establish whether or not the endogenous aspect of the problem appears in a specific Phase.

### 8.2.1.2 Diachronic comparisons of the CDC wordlists

The last section shows a general analysis of the consistently most frequent words in the CDC. It is worth noting that there are more such words in the CDC (25 words) than in the EDC (14 words). Such a big difference reveals that there are more common aspects of the meaning of depression across the time periods in question in the Chinese context, and thus there will be fewer newly entered frequent words in each Phase of that corpus. However, even from those very few newly entered frequent words, we can still see that interesting aspects of meaning development of depression have been taking place in the Chinese media.

In Phase 1 (2000 to 2001), apart from those 25 consistently frequent words, the following 8 words are found to be important in individual Phases:

老人 (*old people*), 老年人 (*old-aged people*), 老年 (*old-aged*), 空巢 (*empty nest*), 社区 (*community*), 教育 (*education*), 老师 (*teachers*), 青少年 (*adolescents*)

Before proceeding to analyse the above words, a review may be useful of the most frequent words in Phase 1 of the EDC: *psychiatric, depressed, feel, drugs, light* etc. (see Section 7.2.1.2 for the whole list). These words mostly indicate the psychological side of depression and its possible treatments. The words listed above from the CDC are radically different: the first three of them are about depression suffered by old people. The fourth word 空巢 (*empty nest*) is also used to describe old people's living conditions. In Chinese news texts, the fixed phrase 空巢老人 (*empty-nest old people*) is used to describe old people whose children are working in faraway places, leaving their home (nest) empty. Apparently, it was necessary, in order to import the Western concept of depression, to relate it to some key Chinese traditions,

and proper conduct to old people is an important concept from Confucian thinking. It is therefore possible that frequent representation of old people's depression is one of the main factors contributing to the popularisation of the concept of depression in Chinese society. .

For example:

(7). 由于空巢现象, 老人得抑郁症的比例也高达 30%. *Due to **empty nest phenomenon**, the percentage of depression sufferers in old people reaches 30%.* Xinhua Net, 2004-02-23

(8). 陪老人拉家常, 常回家看看才是治疗空巢老人心理疾病的最佳良方。 ***Chatting with old people and visiting them frequently** is the best way to treat empty-nest old people's psychological disease.* Xinhua Net, 2009-04-21, source: Jiangxi Daily

These Citations emphasise the external factors in old people's depression: old people are more often left alone, and they are more likely to feel depressed. Therefore, to treat such a condition, children are encouraged to visit and chat with them. As the construction of old people's depression represents a large proportion of the CDC, a more detailed paraphrase analysis of *old people* as a Phasal keyword will be discussed in section 8.5.1.

The next important word, *community*, is often used in terms like *社区关怀* (*community care*), *社区服务* (*community service*) and so on, which indicates that in China, community work is considered helpful in treating depression. In Western society, the role of community care in treating depression was first proposed by Adolph Meyer (1957), considered a significant early advocate of occupational therapy. Meyer believed that there was a critical link between an individual's activities and activity patterns and his or her physical and mental health. In his vision for the mental hygiene movement, he advocated community-based services to help people develop skills to cope with the demands of everyday life. It must be clarified here that

the concept of community service is developed on the basis of the idea that external life events in general can play an important role in the onset, development and healing of mental illness.

Lastly, the frequent use of the words *education*, *teachers* and *adolescents* in the CDC may imply that, along with old people, adolescents (mostly students) are another group of people who are more likely to suffer from depression, and therefore *teachers* and *education* will play an important role in the curing of adolescents' depression. Here, I also give two Citations:

(9). 研究表明得抑郁症的大部分是青少年。我们的一项统计分析表明，孩子们出现的心理问题85%的原因在父母或家庭的身上，15%归在学校教育身上。A recent research suggests that **most depression sufferers are adolescents**. One of our studies further reveals that 85% of adolescent depression is caused by **problems in the family**, and 15% by problems in education. , Xinhua Net, 2008-5-22, source: Beijing Daily

(10). 土木系一个男生大一时因为胃病休学一年，期间患上了抑郁症。在咨询中心老师的辅导下，明白了"最好的心理医生是自己。A first year university student began to suffer from depression when he had a gastric disease. With the help of his **teachers** at the Consultation Centre, the student came to know that **the best psychological therapist is himself**. Xinhua Net, 2003-11-17

These Citations clearly suggest that adolescents' depression is caused either by family problems, or by the inefficiency of the education system in China. It implies that teachers should play an important role in helping the adolescents, guiding them in how to get out of the grip of depression.

Therefore, in this first Phase of our CDC, the construction of the meaning of depression lies in the groups of people suffering it (*old people*, *adolescents*), and the importance of external

support (*community, teachers, education*) is emphasised. This further implies that at this stage in China, depression appeared in Chinese discourse in the sole context of interpersonal relations, and therefore was understood as being caused by problems in the relationship with other people, such as being isolated from or not sufficiently supported by relevant people in certain life phases.

Now, let us turn to Phase 2 (2002 to 2004) of the CDC. Before presenting the newly-entered frequent words in this Phase, it is important to bear in mind that in the second Phase of the EDC, the chemical side of depression starts to appear, making depression as a biological and impersonal disease. Therefore, it will be interesting to see whether Chinese people's understanding of depression underwent similar changes. The following words enter for the first time in the second Phase of the CDC:

*中心 (centre), 咨询 (consultation), 症状 (symptoms), 预防 (precaution), 妇女 (female), 死亡 (death), 吃 (eating)*

Interestingly, in this second Phase, the Chinese media do not touch upon the chemical side of the problem. Rather, it constructs depression as a disorder that has now become refined and therefore accepted, and people turn more frequently to health centres where they can ask for *咨询 (consultation)*, discuss their *症状 (symptoms)* or seek for *预防 (precautions)*. *妇女 (females)*, in this Phase, are represented as another group of people who are more likely to be attacked by depression. This point reminds us of what we have found in the EDC: there, construction of female depression mainly concerns post-natal depression, caused by an abrupt change in hormone levels. In the CDC, *产后抑郁症 (postnatal-depression)* is also frequently represented, but in some cases, female depression is represented as being caused by the pressure of having to care for children and work at the same time. Another word which

appears as a fairly frequent word in the second Phase of the CDC is 死亡 (*death*), corresponding to the entrance of the word *suicide* in the second Phase of the EDC, both of which indicate the serious consequence that depression can bring about.

The most interesting word in this list is 吃 (*eating*), which never appears as either a high frequency word or keyword in the EDC. 吃 (*eating*) in the Chinese language collocates with both medication and normal everyday food. In Chinese culture in general, eating healthy food plays an important role in maintaining people's health, and is seen as important in the fight against disease. That may explain why in the CDC we see that eating healthy food such as bananas, sea food and so on is represented as very helpful in dealing with depression. For example:

(11). 常吃香蕉能治疗抑郁症新加坡营养师陈宝琳说。 ***Eating bananas can treat depression, said Chen Baolin, a nutrition expert from Singapore.*** Xinhua Net, 2004-11-04, source: Guangzhou Daily

Though taking ('eating') medication is also frequently talked about in the CDC, in most cases it is constructed as not effective. Section 8.4.2 will provide a detailed paraphrase analysis of 药物 (*medication*).

To sum up, in this second Phase of the CDC, depression is seen more as an established illness, requiring precautions and medical consultation. At the same time, depression continues to be constructed as caused by external factors, and thus medication is not considered to be as helpful as healthy lifestyles, such as a healthy diet and taking exercise. By contrast, the chemical side of the problem is not addressed.

In the third Phase (2005 to 2007), we see the following interesting words:

大学 (*University*), 大学生 (*university students*), 朋友 (*friends*), 身体 (*body*), 焦虑 (*anxiety*)

Here, 大学生 (*university students*) are highlighted as a new group of people that are likely to be attacked by depression. A detailed look at the use of this word reveals that the external factors are still predominately represented. Typical Citations are as follows:

(12). 北京高校今年因自杀身亡的学生已有九名。专家分析, 抑郁症是大学生自杀的首要原因, 而大学生抑郁症大多是由于学习、就业等外来压力造成的。 ***Nine university students have committed suicide in Beijing this year. Experts say that depression, which is caused by external factors such as course and employment pressure, should be considered as the first important cause of such tragedies.*** Xinhua Net, 2006-12-07

(13). 据华师大心理健康辅导中心提供的数据, 曾经前来寻求心理辅导的在校大学生中, 有抑郁症或自杀倾向的往往都是由于情感问题引起的, 比例占到五成以上。 ***According to the statistics offered by the Psychological Health Training Centre in The Normal University of Southern China, more than 50% of university students who suffer from depression have relationship problems.*** Xinhua Net, 2007-11-13, source: [www.people.com.cn](http://www.people.com.cn)

It is obvious to see that depression among university students is predominantly represented as being caused by external factors, of which course pressure, pressure in finding jobs and relationship problems are often seen as the most important. In Chapter 9, where I interpret these findings, 大学生抑郁症 (*depression among university students*) will be addressed once again due to its important connotations in modern Chinese society.

The word 身体 (*body*)<sup>39</sup> appears as a new frequent word in this Phase, which reminds us that in the second Phase of the EDC, *body* is also frequently used in explaining the mind-body

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<sup>39</sup> 身体 can be translated into *body*, or *physical* (conditions) of a person. In this context, most of the Citations of 身体 refer to people's physical problems, such as in 身体疾病 (*physical disease*) or 身体健康 (*physical health*).

relationship, and thus the chemical side of depression is enhanced there. However, occurrences of 身体 (*body*) in the CDC indicate that depression is considered *not* as a somatic disease, but as a psychological disease, which is caused by, and can influence (usually worsen), people's physical diseases. The following Citations show what I mean:

(14). 老年人除了因为身体疾病导致的抑郁症外, 最常见就是老年期的各种丧失造成的抑郁。这些丧失包括工作的丧失、收入的减少、亲友的离世、人际交往的缺乏等。 ***Except for physical diseases, the most common causes of old people's depression include all kinds of losses, such as the loss of jobs, reduction of salaries, death of relatives, and lack of social activities.*** Xinhua Net, 2007-10-19, source: Chongqing Times

(15). 自己睡不着觉, 吃不下饭, 患上了抑郁症, 身体也为此日渐虚弱, 免疫力不断降低。 *People who suffer from depression cannot eat or sleep well, **their physical condition** also deteriorates and their immune system continuously weakens.* Xinhua Net, 2007-03-27, source: China Court Net

(16). 她失眠, 并患上抑郁症, 身体健康也受到影响。 *She is suffering from depression and insomnia, which affects **her physical health.*** Xinhua Net, 2007-08-02

Here, the body is represented as closely related to, but separate from, the mental sphere. People with physical diseases are seen as more likely to get depression, possibly because of the pain brought about by physical problems. On the other hand, if people are suffering from depression, their physical condition may deteriorate. That is to say, in the Chinese context, feeling depressed is not constructed as the result of the dysfunction of the body (more specifically of the brain), but caused by the painful feelings brought about by other physical diseases. Thus, the biological cause of depression, such as the deficiency of serotonin, is still not mentioned in this Phase.

Lastly, the appearance of 朋友 (*friends*) highlights the importance of external help to ease

depression, and 焦虑 (*anxiety*) is put forward in this Phase as a parallel condition to depression.

In summary, in this third Phase, the only important development in the construction of the meaning of 'depression' is that university students are represented as a new group of sufferers of depression. We should not forget that *old people* and *adolescents* in the first Phase and *females* in the second Phase have been represented as sufferers of depression. If this represents a trend, we may expect a new group of sufferers to emerge in the next Phase.

In Phase 4 (2008), the following words turn out to be new arrivals on the high frequency list:

真实 (*Zhenshi*), 韩国 (*Korea*), 因特网 (*internet*), 睡眠 (*sleeping*)

As we expected, a new group of people who are more likely to suffer from depression is introduced in this Phase: celebrities in Korea. 真实 (*Zhenshi*) is the name of a Korean actor who committed suicide due to life pressure. At the same time, other Korean celebrities who committed suicide are reviewed in this Phase. That is why the word 韩国 (*Korea or Korean*) appears as the second newly-entered frequent word. Here, I offer two typical Citations:

(17). 据韩国媒体报道, 离婚后长期饱受抑郁症之苦的崔真实最近遭受"因借高利贷给男演员安在焕而导致其自杀"传言的困扰。According to Korean media reports, Cui Zhenshi **suffered a lot from depression after his divorce**. Before his death, he was also frustrated by all sorts of **internet rumours**. Xinhua Net, 2008-10-05

(18). 因为特殊身份和网络谣言, 加上种种生活中的压力, 这三位明星都患上了不同程度的抑郁症。韩国媒体报道, 在金智厚自杀前两天, 他曾接受韩国一家月刊的采访, 当时他向记者坦陈自己曾在高中时代就因同性恋的初恋失败而尝试过自杀, 就此患上严重抑郁症。Due to their identities as famous celebrities and to **internet rumours**, together with all sorts of **life pressures**, these three actors all **suffer from depression**. According to Korean media reports, just two days before An

*Zaihuan's death, he was interviewed by a journal confessing that he suffered from severe depression in his high school period after he experienced the failure of his first love.* Xinhua Net, 2008-10-09, source: Southern Metropolis Daily

Actually, the problem of celebrity depression is not unique to Korea; it is common in every other country in the world. In the EDC, there are also reports about depression concerning top sportsmen, actors, but it seems that it plays a larger role in Chinese discourse than British. The construction of celebrity depression may help to popularise the disease in China, and help people believe that it is perfectly reasonable to have such an illness. However, the Chinese media discuss the problem more frequently with reference to Korea than China, perhaps because they are less reluctant to discuss such taboo issues with relation to another country.

We also see in this Phase that 因特网 (*internet*) is frequently used in the phrase 网络成瘾症 (*internet addiction syndrome*), which is constructed as a parallel disorder with mental depression. Plenty of reports in this Phase describe how adolescents who are addicted to the internet finally cannot pull themselves out of the imaginary web world, and thus cannot lead normal lives. 网络流言 (*internet rumour*) is also represented as a key factor in causing celebrity depression and leading to some committing suicide. The following two examples illustrate these:

(19). 北京军区总医院医学成瘾科主任陶然介绍说, 网络成瘾是一种精神行为障碍, 表现为对网络的再度使用产生。An expert from Beijing General Military Hospital suggests that ***internet addiction syndrome is a type of mental disorder***, and the sufferers, especially adolescents, cannot pull themselves out of an imaginary world and rely too much on the use and re-use of networks. Xinhua Net, 2008-11-10

(20). 正是在压力、抑郁症和网络恶言的夹击下, 三位明星都以自杀的方式结束了生命。Three

*celebrities all ended their lives because of **life pressures, depression and internet rumours**.*  
Xinhua Net, 2008-10-17, source: Communication Information News

Here, *internet rumours* means the posting of anonymous offensive statements on the internet, mainly to celebrities, which may cause victims to commit suicide.

*睡眠 (sleeping)* is seen as a very important aspect of a healthy lifestyle in Chinese culture, and is put forward as an important factor in dealing with depression. Adequate, regular sleep is constructed as very helpful in treating depression. Typical Citations are:

(21). *睡眠不足更有可能患抑郁症。成年人长期睡眠不足更可能会出现精神压力、抑郁和酗酒现象。 (Insufficient sleeping can cause depression. **Adults who do not get sufficient sleep** over a long period are more likely to have psychological pressure, depression and alcoholism.* Xinhua Net, 2008-10-27

(22). *有少数人症状格外明显，甚至患上冬季抑郁症。他们日益需要睡眠和巧克力等碳水化合物食品。 Especially in winter, **people need more sleep** and food such as chocolate. Otherwise, they will suffer from winter depression.* Xinhua Net, 2008-11-12, source: Economic Information Daily

This reminds us that in the second Phase of the CDC, we have also seen the eating of healthy food being represented as an important factor in combating depression. Eating and sleeping have been emphasised in Chinese news articles as key factors in Chinese medicine. This reliance on cultural traditions may explain why the Chinese tend to adopt non-medical solutions, and marginalise the role of pharmaceutical intervention in treating depression.

Clearly, then, up to this fourth Phase, the Chinese media has been continuously constructing depression as caused by external factors, and focusing on certain groups of people who are more likely to suffer from it. In addition, reliance on interpersonal relations combined with healthy lifestyles, such as eating and sleeping, rather than medication, is represented as

helpful in treating depression.

In the final Phase of the CDC (2009), only two words were found to be new and important:

服务 (*service*), 大脑 (*brain*)

The appearance of the word 服务 (*service*) in this Phase indicates that the importance of social care is promoted, similar to the situation in the EDC, where words like *care* and *support* also enter as frequent words in the final Phase. This implies that in recent years, both for the UK and for China, social care has been considered as an important aspect in dealing with depression, no matter whether depression is seen as an endogenous or exogenous disease.

Two Citations exemplify these:

(23). 政府计划增开国家医疗服务系统直播热线, 派专业护士识别抑郁症先兆并向对方提供建议。Local government will open an **on-line service in the national medical system** and professionals will introduce some early signs of depression and provide medical suggestions to depression sufferers. Xinhua Net, 2009-03-09

(24). 杭州成立首家心理健康服务中心为百姓提供心理辅导和干预。Hangzhou establishes the first **Mental Health Service Centre**, providing people with psychological training and intervention. Xinhua Net, 2009-08-01

More importantly, in this very last Phase of the CDC, the word 大脑 (*brain*) finally comes up as a frequent one, implying that the chemical side of depression so foregrounded by the UK media is just starting to enter the Chinese people's field of vision. The following two Citations are chosen to show this change:

(25). 长期以来, 中国人还是习惯把抑郁症当成"心病", 认为"心病还需心药医", 对于药物治疗抑郁症并不太乐意。可是你知道吗, 抑郁症患者大脑里, 的确有一部分存在萎缩哦。For a long time, the Chinese have been used to considering depression as a psychological disease, believing that such a psychological disease needs only psychological treatment. Thus Chinese people are not

*happy with medical treatment and cannot accept it. But you will be surprised to know that in the **brains of depression sufferers, a certain area really is in physical decline.*** Xinhua Net, 2009-11-17, source: [www.sohu.com](http://www.sohu.com)

(26). 证实抑郁症患者的确存在大脑的改变, 例如额叶体积就明显缩小, 而这个部位是掌管思维反应的一个重要部位。 **Scientific research proves that the brain of depression sufferers really presents a different picture:** *such as the size of their frontal lobe, and the area that controls thought activities is noticeably smaller.* Xinhua Net, 2009-11-17, source: [www.sohu.com](http://www.sohu.com)

It is thus easy to predict that the growing role of medication will also be represented more frequently in the Chinese media in future.

### 8.2.1.3 Summary

To sum up, the diachronic frequency analysis of the CDC reveals that in the last decade in the Chinese media, depression has always been constructed as an illness caused by external life events, and to cure this condition, interpersonal support such as community services and healthy eating and sleeping, rather than medication, are represented as helpful. Another interesting aspect in the development of the meaning of depression is the construction of ever new groups of depression sufferers, from old people and university students to adolescents and women, then from celebrities to sufferers from internet addiction syndrome. All these people are seen as suffering from depression due to external factors, such as feeling lonely or stressed at certain life phases. The entering of the word *brain* in the final Phase reveals that the endogenous side of the problem comes at a later stage than in the UK, and is just starting to be addressed in the Chinese media. With these developments, the differences between the English and Chinese media construction of depression is becoming increasingly interesting.

## 8.2.2 Bigram list analysis

Section 7.2.2 provided an analysis of the bigram lists of the EDC, discovering that most of the frequent modifiers of *depression* in the British news are used to describe degrees or types of the condition, such as *severe, mild, moderate, deep, acute, crippling, classic, great, profound and recurrent*. In other words, these modifiers are mostly describing the manifestations of the illness, without suggesting any information about its causes. In this sense, the EDC sees depression constructed as an endogenous illness rather than a reactive one. By contrast, the modifiers of 抑郁症 (*depression*) in the CDC, as the following sections will show, are overwhelmingly concerned with the sufferers of depression, such as 老人抑郁症 (*old people's depression*), 大学生抑郁症 (*university students depression*), and with the causes of depression, such as 震后抑郁症 (*post-earthquake depression*), 星期天抑郁症 (*Sunday depression*) and so on. In the following analysis, I will show that the development of the modifiers of 抑郁症 (*depression*) in the CDC actually depicts a process of discovering different new sufferers and causes of depression. This point echoes what we have found in the frequency analysis presented in section 8.2.1.

### 8.2.2.1 A general description of the bigram list of the CDC

There are altogether four **consistent** modifiers of 抑郁症 (*depression*) in the CDC:

**精神** (*mental*), **冬季** (*winter*), **轻度** (*mild*), **老人** (*old people*)<sup>40</sup>

Here, 精神 (*mental*) and 轻度 (*mild*) indicate its attributive nature and its degree. As 轻度抑

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<sup>40</sup> In the Chinese language, the state of being old can be expressed in the following five ways: old people, old-people-period, old-aged, old-aged people, old-aged period. Therefore, all of these five modifiers in the bigram list will be considered as related to old people's depression.

郁症 (mild depression) is frequently talked about in both the EDC and the CDC, here I provide several Citations:

(1). 轻度的抑郁症以持续的心情低落为特征。在情绪方面，心情压抑、郁闷、沮丧，对日常活动缺乏兴趣，对前途悲观失望，病前的精神创伤常盘踞在脑中，以致精神不振，脑力迟钝，患者为此感到羞愧和内疚。在认知方面，注意力无法集中，记忆力降低，思维迟缓，自尊心和自信心低落，自我评价下降，常夸大自己的缺点和失误，认为自己没有价值，没人关爱，并为此自责和自罪。在行为方面，动作迟滞，无精打采，表现为被动、依赖、退缩，不愿意与人主动交往。*Mild depression is when people **feel continuously depressed** in the very long term. Emotionally, they feel stressed, depressed and sad. They **lose interest in daily life** and activities and they are pessimistic about their future. The psychological pain caused by major life events prior to their suffering from depression stay in their minds. In their cognitive states, sufferers **cannot concentrate on their work**, and they have poorer memories, slower responses and low self-esteem. They are unable to act in an alert way, and they are very passive in social interaction.* Xinhua Net, 2002-04-26, source: Global Times

(2). 轻度抑郁症的早期症状同疲劳、焦虑有关，因此往往被当作神经官能症而归于内科门诊。*Mild depression is related to **being tired and to anxiety**, therefore mild depression is always misdiagnosed as psychoneurosis.* Xinhua Net, 2003-10-10

(3). 轻度抑郁症如果得不到及时治疗，心灵受到的痛苦越来越重，就可能发展为中度和重度抑郁症。这时，患者的思想与现实更为脱节，常常会觉得有罪恶感和没有生存的价值，更严重者会有幻觉出现，甚至自杀。*If mild depression is not treated in time, it will develop into moderate and severe depression. At that time, the sufferers' mental world will be separated from their practical lives, and they will always **feel guilty or that their lives are meaningless**. Even more seriously, they will have hallucinations, or even commit suicide.* Xinhua Net, 2002-04-26, source: Global Times

Here, mild depression is described according to the sufferers' subjective emotional or cognitive experiences. Mild depression sufferers may feel depressed, they are not interested in daily activities, and they feel pessimistic. It is also found that mild depression is often discussed together with severe depression. We see that the mental world of severe depression sufferers cuts them off from their practical lives. They feel guilty about themselves and

unworthy of living their lives. In this sense, different forms of depression, whether mild or severe, will tend to be diagnosed psychologically, while medication only tends to be recommended for severe depression sufferers.

The other two obviously refer to either the cause or the sufferers of depression: 冬季抑郁症 (winter depression) means depression caused by low temperature and a reduction in sunshine hours, and 老人抑郁症 (old people's depression) refers to old people feeling isolated and helpless. The consistency of the occurrence of these four words implies that in the Chinese media, depression is basically understood as a mental problem; it is usually considered as a mild illness; people are more likely to suffer from depression in winter, possibly because the lack of sunshine and low temperature affect people's feelings. Also, echoing Confucian thinking, old people are paid more attention to because they are more likely to suffer from depression due to either being isolated from society, from a lack of people caring for them, or a deterioration of their health.

Briefly, in the Chinese context, depression is constructed not as a devastating illness but as a normal feeling, which is often caused by external factors. The following overlap analysis of the bigram lists over the five Phases of the CDC will confirm this point.

#### **8.2.2.2 Diachronic comparisons of the CDC bigram lists**

Except for the above four consistent modifiers, in Phase 1 (2000 to 2001) of the CDC, the following appear as the most frequent modifiers:

*产前 (prenatal), 更年期 (menopausal)*

Both 产前 (*prenatal*) and 更年期 (*menopausal*) refer to certain life phases of women when their lives undergo great changes, such as giving birth to a baby or ceasing menstruation. In the EDC, it is explained that such profound changes in bodily conditions (such as an abrupt change in hormone levels) may easily lead to emotional disruptions for women, and thus prenatal and menopausal depressions can be regarded as endogenous types of illness. In this Phase of the CDC, there are no detailed explanations of these two terms, and both of them are only mentioned very briefly as two types of mental depression.

In Phase 2 (2002 to 2004), the newly entered most frequent modifiers are as follows:

儿童 (*children*), 女性 (*females*), 青少年 (*adolescents*), 男性 (*males*), 学生 (*students*), 大学生 (*university students*)

产后 (*postnatal*), 秋季 (*autumn*), 星期天 (*Sunday*), 选后 (*post-election*)

狂躁 (*manic*), 隐匿性 (*latent*), 重度 (*severe*), 轻微 (*light*)

Here, I display these 13 new modifiers in three lines, each line indicating a particular way of modifying (naming) depression. In the first line, different groups of sufferers are used as noun modifiers of 抑郁症 (*yi yu zheng*, ‘depression’) to define particular types of depression. In the second line, causes of depression are indicated. Lastly, attributive features of depression are used to describe different types or degrees of depression. As the roles of modifiers in the first two lines are quite obvious, I will move on to providing some examples of occurrences of the modifiers in the third line. Firstly, as manic depression is very frequently discussed in the EDC, it may be interesting to see how it is talked about in the CDC. Here are two Citations of 狂躁抑郁症 (*manic depression*):

(4). 而狂躁抑郁症患者的大脑里却通常都是5—羟色胺不足。 *Manic depression is usually caused by the deficiency of 5 - hydroxytryptamine in the brains of its sufferers.* Xinhua Net, 2003-01-27

(5). 在医学上,“双极失调症”也被称为狂躁抑郁症,是一种严重的精神病。患有这种精神病的人经常时而狂躁异常,时而抑郁烦闷,严重影响到本人的工作和生活。In the medical field, bipolar disorder is also called manic depression, which is a severe type of mental disorder. The emotional states of such sufferers change from mania to being deeply depressed, which severely affects sufferers' lives and work. Xinhua Net, 2002-08-22

Here, we can see obvious traces of the Western construction of the meaning of ‘manic depression’ and ‘bipolar disorder’. However, the discussion of such terms remains very general in the CDC, focusing more on its symptoms rather than the causes. Though the discussion of the chemical side of such a condition begins to appear in the CDC, it is still significantly less than the construction of the social aspect.

隐匿性抑郁症 (*latent depression*) also appears in the EDC, where it is described as a *hidden epidemic* that is *more common than we think*. Section 7.2.2.2 provides an analysis of several Citations of *latent depression*, revealing that it is explained in a very abstract way, most often used to remind people that it is a ubiquitous phenomenon, and thus people are encouraged to face up to it and seek timely treatment. In the CDC, discussion of latent depression is contextualised in Chinese society, emphasizing the somatic side of the problem, which was discussed earlier in Section 2.3.2, with reference to the work of Kleinman's (1986):

(6). 以躯体不适为主要表现的抑郁症属于“隐匿性抑郁”,进行鉴别诊断检查非常重要。当出现不名原因的躯体症状,又查不出器质性病变,就应考虑是否患了抑郁症了。Latent depression refers to the type of depression that is mainly manifested by somatic pains, and it is very important to correctly diagnose and examine such a condition. When somatic symptoms appear without marked causes, and there are no obvious diseases relating to the organs and tissues of sufferers, we should consider it latent depression. Xinhua Net, 2004-07-28, source: 现代金报

(7). 隐匿性抑郁症的患者表现为多处躯体不适,如胃、胸痛,常以为是胃病、心脏病,可去内

科又查不出毛病。 *Sufferers of latent depression usually have somatic pains in various parts of their bodies, such as chest pain and stomach pain, which are often misdiagnosed as heart disease or gastrostis. This is why latent depression sufferers are often not diagnosed with any problem when they go to the medical wards.* Xinhua Net, 2002-06-06

It is interesting to find out that in Chinese news articles, latent depression is contextualised through somatization, a concept elucidated by Kleinman (1986), meaning that the Chinese tend to “somatise” their emotional or mental depression to bodily distress, as discussed in detail in Section 2.3.4. Here, latent depression is explained as the condition whereby sufferers feel bodily pain *without marked causes*. In other words, such unmarked causes might be undertood as mental problems in a Chinese context, where all the diseases relating to the mental sphere are socially stigmatised.

In Phase 3 (2005 to 2007), the following modifiers enter for the first time:

产期 (*natal*), 节后 (*post-holiday*), 婴儿 (*infant*), 中度 (*moderate*), 微笑 (*smile*)

In this Phase, both 产期 (*natal*) and 节后 (*post-holiday*) indicate the cause of depression as either a particularly demanding phase in one’s life or a difficult emotional adaptation to normal work after the holidays. 婴儿 (*infants*) is introduced in this Phase as a new group of depression sufferers. Here are some examples:

(8). 患抑郁症的婴幼儿和儿童普遍表现为淡漠、面无表情、易怒，在饮食和睡眠方面也有问题，情况严重时，身体的生长发育还会受到影响。 (***Infants and children who are suffering from depression often have no or very indifferent facial expressions, they easily get angry and have problems in eating and sleeping. In more serious cases, their physical development will be affected.***)

Xinhua Net, 2006-11-20, source: Xinhua Daily Telegraph

(9). 尽管遗传和脑化学物质对婴儿的情感健康起着决定性作用，但外部环境的影响也至关重要。如父母或保育员患有抑郁症，那么婴幼儿患抑郁症的可能性是其他孩子的3倍。 *Though*

there are possible biological factors for infants' depression, **environmental factors are also crucial**. For example, if the parents or carers have depression, these infants will have three times more chance of suffering from it. Xinhua Net, 2006-11-19

(10). 通常来说, 婴幼儿或年龄很小的孩子如患上抑郁症不需要进行药物治疗, 家庭环境的改善可使其自愈。Normally speaking, if infants or very young children suffer from depression, **they do not have to take medication, but improvement in the family environment will cure such a condition naturally**. Xinhua Net, 2006-11-19

Citation 8 explains infant depression in terms of its symptoms, such as their *indifferent facial expression*, and that they *get angry* easily. Citation 9 points out that genetic factors may play a role in infant depression, but external factors such as parents' or carers' medical problems are represented as more important. Citation 10 emphasises that medical treatment is not necessary at all for infant depression, but that improvement in environmental circumstances can cure such a condition.

We also find that *中度 (moderate depression)* enters for the first time in this Phase, as in the following Citation:

(11). 中度抑郁症症状: 情绪抑郁, 心境低沉、郁郁寡欢、对一切漠然置之, 不为外界的热闹刺激所动, 但能感觉到抑郁情绪与常人不同, 所以有时能自己主动掩饰, 甚至强颜欢笑。If you **feel depressed, sad and indifferent to everything around you**, and you cannot be motivated by the external world, you are possibly suffering from moderate depression. Xinhua Net, 2006-6-27, source: Shanghai Evening Post

'Moderate depression' is still defined as being based on sufferers' subjective emotional experiences and their psychological responses, such as *feeling depressed, guilty, loss of interest, lack of energy* or some somatic manifestations. This echoes what we have found in the construction of mild and severe depressions in the previous Phase.

Lastly, the word 微笑 (*smile*) appears as a new modifier of depression in this Phase, which seems rather surprising. To throw light on the mystery, I offer two Citations:

(12). 微笑不是发自内心的真实感受, 而是出于应对社会交往、应付工作、应付家人、碍于面子而违心地强作欢颜。这种微笑性抑郁症最青睐那些高学历、有相当身份、有地位、事业有成的人士。 *That kind of smile is not a true expression of happiness, but a forced type just to deal with social interaction. This kind of smile-depression is more likely to attack those with **high academic degrees, high social status and successful careers.** Xinhua Net, 2007-03-26, source: 39 health net<sup>41</sup>*

(13). 据该中心陈振华副教授介绍, 这种抑郁症在门诊中很常见, 服务行业和行政管理人员尤多。对很多白领来说, “笑脸迎人”是其职业素质。但他们的微笑往往并非发自内心, 而是为了工作、礼节等需要强装出来的, 久而久之就会出现沮丧和抑郁等症状。 *This kind of smile depression is actually very frequent these days, and those who work in service and administrative working places are more likely to suffer from smile depression. For many of them, to smile for their customers is **part of their professional requirement.** However, this kind of smile is not from the bottom of their hearts, but a forced type just to show their politeness. If this situation lasts for a longer term, sufferers will feel depressed and some depressive symptoms will emerge.* Xinhua Net, 2006-05-10, source: Xinhua Daily Telegraph

Thus, this concept of 微笑抑郁症 (*smile depression*) interestingly implies again that Chinese discourse constructs depression as being caused by external aspects rather than by endogenous, biological conditions.

In Phase 4 (2008), two interesting modifiers come up:

季节性 (*seasonal*), 震后 (*post-earthquake*)

The meaning of 季节性 (*seasonal*) and 震后 (*post-earthquake*) depression are clear: 季节性抑郁症 (*seasonal depression*), such as 冬季抑郁症 (*winter depression*), 秋季抑郁症

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<sup>41</sup> [39 health net](#) is a network that provides professional health information for the public in China.

(*autumn depression*) refers to depression caused by certain seasonal conditions. 震后抑郁症 (*post-earthquake depression*) mostly concerns the tragic earthquake in China in 2008. During this catastrophe, thousands of people lost their lives or were seriously injured. As a result of deep grief for the loss of loved ones, and of damaged health, a lot of people suffered from 震后抑郁症 (*post-earthquake depression*), which in this sense appears as a type of post-traumatic depression, 震后抑郁症 (*post-earthquake depression*) and can be understood as a typical form of reactive depression.

In the final Phase (2009), only two seasonal words turn up as new modifiers:

夏季 (*summer*), 春季 (*spring*)

It is surprising to find that 夏季抑郁症 (*summer depression*) and 春季抑郁症 (*spring depression*) are also talked about in the Chinese media. Usually, spring and summer are considered as pleasant seasons, but apparently there are still reasons to feel depressed then:

(14). 夏季抑郁症的一种症状，是让你感觉自己很不对劲。每一个人似乎都过得很开心，只有你不快乐。不要被假期所困，要按照自己的真实意愿度过假期，让自己在这段时间里能真正得到放松。 *One of the symptoms of summer depression is that **you don't feel right about yourself**: It seems that everybody else is having a good time except for yourself. Therefore, try not to be frustrated by the summer holiday, but spend the time just as you want to, and make yourself have a really relaxing time.* Xinhua Net, 2009-07-23

(15). 春季抑郁症高发率与社会外界因素也密切相关。比如“一年之计在于春”，好多企业或单位将一年的工作计划和目标考核都安排在春季制定，使得不少人从春节长假的放松状态猛然面临这种“高压”，身心产生诸多不适应，所以极易诱发精神抑郁。 *The high incidence of spring depression is closely related to external social factors. For example, in Chinese it is said that “the most important time of the year is spring”:* many organisations make spring deadlines for their annual **work targets**, causing people to suddenly face great **working pressure** when they are just back from the Spring Festival holiday. This situation will not only cause many somatic disorders, but

*mental depression.* Xinhua Net, 2009-03-23, source: [www.zynews.com](http://www.zynews.com)<sup>42</sup>

Obviously, summer depression is related to the summer holiday, when people may feel isolated from their working environment and friends, and cannot relax in the way they had expected. Spring depression is caused by work pressure when annual targets need to be met. So far, we have learned from the Chinese media that depression can threaten people in all the four seasons of a year. It is also clear that the obvious causes of depression are still largely understood to be external.

### 8.2.2.3 Summary

To sum up, depression is predominantly constructed in the CDC as a reactive disorder. The development of frequent modifiers of 抑郁症 (*yi yu zheng*, ‘depression’) over the five Phases reflects that new causes are gradually discovered or experienced by Chinese people. We also see that different groups of sufferers are highlighted in particular Phases. Such a finding in the bigram lists matches what we have found in our previous frequency analysis, except that the endogenous side of the problem is not in evidence through depression modifiers in the final Phase.

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<sup>42</sup> [www.zynews.com](http://www.zynews.com) is the biggest news network in central China, mainly covering Henan Province. The letters zy stands for the Chinese spelling of *zhongyuan* (in Chinese 中原), which means the central area of China.

### 8.2.3 Keyword analysis

Section 7.2.3 explains the role that keyword analysis plays in analysing the EDC. In this section, I will apply the same method in order to examine what key concepts of depression have been emphasised in different Phases of the CDC over time.

The frequency analysis of the CDC displayed in Section 8.2.1 enables us to see that external factors causing depression, and different groups of sufferers, have been frequently discussed. The analysis of frequent modifiers displayed in Section 8.2.2 provides information about what types of depression have been addressed. There, we have found that different types of depression are identified either according to exogenous factors, such as 季节性抑郁症 (seasonal depression), 震后抑郁症 (post-earthquake depression) or their sufferers, such as 老人抑郁症 (old people's depression), 大学生抑郁症 (depression among university students). However, it is possible that some words that do not necessarily appear frequently may reveal distinct meanings of depression. As discussed earlier, keywords are not necessarily the most frequent words in a corpus, but rather those words whose frequencies are statistically more significant in a given corpus (or a given Phase of a corpus) compared with a large (more balanced) reference corpus. In this section, then, the keyword analysis will provide a fuller picture by examining what aspects of the problem of depression have been emphasised over time in the CDC.

### 8.2.3.1. A general description of the keyword lists of the CDC

Appendix 7 displays six keyword lists of both the CDC overall and its five subcorpora. The following keywords turn out to be consistent across all the CDC corpora:

抑郁症 (*depression*), 患者 (*sufferers*), 自杀 (*suicide*), 治疗 (*treatment*), 抑郁 (*depressed*), 紊乱 (*disorder*), 心理 (*psychological*), 疾病 (*illness*)

Unlike the EDC, where the word *psychological* only appears as a keyword in its first Phase (see analysis in section 7.2.3.2 and appendix 3), the CDC constructs depression as a 心理 (*psychological*) illness over its five Phases. Though 治疗 (*treatment*) is emphasised by both corpora, *symptoms* are not always talked about in Chinese media texts. This may be due to the fact that the Chinese always define depression in terms of its symptoms, which makes the word *symptoms* itself less discussed. The serious consequence of depression, *suicide*, is emphasised in both corpora. The Chinese media discuss depression 患者 (*sufferers*) by analysing which groups of people are more likely to be vulnerable to it. By contrast, the EDC often represents depression as a biological disease that can happen equally to everyone. Lastly, both the Chinese and English media agree that feeling 抑郁 (*depressed*) is closely related to the problem of depression.

### 8.2.3.2. Diachronic comparisons of the CDC keyword lists

In Phase 1 (2000 to 2001), except for the 7 above-listed consistent keywords, important keywords are:

精神 (*mental*), 卫生 (*hygiene*), 病人 (*patients*), 药物 (*medication*), 抗 (*anti*), 巢 (*nest*), 精神疾病 (*mental illness*), 社区 (*community*), 老人 (*old people*), 健康 (*health*)

In this first Phase depression is discussed as a kind of 精神疾病 (*mental illness*) affecting people's 健康 (*health*). People who suffer from such an illness are often called 病人 (*patients*). 精神疾病患者 (*mental illness patients*) carry a strong social stigma in Chinese society, because they are seen to be closely associated with madness and insanity. That seems to be why these two keywords only exist in this first Phase, while in the following Phases, to counteract the stigma, terms such as 心理疾病患者 (*psychological health illness sufferers*) and 抑郁症患者 (*depression sufferers*) are more frequently used. 卫生 (*Hygiene*), a word with a strong resonance of traditional Chinese medicine, is gradually replaced by the word 健康 (*health*) for similar reasons. Actually, the literal meaning of 卫生 is *cleanliness*, and the translation of the English word *health* is 健康 (*jiankang*), although in most cases such translations are interchangeable. For example, the *mental health day* is translated as 精神卫生日 (*Mental Hygiene Day, jingshen weisheng ri*) rather than 精神健康日 (*Mental Health Day, jingshen jian kang ri*). From 1995 till now, 健康 (*health, jian kang*) has been increasingly used as a more modern-sounding word. This is similar to the way in which, in Western psychiatric history, the term *mental health* has also become more popular than the old term *mental hygiene*.

The existence of the words 抗 (*anti*) (as in 抗抑郁症药 *antidepressants*) and 药物 (*medication*) indicate that drugs are talked about a lot even in this first Phase in Chinese

media. However, Citations of *抗抑郁症药 (antidepressants)* show that this form of treatment is overwhelmingly said to be less effective, and to have various side-effects. Here I give two Citations:

(1) 8日专电加拿大科学家最近进行的一项研究表明,一种广泛应用的*抗抑郁症药*有可能会导致人内脏出血,而且对老年人这种危害尤其大。 *On the eighth of this month, research published by Canadian scientists suggests that a widely used **antidepressant** may cause visceral hemorrhage, with even worse effects for old people.* Xinhua Net, 2001-10-08

(2). 比如*抗抑郁症药*可能引发消化不良,治偏头疼的药可以治疗肠胃不适。 *Antidepressants can **cause indigestion**, and medication for migraines can treat bowel problems. This proves that psychiatric medication can affect people's intestines and stomach.* Xinhua Net, 2001-07-26

This habitually negative attitude towards medical treatment continues until the third Phase, when the word *药物 (medication)* ceases to be an important keyword.

Other keywords such as *社区 (community)*, *老人 (old people)*, and *巢 (nest)*<sup>43</sup> have already been analysed in the frequency analysis. They show that old people are represented as frequently suffering from depression in this first Phase.

Phase 2 (2002 to 2004) introduces depression as a defined disorder in need of people's attention, as evidenced by the following newly-entered keywords:

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<sup>43</sup> Here, only the character *巢 (nest)* appears as an important keyword, rather than the word *空巢 (empty nest)*. This is because to process Chinese data in WordSmith, a segmentation tool is used (see section 6.4.2), which segments the word *空巢 (empty nest)* into two separate parts *空 (empty)* and *巢 (nest)*. As the character *空 (empty)* is obviously a word more frequently used in Chinese language, only the character *巢 (nest)* is identified as a keyword by the WordSmith Tools.

专家 (*experts*), 咨询 (*consultation*), 症状 (*symptoms*), 医院 (*hospital*), 预防 (*precaution*), 压力 (*stress*), 情绪 (*emotion*)

More 专家 (*experts*) on depression are available in 医院 (*hospitals*) in the second Phase, and people are encouraged to seek 咨询 (*consultation*) about depression and to take 预防 (*precautions*) against it. 症状 (*symptoms*) are more frequently mentioned to remind people that depression is a recognised disorder. In this Phase, the symptoms of depression are mainly described in terms of people's subjective emotional or somatic experiences, for example:

(3). 据专家介绍, 抑郁症的核心症状, 是情绪低落、持续性疲劳和内在动力缺乏、精力减退。 According to experts, the **core symptoms of depression are feeling depressed and tired consistently, and being short of motivation and energy.** Xinhua Net, 2003-10-10

(4). 南京中医药大学心理系主任杜文东教授介绍说: 抑郁症有三大主要症状, 即情绪低落、思维迟缓和行为迟钝。 The head of the Psychological Department at Nanjing Medical University, Mr Du Wendong, said that the three **main symptoms of depression are a consistently depressed mood, slow thought, and slowness in action.** Xinhua Net, 2003-10-09

This may be why the word 情绪 (*emotion*) starts to be important and continues to stay in all the remaining Phases. At the same time, the 躯体症状 (*somatic symptoms*) are highlighted in Chinese texts, indicating that depression is more likely to be somatised due to the Chinese cultural heritage:

(5). 抑郁症躯体症状这是最容易造成误诊的症状。 **The somatic symptoms of depression are the ones that can cause misdiagnosis.** Xinhua Net, 2004-05-09, Jiefang Daily

(6). 陆医师提醒, 抑郁症的躯体症状比较复杂, 以躯体不适为主要表现的抑郁症属于“隐匿性抑郁症”。 Doctor Lu reminds us that the **somatic symptoms of depression are very complicated, and that the depression that is mainly manifested by somatic symptoms is called latent depression.** Xinhua Net, 2004-07-28, source: Zhejiang Economic News

Somatisation of depression is a very interesting phenomenon. It has been studied by the leading cross-cultural psychiatrist Arthur Kleinman. This point will be revisited in the interpretation section in Chapter 9.

Compared with the keyword list of the second Phase of the EDC, the CDC does not foreground the chemical cause of depression in this Phase and continues in the same way for at least another two Phases, until in the last Phase, when the word 大脑 (*brain*) comes up as an important frequent word, and *medication* re-enters as a new keyword, carrying a new meaning.

The words like 老人 (*old people*), 巢 (*nest*), and 社区 (*community*) disappear in this Phase as keywords. Instead, 压力 (*stress*) turns out to be new, indicating that not just old people but anybody who has *stress* is likely to suffer from depression. In this way, depression has been popularised into a rather omnipresent disorder.

In Phase 3 (2005 to 2007), three new keywords come up:

医生 (*doctors*), 焦虑 (*anxiety*), 媒体 (*media*)

In this Phase, 医生 (*doctors*) are there to remind people that they may suffer from depression even if they may not have realised they have such a condition. 焦虑症 (*anxiety disorder*) co-occurs more frequently with 抑郁症 (*depression*), so that more mental disorders are talked about, and thus mental health hospitals can attract more customers. The frequent use of the

word 媒体 (*media*) is in most cases related to reports on depression among well-paid people or celebrities, as we see here, for instance:

(7). 高收入人群活得高兴才对，生活幸福美满才对，但是从去年开始，中国国内媒体开始大量讨论高收入阶层抑郁症。 *Celebrities, people with **high salaries, with good educational backgrounds and high social status** should feel happy every day. However, since last year, the Chinese media have begun to report widely **on depression suffered by well-paid people.*** Xinhua Net, 2005-09-06, source: International Herald Leader

(8). 至于自己为何有勇气站出来向媒体开诚布公的讲述自己患了抑郁症，崔永元的一席话更是赢得了在场所有人的热烈掌声。他说：“当我得病以后才意识到，抑郁症患者和精神病患者的境遇有多差，媒体上关怀乙肝携带者、艾滋病患者、吸毒者，有关报道经常出现，但是很少有人关心心理疾病患者，歧视非常大，缺乏常人的理解，缺乏家人的理解，缺乏同事的理解。所以我要跳出来。希望以此来换得抑郁症患者的好处境，我做到了，也成功了。 *Asked how he has the courage to confess to the media that he is suffering from depression, Cui Yongyuan [a popular TV talk show host in China] answered in a way that warrants people’s applause: “Since I began to suffer from depression, I have begun to realise **how difficult it is for people who have depression or other psychological diseases.** Our media cares for and supports those who are suffering from hepatitis B, from aids, or even from drug use, but **people seldom care about sufferers of psychological diseases.** There are very strong social prejudices against these sufferers; they need people’s understanding and their family’s support. **Therefore, I must stand out to speak for them, and I hope that I can improve their condition.** Now, I have done this and I am successful.* Xinhua Net, 2007-05-23

(9). 据报道，昨天(3日)，有媒体传出近期张柏芝一直忍受着产前抑郁症折磨。 *According to a media report yesterday, **Zhang Bozhi [a famous actress in China] is suffering from prenatal depression.*** Xinhua Net, 2007-05-09

The reason for reporting depression among celebrities may lie in the intention to popularise the awareness of such a condition. Especially when the media represents positively celebrities’ confessions about their depression (such as in Citation 8 listed above, where *Cui Yongyuan* was reported as *brave* and *honest*), people may be helped to believe that it is sensible to admit to depression and to seek proper treatment. It’s also the case that celebrities

tend to be well-paid, and thus depression is presented to some extent as “a disease of the rich”, which is also helping to remove the social stigma from it.

Compared to the third Phase of the EDC which sees depression predominantly as a chemical imbalance in the brain, and which therefore prioritises medical treatment, in the CDC the use of drugs to treat depression is still marginalised in this Phase, and depression is still considered as a psychological illness.

In Phase 4 (2008), the following four words enter for the first time:

*睡眠 (sleep), 网络 (internet), 女性 (females), 失眠 (insomnia)*

In this Phase, good *睡眠 (sleep)* is represented by the Chinese media as important in treating depression. Accordingly, *失眠 (insomnia)* is seen as a possible cause of depression. This point reminds us that in the frequency analysis of the CDC, *饮食 (eating)* appears as an important frequent word from the second Phase until the very end of the corpus. Actually, eating well and sleeping well are two crucial elements of health maintenance in traditional Chinese medicine, because they play a key role in keeping the balance of Yin and Yang, discussed in Section 2.3.1 along with other key concepts in Chinese medicine. Also in this Phase, *网络 (internet)* is introduced as another newly discovered external cause of depression. This is exactly what we found in the frequency analysis of Phase 4, where the word *网络 (internet)* was analysed with relevant Citations. Lastly, *女性 (females)* are talked about in this Phase as a group of people who are more likely to be affected by depression:

(10). 抑郁症患者中，女性占绝大多数。据美国哈佛大学最新统计：全世界的女性中，大约每8个人中就有1个女性在一生的某个阶段会遭受抑郁症困扰。 *Among depression sufferers, females dominate. According to the most recent research at Harvard university, worldwide, about 1 out of 8 women suffer from depression in certain life phases.* Xinhua Net, 2004-08-10

(11). 对女性而言，体内激素水平的改变是患产后抑郁症的主要原因。 *For female depression sufferers, the primary cause of postnatal depression is the change in hormone levels.* Xinhua Net, 2008-12-19, source: sohu.com.cn

The above two Citations are quite typical of those chosen from the CDC, indicating the high incidence of female depression. Postnatal depression, a frequently discussed type of depression in both the EDC and the CDC, is represented as being caused by the great change of hormone levels in the body. However, the CDC addresses the social cause of female depression more extensively:

(12). 目前有研究显示，生理变化和社交发展是女性青春期抑郁症两大诱因。在生理上，女孩进入青春期后，青春期女孩激素的分泌紊乱就可能导致抑郁症。在心理上，社交发展成为导致抑郁症的一大主因。研究证明，青春期女孩将她们大部分的自尊都放在良好的人际关系上，因此，此时她们对自己是否属于某个团体、是否受到同伴欢迎更敏感。一旦感到人际关系紧张或消极，极易让她们感到压力，可能因此引发抑郁症。 *Research suggests that two triggers of female depression in puberty are the marked change in biological condition and the difficulties that they encounter in the development of their social interaction. Biologically, the pronounced change in hormone levels may easily lead to depression. Psychologically, female adolescents rely a lot on harmonious relationships with other people to gain self-respect, and therefore they are quite sensitive about questions of which social community they belong to, and whether they are popular. Once they feel tension in a human relationship, they will easily feel stressed, and this will lead to further depression.* Xinhua Net, 2008-12-29, Shenyang Evening News

(13). 全职女性患上抑郁症的具体原因仍在进一步探索中，目前比较统一的看法是，一是外源性、激烈的竞争让她们无法达成既定目标而长期压抑；或是既要精力充沛地挣钱养家，又要拖着疲惫的身体照顾一家老小，双重压力易引发抑郁症。二是生理因素，如遗传、内分泌变化、免疫力下降等，还在进一步探讨中。 *The reason for depression among women who are in full-time work is still being explored. The consensus achieved at present is that both external and biological*

*factors might cause such a condition. Externally, full-time female workers might feel stressed in the long term due to fierce competition at their working places. At the same time, they have to look after their families while working energetically to earn their living. Biological factors such as genetic predisposition, change of the endocrine function, weakening of the immune system and so on are all being further explored.* Xinhua Net, 2008-12-29, Shenyang Evening News

The above two Citations discuss two types of female depression, one occurring in puberty and one caused by the stress associated with working full-time. What these two situations have in common is that the biological and the social causes weigh equally. Pubescent girls are more likely to encounter difficulties in the development of their social interaction: any *tension in human relations* might cause them to feel stressed, which can trigger the bouts of depression. Meanwhile, fierce competition in their workplace can easily make women who have full time work feel depressed, and thus it is very difficult for them to balance the demands of their work and their families. Although the biological cause is always there, usually in the form of hormone levels, it is striking how much the texts in the CDC find every possible chance to emphasise the external factors of depression.

In the last Phase (2009), the chemical side of depression is finally touched upon through the frequent use of the word 药物 (*medication*). As mentioned above, 药物 (*medication*) disappeared in the last Phase, but now returns. It is reasonable to expect that it is used differently from previous Phases, and perhaps with more positive evaluation; we remember that the word 大脑 (*brain*) turns out to be a newly entered frequent word in this final Phase.

The following Citations confirm this:

(14). 西药抗失眠抑郁症, 以改变脑部神经化学物质的不平衡为目标, 可以达到良好的效果。  
*Using Western medication to treat insomnia and depression can have good effects through balancing the levels of chemical substances in human brains.* Xinhua Net, 2009-10-09, source: 39 health net

(15). 抑郁症的治疗既需要药物治疗, 也需要心理治疗, 细致全面评估之后才能获得良好的治疗效果。 *The treatment of depression needs not only medication but also psychological support. Satisfying effects of treatment can only be achieved after detailed and careful evaluations of the sufferers' situations.* Xinhua Net, 2009-02-13, source: Taiyuan Evening News

(16). 专家建议, 一定不要把药物治疗放在最后面, 因为发病半年以后再开始治疗的抑郁症病人和一开始得病就治疗的效果完全不一样, 而且今后复发的可能性更大。 *Experts suggest that medication should not be a last resort; this is because in some cases, sufferers only start their treatment after a half year of their bouts of depression, by which time the condition will be even more difficult to treat, and the use of drugs will be even more necessary.* Xinhua Net, 2009-10-03, source: Yangcheng Evening News

(17). 不少患者甚至一些综合科临床医生不知道如何选择最佳的抗抑郁药物治疗表现各异的抑郁症, 以达到最佳治疗效果。其实, 表现不同的抑郁症选择抗抑郁药物各有侧重, 临床上应该根据不同临床特征进行用药。 *Many depression sufferers and even some clinical doctors do not know how to choose the best antidepressants to treat various kinds of depression. Actually, different depressions with different symptoms should be treated accordingly. Clinically, **different medications should be applied to depression sufferers according to their clinical manifestations.*** Xinhua Net, 2009-06-29

The above Citations construct a fairly positive image of medical treatment by either addressing the working principle of medication in treating depression (Citation 14), or emphasising the necessity of taking medication (Citation 15). Citation 16 describes the negative effect of not taking medication early enough, and Citation 17 points out the importance of tailoring medication prescriptions to different depression sufferers.

Of course, the side-effects of medication are continuously addressed in this final Phase, but the number of Citations concerning the positive construction of medical treatment in this Phase increases significantly. Section 8.3.2.1 will provide a detailed paraphrase analysis of the word *medication*, which will show this point more clearly.

### 8.2.3.3 Summary

Up to now, the keyword analysis of the CDC has to a great extent matched the previous frequency analysis. That is to say, exogenous factors play a larger role in causing depression and they are foregrounded for a longer time in the Chinese context. Keywords like 老人 (*old people*) in the first Phase, 压力 (*pressure*) in the second, 媒体 (*media*, mainly used to refer to celebrities) in the third, and 网络 (*internet*, mainly used to describe depression caused by internet addiction) in the fourth Phase, all emphasise specific exogenous causes of depression. However, the role of drugs, in contrast to the findings from the EDC, is not frequently represented in the first 4 Phases. Instead, doubts about drugs and the necessity of changing one's lifestyle are seen much more commonly. For example, the words 睡眠 (*sleep*) and 失眠 (*insomnia*) appear as newly entered keywords in the fourth Phase, reminding people that insomnia is a very important symptom of depression and that maintaining regular sleep habits is a good way to defeat the condition. Though the word 药物 (*medication*) also appears as a keyword in the first Phase, it typically appears in contexts such as: "Apart from medical treatment, people should rely more on healthy lifestyles", or "Sufferers do not have any other choices, but have to rely on medical treatment" (see detailed Citations like this in Section 8.2.3.2). In this way, medical treatment is marginalised in the first four Phases, and it does not appear as a keyword in the second, third or fourth Phases. In the fifth Phase, however, the word 药物 (*medication*) comes back as a keyword, and the Citations of this word show that the role of medication is more positively constructed, with detailed instructions about how to

use the drugs frequently talked about. This point echoes the findings of our previous frequency analysis, which suggested that the role of medication is increasingly discussed and given a higher status of acceptance in the final Phase. All these show that although depression is constructed as a mental illness that needs medical treatment from an early stage in the corpus, the endogenous side of the problem appears only in a later stage, and pharmaceutical intervention has only recently started to be represented as effective in China.

However, looking only at the analyses of frequent words, the most common modifiers of 抑郁症 (*yi yu zheng*, 'depression') and the keywords Phase by Phase, it is difficult to see how the concept of 'depression' has been gradually introduced, how depression comes to be seen as a medical disorder, an illness needing a doctor's attention, and not just a human condition we have to accept as part of life, as it was seen in both the Confucian and Taoist Chinese traditions. Thus, over the next few sections, I will pay close attention to the continuous negotiations and renegotiations of this new concept of 'depression' which was introduced from the West and localised step by step for the Chinese way of life, so that it progressed from a contextualisation in traditional Chinese culture that took melancholy as defining the relationship between a person and their society, towards depression as it is seen in the West, a clinical condition in need of intervention, be it therapy or pharmaceutical drugs. I will analyse the paraphrases of two consistent keywords 抑郁症 (*depression*), and 治疗 (*treatment*), and two Phasal keywords: 药物 (*medication*) and 老人 (*old people*). The function of such paraphrases is to give new definitions, to replace what was said before about the meaning of these words by a new and therefore, we must assume, better way of talking about these concepts. This will help us to complement the previous analysis by spotlighting

the instances of meaning negotiations. Taken together, these analyses will give us a fuller picture of the construction of ‘depression’ in the Chinese media.

## 8.3 Paraphrase analysis

Chapter 7 provides the paraphrase analyses of *depression*, *manic depression*, *bipolar disorder* and some consistent or Phasal keywords like *treatment*, *depressed*, *antidepressants*, and *psychotherapy* in the EDC. In this section, the same research methodology of paraphrase analysis will be applied to some consistent and Phasal keywords of the CDC. Due to the smaller size of the CDC, four words are selected for further paraphrase analysis, namely two consistent keywords 抑郁症 (*depression*), and 治疗 (*treatment*), two Phasal keywords: 药物 (*medication*) and 老人 (*old people*). The paraphrase analyses of these four words will complement our previous corpus analysis, further confirming and highlighting several salient features of the CDC that we have found, such as the prioritisation of external factors, resulting in the creation of certain groups of sufferers of depression, based on particular types of external factors. At the same time, medication is represented as a last resort for treating depression until the final Phase of the CDC, when the chemical side of the problem begins to be addressed, and medical treatment ceases to be marginalised in Chinese news texts.

### 8.3.1 Paraphrasing consistent keywords

#### 8.3.1.1 Paraphrasing 抑郁症 (*depression*)

This method was explained in Section 7.3.1 when the diachronic analysis of the paraphrases

of *depression* in the EDC was conducted. Briefly speaking, in conducting the paraphrase analysis of 抑郁症 (*yi yu zheng*, ‘depression’), we need to look first at one of the most common forms of paraphrase in sentences like “抑郁症是 (*yi yu zheng shi*, ‘Depression is’)....”. But there are also many other forms that carry paraphrastic content. Therefore, not only sentences which include “抑郁症是 (*yi yu zheng shi*, ‘Depression is’)....” will be analysed, but also paraphrastic content about 抑郁症 (*yi yu zheng*, ‘depression’) occurring in sentences which are not overtly paraphrases will be considered.

Before this diachronic analysis starts, I would like to state some of my hypotheses, and at the end of this section, I will compare what I expect to find with what actually appears. As repeatedly mentioned previously, depression is in most cases constructed as a reactive disorder in the Chinese context. Therefore, it is expected that we will find paraphrasing Citations like “depression is a psychological illness caused by specific life experiences”. It is also expected that many explanations for depression will deal with its symptoms, because depression is often defined according to sufferers’ subjective feelings, as shown in the analyses of mild depression and moderate depression in Sections 8.2.2.1 and 8.2.2.2. But in the final Phase of this corpus, as the word *brain* enters as a new word in the frequency list, we might find paraphrasing sentences focusing more on the biological side of depression. Appendix 16 gives all the paraphrase sentences about 抑郁症 (*yi yu zheng*, ‘depression’), providing the evidence from which the analysis in this section is carried out, and from which conclusions are drawn.

As expected at the beginning of this analysis, the explanation for depression may largely rely on the descriptions of its symptoms and treatment. This is the case in this first Phase (2000 to

2001). The following four paraphrasing sentences are all that were found:

(1). 研究证实, 苹果还可以治疗抑郁症。原因是苹果的香气对人的心理影响很大, 它具有明显的消除心理压抑感的作用。Research shows that **eating apples can treat depression**. The reason is that the pleasant fragrance of apples can help to remove **psychological pressure**. # 1A in appendix 16, Xinhua Net, 2000-06-13, source: 39 health net

(2). 近年来, 抑郁症及其他心理疾病的患者都呈现出上升的趋势, 专家分析说: “随着我国入世后竞争更加激烈, 工作节奏加快, 更多的人会感到紧张、疲劳和郁闷, 也就有更多人需要心理疏导。” In recent years, there has been an increase in the number of people suffering from **depression or other psychological diseases**. Experts argued that “since China entered the World Trade Organisation, **people’s pace of work has been accelerating**. More and more people feel stressed, tired and depressed, and thus they need more psychological guidance and support.” # 2A in appendix 16, Xinhua Net, 2001-11-29

(3). 抑郁症目前已成为世界第四大疾患。现实的种种压力, 许多人想得通, 也扛得下, 但理智上接受的同时, 情感上未必能够克服, 如果抑郁的心情没有及时宣泄或者疏导, 任其发展, 积郁成疾, 就是抑郁症的不良苗子。Depression has become the fourth most important disease in the world. Although people may accept rationally the wide range of pressures they now face in daily life, they might not be able to handle them emotionally. If this kind of psychological stress is not released and managed in time, people’s depressed moods can develop into the serious condition of **depression**. # 3A in appendix 16, Xinhua Net, 2001-11-29

(4). 抑郁症是一种以持久的心境低落为特征, 伴有躯体不适和睡眠障碍的心身疾病, 有的以内因为主, 也有的以外因为主。Depression is both a physical and a psychological illness, featuring a persistently depressed mood, somatic discomfort and sleeping disorder. The cause of such a condition might be either external or internal. # 4A in appendix 16, Xinhua Net, 2001-10-23, source: China Medical Newspaper

The first three Citations imply that depression is caused by external factors: Citations 2 and 3 both describe how depression arises due to the accelerating pace of work and people’s lack of psychological support. Therefore, to treat depression, the Chinese approach is to address the

social problems, such as releasing psychological pressure through external support or help. Citation 1 suggests that the pleasant fragrance of apples (instead of drugs) can help people to release pressure and to ease their depression. Citation 4 gives a more formal definition of depression, emphasising that its main symptom is a *persistent depressed mood*. It also indicates that depression might be caused by both internal and external factors. Such a formal definition implies that China has started to pay special attention to the object of depression.

In Phase 2 (2002 to 2004), there are in total 27 paraphrases of 抑郁症 (*yiyuzheng*, ‘depression’). Compared with Phase 1, the seriousness of depression and the necessity of in-time treatment are emphasised. The following Citation is one of the most typical:

(4). 精神疾病中最常见的抑郁症是一种慢性、致残率高的疾病，它的发病率和死亡率都很高。所以，无论是首次发作还是再次发作都有长期治疗的必要，这对于预防复燃和复发都有很重要的意义。 *Depression, as the most common mental disease, is a chronic and serious illness that can cause disability. It has a high rate of occurrence and can cause death. Therefore, long-term treatment is an important requirement even from the first bout of depression, in order to prevent its recurrence.*  
# 5B in appendix 16, Xinhua Net, 2003-10-10

Here, depression is described as a much more serious illness than in the first Phase. It is a *chronic, serious illness* that can cause *disability* and *death*. Therefore, people are reminded to seek long-term treatment for it.

At the same time, newspaper articles are often seen to be working hard to remove the social stigma of depression. The illness is represented as being as widespread as the common cold, and sufferers of this disorder are often those with a higher salary, and a better educational background. The following two Citations exemplify these points:

(5). 抑郁症是每个人都可能得的心理疾病。它不能说明你心胸狭窄，也不能说明你品质低劣或意志薄弱。总之，抑郁症与感冒没有任何区别，它只是一种普通的疾病。 *Depression is a kind of psychological disease that might **attack anybody**. Sufferers of depression are not necessarily **narrow-minded**, with a bad personality or weak will. Essentially, depression is just like catching a cold: it is a very common disease.* # 11B in appendix 16, Xinhua Net, 2003-10-09

(6). 抑郁症是精神类疾患中比例最大的一种病。据赵国秋和浙医一院精神科教授许毅分析：高收入、高文化、高动荡人群占了抑郁症患者总数的 40%；另外，由于空巢现象，老人得抑郁症的比例也高达 30%。 *Depression is the most common mental illness. According to Mr Zhao Guoqiu and Mr Xu Yi, a professor at the Psychiatric Department of Zhejiang University, people with **higher salaries, better educational background and higher mobility** comprise 40% of the sufferers. Additionally, due to the problem of **empty-nest syndrome**, 30% of **old people** suffer from depression.* # 17B in appendix 16, Xinhua Net, 2004-02-23

Here, in Citation 6, we can see a direct statement aiming to persuade people to regard depression as a common illness. Also, people with higher salaries, better educational backgrounds and high mobility are constructed as frequent sufferers from depression (as in Citation 7). This may be an indirect way of removing the social stigma of depression by depicting it as an illness for rich people.

Except for the above two changes in the meaning of depression, in the remaining Citations depression is described in terms of its symptoms and treatment. The basic tone with regard to medical treatment remains negative, as is manifested in the following Citation:

(7). 抑郁症是可以治疗的疾病。对于病情不严重的患者可采用心理治疗，如支持性疗法、认知行为疗法、人际关系心理疗法等。严重的患者可在心理治疗的基础上采用药物治疗。 *Depression is an illness that can be treated and cured. Mild to moderate sufferers can use psychotherapy, supportive therapy, cognitive therapy, personal relationship supportive therapy and so on. Severe sufferers can use medical treatment as a supplement to psychotherapy.* # 20B in appendix 16, Xinhua Net, 2004-10-05

Similar statements about the treatment of depression are omnipresent in Chinese media texts, which remind people that mild depression sufferers only need psychotherapy, cognitive therapy, and so on. Severe sufferers need psychological treatment, and medication should only be used as a complement to psychotherapy. However, there is one Citation in this Phase indicating the importance of taking antidepressants, and it recommends a brand of drug:

(8). 如果出现了抑郁症的症状, 到心理科去检查, 如果确诊是抑郁症, 那么我们就用抗抑郁症的药, 刚才我说了, 目前常用的药有百忧解喜普妙等等, 这一类的药很多, 可以选择一下。  
*If you have depressive symptoms, you should have a consultation at a psychological clinic. If you are diagnosed with depression, you **should use antidepressants**. A very popular brand of antidepressants is **Prozac**, and there are many other brands; you can choose the best one for yourself.* # 19B in appendix 16, Xinhua Net, 2004-08-02

Thus, specific drugs for treating depression start to be represented from Phase 2, although they are only very briefly mentioned in this single Citation.

Phase 3 (2005 to 2007) continues to see depression as a psychological illness caused by external factors. Across the 35 Citations, explanations of depression in terms of its symptoms still dominate and therefore little room is left for other accounts of the causes of depression. The following two Citations are chosen as typical:

(9). 抑郁症是因工作压力大、人际关系复杂等诸多因素长期叠加在一起所致, 常见的病情是情绪低落、严重失眠等。*Depression is caused by the combination of **long-term work pressure, difficulties in interpersonal relationships and other complex factors**. The most common symptoms are **depressed mood and serious insomnia**.* # 64C in appendix 16, Xinhua Net, 2004-10-01

(10). 抑郁症是一种常见的精神疾患, 属于心境障碍, 核心症状包括心情低落, 兴趣缺失, 内在动力缺乏, 持续疲乏或者精力缺乏, 并由此引起生活中其他活动的减少。*Depression is a common psychiatric illness and an emotional disorder. Its **core symptoms** include **feeling depressed,***

*loss of interests, lack of motivation and consistent feelings of tiredness or lack of energy. These symptoms might also cause a reduction in daily activities.* # 49C in appendix 16, Xinhua Net, 2005-05-27

Compared with paraphrases of depression in the third Phase in the EDC, where depression was overwhelmingly constructed as a biological and impersonal illness caused by the low level of serotonin in the brain, the CDC in this Phase only contains two Citations reporting such a finding:

(11). *抑郁症的发病由三个方面的因素造成：一、遗传的易感性，由于遗传因素造成，一些人对现实应急事物刺激的承受力差；二、抑郁症发病有其生物学基础，当人脑中某一种化学物质的浓度过低时，就会发生抑郁症，三、社会应急事件刺激容易构成抑郁症的诱因。*  
*Depression is mainly caused by factors of three aspects. Firstly, certain **genetic predispositions** make some people find it more difficult to endure sudden life events. Secondly, depression has its **biological cause**: when the level of a certain chemical substance in the human brain is too low, depression will appear. Thirdly, sudden **major life events** can be considered as the **triggers of depression**.* # 40C in appendix 16, Xinhua Net, 2005-12-05, source: Sichuan News Net

(12). *抑郁症是一种越来越常见的病，现代医学研究发现，季节变化对抑郁症患者有直接影响，因为与抑郁症相关的神经递质中，脑内 5-羟色胺系统与季节变化密切相关。春夏季，5-羟色胺系统功能最强，秋冬季节最弱，当日照时间减少，引起了抑郁症患者脑内 5-羟色胺的缺少。*  
*Depression is becoming a more and more common disease. A recent medical study finds that seasonal change can affect sufferers directly. This is because the **changing levels of serotonin are closely related to seasonal changes**. In spring and summer, the function of serotonin is stronger. In autumn and winter, due to less exposure to sunshine, the levels of 5-hydroxytryptamine in the human brain are comparatively low.* # 45C in appendix 16, Xinhua Net, 2007-11-26

Though biological causes are mentioned here, due to the rarity of these Citations, they can hardly be seen as changing people's understanding of depression from a psychological and reactive illness to a biological condition. Additionally, the idea that nobody can escape

depression continues to be talked about frequently, and thus it is repeatedly emphasised that people should seek timely and proper treatment. However, the treatment offered in China at that time is often said to be unsatisfactory:

(13). *抑郁症是一种严重的身心疾患，但目前在我国的治疗现状并不十分理想，特别是在治疗抑郁症疼痛症状方面存在着严重不足。Depression is a serious physical and mental illness, but the treatment provided in our country is not satisfactory at present. Particularly, there are serious deficiencies in soothing somatic pain.* #39C in appendix 16, Xinhua Net, 2007-04-15

This Citation points out that treatment of depression in China is not *ideal*. The shortage of satisfactory treatment for depression is represented in quite a few Citations in this Phase: psychotherapists are often represented as having too little professional knowledge, and drugs are often represented as causing strong side-effects. Furthermore, in quite a few cases, the use of drugs is described in the following way:

(14). *但是抗抑郁药是精神类药品，千万不能滥用，服用时一定要专业医生的指导。一般我们主张轻度的抑郁症患者，不需要服药治疗，可以通过心理治疗或者其他的治疗方法即可。像中度、重度的患者确实应该服药。但是现在的情况却是，只要去医院被诊断出有抑郁症，医生就给患者开药。而且目前很多医生都认为抑郁症是反复发作的疾病，需要长期坚持服药，就如同服用高血压药一样，所以给病人开大量治疗抑郁症的药品。Antidepressants belong to medicines that treat psychiatric diseases and they should not be overused. Professional guidance must be followed. Normally, we believe that mild sufferers do not need medical treatment, but can be cured by psychotherapy, while moderate and severe sufferers need to take medicines. But the problem at present is that as long as people are diagnosed with depression, doctors will prescribe pills to them no matter which type of depression they are suffering from. Furthermore, many doctors believe that depression is a recurrent disease and long-term use of medication is necessary, and they thus always overprescribe antidepressants to sufferers.* #62C in appendix 16, Xinhua Net, 2007-06-13, source: Market News

Here, antidepressants are only recommended to moderate to severe sufferers, and the irresponsible attitudes of doctors towards the prescription of drugs is also highlighted. People

are reminded to be very cautious in using drugs, and this in turn is likely to make the medical treatment of depression look less favorable to Chinese sufferers.

To sum up, in this third Phase, the basic picture of the construction of depression does not change much. Depression continues to be represented as a psychological disorder caused by social factors and described in terms of its symptoms. The nature of the illness is not adequately addressed. Furthermore, the treatment of depression is described as not ideal, and the use of drugs is depicted as undesirable.

In Phase 4 (2008), two changes in the meaning of depression are found to be emphasised: firstly, depression can be treated and cured, and a delay in starting treatment can have severe consequences. For example:

(15). *抑郁症是可治的，及时治疗效果很好。但由于很多人对抑郁症的认识不足，不愿就医。*  
***Depression can be treated and cured, and in time treatment can achieve satisfactory results. However, due to a lack of knowledge about depression, many sufferers do not seek any form of treatment.***  
# 71D in appendix 16, Xinhua Net, 2007-08-07, source: Tianfu Morning News

(16). *胡雨华说，抑郁症是“精神上的感冒”，只要及时治疗，多数患者会很快康复。但如果不及时治疗，病情将会加重，甚至出现精神分裂等症状。* Doctor Hu Yuhua said that ***depression is just a kind of “cold of our souls”***. *If we treat it in time, most of us will recover quite soon. But if we delay our treatment, depression will become more serious and even develop into split personality.*  
# 86D in appendix 16, Xinhua Net, 2008-08-19

(17). *抑郁症是一种可以治疗的疾病。治疗方法可以采用心理治疗，如支持性疗法、认知行为疗法、人际关系心理疗法等等，这些心理疗法只适宜用于治疗病情不太严重的患者。严重的患者可在心理治疗的基础上采用药物治疗。* ***Depression is a treatable illness.*** *Various forms of treatment such as supportive therapy, cognitive behavioral therapy and interpersonal relationship therapy can be helpful for mild depression sufferers. Severe sufferers need medical treatment on the*

*basis of psychotherapies.* # 85D in appendix 16, Xinhua Net, 2008-05-09

Here, Citation 15 directly states that depression is *treatable*, and timely treatment can insure a satisfactory cure. Citation 16 describes depression as *a cold of our souls*, which is easy to treat as long as we face up to it in time and take proper treatment. Citation 17 also points out that depression is treatable, with various types of treatment available for different types of depression. Accordingly, any delay in such action will lead to serious results.

Secondly, somatic suffering caused by depression is discussed in a large number of texts concerning the definition of depression, for example:

(18). *抑郁症*是一类以心境(情绪)低落为主要表现的心理障碍,它属于心理障碍的范畴,但却不单纯表现为心理问题。除了心灵痛苦外,还能让患者感到各种各样的躯体上的痛苦症状,甚至在有些时候可以表现为躯体症状更加明显,而掩盖了抑郁情绪的隐匿性抑郁症,因而常常被误诊为各种各样的"神经官能症"。 *Depression is a psychological disorder which is **characterised by a consistently depressed mood**. Though it belongs to psychological problems, sufferers also have somatic pains. Sometimes **such somatic pains can even mask the depressed mood**. In this case, depression is often misdiagnosed as some sort of neurosis.* # 80D in appendix 16, Xinhua Net, 2008-05-09

Texts exemplified by the above Citation remind people that when they feel physical pains without obvious reasons, they may be suffering from depression. The concept of latent depression, as analysed in Section 8.2.2.2, is thus contextualised as part of the argument that inexplicable somatic pains can be diagnosed with depression. The emphasis on this aspect may contribute to an increase in the population of self-affirmed depression sufferers, and thus open a bigger market for psychotherapy or antidepressants.

The use of medication still remains marginalised in this Phase. However, in the process of

defining depression, some occurrences imply that antidepressants can be effective in some respects, for example:

(19). *抑郁症是一种严重的身心疾患，现有抗抑郁药对于治疗情绪症状如哭泣、悲伤等疗效比较显著，但对于治疗抑郁症躯体症状如疼痛的治疗不是十分理想。Depression is a serious physical and psychiatric disease. The currently available antidepressants are efficient in managing sufferers' symptoms, such as crying and sadness, but not so satisfactory in soothing their somatic pains.* # 75D in appendix 16, Xinhua Net, 2008-04-27

Here, we can see that antidepressants are said to be effective in stopping sufferers' symptoms, but not in reducing somatic pain. Furthermore, the phrase *available antidepressants* indicates that some newer and more effective antidepressants may be available in the future. In this sense, the notion that drugs can be useful in treating depression starts to be addressed in this Phase. However, the role of medication still does not feature strongly in Phase 4.

Analogous to the findings of the frequency list analysis, the word *brain* enters the final Phase of the CDC, possibly implying that in the fifth Phase, the biological cause of depression will be more significantly represented. The following analysis will confirm this hypothesis.

In Phase 5 (2009), we find altogether 20 paraphrasing Citations of depression. One of the major findings is that there is a significant increase in the percentage of Citations representing brain dysfunction as the cause of depression. Accordingly, drugs are given a better rating, as the following four Citations show:

(20). *大量研究发现，大脑神经递质五羟色胺的缺乏直接导致抑郁症的发生。Many researches show that the low level of serotonin in the human brain is the direct cause of depression.* # 94E in appendix 16, Xinhua Net, 2009-09-01

(21). *抑郁症是一种疾病，个人性格、家庭教育、背景等因素只可能是抑郁症的诱发因素，但*

更关键的是生物学因素，生物学的因素占 50 % 以上，所以进行药物治疗只主要治疗方法之一。***Depression is a kind of disease. Personal characteristics, family education, background and other similar factors are only the triggers of depression. What is more important is that depression has a biological cause, which is more than 50% of the problem. Therefore, medical treatment is the main solution.*** # 104E in appendix 16, Xinhua Net, 2009-06-26

(22). *抑郁症是一种严重危害身心健康、令人极端痛苦的疾病，医患应共同协作，共同努力，才能解决治疗问题。另外，需要强调的是，有的患者认为抑郁症只能使用心理治疗，完全否认抗抑郁药的治疗作用，这种将心身割裂的看法同样是不客观的，也不符合临床事实。*  
***Depression is a very serious illness that affects people's physical and mental health. Both doctors and patients should work together to solve the problem. It should be emphasised that some sufferers believe that only psychotherapies are helpful, and deny the effects of antidepressants. Such a blinkered view is not objective and is disproved by clinical practice.*** # 100E in appendix 16, Xinhua Net, 2009-02-13, source: Taiyuan Evening News

(23). *抑郁症是一种常见疾病，药物治疗是主要方法之一。然而，由于人们对抗抑郁药的特性和适应症等认识不足，误用、滥用现象较为普遍。*  
***Depression is a very common illness, and medical treatment is one of the most important responses to it. However, due to the lack of knowledge about depression, the misuse and overuse of antidepressants is very common.*** # 101E in appendix 16, Xinhua Net, 2009-02-12, source: Guangzhou Daily

These four Citations all assume that the cause of depression is biological and medical treatment is constructed as a positive way to cure depression. Furthermore, the Chinese media tell us that the overuse and incorrect use of drugs are the real problems in the treatment of depression, while the positive effects of the use of drugs have not been adequately understood. In this final Phase of the CDC, the chemical cause of depression is highlighted and the use of medical treatment is now emphasised and recommended.

At the same time, the definition of depression has changed from a psychological illness caused by external factors to a rather complex problem which results from the interaction

between genetic predispositions, psychological conditions and environmental factors:

(24). 抑郁症是遗传、心理和环境因素之间相互作用的结果。那么什么是抑郁症：抑郁症是由各种原因引起的、以抑郁为主要症状的一组心境障碍或情感性障碍，是以抑郁心境自我体验为中心的临床症状群或状态。是包括多种精神症状和躯体症状的复杂的情感性精神障碍。

*Depression is the result of the interaction between genetic, psychological and environmental factors. What is depression then? Depression is caused by various factors, and the main symptom is feeling depressed. It is a complex affective and mental disorder which includes a series of psychiatric and somatic symptoms.* # 106E in appendix 16, Xinhua Net, 2009-07-15

Here, we can see that depression is said to be caused by *various factors*, including *genetic, psychological* and *social* conditions, and the *interaction between these factors* will finally cause the illness. In this way, depression is seen as more complicated, involving both biological and social factors, and thus the role of medical treatment is enhanced.

To sum up, the paraphrase analysis of 抑郁症 (*depression*) matches to considerable extent the previous frequency analysis, bigram analysis and keyword analysis of the CDC, and the Citations provided above have spotlighted several important changes in the construction of the meaning of depression.

### 8.3.1.2 Paraphrasing 治疗 (*treatment*)

As the paraphrase analysis of *treatment* in the EDC has been conducted in the previous Chapter, the analysis of 治疗 (*treatment*) in the CDC will make a comparison possible, enabling consideration of why the Chinese and British media reflect radically different views on the choice of treatment for depression.

In Phase 1 (2000 to 2001), there are 6 paraphrasing sentences of *治疗* (*treatment*), and two main aspects of the meaning of the treatment for depression are constructed here. For example:

(1). 抑郁症的治疗一般由药物和心理治疗相结合。 *The treatment of depression includes medication and psychological therapies.* # 1A in appendix 17, Xinhua Net, 2001-10-11

(2). 尽管存在治疗办法，但大多数抑郁症患者的病情未被发现。 *Though the treatment of depression does exist, most of the symptoms sufferers identify are not recognised.* # 2A in appendix 16, Xinhua Net, 2001-10-10

(3). 其实像抑郁症是比较容易治疗的，关键是人们对它的认识不够。 *In fact, depression is easy to treat, but the important thing is that people do not have a full understanding of the condition.* # 4A in appendix 16, Xinhua Net, 2001-11-29

(4). 在抑郁症患者中，只有四分之一能得到基本的治疗。 *Only a quarter of depression sufferers can get basic treatment.* # 5A in appendix 16, Xinhua Net, 2001-11-29

Citation 1 states that the treatment of depression includes medication and psychological therapy, which is a very general statement without further elaboration on either type of therapy. The remaining three Citations suggest that depression is a treatable disease, but as people always have *insufficient understanding* (Citation 3) of depression their *depressive symptoms* are usually *neglected* (Citation 2), which perhaps causes the situation that only *a quarter* of depression sufferers can get *basic treatment* (Citation 4). Briefly speaking, the above Citations show that Chinese people have not been exposed fully to information about depression, including its symptoms, and that the treatment of depression is not fully discussed in this Phase.

In Phase 2 (2002-2004), there are in total 20 paraphrasing sentences. Appendix 16 shows that

more space is given here to the discussions about non-drug therapies, and the low accessibility of the treatment for depression. Non-drug therapies include a healthy diet, a positive life attitude, psychological counselling, and Chinese medicine. For instance:

(5). 香蕉中的色氨酸则能使人心情愉快, 从而起到预防和治疗抑郁症的作用。 *The **tryptophanin in bananas** can make people feel happy, which is why bananas are helpful in treating depression.* # 7B in appendix 17, Xinhua Net, 2004-11-04, source: Guangzhou Daily

(6). 治疗抑郁症的口号是: 学习刘姥姥, 远离抑郁症。 *Our slogan for treating depression is: learn from Liu Laolao<sup>44</sup>, and keep away from depression.* # 12B in appendix 17, Xinhua Net, 2002-04-25

These two Citations respectively indicate that healthy food, such as bananas, and a positive attitude towards life are essential in treating depression. Besides, the low accessibility of depression treatment is represented in this Phase as the result of social stigma and lack of knowledge about depression:

(7). 中国有超过 2600 万人患有抑郁症, 而歧视和忽视成为阻碍抑郁症治疗的两大拦路虎, 造成的直接和间接经济损失每年超过 800 亿美元。 *There are over 26,000,000 people who are suffering from depression in China, and **social stigma and prejudice against depression** are the two most important barriers to achieving proper treatment for sufferers. This situation costs China 800 billion dollars every year.* # 16B in appendix 17, Xinhua Net, 2003-12-17, source: Beijing Evening News

(8). 在我国现有的抑郁症患者中, 有大约 5 % 的人接受了相关的治疗。得不到及时发现和有效治疗, 抑郁症从而演变成为一种灾难性疾病, 严重影响着许多国家财政健康运行。 ***In China, only 5% of depression sufferers receive medical treatment.** Depression will **become a disastrous disease** if it is not recognised in time and treated efficiently. Such a situation has even started to affect the econormic operating systems in many countries.* # 17B in appendix 17, Xinhua Net, 2003-12-17, source: Beijing Evening News

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<sup>44</sup> Liu Laolao is a character with optimistic attitudes towards life in the Chinese novel: *Dream of the Red Chamber*.

Citation 7 points out that *social stigma and prejudice against depression are the two most important barriers* that prevent Chinese people from seeking treatment at an early stage in the disease. Citation 8 asserts that the low accessibility of the treatment of depression makes depression become a *disastrous disease*, which affects not only China, but also many other countries in the world.

Apart from the main aspects of the construction of the meaning of *treatment*, seen above, general discussions of either psychological treatment, medical treatment or ECT treatment are presented, but the discussion about medication in this Phase does not occupy a large share of the whole picture.

In Phase 3 (2005 to 2007), 35 paraphrasing Citations of *treatment* are found. Obviously, there are a lot more discussions about medical treatment, but almost half of the space is given to the negative representations of drugs. First of all, I will provide some Citations about the positive effects of medical treatment:

(9). 这类药物通过改善大脑五羟色胺功能，可以从根本上治疗抑郁症。 ***Such medicines can treat the root cause of depression through changing the level of serotonin in the brain.*** # 49C in appendix 17, Xinhua Net, 2005-04-17

(10). 治疗抑郁症，目前最好的方法是药物治疗和心理治疗并重。大量实验表明，两者结合治疗优于只使用其中一种方法。 ***To treat depression, the best solution is to combine medical treatment with psychotherapies. Many studies show that the combination of the two works demonstrably better than either therapy on its own.*** # 54C in appendix 17, Xinhua Net, 2005-11-25, source: Guangdong News Net

These statements about the positive effects of antidepressants are either directly introducing

the high efficiency of certain brands of antidepressants, or explaining the scientific cause as the low level of serotonin (as shown in Citation 9). Citation 10 confirms that the combination of medical treatment and psychotherapy is more efficient, and says it has been proven by scientific research. There are also quite a few Citations talking about the side-effects of antidepressants, however, as we see here:

(11). 2004 年, 英国国家卫生和临床最优化研究院发布的一份医学指南指出, 这类药物 (包括赛乐特和百忧解) 不应当被用作治疗抑郁症的首选用药。因为, 有研究发现, 这两种药物在儿童和成人偶尔会引发病人产生自杀或自残的想法, 该研究院建议不应用于 18 岁以下人群的治疗。 *In 2004, a medical handbook published by the British National Clinical Research Institute pointed out that antidepressants such as Seroxat and Prozac should not be recommended to treat depression. This is because many studies show that these two types of drugs may **cause self-abuse or suicidal ideas** in children and adults. Therefore, the research institute suggests that these antidepressants should not be given to people under 18.* # 55C in appendix 17, Xinhua Net, 2007-05-15, Guangzhou Daily

(12). 用于治疗抑郁症的精神药物对智力也有类似影响。 *Antidepressants, as types of drugs for treating psychiatric disorders, affect the intellectual development of human beings.* # 56C in appendix 17, Xinhua Net, 2007-04-28

Citations 11 and 12 are typical Citations discussing the side-effects of antidepressants, such as causing *suicide*, or affecting *people's intellectual development*. Citations containing similar content take a large share of the discussion of treatment in this Phase. We also see that even if people do not have any other choice but to take medication to treat their depression, they are always warned about the dangers and problems involved in taking antidepressants:

(13). 百忧解是治疗抑郁症最普通的药品, 但是抗抑郁药是精神类药品, 千万不能滥用, 服用时一定要专业医生的指导。 *Prozac is the most commonly used antidepressant to treat depression. But as a drug dealing with psychiatric disease, **it should not be over used**. It is very important to **follow t the professional instructions**.* # 61C in appendix 17, Xinhua Net, 2007-06-13, Market News

This Citation reveals that medicines used to treat psychiatric diseases, such as depression, should be taken more with caution. However, this may also have the function of reminding people that taking medication is actually acceptable. Other Citations show that new therapies have actually been introduced based on the idea that depression is caused by the dysfunction of the brain. Here, I give some Citations:

(14). 目前的研究资料表明, 抑郁症的发生与大脑中的 5-羟色胺减少有关, 所以增加大脑中 5-羟色胺的含量是治疗抑郁症的有效方法之一。 *Current studies show that the bouts of depression are closely related to the **reduction of serotonin in the human brain**, therefore increasing the level of serotonin is one of the best ways of treating depression.* # 29C in appendix 17, Xinhua Net, 2007-11-22, source: Market News

(15). 目前, 德国科学家正在探索用脑磁波刺激技术治疗抑郁症。抑郁症患者的大脑背外侧部皮层不如健康人活跃, 如果能对这一区域加以刺激, 就能治疗抑郁症。 *At present, German scientists are trying to use magnetic brain wave stimulation to treat depression. This is because **a certain area of the depression sufferers' brain is not as active as that of normal people**. If this area is stimulated, depression can thus be treated and cured.* # 36C in appendix 17, Xinhua Net, 2005-08-30

Citation 14 explains that the therapies will be useful if they can increase the level of serotonin in the human brain. The wider context of this Citation shows that the reason exercise and more exposure to sunshine can help with depression is that they can lift the level of serotonin. Likewise, Citation 15 informs us that German scientists are using *magnetic brain wave stimulation to treat depression*, because it can make the relevant areas in depression sufferers' brains more active. This also confirms the idea that depression is the result of a dysfunction of the human brain.

In this way, Phase 3 of the CDC addresses both the benefits and side-effects of medical

treatment. Though the proportion of these discussions does not exceed that of non-drug therapies, people are more exposed to drug therapy, and are told that medical treatment is acceptable and currently in use.

In Phase 4 (2008), there are altogether 25 paraphrasing Citations of *treatment*. A close examination of these Citations reveals that the positive effect of medical treatment is talked about here in a more affirmative way. For instance:

(16). 在抑郁症的治疗中，药物发挥着重要而积极的作用，是治疗不可缺少的关键措施。In *treating depression, medication plays a very important role, and it is a key solution.* # 85D in appendix 17, Xinhua Net, 2008-09-22

(17). 因为生物学因素是致病的基础，所以即使没有任何诱因，仅因为一个细小的事件，就可能诱发抑郁症。因此，面对抑郁症，仅仅有心理治疗是不够的，从事抑郁症治疗的临床心理科的医生及精神科的医生，都强调了药物治疗的重要性。The biological factor is the basic root cause of depression, which is why even when there are no triggers, depression can still occur. Therefore, **psychotherapies alone are not enough in treating depression.** Doctors from both the clinical area and the psychiatric discipline emphasise the **importance of medical treatment.** # 78D in appendix 17, Xinhua Net, 2008-06-22

An obvious change in the tone of the discussion about medication can be seen in the above two Citations. Citation 16 directly states that medication *plays a very important role* in treating depression, while Citation 17 explains more convincingly that the *biological factor* is the determinant in causing depression. Thus, medical treatment is portrayed as fairly positive in this Phase.

Furthermore, some detailed discussion about the problems that people may encounter in taking antidepressants further naturalises the use of drugs in treating depression, for instance:

(18). 一项针对抑郁症患者进行的抑郁症治疗现状调查结果显示, 抑郁症治疗中合并用药非常普遍, 近 60% 的患者合并用药治疗, 产生不良反应。A survey of depression sufferers' treatment assessment shows that the phenomenon of **drug combination** is very common: around 60% of depression sufferers are also using other types of drugs. There are always **adverse reactions in such a situation**. # 82D in appendix 17, Xinhua Net, 2008-01-13

Although Citation 18 mainly concerns the problems associated with drug combination, it actually reveals that taking antidepressants is already a very common phenomenon. Also in this Phase, there is discussion and advertisement of some of the pharmaceutical companies who produce antidepressants, and various kinds of depression medicines are introduced, together with an account of their positive results:

(19). 欣百达 (盐酸度洛西汀) 是礼来公司继著名的抗抑郁药百优解之后在抑郁症治疗领域推出的又一主打产品, 2004 年获美国食品与药品管理局 (FDA) 和欧盟委员会批准用于治疗成人抑郁障碍。Cymbalta is another **important brand of antidepressants** produced by LLY. In 2004, this antidepressant was **licensed for use in treating** adult depressive disorder by the United States Food and Drug Administration and the European Commission. # 79D in appendix 17, Xinhua Net, 2008-12-22, source: 39 health net

By contrast, the side-effects of the medicines are only mentioned in passing, and only appear after clarification of the importance and necessity of taking medication. An example is:

(20). 胡雨华说, 西医一般采取服药治疗抑郁症, 这种方法疗效固然明显, 但是长期服药易成瘾, 对人的脑神经有一定影响。Dr Hu Yuhua said that though antidepressants are quite effective in treating depression, **long-term use of drugs will make people feel addicted to medicines and affect people's cranial nerves**. # 86D in appendix 17, Xinhua Net, 2008-08-19

As Citation 20 shows, the positive effect of medicine is introduced first, and only then the side-effects of antidepressants, such as problems with the cranial nerves, are discussed.

In summary, in this fourth Phase, the benefits of medical treatment are discussed in a more

affirmative tone, and the cause of depression in most cases is constructed as a brain dysfunction. Though non-drug therapies are still talked about frequently in this Phase, people have already been exposed to a large number of texts about the positive effects of medical treatment.

In Phase 5 (2009), 18 paraphrasing sentences are found, where the combination of medical treatment and other complementary therapies is largely represented as the final way of curing depression. For instance:

(21). 抑郁症的治疗既需要药物治疗, 也需要心理治疗, 细致全面评估之后才能获得良好的治疗效果。Medication and psychotherapy are both important in treating depression. Only after a **detailed and complete evaluation of sufferers** can the application of different forms of treatment achieve their best results. # 96E in appendix 17, Xinhua Net, 2009-02-12, source: Guangzhou Daily

(22). 目前, 抑郁症的治疗包括药物治疗和心理治疗。At present, there are **two forms of treatment for depression: medical treatment and psychotherapy**. #93E in appendix 17, Xinhua Net, 2009-05-11

(23). 治疗抑郁症, 除了药物治疗外, 家人和朋友要多给予关心和帮助。To cure depression, apart from the use of medical treatment, **friends and family members of sufferers should give them more care and help**. # 97E in appendix 17, Xinhua Net, 2009-09-02

The above Citations uniformly address the importance of the combination of chemical and psychological treatment for depression. Furthermore, in this final Phase, the percentage of the discussion concerning the positive effect of medical treatment for the first time equals that of non-drugs therapies, which shows that the growing role of drugs is gradually being represented in Chinese media texts.

So far, a diachronic discussion of the treatment for depression in the CDC has been presented here. Briefly speaking, the CDC sees an obvious change in the construction concerning the treatment of depression, that is, the growing role of medical treatment. This is also the process in which people are gradually introduced to the idea that depression is not a normal part of human life but a mental disorder that needs pharmaceutical intervention.

## 8.3.2 Paraphrasing Phasal keywords

### 8.3.2.1 Paraphrasing 药物(*medication*)<sup>45</sup>

If the analysis of 治疗 (treatment) enables us to see the general change in Chinese attitudes toward different types of treatment, then the analysis of 药物 (*medication*) will develop this by showing their gradual exposure to the role of medication, and the way they have been educated to accept medical treatment as an effective response to depression.

In Phase 1 (2000 to 2001), there are 3 paraphrasing sentences in total:

(1). 专家们认为, 防治冬季抑郁症的最好药物是阳光, 冬天里要注意多晒太阳。 *Experts believe that **the best medication for treating winter depression is sunlight**. So try to get yourself more exposure to sunlight.* # 1A in appendix 18, Xinhua Net, 2001-09-13

(2). 大略省渥太华医院的医生经过研究发现, 这种名叫SSRI的抗抑郁症药物容易引起老年人内出血。 *Doctors at Ottawa Hospital in Ontario discover that SSRI antidepressants are likely to cause entorrhagia in old people.* # 2A in appendix 18, Xinhua Net, 2001-10-08

(3). 抑郁症的治疗一般由药物和心理治疗相结合。 *Depression treatment needs the combination of*

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<sup>45</sup> The Chinese word 药物 can be translated as either *medication*, *medicine(s)* or *medical* (as in *medical treatment*); Antidepressant does not have an exact equivalent in Chinese language, but is expressed by a compound word 抗抑郁症药物 (anti-depression-medication). Therefore, in paraphrasing 药物, all the Citations containing either medication, medicine(s), medical or anti-depression-medication will be included.

both *medication and psychotherapy*. # 3A in appendix 18, Xinhua Net, 2001-10-11

Citation 1 indicates that the best *medication* is sunshine; Citation 2 points out that taking medication can cause adverse side-effects such as *entorrhagia*. Citation 3 proposes that the ideal treatment for depression is a combination of both medication and psychotherapy. These three Citations set the basic tone of the construction of the meaning of medication in the CDC for at least another 2 Phases. That is, firstly, non-drug therapies, such as exercise and more exposure to sunshine, are more efficient in treating depression. Secondly, antidepressants often carry side-effects. Thirdly, the combination of medication and non-drug therapies is always recommended for treating depression.

Likewise, in Phase 2 (2002-2004), of 18 Citations of *药物 (medication)*, eleven (Citations 4 to 14) are about the side-effects of medication. Four (Citations 15 to 18) emphasise the importance of combining medical treatment with alternative forms of treatment, and only two (19 to 20) are used to construct the positive function of medical treatment. One of the most frequently discussed side-effects of *药物 (medication)* is committing suicide. Paraphrasing sentences from 4 to 8 in appendix 18 uniformly represent this point. The following Citation is typical:

(4). 不要服用以帕罗西汀为主要成分或含有抑制因子 *S S R I* 成分的抗抑郁症药物, 因为这类药物使青少年自杀的念头和倾向大大增加。 *Taking antidepressants that contain SSRIs or paroxetine is not recommended, because such medicines increase the risk of suicide in adolescents.*  
# 6B in appendix 18, Xinhua Net, 2004-12-24

It is quite common to find Citations like this stating that *antidepressants increase the risk of suicide especially in adolescents*. Such direct depictions of the side-effects of antidepressants are juxtaposed with statements representing it very negatively in forensic contexts, as we see

here:

(5). 杀人者是一名少年，因父母离异患上了抑郁症，长期靠药物控制情绪。 *The murderer is an adolescent who is suffering from depression because of his parents' divorce. At present, the young boy has to manage his emotions by long-term use of medication.* # 10B in appendix 18, Xinhua Net, 2004-08-25, source: Shanghai Morning Post

In fact this is not an unusual Citation. Depression sufferers are usually negatively constructed as murderers and offenders in relation to certain forensic issues, and taking antidepressants is usually represented as the cause of such crimes. This negative depiction of mental illness in the print media has been widely acknowledged. For example, Coverdale, et al (2002) discovered that negative depictions of mental illness predominate in the New Zealand print media, with danger to others and criminality being the most common qualities portrayed.

Taking antidepressants is therefore constructed as a last resort in the Chinese context. Even when taking medication becomes necessary, some complementary treatments are usually recommended as important in assisting medical treatment:

(6). 对此徐枫十分坦诚地表示是因为患上抑郁症，不得不接受药物治疗。 *Xu Feng (a Chinese actress) honestly confessed that she was suffering from depression and **had to receive medical treatment**.* # 9B in appendix 18, Xinhua Net, 2003-05-19

(7). 此外，抑郁症患者在依靠药物进行抗抑郁治疗的同时，不可忽视自我心理调节的辅助功能。 *When depression sufferers are receiving medical treatment, they should not neglect the important additional role of psychological self-help.* # 13B in appendix 18, Xinhua Net, 2004-07-28

Citation 6 clearly suggests that taking medication is the last resort, and that sufferers *have to* do it. Citation 7 emphasises that even if sufferers are taking antidepressants, they should still pay attention to the *important additional role of psychological self-help*. By contrast, as mentioned before, there are only two Citations depicting drugs as effective:

(8). 6年前，江维把“抑郁症”这一疾病概念带到中国，把治疗抑郁症最有效的药物之一百优解

推向了中国市场。 Six years ago, Jiang Wei brought the concept of depression into China, and introduced **one of the most efficient antidepressants** – Prozac, into the Chinese market. #19B in appendix 18, Xinhua Net, 2003-07-14

(9). 目前也有许多有效的药物治疗抑郁症。绝大多数患者经过治疗，病情都可得到改善。 There are quite a few **efficient antidepressants**. Most sufferers can significantly improve their situation through medical treatment. #20B in appendix 18, Xinhua Net, 2004-09-08, Zhejiang Economic News

Citation 8 was frequently quoted in various Chinese national newspapers in 2003 and 2004, pointing out that the concept of depression was first brought into China by Jiang Wei, the Marketing Director of China from Eli Lilly and Company (an American pharmaceutical company), and Prozac was advertised as the *most effective antidepressant*. We also see that most depression sufferers can *significantly improve* their situations through taking antidepressants, as shown in Citation 9.

To sum up, in Phase 2 of the CDC, 药物 (*medication*) is still predominantly constructed as negative, largely due to its side-effects, and it is suggested that even if sufferers have to rely on medical treatment, they should still pay attention to the complementary role of psychological support. The beneficial effect of medication is only briefly mentioned in a small number of texts.

In Phase 3 (2005 to 2007), 44 paraphrasing sentences of 药物 (*medication*) were found. As in the case of the paraphrase analysis of 治疗 (*treatment*) in this Phase, there are significantly more discussions about the use of medication, and the positive function of antidepressants begins to appear. An examination of the paraphrases of 药物 (*medication*) matches this point:

we find around a quarter of all the Citations represent the positive effects of taking drugs.

Typical Citations are:

(11). 统计显示, 目前全球已有5千万人服用过"百优解"这一处方药, 这说明目前医学界对通过使用药物可以有效治疗抑郁症达成了一定的共识。According to scientific statistics, around 50,000,000 sufferers in the world are using Prozac, which shows that the current medical world has achieved a consensus that **medical treatment is quite effective.** # 49C in appendix 18, Xinhua Net, 2005-04-17

(12). 曾有研究表明, 约80%的这类抑郁症患者在接受至少一种抗抑郁症药物治疗后, 抑郁症病情有所好转。Researches show that **80% of depression sufferers' situations are improved after they use at least one kind of antidepressant.** # 56C in appendix 18, Xinhua Net, 2006-07-03, source: Xinhua Daily Telegraph

(13). 不少病人发现, 心理医生的无数话语或开导, 疗效却抵不过一片小小的药片。正是由于相关药物的诞生, 人们对精神疾病的治疗有了新的期待。Many patients found that **a tiny pill is much more effective than the endless explanations and encouragement of psychotherapists. And it is because of the invention of antidepressants that people can have new expectations from the treatment of psychiatric illnesses.** # 51C in appendix 18, Xinhua Net, 2007-04-16, source: China News Net

It is obvious to see that Citation 11 addresses the positive function of taking medication through advertising the antidepressant "Prozac", which is used by fifty million sufferers. Actually, quite a few Citations in this Phase involve advertisements of this kind by pharmaceutical companies. Citation 12 introduces the idea that most sufferers find their conditions much improved after taking antidepressants. Citation 13 describes more vividly that *a tiny pill is much more effective than the endless explanations and encouragement of psychotherapists*. Such constructions help to convince people that medical treatment is truly effective.

On the other hand, a large amount of paraphrases in this Phase continue to represent the negative effects of antidepressants. Apart from direct statements about the various side-effects of drugs, we also see discussion of the fact that some pharmaceutical companies have concealed the side-effects of their products:

(14). 礼来公司今年年初被某媒体指责隐瞒了其治疗抑郁症药物"百优解"可能会有严重副作用, 但最终媒体道歉而告结束。LLY was criticized early this year for having **disguised the fact that the antidepressant Prozac may have serious side-effects**. Finally, LLY had to apologise to the media about this. # 22C in appendix 18, Xinhua Net, 2005-02-02

(15). 去年 8 月, 挪威奥斯陆大学研究人员证实, 服用抑郁症药物赛乐特的患者自杀倾向增加的人数是服用安慰剂人数的 7 倍, 但葛兰素史克公司却坚决不承认这一结果, 一口咬定赛乐特"利大于弊", 效果卓著。In August of last year, researchers at the University of Oslo in Norway proved that users of the antidepressant Seroxat are 7 times more likely to commit suicide than placebo users. But GlaxoSmithKline **did not admit such a result**, insisting that the positive effects of Seroxat definitely outweigh its negative effects. # 26C in appendix 18, Xinhua Net, 2006-05-14, source: Xinmin Evening News

The above two Citations involve two important medical companies that produce antidepressants: Elli Lilly and Company, and GlaxoSmithKline. Citation 14 reports that Elli Lilly and Company is criticised by the media for the adverse side-effects of Prozac, one of its products, concluding with an apology to the media. Citation 15 reveals that GlaxoSmithKline refused to admit that Seroxat, one of its antidepressants, carries the side-effect of increased suicide risk, and insists that *the benefits of Seroxat exceed its negative effects*. Such statements bring big pharmaceutical companies to people's attention. Although these companies' concealment of the side-effects of antidepressants have been reported and criticised, it is through such negative reports that people begin to know more about different brands of antidepressants.

Except for the above-mentioned positive and negative constructions of taking medications, in the remaining Citations, cautious and persistent use of antidepressants has been emphasised:

(16). 五羟色胺虽然是非处方药物，但最好还是在医生的指导下使用。而且治疗抑郁症的药物必须坚持服用一段时间，有些人症状不明显后，认为抑郁症远离了自己，就停止用药，这是错误的。 *Though Serotonin is a non-prescribed drug, it is still better to use it under the guidance of a doctor. Furthermore, **a long term medication for depression is very necessary. Some sufferers stop using medicines as soon as they find their symptoms less severe. This is a wrong approach.*** # 43C in appendix 18, Xinhua Net, 2005-10-24, source: News Times

(17). 治疗抑郁症，必须树立正确的用药意识，一些疗效很好的抗抑郁药物也要在更大程度和范围内推广使用。 *To treat depression, we need to **develop our awareness of how to use antidepressants.** Some effective antidepressants should be used more widely.* # 42C in appendix 18, Xinhua Net, 2005-06-28, source: Youth Express

Citation 16 emphasises that even non-prescribed antidepressants should be taken with the guidance of a doctor. It also suggests that even if depression sufferers find their symptoms disappear after taking antidepressants for a while, they should still keep taking the medicines for a longer period. Citation 17 recommends that some good antidepressant *should be used even more widely*. Such statements encourage people to take medication properly and consistently. This is actually another way of representing medication as necessary and effective.

In Phase 4 (2008), 16 paraphrasing sentences about 药物 (*medication*) are found. Less than half of the Citations (66 to 72 in appendix 18) continue to represent the negative effects of drugs, such as:

(18). 对于怀孕期和哺乳期的女性，抗抑郁症的药物会对胎儿或者是乳儿产生生长和发育方面

产生不良影响。For women who are in prenatal or postnatal phases, using antidepressants will have **negative effects** on the growth and development of babies. # 68D in appendix 18, Xinhua Net, 2008-12-05

(19). 医治精神病、抑郁症和糖尿病的药物可能会令人增重。Medicines that are used to treat psychiatric diseases, depression and diabetes can all **make people gain weight**. # 69D in appendix 18, Xinhua Net, 2008-10-16

By contrast, Citations 73 to 81 listed in appendix 18 are either pointing out the low rate of drug use or depicting the positive effects of antidepressants:

(20). 目前, 治疗抑郁症的药物来士普(艾司西酞普兰)在一周内能快速改善抑郁症。At present, the antidepressant Lexopro can **significantly improve the situation of depression sufferers within one week**. # 74D in appendix 18, Xinhua Net, 2008-08-21

(21). 事实上, 对于许多抑郁症患者服用一定的药物能够对病症起到良好的效果, 遵从医嘱更能"根治"自杀。In fact, it is very helpful for many depression sufferers to use antidepressants to **improve their situations**. Furthermore, if doctors' instructions are followed, the phenomenon of suicide can be eradicated. # 75D in appendix 18, Xinhua Net, 2008-11-07

Citation 20 introduces Lexopro, a new brand of antidepressant, and confirms its fast effect; Citation 21 points out that taking antidepressants is very beneficial for many depression sufferers, and following doctors' guidance during treatment can *eradicate* the possibilities of committing suicide. For the first time in this Phase, the construction of the positive function of medical treatment exceeds that of its negative effects, which shows clearly that the role of drugs has gradually increased in the Chinese context.

In the last Phase (2009), there are altogether 20 Citations of 药物 (medication), which can be neatly categorised into three groups. First, the negative effects of 药物 (medication) continue

to be represented:

(22). 在患抑郁症的妇女中, 因病情严重而服用抗抑郁症药物的妇女更容易发生心脏病猝死。  
*Among female depression sufferers, those with severe symptoms are more likely to **die suddenly with a heart attack if they are taking antidepressants**.* # 83E in appendix 18, Xinhua Net, 2009-03-10

(23). 抑郁症和很多治疗药物均可造成ED。*Antidepressants and many other medicines may cause ED (erectile dysfunction).* # 85E in appendix 18, Xinhua Net, 2009-10-26

However, compared with previous Phases, the percentage of such Citations decreases a lot: only one third (six Citations from 82 to 87 in appendix 18) of the total paraphrasing sentences address the negative effects of drugs. Instead, Citations 88 to 94 emphasise the importance of cautious use of medication, as we see here:

(24). 其实, 表现不同的抑郁症选择抗抑郁药物各有侧重, 临床上应该根据不同临床特征进行用药。*In fact, **different types of depression need to be treated with different kinds of antidepressants**, and the use of medicines should be determined by the different clinical features of sufferers.* # 89E in appendix 18, Xinhua Net, 2009-06-29

(25). 医生在衡量怎样治疗失眠抑郁症的药物选择上, 还会更多的考虑患者身体素质、症状轻重等多重因素。*In prescribing antidepressants to treat depression and insomnia, doctors will **take into consideration the sufferers' physical state, their varying degrees of symptoms and other relevant factors**.* # 90E in appendix 18, Xinhua Net, 2009-10-09, source: 39 Health Net

Both Citations 24 and 25 emphasise the need for doctors to take detailed account of the symptoms before prescribing antidepressants. Such representations actually make taking antidepressants seem more natural: depression sufferers are not invited to consider whether they should or should not take antidepressants; what is more important for them is how to take such medicines, and what problems they should bear in mind in the process of medical

treatment. In the remaining 6 Citations, the combination of medical treatment and psychotherapy is recommended.

The final Phase of the CDC therefore presents a comparatively balanced construction of the following three aspects of the meaning of 药物 (medication): the negative effects of drugs, the positive use of drugs and the cautious and persistent use of antidepressants.

It is not difficult to conclude at this point that the five Phases of the CDC see the growing role of medication. Although the side-effects of antidepressants are always there, medical treatment is portrayed as one of the most important and necessary forms of treatment for depression.

### 8.3.2.2 Paraphrasing 老年人 (*old people*)

In the Chinese language there are four words that could be used as modifiers of *depression* to indicate old people's depression: *old people*, *old-aged people*, *old aged period*, and *old-aged*. That is to say, although only 老年人 (*old-aged people*) appears as the keyword in the first Phase, the topic of old people's depression is emphasised throughout the five Phases of the CDC. Interestingly, old people do not feature in our English corpus. In this section, therefore, I will explain how the concept of old people has been contextualised into the construction of depression in the Chinese media.

In Phase 1 (2000 to 2001) of the CDC, five paraphrases of 老年人抑郁症 (*old-aged people's depression*) are found, as shown in Citations 1 to 5 in appendix 19. In these Citations, two aspects are highlighted. Firstly, old people's depression is caused by external factors such as

feeling lonely and loss of social status. In this case, old people's depression is explained as an exogenous illness. Secondly, to cure old people's depression, a healthy diet is proposed. As has been noted earlier, eating healthily is one of the most important components in the traditional framework of Chinese medicine, and it is represented as an important element in the treatment of geriatric depression. The following Citation shows these points clearly:

(1). 老年人患抑郁症者的比例远高于中青年人。这种精神症状的产生除与老年人易产生孤独、失落和消沉感有关外，还与膳食有密切关系。 *The incidence of depression in old people is much higher than in young and middle-aged people. Old people's depression is closely related to not only the sense of loneliness, loss and downheartedness, but also to their diet.* # 2A in appendix 19, Xinhua Net, 2001-11-19

This Citation indicates that old people's depression is related to factors such as feelings of loneliness, loss and downheartedness, and it reminds readers that a healthy diet is very useful in combating old people's depression. This Citation also indicates that the incidence of old people's depression is higher than in middle-aged or young people, which may be the reason why old people's depression has been paid more attention to in this Phase. The following Citation further supports this aspect:

(2). 有 20 % 的老人心理不健康，抑郁症是老年人中比较常见的。老年人的疾病不同于青壮年，有其特殊性。 *20% of old people have some kind of psychological health problems, and depression is one of the most common. Old people's depression is different from others; it has its phasal features.* # 4A in appendix 19, Xinhua Net, 2001-10-25

The notion that depression is common in old people is not much discussed in the UK media in this first Phase.

In Phase 2 (2002 to 2004), there are 30 paraphrasing Citations of 老年人抑郁症 (*old-aged people's depression*). Now the symptoms of old people's depression begin to be described, as

shown in the following Citation:

(3). 老年期各类心理障碍患者中，有忧郁症症状的患者最多。主诉症状主要有：头痛、失眠、早醒、食欲下降和便秘；情绪低落，精神萎靡，缺乏耐心等。 *Among various kinds of psychological disorders in old people, depression is the most common. The **main symptoms** are: headaches, insomnia, early waking, poor appetite, constipation; feelings of depression, dispiritedness, and lack of patience.* # 6B in appendix 19, Xinhua Net, 2004-10-21

As has already been discussed in Section 8.3.1.1, depression is often described in terms of its symptoms in Chinese media texts, which often deal with personal subjective experiences. This reflects that, in the Chinese context, depression in most cases is understood as an emotional disorder caused by external factors:

(4). 由于生活节奏加快，年轻人没有更多时间照顾老人。老年人长期独守“空巢”，易引发多种心理疾病。 *Due to the fast pace of modern life, **young people do not have time to look after their parents**. Thus old people always live **empty-nest lives**, which is likely to cause various kinds of psychological illness.* # 12B in appendix 19, Xinhua Net, 2004-08-26, source: China Youth Daily

(5). 老年抑郁症尽管诱发原因不尽相同，但都是心理障碍所致。如果能及时有效地对老人进行心理疏导，将会最大限度减少患病几率。 *Though there are various kinds of causes of old people's depression, most of them are psychological. If we can give old people **psychological support** at an early stage, the incidence of old people's depression will be reduced.* # 28B in appendix 19, Xinhua Net, 2004-09-26

Citation 4 states that living on their own for a long time will cause various kinds of psychological disease for old people. Likewise, in Citation 5, *psychological barriers* are represented as the root causes of old people's depression. Accordingly, to cure it, social solutions rather than medication are repeatedly mentioned in this Phase:

(6). 老年人面对心理障碍，一定要转变观念。老年人要解放自己，多融入社会，社会对老年人

多一些理解，多一些体贴，共同努力把老年人的事情办好，使老年人的心理卫生问题得以减少。 *Facing psychological disorders, old people should change their outlook. They should set themselves free by **participating in more social activities**. Society should also give old people **more understanding, more care**. Thus, the psychological problems of old people will be diminished accordingly.* # 15B in appendix 19, Xinhua Net, 2002-07-31

(7). 除了药物治疗外，保持良好的心态、正确地对待老年抑郁症这一事实是非常重要的。 *Apart from medical treatment, it is very important to **keep a positive attitude** towards old people's depression.* # 7B in appendix 19, Xinhua Net, 2002-03-04

In Citation 6, old people are advised to *participate in more social activities*, and it is suggested that old people's family members should give them *more care and understanding*. Similar sentences like “*Apart from medical treatment, psychological comforts are more important*”, as shown in Citation 7, come up frequently in the Chinese media corpus, and thus put a stronger emphasis on non-drug therapies. In this sense, *to keep a positive attitude* is seen as important in treating old people's depression.

In Phase 3 (2005 to 2007), only 18 paraphrases for 老人抑郁症 (*old people's depression*) are found. This decrease in the number of such texts may imply that old people are not a focus any longer, reflecting the newer perception that depression is a disorder that might affect everyone equally. In the 18 paraphrases, the commonness of old people's depression is most often addressed. More than half of the Citations in this Phase reflect this point:

(8). 在老年人精神疾病中，抑郁症发病率最高，超过了心血管病，心脏病等。 *Among the psychiatric disorders suffered by old people, depression is **more common than angiocardopathy and heart disease**.* # 45C in appendix 19, Xinhua Net, 2007-01-08

(9). 老年抑郁症是老年人所有的心理问题之中最常见的一种。 *Depression is one of the **most common** psychological illnesses among old people.* # 47C in appendix 19, Xinhua Net, 2006-

02-26, source: Workers' Daily

Citation 8 depicts depression as an illness that is *even more common than angiocardopathy and heart disease*. Citation 9 states that old people's depression is *the most common* psychological disease.

In the remaining Citations in this Phase 3, external factors continue to be mentioned and some suggestions are given for easing old people's depression, such as giving them more social care, and offering them more opportunities to participate in social activities.

Phase 4 shows interesting changes in the construction of geriatric depression. First, there are a total of 37 paraphrasing Citations. This significant increase in the number of such texts may imply that the meaning of old people's depression is undergoing important changes in this Phase. The first Citation in appendix 19 indicates that depression is a disease of the brain:

(10). 老年期抑郁症的致病因素复杂，其中75%都是因生理因素和社会心理。 ***The causes of old people's depression are quite complicated, but 75% of these are related to physical and social factors.***  
# 68D in appendix 19, Xinhua Net, 2008-04-29, Wuhan Morning News

(11). 要让老年人清晰地认识到抑郁也是病，需要去治疗；对于老年人患抑郁症除了非药物方法外，抗抑郁药是主要的治疗手段。 ***It is necessary to make old people realise that depression is not just feeling depressed, but also an illness needing treatment, and the use of antidepressants is the main form of treatment for old people's depression.*** # 75D in appendix 19, Xinhua Net, 2008-09-14

In Citation 10, we can see that biological factors are juxtaposed with social and psychological factors. Citation 11 directly states that medical treatment should now be considered as the main solution for old people's depression: Though only a very small number of Citations in

this Phase indicate the role of medicine, this change is important: from 2008 onwards, drugs are given a steadily increasing role in treating old people's depression.

I had expected that in Phase 5 (2009), more biological factors and the importance of medical treatment for old people's depression would be addressed. However, in the six paraphrasing Citations found in this Phase, most are still focusing on the external factors of old people's depression. The abrupt decline in the number of such paraphrasing sentences<sup>46</sup> seems to imply that depression now affects not only old people, but as a more biological disorder, it may affect everybody equally. Depression is more and more constructed as an impersonal disease, and therefore less focus on old people's depression is explicable.

## 8.4 Summary and interpretation

From the above analysis, it is interesting to see that not only our frequency analysis, modifier analysis and keyword analysis of the whole CDC, but also detailed paraphrasing analyses of selected important keywords, match and echo each other, allowing some repeated larger discourse patterns of the construction of depression in the Chinese media to finally emerge. I am now in a position to summarise this whole section, and highlight the most interesting findings.

First and foremost, in the CDC, depression is largely constructed as an illness caused by exogenous factors rather than impersonal chemical deficiencies of the human brain. This

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<sup>46</sup> Even if there are fewer articles in the last Phase of the CDC, which obviously includes fewer paraphrases of *old people's depression*, the decrease in the number of paraphrasing sentences about old people's depression is still quite significant.

point is widely supported by the findings presented above. For example, in our frequency analysis, words such as *work*, *family*, *company*, *pressure*, and *society* appear in the 50 frequent word lists of both the CDC as a whole and its five subcorpora. All these words clearly indicate the external factors that may cause depression. At the same time, in the modifier analysis, we found phrases like *post-earthquake depression*, *post-holiday depression*, *seasonal depression* and so on, which clearly include certain causes in different categories of depression. In the keyword analysis, we found that new factors have been continuously discovered over time, such as *stress* in Phase 2 and *sleep* and *internet* in Phase 4. Furthermore, in the paraphrasing analysis of *depression is*, many Citations were found suggesting that depression is caused by long-term work pressure, and difficulties in interpersonal relationships (see appendix 16).

Secondly, different groups suffering from depression have been foregrounded over time in the CDC. In our frequency analysis, we found that the most frequently discussed items were *old people* in the first Phase, *university students* in the third, and *Korean celebrities* in the fourth. In our bigram lists discussion, we also saw the construction of female depression and child depression. In our keyword analysis, we found that *media* (*mainly used to refer to Korean celebrities*) in Phase 3, and *females* in Phase 4 appear to be important keywords.

In our paraphrase analysis, Citations about *old people's depression* were identified, suggesting that the main cause of old people's depression is seen as the loss of social status, lack of care, and being isolated from other people. At the same time, depression suffered by university students is also seen as caused by external factors such as course pressure and competition from peers. In this way, it can be said that this second series of findings further

supports the argument that depression is caused by external factors. This is because if depression were seen as an impersonal disease caused by endogenous factors such as deficiencies in the human brain, it would affect people equally. Emphasis on different groups of sufferers confirms the role of external factors, such as insufficient support by relevant people at certain life phases.

Thirdly, unlike the EDC, the CDC represents the treatment of depression with no emphasis on the role of medication in the first four Phases. Instead, what we see most frequently are doubts about antidepressants and the necessity of changing one's life style. To be more specific, seeking psychological support from other people, healthy eating and sleeping, regular exercise, and an active attitude towards life, are seen as the main resources in dealing with depression. This point is well supported by our findings: in our frequency analysis, we found that *eating* in Phase 2 and *sleeping* in Phase 4 were frequently talked about, and the role of healthy eating and sleeping were constructed as crucial in combating depression. At the same time, the marginalisation of medical treatment was found in the first several Phases in the CDC, with Citations such as: "apart from medical treatment, depression sufferers need more psychological comfort" and "some sufferers do not have any other choice but to rely on medical treatment" being typical in the first four Phases. Appendices 17 (paraphrases of *treatment*) and 18 (paraphrases on *medication*) provide more detailed Citations.

Last but not least, the endogenous side of depression and the growing role of medication come at a later stage in our CDC. In the final Phase, one of the newly entered top frequent words is *brain*, and the new keyword is *medication*. Detailed paraphrases of these words show that the more positive functions of medication are portrayed, with more explanations to

the effect that the cause of depression is related to deficiencies in the human brain.

Briefly speaking, the diachronic development of the construction of the meaning of depression in the CDC is not manifested by changing explanations of the disease itself, but rather, by continuous discoveries about new external factors and new suffering groups. This further implies that at this time in China, depression is contextualised into Chinese discourse on interpersonal relations, and therefore is understood as being caused by problems in relationships with other people, such as being isolated from or not sufficiently supported by relevant people in certain life phases. Therefore, the medical treatment of depression is seen as less important than repairing interpersonal relationships and establishing healthy lifestyles.

# CHAPTER 9 INTERPRETATION

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In the previous Chapters of this thesis, the concept of depression was discussed in terms of its cultural backgrounds in the UK and China (see Chapter 2), and how it has been negotiated in the English Depression Corpus (EDC) and the Chinese Depression Corpus (CDC) (see Chapters 7 and 8). This Chapter will firstly give a brief review on the content presented in Chapter 2: how depression has been identified in British and Chinese culture and what previous studies on depression have suggested. This will be followed by a presentation of the key differences between British and Chinese understanding towards such a condition based on the main findings from the EDC and the CDC. Corpus citations will be provided to highlight such differences.

## **9.1 A brief review of the concept of depression in British and Chinese cultures**

The concept of depression came about much earlier in the UK than in China. Since Hippocratic times, mental disorders in the Western world were considered to be caused by physical imbalances, as explained by the Greek *humours* theory (see 2.2.1.1 in Chapter 2). In more recent times, several relevant trends concerning the understanding of depression have emerged in Western society. First of all, since the beginning of 20<sup>th</sup> century, depression began to be understood within the framework of psychoanalysis as a reaction towards the “constraints of life” (Freud, 1930/1961, p. 58). The fight against depression was seen to rely

on experts' (psychotherapists) interpretation of patients' problems, helping them to become conscious of the causes of their illness, and thus helping them to gain better control of their lives. Since the end of the 20<sup>th</sup> century, with the development of Western science, the biological explanation of depression began to take centre stage, constructing depression as the result of a chemical imbalance of the human brain (Shorter, 1997, p. vii). Within this framework, taking antidepressants is believed to be the best cure. However, the last half-decade witnessed what some experts described as the over-prescription of antidepressants in the UK, and some non-drug therapies began to appear in the English discourse. Cognitive Behavioural Therapy, which represents depression as a wrong way of responding to life events and aims to cure depression through modifying patients' cognitive processes, has started to show up in UK news discourse in recent years. It was also recognised as a legitimate treatment and recently, it has become available as a standard treatment to patients in the UK. Within this framework of understanding depression, a cure was effected by collaborative interactions between patient and therapist in conjunction with specific cognitive and behavioural techniques (Beck, 1990).

It is not surprising to find that each of these particular trends has been emphasised in a specific historical time-frame. Today, a more integrated view towards depression has become apparent in the UK: depression is caused by a combination of physical and social factors, and the genetic aspect is often considered to be the root cause while social events are viewed as triggers. Therefore, an integrated approach to the treatment of depression has been proposed in the UK, such as a combination of drugs, psychotherapy and healthy life styles, with drugs being recommended for severe depression sufferers and talking therapy to mild and moderate sufferers.

There is a dramatically different story to tell about depression in China. The concept of health in the framework of traditional Chinese medicine relies heavily on the harmonious relationship between human beings and their natural and social environments. Illnesses will occur when such relationships become problematic. In other words, when a sudden change in the environment or a new inharmonious relationship occurs, people will be likely to suffer from disorders. Depression, in this sense, is mostly believed to be caused by a problematic social environment. That is why in the CDC, depression patients are often reported to be affected immediately after the occurrence of a tragic life event. Accordingly, the treatment of depression relies on the improvement of patients' social environments rather than the use of medicines. At the same time, healthy life styles including a balanced diet and regular exercise have been frequently emphasised for maintaining the balance of the human body in the Chinese context. Only recently has the Western understanding of depression had a major impact on the Chinese discourse.

## **9.2 A summary of the main findings from the EDC and the CDC**

The trends of understanding depression in Western culture and the sociocentric perspective adopted in Chinese culture mentioned above have been reflected in the EDC and the CDC. The diachronic change of frequency and the keywords analysed in the EDC show clearly that

in the first Phase<sup>47</sup>, depression is overwhelmingly considered to be a psychological disease caused by social factors, and psychoanalytic treatment is recommended. From the second Phase on, the chemical side of the problem starts to emerge, even though much space is still left for the consideration of the psychological element. The third Phase sees the popularity of the biological approach, and the use of antidepressants is overwhelmingly presented as efficient. From the fourth Phase on, different types of antidepressants are frequently discussed in terms of their advantages and disadvantages, and the public awareness of depression has been promoted in various ways; for instance by the use of the non-stigmatised term “people suffering from mental disorders” instead of “patients”. In the last Phase, a more integrated understanding of depression has appeared, and a combination of medication and non-drug therapies is now recommended.

Unlike the EDC, where changing explanations of depression were found, the diachronic analysis of the CDC shows that 抑郁症 (*yi yu zheng*, ‘depression’) is uniformly believed to be caused by external factors over all five Phases. In other words, as time progresses, new external factors or new groups of depression sufferers continue to be discovered and discussed. For example, 老人 (*old people*) in the first Phase, 大学生 (*university students*) in the second, 名人 (*celebrities*) in the third, 震灾灾民 (*people who suffered from earthquake*) in the fourth Phase and so on, have been introduced as depression sufferers, and specific external factors are thus highlighted. Apart from these Phase-specific external factors, a healthy diet and regular sleep pattern appear to be important remedies. Only in the last Phase

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<sup>47</sup> As explained in section 6.4.1.1 and 6.4.1.2, both the EDC and the CDC have been divided into 5 time Phases based on frequency changes of news articles about depression.

do we see a growing focus on the role of medication, while the repair of patients' social environment and psychological comforts continue to be considered pivotal.

So far, the main findings drawn from this project have been briefly reviewed. What this comparative analysis suggests is that depression, as a discourse object and an increasingly relevant aspect of our own lives, has been differently perceived in British and Chinese national news in the last 25 years. Newspaper readers will understand depression according to what they have been told. It is also fair to assume that readers of other texts about depression will understand the object in certain other ways. The corpus evidence clearly shows that there is not one definition of depression which would be acceptable to everyone. The task of the linguist is to firstly clarify what discourse is to be addressed, and then to present how 'depression' has been explained within this discourse.

Compared with previous research on depression, this project has some advantages, in that it offers both a cross-cultural perspective and diachronic dimension in examining the subject of 'depression'. Foucault (1964, preface, x) is right in saying that mental illness is not an objective fact that remains the same in all historical periods, and which means the same thing in all cultures. However, as Roberts (2005, p. 37) points out, Foucault historicises the concept of mental illness by showing how it emerged at a certain historical point within a particular culture and society, by using rather inconsistent materials. Therefore, what Foucault uncovers about mental illness can only reflect the part of the meaning of this discourse subject that is based on what he has looked at and what he has inferred from his own perspective. Kleinman (2004, p. 951) has a synchronic perspective when he argues that "the way in which

depression is confronted, discussed, and managed varies among social worlds, and culture influences the experience of symptoms, the idioms used to report them, decisions about treatment and so on.” The limits of such cross-cultural research on depression are that they presuppose long phases of rather static cultural conditions, and overlook the constantly changing nature of cultural factors. For example, in the Chinese cultural background, depression has often been considered to be an illness caused by social factors. However, in the last half-decade, due to the influence of the role of pharmaceutical remedies from Western culture, the biochemical approach and the growing role of medication has gradually entered the Chinese discourse. Thus, the traditional way to look at depression in Chinese society is supplanted by a new, Western perspective.

On the other hand, it must be acknowledged that both Foucault and Kleinman have shown us many interesting facets of the concept of depression. The difficulty with their work is that they were unable to systematically analyse the entire discourse through a scientifically representative corpus, relying instead on interesting and selective anEDCotes. Hence, this study proposes that, in detecting the meaning of ‘depression’ or any other discourse object in the world, a researcher must always base their investigation on a clearly defined discourse, and then show how the discourse object in question has been constructed.

After having given a brief review on how depression has been identified in British and Chinese cultures, the next stage is to summarise six main aspects of the findings of this research to highlight the key differences in the construction of ‘depression’ in the EDC and the CDC. These six aspects will be supported by corpus citations.

## 9.3 Six key differences between Western and Chinese understanding of depression

**Aspect 1: Western society views depression as more an internal/biochemical illness, while the Chinese attitude favours the perception of it being an external/social illness.**

The belief of the cause of depression plays an important role in defining what depression is, and what kind of treatment should be chosen. If we believe that depression has a biochemical cause, such as a deficiency or imbalance in the human brain, then it makes sense to turn to medication to correct the problem. If we believe depression is caused by external/social factors, such as deprivations or difficulties in life, we will expect healing from the improvement of our environment and from psychological support. In Britain, both internal and external causes of depression have been discussed. Terms like ‘endogenous’ and ‘exogenous’ depression are frequently used in Western professional discourse to refer to these two distinct types of depression. According to the corpus findings, the representation of the internal causes of depression has prevailed for the third Phase in the EDC. This may be partially due to the fast development of the biochemical sciences at the end of the 20<sup>th</sup> century, and partially due to the culture of individualism in the Western world, which claims that every individual should be responsible for their own happiness and should find the cause of their unhappiness inside their own body.

Conversely, in China, especially within the framework of traditional Chinese medicine, health has been considered as being maintained by harmonious relationships between people and their natural or social environments. All kinds of illnesses have been considered as imbalances caused by sudden changes of either natural or social environments. The Western concept of depression has been contextualised within a medical framework since it was introduced into Chinese society. Therefore, in the CDC, we have found that depression patients are reported to have become affected immediately after having experienced tragic life events.

To illustrate this phenomenon, corpus citations will be examined. Firstly, let us look at two citations from the EDC:

1. *Depression is thought to be caused by **a reduction in the level of certain chemicals** in the brain called neuro-transmitters that affect moods by stimulating brain cells. Anti-depressants increase the level of these chemical messengers.* Sunday Mirror, March 1, 1998

2. *Depression is caused by **a fault in brain chemistry**, which makes sufferers predisposed to the condition. The illness may then be triggered by stress, bereavement, physical illness or drug abuse.* The Mirror, March 15, 2006

Such biochemical causes of depression prevail in British news: depression is thought to be caused by biological factors – *a fault in brain chemistry, a reduction in the level of certain chemicals in the brain*, and environmental problems are only believed to be the final triggers of a pre-existing chemical pre-disposition to depression. By contrast, Chinese news overwhelmingly mentions external life events as the cause of depression, saying that patients often started to suffer from depression immediately after traumatic events took place in their lives:

3. 工作上遇到问题、人际关系不融洽、家庭经济有困难、亲友患重病或死亡、孤独感、自卑心理重等原因都有可能导致抑郁症的发生。 *Depression may be caused by a range of factors, such as difficulties in the working place, problems in human relationships, financial crisis in the family, loss of relatives or friends, feeling of loneliness, serious self-abasement and so on.* Xinhua Net, 2002-03-13, source: China Medical Newspaper

4. 近年来，抑郁症及其他心理疾病的患者都呈现出上升的趋势，专家分析说：“随着我国入世后竞争更加激烈，工作节奏加快，更多的人会感到紧张、疲劳和郁闷，也就有更多人需要心理疏导。” *Recently, the incidence rates of depression and other psychological illnesses have increased in China. Experts say that with China’s entering World Trade Organization, the pace of life is accelerating. More and more people feel very stressed, tired and depressed, which means that more people need psychological support.* Xinhua Net, 2001-11-29

5. 抑郁症已经成为现代社会的流行病。随着现代社会生活、工作节奏的加快，人们心理上承受的压力越来越大。很多人由于找不到倾诉对象，情感无处宣泄，使自己过分压抑，患上了抑郁症。 *Depression has become a pandemic of modern life. With the increased pace of people’s work and social life, the stress people have to face is becoming more and more threatening. Many people have started to suffer from depression because they cannot find proper listeners and ways of letting out.* Xinhua Net, 2004-08-06

Such citations about the external cause of depression are representative of Chinese news reports. The sharp contrast between British and Chinese texts in representing the cause of depression has also been largely confirmed by previous corpus analyses. For example, in the EDC, words like *mental, illness, depressed, psychiatric, symptoms, and treatment* appear to be the top keywords, and they all define strictly medical features of the condition. In the CDC, on the other hand, words like *工作 (work), 家庭 (family), 父母 (parents), 公司 (company), 生活 (life), 社会 (society), 压力 (pressure)* are the top keywords, and they obviously refer more to the external side of the problem.

**Aspect 2: To cure depression, Westerners need medication while the Chinese need a broader change of life.**

This point is closely connected with Aspect 1: if depression is caused by internal/biochemical factors, it makes sense to take medication to solve the problem. If depression is caused by social factors, people will need broader changes to their lifestyle, such as the improvement of their social environments as well as strong psychological support from their family and friends.

Based on the differences between the EDC and the CDC in the first aspect, it is not surprising to find that in British texts the use of medical treatment has been represented as appropriate in at least some Phases. In Chinese texts, on the other hand, harmonious relationships between people and their environments are considered to be crucial in maintaining health, and thus the role of medication is always marginalised. Instead, a wider change of life, such as improvements of social environments, psychological comforting from therapists or family, regular exercise, a more balanced diet and good sleep patterns have been overwhelmingly shown as being useful in combating depression. This section will highlight this point by showing the top collocates of *medication* and 药物 (*medication*) in each corpus and provide relevant citations.

In the EDC, the words *drug(s)*, *antidepressant(s)*, *pill(s)*, *medication* and *medicine(s)* all enter the list of significant collocates of *depression*. In the Chinese language, all of these words can only be expressed by one word 药物 (*medication*), which ranks 40th in the collocation profile of 抑郁症 (*depression*) of the CDC and 8th in the keyword list. To draw a meaningful comparison between the ways in which medication and 药物 (*medication*) are talked about,

the words *medication* in English and 药物 (*medication*) in Chinese were chosen as node words, while *depression* and 抑郁症 (*depression*) were set as the context words within left and right 5 positions<sup>48</sup>. In this way, two sets of concordance lines between *medication* and 药物 (*medication*) are generated. The Wordsmith tools enables the generation of lists of collocates (of these node words) based on their raw frequencies, called collocation profiles. The following table shows the top words in these collocation profiles:

| Top collocates of <i>medication</i> in the EDC |                      | Top collocates of 药物 ( <i>medication</i> ) in the CDC |                             |
|--|----------------------|---|-----------------------------|
| 1. <i>prescribed</i>                           | 5. <i>years</i>      | 1. 除了( <i>apart from</i> )                            | 5. 依赖 ( <i>dependence</i> ) |
| 2. <i>taking</i>                               | 6. <i>caused</i>     | 2. 需要 ( <i>need</i> )                                 | 6. 正规 ( <i>regular</i> )    |
| 3. <i>severe</i>                               | 7. <i>counseling</i> | 3. 能 ( <i>can</i> )                                   | 7. 导致 ( <i>cause</i> )      |
| 4. <i>anxiety</i>                              | 8. <i>takes</i>      | 4. 依靠 ( <i>rely on</i> )                              |                             |

Table 9.1: Top collocates of *medication* and 药物 (*medication*) in the EDC and the CDC.

A detailed examination of the concordance lines including the top collocates shows that in British news texts, many people have been *prescribed* medication for depression or *anxiety*, with some *taking* medication for many *years* if their depression is *severe*. However, sometimes medication has *caused* depression, and that is why both medication and *counseling* are recommended to patients when they go to see their doctors. In the CDC, very different concordance lines are found. *Apart from* taking medication, depression sufferers *need* more psychological support and should have more exercise. Only very serious patients *need* medication, but medication has side effects. Therefore, patients *need* both medicines and psychological support. To some degree, exercises *can* replace drugs but medication *can cause* and worsen depression. Extremely serious patients have to *rely on* drugs because they

<sup>48</sup> This is to make sure that all the concordance lines are about medication for depression.

don't have any other choice. Medication *dependence* is undesirable but a permanent problem for people who take medicine. At present in China a *regular* medical treatment system has not yet been established.

First, let us look at some concordance lines<sup>49</sup> about *prescribed medication* and *tak\* medication* in the EDC:

1. In 2000, she attempted suicide and throughout the year she **was prescribed medication for anxiety, depression** and sleeplessness.
2. **She has been prescribed medication** and is under doctor's orders to stay off work for the next four weeks.
3. Mrs Tsavliris suffered further bouts of depression, for which **a doctor prescribed medication.**
4. **If you are not taking medication for depression, it might be advisable to take some.**
5. Mirza **had been taking medication** for mild depression.
6. Aviv was inflicted by a man who **has been taking medication** for depression for two years.
7. Benstock was a "broken man" and **was taking medication** for depression.
8. David Granirer, **who takes medication** for depression himself, has been teaching them a course called Stand Up For Mental Health since 2004.
9. NOW, **she takes medication** and her condition is monitored every three months at The Priors clinic.
10. **Connor now takes medication** to help suppress her depression, stabilise her moods and help her sleep.

By contrast, here are some concordance lines which include 药物 (*medication*) and its top collocate 除了 (*apart from*) in the CDC:

1. 治疗抑郁症，除了药物之外最重要的是心理支持。 To treat depression, **apart from medication**, the most important for patients is **psychological support**.

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<sup>49</sup> Here, to show more clearly the contextual information of concordance lines, all the complete sentences are provided.

2. 患有抑郁症的人除了药物治疗外，更多的需要心理治疗，需要亲人的关怀和专家的指导。 For people who suffer from depression, **apart from medication**, they need more **psychological treatment**, more care from family and more guidance from experts.
3. 抵抗抑郁症，专家建议除了药物治疗和心理治疗外还要有阳光与运动和良好的生活习惯。 To combat depression, experts suggest that **apart from medication** and psychological treatment, **more exposure to sunshine, active exercises and healthy life styles** are also crucial.
4. 除了药物治疗外，保持良好的心态、正确地对待这一事实是非常重要的。 To get rid of depression, **apart from medication, to face such a fact and to keep a positive attitude** is very important.
5. 除了药物、医疗技术这些方面，从根本上说，现代人很多疾病如抑郁症、焦虑症，都是由心理问题或精神上的疾病引起的生理疾病，其根源在于来自现实社会中的各种压力。 **Apart from explanations from a medical perspective**, the root causes of depression, anxiety or other mental problems are all from **various sorts of stress in modern life**.
6. 消除抑郁，除了药物治疗之外，还可使用一种由精神病专家艾伦·贝克博士倡导的认知心理治疗手段，就是让抑郁者自己调节自己的情绪，逐步改善心境，从而使生活重归欢乐。 To get rid of depression, **apart from medication, the cognitive therapy** proposed by psychiatrist Allan Beck is also useful in making depression sufferers realise their own emotional states, improve their state of mind and return to happy lives.
7. 除了药物治疗，多吃一些水果如香蕉，或鱼类等，对抑制抑郁症有很大的作用。 To combat depression, **apart from medication, eating more fruit such as bananas and more fish is very useful**.
8. 要彻底摆脱抑郁症阴影，除了药物治疗，还得家人亲友多关心，最重要的是患者主观上要改变认识。 To eradicate the darkness of depression, **apart from medication, more care from family and friends** is needed. Also, depression sufferers should also have an objective understanding of the illness.
9. 除了药物治疗外，健康饮食和充足睡眠的重要性也应该得到重视。 **Apart from medication**, the importance of **a healthy diet and enough sleep** should also be valued in treating depression.

These sentences show that English people use medical treatment a lot more frequently than Chinese, while the Chinese tend to marginalise the role of medication but put more emphasis on psychological support and healthy lifestyles. Therefore, it is safe to say that Chinese texts tend to perceive depression more as an exogenous illness and English more as endogenous. This brings about a very interesting result: in Chinese news texts, certain groups of people are said to be more susceptible to depression due to specific kinds of the external stress they have.

In British texts, on the other hand, this phenomenon does not exist, because as an endogenous disorder, everyone has an equal chance to be affected. For example, we hear much about *old people's depression*, *depression among university students* and *depression among celebrities* in the Chinese corpus, while the English corpus does not highlight certain groups of sufferers like this. Therefore, the following three aspects will show how *old people's depression*, *depression among university students* and *depression among celebrities* play a different role in the two different corpora.

### **Aspect 3: Old people in China suffer more from depression than in the UK.**

The paraphrase analysis of *老年人抑郁症* (*old people's depression*) in the CDC presented in Chapter 7 indicates that Chinese news texts highlight this problem by representing its social causes. By contrast, the discussion of *old people's depression* in British news is not significant at all. The following table compares the ranking positions of *old people*<sup>50</sup> in the frequency lists, collocation profiles and keyword lists of the EDC and the CDC:

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<sup>50</sup> It is important to indicate that the state of being old can be expressed by at least four ways in Chinese language: *老年* (*old year*), *老年期* (*old year period*), *老年性* (*old year's*). And *老人* (*old people*) can also be expressed by *老年人* (*old-aged people*). All of these five words can be used as modifiers of *depression* to refer to the meaning of depression suffered by old people.

| <i>old people</i> and its Chinese equivalents | Frequency lists  | Collocation profiles  | Keywords lists      |
|---|--|---|---------------------|
| CDC   | 老人(old people) : 323<br>老年人(old-aged people): 659<br>老年(old year) : 1102<br>老年性(old year's) : 5293<br>老年期(old year period): 7120 | 老年(old year) : 139<br>老人(old people) : 252<br>老年期(old year period) : 374<br>老年性(old year's) : 573 | 老年 (old year) : 116 |
| EDC   | 10231  | ×   | ×                   |

Table 9.2: Ranking positions of *old people* and its Chinese equivalents in the frequency lists, collocates lists, and keywords lists of the EDC and the CDC.

The word *old* ranks as 10231 in the frequency list of the EDC, and does not appear in 1756 collocates and 1899 keywords generated. By contrast, in the CDC, five expressions that denote old people's depression all appear in the collocation profile list and the phrase *老年 (old year)* ranks as 114 in the keywords list. This sharp contrast proves that depression in old people has been much more frequently talked about in Chinese society. Corpus citations will now be provided to highlight this difference. Firstly, in the EDC, there is only 1 citation found referring to old people's depression:

*Older people suffering depression are all too often ignored or discriminated against. The Guardian, August 22, 2007*

It can be said that old people's depression is often *ignored* and the low accessibility of treatment for old people has been emphasised.

Citations about *老年人抑郁症 (old people's depression)* in Chinese news texts are mostly about the discussion of its causes:

1. 老年人患上抑郁症的最大诱因是人老无用的观念、退休后难以适应新的生存状态、寂寞。因此，子女、社会应关心老年人，老年人本身也应积极参加老年人活动。 *The biggest cause of old people's depression is the concept that "old people are useless". Besides, retired people find it very difficult to adapt into the lonely living environment.* Xinhua Net, 2003-10-10

2. 老人要面对更多的丧失，如退休、孩子单过、亲友离世等，这都是老年抑郁症发病的原因。 *Old people have to face a lot of losses, such as retirement, separation from their children, and death of partners and so on. All these will cause old people's depression.* Xinhua Net, 2008-07-22, source: Life Times

3. 专家分析：不平衡、不适应是很多从领导岗位退下来后的老人容易有的情况。这是老年抑郁症发生的一个重要原因。 *Experts say that many old people who retired from positions as officials always feel a psychological imbalance and cannot adapt to retired life. This is a very important cause of old people's depression.* Xinhua Net, 2009-09-10

These causes are clearly external ones, and accordingly, psychological support from the family is believed to be the appropriate treatment:

4. 子女常回家看看，让老年人享受天伦之乐，是预防老年人抑郁症的良方。 *Of course, if children can visit their parents frequently, giving old people chances to enjoy the union of their families, old people's depression will be prevented to a great extent.* Xinhua Net, 2008-12-31, source: Guangzhou Daily

5. 亲人要多创造机会，让家中患老年抑郁症的老人多做些感到快乐的事，慢慢走出抑郁的阴影。 *Family members of old people who suffer from depression should create more chances to do things which can make them happy, which will help the sufferers to gradually walk out of the shadow of depression.* Xinhua Net, 2008-09-25, source: 39 health net

One of the most important reasons of such clear differences between British and Chinese news is probably that in traditional Chinese culture, the Confucian concept of 孝 (*xiao*, 'filial piety') plays an important role in people's lives. The Confucian teaching of filial piety commands young people to be respectful, caring and obedient to the older members of their family (Ho, 1994; Sung, 1995). People are expected to take material as well as emotional care of their parents when they grow old. In addition, old age is associated with knowledge, experience and wisdom, and by respecting and caring for elders, young people

will gain guidance and support from them. “Under such a familial scheme, fulfilment of filial obligations is reciprocal for the old and young, cultivating harmonious social orientations in kinship relations such that everyone, young and old, is supposed to have their valued place and social role in a web of interdependent relationships where age differences do not polarize but, paradoxically, link people together” (Ng, 1998, p. 103). Even in recent times, field research by Yue and Ng (1999, pp. 215-226) suggests that “old people continue to hold high filial expectations for young people and young people still endorse strongly filial obligations for old people”, and “looking after the parents when they grow old and assisting them financially” are still the top filial concerns for young males whereas “retaining contact with the elders” is the top filial concern for young females (Yue & Ng, 1999, p. 215). This probably explains why 老年抑郁症 (*old people's depression*) has attracted much more attention in China than in the UK.

The next important group of depression sufferers that features in Chinese texts is 大学生 (*university students*). If we say 老年抑郁症 (*old people's depression*) is caused by obvious external factors such as loss of social status, lack of being cared for and so on, 大学生抑郁症 (*depression among university students*) is also caused by external but very different factors. The next topic will focus on depression among university students in both corpora and provide an interpretation of the differences.

**Aspect 4: University students suffer more from depression in China than in the UK.**

Depression among university students has been much more frequently talked about in Chinese news texts than in British ones, as can be seen from the following table:

| <i>university students</i><br>and 大学生<br>( <i>university students</i> ) | Frequency lists | Collocates lists | Keywords lists |
|---|-----------------|------------------|----------------|
| CCD   | 271             | 112              | 139            |
| ECD   | 12295           | ×                | ×              |

Table 9.3: Ranking positions of *university students* and 大学生 (*university students*) in the frequency lists, collocates lists and keywords lists of the EDC and the CDC.

This table shows the dramatic difference between the ranking positions of *university students* and 大学生 (*university students*) in the frequency lists, lists of collocates and keywords lists in the EDC and the CDC. Neither the word *university* nor *students* appears in the collocation profile of *depression* and keywords list in the EDC. The phrase *university students* occurred altogether only 10 times in the whole EDC and it ranks 12295th in the whole frequency list. Of 10 concordance lines of *university students* generated in the EDC, only the following one citation is concerning depression among university students:

1. *As many as a third of university students suffer from some form of mental distress, which ranges from clinical disorders to temporary periods of anxiety and depression. About one in 10 undergraduates has one-to-one counselling.* The Daily Telegraph, April 12, 2003

Here, English texts tend to emphasise the high incidence rate of depression among university students rather than its causes. By contrast, Chinese texts define depression among university students directly by stating its causes. Of 62 concordance lines of 大学生抑郁症 (*depression among university students*) in the CDC, the following are most typical:

2. 北京地区大学生抑郁症患率达到了 23.66%。报告指出，造成这种问题的主要原因包括学习压力较大、心理情绪不够稳定、人际交往存在不和谐、情感困顿、性教育较为缺失、承受挫折的心理能力弱这六方面。在一张压力来源分布图上，“就业前景”与“课业与学习”两大压力并列第一，各占 35%。The incidence rate of depression among university students in Beijing reached 23.66%. Reports show that the **main causes include coursework pressure, lack of emotional control, inharmonious human relationships and difficulties in love affairs, insufficient sex education, and psychological vulnerability in handling setbacks.** In the distribution chart of sources of stress, the top two are shown as employment pressure and coursework pressure, amounting to 35% each. Xinhua Net, 2006-12-12, source: New Capital Newspaper

3. 专家分析，抑郁症是大学生自杀的首要原因，而大学生抑郁症大多是由于学习、就业等外来压力造成的。有关专家呼吁全社会都来关注大学生就业难的现象，一方面增加就业机会，另一方面拓宽就业渠道，同时要给初入职场的大学生们予更多的宽容，以免悲剧再次发生。Experts say that depression is the foremost cause of university students committing suicide. Depression among university students is **mainly caused by course work and employment pressures.** Experts call for more attention to university students' employment problems: our society should create more job opportunities for university students, and more tolerance should be given to those who have just started their jobs. All we have to do is avoid more occurrences of tragedies. Xinhua Net, 2006-12-06

4. 北京高校今年因自杀身亡的学生已有九名。专家分析，抑郁症是大学生自杀的首要原因，而大学生抑郁症大多是由于学习、就业等外来压力造成的。There were **nine cases of university students in Beijing committing suicide** this year. Experts say that depression is the foremost cause of such tragedies, which are mostly caused by **external factors** such as course pressure and employment pressure. Xinhua Net, 2005-07-19, source: Beijing Youth Daily

External factors such as *coursework pressure, employment pressure and relationship problems* are said to directly cause depression among university students in China. It is fair to assume that university students in the UK also face similar stresses, but as the fierceness of competition in the UK is perhaps less intense than in China, depression among university students has not attracted much attention. At the same time, several suicides and murders committed by university students were extensively reported in Chinese news in 2004, which may contribute to the discourse of depression among university students in China. A male student from Yun Nan University killed four of his classmates within a week (*Phoenix TV News*, 2004; *Anhui News*, 2004), followed by another from Nan Chang Medical University who killed two girls and injured five other people within several hours (*Hai Nan Special*

*Zone News*, 2004). In the same year, 19 university students committed suicide, and in 2005, 15 university students ended their lives due to heavy workload, difficulties in relationships or impending unemployment.

According to Chinese news, the leading cause of depression among university students is related to the problem of employment after graduation. This is connected with the wider changes in Chinese society over recent years. In the 1970s, there were very few university students<sup>51</sup>, and university students were considered as valuable talents and thus acquired social prestige. Graduating from university was considered a permanent guarantee of a successful job and good quality of life. However, with the increase in enrolment in the 1990s, almost 75% of the high school population have become university students, and it is very common that university students cannot find a job after graduation. Therefore, Chinese university students feel vulnerable, feckless, and unable to manage their own lives.

Similarly, another group of depression sufferers is also frequently mentioned in the Chinese news: celebrities. Though depression among celebrities is also touched upon in British texts, it is much less significant than in Chinese texts. The next section will look at this last group of depression sufferers.

#### **Aspect 5: Celebrities suffer more from depression in China than in the UK.**

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<sup>51</sup> Official figures in China show that in 1977, 4.8% of high school population were admitted by universities, and the corresponding figure for 2012 is 75%.

In the CDC, a number of celebrities' names occur as both frequent and keywords in certain Phases, such as 崔真实 (Cui Zhenshi, Korean actor), 崔永元 (Cui Yongyuan, Chinese television programme host, producer, writer), 张国荣 (Zhang Guorong, famous Chinese singer, composer, actor), and 张纯如 (Zhang Chunru, Chinese writer) and so on. Half of them have committed suicide, which might explain the frequency of reports on depression among celebrities. Below are selected citations:

1. 崔永元承认，自己患抑郁症的两年时间里，一直去医院看医生，每天都吃很多药。这个深受观众欢迎的名主持透露，得病的原因主要是太过于投入。Cui Yongyuan confessed that in the two years in which he had been suffering from depression, he kept seeing his doctor and taking a lot of pills. As such an excellent and popular television programme host, Cui believes that **his depression is mainly caused by too much work stress**. Xinhua Net, 2006-09-18, source: News Times
2. 据韩国媒体报道，离婚后长期饱受抑郁症之苦的崔真实最近遭受“因借高利贷给男演员安在焕而导致其自杀”传言的困扰。According to Korean media reports, Cui Zhenshi **suffered a lot from depression after his divorce**. Before his death, he was also frustrated by all sorts of **internet rumours**. Xinhua Net, 2008-10-04
3. 因为特殊身份和网络谣言，加上种种生活中的压力，这三位明星都患上了不同程度的抑郁症。韩国媒体报道，在金智厚自杀前两天，他曾接受韩国一家月刊的采访，当时他向记者坦陈自己曾在高中时代就因同性恋的初恋失败而尝试过自杀，就此患上严重抑郁症。Due to their identities as famous celebrities and **internet rumours**, together with all sorts of **life pressures**, these three actors all **suffer from depression**. According to Korean media reports, just two days before An Zaihuan's death, he was interviewed by a journal confessing that he suffered from severe depression in his high school period after he experienced the failure of his first love. Xinhua Net, 2008-10-09, source: Southern Metropolitan News

In the reports of depression among celebrities, Chinese news tends to describe the causes of depression among celebrities as work stress, critical monitoring of audiences and internet rumours. This is to remind people to choose appropriate ways to deal with the pressures in their lives and to have a positive attitude in life to combat depression. By contrast, in British texts, the discussion of depression among celebrities is mainly to help to de-stigmatise the

condition, for the only three citations about depression among celebrities in the EDC express this idea:

4. *"We'll be talking to members of the public who suffer from depression, as well as some celebrities, since evidence suggests that **depression tends to affect creative people** in particular. We finished interviewing Carrie Fisher in Los Angeles yesterday and have others lined up, but I can't say who they are."* The Daily Telegraph, January 20, 2006

5. *Mr Alcock said: "Clever marketing by the makers of Prozac and an avalanche of celebrities reportedly suffering from depression have **helped de-stigmatise the condition**, elevating Prozac to an almost trendy status."* The Mirror, March, 1 2002

6. *Confessions of depression by celebrities including Winona Ryder, Mariah Carey, Paul Gascoigne and world snooker champion Ronnie O'Sullivan have **helped 'de-stigmatise' the condition**.* Daily Mail, December 21, 2001

Chinese reports on depression among celebrities are closely connected to cases of suicide, which will not help to de-stigmatise the condition effectively in Chinese society. By contrast, it is much easier for British texts to use depression among celebrities to de-stigmatise depression, because in Western culture, depression is considered to be linked with brilliance and creativity. Therefore, a Chinese audience will be more likely to blame the external factors of depression, such as life stress, while a British audience will be more easily persuaded that they are clinically depressed.

In summary, in talking about certain groups of depression sufferers, British texts cover very little ground; rather, they address the importance of accepting such a condition and seeking treatment. As stated previously, Chinese texts emphasise the external causes more and categorise different sufferer groups. In this way, medical treatment is often considered as the last choice.

In the last Phase, the two corpora begin to show some common traits in certain aspects of the condition. These changes will now be presented.

**Aspect 6: Westerners are becoming more interested in non-drug therapy, while the Chinese are becoming more interested in medical treatment.**

In the last Phase of the EDC, depression begins to be understood as a rather complex problem without a single cause. For example:

1. *Marjorie Wallace, chief executive of the mental health charity Sane, said: “**Depression is a complex and challenging condition that remains poorly understood. We welcome any scientific contribution to our understanding of this illness.**”* Daily Mail, January 29, 2008

Citations like this make up a large percentage in paraphrases in the last Phase. Accordingly, medication ceases to be represented as the only remedy:

2. ***Depression is a powerful illness that requires powerful treatment. Pills only treat the symptoms. They might play an invaluable, stabilising role in putting an end to suicidal impulses, obsessive thoughts, insomnia, episodes of self-harm, diminished appetite, crying, low energy, aching limbs, but they don't operate on any deeper level.*** The Guardian, March 30, 2004

Instead, exercises and non-drug therapy such as psychotherapy begin to re-emerge in popular perception:

3. *The findings, from the Mental Health Foundation, come after successive research papers have shown that **exercise can be as effective as some drugs in the treatment of mild to moderate depression.*** The Daily Telegraph, February 8, 2008

4. *The results of a trial, published in the British Medical Journal in 2000, showed that **psychotherapy was the best and most cost-effective treatment for depression.*** The Daily Telegraph, July 1, 2006

Interestingly, the CDC begins in this Phase to touch upon the endogenous, biological causes of depression and the positive effect of medication.

5. 抑郁症是如何产生的大量研究发现，大脑神经递质五羟色胺的缺乏直接导致抑郁症的发生。  
*A lot of studies have shown that a **low level of serotonin in the human brain is the direct cause of bouts of depression.***  
Xinhua Net, 2009-09-01

6. 抑郁症是一种疾病，个人性格、家庭教育、背景等因素只可能是抑郁症的诱发因素，但更关键的是生物学因素，生物学的因素占50%以上。  
*Depression is a kind of illness, personal characteristics, family education and other similar factors are only the triggers of depression. What is **more essential is that depression has a biological cause, which takes up more than 50% of the share.***  
Xinhua Net, 2009-06-26

Accordingly, the role of medication starts to be positively viewed, and a large number of texts are used to call for an acceptance of medical treatment and correct uses of medication:

7. 有的患者认为抑郁症只能使用心理治疗，完全否认抗抑郁药的治疗作用，这种将心身割裂的看法同样是不客观的，也不符合临床事实。  
*Some sufferers believe that **only psychotherapy is helpful, and deny the effects of antidepressants. Such a blind view is not objective and will not do them good.***  
Xinhua Net, 2009-02-13, source: Taiyuan Evening News

8. 抑郁症是一种常见疾病，药物治疗是主要方法之一。然而，由于人们对抗抑郁药的特性和适应症等认识不足，误用、滥用现象较为普遍。  
*Depression is a very common illness, and **medical treatment is one of the most important forms of treatments.** However, due to the lack of relevant knowledge, the misuse and overuse of antidepressants is very common.*  
Xinhua Net, 2009-02-12, source: Guangzhou Daily

Despite such interesting developments, the British news continues to emphasise the endogenous causes of depression and Chinese news the exogenous causes. But the change observed here is very important: it shows that people from the West and the East are beginning to develop a common understanding of this disorder after more than two decades. The current convergent view now prevailing in both parts of the world reflects that discourse is never static, and neither is people's understanding. Therefore, the only way to make sense

of the world is to adopt a social constructionist perspective and to investigate a diachronic dimension of discourse.

## **9.4 Summary**

This Chapter has briefly reviewed how depression has been understood in Western and Chinese cultures, drawn out the main findings of the analyses of the EDC and the CDC, and summarised six aspects of the differences between Western and Chinese understanding of depression. So far, the key findings of this project have been reported. The next Chapter will conclude the whole study by reviewing its research design, its methodology and by revisiting the research questions set out in the introductory Chapter.

# CHAPTER 10 CONCLUSION

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## 10.1 Introduction

In this concluding Chapter, I will firstly review the main research findings of this thesis, revisiting the research hypotheses proposed in the introductory Chapter and answering the research questions. Based on this, I will then discuss the theoretical and methodological contributions this study has made. Lastly, I will explain some of the problems that have been encountered, and describe some potential further research.

## 10.2 A summary of the research findings

In this study, I have conducted a corpus-based diachronic investigation of the discourse objects ‘depression’ and ‘抑郁症’ (*yi yu zheng*, ‘depression’) looking at the way they have been constructed in both British and Chinese national newspapers over the last 25 years. Chapters 7, 8 and 9 set out and discuss the findings of both the EDC and the CDC, together with their similarities and differences. In this section, I will outline these main conclusions.

### 10.2.1 Research findings of the EDC

The wordlist analysis of the EDC reveals that depression, in British society, has always been constructed as a mental health problem affecting a large number of people, and different types of treatments have been continuously addressed. The diachronic examination of the

wordlists of both the EDC and its five subcorpora reveals that in the first Phase, the *psychological*<sup>52</sup> and *social* side of depression is foregrounded, explaining why people feel *depressed*. In the second Phase, the word *psychological* disappears, and some newly entered words like *brain* and *drug* suggest that the biological side of the problem starts to be talked about. In the third Phase, with more words about antidepressants, such as *Prozac*, entering our wordlist, the chemical side of depression becomes clearly dominant. In the fourth Phase, corpus citations of new frequent words *think* and *see* show that people begin to rethink what depression is, and whether other causes of depression, such as external life events rather than the dysfunction of the brain, should be brought back into consideration. In this sense, depression is once again more openly discussed, with more diverse possible causes seen as behind it. In the last Phase, the social side of depression takes centre stage, and the importance of the social environment is emphasised, which can be seen from the entrance of the words *support* and *care*. This makes the chemical and biological side of depression less prevalent.

The bigram list analysis discloses what types of depression have been discussed over time. Consistent modifiers of *depression* in the EDC, such as *manic*, *severe* and *clinical*, give the impression that depression has been talked about in the UK as a genetically determined and rather serious, illness needing clinical intervention. The diachronic analysis of the bigram lists supports this point. In the first two Phases, much attention is paid to the distinction between endogenous and exogenous (reactive) depression. ‘Endogenous depression’, at this stage, is described as a very serious biochemical disease, while ‘exogenous depression’ is seen as simply quantitatively different from the norm. Other modifiers can be viewed as

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<sup>52</sup> In this section, the italicised words are important frequent words extracted from the wordlists of the EDC.

subcategories of either endogenous, such as *brief, major, chronic, acute*, or of exogenous depression, such as *post-natal, reactive*. This shows that the first two Phases touch upon both the biological and social sides of the condition. Phase 3 constructs depression as mainly a biological illness, which takes centre stage for a short time. This is confirmed by the entrance of the new modifier *biological*. In Phases 4 and 5, *bipolar* replaces *manic*, which helps to remove the social stigma associated with depression, and thus people are encouraged to confess to having such a condition, and to seek timely treatment. Also, the presence of the new modifiers like *latent, full-blown* and *crippling* indicates that depression is now shown to be an omnipresent threat with potentially devastating (crippling) consequences.

The keyword list analysis of the EDC further confirms the circular construction concerning the meaning of depression displayed in the previous wordlist and bigram list analyses. The first Phase sees an obvious psychological construction of depression, because the specific keywords identified include *psychological, psychotherapist* and so on. In the second Phase, a more wide ranging discussion about depression is found because the new keywords such as *drugs, Prozac, Styron, brain* are all frequently used to explain the cause of depression as the dysfunction of the human brain. In the third time Phase, such elucidation of the chemical cause of depression seems to dominate the discussion, because *serotonin* enters as a new keyword. Furthermore, two other newly introduced words *antidepressants* and *medication* obviously reflect the role of medicines, and the sense of *drugs* is narrowed down from general medication to antidepressants. The most important change in the fourth Phase is that the frequently used phrase *people suffering from mental disorder* largely replaces the word *patients*, making depression a less stigmatised condition. In the final Phase, the only new key word found is *help* which seems to be because more diverse choices, including those, such as

social care, that do not involve pharmaceutical intervention, can *help* to combat depression. Thus, the social side of the condition re-enters the stage.

Clearly, the results of the frequency, bigram and key word analyses of the EDC enable us to identify similar patterns in the discourse of depression. That is, the first Phase sees depression as a psychological illness, and only psychotherapy is emphasised. The second Phase represents a rather more wide-ranging discussion, constructing depression as either a psychological or biological disorder. The third Phase constructs depression predominantly as a biological disorder, and different drugs such as Prozac and Seroxat are talked about. In the fourth Phase, the social side of the problem returns, and more diverse causes of the problem are discussed, with correspondingly more choices of treatment being addressed. In the final stage, psychotherapy returns as a focus of attention, and the importance of social help and support is emphasised.

In addition to the corpus findings summarised above, the paraphrase analyses conducted in this study further support such discourse patterns, by spotlighting instances of the negotiations of meaning. When paraphrasing the consistent key words *depression*, *depressed*, *treatment*, and the Phasal key words *psychotherapy*, *antidepressants*, it is found that the definitions of these words more or less echo the circular construction of the meaning of depression from different perspectives. For example, the paraphrase analysis of *depressed* shows that the relationship between depression and being depressed changes according to the above discourse patterns: in the first Phase, paraphrase sentences of *depressed* depict being depressed as an emotional state rather than a mental disorder, but in the second and third

Phases, being depressed and depression are related together as the chemical causes make the two conditions merge as one. In these two Phases, terms like *clinically depressed* and *depressed patients* are frequently used in a large amount of paraphrase sentences. In the last two Phases, being depressed is once again differentiated from depression, which convinces people that being depressed is only an emotional state caused by social reasons, and it therefore does not need to be treated by drugs. Likewise, the paraphrase analysis of *antidepressants* nicely matches what we have formulated from previous analyses: in the first Phase, there are no paraphrase sentences of *antidepressants* found. In the second Phase, most of the paraphrase sentences are used to describe the positive effects of antidepressants and the combination of the use of antidepressants and psychotherapy is recommended. Paraphrases in the third Phase construct antidepressants as the most efficient form of treatment, and the scientific explanations of how antidepressants work are widely represented. In the fourth Phase, more paraphrase sentences touch upon the side-effects of antidepressants, and the problem of over-prescription of antidepressants is emphasised. In the last Phase, exercises, cognitive therapies and psychotherapies are represented as efficient as antidepressants. It can be seen that such detailed paraphrase analyses of important key words provide discourse evidence that support the general corpus findings, and thus make the whole analysis more convincing and solid.

## 10.2.2 Research findings of the CDC

One of the research hypotheses stated in the introductory Chapter of this thesis is concerned with the question of whether the construction of the discourse of 抑郁症 (*iyuzheng*, ‘depression’) in Chinese society is simply copied from that of the UK, or it is more related to

the external side of the condition. This is because within the framework of traditional Chinese medicine, the concept of health is understood to be closely connected with both natural and social environmental factors, as explained in Chapter 2. This section will answer that question by reviewing briefly the research results of the CDC analysis.

The wordlist analysis reveals that the consistent frequent words of the CDC such as *工作* (*work*), *家庭* (*family*), *公司* (*company*), *压力* (*pressure*) directly indicate the exogenic factors of depression, implying that the external factors play a larger role in causing depression, and they are foregrounded for a longer time in the Chinese context. The diachronic frequency analysis shows that new groups of depression sufferers are continuously constructed over time, such as *老人* (*old people*) in the first Phase, *妇女* (*females*) in the second, *大学生* (*university students*) in the third Phase, celebrities (especially Korean celebrities, like *Cui Zhenshi*) and internet addiction syndrome sufferers in the fourth Phase. All these people are suffering from depression due to external factors, such as feeling lonely or stressed at certain challenging times of life. The entrance of the word *大脑* (*brain*) in the final Phase reveals that the endogenous side of the problem comes at a later stage, and is just now starting to be addressed in the Chinese media.

The bigram list analysis generates some consistent modifiers of depression. *冬季* (*winter*) suggests that depression is closely related to the emotional states experienced by people. *轻度* (*mild*) points out that, in the Chinese context, depression has been viewed as a mild condition which is more related to a depressed mood, rather than being a severe illness requiring

clinical intervention. The diachronic examination of the bigram lists brings to light that most of the newly entered modifiers of 抑郁症 (*yiyuzheng*, ‘depression’) indicate new exogenous causes, such as 产前 (*prenatal*) in the first Phase, 星期天 (*Sunday*) in the second, 节后 (*post-holiday*) in the third, 震后 (*post-earthquake*) in the fourth, and 夏季 (*summer*) in the final Phase. All these words are used to explain specific types of external factors that might cause depression.

The keyword list analysis continues to foreground the external factors of depression. Key words like 老人 (*old people*) in the first Phase, 压力 (*pressure*) in the second, 媒体 (*media*, mainly used to refer to celebrities) in the third, and 网络 (*internet* mainly used to describe depression caused by internet addiction) in the fourth Phase, all emphasise specific exogenous causes of depression. Words such as 睡眠 (*sleep*) and 失眠 (*insomnia*) turn up as newly entered keywords in the fourth Phase, reminding people that insomnia is a very important symptom of depression, and keeping good sleeping habits is important in defeating the condition. Though the word 药物 (*medication*) also appears as a keyword in the first Phase, its typical citations show that medical treatment has been marginalised as a last choice. In the fifth Phase, the word 药物 (*medication*) comes back as a keyword, and the citations of this word show that the role of medication is more positively constructed, with detailed instructions about how to use drugs being frequently talked about.

The frequency, bigram and keyword analyses of the CDC allow some repeated larger discourse patterns of the construction of depression in the Chinese media to finally emerge.

First and foremost, in the CDC, depression is largely constructed as an illness caused by exogenous factors, rather than impersonal chemical deficiencies of the human brain. Secondly, different groups suffering from depression have been emphasised over time in the CDC. Third, the treatment side of depression, unlike what we have found in the EDC, does not emphasise the role of medication in the first four Phases. Instead, what are largely represented are the doubts about antidepressants and the necessity of changing one's life style. The endogenous side of the problem comes only at a later stage, and pharmaceutical intervention has just started to be represented as effective in China.

In our paraphrase analysis, citations about *老人抑郁症* (*old people's depression*) were presented, showing that the main causes of old people's depression are seen as loss of social status, lack of care, and being isolated from other people. At the same time, paraphrases of *大学生抑郁症* (*depression among university students*) reveal that its causes are seen as course pressures, competition from peers, employment stress and relationship problems.

So far, then, the differences between the construction of the meaning of *depression* and *抑郁症* (*yiyuzheng*, 'depression') in British and Chinese media have been articulated. But interesting and useful results such as these, fostering an understanding of the meaning of depression, cannot be achieved without the theoretical and methodological insights that derive from the application of corpus linguistics to discourse analysis. The next section will mainly discuss these contributions, answering the relevant research questions stated in the introductory Chapter.

## 10.3 Contributions

It has been shown clearly in Chapters 7, 8 and 9 that corpus linguistics can be successfully applied to diachronic discourse analysis, enabling us to gain new insight into the different constructions of the meaning of *depression* and 抑郁症 (*yiyuzheng*, ‘depression’). From the work conducted for this research, in conjunction with the new concept of discourse developed in this project, five propositions are drawn as below:

1. The notions of discourse, discourse at large and special discourses proposed in this thesis are an adequate basis for the theoretical and methodological framework for the investigation of the meanings of discourse objects.
2. Examining the diachronic dimension of discourse provides invaluable insights to the understanding of the discursive construction of meaning.
3. The application of corpus linguistics to discourse analysis is useful in probing the meaning of discourse. Traditional corpus linguistics methods facilitate the extraction of frequent and significant language patterns. The incorporation of the diachronic dimension of discourse into corpus linguistics makes it possible to investigate the meaning of a lexical item each time it occurs in the discourse, both through the intertextual links relating it to previous occurrences, and through the singularity of the context into which it is embedded.

4. Paraphrase analysis constitutes a valid complementary approach to the corpus research findings, through spotlighting the negotiations of meaning, and thus provides a more comprehensive picture of the construction of meaning.
5. The innovative combination of corpus linguistics, analysis of intertextual links and paraphrase analysis offers a useful approach for enhancing our understanding of language and meaning.

These propositions will be discussed in detail from both theoretical and methodological perspectives.

### **10.3.1 Theoretical contribution**

#### **10.3.1.1 The concept of discourse**

The nature of discourse analysis, and the most appropriate way to approach it, have been the cause for an immensely complex and wide-ranging debate, as discussed in Section 4.1. The present study developed a convincing version of the concept of discourse by integrating it into the framework of social constructionism, presented in Sections 4.1 and 4.4. That is, discourse has been understood as a construct that should be defined by a researcher according to strictly operational parameters. Discourses in this sense are considered to be plurivocal. One of the most prominent advantages of such a definition is that it allows us to compare everything said about a discourse object but avoids any claim concerning the discourse-external reality. In this study, I have defined two special discourses, namely the EDC and the CDC, by using discourse-external parameters (e.g. genre, time span, language). These discourses (as all discourses) should be viewed as plurivocal, and we can identify in each

discourse contrasting attitudes (or ideologies) by comparing what is said about the discourse object ‘depression’ or ‘抑郁症’ (*yi yu zheng*, ‘depression’) in the EDC and the CDC. For example, in the EDC, we find a circular construction of the meaning of depression, concerned with the psychological and biological sides of the condition over different time Phases, while the CDC constructs depression as a condition largely caused by external factors, and the role of medication has been thus marginalised for a long time. In this way, the theoretical framework of discourse analysis proposed in this research provides a more reflective stance in understanding a given discourse object. This is what distinguishes the present study from other disciplines of discourse analysis, such as Critical Discourse Analysis (CDA). CDA researchers tend to assert that their investigations enable them to identify a specific ideological content of a discourse, and thus to separate what is seen as social reality as it ‘really’ is from ideology. My approach, on the other hand, is confined to a comparison of the different voices appearing in discourses and makes no claim on discourse-external reality. Linguists can only analyse texts; they are not experts on whatever is ‘social reality’. All they can do is to document the various voices found in a discourse, and compare them to each other. Thus, discourses should be treated by researchers as plurivocal, making possible the detection of ideology through the identification of different voices within discourses.

### **10.3.1.2 Applying corpus linguistics to discourse analysis**

An attempt has been made in this study to combine the quantitative methodology of corpus linguistics with the qualitative research methods of discourse analysis. Sections 4.2 and 4.3 have reviewed in some detail the analytical steps taken by two influential paradigms of discourse analysis: Foucauldian Discourse Analysis (FDA) and Critical Discourse Analysis

(CDA), explaining why the present study takes the corpus linguistics approach. FDA is quite similar to the traditional qualitative approach, that is, it often presents a brief summary of each discourse identified, followed by a few examples of the text to illustrate and support the analysis. The researcher identifies what they see as the governing principles of the discourse, that determine causally what can and cannot be said in that discourse, and the discourse is seen as monovocal. CDA, too, focuses on some fragmentary textual material that is often regarded as being typical of certain discourses, and interprets it. In other words, making sense of the use of language and the way it is shaped by social factors relies largely on the experience and knowledge of the researcher, along with their interpretative biases. Corpus linguistics, in this sense, by using principled collections of texts and providing detailed documentation of data, largely reduces researcher bias, and makes it possible to come up with irrefutable evidence, in the form of recurrent context features. Without the use of such corpus methods, researchers, including many CDA analysts, have to make contingent assumptions concerning social reality as it appears outside the discourse they are analysing, and thus relate the discourse objects they investigate to objects of a seemingly discourse-external social reality. Such research procedures make CDA studies time-consuming, difficult to perform and even more problematic to validate. Of course, this does not mean that relevant social research and its interpretations is not necessary, but it is fair to assume that interpretation of a lexical item based on a methodical analysis of corpus data is more reliable than studies relying on unprincipled samples or on introspection.

### **10.3.1.3. The diachronic dimension of corpus linguistics**

In addition to applying traditional corpus linguistics research methods, this thesis has used corpus linguistics principles to investigate language use from a diachronic perspective. The meanings of a lexical item, this thesis argues, can be viewed either as an instantiation of a lexical item type (a recurrent unit), or as a unique occurrence, a lexical item embedded in a new context (Teubert, 2005, p. 6). Today's paraphrase of a lexical item can be seen as a reaction to how this item has been used before, and therefore it relates to previous paraphrases. Corpus linguistics can be concerned not only with making general claims about the common denominators of the meaning of a lexical item, but can also be employed to examine the intertextual links that a lexical item acquires in a defined discourse. Only in this way can the changes in the meaning of a lexical item be documented diachronically. It is in this sense, this thesis argues, that paraphrase analysis should be viewed as an important new tool of corpus linguistics. For example, when using paraphrase analysis to examine the changes in the meaning of the lexical item *mental depression* (always reduced to *depression*), it is found that it has been talked about in different ways over time in the EDC. Depression is described as similar to feeling depressed in Phase 1, because "it is so debilitating", and people suffering from it "build up all kinds of defences, like anger, bitterness and resentment." In Phase 2, we find citations such as "Depression is due to (or at least consistently associated with) chemical changes in the brain, and the drugs reverse the chemical changes." In the final Phase of the EDC, we even find depression explained as "a complex and challenging condition that remains poorly understood." It is from these paraphrase patterns that we can depict the changes in the lexical item *depression*. Both Chapters 7 and 8 display the diachronic paraphrase analyses of some important words, either significant collocates of *depression* or 抑郁症 (*yiyuzheng*, 'depression'), or consistent or Phasal key words of the EDC and the CDC. This, without doubt, will contribute to the

investigation of meaning, and thus enrich our understanding of the ways in which a lexical item has been talked about in a temporal context.

### 10.3.2 Methodological contribution

This section summarises two major contributions of this thesis towards the methodological aspect of corpus-based discourse analysis: the diachronic application of corpus research methods and paraphrase analysis.

#### 10.3.2.1 The diachronic application of corpus research methods

The last decade has witnessed a number of CDA studies that make use of corpus linguistics in a synchronic context, enabling the identification of patterns of meaning of a lexical item through its use in discourse. Traditional corpus research methods such as frequency, collocation and keyword analyses, have also been applied in this thesis to enable general claims about the patterns of the meaning of *depression* and 抑郁症 (*yi yu zheng*, ‘depression’), discussed in Chapters 7, 8 and 9.

The diachronic application of traditional corpus research methods, though acknowledged to some extent, has rarely been used so far in the field of discourse analysis. This thesis provides a practical example of how to apply traditional corpus methods in the investigation of the diachronic dimension of meaning, and thus document the detailed changes of the meaning of a lexical item. As described in Chapter 6, both the EDC and the CDC have been segmented into five Phases based on obvious frequency changes of the news articles in question, thus

five sets of frequency lists, bigram lists and keyword lists are generated for both the EDC and the CDC. Chapters 7 and 8 discuss in great detail which words enter each Phase(s), and which never come back. This process visualises the intertextual links that the lexical item *depression* and 抑郁症 (*yi yu zheng*, ‘depression’) acquires during its use in the EDC and the CDC, and thus the changes in the meaning of the lexical item in question are more accurately depicted. For example, such analysis reveals that the EDC does not actually give equal weight to different causes of depression over time, but rather, the early Phases construct depression as a condition caused by psychological problems, the third and fourth Phases focus on the biochemical explanation, and the final Phase sees it as a problem that needs integrated solutions. Likewise, although the overall corpus analysis of the CDC shows that 抑郁症 (*yi yu zheng*, ‘depression’) has always been viewed as an exogenous condition, the diachronic analysis unveils that in the final Phase, the biochemical explanation starts to be addressed and medical treatment starts to weigh in Chinese discourse. This can be supported by the entrance of the new keyword 大脑 (*brain*) in the final Phase of the CDC.

### 10.3.2.2. Paraphrase analysis

This thesis has developed a new research tool in analysing meaning: paraphrase analysis, which I view as a new direction in corpus linguistics. Chapter 5 discusses the theoretical basis of such an argument, suggesting that paraphrase analysis can complement corpus research findings by providing an investigation of the ways in which units of meaning in a discourse are negotiated, explained, and defined. The application of paraphrase analysis in this thesis turns out to be very successful. Chapters 7 and 8 present the paraphrase analyses of several consistent and Phasal key words, including *depression*, *depressed*, *psychotherapy* and

*medication* in the EDC, and words like *抑郁症* (*depression*), *治疗* (*treatment*) *药物* (*medication*), *老年抑郁症* (*old people's depression*) in the CDC. This process gives us the definitions that language users themselves come up with (instead of definitions constructed by linguists or lexicographers). Thus they complement the previous corpus analysis by spotlighting instances of meaning negotiations. For example, the paraphrase analysis of *psychotherapy* in the EDC tells us that, in the first Phase of the EDC, depression is constructed as a psychological illness and the high number of citations of *psychotherapy* show that it is receiving much attention and approval. Phase 3 presents a large amount of citations expressing a negative view of psychotherapy by highlighting the important and scientific role of drug treatment, and the disadvantages of psychotherapy figure prominently. The last Phase puts psychotherapy again back on centre stage, and the citations in this Phase are used to enhance the role of psychotherapy and the marginalisation of drug treatment. Likewise, in the CDC, corpus findings suggest that speakers construct *抑郁症* (*yiyuzheng*, 'depression') as an illness caused by social and environmental factors. Paraphrase analysis of *老年抑郁症* (*old people's depression*) provides actual citations and shows what these external factors are, and how they have been talked about.

### 10.3.3 The social construction of reality

Apart from the theoretical and methodological contributions discussed in the previous two sections, this thesis has adopted the social constructionist research framework within which the reality confronting us in discourse is understood as a social construction. Chapter 3 discussed the theoretical foundation of social constructionism, highlighting the way that

project describes mental depression as an object socially constructed through discourse but not something that exists outside discourse. Discourse is a self-referential system; meaning is negotiated by members of the discourse community through constant paraphrases. Analysing the meanings of *depression* and 抑郁症 (*yiyuzheng*, ‘depression’) in terms of the ways in which they are defined and explained, as presented in Chapters 7 and 8, enables me to show what kind of reality about depression or 抑郁症 (*yiyuzheng*, ‘depression’) is constructed within the predefined discourses. However, this reality should not be seen as fixed, but as a dynamic and evolving process that is continuously reproduced by other discourse members offering their paraphrases and interpretations. Each discussion of depression, including my interpretation of the evidence of the two discourses, will become a part of the discourse at large about depression. They will have an impact on the subsequent depression discourse to the extent that they are referred to in subsequent texts. In this sense, we can say that “discourse has a reality of its own, constructed of past and current texts, and is thus constitutive of its objects” (Koteyko, 2006, p. 273).

Therefore, what distinguishes the present study from other discourse analyses is that the interpretation of discourse presented in this project is not viewed as a ‘true’ or ‘final’ version of the meaning of the discourse object in question. Rather, my investigation here is just one more contribution to the discourse of depression, and will be superseded by subsequent contributions. As long as a discourse goes on it is bound to change.

## 10.4 Problems

In this section, I will describe some of the problems encountered in the process of developing this research.

The subject of mental illness is under-researched in the field of linguistics and discourse analysis. In the earliest stages of my research, with little background knowledge of depression in either China or the UK, I carried out the corpus analysis without any clear expectations. This is different to most CDA practitioners, who have either formed opinions through contextual analysis before conducting corpus research, or who combine corpus analysis with small-scale qualitative analysis of important texts, as suggested by Baker et al. (2008). In my case, with increasing exposure to the social and cultural contexts of depression in British and Chinese culture in the later stages of this research, theories about the constructions of depression or 抑郁症 (*yiyuzheng*, 'depression') were gradually formed and made solid. The process of forming such theories, however, which needs the careful linking of key corpus findings with relevant cultural contexts, is a long and tough one. But the other side of the coin is that such a process frees the researcher from the restrictions of presuppositions and enables her to obtain new and more fruitful findings.

The next two problems are more connected with the methodological aspect of this research. The first concerns the choice of the words in frequency lists, bigram lists and key words lists of the EDC and the CDC for further analyses. Section 10.3.2.1 illustrates that in order to examine the diachronic dimension of the discourses, the EDC and the CDC were divided into

five time Phases, and therefore five sets of frequency lists, bigram lists and key words lists were generated. Special attention was given to the newly-entered words, and the words that disappear in each new Phase, so that the new development in the meaning of depression and 抑郁症 (*yi yu zheng*, ‘depression’) can be captured. However, it would clearly not be possible to present the analyses of ALL such words in this thesis, making the decision as to which words should be chosen for further analysis quite pivotal. The solution to this problem involves both a balanced understanding of the corpus data and the social and cultural background, and a detailed examination of the corpus citations of the words in question. As part of this process, I investigated the concordance lines of all the important words, summarising and comparing their contributions to the development of the meaning of depression and 抑郁症 (*yi yu zheng*, ‘depression’). Only in this way could it be guaranteed that the words chosen for further analyses, as presented in Sections 7.2 and 8.2, are those carrying the most important connotations in building the meaning of depression and 抑郁症 (*yi yu zheng*, ‘depression’).

The second methodological problem encountered in this study was the conducting of the paraphrase analysis. Section 4.4.2.2 introduced the fact that the most common and straightforward form of paraphrase uses the copula *is*. The Concord feature of WordSmith is very useful here as it displays the concordance lines in which the lexical items under consideration and the copula *is* co-occur next to each other. However, some concordance lines displayed in this way do not contain paraphrastic content, meaning that tedious work is involved in manually extracting the paraphrastic content that takes alternative forms. Furthermore, to analyse and summarise the competing aspects of the meaning expressed by

paraphrase sentences is also a time-consuming process. But it is from such scrupulous examination and detailed interpretations that the most weighty changes in the meaning of depression and 抑郁症 (*yiyuzheng*, 'depression') are drawn out and foregrounded.

Last but not least, as discussed in section 6.4.1.3, the only publicly available large and balanced reference corpus of Chinese when the keyword analysis of the CDC was undertaken is the Lancaster Corpus of Mandarin Chinese (LCMC), which is actually smaller than the subcorpora for the third, fourth and fifth Phases of Chinese discourse. Though the keywords generated with the LCMC as the reference corpus can still be regarded as reflecting the aboutness of the CDC and its five subcorpora (see detailed explanations in section 6.4.1.3), in the future research, a larger and balanced available Chinese corpus should be used so that the validity of the keyword analysis can be guaranteed.

## 10.5 Further research

Both the theoretical and methodological contributions this project has made can be employed for the investigation of the meaning of other important discourse objects in different discourse communities. In this section, I will suggest some areas for future work.

Firstly, it will be interesting to investigate how the topic of mental depression has been constructed as a scientific object in expert discourse communities, and whether scientific constructions around mental depression have also differed in different cultural backgrounds, and undergone significant changes over time. For example, the scientific discourses can be

represented by all the articles about depression and 抑郁症 (*yiyuzheng*, 'depression') in both English and Chinese medical journals, and such discourses can also be divided into a number of time Phases based on certain defined parameters. The combination of corpus linguistics and discourse analysis as established in this project can be conveniently brought into play, and the results obtained will further validate the social constructionist discourse analysis proposed by this study.

Secondly, the topic of mental depression is also a hot issue in America, so it would be interesting to see how depression is discussed in the discourse of American news or medical journals, and the way it differs from British discourses. For example, will the paradigms of understanding depression reflected in the British news also exist in American society? To which extent does the American discourse impact on the British discourse, and to what extent can the British discourse be seen as autonomous?

Lastly, the method of combining diachronic corpus linguistics and discourse analysis proposed in this study can be carried out on a variety of important cross-cultural topics such as human rights, climate change, international terrorism and so on. My hope is that I have demonstrated the benefits of this approach in this thesis, and that it will stimulate comparable research both in the English-speaking communities and in China.

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## Appendix 1<sup>53</sup> Frequency lists of the EDC

| Freq | EDC             | Phase 1            | Phase 2          | Phase 3          | Phase 4          | Phase 5          |
|------|-----------------|--------------------|------------------|------------------|------------------|------------------|
| 1    | <b>people</b>   | <b>people</b>      | <b>people</b>    | <b>people</b>    | <b>people</b>    | <b>people</b>    |
| 2    | said            | <b>mental</b>      | <b>women</b>     | <b>life</b>      | <b>health</b>    | <b>health</b>    |
| 3    | <b>health</b>   | <b>health</b>      | DR               | time             | <b>mental</b>    | <b>mental</b>    |
| 4    | can             | <b>work</b>        | <b>life</b>      | years            | <b>life</b>      | time             |
| 5    | <b>mental</b>   | <b>patients</b>    | time             | like             | time             | <b>life</b>      |
| 6    | says            | stress             | years            | <b>health</b>    | years            | years            |
| 7    | <b>life</b>     | <b>illness</b>     | <b>patients</b>  | new              | <b>children</b>  | last             |
| 8    | time            | time               | <b>mental</b>    | <b>work</b>      | <b>problems</b>  | <b>help</b>      |
| 9    | years           | <b>treatment</b>   | <b>health</b>    | <b>mental</b>    | <b>help</b>      | <b>children</b>  |
| 10   | <b>children</b> | <b>women</b>       | <b>illness</b>   | first            | new              | <b>work</b>      |
| 11   | <b>help</b>     | <b>hospital</b>    | first            | drug             | first            | like             |
| 12   | last            | Dukakis            | <b>help</b>      | <b>help</b>      | <b>work</b>      | <b>problems</b>  |
| 13   | <b>work</b>     | medical            | <b>hospital</b>  | <b>women</b>     | <b>illness</b>   | found            |
| 14   | get             | <b>life</b>        | <b>work</b>      | <b>patients</b>  | last             | new              |
| 15   | <b>problems</b> | <b>problems</b>    | <b>treatment</b> | drugs            | found            | <b>family</b>    |
| 16   | <b>women</b>    | first              | men              | feel             | <b>family</b>    | <b>women</b>     |
| 17   | times           | <b>research</b>    | <b>children</b>  | last             | drug             | <b>patients</b>  |
| 18   | new             | <b>social</b>      | drugs            | found            | <b>patients</b>  | <b>illness</b>   |
| 19   | found           | <b>psychiatric</b> | <b>family</b>    | <b>children</b>  | feel             | drugs            |
| 20   | DR              | <b>help</b>        | <b>problems</b>  | <b>illness</b>   | suicide          | feel             |
| 21   | <b>illness</b>  | <b>children</b>    | feel             | <b>know</b>      | stress           | DR               |
| 22   | <b>family</b>   | <b>family</b>      | stress           | <b>problems</b>  | <b>women</b>     | <b>treatment</b> |
| 23   | <b>patients</b> | good               | <b>suicide</b>   | <b>treatment</b> | drugs            | drug             |
| 24   | home            | symptoms           | <b>brain</b>     | brain            | <b>treatment</b> | suicide          |
| 25   | drugs           | <b>light</b>       | <b>therapy</b>   | depressed        | <b>hospital</b>  | know             |
| 26   | US              | Doctors            | Psychiatric      | <b>Family</b>    | <b>think</b>     | see              |

<sup>53</sup> In appendices 1 to 7, words that appear in the wordlists of both the EDC and the CDC and their five subcorpora are put in bold; unique words in Phase 1 and new words entering each specific time Phase (Phase 2, 3, 4, and 5) are given red.

|    |           |               |              |           |            |            |
|----|-----------|---------------|--------------|-----------|------------|------------|
| 27 | day       | group         | doctors      | Prozac    | know       | stress     |
| 28 | drug      | psychological | depressed    | hospital  | long       | risk       |
| 29 | way       | study         | symptoms     | mother    | see        | old        |
| 30 | feel      | depressed     | child        | stress    | young      | young      |
| 31 | treatment | found         | mother       | suicide   | old        | hospital   |
| 32 | told      | problem       | drug         | medical   | love       | study      |
| 33 | take      | case          | self         | symptoms  | death      | research   |
| 34 | UK        | experience    | suffering    | doctors   | research   | long       |
| 35 | think     | men           | woman        | young     | men        | mother     |
| 36 | three     | old           | medical      | self      | mother     | self       |
| 37 | make      | feel          | research     | mind      | depressed  | care       |
| 38 | go        | get           | death        | effects   | used       | depressed  |
| 39 | good      | long          | patient      | research  | anxiety    | anxiety    |
| 40 | hospital  | way           | social       | find      | self       | support    |
| 41 | suicide   | anxiety       | anxiety      | therapy   | symptoms   | felt       |
| 42 | know      | drugs         | man          | love      | therapy    | problem    |
| 43 | say       | evidence      | case         | problem   | brain      | death      |
| 44 | see       | suffering     | find         | use       | suffering  | university |
| 45 | own       | disease       | body         | side      | doctors    | men        |
| 46 | well      | problems      | felt         | body      | mind       | high       |
| 47 | stress    | know          | anti         | child     | disorder   | used       |
| 48 | mother    | death         | psychiatrist | man       | problem    | use        |
| 49 | men       | high          | disorder     | suffering | university | doctors    |
| 50 | need      | loss          | high         | parents   | medical    | therapy    |

## Appendix 2 Bigram lists of the EDC

| Bigram | EDC               | MI scores | Phase 1           | MI scores | Phase 2           | MI scores |
|--------|-------------------|-----------|-------------------|-----------|-------------------|-----------|
| 1      | <b>postnatal</b>  | 7.706     | <b>endogenous</b> | 8.005     | <b>reactive</b>   | 7.821     |
| 2      | <b>post-natal</b> | 7.679     | <b>postnatal</b>  | 7.771     | <b>recurrent</b>  | 7.613     |
| 3      | endogenous        | 7.357     | <b>post-natal</b> | 7.250     | endogenous        | 7.489     |
| 4      | antenatal         | 7.305     | nuclear           | 6.835     | untreated         | 7.313     |
| 5      | <b>manic</b>      | 7.256     | <b>winter</b>     | 6.340     | natal             | 7.279     |
| 6      | natal             | 7.255     | <b>severe</b>     | 6.191     | <b>clinical</b>   | 7.177     |
| 7      | reactive          | 6.998     | <b>clinical</b>   | 6.147     | <b>manic</b>      | 7.117     |
| 8      | <b>clinical</b>   | 6.758     | <b>manic</b>      | 6.144     | <b>severe</b>     | 6.850     |
| 9      | moderate          | 6.681     |                   |           | <b>postnatal</b>  | 6.832     |
| 10     | <b>severe</b>     | 6.103     |                   |           | <b>post-natal</b> | 6.822     |
| 11     | mild              | 5.930     |                   |           | <b>brief</b>      | 6.562     |
| 12     | recurrent         | 5.887     |                   |           | <b>mild</b>       | 6.517     |
| 13     | great             | 5.662     |                   |           | mental            | 6.099     |
| 14     | deep              | 5.428     |                   |           | <b>profound</b>   | 5.790     |
| 15     | serious           | 4.865     |                   |           | <b>chronic</b>    | 5.711     |
| 16     | chronic           | 4.850     |                   |           | <b>menopausal</b> | 5.711     |
| 17     | childhood         | 4.588     |                   |           | <b>major</b>      | 5.520     |
| 18     | acute             | 4.534     |                   |           | <b>deep</b>       | 5.299     |
| 19     | suicidal          | 4.528     |                   |           | Friday            | 5.226     |
| 20     | major             | 4.848     |                   |           | winter            | 5.222     |
| 21     | minor             | 4.456     |                   |           | <b>acute</b>      | 5.219     |
| 22     | national          | 4.455     |                   |           | <b>serious</b>    | 5.092     |
| 23     | seasonal          | 4.428     |                   |           | <b>suicidal</b>   | 4.974     |
| 24     | winter            | 4.160     |                   |           | <b>long-term</b>  | 4.871     |
| 25     | crippling         | 4.158     |                   |           | <b>great</b>      | 4.022     |

| Bigram | Phase 3           | MI scores | Phase 4              | MI scores | Phase 5           | MI scores |
|--------|-------------------|-----------|----------------------|-----------|-------------------|-----------|
| 1      | reactive          | 8.135     | <b>post-natal</b>    | 7.816     | <b>postnatal</b>  | 7.928     |
| 2      | endogenous        | 8.019     | <b>postnatal</b>     | 7.801     | <b>post-natal</b> | 7.911     |
| 3      | <b>antenatal</b>  | 7.827     | antenatal            | 7.633     | natal             | 7.829     |
| 4      | <b>post-natal</b> | 7.752     | <b>manic</b>         | 7.438     | <b>latent</b>     | 7.673     |
| 5      | <b>postnatal</b>  | 7.685     | mild                 | 7.290     | antenatal         | 7.521     |
| 6      | <b>manic</b>      | 7.268     | <b>clinical</b>      | 7.107     | <b>manic</b>      | 7.397     |
| 7      | <b>clinical</b>   | 7.015     | recurrent            | 7.103     | moderate          | 7.327     |
| 8      | recurrent         | 6.960     | moderate             | 6.711     | mild              | 7.235     |
| 9      | mild              | 6.873     | <b>severe</b>        | 6.618     | postpartum        | 6.936     |
| 10     | <b>severe</b>     | 6.742     | <b>resistant</b>     | 6.507     | <b>severe</b>     | 6.725     |
| 11     | treatable         | 6.641     | deep                 | 5.953     | <b>crippling</b>  | 6.699     |
| 12     | <b>moderate</b>   | 6.384     | chronic              | 5.932     | <b>clinical</b>   | 6.523     |
| 13     | acute             | 6.019     | acute                | 5.875     | chronic           | 6.163     |
| 14     | deep              | 5.879     | seasonal             | 5.788     | deep              | 6.048     |
| 15     | debilitating      | 5.771     | major                | 5.780     | acute             | 5.790     |
| 16     | suicidal          | 5.737     | debilitating         | 5.730     | <b>full-blown</b> | 5.598     |
| 17     | chronic           | 5.622     | <b>bipolar</b>       | 5.479     | bipolar           | 5.498     |
| 18     | <b>psychotic</b>  | 5.617     | serious              | 5.478     | seasonal          | 5.467     |
| 19     | <b>seasonal</b>   | 5.583     | psychotic            | 5.457     | major             | 5.457     |
| 20     | devastating       | 5.404     | extreme              | 5.242     | minor             | 5.273     |
| 21     | underlying        | 5.297     | suicidal             | 5.189     | serious           | 5.157     |
| 22     | major             | 5.116     | brief                | 4.516     | experienced       | 5.078     |
| 23     | <b>biological</b> | 5.088     | terrible             | 4.356     | extreme           | 4.955     |
| 24     | serious           | 5.072     | reported             | 4.045     | psychotic         | 4.414     |
| 25     | winter            | 4.016     | life-<br>threatening | 3.448     | crushing          | 3.331     |

## Appendix 3 Keyword lists of the EDC

| Key | EDC                | Phase 1              | Phase 2              | Phase 3                | Phase 4            | Phase 5            |
|-----|--------------------|----------------------|----------------------|------------------------|--------------------|--------------------|
| 1   | <b>mental</b>      | Dukakis              | Women                | Prozac                 | <b>Mental</b>      | <b>Mental</b>      |
| 2   | Health             | <b>Mental</b>        | Dr                   | <b>Depressed</b>       | Health             | Health             |
| 3   | <b>Illness</b>     | <b>Illness</b>       | <b>Illness</b>       | <b>Mental</b>          | <b>Illness</b>     | <b>Illness</b>     |
| 4   | Suicide            | <b>Stress</b>        | <b>Mental</b>        | <b>Drug</b>            | Suicide            | Suicide            |
| 5   | PG                 | DR                   | <b>Psychiatric</b>   | <b>Illness</b>         | Drug               | People             |
| 6   | Drug               | <b>psychiatric</b>   | <b>Suicide</b>       | Drugs                  | Prozac             | Drugs              |
| 7   | <b>Depressed</b>   | Health               | <b>Therapy</b>       | Suicide                | Drugs              | Drug               |
| 8   | people             | <b>Treatment</b>     | <b>Depressed</b>     | DR                     | <b>Stress</b>      | <b>Depressed</b>   |
| 9   | <b>Stress</b>      | Patients             | <b>Styron</b>        | Brain                  | <b>Depressed</b>   | Antidepressant     |
| 10  | Prozac             | <b>Psychotherapy</b> | Psychiatrist         | <b>Psychiatric</b>     | <b>People</b>      | Anxiety            |
| 11  | Says               | Reagan               | <b>Drugs</b>         | <b>Serotonin</b>       | Therapy            | <b>Stress</b>      |
| 12  | DR                 | <b>Depressed</b>     | <b>Psychiatrists</b> | <b>Symptoms</b>        | Disorder           | Disorder           |
| 13  | Therapy            | Medical              | Menopause            | <b>Manic</b>           | Anxiety            | Therapy            |
| 14  | Anti               | Kellam               | Patients             | Therapy                | <b>Psychiatric</b> | Problems           |
| 15  | Anxiety            | <b>Symptoms</b>      | <b>Brain</b>         | Psychiatrist           | <b>Symptoms</b>    | Medication         |
| 16  | Self               | <b>Psychiatrist</b>  | <b>Symptoms</b>      | <b>Stress</b>          | <b>Seroxat</b>     | Children           |
| 17  | <b>Psychiatric</b> | <b>Psychological</b> | <b>Prozac</b>        | Doctors                | Manic              | DR                 |
| 18  | Disorder           | Postnatal            | <b>Treatment</b>     | Patients               | Problems           | <b>Psychiatric</b> |
| 19  | <b>Symptoms</b>    | Hospital             | <b>ECT</b>           | Psychiatrists          | DR                 | <b>Treatment</b>   |
| 20  | Patients           | <b>Scientology</b>   | Doctors              | <b>Life</b>            | Brain              | Seroxat            |
| 21  | <b>Treatment</b>   | <b>Depressive</b>    | Psychiatry           | Health                 | <b>Suffering</b>   | Prozac             |
| 22  | Britain            | <b>endogenous</b>    | Hospital             | Anxiety                | <b>Treatment</b>   | <b>Help</b>        |
| 23  | life               | doctors              | <b>Stress</b>        | <b>Treatment</b>       | Doctors            | <b>Symptoms</b>    |
| 24  | Doctors            | <b>psychiatry</b>    | therapies            | <b>antidepressants</b> | <b>Suffer</b>      | Patients           |
| 25  | problems           | anxiety              | <b>disorder</b>      | <b>medication</b>      | life               | life               |

## Appendix 4: Keyword lists between Phases from the EDC

| Ranking positions | Phase 2 against Phase 1 | Phase 3 against Phase 2 | Phase 4 against Phase 3 | Phase 5 against Phase 4 |
|-------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| 1                 | PG                      | Prozac                  | Health                  | CBT                     |
| 2                 | Styron                  | Serotonin               | UK                      | Incapacity              |
| 3                 | Prozac                  | SSRI                    | Mental                  | Naomi                   |
| 4                 | Women                   | Diana                   | GMT                     | Last                    |
| 5                 | Health                  | MGN                     | Said                    | GMT                     |
| 6                 | Mental                  | Roaccutane              | GBP                     | UK                      |
| 7                 | Workers                 | Mirror                  | BBL                     | Antidepressants         |
| 8                 | Ireland                 | Beale                   | BRUNO                   | Enhanced                |
| 9                 | Stranger                | Drug                    | Cannabis                | GAZA                    |
| 10                | Nuclear                 | Hutchence               | Collymore               | Leyland                 |
| 11                | Medical                 | antidepressants         | Frank                   | Recession               |
| 12                | Immune                  | Daughter                | Bosnich                 | Iraq                    |
| 13                | Newspapers              | Brett                   | Les                     | Final                   |
| 14                | Belfast                 | Medication              | Football                | June                    |
| 15                | Massachusetts           | pounds                  | services                | Coverage                |

## Appendix 5: Frequency lists of the CDC

| Freq | CDC            | Phase 1          | Phase 2        | Phase 3       | Phase 4       | Phase 5        |
|------|----------------|------------------|----------------|---------------|---------------|----------------|
|      | 心理             | 精神               | 心理             | 心理            | 心理            | 心理             |
| 1    | psychological  | mental           | psychological  | psychological | psychological | psychological  |
| 2    | 自己 self        | 心理 psychological | 自杀 suicide     | 自己 self       | 自己 self       | 自己 self        |
| 3    | 抑郁症 depression | 孩子 children      | 抑郁症 depression | 抑郁 depression | 抑郁 depression | 抑郁症 depression |
| 4    | 精神 mental      | 患者 sufferers     | 自己 self        | 精神 mental     | 工作 work       | 工作 work        |
| 5    | 工作 work        | 社会 social        | 精神 mental      | 孩子 children   | 精神 mental     | 生活 life        |
| 6    | 孩子 children    | 疾病 disease       | 孩子 children    | 问题 problem    | 问题 problem    | 精神 mental      |
| 7    | 问题 problem     | 治疗 treatment     | 问题 problem     | 工作 work       | 孩子 children   | 健康 health      |
| 8    | 自杀 suicide     | 卫生 hygiene       | 疾病 illness     | 自杀 suicide    | 生活 life       | 问题 problem     |
| 9    | 生活 life        | 病人 patients      | 生活 life        | 生活 life       | 自杀 suicide    | 研究 research    |
| 10   | 健康 health      | 抑郁症 depression   | 社会 social      | 学生 students   | 健康 health     | 治疗 treatment   |
| 11   | 治疗 treatment   | 公司 company       | 健康 health      | 健康 health     | 疾病 disease    | 疾病 disease     |
| 12   | 疾病 disease     | 自己 self          | 工作 work        | 社会 society    | 治疗 treatment  | 患者 sufferers   |
| 13   | 患者 sufferers   | 老人 old people    | 患者 sufferers   | 治疗 treatment  | 患者 sufferers  | 情绪 emotion     |
| 14   | 社会 social      | 生活 life          | 治疗 treatment   | 患者 sufferers  | 情绪 emotion    | 孩子 children    |
| 15   | 研究 research    | 健康 health        | 中国 China       | 中国 China      | 研究 research   | 抑郁 depressed   |
| 16   | 情绪 emotion     | 工作 work          | 专家 experts     | 医院 hospital   | 抑郁 depressed  | 医院 hospital    |
| 17   | 医院 hospital    | 障碍 disorder      | 情绪 emotion     | 疾病 disease    | 社会 social     | 睡眠 sleeping    |
| 18   | 抑郁 depressed   | 世界 world         | 美国 America     | 压力 pressure   | 患 suffering   | 社会 social      |
| 19   | 压力 pressure    | 病 illness        | 抑郁 depressed   | 研究 research   | 医院 hospital   | 压力 pressure    |
| 20   | 发现 find        | 问题 problem       | 研究 research    | 患 suffering   | 压力 pressure   | 中国 China       |
| 21   | 中国 China       | 药物 drugs         | 患 suffering    | 家 family      | 睡眠 sleeping   | 专家 experts     |
| 22   | 认为 think       | 自杀 suicide       | 医院 hospital    | 抑郁 depressed  | 症状 symptoms   | 吃 eating       |
| 23   | 学生 students    | 老师 teacher       | 压力 pressure    | 医生 doctors    | 女性 females    | 家 family       |
| 24   | 医生 doctors     | 家庭 family        | 医生 doctors     | 美国 America    | 专家 experts    | 影响 affect      |

|    |                 |                    |                 |                         |                 |                 |
|----|-----------------|--------------------|-----------------|-------------------------|-----------------|-----------------|
| 25 | 专家 experts      | 研究 research        | 卫生 hygiene      | 吃 eating                | 医生 doctors      | 美国 America      |
| 26 | 美国 America      | 北京 beijing         | 北京 beijing      | 情绪 emotion              | 病 illness       | 女性 females      |
| 27 | 吃 eating        | 精神病 mental illness | 学生 students     | 大学 university           | 吃 eating        | 症状 symptoms     |
| 28 | 病 illness       | 教育 education       | 中心 centre       | 调查 research             | 身体 body         | 自杀 suicide      |
| 29 | 影响 affect       | 医院 hospital        | 咨询 consultation | 专家 experts              | 中国 China        | 医生 doctors      |
| 30 | 大学 university   | 专家 experts         | 调查 research     | 北京 beijing              | 障碍 disorder     | 学生 students     |
| 31 | 女性 females      | 父母 parents         | 女性 females      | 咨询 consultation         | 大学 university   | 失眠 insomnia     |
| 32 | 调查 research     | 巢 nest             | 症状 symptoms     | 父母 parents              | 学生 students     | 身体 body         |
| 33 | 症状 symptoms     | 情绪 emotion         | 世界 world        | 大学生 university students | 调查 research     | 咨询 consultation |
| 34 | 睡眠 sleeping     | 青少年 adolescents    | 障碍 disorder     | 老师 teachers             | 网络 internet     | 大学 university   |
| 35 | 咨询 consultation | 学生 students        | 家庭 family       | 家庭 family               | 家庭 family       | 服务 service      |
| 36 | 家庭 family       | 苹果 apples          | 药物 drugs        | 教育 education            | 美国 America      | 原因 cause        |
| 37 | 障碍 disorder     | 压力 pressure        | 行为 action       | 病 illness               | 公司 company      | 调查 research     |
| 38 | 身体 body         | 中国 China           | 原因 cause        | 学校 school               | 病人 patients     | 活动 activity     |
| 39 | 父母 parents      | 医生 doctors         | 教育 education    | 女性 females              | 帮助 help         | 公司 company      |
| 40 | 公司 company      | 出现 appear          | 青少年 adolescents | 学习 study                | 真实 zhenshi      | 家庭 family       |
| 41 | 原因 cause        | 发展 development     | 儿童 children     | 世界 world                | 活动 activity     | 障碍 disorder     |
| 42 | 世界 world        | 社区 community       | 学校 school       | 朋友 friends              | 行为 action       | 药物 drugs        |
| 43 | 知道 know         | 生产 production      | 活动 activities   | 中心 centre               | 原因 cause        | 焦虑 anxiety      |
| 44 | 中心 centre       | 肿瘤 tumor           | 病人 patients     | 行为 action               | 咨询 consultation | 卫生 hygiene      |
| 45 | 教育 education    | 老年人 old people     | 父母 parents      | 障碍 disorder             | 教育 education    | 睡 sleeping      |
| 46 | 药物 drugs        | 抑郁 depressed       | 家长 parents      | 药物 drugs                | 能力 ability      | 世界 world        |
| 47 | 病人 patients     | 英国 UK              | 预防 precaution   | 身体 body                 | 韩国 Korea        | 父母 parents      |
| 48 | 行为 action       | 帮助 help            | 老师 teachers     | 焦虑 anxiety              | 焦虑 anxiety      | 帮助 help         |
| 49 | 卫生 hygiene      | 老年 old aged        | 死 death         | 病人 patients             | 药 drugs         | 药 drugs         |
| 50 | 老师 teachers     | 美国 America         | 吃 eating        | 药 drugs                 | 药物 medication   | 大脑 brain        |

## Appendix 6: Bigram lists of the CDC

| Bigram | CDC                     | MI scores | Phase 1             | MI scores | Phase 2                 | MI scores |
|--------|-------------------------|-----------|---------------------|-----------|-------------------------|-----------|
| 1      | 产后 postnatal            | 8.595     | 产前 prenatal         | 7.632     | 精神 mental               | 8.683     |
| 2      | 精神 mental               | 8.464     | 冬季 winter           | 6.132     | 产后 postnatal            | 8.675     |
| 3      | 冬季 winter               | 8.412     | 更年期 menopausal      | 5.382     | 秋季 autumn               | 8.412     |
| 4      | 重度 severe               | 8.361     | 精神 mental           | 4.573     | 隐匿性 latent              | 8.134     |
| 5      | 产生 natal                | 7.960     | 老年期 old-aged period | 4.556     | 冬季 winter               | 7.963     |
| 6      | 轻度 mild                 | 7.724     | 轻度 mild             | 4.323     | 轻度 mild                 | 7.808     |
| 7      | 星期天 Sunday              | 7.698     |                     |           | 星期天 Sunday              | 7.582     |
| 8      | 更年期 menopausal          | 7.601     |                     |           | 重度 severe               | 6.231     |
| 9      | 产前 prenatal             | 7.294     |                     |           | 大学生 university students | 6.231     |
| 10     | 老年 old people           | 7.159     |                     |           | 更年期 menopausal          | 6.230     |
| 11     | 秋季 autumn               | 6.960     |                     |           | 老年 old-aged             | 5.704     |
| 12     | 女性 females              | 6.936     |                     |           | 儿童 children             | 5.296     |
| 13     | 狂躁 bipolar              | 6.794     |                     |           | 青少年 adolescents         | 5.290     |
| 14     | 男性 males                | 6.784     |                     |           | 学生 students             | 5.149     |
| 15     | 儿童 children             | 6.369     |                     |           | 女性 females              | 4.442     |
| 16     | 中度 moderate             | 5.969     |                     |           | 轻微 light                | 3.214     |
| 17     | 季节性 seasonal            | 5.860     |                     |           | 产前 antenatal            | 2.584     |
| 18     | 大学生 university students | 5.860     |                     |           | 狂躁 manic                | 2.188     |
| 19     | 老年期 old-aged period     | 5.687     |                     |           | 男性 males                | 2.187     |
| 20     | 孕期 maternal             | 5.638     |                     |           | 选后 post-election        | 2.110     |

| Bigram | Phase 3                            | MI scores | Phase 4                            | MI scores | Phase 5                            | MI scores |
|--------|------------------------------------|-----------|------------------------------------|-----------|------------------------------------|-----------|
| 1      | <b>轻度 mild</b>                     | 9.201     | <b>老年期<br/>old-aged<br/>period</b> | 8.599     | 产后 postnatal                       | 8.080     |
| 2      | 产前 antenatal                       | 9.031     | 产后 postnatal                       | 8.339     | <b>冬季 winter</b>                   | 7.838     |
| 3      | 产后 postnatal                       | 8.933     | 星期天<br>Sunday                      | 8.277     | 秋季 autumn                          | 7.439     |
| 4      | 重度 severe                          | 8.891     | 产前 prenatal                        | 8.159     | <b>精神 mental</b>                   | 7.332     |
| 5      | 星期天<br>Sunday                      | 8.435     | 重度 severe                          | 7.980     | <b>轻度 mild</b>                     | 5.602     |
| 6      | 狂躁 bipolar                         | 7.891     | 狂躁 bipolar                         | 7.915     | 星期天<br>Sunday                      | 4.842     |
| 7      | <b>冬季 winter</b>                   | 7.314     | 中度 moderate                        | 7.862     | 重度 severe                          | 4.728     |
| 8      | <b>老年期<br/>old-aged<br/>period</b> | 6.994     | <b>冬季 winter</b>                   | 7.517     | 节后<br>post-holiday                 | 4.523     |
| 9      | 中度 moderate                        | 6.914     | 季节性<br>seasonal                    | 7.500     | 中度 moderate                        | 4.374     |
| 10     | 孕期 natal                           | 5.406     | 更年期<br>menopausal                  | 7.319     | 产前 prenatal                        | 4.224     |
| 11     | <b>老年 old-aged</b>                 | 5.353     | <b>轻度 mild</b>                     | 7.118     | 微笑 smile                           | 4.205     |
| 12     | 儿童 children                        | 4.871     | <b>老年<br/>old-aged</b>             | 6.718     | <b>夏季 summer</b>                   | 3.913     |
| 13     | 青少年<br>adolescents                 | 4.784     | 青少年<br>adolescents                 | 6.009     | 季节性<br>seasonal                    | 3.863     |
| 14     | <b>精神 mental</b>                   | 4.782     | 男性 males                           | 5.989     | 青少年<br>adolescents                 | 3.778     |
| 15     | <b>微笑 smile</b>                    | 4.338     | <b>震后<br/>post-<br/>earthquake</b> | 5.419     | 孕期 maternal                        | 3.729     |
| 16     | <b>婴幼儿 infants</b>                 | 4.119     | 儿童 children                        | 5.260     | <b>春季 spring</b>                   | 3.718     |
| 17     | <b>节日 holiday</b>                  | 4.095     | 女性 females                         | 4.949     | 轻微 light                           | 3.515     |
| 18     | 大学生<br>university<br>students      | 3.966     | <b>精神 mental</b>                   | 4.490     | 更年期<br>menopausal                  | 3.939     |
| 19     | 青春期<br>puberty                     | 3.505     | 轻型 light                           | 4.488     | <b>老年人<br/>old-aged<br/>people</b> | 3.364     |
| 20     | 女性 females                         | 2.675     | <b>老年期<br/>old-aged<br/>period</b> | 4.420     | 女性 females                         | 3.115     |

## Appendix 7: Keyword lists of the CDC

| Key | CDC                 | Phase 1               | Phase 2             | Phase 3             | Phase 4             | Phase 5             |
|-----|---------------------|-----------------------|---------------------|---------------------|---------------------|---------------------|
| 1   | 抑郁症<br>depression   | 精神 mental             | 心理<br>psychological | 抑郁症<br>depression   | 抑郁症<br>depression   | 抑郁症<br>depression   |
| 2   | 心理<br>psychological | 抑郁症<br>depression     | 抑郁症<br>depression   | 心理<br>psychological | 心理<br>psychological | 心理<br>psychological |
| 3   | 自杀 suicide          | 心理<br>psychological   | 自杀 suicide          | 自杀 suicide          | 自杀 suicide          | 治疗 treatment        |
| 4   | 治疗 treatment        | 患者 sufferers          | 疾病 disease          | 抑郁 depressed        | 抑郁 depressed        | 健康 health           |
| 5   | 患者 suffers          | 疾病 disease            | 患者 suffers          | 患者 suffers          | 患者 sufferers        | 抑郁 depressed        |
| 6   | 疾病 disease          | 治疗 treatment          | 治疗 treatment        | 治疗 treatment        | 治疗 treatment        | 疾病 disease          |
| 7   | 抑郁 depressed        | 卫生 hygiene            | 抑郁 depressed        | 疾病 disease          | 疾病 disease          | 患者 sufferers        |
| 8   | 健康 health           | 病人 patients           | 健康 health           | 患 suffering         | 睡眠 sleeping         | 睡眠 sleeping         |
| 9   | 患 suffering         | 药物 drugs              | 患 suffering         | 压力 pressure         | 患 suffering         | 患 suffering         |
| 10  | 压力 pressure         | 障碍 disorder           | 精神 mental           | 咨询<br>consultation  | 健康 health           | 症状 symptoms         |
| 11  | 症状 symptoms         | 抗 anti                | 压力 pressure         | 医院 hospital         | 症状 symptoms         | 情绪 emotion          |
| 12  | 睡眠 sleeping         | 巢 nest                | 专家 experts          | 精神 mental           | 情绪 emotion          | 失眠 insomnia         |
| 13  | 情绪 emotion          | 自杀 suicide            | 症状 symptoms         | 医生 doctors          | 压力 pressure         | 压力 pressure         |
| 14  | 精神 mental           | 精神病 mental<br>illness | 咨询<br>consultation  | 焦虑 anxiety          | 网络 internet         | 咨询<br>consultation  |
| 15  | 咨询<br>consultation  | 社区 community          | 卫生 hygiene          | 药物 medication       | 女性 females          | 自杀 suicide          |
| 16  | 医院 hospital         | 老人 old people         | 情绪 emotion          | 情绪 emotion          | 障碍 disorder         | 药物 medication       |
| 17  | 专家 experts          | 健康 health             | 药物 drugs            | 症状 symptoms         | 医院 hospital         | 医院 hospital         |
| 18  | 障碍 disorder         | 肿瘤 tumor              | 障碍 disorder         | 障碍 disorder         | 专家 experts          | 焦虑 anxiety          |
| 19  | 药物 drugs            | 抑郁 depressed          | 医院 hospital         | 媒体 media            | 精神 mental           | 女性 females          |
| 20  | 焦虑 anxiety          | 病 illness             | 预防 precaution       | 专家 experts          | 失眠 insomnia         | 障碍 disorder         |

## Appendix 8<sup>54</sup> Paraphrases of *depression*

**273 concordance lines in total**

**89 paraphrases found**

### **A. Phase 1 (1984 - 1988)**

1A. One of the differences between being depressed and having a clinical depression is that with the first, a kind friend and a bit of effort can help you “pull yourself together” but depression leaves you entirely devoid of inclination or ability to do anything about it whatever the incentives.

The Guardian, September 9, 1986

2A. People will do a lot to avoid feeling depressed because depression is so debilitating, and they build up all kinds of defences, like anger, bitterness and resentment. The Times, May 14 1987

3A. Severe depression is characterised by a persisting sadness, guilt and self-reproach, a numbing loss of drive, zest and energy, and a profound pessimism concerning the future. The Sunday Times, February 15 1987

### **B. Phase 2 (1989 - 1993)**

4B. Depression is a disorder of mood, so mysteriously painful and elusive in the way, it becomes known to the self - to the mediating intellect - as to verge on being beyond description. The Independent, February 24 1991

5B. Depression is a life-threatening illness responsible for many of the 4,000 suicides in Britain every year, doctors said. The Independent, January 31, 1992

6B. Depression is an illness that can have serious consequences, including suicide attempts, although these can also be triggered by quite different problems. The Independent, November 24, 1992

7B. Depression is due to (or at least consistently associated with) chemical changes in the brain, and the drugs reverse the chemical changes. The Independent, November 15, 1992

8B. Depression is neither ‘all illness’ nor ‘all experience’. The Independent, March 10, 1991

9B. Depression is often due to chemical imbalances in the brain and chemical treatments are the obvious cure. The Times January 31, 1992

10B. “Depression is part of the human condition,” said Professor Robin Priest, chairman of the campaign. ‘Pulling yourself together doesn’t work, but treatment does.’ Daily Mail, February 4, 1992

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<sup>54</sup> In Appendices 8 to 19, all the paraphrase examples are numbered consecutively in each Appendix. Capital letters A, B, C, D, E which stand for five Phases of both the English and Chinese Depression Corpus will be put accordingly after each example number.

11B. Depression is the most common psychiatric disorder treated by GPs and hospitals.  
The Guardian, September 14, 1993

### **C. Phase 3 (1994 - 1998)**

12C. It's accepted that depression is a physical illness that can be treated medicinally.  
The Sunday Times, July 21, 1996

13C. And scientists no longer think that depression is a "them and us" disease - that there are depressives and there are normal people. In the west, depression is a continuum from the completely suicidal to the mildly hacked off. We all suffer. The Independent, November 15, 1998

14C. Depression is a serious illness and one should treat with contempt anyone who would argue that it is not, but merely, as some would claim, a mood disorder. It is rather like calling a heart attack a chest disorder. The Guardian, August 17, 1995

15C. Depression is dysfunctional and has no advantages. The Guardian, August 17, 1995

16C. Depression is a genuine, debilitating problem for many people and it's a complete misconception that it only strikes people with poor social backgrounds who are out of work and have financial problems. Daily Mail, October 27, 1998

17C. Depression is also linked to personality traits. The Guardian, February 25, 1997

18C. Depression is associated with changes in the brain's neurotransmitters, pathways which carry chemical messages between brain cells. The Observer May 12, 1996

19C. Depression is known as the "common cold" of psychiatry as it is the most commonly encountered mental illness. The Independent, December 14, 1998

20C. Depression is linked to a reduction in the brain of certain chemicals known as neurotransmitters, among them serotonin, which is involved in regulating emotional behaviour, sleep, appetite and sex. The Guardian, February 4, 1994

21C. Depression is linked to a deficiency of serotonin, and research suggests it may be linked to obsessive disorders. The Independent, January 24, 1996

22C. Depression is not an illness but a defence to hold ourselves together when we feel ourselves falling apart. The Guardian, March 25, 1995

23C. Depression is not a disease but a group of symptoms. Not all causes of depression are equally readily treated. The Times November 25, 1997

24C. Depression is not so much a specific disease as a syndrome, a collection of signs and symptoms that are, for convenience, lumped together and described as affective disorders. The Times, September 25, 1997

25C. Depression is one of the most severe and common psychiatric illnesses. The Times, January 23, 1997

26C. Depression is the most common psychiatric illness, affecting an estimated 5% of the population, accounting for a quarter of all GP consultations and costing the nation more than Pounds 4 billion a year in health care, social support and lost production. The Sunday Times, January 19, 1997

27C. Depression is thought to be caused by a reduction in the level of certain chemicals in the brain called neuro-transmitters that affect moods by stimulating brain cells. Anti-depressants increase the level of these chemical messengers. Sunday Mirror March 1, 1998

#### **D. Phase 4 (1999 - 2003)**

28D. Depression is thought to be caused by a reduction in the level of certain chemicals in the brain called neurotransmitters which keep us in a good mood by stimulating brain cells. Most drugs work by raising levels of these mood-elevating chemicals in the brain. The Mirror July 8, 1999

29D. In this interpretation, depression is not a localised, individual response to trauma or stress and nor can it be culturally determined - for example, a response to the strains of modern life. Rather it is, like cancer, a flaw in the organic mechanism that can happen to anybody anywhere. The Sunday Times, February 7, 1999

30D. And while depression is not thought to be genetic, it does seem that if there is a familial predisposition, you are more at risk. The Daily Telegraph, March 04, 2003

31D. Depression is a chemical imbalance - some people have it and some people don't. The Mirror December 4, 2003

32D. 'Depression is a lifelong illness and can be triggered off at any time during the lives of people suffering from it,' Dr Harris said, adding that it can come on quickly with little outward change. Daily Mail, April 27, 2001

33D. His title, Malignant Sadness, offers us the new term he says the disease needs, for depression is to sadness as cancer is to normal cell-growth. It is not merely a deepening but an error. The Observer February 7, 1999

34D. But depression is an illness, an upset in brain chemistry that has to run its course. The Daily Telegraph, February 21, 2001

35D. Depression is a raging, terrible illness that may completely immobilise its victims. It is not about feeling slightly down or under the weather. Mail on Sunday March 7, 1999

36D. Depression is a common illness. The Guardian, December 15, 2001

37D. Foremost is that depression is an entirely survivable illness, with a reasonable prognosis, given proper care. The Guardian, May 16, 2001

38D. You will have heard this before but: depression is a dangerous illness. The Guardian, March 2, 2001

39D. Depression is prime cause of disability. The Independent, May 12, 1999

40D. Depression is the second greatest cause of death after heart disease in affluent Europe and America, according to figures from the World Health Organisation. The Guardian, May 12, 1999

41D. The World Health Organisation has recently announced that depression is now the leading cause of "disability" - that is, causing people to be unable to go out and work - in the world. The Independent, May 27, 1999

42D. Depression is west's second biggest killer. The Guardian, May 12, 1999

43D. I understand that depression is an illness and that one shouldn't feel stigmatised by it. The Independent, February 24, 1999

### **E. Phase 5 (2004 - 2009)**

44E. Marjorie Wallace, chief executive of the mental health charity Sane, said: "Depression is a complex and challenging condition that remains poorly understood. We welcome any scientific contribution to our understanding of this illness." Daily Mail, January 29, 2008

45E. Depression is a chronic condition that can have a number of clinical factors associated with it -- a chemical imbalance in the brain or a genetic predisposition. Daily Mail, April 13, 2009

46E. A lot of depression is reactive – it's a consequence of the loss of a loved one, the loss of your home, stressful work. Daily Mail, September 16, 2008

47E. Depression is a condition that can take many forms, from the short lived feelings of sadness that most of us suffer in response to disappointments of everyday life, right up to severe depressive disorders which require medical treatment. Sunday Mirror July 9, 2006

48E. Depression is a catchall word that covers a range of situations. Hormonal discrepancies, bullying at work or school, grieving, pressure to achieve, exhaustion, and many other manifestations have to be taken into consideration. So instructing someone who is, for instance, self-harming to go for a jog is inappropriate. Mail on Sunday, April 10, 2005

49E. Depression is a terrible illness whose malevolent machinations have been well documented by the likes of Stephen Fry. It cocks a snook at wealth, status and loved ones. Daily Mail, February 19, 2009

50E. "Depression is a serious illness and he needs the help of qualified professionals." The Guardian, August 11, 2004

51E. Depression is a powerful illness that requires powerful treatment. Pills only treat the symptoms. They might play an invaluable, stabilising role in putting an end to suicidal impulses, obsessive thoughts, insomnia, episodes of self-harm, diminished appetite, crying, low energy, aching limbs, but they don't operate on any deeper level. The Guardian, March 30, 2004

52E. Depression is a dreadful illness and those who suffer from the condition must receive help and should not be stigmatised. The Mirror November 16, 2007

53E. But depression is a common and serious illness, affecting one in 15 women and one in 30 men over the same period. The Guardian, December 7, 2004

54E. 'The problem is that the medical establishment has begun to think depression is a long-term, chronic illness which needs constant drug treatment, like diabetes needs insulin. Daily Mail, April 16, 2004

55E. Depression is also believed to be a major contributory factor to many other illnesses. While some pharmaceutical drugs may be helpful in the short term, many people have suffered serious and even life-threatening side effects, and psychotherapy, although shown to help, can be difficult to access on the NHS. Mail on Sunday, April 2, 2006

56E. Depression is an invisible illness. If you break your arm people are always asking if you're OK, but if you are depressed they don't realise something isn't right. The only thing they want to know is why your results are getting worse and why you're withdrawing from tournaments." The Guardian, May 28, 2005

57E. Depression is as painful and debilitating as any severe physical illness. The Guardian, January 27, 2004

58E. Depression is associated with changes in essential fatty acids in the brain, according to research by Professor Puri and scientists worldwide. Mail on Sunday, January 28, 2007

59E. 'Depression is brought about when we feel we cannot control a situation and that is exactly the situation here - unless we go on holiday there is nothing we can do. Daily Mail, July 19, 2008

60E. Depression is characterised by a pervasive and inescapable low mood - sufferers often describe feelings of such unhappiness that they are incapable of coping with their normal social and professional life. Daily Mail, April 3, 2007

61E. Depression is estimated to affect as many as one in five people at some stage in their lives. At any point 1.5 million people between 16 and 75 are suffering from the condition and 2.7million from anxiety, though most are not being treated. Daily Mail, May 14, 2007

62E. Depression is forecast to be the second largest health problem worldwide by 2020, running just behind heart disease, according to the World Health Organisation. And there is a cost to employers too, with mental health problems accounting for 91m working days "lost" each year. The Guardian, April 15, 2006

63E. By far the most cheering news of the week comes from New York University, where scientists have found that depression is good for us. Daily Mail, January 16, 2009

64E. I read with dismay the claim by psychiatrists such as Professor Jerome Wakefield of New York and Paul Keedwell of Cardiff University that depression is good for us and, as an expression of normal sorrow, should not be treated with medicine. Daily Mail, January 26, 2009

65E. According to scientists, depression is good for us. They suggest that medicating depression as if it is a disease stops us embracing our miserable side and removes the motivation to change our lives for the better. Daily Mail, January 17, 2009

66E. Depression is impossible to understand for somebody who is not, or has never been depressed. You can't see it, there's no plaster cast or crutch but it's real. Daily Mail, September 16, 2008

67E. Depression is largely about doing nothing and feeling helpless, but I felt I had a goal to focus on and achieve, which made me grit my teeth and carry on. The Daily Telegraph, August 25, 2008

68E. Depression is like a void, a chasm, as though you have been stripped of every feeling. Daily Mail, September 22, 2006

69E. Depression is linked to falling levels of brain chemicals such as serotonin and dopamine and it is believed the ECT jolt helps to increase their production. Daily Mail, March 21, 2005

70E. Depression is linked to low levels of serotonin, the happy hormone<sup>1</sup>. A serotonin deficiency is often caused by a lack of the amino acid tryptophan which the body cannot make itself. Dr Caroline Longmore, author of *The Serotonin Secret*, believes the best way to stock up on serotonin is by eating lots of tryptophan-rich foods such as turkey, cottage cheese and bananas - and even plums. She suggests eating between four to 11 bananas a week. Daily Mail, March 31, 2009

71E. But depression is linked less to what happens to you and more to how you react to life's events. The Mirror October 6, 2008

72E. "Depression is most strongly related to a pattern of binge drinking," she said. "A pattern of frequent but low quantity drinking is not associated with depression." Daily Mail, January 4, 2007

73E. Depression is not a lifestyle choice. It chooses you, you don't choose it. The Guardian, January 27, 2004

74E. Depression is not precise and tangible. Treatment needs to be tailored not just to diagnoses but to the individuals behind them. The Guardian, February 27, 2008

75E. Depression is not simply sadness. It can be destructive in its expression, leaving in its wake a wreckage of alcohol and drug abuse, broken homes and fragmented communities. Daily Mail, February 4, 2009

76E. Depression is now one of the most common health problems, affecting at least one in six Britons. Daily Mail, April 23, 2005

77E. Depression is often characterised by a particular pattern of thought that is circular and negative. The Guardian, August 9, 2005

78E. Depression is often seen as the Cinderella of illnesses. Nobody pays much attention to it, it is an embarrassment and something not to be spoken about. The Daily Telegraph, April 15, 2004

79E. Depression is on the rise - with one in five women now suffering from postnatal depression. The Mirror May 8, 2006

80E. Depression is one of the most satisfying yet difficult areas in medicine. Satisfying because when properly identified and treated, the patients are the most grateful I ever meet. Daily Mail, September 29, 2009

81E. Depression is routinely described as an "epidemic". The World Health Organisation predicts that the illness will soon be the second-biggest public health risk after heart disease. The Guardian, September 28, 2004

82E. Depression is serious - it's not about being in a bad mood for five minutes or having a grumpy day. The Mirror June 10, 2004

83E. The problems with identifying side effects of anti-depressants are well known. Depression is the most common cause of suicide and self-harm, and separating the effects of drugs and disease is tricky. The Daily Telegraph, April 27, 2004

84E. Depression is the least understood of all illnesses and is only partially helped by anti-depressants, many of which have difficult side-effects, such as postural hypotension (fainting because of low blood pressure), loss of smell, falling asleep at inappropriate moments, memory problems and extreme nausea. Daily Mail, August 23, 2007

85E. Depression is threatening to become Scotland's major health burden, with prescriptions for drugs such as Prozac rocketing by 200 per cent in only 11 years. Mail on Sunday, February 12, 2006

86E. Depression is totally unpredictable and irrational. The Guardian, May 8, 2006

87E. Depression is treatable and suicide avoidable, yet it accounts for about one in 100 deaths a year. Of those people with a depressive illness, 10 to 15 per cent will kill themselves. The Daily Telegraph, April 17, 2006

88E. Depression is usually two things going on at once: an accumulation of stressful life events and a malfunction of brain chemistry leading to a deficit of serotonin. The Guardian, March 30, 2004

89E. Depression is usually triggered by a loss or failure to achieve something very important. Daily Mail, January 20, 2009

## Appendix 9 Paraphrases of *manic depression*

**53 concordance lines in total**

**22 paraphrases found**

### **A. Phase 1 (1984 - 1988)**

1A. Manic depression is a good case in point. It affects up to 250,000 people in Britain and involves alternating periods of depressional and 'mania' – an over-active state usually marked by excessive feelings of well-being and delusions of self-importance. The Sunday Times, October 4 1987

### **B. Phase 2 (1989 - 1993)**

2B. As Dr Jamison's book, *Touched With Fire*, puts it: manic depression "almost certainly confers both individual and evolutionary advantage, but often kills and destroys as it does". The Times October 15, 1993

3B. Manic depression is an illness which causes wrenching swings of moods between transcendent elation and the deepest despondency, sometimes leading to psychosis. The Times October 15, 1993

### **C. Phase 3 (1994 - 1998)**

4C. Manic depression is caused by a chemical imbalance in the brain. It is characterised by wild mood swings and can be triggered by stress. When the sufferer is 'high' he or she can experience euphoria and delusions. Daily Mail, August 16, 1997

5C. Manic depression is a serious psychiatric disorder that afflicts one person in 200 and causes extreme mood swings. If identified, it can often be controlled by drugs, such as lithium. Daily Mail, August 19, 1997

6C. Manic depression is not about feeling sad and unhappy. It has wonderful highs, the most intense experiences. They talk about opium and chasing the dragon, but with this illness it is the dragon that is chasing you. Mail on Sunday July 26, 1998

7C. MANIC depression is a devastating illness that afflicts half a million people. Often the worst sufferers are the most brilliant among us - people like Oxford-educated Melissa Jones. Daily Mail, May 19, 1998

8C. Manic depression is a terrible illness that takes over and changes your life. It means pain and hell. You experience things that you would rather not experience at all. Looking back, it's certainly true that you gain insights which you would never otherwise have gained. But offered the choice, I would have preferred to do without them. I would opt for a normal life nine times out of ten. The Times June 10, 1996

9C. Manic depression is only a high-pitched version of what the rest of us call normality.  
The Times June 10, 1996

10C. Manic depression is not uncommon. The Times April 13, 1995

11C. Manic depression is as much an inherited trait among writers as among the rest of the population.  
The Sunday Times, January 2, 1994

12C. Manic depression is a terrible thing, particularly when it is undiagnosed. The Observer,  
December 3, 1995

13C. Manic depression is not just a touch of the blues followed by a slight lift of the spirits. It is terror and despair followed by a terrifying mania. To promote the chestnut “manic-depression-is-such-a-help-to-the-creative-process-and-aren’t-you-luck-if-you-have-it” is dangerous indeed.  
The Sunday Times, January 23, 1994

14C. Manic depression, or bipolar disorder, is estimated to affect nearly one in 100 people at some time in their lives. The Guardian, November 2, 1994

#### **D. Phase 4 (1999 - 2003)**

15D. Manic depression is thought to be caused by an imbalance of brain chemicals, in particular serotonin, which governs emotions and moods. If the brain’s level of serotonin is too high, sufferers can exhibit eccentric behaviour. Daily Mail, December 9, 2003

16D. Rachel Perkins, who is both a clinical director at the South-West London Mental Health Trust and someone with bipolar disorder herself, prefers the old term. “Manic depression is more descriptive.” she says. In time, though, even she may have to adapt to the new terminology. The American Psychiatric Association wields considerable power; when it recognises a new disorder or redefines an old one, the rest of the world tends to fall in line. The Guardian, July 19, 2001

17D. Manic depression is surmountable. I sometimes miss the highs but I don’t miss the lows.  
The Daily Telegraph, January 09, 2001

18D. ‘Manic depression is difficult to diagnose and treat and the arrival of a new drug offers hope that many patients will find their condition more manageable,’ says Beechy Colclough of the MDF.  
Daily Mail, December 9, 2003

#### **E. Phase 5 (2004 - 2009)**

19E. Manic depression is a bipolar disorder that can lead to mood swings, reckless behaviour, delusions and hallucinations. The Mirror January 7, 2008

20E. I now understand that the skunk I’d smoked on that night out, along with the cannabis and other drugs such as Ecstasy that I’d been taking for the previous two years, had triggered paranoia and delusions that would be diagnosed as manic depression, a mental disorder that is characterised by episodes of mania and depression. Daily Mail, November 1, 2005

21E. Shortly afterwards, I was diagnosed with manic depression, also known as bipolar disorder. It is a serious illness in which people’s moods swing between high and low. I was like a bouncing ball: the

lows were awful, and the highs were dreadful for those around me.  
2008

Daily Mail, February 27,

22E. For Connie, manic depression is an immobiliser - it leaves her incapable and paranoid.  
The Guardian, September 20, 2006

## Appendix 10 Paraphrases of *bipolar disorder*

**54 concordance lines in total**

**22 paraphrases found**

### **B. Phase 2 (1989 - 1993)**

1B. As many as one person in six has an episode of depression in their lifetime, and in around one person in 50 the disease is part of a recurrent cycle of mood swings - manic depressive or bipolar disorder - in which depression alternates with episodes of hyperexcitable over- activity.

The Independent, November 24, 1991

### **C. Phase 3 (1994 - 1998)**

2C. The doctors had diagnosed him as suffering from bipolar disorder, abnormally abrupt transitions from depression to elation. They prescribed lithium. The Independent, December 8, 1996

3C. Manic depression, or bipolar disorder, is estimated to affect nearly one in 100 people at some time in their lives. The Guardian, November 2, 1994

### **D. Phase 4 (1999 - 2003)**

4D. Bipolar disorder is, in fact, simply the modern clinical name for what has long been known as manic depression. Thus, where once a patient presenting with severe mood swings alternating between highs (mania) and lows (depression) would have been told she was manic depressive, now the identical patient will be informed that she is suffering from bipolar disorder. The Guardian, July 19, 2001

5D. Bipolar disorder can be successfully treated with a variety of drugs, including lithium, anti-convulsants, mood stabilisers, anti-psychotics and anti -depressants. It's not unusual for patients to be prescribed several tablets at once to ensure stability of all elements of the disease. The Mirror, September 19, 2002

6D. Bipolar means an illness with "directly opposite" moods. It is characterised by debilitating swings from mania to depression, interspersed with periods of relative stability. The Mirror, September 19, 2002

7D. Affecting more than one per cent of people in Britain, bipolar disorder is highly unpredictable. An estimated 25 to 50 per cent of sufferers attempt suicide. Sadly between 10 and 20 per cent succeed. The Mirror September 19, 2002

8D. Research has shown that bipolar patients appear to have a lack of stability in the transmission of nerve impulses in the brain, which makes them more vulnerable to emotional or physical stress. Stressful life experiences such as pregnancy, bereavement or redundancy can be a trigger. The Mirror September 19, 2002

### **E. Phase 5 (2004 - 2009)**

9E. Bipolar disorder, previously called manic depression, is now believed to affect up to five per cent of the UK population. Mail on Sunday, September 24, 2006

10E. Bipolar disorder is what used to be called 'manic depression'. While serious depression is now accepted as something that any one of us may suffer at some stage, the manic form still carries a stigma of madness that we prefer to assume afflicts only a few individuals. Recently, however, improved diagnosis has dramatically expanded the number of people believed to be sufferers. It seems now that perhaps as many as one per cent of the population are 'bipolar I', which is the most severe form, with serious episodes of mania and sometimes deep depressive symptoms. Up to 40 per cent of these people may not have come forward for treatment. Mail on Sunday, September 24, 2006

11E. BIPOLAR disorder, also known as manic depression, is characterised by recurrent episodes of extreme moods, for instance feeling euphoric (mania) followed by major depression. The Mirror, March 15, 2006

12E. BIPOLAR disorder is also known as manic depression. It is estimated to affect one in 45 adults, though often in a mild form. People who suffer from it experience both mania ñ an unusually elevated mood ñ and depression. These are usually separated by periods of 'normal' mood. Daily Mail, August 3, 2009

13E. Ten years ago, the star was diagnosed with bipolar disorder, a form of manic depression that causes severe highs and lows - a condition she'd actually been battling without medication for 20 years. Sunday Mirror, January 16, 2005

14E. Less than a week before his death on March 20, David Brunton, 39, was diagnosed with bipolar disorder, a commonly misdiagnosed illness characterised by recurring bouts of depression and chaotic thoughts. The Daily Telegraph, May 3, 2007

15E. I refused to leave the house.' After researching her symptoms herself, Barbara suggested that instead of having depression she may, in fact, have bipolar disorder - a mental disorder characterised by episodes of mania and depression, which was later confirmed. Daily Mail, November 1, 2005

16E. BIPOLAR disorder, also known as manic depression, is characterised by recurrent episodes of extreme moods, for instance feeling euphoric (mania) followed by major depression. The Mirror March 15, 2006

17E. We said in error that bipolar disorder is the most common mental illness in the UK (Doctors failing to identify bipolar disorder, says medicine watchdog, page 12, July 26). In fact mixed anxiety and depression, according to the Office of National Statistics 2000 survey, is experienced by 9.2% of adults in Britain, followed by general anxiety at 4.7% and depression at 2.8%. Bipolar disorder affects about 1%. The Guardian, July 31, 2006

18E. Bipolar disorder is what used to be called 'manic depression'. While serious depression is now accepted as something that any one of us may suffer at some stage, the manic form still carries a stigma of madness that we prefer to assume afflicts only a few individuals. Recently, however, improved diagnosis has dramatically expanded the number of people believed to be sufferers. Mail on Sunday, September 24, 2006

19E. Bipolar disorder is characterised by the presence of episodes of mania and depression. During a manic episode, a person feels elation and/or irritability. When they have depression, they may experience feelings of worthlessness and contemplate suicide or self-harm. The Guardian, July 26, 2006

20E. Bipolar disorder is a serious mental illness that affects thousands of people in the UK. The patient swings from extreme depression, often involving thoughts of suicide, to a state of high excitement, or mania. It's thought that although the condition can be genetic, it can also be brought on by extreme stress. Daily Mail, June 12, 2007

21E. Besides, drugs can never be the only answer to bipolar disorder. Mail on Sunday, September 24, 2006

22E. However, the area of treatment to bipolar disorder that has shown the most spectacular advance over recent years has been self-management. Mail on Sunday, September 24, 2006

## Appendix 11 Paraphrases of *treatment*

**507 concordance lines in total**

**71 paraphrases found**

### **A. Phase 1 (1984 - 1988)**

1A. Treatment for endogenous depression is by physical means, including anti-depressive drugs and electroconvulsive therapy. The Guardian, August 5, 1988

2A. Clinical psychologists find an increasing need for measuring happiness. Such a measure is necessary to check the effectiveness of the new psychological therapies being devised as alternatives to treatment for the types of depression for which drugs are prescribed based on benzodiazepines, a cause of anxiety because they are addictive. The Times, April 18 1988

3A. It is estimated that in a lifetime, one person in 25 will seek psychiatric treatment for depression, but these figures in no way reflect the true problem. Depression after an emotionally upsetting event is rightly regarded as a normal reaction, and many people do not bother to seek help for it. The Times, August 5 1988

### **B. Phase 2 (1989 - 1993)**

4B. Prozac is a new drug for new perceptions in a new world - it cannot be de-invented, and its effects have opened up a whole new area in the treatment and survival of depression. The Observer, November 7, 1993

5B. Studies show that at least 70 per cent of patients with major depression respond to drug treatment. But because the nature of the illness is poorly understood by GPs, most do not prescribe the drugs for long enough. The Times, January 23, 1992

6B. "Depression is not a passing mood or personal weakness, but a major health disorder which causes untold suffering", the colleges say. Their campaign aims to help professionals to recognise it and encourage the public to seek treatment for it. The Times January 23, 1992

7B. "We are very concerned that people are confusing antidepressants with tranquillisers - antidepressants are not addictive," said Professor Priest. "For some depressed patients, a course of antidepressant tablets is the only effective treatment." Daily Mail, February 4, 1992

8B. The public overwhelmingly prefers counselling to drugs as a treatment for depression: 91 per cent of those questioned in the Mori survey favoured counselling against 16 per cent who opted for anti-depressants. They saw personal weakness and life events such as divorce or redundancy as the causes and 78 per cent thought wrongly that the drugs were addictive. The Times January 31, 1992

9B. Professor Eugene Paykel said that drugs were an important part of treatment when depression was severe. "It is impossible to tackle problems when you are in the depths of despair," he said. "I recommend drugs for symptoms and counselling and psychotherapy for the problems that underlie the symptoms." The Times, January 31, 1992

10B. Drug treatment is targeted just as logically as the antibiotic treatment of infections. Depression is due to (or at least consistently associated with) chemical changes in the brain, and the drugs reverse the chemical changes. The Independent, November 15, 1992

11B. The newer, selective serotonin uptake inhibitors seem to have fewer side-effects than earlier anti-depressants and may be more suitable for long-term treatment. The Independent, November 15, 1992

12B. It is crucial to ask for treatment; left untreated, depression is one of the worst illnesses known. The Independent, November 15, 1992

13B. For some depressed patients, a course of antidepressant tablets is the only effective treatment. Daily Mail, February 4, 1992

14B. It was undoubtedly overused at one time but it remains a valuable technique despite advances in the pharmacological and psychological treatment of depression. The Guardian, January 31, 1992

15B. Cognitive therapy: a refined version of “positive thinking”, which has been shown to be useful in the treatment of depression. Patients are helped to stand back from negative thoughts and see that they are more pessimistic than the situation warrants. The Times January 12, 1993

16B. Many of these neurotransmitters are chemically classed as amines, and in depression the brain seems to have a deficiency of them. The drug treatment of depression aims to increase the amount of amines in the brain. The Independent, November 24, 1991

17B. It is now recognised as a safe and effective treatment that lifts depression immediately and can be life-saving in the suicidal. Anti-depressant drugs take weeks to work. The Times, May 5, 1992

18B. If depression is indicated, treatment with anti-depressants, and, or psychological support can be started before disaster strikes. The Times August 21, 1992

### **C. Phase 3 (1994 - 1998)**

19C. MILLIONS of people dogged by depression may receive better treatment after scientists have revealed there are genes that govern anxiety. The Sunday Times, April 21, 1996

20C. The company sees Prozac as an important advance in the treatment of depression because it is as effective and fast-acting as other antidepressants, but has fewer distressing side-effects. The Times February 15, 1994

21C. Luckily drug treatment for depression is advancing rapidly. The new generation of selective serotonin reuptake inhibitors like Prozac (antidepressants that try to increase the amount of serotonin in the brain) act faster and have fewer side-effects than traditional tricyclic depressants, for instance. The Guardian, February 25, 1997

22C. This week a new antidepressant, Zispin mirtazapine, has been introduced. Organon, the manufacturers, not only claim it is more successful and faster in the treatment of depression than the

brand leader Prozac, but that it neither numbs the patient's sexual desires nor alters the nature of any amatory response. The Times September 25, 1997

23C. But it is a group of drugs known as selective serotonin re-uptake inhibitors (SSRIs) that have offered the most heartening advances in the treatment of depression in recent years, and have received the most publicity. The Guardian, October 21, 1995

24C. There is much discussion about the link with depression, and in America anti-depressants are often the first course of treatment. The Sunday Times, November 27, 1994

25C. THERE are many factors that can trigger depression apart from life circumstances, including genetics, diet and even exposure to sunlight. Anyone suffering from depression should see their doctor to discuss possible causes and treatment options. Daily Mail, May 25, 1998

26C. But a recent study from the Max Planck Institute of Psychiatry in Germany has now thrown up an additional piece of vital advice - if you suffer from depression, get treatment. Daily Mail, May 18, 1995

27C. The answer is that the public remains ignorant about most basic facts of depression and its treatment. Most people continue to confuse anti-depressants with tranquillisers, and believe, wrongly, that the former as well as the latter can be addictive. The Times, March 8, 1994

28C. If you have a broken leg, you need treatment. It's the same with depression - you need treatment. Daily Mail, March 21, 1995

29C. Psychotherapy is not a panacea: in schizophrenia and severe depression, drug treatment is much more effective than psychotherapy; The Guardian, February 25, 1994

30C. Psychotherapy alone is not an effective treatment for depression and it is not available to most people, for financial and other means. The Guardian, February 10, 1994

31C. But some psychologists and psychotherapists argue that ECT has no long-term beneficial effects, and can actually cause psychological and neurological damage. The Independent, June 16, 1998

32C. As a treatment for depression it is extremely effective. Our guidelines state that ECT should only be used as a last resort.' The Observer December 8, 1996

33C. Electric shock treatment, also known as electro-convulsive therapy, has a controversial history and was once described as barbaric. Today it is widely accepted by psychiatrists as a last-resort treatment for severe depression, although concern remains about its long-term effect on intellectual function. The Times March 1, 1997

34C. A major advance in the treatment and understanding of depression comes from the cognitive model of Beck. He maintained that negative thoughts not only characterise depression but are a key factor in maintaining the depressed state. The Independent, May 5, 1996

35C. Cognitive therapy is widely accepted as a treatment for depression. Alan Wise, a psychotherapist who specialises in depression and panic disorders, says: "It changes dysfunctional thinking into positive thinking. The Guardian, February 4, 1998

36C. LET'S BEAT THE BLUES, PETAL; HERB USED IN MIDDLE AGES AS CURE FOR MADNESS IS TO BE TRIED AS TREATMENT FOR DEPRESSION. The Mirror, October 4, 1997

37C. And a yellow wildflower known as hypercurium, or St John's Wort, has emerged as an effective treatment for depression. It appears to reduce the rate at which brain cells re-absorb serotonin, a chemical associated with the illness. Sunday Mirror, March 29, 1998

38C. Britain's first computer treatment programme for depression and anxiety was launched yesterday by Dr Judy Proudfoot from the Institute of Psychiatry at the Maudsley Hospital, London, and will be piloted next month in Manchester and the capital. Daily Mail, January 23, 1998

#### **D. Phase 4 (1999 - 2003)**

39D. Seroxat works as a treatment for depression by enhancing the brain's levels of serotonin, a naturally occurring 'feel-good' chemical. Mail on Sunday May 25, 2003

40D. Study results show anti-depressants are the most effective treatment for depression. They are not tranquilisers, which are prescribed to relieve anxiety, and they are not addictive. The Guardian, April 27, 1999

41D. Nowadays there are two main forms of treatment for depression, depending on the type and severity of the illness. Psychotherapy, whether individual or in a group, is most useful for those whose personality and life experiences are the main causes of their illness. The aim of one kind of treatment, cognitive therapy, is to think about problems differently and therefore be able to deal with them. Drug treatment is used for people with predominantly physical symptoms. Antidepressant drugs are effective in more than two thirds of patients, provided the drugs are taken in a sufficient dosage over a long enough period of time. The Mirror July 8, 1999

42D. Lithium is highly effective in the treatment of manic - depression; but lithium deficiency is not a medical condition. It is not always clear whether changes in brain chemistry provoke depression or whether depression causes changes in brain chemistry. The Independent, March 20, 1999

43D. St John's wort is an example. Early in the summer, American research was published showing that the herb, widely sold for the treatment of depression, had little effect on severely depressed people. The trial, which received a good deal of publicity, created a stink. As manufacturers of herbal products pointed out, St John's wort has never been advocated for the treatment of severe depression, and the American trial was funded by Pfizer, a leading maker of anti-depressant drugs. The Daily Telegraph, August 10, 2001

44D. Recent trials have shown almost no clinical difference between anti-depressants and placebos in the treatment of mild depression. Daily Mail, October 21, 2003

45D. The report, which has been leaked in draft form, says that electroconvulsive therapy is "a safe and effective treatment for depression" and "can be recommended for select groups of patients with severe depression". The Times, October 7, 1999

46D. Meanwhile, Hay had found out that the best treatment for depression is generally thought to be a form of counselling called cognitive behaviour therapy, but there was a two-year waiting list.  
The Guardian, June 4, 2003

47D. 'Cognitive behaviour therapy is a highly effective form of treatment for anxiety and depression,' says Dr Proudfoot. 'And it is more effective than medication in preventing a relapse.'  
Daily Mail, June 8, 1999

48D. Based on the available research, the Department of Health says that psychotherapy is the treatment of choice for depression, phobias and anxiety. Daily Mail, October 20, 2003

49D. Brain surgery for depression is a last-ditch treatment when all other options have been tried and failed and the patient is at serious risk of death by suicide. The Independent, October 4, 1999

50D. Hypericum has been used for centuries in folk medicine for everything from diarrhoea to sleep disorders, but it is now being hailed as the "alternative Prozac", an effective treatment for depression, insomnia, seasonal affective disorder and pre-menstrual syndrome. The Independent, April 6, 1999

51D. For the treatment of the depression associated with SAD, Professor Farmer and an increasing number of doctors are advising using light boxes. The Independent, December 23, 1999

52D. PSYCHIATRISTS are carrying out trials using electrical magnets as a treatment for depression - targeting those people who fail to get better with conventional drug therapy. Daily Mail, August 19, 2003

### **E. Phase 5 (2004 - 2009)**

53E. NICE (the National Institute for Health and Clinical Excellence) recommended in December 2004 that antidepressants should no longer be used as a first treatment for mild to moderate depression. Instead, it suggested talking therapies or exercise regimes, which studies show to be as effective as drugs for mild depression. The Mirror October 24, 2006

54E. Lithium, the most common treatment, has side-effects including nausea, stomach cramps, diarrhoea, thirst, muscle weakness, and feelings of being dazed or sleepy. The Guardian, April 9, 2007

55E. The findings, from the Mental Health Foundation, come after successive research papers have shown that exercise can be as effective as some drugs in the treatment of mild to moderate depression. The Daily Telegraph, February 8, 2008

56E. A survey of GPs found that 22 per cent prescribe exercise as one of the three most common treatments for depression, compared with just five per cent three years ago. The Daily Telegraph, February 8, 2008

57E. A course of exercise may be the best treatment for patients with depression, a report says today. Daily Mail, March 29, 2005

58E. Four out of five GPs end up prescribing pills even though they'd prefer to prescribe therapy. This despite Nice - the body that decides what treatments the NHS should provide - unequivocally advocating therapy as a treatment for depression and other disorders. The Guardian, October 31, 2006

59E. The results of a trial, published in the British Medical Journal in 2000, showed that psychotherapy was the best and most cost-effective treatment for depression. The Daily Telegraph, July 1, 2006

60E. It was as recently as 2003, almost 30 years since an American doctor called Aaron T Beck developed CBT, that Nice, the government body set up to advise on best treatment, began to recommend CBT as either the first-line treatment or an adjunct treatment for anxiety, depression, eating disorders, obsessive compulsive disorder, post-traumatic stress disorder and schizophrenia. Despite - or because of - these recommendations, demand far outstrips supply. The Guardian, June 30, 2006

61E. "The ideal treatment for someone with moderate depression is a combination of antidepressants and cognitive behavioural therapy (see the table opposite). But access to therapists is limited on the health service so patients often end up with just the medication." The Mirror October 24, 2006

62E. The news that anti-depressants such as Prozac are no better than a placebo has caused consternation among patients with moderate depression and their doctors.....In the meantime, there is another treatment (CBT) for depression that is not only free of side-effects, but could be supplied to every GP practice in the country within a few months and at a fraction of the £300 million being spent every year on depression drugs, let alone training therapists. Not only that, but it works. Daily Mail, March 18, 2008

63E. The internet scheme, unveiled by Health Secretary Patricia Hewitt last month, has been designed to meet criticism that, even though CBT is recognised as the best treatment for depression, waiting times can be more than a year because the health service needs 10,000 more therapists. Daily Mail, April 24, 2007

64E. The Royal College of Psychiatrists, however, says that CBT is "the most effective psychological treatment for moderate and severe depression; as effective as antidepressants for many types of depression". The Guardian, June 30, 2006

65E. Emma Smith, of mental health charity Sane, said that although official guidance states medication should not be the first-choice treatment for mild depression, many GPs are left with little choice but to prescribe pills. Daily Mail, February 26, 2008

66E. Patients were asked to assess their symptoms, quality of life and levels of anxiety and depression before and after treatment - and for up to six years after completing the course (of hypnotherapy). Daily Mail, October 25, 2005

67E. Professor Kirsch said: 'The placebo effect seems to be particularly strong in depression so any treatment that seems to offer the promise of improvement is likely to generate improvement. 'Although patients get better when they take anti-depressants, they also get better when they take a placebo and the difference in improvement is not very great. 'This means that depressed people can

improve without chemical treatments.' He stressed that patients should not change their treatment without speaking to their doctor but said other approaches include physical exercise, psychoanalysis and self help books. Daily Mail, February 26, 2008

68E. A PATCH that lets medicine seep through the skin into the bloodstream could be a new treatment for depression. Daily Mail, December 20, 2005

69E. A TINY box that sends signals to the brain is being used as a radical new treatment for depression. The device - a bit like a pacemaker - is implanted in the chest and connected to a nerve that carries messages to the brain. Daily Mail, February 22, 2005

70E. A nose spray of insulin may be a new treatment for depression. Daily Mail, December 26, 2007

71E. A device that resembles dryers found in hair salons is being hailed as a radical new treatment for depression. Daily Mail, August 7, 2007

## Appendix 12 Paraphrases of *depressed*

**203 concordance lines in total**

**57 paraphrases found**

### **A. Phase 1 (1984 - 1988)**

1A. People will do a lot to avoid feeling depressed because depression is so debilitating, and they build up all kinds of defences, like anger, bitterness and resentment. The Times, May 14 1987

2A. One of the differences between being depressed and having a clinical depression is that with the first, a kind friend and a bit of effort can help you 'pull yourself together' (a phrase I grew to hate), but depression leaves you entirely devoid of inclination or ability to do anything about it whatever the incentives. Nothing reaches you. The Guardian, September 9, 1986

### **B. Phase 2 (1989 - 1993)**

3B. Although there is no clear line of distinction between normal and abnormal depression, there are large numbers of people who are depressed who are not mentally ill. But we should not be encouraging more to join the ranks of a mental state that has been known since the time of Hippocrates. The Guardian, September 16, 1989

4B. Feeling anxious about worrying events is a normal, everyday reaction. So is feeling depressed about sad events. But anxiety and depression which interfere with the way we function are surprisingly common. The Times February 7, 1991

5B. Dr Pippard said. "The most depressed may be at risk of suicide. But severe depression is a pretty dreadful illness anyway. If you go on being depressed after treatment it seems a great pity, whether you kill yourself or not." The Times May 5, 1992

6B. A study in Islington in 1982 confirmed that those women who had had inadequate care in childhood and low self-esteem were much more likely to become depressed, and that they suffered much more depression if they had suffered sexual abuse as children. The Guardian, November 13, 1990

7B. Depressed people tend to express their misery through similar ideas. "I'm a failure", "Everything I do turns out badly", and "There's nothing to look forward to", are typical. The Times January 23, 1992

8B. The purpose of the Royal College of Psychiatrists' Depression Campaign is to prevent unnecessary suffering by making depressed people aware of the numerous kinds of help available. For many patients, drug treatment will be the most accessible and effective form, but this does not imply that other approaches are excluded. The Guardian, February 8, 1992

9B. These drugs also seem to work for some Chronic Fatigue patients, even if they are not, strictly speaking, clinically depressed. One theory is that both tiredness and depression may be due to a

lowering of the brain's electrical activity, caused by serotonin depletion.

Daily Mail, March 2, 1993

10B. For some depressed patients, a course of antidepressant tablets is the only effective treatment.

Daily Mail, February 4, 1992

11B. Dr Stuart Montgomery, a reader in psychiatry at St Mary's Hospital Medical School, London, is more concerned that large numbers of undiagnosed depressed patients are being left untreated when, he says, their lives could be transformed by the right drugs. The Times February 7, 1991

12B. Depressed patients also frequently show changes in the normal daily variation of certain hormones. The Times October 5, 1993

13B. We think that only a few pills at a time should be prescribed to depressed patients, along with a lot of human contact. Talking treatments, involving counselling and psychotherapy, can be very useful. The Times February 7, 1991

14B. The Defeat Depression Campaign, run by the Royal College of Psychiatrists and Royal College of General Practitioners, recently issued guidelines on the diagnosis and treatment of depression, saying that such specific psychological treatments had a key role in the management of depressed patients. The Independent, December 13, 1992

15B. The GP may therefore not always consider it appropriate to refer a depressed patient to a counsellor, even if he or she has the option to do so. The Guardian, February 11, 1992

16B. Fraser Watts, a research psychologist at Cambridge university, will give evidence today that encouraging clinically depressed patients to recall happy memories can improve their condition. The Times July 15, 1991

17B. Sad might be just another way of permitting some depressed patients to seek help without the stigma and blame associated with psychiatric disorder. The Times October 5, 1993

18B. Only one in 10 depressed patients treated by a GP is referred to a psychiatrist. Daily Mail, February 4, 1992

19B. The Lancet points out around 95 per cent of depressed patients have another episode, 62 per cent within 16 years. The Times, March 30 1989

20B. Depressed patients, claim proponents of the therapy (CBT therapy), misinterpret many of the things that happen to them, giving events the most gloomy explanation. The Independent, December 13, 1992

21B. Most depressed patients will be offered medication to suppress their symptoms, rather than counselling to resolve their problems. The Sunday Times, October 11, 1992

22B. Doctors have long noticed that all but the most depressed patients cheer up as the days lengthen and the sun shines. The Times, March 30 1989

### **C. Phase 3 (1994-1998)**

23C. There is nothing to be ashamed of if one is depressed. Depression is a serious illness and one should treat with contempt anyone who would argue that it is not, but merely, as some would claim, a mood disorder. It is rather like calling a heart attack a chest disorder. Depression is dysfunctional and has no advantages. The Guardian, August 17, 1995

24C. If ever you have been depressed you will know that the experience is quite distinct from being unhappy, terrible though that may be. The experience of depression is that of knowing yourself to be utterly alone in a prison whose walls are as impenetrable as they are invisible. Inside that prison you have become your own worst enemy. The Guardian, March 25, 1995

25C. Researchers have long disagreed about whether depressed people are more or less angry with those around them - some studies have found they are, some not. "The purpose of depression is to stop you challenging higher status people," says Dr Price. The Independent, July 3, 1997

26C. Nowadays we quite commonly use the words 'depressed' and 'depression' for experiences which are more those of being disappointed, bored, irritable or guilty. We should reserve the words 'depressed' and 'depression' for that experience of terrible isolation, but at the same time remember that the key to the prison of depression is simply to become truly your own best friend. The Guardian, March 25, 1995

27C. Their GPs fail to recognise their patients are extremely depressed and need to be treated for their depression rather than killed. The Observer March 19, 1995

28C. Reactive depression was supposed to occur when a person got depressed after something distressing had happened in his life. The Guardian, March 25, 1995

29C. "To expect someone to work when they are depressed is like expecting someone to walk with a broken leg," psychiatrist Dr John Cobb says. "They are unable to function." The Times July 6, 1995

30C. It is an unfortunate fact that some patients, despite all therapeutic efforts, including psychotherapy, remain chronically depressed. The Guardian, April 1, 1995

31C. Every year there are 4,500 deaths from suicide, and 60 per cent of depressed patients have a suicidal intent. The Times September 12, 1996

32C. So a serotonin surge in a depressed person would act as an antidepressant, which would outweigh any drowsy feelings. The Times May 13, 1996

33C. Some depressed patients never show the more obvious signs of mood disorder, and continue to present with unexplained symptoms, which only improve when given anti-depressants. The Times March 8, 1994

34C. Given that anti-depressants are prescribed to people who are suffering from depression, and that depressed people may well be considering suicide before they even begin medication, the argument that Prozac makes some people suicidal will not be won without some difficulty. The Guardian, February 18, 1995

35C. Although most of the depressed brain is dulled, some parts of it are more active than normal. This probably explains why depressed people often have pain and why antidepressants sometimes reduce it, even in those who are not depressed. The Guardian, November 24, 1998

36C. For 30 years, depressed patients have been given tricyclics or monoamine-oxidase inhibitors (MAOIs). Both sets of drugs bolster the action of the neurotransmitters serotonin and norepinephrine, poorly understood chemicals usually characterised as “messengers”, carrying information across the synapses in the brain. The Independent, January 30, 1994

37C. Depressed patients will be able to dial a special number and talk over the telephone to a computer which will help them find out what is wrong and what needs to be done. The Independent, April 5, 1998

#### **D. Phase 4 (1999 - 2003)**

38D. The principle is that people who are anxious or depressed have different cognitions from people who are happy and confident. The real difference between people who are confident and anxious isn't that one group is having all the good luck, and the others aren't, it is how they perceive their own reality and the way they make sense of what is happening to them. The Guardian, January 13, 2001

39D. Most of the explanations in the first programme seemed like restatements of the obvious: depressed people are depressed because they think depressing things. The Independent, March 4, 1999

40D. Depression is usually recurrent; every depressed patient needs to understand what factors may precipitate a further attack, and what measures can be taken to prevent one. The Independent, March 20, 1999

41D. Obviously, there are people who are clinically depressed, who need medical attention. But many of us have days when we say we are feeling depressed - we're miserable, lacking in energy and feel we have little to look forward to. Daily Mail, March 14, 2003

42D. Incomes are at an all-time low, and many people are feeling depressed and isolated. The Daily Telegraph, February 23, 2001

43D. It is not as straightforward as saying that people 'choose' to get depressed. It simply means that every emotion you experience is connected to a belief. The Observer February 21, 1999

44D. If we encourage depressed people to look for the bad things that happened to them, and to explore and open up hurt feelings, we are doing them a disservice. They may temporarily feel some emotional relief, but research shows they are much more likely to stay depressed, and to have repeated bouts of depression, than if they are given a therapy which addresses the psychological process. The Times, May 8, 1999

45D. If you can get depressed people to exercise, you can reduce their depression. Daily Mail, December 7, 1999

46D. The discovery of effective antidepressant drugs has been of great benefit to depressed patients, but has brought with it the risk that doctors in a hurry simply write out a prescription without

bothering to investigate the precipitating causes of the depression.  
March 20, 1999

The Independent,

47D. If people feel anxious or depressed they should not grin and bear it, but seek help as soon as possible.  
The Guardian, August 15, 2002

48D. And last week it was announced that, since 1994, the number of people in the UK consulting their GP for depressive disorders has more than doubled, from four million to nine million. Since only half of depressed people actually consult their GP, the real figure is probably even higher.  
The Times, May 8, 1999

49D. A study by researchers at the University of Glasgow has found domestic chores lower people's mood, unlike other forms of exercise which are known to boost spirits. "It may be that there is a psychological explanation, such as the fact that housework is viewed as a chore - that people feel they have to do it."  
The Guardian, January 13, 2001

### **E. Phase 5 (2004 - 2009)**

50E. Being in a sad mood is colloquially referred to as being depressed but clinical depression goes much further and symptoms can last two weeks or longer.  
The Guardian, March 31, 2006

51E. Of course, problems such as relationship breakdowns or work stress can leave you feeling sad and anxious, but this is just a normal, healthy response, says Paul Farmer, chief executive of Mind.  
The Mirror June 19, 2007

52E. Children of broken families are twice as likely to become depressed adults.  
Daily Mail, February 26, 2005

53E. Late nights, poor food, too much alcohol - a well-known depressant - and plenty of stress can mean some young people flounder emotionally. "Students rarely strike the right balance of eight hours each of work, rest and play and can easily become run down," says Amelia Mustapha of the Depression Alliance. "They have a new set of problems and nobody to talk to about them, because they are removed from their usual network of family and friends. When all these factors are combined, they are more likely to become depressed."  
The Daily Telegraph, September 10, 2004

54E. When you're depressed, you retreat into your shell. Running is the complete opposite - it forces you to engage with the world. It is better than any chemical high.  
Daily Mail, April 12, 2005

55E. "Very often, people who are clinically depressed go off into a world of their own and they stop communicating with other people, but it has been found time and time again that the animals can get through that barrier when human contact has failed."  
The Guardian, August 9, 2005

56E. "Depressed people tend to be inward looking," says Collin. "To care for another soul, an uncomplicated one, is therefore extremely therapeutic."  
The Daily Telegraph, July 22, 2006

57E. "People often talk about being depressed when in fact they just mean they're a bit down in the dumps because their week's not going well," says Dr Jarvis.  
The Mirror October 6, 200

## Appendix 13 Paraphrases of *endogenous, exogenous/reactive depression*

**62 concordance lines in total**

**29 paraphrases found**

**A. Phase 1 (1984 - 1988):**

Endogenous depression

1A. Seasonal depression differs from the more familiar endogenous (or chemical) depression which affects 10% of the female and 5% of the male population in that it first strikes people in the autumn, is unrelated to life's ups and downs and always disappears with the coming of spring.

The Sunday Times, September 27 1987, Sunday

2A. About one-quarter of people with endogenous depression kill themselves. The Guardian, August 5, 1988

3A. Genetic predisposition is believed to lie behind the cyclical nature of endogenous depression.

The Guardian, August 5, 1988

4A. But distinct from the feeling of unhappiness, which can be protracted and is often subjectively experienced as depression, is the actual illness – endogenous depression. The Guardian, August 5, 1988

5A. Treatment for endogenous depression is by physical means, including anti-depressive drugs and electroconvulsive therapy. The Guardian, August 5, 1988

6A. About 25 per cent of people with endogenous depression kill themselves. The Guardian, December 21, 1988

Exogenous/reactive depression:

7A. Medically speaking in this case it would be described as a reactive or exogenous depression rather than an endogenous one; it would not therefore be thought of as a psychiatric disease, nor as one which would respond to medical treatment, since the condition would be due not to changes in the biochemistry of the brain but to, as Harry Truman would say, the heat in the kitchen.

The Times, June 30 1988,

8A. Various forms of psychotherapy are used to treat reactive depression, although antidepressive drugs may help resolve a prolonged episode. The Guardian, August 5, 1988

9A. But most of these referrals over Christmas are connected with reactive depressions, precipitated by any combination of factors, particularly life events - bereavement and divorce, for example.

The Guardian, December 21, 1988

10A. Reactive depression, on the other hand, is only quantitatively different from the norm.  
The Guardian, August 5, 1988

## **B. Phase 2 (1989 - 1993)**

### Endogenous depression

11B. For years it has been fashionable to talk about 'endogenous depression' (coming from within) and 'reactive depression' (a response to an upsetting life event or difficulty). Now it has emerged that depression is more complex, and that the differences between the types are less clear cut than previously supposed, these terms are less widely used. The Guardian, September 29, 1989

12B. Endogenous depression, for example, is invariably worse in the morning; reactive depression in the evening and when the individual is alone. The Guardian, January 31, 1992

13B. Endogenous depression may also cause hallucinations and feelings of self remorse and guilt.  
The Guardian, January 31, 1992

14B. He's also a self-confessed workaholic, with a wife who suffers from "endogenous depression", so Clare asks him (ever so politely) if his workaholicism and his wife's depression might be associated.  
The Guardian, July 24, 1993

15B. Recurrence rates were much the same whether the patient had endogenous depression, which seems to be related to a chemical imbalance within the brain, and has a strong familial link, or depression which has arisen in cases where a patient's less than robust personality has been confronted with an unfavourable environment. The Times, March 30 1989

16B. Sleep deprivation also appears to discriminate between so-called 'reactive depression', which can follow a life event such as bereavement, job loss or divorce, and 'endogenous depression', which arises without an apparent trigger. The Independent December 5 1989

### Exogenous/reactive depression

17B. In the past, depressive illnesses have been classified in two groups, variously described as psychotic, true or endogenous, and neurotic, reactive or exogenous. The terms are too simplistic, but even so there are obvious differences in the symptoms from which depressed patients suffer, and there is no doubt that to some extent these can be grouped together. The Times, August 30, 1990

18B. Reactive depression may be "the last straw" – the culmination of persistent, nagging symptoms.  
The Guardian, January 31, 1992

19B. So-called reactive depression, brought on by "understandable sadness" at the death of a close relative, a loss of job, or the onset of a fatal illness, is probably just another category of trigger of mainstream depression. The Independent, November 24, 1991

20B. Yet an anxiety neurosis or a reactive depression might be a recognisable psychiatric illness, with or without psychosomatic symptoms. The Guardian, May 2, 1989

## **C. Phase 3 (1999-2003)**

Endogenous depression:

21C. When a person suffers a bout of endogenous depression this is primarily a chemical or biological complaint which is often provoked by traumatic events. Sunday Mirror July 19, 1998

22C. Suffers of manic or bi-polar depression have identical symptoms with those of endogenous depression, apart from the unique spells of elation or mania with which it alternates. Sunday Mirror July 19, 1998, Sunday

23C. Some put it down to biochemistry, and indeed a minority of people do become depressed for no apparent reason, sometimes called endogenous depression. Some psychologists insist all depression is a reaction to adverse life events, such as bereavement, redundancy or divorce, or long-term family or childhood problems. Most people, however, acknowledge that the truth is somewhere in between, pointing to research that shows emotional reactions to life events can actually cause chemical changes in the brain. The Guardian, February 25, 1997

24C. Reactive and endogenous depression rarely feature now in research journals, but those psychiatrists who are not given to reading their profession's research still talk of them as if they are real diseases. The Guardian, March 25, 1995

25C. Reactive depression was supposed to occur when a person got depressed after something distressing had happened in his life. Endogenous depression was supposed to be an illness which arose from within a perfectly normal person leading a perfectly normal life where nothing untoward had happened. It was always the psychiatrist, not the patient, who decided whether the events in the person's life merited a reaction of depression. The Guardian, March 25, 1995

Reactive depression:

26C. Reactive depression is an extension of the normal upset feeling following an unhappy event such as the death of a close relative or friend, marriage break up or loss of employment. Sunday Mirror, July 19, 1998, Sunday

27C. Certainly, reactive depression can be a warm and comforting sort of chrysalis in which to pupate. It can be a perfectly sensible way to react to loss and suffering, at least for a while. The Independent, July 5, 1997

28C. Biological depression tends to be dealt with by drugs, but reactive depression is more sensibly dealt with by talking and understanding. The Guardian, February 25, 1997

29C. The reason that endogenous and reactive depression have vanished from the research literature is because, despite many years of extensive research, psychiatrists have not been able to prove the existence of two such distinct illnesses. The Guardian, March 25, 1995

## Appendix 14 Paraphrases of *psychotherapy*

**278 concordance lines in total**

**101 paraphrases found**

### **A. Phase 1 (1984 - 1988)**

1A. Various forms of psychotherapy are used to treat reactive depression, although antidepressive drugs may help resolve a prolonged episode. The Guardian, August 5, 1988

2A. Drugs offer only symptomatic relief; they do not solve problems, they do not get to the root of depression or anxiety and above all they do not help people to make sense of their suffering and pain. Treatments such as psychotherapy aim primarily to do that. The Times, September 22 1986

3A. Whether the advice is sound or not, psychotherapy and counselling are based on the belief that it is better in the long run to make up your own mind and be responsible for your own decisions and actions. The Times, September 22 1986,

4A. In *The Heart of Psychotherapy* George Weinberg comments: "As psychotherapists we will see a great many patients who have never been listened to. Their parents paid attention only when they liked what was being said, if at all. Many of our patients would be quite different if only someone, some adult, had taken the time to hear them out." The Times, September 22 1986

5A. The report predicted increased demands on psychotherapy services in the community as community care came to replace hospital care of the mentally ill. The Guardian, January 7, 1988

6A. David Malan, a retired NHS psychotherapist now in private practice, says most of his patients do not feel ashamed about seeking treatment. "The people who seek psychotherapy tend to be better educated, and they don't seem to mind telling their friends that they are getting help." The Times, August 5 1988,

7A. Sadness of some kind is the commonest reason for seeking psychotherapy: a one-to-one treatment involving the client and the counsellor. The Times, August 5 1988,

8A. She had a GP who did not fob her off with tranquillizers but agreed that psychotherapy was probably the answer. The Times, September 22 1986,

9A. The district health authority, confronted with being Pounds 3 million overspent, decided that considerable savings could be made among the psychotherapy services. The Guardian, January 7, 1988

10A. The objective outsider is a key to any success which psychotherapy may achieve. The Times, September 22 1986,

### **B. Phase 2 (1989 - 1993)**

11B. Drug treatment is often combined with psychotherapy or counselling. The Guardian, February 8, 1992

12B. I recommend drugs for symptoms and counselling and psychotherapy for the problems that underlie the symptoms. The Times January 31, 1992,

13B. For patients the choice is between drugs or psychotherapy. The latest evidence suggests the most effective treatment is a combination of both. The Independent, May 28, 1991

14B. In practice, it will usually be some combination of psychotherapy and antidepressants, although we tend to be wary of drugs and only use them in severe cases. The Independent, November 24, 1992

15B. He believes that the best results come from a judicious combination of drugs and psychotherapy. The Times August 28, 1992

16B. Perversely, increased interest in treating mental illness chemically with drugs, rather than through analysis or psychotherapy, has seen the return to the supposedly old-fashioned ECT, which works like a very strong drug on the brain's neurotransmitters. The Times July 29, 1993

17B. Psychiatrist Cornelius Katona welcomes the new trial of oestrogen but points out that conventional psychotherapy and antidepressive drugs have both been shown to alleviate PND, suggesting that psycho-social explanations of PND are highly relevant. The Guardian, August 9, 1989

18B. We are looking at the drug approach because relaxation, counselling and psychotherapy don't seem to help either. The Sunday Times, September 6, 1992

19B. Despite a growing medical recognition of the potential importance of psychotherapy and counselling in contributing to lasting recovery, there is a lack of consensus over what kind of psychological counselling is most likely to help and a dearth of the skills needed to make it work. The Sunday Times, October 11, 1992

20B. Psychiatrists are not trained in counselling or psychotherapy, and are therefore often forced to rely on medication or ECT as their only treatment weapons. The Guardian, February 6, 1992

21B. COUNSELLING and psychotherapy is an art rather than a science. Though training, including extensive therapy, certainly helps, it is not a guarantee against incompetence or abuse. The Independent, April 26, 1992, Sunday

22B. There is a great stigma in our culture about psychotherapy and counselling. People are very reluctant to admit to having emotional difficulties; it means you are either mad or ill. The Guardian, December 15, 1993

23B. The British, on the whole, are still suspicious of psychotherapy. They think it involves hours of discussion about potty training. Nor do many people have a spare pounds 100 a week, which intensive therapy can cost, or a desire to spend up to two years puzzling out the unconscious conflicts that their childhood traumas have set up. The Independent, December 13, 1992

24B. Colby told AI Week, a US newsletter, that psychotherapy was only for ‘the well bred, the well fed, and the well read.  
The Guardian, July 26, 1990

25B. You can sum it up as: pills for symptoms, psychotherapy for problems. But the biggest puzzle about the boom is that it has happened in the absence of any hard scientific evidence that psychotherapy actually works. It does not come cheap, either.  
The Independent, June 11, 1991

26B. The worst feature of the psychotherapy scene is its secrecy. For almost 10 years a set of documents known as the ‘‘yellow pages’’ has been circulating among professionals, setting out details of the approach, training and ethics of the different groups. But this is not available to the public because no agreement has been reached on which groups should be approved.  
The Independent, June 11, 1991,

27B. Everyone seems to want psychotherapy, but how do you know who to go to and will it do any good?  
The Independent, June 11, 1991

28B. Psychotherapy is valuable in sorting out problems but not in treating depression.  
The Independent, June 11, 1991

29B. Concern about the damage private therapists may do to emotionally vulnerable people dates from 1971, when a government enquiry into the quasi-religious cult, Scientology, recommended legislation to regulate psychotherapy.  
The Times January 12, 1993

30B. As well as conventional psychotherapy, you can get transactional analysis, Gestalt therapy, personal construct psychology, hypnotherapy to name only a few. Millions of pounds are being spent by vulnerable people in search of answers to life’s problems, and those who promise them operate free of all controls.  
The Times January 12, 1993,

31B. The risks of damaging psychotherapy might be reduced if more controls were imposed on its practitioners. Anyone can call themselves a psychotherapist, buy a couch and a small ad in the paper, and set up in business.  
The Independent, June 11, 1991,

32B. In 1971, when concern about Scientology was at its height, a government inquiry recommended that legislation be introduced to control psychotherapy.  
The Independent, June 11, 1991,

33B. But the demand for psychotherapy is now so great that it is outstripping the supply, creating opportunities for the unscrupulous to step in.  
The Times, January 12, 1993,

34B. For psychotherapy, it has taken major effort to gain a minor foothold in the training of psychiatrists and in NHS services.  
The Guardian, February 15, 1992

35B. A NEW quick-fix brand of psychotherapy is being used to rout mental problems in as little as five hours. The treatment, called ‘cognitive therapy’, is being used to sweep away depression. Whereas conventional psychoanalysis looks to the unconscious mind for the roots of emotional problems, behavioural therapy aims to change the way we act, cognitive therapy works by altering the way we think.  
Daily Mail, March 9, 1993

36B. Unlike many other forms of psychotherapy, CBT has been subjected to numerous trials to assess its efficacy.  
The Independent, December 13, 1992

37B. Some evidence suggests that cognitive therapy (a form of psychotherapy) may make a recurrence less likely. The Independent, May 28, 1991,

**Phase 3 (1994-1998):**

38C. Someone who had believed primarily in the power of talk psychotherapy, Kramer quickly became a believer in the chemical fix. The Guardian, February 18, 1995

39C. Psychotherapy is not a panacea: in schizophrenia and severe depression, drug treatment is much more effective than psychotherapy; The Guardian, February 25, 1994

40C. Unfortunately, though, psychotherapy frequently fails to work at all, and is nearly always slow and expensive. Mail on Sunday, November 1, 1998

41C. Dr Eric Hollander, professor of psychiatry at New York's Mount Sinai School of Medicine, told a symposium in Madrid that many of these behavioural disorders had biological origins and that fluv oxamine often helped where psychotherapy had failed. The Independent, January 24, 1996

42C. Psychotherapy, too, changes activity in certain brain modules; when it works, the effect on the brain is identical to a successful course of drugs. Mail on Sunday, November 1, 1998

43C. Many patients do not require psychotherapy so much as time to talk. Time and listeners are scarce in the NHS. The Guardian, March 8, 1994

44C. And while it may be a truism that psychotherapy is the religion de nos jours, it is true that today's therapist hears the problems that parish priests have always heard. The Independent, March 17, 1996, Sunday

45C. She said it was "a shame" that psychotherapy organisations had been omitted because it sent the wrong signal. "Psychiatrists have little training in psychotherapy and to a large degree discredit it." The Independent, April 23, 1998,

46C. THE launch of a three-year campaign to improve the treatment of depression caused unhappiness yesterday when psychotherapy organisations discovered they had been left out. The Independent, April 23, 1998,

47C. Dominic Lam, at the Institute of Psychiatry, Maudsley Hospital, specialises in MD and says more research is needed into ways in which psychotherapy can be used together with medication. The Guardian, December 13, 1995

48C. I admit there are lots of problems with psychotherapy, but for the life of me I can't see that the cognitive approach is such a wonderful alternative. The Independent, September 9, 1997

**D. Phase 4 (1999 - 2003)**

49. Ideally, she should enter a hospital where drugs would moderate her life-threatening depression and psychotherapy would help her to understand its causes and her life. The Guardian, November 26, 1999

50D. Depression is not treated either solely with pills or with cognitive psychotherapy but with a combination of both. The Times, June 3, 1999

51D. Treatment with antidepressants and psychotherapy can help. The Guardian, September 10, 1999

52D. Antidepressants and psychotherapy in combination: Half of patients who stop drug therapy after six months will relapse. But maintenance therapy with drugs or psychotherapy will half the relapse rate. The Mirror July 8, 1999

53D. Treatment for all forms of depression varies. It includes medication, electric shock treatment, psychotherapy and hospital admission. The Daily Telegraph, May 16, 2001

54D. The most common approach for manic depressive patients tended to be drugs, usually lithium, combined with psychotherapy or counselling. The Daily Telegraph, May 16, 2001

55D. If you have experienced a crisis of some kind, it may well be that counselling, or a brief therapy, would suit you best. If, however, you feel your problems are more historical and less specific, then psychotherapy might be the most helpful approach. If one particular therapist does not suit, find another. The Guardian, January 13, 2001

56D. He believes the "talking therapies" - psychotherapy, Cognitive Behavioural Therapy and so on - are helpful. The Daily Telegraph, February 22, 2001,

57D. Why did she never have cognitive behavioural psychotherapy, which has been shown to be as effective as drugs? The Observer February 21, 1999

58D. Psychotherapy, an intensive form of 'talking' treatment, can help while some sufferers prefer stress control and relaxation groups. Medication is not usually a first-line treatment as drugs can have side effects. Daily Mail, April 17, 1999

59D. Psychotherapy is a dynamic practice. Its essence is not technical (although technical skills are required), nor is it theoretical (although no therapist can work without rather complex models of the mind). The Observer July 4, 1999

60D. Four years ago one big study found that psychotherapy and drugs were about equally effective for depression, while another comparing a placebo, cognitive therapy, interpersonal therapy and anti-depressants found they all produced similar results. The Guardian, December 7, 1999

61D. Counselling is simply a description of a role rather than a particular theoretical practice; it embodies a wide range of techniques and approaches, from specific advice and treatment programmes, through to longer term psychotherapy. Although professionals in the field tend to emphasise the difference between counselling and psychotherapy, the differences that do exist are to a large extent based on length of training. The Guardian, January 13, 2001

62D. People with serious mental health problems are being helped by counselling and psychotherapy. The Guardian, January 13, 2001

63D. Due to its less formal perception, people often seek counselling rather than psychotherapy. The Independent, May 27, 1999

64D. Psychotherapy is a much more intensive and much longer sphere in which to train. The Independent, May 27, 1999,

65D. Phillip Hodson of the British Association for Counselling and Psychotherapy estimates that there are 300,000 professionals, all using different disciplines, to counsel us. Daily Mail, March 4, 2002

66D. Professional psychotherapy demands commitment and - usually - money and time is rarely offered on the NHS. And it is not suitable for everyone. The Daily Telegraph, February 22, 2001

67D. A recent Department of Health report suggested that as many as two and half million people in Britain offer talking treatment to others, and psychotherapy is on offer for every twinge of mental angst. Yet there is practically no evidence that it works. The Times, October 11, 1999

68D. She admits she spent 30 years having "counselling, psychotherapy, analysis and group therapy". But today she has serious doubts about the worth of such counselling. The Times, October 11, 1999,

69D. In fact, if anything, one might complain that psychotherapy itself has been too reticent about its own accomplishments. The Observer July 4, 1999

70D. The call for psychotherapy would appear to be waning over the last decade as the "Quick Fix Culture" forces the NHS to look for faster, less expensive treatments. The Independent, May 27, 1999,

71D. In 1977 the British Association for Counselling had 1,300 members; it now has more than 16,000. The UK Council for Psychotherapy saw its register grow from 3,700 last year to 4,500 this year. The Times, May 8, 1999,

72D. Horgan suggests that psychotherapy should really be considered as a form of literary criticism and there is evidence that religion is the best cure of all. The Guardian, December 7, 1999

73D. Studies show that jogging for 30 minutes three times a week is as effective as psychotherapy in treating depression. The Mirror September 14, 2001

74D. The antidepressant effect of exercise is as powerful as some traditional forms of treatment such as psychotherapy and group therapy. The Mirror September 14, 2001

75D. Given that it is impossible to treat all the patients with depression who would benefit from face-to-face psychotherapy, Prof Gray concludes: "Computer therapy for depression offers an exciting advance." The Daily Telegraph, April 02, 2002

76D. All the same, one classic study from the 1950s showed that while the same number of patients 64% were helped by psychotherapy or other talking therapies, 66% got better with no treatment at all. The Guardian, December 7, 1999

77D. What is not so often publicised is that several large-scale trials have found that patients recover at about the same rate whether they are given psychotherapy, drugs or a placebo. The Guardian, December 7, 1999

78D. It was suggested initially that I try Cognitive Behaviour Therapy (CBT), a method which I knew had helped many people, and is currently favoured above psychotherapy by many psychiatrists in the treatment of certain depressive illnesses. The Guardian November 8, 2003

#### **E. Phase 5 (2004 - 2009)**

79E. The results of a trial, published in the British Medical Journal in 2000, showed that psychotherapy was the best and most cost-effective treatment for depression. The Daily Telegraph, July 1, 2006

80E. Psychotherapy is a well-established talking treatment for mental and emotional problems. The aim is to uncover and discuss issues related to the client's mental state and help him or her use this self-awareness to break free of negative thought patterns. Childhood experiences are regarded as crucial, and emphasis is placed on examining the past and how it affects present behaviour. The Daily Telegraph, July 1, 2006

81E. Even when a young person is severely depressed, the first step should be psychotherapy for around three months. Only if there has been no improvement after four or five sessions should the doctor - and by this stage it would be a psychiatrist - consider prescribing Prozac. The Guardian, September 28, 2005

82E. Dr Kingerlee believes psychotherapy, probably the most effective treatment, can be like looking in a mirror. The Daily Telegraph, April 27, 2004

83E. Most, if not all, cases of depression require treatment by psychotherapy, either alone or in combination for a period with carefully chosen medication. The Guardian, June 9, 2004

84E. As someone who has spent more than decade on anti-depressants and a couple of years in psychotherapy, I believe that taking anti-depressants without therapy is rather like putting pretty wallpaper over a cracked wall. Sooner or later, the cracks begin to show. The Daily Telegraph, April 27, 2004,

85E. Because of the suspicions of scientific researchers and the general public, research that has by now conclusively demonstrated the effectiveness of psychotherapy is perhaps the most intensively scrutinised of all. The Guardian, June 9, 2004

86E. Studies have shown that certain types of psychotherapy (for example, cognitive-behavioural therapy) can be as useful as, if not better than, drugs to treat certain mood disorders. The Guardian, March 12, 2009

87E. But his policy was to try psychotherapy first and use pills only if that did not work. Daily Mail, September 28, 2005

88E. Prof Cottrell, who said his general policy was not to give medication until psychotherapy had been shown to be ineffective, said: "We do not think that medication should be the first line in treatment. Where psychological therapy has been offered and is not working, medical treatment could be offered as well - the two should interact together. The Daily Telegraph, September 28, 2005

89E. It recommended they should be given anti-depressants only in conjunction with psychotherapy.  
The Guardian, December 7, 2004

90E. Dr Graham Archard, the clinical vice-chairman of the Royal College of General Practitioners, said: "With a chronic shortage of counselling and psychotherapy available on the NHS, GPs often feel they have little choice but to prescribe anti-depressants in mild to moderate cases."  
The Guardian, December 7, 2004

91E. The government has already committed £173m to plug gaps in mental health provision. It has promised to train 3,600 more therapists and hundreds more specialist nurses. A psychotherapy centre will be established in every primary care trust by the end of next year. The Guardian, June 21, 2009 Sunday

92E. And the report said most common alternative approaches - psychotherapy and counselling - are often in short supply, with patients being asked to join long waiting lists. The Guardian, June 21, 2009 Sunday

93E. There is no doubt that talking therapies - such as counselling, psychotherapy, Cognitive Behavioural Therapy - increase recovery and prevent relapse, but provision is patchy.  
Daily Mail, April 6, 2004

94E. "It is sensible to go via an organisation such as the British Association for Counselling and Psychotherapy or the UK Council for Psychotherapy," says Phillip Hodson, fellow of the British Association of Counsellors and Psychotherapists. "They have a register of qualified, accredited counsellors or psychotherapists." This gives safeguards, but it is not foolproof.  
The Guardian, May 29, 2007

95E. Psychotherapy, on the other hand, needs care and time. It's much easier, and more acceptable, for many people to take anti-depressant drugs as a quick fix than to undergo therapy - if they can find any on the NHS, or afford it privately. Daily Mail, July 7, 2008

96E. We urge our CBT colleagues and Government officials to refrain from acting on this harmful myth and to broaden the scope of access to include other effective forms of psychotherapy and counselling. Daily Mail, July 7, 2008

97E. CBT is the most widely practised branch of psychotherapy. It was developed in the Seventies by Professor Aaron T Beck, of the University of Pennsylvania, who, in his treatment of depression, found that a combination of cognitive and behaviour therapies was more effective than psychoanalysis.  
The Daily Telegraph, February 20, 2006

98E. A review of more than 80 studies found these other forms of psychotherapy were as effective as CBT. Daily Mail, July 7, 2008

99E. There is no doubt that CBT has the weight of scientific evidence behind it when compared with other forms of psychotherapy, such as the let-them-talk-freely ideas of Rogerian counselling or psychodynamic therapy, which tend to be much harder to subject to clinical trials because of their more nebulous nature. But while there are few, if any, mental health specialists prepared to dismiss CBT out of hand, there are a significant number of experts who feel that CBT is being grossly oversold. The Guardian, June 30, 2006

100E. Physical activity is effective in the treatment of clinical depression and can be as successful as psychotherapy or medication. The Guardian, May 15, 2007

101E. It needs to be one among a range of approaches which can include counselling, psychotherapy, music, play and drama therapies, and group analysis, as well as opportunities for convivial forms of social life. What these all have in common is a recognition that lasting healing grows out of a therapeutic relationship. The Guardian, June 17, 2006

## Appendix 15 Paraphrases of *antidepressant*

**369 concordance lines in total**

**50 paraphrases found**

### **B. Phase 2 (1989 - 1993)**

1B. Antidepressant tablets are an effective treatment for many suffering from the classic signs of depression - loss of weight and appetite, fatigue, anxiety, poor concentration, loss of sex drive and suicidal thoughts. Daily Mail, February 4, 1992

2B. 'We are very concerned that people are confusing antidepressants with tranquillisers - antidepressants are not addictive,' said Professor Priest. 'For some depressed patients, a course of antidepressant tablets is the only effective treatment. Daily Mail, February 4, 1992

3B. Current antidepressant drugs used in treatment are effective in 70 per cent of cases. These drugs work on the chemical messengers which make contact with sites on nerve cells within the brain. The Times June 3, 1992,

4B. Cognitive therapy - a three-month treatment to change moods by altering the way people think and relate to their surroundings - proved in a trial to be as effective as antidepressant drugs in treating unipolar recurrent depression, the most common form. The Times September 11, 1993

5B. Since several hundred people die every year from suicidal antidepressant overdoses, that is not a trivial point. The Guardian, January 31, 1992

6B. It also has some advantages over antidepressant drugs since the side effects of ECT usually wear off quickly, whereas those of antidepressants may last as long as the course of treatment and it is impossible for patients to take an accidental or deliberate overdose of ECT. The Guardian, January 31, 1992

7B. Yet 70 per cent of those who do seek help find relief with either antidepressant drugs, psychological treatment or both, in a matter of weeks. The Independent, May 28, 1991

### **C. Phase 3 (1994-1998)**

8C. What antidepressants actually do for many people is to relieve long-standing mild depression, which has made them unhappy, pessimistic and functioning below their optimum. The Guardian, February 10, 1994

9C. Unfortunately, no drug is without side-effects. The tricyclic antidepressants can cause tiredness, shaking, dry mouth, irritating cough, hunger, constipation and, in older men, a difficulty in passing urine. But these are relatively trivial compared with the risk of fatal heart problems when taken in overdose remember that almost by definition depressed patients have suicidal tendencies and risk overdose. The Times February 15, 1994

10C. Antidepressants correct the imbalance in the chemical make up of the brain which causes the depression. They are not addictive and are often used in addition to therapy and counselling. Patients

sometimes need to take several medications simultaneously. The Independent, December 14, 1998

11C. Antidepressants increase the levels of brain chemicals believed to be lacking in those who suffer from clinical depression. Daily Mail, September 23, 1997

12C. Many people are ambivalent about the idea of using antidepressants, instinctively feeling that “talking” treatments must be better. That is fine for mild depression, but according to doctors, in severe depression it is essential to relieve the symptoms before any psychological treatment has a hope of working. The Times July 6, 1995,

13C. “There are good reasons for using antidepressants just as there are for using antibiotics, but these are clinical decisions.” Daily Mail, September 10, 1998

14C. SSRIs, whose prescriptions rose by 732 per cent, have fewer side-effects than the older tricyclic antidepressants and those who take them are less likely to discontinue the course of treatment. The Independent, February 28, 1997

15C. Suicide is one of the natural outcomes of untreated depression and SSRIs, in contrast to the older antidepressants, are safe in overdose. The Independent, August 28, 1994

16C. Prozac is one of the group of antidepressant drugs known as 5HT re-uptake inhibitors. These drugs are safer than the older tricyclic group of antidepressants, for they are less sedative and do not cause the cardiac irregularities which can even be, very occasionally, dangerous to the patient. If taken in overdose, they are less likely to result in a fatality. The Times, September 12, 1996

17C. There is no significant difference in efficacy or compliance with treatment between tricyclic antidepressants and SSRIs. Compliance is clearly related to acceptability by patients of the effect of the drugs. The Independent, February 20, 1997

18C. The report, which purely examines prescription levels rather than analysing their effect, warns that the rise in the use of SSRI antidepressants, which are far more expensive, is “potentially a huge burden on the NHS budget”. The Independent, February 28, 1997

19C. And Seroxat one of the new generation of antidepressants which, like Prozac and Viagra, is now marketed as a ‘lifestyle’ drug - did help me out of my depression, but at terrible cost. Daily Mail, December 22, 1998

20C. Talking treatments used in conjunction with antidepressants are usually very effective. The Observer May 12, 1996

21C. Treatment Moderate and severe depression requires antidepressants and usually some form of talking treatment. The Observer May 12, 1996

#### **D. Phase 4 (1999 - 2003)**

22D. Whatever the cause, depression needs to be taken seriously and can be treated successfully by a variety of treatments such as counselling and antidepressants. The Times, December 30, 2003

23D. In the wings, meanwhile, a new generation of antidepressants - Prozac and the other SSRIs - were being hailed as the latest wonder drug. Independent on Sunday, November 23, 2003

24D. Its studies show that even with correct diagnosis, only 39 per cent continued to take antidepressants for the minimum period of six months. Regrettably the average dose prescribed is usually half that recommended by specialists. The Times, April 22, 1999

25D. Other patients whose depression is less clear-cut and less typical don't always do so well with medication but often, to the surprise of patient and doctor alike, they do respond to medication. Increasingly, antidepressants are now being used to treat these atypical depressives. The Times, December 30, 2002

26D. The herbal remedy St John's Wort is also popular. "But evidence that it works is not as good as for antidepressants," says Dr Hallstroem. The Express, October 28, 1999

27D. Millions of people already manipulate their brains by taking psychotropic drugs - prescription antidepressants, tranquillisers and stimulants. But even as we take the pills, we disapprove of them. The Times, October 11, 1999,

28D. Cipralex escitalopram and Efexor XR venlafaxine are two comparatively new antidepressants which have been vying for favour over the past few months. Cipralex is an SSRI - a 5HT reuptake inhibitor; Efexor XR is a 5HT and noradrenaline reuptake inhibitor. The probability is that some patients will respond better to one, and some to the other. The Times, December 19, 2002

29D. Meanwhile, the depressive component of the disorder is treated with antidepressants. The ones favoured are those that also have a strong antianxiety effect -5HT reuptake inhibitors with the appropriate qualities are usually prescribed. The Times, September 27, 2001

30D. The Government predicts that half of all women and a quarter of all men will be affected by depression at some period during their lives. But there are serious concerns that antidepressants have become lifestyle drugs, handed out like sweets to patients. Daily Mail, October 21, 2003

31D. Doctors are being forced to prescribe antidepressants to patients who may not need them because of huge mental health waiting lists. Daily Mail, May 8, 2002

32D. It is too early to collate hard statistics but anecdotal evidence suggests that there has been a surge in people asking their GPs for therapy or antidepressants. The Times, September 20, 2001

33D. The tincture contains St John's Wort (hypericum perforatum) which has an established reputation as a natural antidepressant, combined with valerian, which has calming and sleep-inducing properties. Daily Mail, February 7, 2000

34D. These were antidepressants without (unpleasant) side effects. That was their unique selling point. They were no more effective at lifting depression than the tricyclics which preceded them, but they did it without causing the dry mouth, constipation and drowsiness that were frequent side effects of the older, dirtier, drugs. The Independent, February 2, 1999

35D. SSRI-type antidepressants have only been licensed for adults but are used by 50,000 children in Britain. Daily Mail, December 11, 2003

36D. No antidepressant is a happy pill, and if you emptied out a Prozac capsule, cut its contents into lines and snorted them up, you would not get high. The Guardian, January 21, 1999

37D. Treatment with antidepressants and psychotherapy can help. But work can also be part of the solution. The main goal of many people with depression is to get back to work. The Guardian, September 10, 1999

38D. Plus exercise, unlike antidepressants, works immediately and has no negative side-effects. The Mirror September 25, 2003,

### **E. Phase 5 (2004 - 2009)**

39E. Studies show that regular exercise is as good as antidepressants for mild-to-moderate depression. The Mirror April 29, 2008

40E. After a career in conventional medicine, Servan-Schreiber's theory is that exercise can be as effective in treating depression and stress as antidepressants. The Guardian, May 4, 2004

41E. Not only does regular exercise help prevent heart disease, stroke, some cancers and slow the progression of Alzheimer's, it's as effective for mild to moderate depression as some antidepressants. The Mirror February 18, 2009

42E. The Royal College of Psychiatrists, however, says that CBT is "the most effective psychological treatment for moderate and severe depression; as effective as antidepressants for many types of depression". The Guardian, June 30, 2006

43E. We listen to a thousand callers a week, and while 86% of those reporting depression are given antidepressants, only 6% receive any form of counselling or talking therapy, yet that is what they say will help them most. The Guardian, September 21, 2005

44E. More than \$20 billion of antidepressants are sold around the world each year, even though many of them, including the famous Prozac, are available as cheap generics. The Times, December 4, 2009 Friday

45E. "The ideal treatment for someone with moderate depression is a combination of antidepressants and Cognitive Behavioural Therapy (see the table opposite). But access to therapists is limited on the health service so patients often end up with just the medication." The Mirror, October 24, 2006

46E. The number of prescriptions for antidepressants in England has almost tripled in the last 10 years, with many GPs admitting that they prescribe antidepressant medication because they can't access talking therapies for their patients - waiting times can be as long as 18 months. The Guardian, January 3, 2007

47E. Seroxat is far too extensively prescribed, especially for mild and moderate depression. But antidepressants - including SSRIs - do work, and can prevent suicides in severe cases. However, they are not wonder drugs. Daily Mail, March 23, 2004

48E. But there is a danger that scare stories are destroying faith in one of our most powerful weapons in the fight against depression. This has been highlighted by two thoughtful analyses published this week. The first was an American study, using UK data, showing that while antidepressants are linked to suicidal thoughts in the first weeks of use, this effect is not caused by the drugs. Rather, it is because their benefits take time to kick in. The Times, July 24, 2004

49E. Taking antidepressants has never made me "happy". No pill can do that. The Guardian, January 11, 2005

50E. Happiness is a state of mind beyond the reach of any potion, pill or witch's brew. Antidepressants stabilise, restore, balance and carry out complex repairs. When I take antidepressants for depression and anxiety, I see it as no different from calling out a plumber to fix a leaky pipe or an electrician to repair a blown fusebox. The Guardian, January 11, 2005

## Appendix 16 Paraphrases of 抑郁症 (depression)

775 concordance lines in total

106 paraphrases found

### A. Phase 1 (2000-2001)

1A. 研究证实, 苹果还可以治疗抑郁症。原因是苹果的香气对人的心理影响很大, 它具有明显的消除心理压抑感的作用。Research shows that eating apples can treat depression. The reason is that the pleasant fragrance of apples can help to remove psychological pressure. Xinhua Net, 2000-06-13, source: 39 Health Net (www.39.net)

2A. 近年来, 抑郁症及其他心理疾病的患者都呈现出上升的趋势, 专家分析说: “随着我国入世后竞争更加激烈, 工作节奏加快, 更多的人会感到紧张、疲劳和郁闷, 也就有更多人需要心理疏导。” In recent years, there has been an increase in the number of people suffering from depression or other psychological diseases. Experts argued that “since China entered the World Trade Organisation, people’s pace of work has been accelerating. More and more people feel stressed, tired and depressed, and thus they need more psychological guidance and support.” Xinhua Net, 2001-11-29

3A. 抑郁症目前已成为世界第四大疾患。现实的种种压力, 许多人想得通, 也扛得下, 但理智上接受的同时, 情感上未必能够克服, 如果抑郁的心情没有及时宣泄或者疏导, 任其发展, 积郁成疾, 就是抑郁症的不良苗子。Depression has become the fourth most important disease in the world. Although people may accept rationally the wide range of pressures they now face in daily life, they might not be able to handle them emotionally. If this kind of psychological stress is not released and managed in time, people’s depressed moods can develop into the serious condition of depression. Xinhua Net, 2001-11-29

4A. 抑郁症是一种以持久的心境低落为特征, 伴有躯体不适和睡眠障碍的心身疾病, 有的以内因为主, 也有的以外因为主。Depression is both a physical and a psychological illness, featuring a persistently depressed mood, somatic discomfort and sleeping disorder. The cause of such a condition might be either external or internal. Xinhua Net, 2001-10-23, source: China Medical Newspaper

### B. Phase 2 (2002-2004)

5B. 精神疾病中最常见的抑郁症是一种慢性、致残率高的疾病, 它的发病率和死亡率都很高。所以, 无论是首次发作还是再次发作都有长期治疗的必要, 这对于预防复燃和复发都有很重要的意义。Depression, as the most common mental disease, is a chronic and serious illness that can cause disability. It has a high rate of occurrence and can cause death. Therefore, long-term treatment is an important requirement even from the first bout of depression, in order to prevent its recurrence. Xinhua Net, 2003-10-10

6B. 抑郁症是抑郁情绪长期无法得到排解的异常状况。Depression is a disorder caused by the situation that long-term depressed mood cannot be released. Xinhua Net, 2002-07-30, source: Health Times

7B. 全球抑郁症发病率约为 11%。遗憾的是, 许多人并没有意识到抑郁的危害, 不能积极调节心态, 长期 (一般在 3 个月以上) 笼罩在抑郁的阴影下无力自拔, 影响到正常生活的能力, 这时他们就患上了抑郁症。The incidence rate of depression in the world is about 11%. It is regretful to see that

many people have not realized the seriousness and cannot have a good psychological adaptation. To be more specific, if a person cannot walk out of the shadow of depressed emotions for over 3 months and his life is affected, he is now suffering from depression. Xinhua Net, 2002-04-26, source: Global Times

8B. 每年9月至11月是抑郁症高发期，患者主要集中在20岁至50岁之间的人群，多表现为焦虑、忧伤、悲观、食欲和睡眠质量下降。The period between every September to November is the high-incidence season for depression. Sufferers are usually between 20 to 50 years old. The main symptoms of depression are anxiety, depressed feeling, pessimism, lower appetite and poor quality of sleeping. Xinhua Net, 2003-11-02

9B. 抑郁症是情绪障碍的一种，它的核心症状有三个：情绪低落、兴趣全面减退、体力脑力疲乏。Depression is a type of emotional disorder. Its three core symptoms are: depressed mood, lack of interest, weak physical and mental strength. Xinhua Net, 2003-10-10

10B. 抑郁症是自杀的头号"杀手"。Depression is the first important cause of suicide. Xinhua Net, 2003-09-10

11B. 抑郁症是每个人都可能得的心理疾病。它不能说明你心胸狭窄，也不能说明你品质低劣或意志薄弱。总之，抑郁症与感冒没有任何区别，它只是一种普通的疾病。Depression is a kind of psychological disease that might attack anybody. Sufferers of depression are not necessarily narrow-minded, with a bad personality or weak will. Essentially, depression is just like catching a cold: it is a very common disease. Xinhua Net, 2003-10-09

12B. 抑郁症与精神分裂是两回事。我国抑郁症病人往往心存顾虑，不愿到心理科或精神科就诊，怕被人轻视或称为"精神病"。其实，抑郁症是可以治好的，抑郁症也不会发展为精神分裂。Depression is different from split personality. Chinese depression sufferers are always scrupulous and do not want to be treated in the department of psychology or psychiatry. They are afraid to be called "mental illness sufferers". Actually, depression can be treated and cured, and it will not develop into split personality. Xinhua Net, 2003-10-09

13B. 抑郁症对你的发展很可能是件好事。它让你陷入反思和内省，治愈后你的精神可能会达到比以前更高的层次。所以，如果你抑郁了，不要认为自己是不幸的。Depression may be good for your personal development. It can help you to reach a state of reflection and meditation. After you are cured, you can have a higher level of mental states. Therefore, if you are depressed, don't feel that you are unlucky. Xinhua Net, 2003-10-09

14B. 如果你或你的亲人得了抑郁症，千万不要感到见不得人或低人一等，仿佛做了什么亏心事一般。其实，神经衰弱基本上就是抑郁症，既然我们能勇敢地说自己得了神经衰弱，为什么就不能告诉别人，自己得了抑郁症呢？这纯粹是一个观念问题。If you or your relatives are suffering from depression, please do not feel that this is embarrassing and that you are inferior to others, just like you have done something on your conscience. In fact, depression is basically neurasthenia. Since all of us can say that we are suffering from neurasthenia, why cannot we confess that we are suffering depression? This is just a problem of perception. Xinhua Net, 2004-05-09, source: Liberation Daily

15B. 在我国，很多人都觉得患抑郁症是件很丢脸的事，不敢承认。这不仅是种不健康的想法，更严重的是心理疾病积累到一定程度会以生理疾病的症状表现出来。In China, many people feel that depression is a shameful thing, and thus dare not to admit it. This is not only an unhealthy idea, but will lead to sufferers' physical symptoms when such a psychological disease lasts for a longer time without timely attention. Xinhua Net, 2004-10-10

16B. 现在对它的发病原因仍不十分清楚，可能与社会心理因素、遗传、人体的生化变化及神经内

分泌等有关。其中，遗传因素很重要，研究表明：家族中有患病者的人群发病率是一般人群的 10—30 倍。The cause of depression has not been clearly explained so far. It might be related to social, psychological, genetic factors, and it is also connected with the biochemical changes and neuroendocrine of human body. Of these factors, genetic cause is very important: a recent research suggests that the incidence rate of depression in people who have sufferers in their family is 10 to 30 times higher than that in normal people. Xinhua Net, 2004-05-09, source: Liberation Daily

17B. 抑郁症是精神类疾患中比例最大的一种病。据赵国秋和浙大一院精神科教授许毅分析：高收入、高文化、高动荡人群占了抑郁症患者总数的 40%；另外，由于空巢现象，老人得抑郁症的比例也高达 30%。Depression is the most common mental illness. According to Mr Zhao Guoqiu and Mr Xu Yi, a professor at the Psychiatric Department of Zhejiang University, people with higher salaries, better educational background and higher mobility comprise 40% of the sufferers. Additionally, due to the problem of empty-nest syndrome, 30% of old people suffer from depression. Xinhua Net, 2004-02-23

18B. 资料显示，抑郁症似乎已成为现代人的通病，愈是经济发达的地区愈是盛行。Statistics show that depression seems to be a common disease for all the modern people: the more developed an area is, people in that area are more likely to suffer from depression. Xinhua Net, 2004-09-07 08

19B. 如果出现了抑郁症的症状，到心理科去检查，如果确诊是抑郁症，那么我们就需要用抗抑郁症的药，刚才我说了，目前常用的药有百忧解喜普妙等等，这一类的药很多，可以选择一下。If you have depressive symptoms, you should have a consultation at a psychological clinic. If you are diagnosed with depression, you should use antidepressants. A very popular brand of antidepressants is Prozac, and there are many other brands; you can choose the best one for yourself. Xinhua Net, 2004-08-02

20B. 抑郁症是可以治疗的疾病。对于病情不严重的患者可采用心理治疗，如支持性疗法、认知行为疗法、人际关系心理疗法等。严重的患者可在心理治疗的基础上采用药物治疗。Depression is an illness that can be treated and cured. Mild to moderate sufferers can use psychotherapy, supportive therapy, cognitive therapy, personal relationship supportive therapy and so on. Severe sufferers can use medical treatment as a supplement to psychotherapy. Xinhua Net, 2004-10-05

21B. 抑郁症是与心血管患病率和死亡率有关的一个独立危险因素，患抑郁症的心血管病人 6 个月内死亡风险大于非抑郁症病人的 3.1 倍。Depression is an independent dangerous factor which is connected with angiocardiopathy and death. The death rate of angiocardiopathy sufferers who have depression is 3.1 times higher than normal people. Xinhua Net, 2004-11-29, source: Beijing Morning News

22B. 抑郁症是抑郁情绪长期无法得到排解而形成的。Depression comes into existence when long-term depressed mood cannot be released. Xinhua Net, 2003-02-12

23B. 抑郁症是心病，其真实的病因很难解释，仍是世界难题。邱医生说，把外界因素当做直接原因，是对抑郁症理解的误区，也不利于防治。其实，工作压力、人际关系等外界因素只是诱因，只是诱导了抑郁症的发作。Depression is a type of psychological disease, and its true cause is still hard to be explained. Doctor Qiu said that to regard external factors of depression as the direct causes is a misunderstanding, which is not good to take precaution against such a disease. In fact, external factors such as work pressure, inharmonious interpersonal relationship and so on are only triggers of depression. Xinhua Net, 2003-10-10

24B. 抑郁症是人类最常见的心理疾患。但由于社会上对心理疾病存在误解和偏见，人们还没有正视这个心理第一疾患。“不能正视”，也是心理疾患的一种表现，就更会加重抑郁症，这也是导致抑郁症发病率上升的原因之一。Depression is the most common psychological disease. Due to the misunderstanding and prejudice against psychological diseases, people have not treated this important disease correctly. Being not able to face it directly is also a symptom of psychological diseases, which will

worsen the situation of depression sufferers and thus causes the high-incidence rate.  
Net, 2003-10-10

Xinhua

25B. 据有关资料显示，患抑郁症是不分年龄大小、财富多寡、地位高低、知识高下的。无论是国家总统、市长、思想家、教授、百万富翁，还是平民、男人、女人、长者、幼童都可能是患者，对抑郁症知道得越多，就越容易走上正确对待它的坦途。Statistics show that depression will attack people equally despite their ages, properties, social status, and their educational backgrounds. Whether you are a president, a mayor, a thinker, a professor, a millionaire, or you are a commoner, a female, a male, an old person or a young child, you will always have the possibility of suffering from depression. The more that you know about this disease, the easier you can treat it correctly and efficiently.  
Xinhua Net, 2003-02-21, A View of Chinese Books and Newspapers

26B. 抑郁症是一种没有充分诊断的精神障碍，涉及躯体、情绪和思维，不仅影响患者本人的生活，也牵连其家人和朋友。其症状可以是情绪方面的或是躯体方面的，可以严重到让人无法进行正常的生活，影响工作、学习、睡眠、进食等能力。Depression is a psychiatric disorder that is not fully understood and diagnosed. It is related to people's physical conditions, emotional states and thinking ability. It will affect not only sufferers' lives, but lives of their families and friends. Its symptoms can be either emotional or somatic. Severe depression can even disturb sufferers' normal lives, affecting their working ability, studying, sleeping or even eating.  
Xinhua Net, 2003-12-17, source: Beijing Evening Daily

27B. 抑郁症虽说是精神疾病，但很多病人都有身体不适：如口干、便秘、食欲减退、消化不良、心悸、气短胸闷等。Though depression is a psychiatric disorder, many sufferers have physical problems, such as dry mouth, constipation, poor appetites, indigestion, palpitation, tight chest and so on.  
Xinhua Net, 2004-05-09, source: Liberation Daily

28B. 早晨起来严重，下午或晚上有部分缓解，那么，你患抑郁症的可能性就比较大了。这就是抑郁症所谓昼重夜轻的节律变化。If your depressive symptoms are more severe in the morning, but become less severe in the afternoon or evening, then, you are likely to suffer from depression. This is because depression usually is more serious in the day time and less so in the evening.  
Xinhua Net, 2004-05-09, source: Liberation Daily

29B. 抑郁症一般在半年之内会复发，所以抑郁症好了以后，要巩固半年左右的吃药的时间。Depression is likely to have a recurrence within half an year. Therefore, even if you recover from depression, you have to continue to take medication for another half an year.  
Xinhua Net, 2002-04-25

30B. 抑郁症也是会传染的，同流感一样，它最喜欢的传染对象自然是抵抗力较低的孩子。Depression is also contagious, just like flue; it likes to attack children with lower resistance.  
Xinhua Net, 2004-04-02, Jingbo News Daily

31B. 据介绍，抑郁症与一般的心情低落不同。每个人都有过抑郁的体验，但是许多人都能过自我调节，很快地从抑郁悲伤中解脱出来，不会影响正常的日常生活。抑郁症则不同，不但持续时间长、反复，且程度较前者严重。Depression is different from feeling depressed. Everybody may have the experience of feeling depressed, but many of them can set them out from sad mood through self-adjustment. This will not affect their normal lives. Depression is different; it is more persistent and recurrent, and it is much more severe than feeling depressed.  
Xinhua Net, 2003-10-11

### C. Phase 3 (2005-2007)

32C. 抑郁症是一种心理疾病，一种情绪障碍，它以持续的情绪低落，悲伤、失望、兴趣下降、无乐趣为主要特征，常伴随紧张不安，失眠早醒，体重下降，周身不适等躯体症状。生活当中如果碰到丧偶、子女死亡、父母死亡、离婚、父母离婚、夫妻感情破裂、子女出生、家人亡故、被开

除、被刑事处罚等事件时容易引起抑郁。Depression is a psychological disease, an emotional disorder, being featured by a consistent depressed mood, sadness, disappointment, lack of interest and so on. Depression sufferers always feel nervous, unsettled, and they also have somatic symptoms like insomnia, weight loss, general malaise and so on. People are more likely to suffer from depression if they encounter major life events such as loss of partners, loss of children, passing away of parents, or events like divorce, parents' divorce, being fired, experiencing criminal sanctions and so on. Xinhua Net, 2005-04-03

33C. 抑郁症是娱乐圈中不少明星的杀手。Depression is the murderer of many celebrities. Xinhua Net, 2005-5-8, source: Jinyang Net

34C. 抑郁症是一种以抑郁情绪为突出症状的心理疾病, 抑郁症病人对人对事物失去兴趣, 有自卑感和失落感, 常出现头痛、心烦、少言寡语等症状, 此病症严重时, 会感到强烈厌世, 甚至有自杀念头。Depression is a psychological illness, with its leading symptom as feeling depressed. Depression sufferers usually do not have interest in everything around them: they feel self-abasement and a sense of loss. The somatic symptoms are like headache, palpitation, not willing to talk and so on. When such an illness gets more serious, sufferers feel hatred towards the world and tend to have suicidal ideas. Xinhua Net, 2007-04-25, Chinese Business News

35C. 医生忠告抑郁症是情绪"感冒", 不治会生大病, 治疗更无需怕羞! Doctors warn people that depression is an emotional cold: any delay in the treatment will cause disasters. Thus depression sufferers should not feel stigmatized at all in seeking for timely treatment. Xinhua Net, 2005-04-15, Shanghai Evening Post

36C. 抑郁症是自杀的头号杀手, 在自杀人群中, 有近 8 成的人患有抑郁症, 抑郁症患者应及时治疗。Depression is the first important cause of suicide. 80% of the people who committed suicide have suffered from depression. Thus, depression sufferers should seek timely treatment. Xinhua Net, 2007-09-08, source: Yangzi Evening News

37C. 抑郁症是可以通过吃药, 再加以心理疗法等相配合治愈的。Depression can be treated and cured by the combination of medical treatment and psychotherapy. Xinhua News, 2007-0613, source: Marketing News

38C. 当被问及近日有关周润发受到抑郁症困扰的传闻, 发哥幽默地"接招": "之前有抑郁症是因为我没看到钱啊, 现在钱已经装进口袋里了, 抑郁症自然就好了。" When Zhou Runfa (a famous Chinese actor) was asked by journalists whether he was still suffering from depression, he answered in a very humorous way: "I did suffer from depression when I could not earn money. Now, the money has been put in my pocket and my depression is thus cured naturally." Xinhua Net, 2005-12-21, source: The Beijing News

39C. 抑郁症是一种严重的身心疾患, 但目前在我国的治疗现状并不十分理想, 特别是在治疗抑郁症疼痛症状方面存在着严重不足。Depression is a serious physical and mental illness, but the treatment provided in our country is not satisfactory at present. Particularly, there are serious deficiencies in soothing somatic pain. Xinhua Net, 2007-04-15

40C. 抑郁症的发病由三个方面的因素造成: 一、遗传的易感性, 由于遗传因素的造成, 一些人对现实应急事物刺激的承受力差; 二、抑郁症发病有其生物学基础, 当人脑中某一种化学物质的浓度过低时, 就会发生抑郁症, 三、社会应急事件刺激容易构成抑郁症的诱因。Depression is mainly caused by factors of three aspects. Firstly, certain genetic predispositions make some people find it more difficult to endure sudden life events. Secondly, depression has its biological cause: when the level of a certain chemical substance in the human brain is too low, depression will appear. Thirdly, sudden major life events can be considered as the triggers of depression. Xinhua Net, 2005-12-05, source: Sichuan News Net

41C. 抑郁症是一种困扰成千上万人的顽疾。目前，德国科学家正在探索用脑磁波刺激技术治疗抑郁症。抑郁症患者的大脑背外侧前部皮层不如健康人活跃，如果能对这一区域加以刺激，就能治疗抑郁症。Depression is a very difficult disease to be treated and cured, making thousands of people feel frustrated. At present, German scientists are trying to use brain magnetic wave stimulation to treat depression. This is because a certain area of depression sufferers' brain is not as active as normal people – if this area is stimulated, depression will be treated and cured. Xinhua Net, 2005-08-30, source: Beijing Morning Newspaper

42C. 抑郁症是日间嗜睡问题最重要的危险因素。有日间嗜睡问题的人患抑郁症的概率是普通人的三倍以上。Depression is the most important factor of over-sleeping at day time. The incidence rate of depression in people who have such a problem is three times higher than normal people. Xinhua News, 2005-09-06, Beijing Evening News

43C. 抑郁症是人类发病率最高的疾病之一，是情感性精神障碍的一种情感状态，以心境显著而持久的改变（高涨或低落）为基本临场表现，并伴有相应思维和行为异常的一类精神障碍。Depression is one of the most common diseases in human beings, it is an emotional disorder and it is manifested with radical changes of emotional states (high or low). At the same time, depression sufferers are likely to think and perform abnormally in daily life. Xinhua Net, 2007-08-19, Law Daily

44C. 要明白抑郁症是和心脏病、糖尿病或关节炎等一样的疾病，之所以选择专科医院，并不意味着就是精神病，只不过是各种疾病的治疗渠道不一样而已。Depression is as same as diseases like heart disease, diabetes or arthritis. To treat it in a particular psychiatric hospital does not mean that you have psychosis; it is only because you need a different way of treatment. Xinhua Net, 2005-06-28, source: Youth Express

45C. 抑郁症是一种越来越常见的病，现代医学研究发现，季节变化对抑郁症患者有直接影响，因为与抑郁症相关的神经递质中，脑内 5-羟色胺系统与季节变化密切相关。春夏季，5-羟色胺系统功能最强，秋冬季节最弱，当日照时间减少，引起了抑郁症患者脑内 5-羟色胺的缺少。Depression is becoming a more and more common disease. A recent medical study finds that seasonal change can affect sufferers directly. This is because the changing levels of serotonin are closely related to seasonal changes. In spring and summer, the function of serotonin is stronger. In autumn and winter, due to less exposure to sunshine, the levels of 5-hydroxytryptamine in the human brain are comparatively low. Xinhua Net, 2007-11-26

46C. 对患有抑郁症的人，不能笼统地说性格不好、受过刺激，或者是家庭教育、背景有问题，这些只是问题的一个方面或是诱发因素之一，而实际上抑郁症的原因更多是生物学上的——生物学的因素一般要占 50%上，所以需要进行药物治疗。For depression sufferers, we cannot blindly criticize that they have bad personality, poor educational backgrounds or they have ben stimulated by upsetting life events. These are only one side of the coin and can only be considered as triggers of depression. The actual cause behind such a disease is biological, which takes up more than 50% share of the problem. Therefore, medical treatment is needed. Xinhua Net, 2005-11-25, source: South China Net

47C. 抑郁症是一种常见的心理障碍，被称为“第一心理杀手”，曾有人推测著名艺人张国荣就是死于抑郁症。Depression is a very common psychological disorder, and it is called “the first psychological killer”. Some people suspect that the death of Zhang Guorong (a famous singer and actor in Hong Kong) is caused by depression. Xinhua Net, 2007-10-24, Hunan Information Harbor

48C. 认为患抑郁症是种耻辱，拥有这种观念的人特别多，即使是那些受过高等教育的白领和管理人员也不例外，出现抑郁的早期症状时，这些人往往甚至还更抵触，他们总认为只是自己情绪不好而已，根本算不上病，更别说是得了抑郁症这种要去精神病医院看的病。The social stigma of depression is attached to many people in China, especially those with higher education and better careers. When people have early symptoms of depression, they always feel that these are just normal bad emotional states, and do not want to confess that they are suffering from any kind of disease, let alone a disease like

depression which needs to be treated in psychiatric hospitals.  
Youth Express

Xinhua Net, 2005-06-28, source:

49C. 抑郁症是一种常见的精神疾患，属于心境障碍，核心症状包括心情低落，兴趣缺失，内在动力缺乏，持续疲乏或者精力缺乏，并由此引起生活中其他活动的减少。Depression is a common psychiatric illness and an emotional disorder. Its core symptoms include feeling depressed, loss of interests, lack of motivation, consistent feeling of tiredness or lack of energy. These symptoms might also cause the reduction of daily activities. Xinhua Net, 2005-05-27

50C. 抑郁症是一种情绪病症，主要特征为显著的心境低落。患者会有痛苦的内心体验，旁人是无法体会的，无法想像的。Depression is an emotional disorder, and its main feature is obvious depressed feelings. Sufferers have bitter inner experiences which cannot be understood and imagined by other people. Xinhua Net, 2006-09-08

51C. 抑郁症是比较常见的疾病，全市约有 50 万人患病，大学生、妇女儿童、老年人是主要发病人群。Depression is a very common disease, there are around 500,000 people suffering such a condition in our city. University students, females, children and old people are the main targets of depression. Xinhua Net, 2006-09-06, source: Beijing Morning News

52C. 抑郁症是独立的疾病，是以情绪障碍为主要症状表现。最可怕的是抑郁症患者没有求治欲望或表现，有很强的负罪感，觉得自己是社会的负担，自杀死亡率很高。Depression is an independent and fixed disease; its symptom is mainly connected with people's emotional states. The most frightening thing about depression is that its sufferers do not have the intention to be treated: they always feel guilty and consider them as a burden of the society. Therefore, the incidence rate of suicide is quite high in depression sufferers. Xinhua Net, 2006-04-05

53C. 现代社会，抑郁症是专对幸福的杀手，它令一个人活着，却在精神上枯萎。In the modern society, depression is the murderer of happiness. It makes a person alive, but makes his mind stranded. Xinhua Net, 2006-06-05, source: Qianlong Net

54C. 抑郁症是一种心理疾病，患抑郁症的人有自杀、自虐的念头，不容易恢复。Depression is a psychological illness, and its sufferers have the intention of suicide or self-abuse. It is not easy to be treated and cured. Xinhua Net, 2006-10-22, source: Workers' Daily

55C. 抑郁症这是一种心理障碍，又称情感性精神障碍或情感性精神病，是一组以显著的心境低落为主要特征的精神障碍，常伴有相应的思维和行为改变。Depression is a psychological disorder, it is also called affective disorder or affective psychiatric disorder. Its main feature is the occurrence of obvious depressed mood. Depression sufferers always think and perform differently from normal people. Xinhua Net, 2006-10-20, source: Shopping Guide (Jingpin Gouwu Zhinan)

56C. 抑郁症是一种常见的情绪障碍，主要表现是情绪低落、悲观、消极，常伴有焦虑、躯体不适感和睡眠障碍等。Depression is a common affective disorder. It is mainly manifested as depressed mood, pessimistic and negative feeling. It causes some somatic symptoms such like anxiety, general malaise, sleeping disorder and so on. Xinhua Net, 2006-05-14, source: Shanghai Xinmin Evening News

57C. 专家分析，抑郁症是大学生自杀的首要原因，而大学生抑郁症大多是由于学习、就业等外来压力造成的。Experts analyze that depression is the first important cause of university students' suicides. Such kind of depression is often caused by course work and employment pressure. Xinhua, Net, 2006-12-05, source: Chinese New Net

58C. 专家指出，抑郁症是“心灵的感冒”，并非无法医治，如果发现身边的家人、朋友存在抑郁症症状，应立即告诉他们防治知识，提示他们及时就医。Experts point out that depression is the “cold of the soul”, and it is wrong to think that it cannot be treated. If you find that your friends or relatives have

depressive symptoms, you should tell them the basic knowledge of taking precautions against it and advise them to seek timely treatment. Xinhua Net, 2006-11-28, source: Guangzhou Daily

59C. 任何人都不会因富有、成功或年龄优势而免患此病，但抑郁症是完全可以预防和治疗的。Nobody can escape depression no matter how rich, successful or young he is. However, depression can be definitely prevented and treated. Xinhua Net, 2006-01-12, source: Chinese Economic Net

60C. 抑郁症是一种十分常见的精神疾病，其基本症状就是大家都曾体验过的情绪低落、沮丧等情绪，但是有这些抑郁情绪并不代表就患抑郁症了。典型的抑郁症状表现为“三低”，即情绪特别低落、思维迟缓、动作或行为减少。Depression is a common psychiatric disease, and its basic symptoms are like feeling depressed or sad. However, only the occurrence of these symptoms cannot show that one is suffering from depression. The other two important symptoms are slow thinking and reduction of activities. Xinhua Net, 2006-04-05

61C. 抑郁症是由于情绪低落到极点引发的一系列症状，属于情感障碍的一种类型。抑郁症患者常表现为焦虑、情绪低落、快感缺失、自我评价低等，也是全球最常见的精神卫生问题。Depression is a series of symptoms caused by extreme depressed mood, and it is a type of affective disorder. Depression sufferers have the symptoms like feeling anxious and depressed, loss of pleasant feelings and having very low self-evaluation. Xinhua Net, 2006-11-28, source: Guangzhou Daily

62C. 但是抗抑郁药是精神类药品，千万不能滥用，服用时一定要专业医生的指导。一般我们主张轻度的抑郁症患者，不需要服药治疗，可以通过心理治疗或者其他的治疗方法即可。像中度、重度的患者确实应该服药。但是现在的情况却是，只要去医院被诊断出有抑郁症，医生就给患者开药。而且目前很多医生都认为抑郁症是反复发作的疾病，需要长期坚持服药，就如同服用高血压药一样，所以给病人开大量治疗抑郁症的药品。Antidepressants belong to medicines that treat psychiatric diseases and they should not be overused. Professional guidance must be followed. Normally, we believe that mild sufferers do not need medical treatment, but can be cured by psychotherapy, while moderate and severe sufferers need to take medicines. But the problem at present is that as long as people are diagnosed with depression, doctors will prescribe pills to them no matter which type of depression they are suffering from. Furthermore, many doctors believe that depression is a recurrent disease and long-term use of medication is necessary, and they thus always overprescribe antidepressants to sufferers. Xinhua Net, 2007-06-13, source: Market News

63C. 抑郁症是情感性精神障碍的一种临床类型，是以显著而持久的情绪低落为主要特征的精神障碍。一般认为与遗传因素、神经介质及躯体、心理和环境等因素有关，其主要表现是以情感低落、思维迟缓和神经运动性抑制三大症状为基本特征。Depression is clinical disease belonging to affective and psychiatric disorders, being mainly featured by the significant and consistent depressed mood. It is often considered as being related to genetic factors, neurotransmitters, somatic situations, psychological and environmental factors and so on. Three main manifestations of depression are like depressed mood, slow thinking and repressed psychiatric movement. Xinhua Net, 2007-05-27

64C. 抑郁症是因工作压力大、人际关系复杂等诸多因素长期叠加在一起所致，常见的病情是情绪低落、严重失眠等。Depression is caused by the combination of long-term work pressure, difficulties in interpersonal relationships and other complex factors. The most common symptoms are depressed mood and serious insomnia. Xinhua Net, 2004-10-01

65C. 一般情况下，抑郁症并不具有很强的遗传性，却与压力有密切关系，其来自于环境、人的经历以及自身诸多因素。Generally speaking, depression is not a genetic disease, but is closely related to various sorts of pressures. Most of these pressures come from one's external environment, his personal experience and his own personality. Xinhua Net, 2005-04-01, source: New People Weekly News

66C. 抑郁症是一种心理疾病，但不是精神疾病，行为人对与自己行为的性质，是否是犯罪、是否

会危害别人，有正常的行为辨别能力，因此抑郁症与刑罚没有直接关系。Depression is a psychological illness, but not a psychiatric one. Depression sufferers have the ability in judging whether their own actions are criminal, and whether they have harmed other people. Therefore, depression sufferers are not beyond criminal penalty. Xinhua Net, 2006-10-11, source: Shanghai Evening Post

#### D. Phase 4 (2008)

67D. 抑郁症是可以预防的。可以尝试增加体育活动，多晒太阳，做喜欢做的事让自己快乐。Precautions can be taken against depression. For example, we can take part in more sports activities, get exposed to more sunshine and do things that will make us happy. Xinhua Net, 2007-03-13

68D. 抑郁症是一种疾病，你没有能力创造或选择它。因此，不要自责"我为什么得了这种该死的病"，而应明白自己急需帮助，积极踏上寻求康复治疗之路。Depression is a disease; you cannot invent or select it. Therefore, it is no use to complain "why I have got such a terrible disease". Instead, you should be aware that you need help and go seeking proper treatment with an active attitude. Xinhua Net, 2008-08-12, source: Life Times (Shengming Shi Bao)

69D. 抑郁症在生理上一般表现为头疼、失眠等症状。Depression is manifested physically with headache, insomnia and so on. Xinhua Net, 2008-08-19

70D. 抑郁症是一种患病后果较严重的病症，因为它与高自杀率紧密相联。据流行病学的统计，15%的重症抑郁症患者自杀死亡，10%的抑郁症患者产生自杀企图。Depression is a disease that will cause serious consequences, because it is closely related to high-incidence rate of suicide. According to the statistics in pandemic research, 15% of severe depression sufferers committed suicide, 10% of sufferers have suicidal intention. Xinhua Net, 2008-10-20, source: Chongqing Morning News

71D. 抑郁症是可治的，及时治疗效果很好。但由于很多人对抑郁症的认识不足，不愿就医。Depression can be treated and cured, and in time treatment can achieve satisfactory results. However, due to a lack of knowledge about depression, many sufferers do not seek any form of treatment. Xinhua Net, 2007-08-07, source: Tianfu Morning News

72D. 抑郁症是可以治愈的，但需要三个条件：一是患者的积极配合；二是医生有效的疏导；三是患者身边人的关爱，尤其是来自家庭成员的关爱。Depression can be cured, and the following three requests need to be fulfilled: firstly, sufferers should co-operate with doctors actively. Secondly, doctors should give efficient instructions. Thirdly, people around sufferers especially their family members should give extra care to them. Xinhua Net, 2008-07-11, source: Shanxi Youth Daily

73D. 这类抑郁症是可控的。而治疗抑郁症的并非药物，而是释放心理压力，即对着墙或在空旷的原野，喊出自己的心里话。Depression can be cured, but the treatment is nothing to do with medication. Release of psychological pressure is the only solution: speaking aloud about your own problems and shouting freely in the open field will help you. Xinhua Net, 2008-06-24, source: China Stock News

74D. 抑郁症是自杀的头号杀手。Depression is the first important cause of suicide. Xinhua Net, 2008-07-26

75D. 抑郁症是一种严重的身心疾患，现有抗抑郁药对于治疗情绪症状如哭泣、悲伤等疗效比较显著，但对于治疗抑郁症躯体症状如疼痛的治疗不是十分理想。Depression is a serious physical and psychiatric disease. The currently available antidepressants are efficient in managing sufferers' symptoms, such as crying and sadness, but not so satisfactory in soothing their somatic pains. Xinhua Net, 2008-04-27

76D. 抑郁症是常见的精神障碍，一般人群中抑郁症患者占 5%左右。抑郁症患者中又有 60%是轻

度抑郁，表现为自我感觉不好，自卑，对什么都提不起兴趣，同时伴有躯体不适感；另外 30% 是中度抑郁，除上述症状外，思维效率降低，日常生活、工作受明显影响；还有 10% 属重度抑郁，多不能工作，生活需家人照顾。Depression is a common psychiatric disorder, 5% of normal people are suffering from such a condition. Of these sufferers, 60% are only mild ones, with its symptoms being manifested as bad self-evaluations, loss of interest of daily life, and somatic discomforts. Other 30% are suffering from moderate depression: they have comparatively less efficient thinking ability and their daily work and lives have been obviously affected. The remaining 10% are severe depression sufferers, and most of them cannot work and look after themselves. Xinhua Net, 2002-7-18

77D. 研究人员认为，抑郁症不仅是心理问题，也存在生理原因。先前研究证明，抑郁者病情好转时，嗅觉也随之增强。...这项研究也表明，芳香疗法存在科学根据，可能对抑郁者起一定作用。Researchers believe that depression is not only a psychological problem but it has its biological cause. Previous researches proved that when the situations of depression sufferers are improved, their senses of smelling are also getting better. This research also shows that the fragrance therapy actually has its scientific evidence and it works for depression sufferers. Xinhua Net, 2008-09-26

78D. 抑郁症是一种渐进性疾病，对于青少年来讲，岁数大的患者所面临的危险较岁数小的要大。Depression is a progressive illness. For adolescents, older suffers face more dangers than younger ones. Xinhua Net, 2008-12-09

79D. 抑郁症是某些艺术家的克星，而对另一些艺术家则意味着极具挑战的灵感的源泉。不过，多数情况下，抑郁症并不一定是艺术天才的源泉，相反，抑郁症只是为人们通过艺术的方式理清自己的问题提供了几分理性。Depression is disastrous for some artists, but for other ones, it is the source of creation. However, in most cases, depression is not necessarily the source of brilliant art work, but it provides artists some rationality in dealing with their own work. Xinhua Net, 2008-12-05, source: Sohu Science Net

80D. 抑郁症是一类以心境 (情绪) 低落为主要表现的心理障碍，它属于心理障碍的范畴，但却不单纯表现为心理问题。除了心灵痛苦外，还能让患者感到各种各样的躯体上的痛苦症状，甚至在有些时候可以表现为躯体症状更加明显，而掩盖了抑郁情绪的隐匿性抑郁症，因而常常被误诊为各种各样的"神经官能症"。Depression is a psychological disorder which is characterised by a consistently depressed mood. Though it belongs to psychological problems, sufferers also have somatic pains. Sometimes such somatic pains can even mask the depressed mood. In this case, depression is often misdiagnosed as some sort of neurosis. Xinhua Net, 2008-05-09

81D. 抑郁症是属于广义的精神分裂症范畴，是一种情绪障碍，经过治疗是可以较好康复的。它往往没有明显的外因。Depression is belong to a type of schizophrenia, an affective disorder. It can be cured with proper treatment. Usually, depression has no obvious external causes. Xinhua Net, 2008-10-24, source: Liaoning Daily

82D. 如果非要给抑郁症下个定义，那么，可以这么说，抑郁症通常指的是情绪障碍，是一种以心境低落为主要特征的综合症。If we have to define depression, we can say that depression is a kind of affective disorder, and its main feature is depressed mood. Xinhua Net, 2008-05-09

83D. 可以说，抑郁症是一种严重的精神疾病，对自己、家庭及社会的危害性极大。It can be said that depression is a serious psychiatric illness, and it will do great harm to its sufferers, their families and the society. Xinhua Net, 2006-02-26

84D. 许多人还错误地认为，抑郁症是一种心理疾病，因此患者只能像电影里演的那样，一次次躺在沙发上，听着心理医生絮絮叨叨，才能获得一些并不明显的疗效。北京大学精神卫生研究所的专家告诉记者：抑郁症的病因有一定的生物学基础，和脑内某种物质的缺乏或紊乱有关，与基因和遗传因素也有一定的联系，而社会环境的因素只是作为一定的诱因导致抑郁症的发作。Many

people blindly believe that depression is a psychological illness, therefore sufferers can only get inefficient treatment by lying in sofas and listening to the psychotherapists' endless and useless talking, just like what has been portrayed in movies. However, experts at Psychiatric Health Research Institute of Beijing University tell the journalists that depression has its biological cause and it is closely related to a certain chemical in the human brain. It is also related to genetic factors – the social and environmental factors are only working as triggers of the bouts of depression. Xinhua Net, 2006-05-23

85D. 抑郁症是一种可以治疗的疾病。治疗方法可以采用心理治疗，如支持性疗法、认知行为疗法、人际关系心理疗法等等，这些心理疗法只适宜用于治疗病情不太严重的患者。严重的患者可在心理治疗的基础上采用药物治疗。Depression is a treatable illness. Various forms of treatment such as supportive therapy, cognitive behavioral therapy and international relationship therapy can be helpful for mild depression sufferers. Severe sufferers need medical treatment on the basis of psychotherapies. Xinhua Net, 2008-05-09

86D. 胡雨华说，抑郁症是"精神上的感冒"，只要及时治疗，多数患者会很快康复。但如果不及时治疗，病情将会加重，甚至出现精神分裂等症状。Doctor Hu Yuhua said that depression is just a kind of "cold of our souls". If we treat it in time, most of us will recover quite soon. But if we delay our treatment, depression will become more serious and even develop into split personality. Xinhua Net, 2008-08-19

#### **E. Phase 5 (2009)**

87E. 抑郁症是一种常见的心理疾病，心理脆弱、内向孤僻、压力大以及遭遇生活事件很容易发病。Depression is a common psychological disease. People who are more vulnerable, weak in mental power and people who encounter major life events might be more likely to suffer from such a condition. Xinhua Net, 2009-11-06, source: Safety and Health Net (www.panjk.com)

88E. 抑郁症是自杀的头号杀手。预防自杀的有效手段是精神疾病的早期诊断和及时治疗。Depression is the first important cause of suicide. To prevent suicide, early diagnose and timely treatment of depression is the efficient solution. Xinhua Net, 2009-09-16

89E. 抑郁症是现代紧张病的代表性疾病，症状包括失眠、疲倦、身体不适、头痛、食欲不振等。轻者，适当放松，舒解压力，不致妨碍工作；重者，可出现腹痛，甚至晕倒。Depression is a very typical disease caused by the accelerating pace of modern life. Its symptoms include insomnia, fatigue, body malaise, headache, poor appetite and so on. Mild sufferers' lives will not be affected if they can relax themselves in efficient ways. Severer sufferers may feel stomachache and even slip into coma. Xinhua Net, 2009-09-08

90E. 抑郁症是病，不是灾难，你看，我又可以主持节目了。抑郁症是可以治愈的，你看，我又被评为 CCTV 先进个人。抑郁症是可以反复的，你看，我最近又"炮轰XX"了。Cui Yongyuan (a famous Chinese TV program host) said: depression is just an illness but not a disaster. You see, I can be a program host again. Depression can be treated and cured, you see, I was again appraised as Excellent Host by CCTV (China Central Television). Depression is recurrent, you see, I am again severely criticizing the writer of XX. Xinhua Net, 2009-08-27, source: Dang Dang Net (www.dangdang.com)

91E. 抑郁症是一种可以预防和治疗的心理疾病。Depression is a kind of psychological illness that can be treated and cured. Xinhua Net, 2009-11-06, source: Safety and Health Net (www.panjk.com)

92E. 抑郁症是各种原因引起的以心情低落为主要症状的一类精神障碍，其核心表现是心情低落、兴趣和乐趣下降或丧失，以及导致疲劳感增加和活动减少的精力下降，另外常见的症状还有睡眠障碍、注意困难、自信心下降、食欲和性欲下降、自责、自杀观念和行为等。Depression is a psychiatric disorder caused by various factors. It is mainly manifested by depressed mood. The core

symptoms are feeling depressed, losing interest of daily life, fatigue and reduction of daily activities. Other common symptoms are like sleeping disorder, poor concentration, low confidence, poor appetite and libido, low self-evaluation, possession of suicidal ideas and behaviors. Xinhua Net, 2009-09-01

93E. 抑郁症是一个人经常持久地处于心境低落状态的神经症性障碍，作为一种心理疾病迫切需要引起人们的重视。Depression is a psychiatric disorder which is featured by the continuous state of feeling depressed. As a psychological illness, it needs people's great attention. Xinhua Net, 2009-09-15

94E. 大量研究发现，大脑神经递质五羟色胺的缺乏直接导致抑郁症的发生。Many researches show that the low level of serotonin in brain is the direct cause of depression. Xinhua Net, 2009-09-01

95E. 抑郁症是可以临床治愈的。而要防治抑郁症，专家提醒人们，关键是要增加日光照射和户外活动，多做日光浴、健步走，适当按摩尤其是刺激脚掌。Depression is clinically treated and cured. Professionals suggest that people should be exposed to more sunlight and take more outdoor activities. Having a sunlight shower, a lot of walk and taking foot massage are always helpful in treating depression. Xinhua Net, 2009-11-25, source: Jing Hua Times

96E. 抑郁症是一种阶段性的心理疾病，是可以调整逐渐减缓病情的。Depression is a phasal illness. It can be progressively improved if treated properly. Xinhua Net, 2009-05-19, source: Yan Zhao Evening News

97E. 抑郁症是因精神压力过大导致的一种精神疾病。如果人在年轻时面对压力而未能适当进行心理调节，就容易患上抑郁症。Depression is a psychiatric disease caused by too much pressure. If a person cannot handle certain pressure appropriately, he is likely to suffer from depression. Xinhua Net, 2009-07-14

98E. 抑郁症是个好治的病，治好了就好了，复发的几率也并不高，即便是复发，一样也可以治。很多人担心治疗抑郁症的药会对智力有损伤，或者是产生依赖，其实大可不必，调整情绪的药跟调整内分泌的药一样，一般不会成瘾。Depression is an illness that is easy to treat, once it has been cured, the recurrence rate is not high as well. Even if there is a recurrence, it can still be cured. Many people worry that antidepressant will damage one's thinking abilities, or make people rely too much on medication. In fact, there is nothing to worry about: the medicines that manage people's emotions are just like any other sort of medication adjusting the endocrine and will not make people get addicted to it. Xinhua Net, 2009-05-30, source: Law Daily

99E. 抑郁症是一种常见的精神病患，由于心理健康知识不普及，致使很多人对抑郁症认识不足，对患者缺乏应有的理解和同情，偏见甚至歧视现象较严重，导致患者因怕"精神病"受歧视，结果延误治疗。Depression is a very common psychiatric illness. But due to the shortage of relevant knowledge, many people do not have a sufficient understanding of such a problem. Furthermore, depression sufferers are not understood and supported; instead, there is a serious discrimination to them. Such kind of situation leads to the social prejudice against depression and suffers finally delay their treatments. Xinhua Net, 2009-04-13

100E. 抑郁症是一种严重危害身心健康、令人极端痛苦的疾病，医患应共同协作，共同努力，才能解决治疗问题。另外，需要强调的是，有的患者认为抑郁症只能使用心理治疗，完全否认抗抑郁药的治疗作用，这种将心身割裂的看法同样是不客观的，也不符合临床事实。Depression is a very serious illness that affects people's physical and mental health. Both doctors and patients should work together to solve the problem. It should be emphasised that some sufferers believe that only psychotherapies are helpful, and deny the effects of antidepressants. Such a blinkered view is not objective and is disproved by clinical practice. Xinhua Net, 2009-02-13, source: Taiyuan Evening News

101E. 抑郁症是一种常见疾病，药物治疗是主要方法之一。然而，由于人们对抗抑郁药的特性和适应症等认识不足，误用、滥用现象较为普遍。Depression is a very common illness, and medical treatment is one of the most important responses to it. However, due to the lack of knowledge about depression, the misuse and overuse of antidepressants is very common. Xinhua Net, 2009-02-12, source: Guangzhou Daily

102E. 事实上，今天，抑郁症的确离我们每个人都很近——抑郁症是每个人一生中都有可能遭遇的心理疾病，它像感冒一样常见。In fact, in today's world, depression is close to everyone – depression is a psychological disease that everyone might encounter, it is as normal as catching a cold. Xinhua Net, 2009-07-27

103E. 抑郁症是现在社会常见的一种心理疾病，抑郁症称为"心灵的感冒"。人们长时间笼罩在抑郁的情绪里无力自拔，不能积极地调整自己的心态，加之春天是容易感时伤怀的季节，阳光明媚时，与内心的情绪容易形成对比，阴雨霏霏时，会加重消极的心态，若不注意调整，会影响正常的生活与工作。Depression is a very common psychological disease and thus it is called "the cold of the soul". People are always in the grip of depressed mood and cannot set themselves free or have an active psychological adaptation. In spring, when the weather is fine, the shining sunlight will even over shadow sufferers' depressed mood, while on rainy days, depression sufferers will be more likely to feel depressed. Therefore, if sufferers cannot adapt themselves in proper ways, depression will easily affect their work and lives. Xinhua Net, 2009-04-13

104E. 抑郁症是一种疾病，个人性格、家庭教育、背景等因素只可能是抑郁症的诱发因素，但更关键的是生物学因素，生物学的因素占 50%以上，所以进行药物治疗只主要治疗方法之一。很多患者担心抗抑郁药有很多误解，担心副作用过大，越吃越傻，实际情况是，现在精神科用的药物跟过去比有很大的进步。Depression is a kind of disease. Personal characteristics, family education, background and other similar factors are only the triggers of depression. What is more important is that depression has a biological cause, which is more than 50% of the problem. Therefore, medical treatment is the main solution. Xinhua Net, 2009-06-26

105E. 抑郁症是在所有心理疾病中危害最大的。Depression is the psychological illness that brings about the greatest harm to people. Xinhua Net, 2009-06-27

106E. 抑郁症是遗传、心理和环境因素之间相互作用的结果。那么什么是抑郁症：抑郁症是由各种原因引起的、以抑郁为主要症状的一组心境障碍或情感性障碍，是以抑郁心境自我体验为中心的临床症状群或状态。是包括多种精神症状和躯体症状的复杂的情感性精神障碍。Depression is the result of the interaction between genetic, psychological and environmental factors. What is depression then? Depression is caused by various factors, and the main symptom is feeling depressed. It is a complex affective and mental disorder which includes a series of psychiatric and somatic symptoms. Xinhua Net, 2009-07-15

## Appendix 17 Paraphrases of 治疗 (treatment)

### 405 concordance lines in total

### 102 paraphrases found

#### A. Phase 1 (2000-2001)

1A. 抑郁症的治疗一般由药物和心理治疗相结合。The treatment of depression includes medication and psychological therapies. Xinhua Net, 2001-10-11

2A. 尽管存在治疗办法，但大多数抑郁症患者的病情未被发现。Though the treatment of depression does exist, most of the symptoms sufferers identify are not recognised. Xinhua Net, 2001-10-10

3A. 抑郁症音乐治疗师将治疗过程依据她精神状况的不同划分 4 个阶段。A musical therapist divides the process of her depression treatment into four phases. Xinhua Net, 2001-04-14

4A. 其实像抑郁症是比较容易治疗的，关键是人们对它的认识不够。In fact, depression is easy to treat, but the important thing is that people do not have a full understanding of the condition. Xinhua Net, 2001-11-29

5A. 在抑郁症患者中，只有四分之一能得到基本的治疗。Only a quarter of depression sufferers can get basic treatment. Xinhua Net, 2001-11-29

6A. 抑郁症患者接受合理治疗的比例也将从现在的百分之二十五上升到二 0 一 0 年时的百分之七十。The percentage of proper depression treatment accessibility can be lifted from the present 25% to 70% in 2010. Xinhua Net, 2001-11-01

#### B. Phase 2 (2002-2004)

7B. 香蕉中的色氨酸则能使人心情愉快，从而起到预防和治疗抑郁症的作用。The tryptophanin in bananas can make people feel happy, which is why bananas are helpful in treating depression. Xinhua Net, 2004-11-04, source: Guangzhou Daily

8B. 常吃香蕉能治疗抑郁症，新加坡营养师陈宝琳说。Eating bananas can be good for the treatment of depression, Singaporean nutrition expert Chen Baolin said. Xinhua Net, 2004-11-04, Guangzhou Daily

9B. 营养学专家和治疗抑郁症的专家建议在清晨慢慢醒来，起床后，先喝杯水。Nutrition experts and depression treatment experts suggest that depression sufferers should wake up slowly in the morning and drink a cup of boiled water. Xinhua Net, 2003-01-02

10B. 英国医学委员会精神病学院近日公布的一项研究表明，维他命 B 对治疗抑郁症有较大的帮助。A research conducted by Psychiatric Health Institute of British Medical Committee suggests that vitamin B can be very helpful in treating depression. Xinhua Net, 2003-12-03, source: International Online

11B. 研究者表示，笑话与可卡因刺激同一大脑区域，这个结果或许可以帮助治疗抑郁症。Researchers say that funny jokes and cocaine are actually stimulating the same area of the human brain. This result might be helpful in treating depression. Xinhua Net, 2003-12-05

12B. 治疗抑郁症的口号是：学习刘姥姥，远离抑郁症！ Our slogan for treating depression is: learn from Liu Laolao, and keep away from depression. Xinhua Net, 2002-04-25

13B. 新颖时装治疗抑郁症。Fashionable designs of clothes can help with the treatment of depression. 2002-03-04

14B. 一级医疗机构治疗抑郁症患者可降低临床发病率。Treatment conducted in local community medical institutions will greatly help to lower the clinical incidence-rate of depression. Xinhua Net, 2004-05-09, source: Liberation Daily

15B. 及早发现疾病，及早治疗，对抑郁症的患者非常重要。Early recognition and early treatment are extremely important for depression sufferers. Xinhua Net, 2004-05-09, source: Liberation Daily

16B. 中国有超过 2600 万人患有抑郁症，而歧视和忽视成为阻碍抑郁症治疗的两大拦路虎。There are over 26,000,000 people who are suffering from depression in China, and social stigma and prejudice against depression are the two most important barriers to achieving proper treatment for sufferers. This situation costs China 800 billion dollars every year. Xinhua Net, 2003-12-17, source: Beijing Evening News

17B. 在我国现有的抑郁症患者中，有大约 5%的人接受了相关的治疗。得不到及时发现和有效治疗，抑郁症从而演变成为一种灾难性疾病，严重影响着许多国家财政健康运行。In China, only 5% of depression sufferers receive medical treatment. Depression will become a disastrous disease if it is not recognised in time and treated efficiently. Such a situation has even started to affect the economic operating systems in many countries. Xinhua Net, 2003-12-17, source: Beijing Evening News

18B. 针对抑郁症的治疗，心理专家提出以下忠告：当出现抑郁症的征兆时，人们就因该及时进行治疗。Psychological experts suggest that depression should be treated even if some preliminary symptoms begin to occur. Xinhua Net, 2002-04-11

19B. 目前，临床上主要采取三种治疗方式治疗抑郁症：药物治疗、正规心理治疗以及电休克治疗。At present, there are three types of treatment for depression: medical therapy, formal psychotherapy and Electroconvulsive Therapy. Xinhua Net, 2004 年 12 月 20, Beijing Evening News

20B. 治疗抑郁症有药物治疗和心理治疗两种方法。There are two forms of treatment for depression: psychological and medical treatment. Xinhua Net, 2004-09-08

21B. 抑郁症的治疗包括药物和行为治疗法等，都各有不同的疗程和适用情况。The forms of treatment of depression include medical treatment and behavioral therapy. They have respectively their own courses and can be applied to particular situations of individual sufferers. Xinhua Net, 2002-09-25, Shopping Guide

22B. 对轻度抑郁症的治疗通常采用药物治疗与心理治疗相结合的方法。Mild depression can be treated with the combination of medical treatment and psychotherapy. Xinhua Net, 2002-04-26, source: Global Times

23B. 目前也有许多有效的药物治疗抑郁症。绝大多数患者经过治疗，病情都可得到改善。There are quite a few efficient brands of antidepressants, and most sufferers can significantly improve their own situations through medical treatment. Xinhua Net, 2004-05-09, Liberation Daily

24B. 6 年前，江维把"抑郁症"这一疾病概念带到中国，把治疗抑郁症最有效的药物之一百优解推向

了中国市场。6 years ago, Jiang Wei brought the concept of depression into China, and recommended one of the most efficient antidepressants - Prozac to Chinese market. Xinhua Net, 2003-07-11

25B. 传统的以西药治疗失眠和抑郁症的方法，往往副作用大、容易上瘾。Traditional western medicine treatment for depression and insomnia usually carry serious side effects, and sufferers are easy to get addicted to medication. Xinhua Net, 2003-09-08

26B. 医生检查，他处于严重的焦虑和抑郁状态，需要药物治疗，但治疗抑郁症的药物对呼吸是有抑制作用的。Doctors diagnosed him with severe anxiety and depressive state, which needs medical treatment. However, one of the side effects of antidepressants repressing breathing. Xinhua Net, 2003-06-25

### C. Phase 3 (2005-2007)

27C. 在现代医疗气象学中，专家们运用阳光照射来治疗某些疾病。例如，治疗抑郁症、失眠及其他疑难疾病。In modern medical meteorology, experts use sunlight to treat diseases like depression, insomnia and other difficult diseases. Xinhua Net, 2007-10-16

28C. 研究发现，服用 B 族维生素有助于抑郁症的治疗。Researches show that Vitamin B is helpful in treating depression. Xinhua Net, 2007-09-26,

29C. 目前的研究资料表明，抑郁症的发生与大脑中的 5-羟色胺减少有关，所以增加大脑中 5-羟色胺的含量是治疗抑郁症的有效方法之一。Current studies show that the bouts of depression are closely related to the reduction of serotonin in the human brain, therefore increasing the level of serotonin is one of the best ways of treating depression. Xinhua Net, 2007-11-22, source: Market News

30C. 人们多取其(玫瑰)"理气解郁、和血散瘀"的作用治疗慢性胃炎、肝炎、跌打损伤、月经不调、乳痈等，近年来也有用于治疗抑郁症。In traditional Chinese medicine, rose can regulate the vital energy of human body and release repressed feelings. It can also eliminate stasis to activate blood circulation. Therefore, it is used to treat roses are also used to treat chronic gastritis, hepatitis, injuries, irregular menstruation, acute mastitis and so on. In recent years, it has been used to treat depression. Xinhua Net, 2007-03-14, source: International Online

31C. "道路是曲折的，前途是光明的"，"排除万难，争取胜利"等人们耳熟能详的毛泽东名言。多年来，杨医生就这样将毛泽东思想中的积极因素应用到抑郁症治疗中，从而取得了非常好的心理治疗效果。Many famous quotations of Chairman Mao such like: "The road is winding but the future is bright", or "Clear away thousands of difficulties and fight for the final success" have been applied into the treatment of depression. It is just through the use of such positive attitude towards life, doctor Yang achieves very good effects in treating his patients. Xinhua Net, 2006-09-27, source: Global Times

32C. 鱼油可辅助治疗抑郁症。Fish oil can be used to assist depression treatment. Xinhua Net, 2006-11-26

33C. 均衡饮食和合理营养搭配有助于治疗抑郁症。Balanced diet and enough nutrition are useful in treating depression. Xinhua Net, 2006-11-29, source: Xinhua Daily Telegraph

34C. 华中科技大学成功研制出国内首台经颅磁场刺激器，它通过电磁场刺激大脑，有效治疗抑郁症、帕金森综合征、癫痫病等神经功能疾病。Central Chinese University has successfully invented the first electric stimulators of human brain magewaves, which can efficiently treat depression, Parkinson's syndrome, epilepsy and other neural functional diseases through stimulating the human brain by magewaves. Xinhua Net, 2006-01-06

35C. 美国科学家一项最新临床实验表明, 在对抑郁症的治疗中, 谈话疗法与药物治疗具有同样疗效。One of the most recent clinical experiment conducted by American scientists suggests that in treating depression, talking therapy is as efficient as medical treatment. Xinhua Net, 2005-05-09

36C. 目前, 德国科学家正在探索用脑磁波刺激技术治疗抑郁症。抑郁症患者的大脑背外侧部皮层不如健康人活跃, 如果能对这一区域加以刺激, 就能治疗抑郁症。At present, German scientists are trying to use magnetic brain wave stimulation to treat depression. This is because a certain area of the depression sufferers' brain is not as active as that of normal people. If this area is stimulated, depression can thus be treated and cured. Xinhua Net, 2005-08-30

37C. 美国食品和药物管理局 2 月 28 日首次批准用"皮肤贴"来治疗抑郁症, 从而为治疗抑郁症提供了一种新选择。Food and Drug Administration in the USA firstly permit the use of human skin plasters, a new form of treatment in treating depression on the 28th of February. Xinhua Net, 2006-03-01

38C. 专家介绍, 很多医生或病人家属对抑郁症的表现认识不足, 以至于许多病人没能及时发现而得到正确的治疗。Experts introduce that many doctors or family members of depression sufferers do not have an adequate understanding of depression, which cause a delay in recognition and correct treatment. Xinhua Net, 2007-11-23

39C. 中国已成为世界上仅次于美国的第二大抑郁症治疗方面的消费国, 抑郁症发病时和自杀造成的花费大大高于治疗费用, 抑郁症导致生产率降低, 其产生的平均花费是 480 亿人民币。China has become the second biggest depression treatment consuming country. The cost used to deal with sufferers' suicides and bouts of depression is much higher than that used for the treatment of the disease. At the same time, depression causes the cut-down in productivity, and the average cost of depression is 480 hundred million RMB. Xinhua Net, 2006-06-07

40C. 抑郁症如果治疗及时, 就像感冒一样好治; 如果治疗不及时, 将很快进入致残阶段, 乃至走上不归路。If depression is treated in time, it can be cured as easy as a cold. However, if the treatment is delayed, it will soon develop into the phase which will cause disabilities, or even death. Xinhua Net, 2006-06-07

41C. 现在治疗抑郁症, 一般是药物治疗和心理治疗并重。In today's depression treatment, the medical treatment is as important as psychotherapies. Xinhua Net, 2007-05-26

42C. 高发病率形成鲜明反差的是, 全国地市级以上医院对抑郁症的识别率还不到 20%; 而在抑郁症患者中, 近三分之一从未就医, 10% 的患者没有得到正规的药物治疗。Though there is a high incidence rate of depression, the rate of recognition of the disease is relatively low: less than 20% of depression sufferers have been diagnosed, and around one third of these sufferers never seek any form of treatment. Besides, over 10% of sufferers have not received formal and proper medical treatment. Xinhua Net, 2007-04-15

43C. 目前抑郁症的临床治疗主要采取三种方法: 电休克治疗、药物治疗和心理治疗。At present, there are three main forms of depression treatment: Electroconvulsive Therapy, medical treatment and psychotherapy. Xinhua Net, 2006-07-24

44C. 张主任指出, 很多病人因此(羞耻)延误治疗, 导致抑郁症患者逐渐发展恶化, 甚至出现一些极端的行。大众们也应当真正的理解精神疾病, 消除偏见与歧视, 不要一味的排斥, 给病人造成压力。Director Zhang points out that many depression sufferers delayed their treatment because of social stigma, which causes the deterioration of situation and extreme activities. The public should try to achieve a better understanding of such an illness, get rid of their discrimination and prejudice against sufferers and reduce their pressure. Xinhua Net, 2006-10-10, Fuzhou Evening News

45C. 现在治疗抑郁症，一般是药物治疗和心理治疗并重，对于中度及重度的抑郁症患者，一般都是要求先吃药，要用药物控制，然后再做心理调节。The treatment of depression needs the combination of medical treatment and psychotherapies. For moderate and severe depression sufferers, taking drugs is the first step and then psychological guidance is required. Xinhua Net, 2007-05-26

46C. 一项新的调查结果表明，人的幸福感取决于大脑皮质层下区域的大小。这个结论可能为治疗抑郁症和精神分裂症开辟新途径。A recent research suggests that whether people feel happy or not is decided by the size of cortical layer, a certain area in the human brain. This result will possibly open a new way for the treatment of depression. Xinhua Net, 2007-09-17

47C. 目前，国际上治疗抑郁症最常用的药物是 5-羟色胺再摄取抑制剂，包括赛乐特和百忧解，治疗效果比较明显。At present, the most widely-used antidepressants are 5-serotonin reuptake inhibitors, including Seroxat and Prozac. These medicines all achieve obvious effects. Xinhua Net, 2007-05-15, source: Guangzhou Daily

48C. 曾有研究表明，约 80%的这类抑郁症患者在接受至少一种抗抑郁症药物治疗后，抑郁症病情有所好转。Researches show that around 80% of depression sufferers get improvement after taking at least one kind of antidepressants. Xinhua Net, 2006-07-03, source: Xinhua Daily Telegraph

49C. 这类药物通过改善大脑五羟色胺功能，可以从根本上治疗抑郁症。Such medicines can treat the root cause of depression through changing the level of serotonin in the brain. Xinhua Net, 2005-04-17

50C. 据介绍，略利普兰已在日本和欧洲上市多年，主要被用作抗抑郁症的治疗。It is introduced that Rolipram, as a kind of psychiatric medicine, has been circulated in Japanese and European markets for many years, being mainly used to treat depression. Xinhua Net, 2005-04-07, source: Central New Net (Zhong Xin Wang)

51C. 统计显示，目前全球已有 5 千万人服用过"百忧解"这一处方药，这说明目前医学界对通过使用药物可以有效治疗抑郁症达成了一定的共识。Statistics show that around 50,000,000 depression sufferers in the world are using Prozac, which shows that current medical world has achieved a consensus that medical treatment is quite efficient. Xinhua Net, 2005-04-17

52C. 治疗抑郁症，必须树立正确的用药意识，一些疗效很好的抗抑郁药物也要在更大程度和范围内推广使用。To treat depression, correct awareness in using antidepressants must be built and very efficient antidepressants should be more widely used. Xinhua Net, 2005-06-18

53C. 加拿大卡尔加里大学的科学家发现，一向被认为在脑部神经元间信息传递过程中不起作用的神经胶质细胞，是可以促进神经元间的信息交流的。这项研究为治疗抑郁症和精神分裂症带来了新的希望。Scientists at the University of Calgary in Canada find out that neuroglia cells, which were ever considered as not relating to the transformation between nerve cells, are actually functional in improving the information exchange between neurons. This research brings new hope for treating depression and split personality. Xinhua Net, 2005-07-27

54C. 治疗抑郁症，目前最好的方法是药物治疗和心理治疗并重。大量实验表明，两者结合治疗优于只使用其中一种方法。To treat depression, the best solution is to combine medical treatment with psychotherapies. Many studies show that the combination of the two works demonstrably better than either therapy on its own. Xinhua Net, 2005-11-25, source: Guangdong News Net

55C. 2004 年，英国国家卫生和临床最优化研究院发布的一份医学指南指出，这类药物 (包括赛

乐特和百忧解) 不应当被用作治疗抑郁症的首选用药。因为, 有研究发现, 这两种药物在儿童和成人偶尔会引发病人产生自杀或自残的想法, 该研究院建议不应用于 18 岁以下人群的治疗。In 2004, a medical handbook published by the British National Clinical Research Institute pointed out that antidepressants such as Seroxat and Prozac should not be recommended to treat depression. This is because many studies show that these two types of drugs may cause self-abuse or suicidal ideas in children and adults. Therefore, the research institute suggests that these antidepressants should not be given to people under 18. Xinhua Net, 2007-05-15, Guangzhou Daily

56C. 用于治疗抑郁症的精神药物对智力也有类似影响。Antidepressants, as types of drugs for treating psychiatric disorders, affect the intellectual development of human beings. Xinhua Net, 2007-04-28

57C. 减少合并用药带来的药物间相互作用和更短的药物起效时间, 成为目前抑郁症临床治疗的焦点问题。The most difficult problem in clinical treatment of depression is how to reduce the interactional side effects of drug combination and how to shorten the time of drugs' taking effects. Xinhua Net, 2007-10-17, source: Economic Reference Newspaper

58C. 一项针对抑郁症患者进行的抑郁症治疗现状调查结果显示, 抑郁症治疗中合并用药非常普遍, 近 60% 的患者合并用药治疗, 产生不良反应。合并用药的最大原因在于, 74% 的抑郁症患者伴有包括头痛、睡眠障碍、躯体疼痛。A survey on depression sufferers' treatment assessment shows that the phenomenon of drug combination is very common: around 60% of depression sufferers are using other types of drugs while they are taking antidepressants, which often brings about adverse reactions sufferers. The first important cause of drug combination is that 74% of depression sufferers have other problems such like headache, sleeping disorder and somatic pains. Xinhua Net, 2007-10-17, source: Economic Reference Newspaper

59C. 治疗抑郁症, 目前最好的方法是药物治疗和心理治疗并重。To treat depression, the best solution is to combine medical treatment with psychotherapy. Xinhua Net, 2005-10-10

60C. 目前抑郁症治疗中存有一个很大的问题: 44% 的患者擅自停药或减药。A very big problem in depression treatment at present is that 44% of depression sufferers stop taking drugs or reduce dosages of drugs without doctors' permission. Xinhua Net, 2007-10-17, source: Economic Reference News

61C. 百忧解是治疗抑郁症最普通的药品, 但是抗抑郁药是精神类药品, 千万不能滥用, 服用时一定要专业医生的指导。Prozac is the most commonly used antidepressant to treat depression. But as a drug dealing with psychiatric disease, it should not be over used. It is very important to follow the professional instructions. Xinhua Net, 2007-06-13, Market News

#### **D. Phase 4 (2008)**

62D. 澳大利亚研究人员指出, 鱼油中富含的不饱和脂肪酸可用于辅助治疗抑郁症。Australian researchers point out that the unsaturated fatty acid contained in fish oil can be used to assist depression treatment. Xinhua Net, 2008-06-16

63D. 用火鸡等制作的食品中含有色氨酸, 进入人体后转化为溶于血液的 5-羟色胺, 能让人产生睡意, 缓和情绪, 也具有治疗抑郁症的效果。Food made of turkey meat contains tryptophan, a kind of chemical which can be changed into hydroxytryptamine when it is dissolved in the blood. This kind of chemical can make people feel sleepy and relaxed, and thus it is helpful to treat depression. Xinhua Net, 2008-06-16

64D. 活动能让你逐渐恢复自信, 对治疗抑郁症大有裨益。认可小进步。只要抑郁症状有了一点改

善，你都要学着感到满足。这样能让你逐渐恢复活力，一点点找到曾经健康的自我。To take part in some activities can make you feel confident again, which will do good to depression treatment. Besides, whenever your situation of depression is improved, even a little bit, you should learn to feel satisfied with yourself. This will make you gradually recover your vitality and find a healthy self back. Xinhua Net, 2008-08-12, source: Life Times

65D. 除了通过药物治疗和心理疏导外，针灸治疗抑郁症的效果也不错。Except for medical treatment and psychological support, acupuncture is also taking good effects in treating depression. Xinhua Net, 2008-08-20, source: Star Online

66D. 对于轻、中度的抑郁或有明显社会心理因素存在的抑郁症，心理治疗显得更为重要。For mild and moderate depression, or depression caused by obvious social and psychological factors, psychotherapies are more important. Xinhua Net, 2008-04-07

67D. 目前的研究资料表明，抑郁症的发生与大脑中的 5-羟色胺减少有关，所以增加大脑中 5-羟色胺的含量是治疗抑郁症的有效方法之一。Current researches show that the bouts of depression are closely related to the reduction of serotonin in the human brain. Therefore to increase the level of serotonin is one of the best ways of treating depression. Xinhua Net, 2008-06-26

68D. 深度脑部刺激疗法在临床应用上已有 10 余年，在治疗抑郁症、慢性疼痛、帕金森症和其他运动功能失常疾病上都发挥着重要作用。Deep brain-stimulating therapy has been applied clinically for over 10 years, and it is playing an important role in treating depression, chronic pains, Parkinson Syndrome, and other motor dysfunction diseases. Xinhua Net, 2008-01-31, source: Yangzi Evening News

69D. 晒晒太阳对增加人体皮肤和内脏器官的血液循环，对治疗抑郁症也有帮助。Being exposed to sunlight will improve the blood circulations in the human internal organs and skins, which is also helpful to treat depression. Xinhua Net, 2008-10-14 日, source: Health Times

70D. 针对抑郁症的治疗措施应当是综合性的，包括生活、心理和药物的共同作用，这样才能取得事半功倍的良好效果。The efficient treatment for depression should be an integrated one, which includes positive life attitude, medical treatment and psychotherapy. Only through such an integrated approach, can we achieve twice the result with half the effort. Xinhua Net, 2008-09-22

71D. 医生在给抑郁症患者治疗时，应注意不能忽视营养方面的作用。When doctors are treating their depression patients, the role of nutrition should not be neglected. Xinhua Net, 2008-10-27

72D. 维生素 B 对治疗抑郁症有较大的帮助。研究人员发现，如果抑郁症患者的血液中含有较多的维生素 B12，患者治疗后的效果就比较显著。Vitamin B is of great help in treating depression. Researchers find out that if there is more Vitamin B12 in depression sufferers' blood, the effects of treatment will be more satisfying. Xinhua Net, 2008-10-27

73D. 治疗抑郁症的一个误区是患者和家属对情绪低沉、内心抑郁等情绪改变不以为然，即使出现了这类问题也想不到是抑郁症。One of the problems in depression treatment is that the sufferers and their family members always feel that that depressed mood and changes in emotional states are just normal situation. Even if they encounter more serious emotional problems, they cannot think of the possibility of suffering from depression. Xinhua Net, 2008-09-08

74D. 抑郁症早期治疗不仅利于发作期病情及时得到控制，同时也有利于减少未来的发作频率。Early treatment in depression will not only help to control the situation during the bouts of the disease, but also to lower the frequency of such bouts in the future. Xinhua Net, 2006-02-26

75D. 目前抑郁症的治疗方法主要有药物治疗和心理治疗, 以及"自我及时强化法"等。The main forms of depression treatment are medication, psychotherapy, and self-strengthening therapy. Xinhua Net, 2008-04-07

76D. 吴医生表示, 目前抑郁症的临床治疗主要采取三种方法: 电休克治疗、药物治疗和心理治疗。Doctor Wu says that there are three main forms of depression treatments: Electroconvulsive Therapy, medication and psychotherapy. Xinhua Net, 2007-01-31

77D. 目前治疗抑郁症的手段主要是抗抑郁药物治疗和心理治疗。The main ways of treating depression at present is medical treatment and psychotherapies. Xinhua Net, 2008-09-25, source: 39 Health Net (www.39.net)

78D. 因为生物学因素是致病的基础, 所以即使没有任何诱因, 仅因为一个细小的事件, 就可能诱发抑郁症。因此, 面对抑郁症, 仅仅有心理治疗是不够的, 从事抑郁症治疗的临床心理科的医生及精神科的医生, 都强调了药物治疗的重要性。The biological factor is the basic root cause of depression, which is why even when there are no triggers, depression can still occur. Therefore, psychotherapies alone are not enough in treating depression. Doctors from both the clinical area and the psychiatric discipline emphasise the importance of medical treatment. Xinhua Net, 2008-06-22

79D. 欣百达 (盐酸度洛西汀) 是礼来公司继著名的抗抑郁药百优解之后在抑郁症治疗领域推出的又一主打产品, 2004 年获美国食品与药品管理局 (FDA) 和欧盟委员会批准用于治疗成人抑郁障碍。Cymbalta is another important brand of antidepressants produced by LLY. In 2004, this antidepressant was licensed for use in treating adult depressive disorder by the United States Food and Drug Administration and the European Commission. Xinhua Net, 2008-12-22, source: 39 health net (www.39.net)

80D. 他研制出用于治疗抑郁症的中药"平心忘忧胶囊", 治疗效果反映很好。He produced a new type of Chinese medicine to treat depression, which proves to be quite effective. Xinhua Net, 2008-12-12

81D. 很多抗抑郁药有显著的治疗抑郁症的作用。临床证实, 这些药物的治疗作用优于安慰剂。Quite a few antidepressants have obvious positive effects in treating depression. Clinical experiences prove that the effects of antidepressants are better than those of placebos. Xinhua Net, 2008-12-19

82D. 针灸主要通过调理人体自身的神经功能来起到治疗作用, 是一种治疗抑郁症的"绿色疗法"。A survey of depression sufferers' treatment assessment shows that the phenomenon of drug combination is very common: around 60% of depression sufferers are also using other types of drugs. There are always adverse reactions in such a situation. Xinhua Net, 2008-08-19

83D. 在抑郁症治疗中, 对于伴有较多躯体症状的患者, 应选择一种与其他药物发生相互作用风险小的药物, 对避免药物相互作用的发生至关重要。In treating depression, sufferers with various somatic symptoms should choose medicines which have less interaction with other types of medicines. This is crucial preventing the interactional side effects of drug combination. Xinhua Net, 2007-10-17

84D. 王向群指出, 通过两项调查的结论发现, 减少合并用药带来的药物间相互作用和更短的药物起效时间, 成为目前抑郁症临床治疗的焦点问题。Mr Wang Xiangqun points out that the most difficult problem in clinical treatment of depression is that how to reduce the interactional side effects of drug combination and how to shorten the time of drugs' taking effects. Xinhua Net, 2007-10-17, source: Economic Reference News

85D. 在抑郁症的治疗中, 药物发挥着重要而积极的作用, 是治疗不可缺少的关键措施。In treating depression, medication plays a very important role, and it is a key solution. Xinhua Net, 2008-09-22

86D. 胡雨华说，西医一般采取服药治疗抑郁症，这种方法疗效固然明显，但是长期服药易成瘾，对人的脑神经有一定影响。Dr Hu Yuhua said that though antidepressants are quite effective in treating depression, long-term use of drugs will make people feel addicted to medicines and affect people's cranial nerves.  
Xinhua Net, 2008-08-19

#### E. Phase 5 (2009)

87E. 医生在治疗抑郁症患者时也往往鼓励他们进行适量的锻炼。Doctors always encourage their patients to take certain amount of exercises in treating depression.  
Xinhua Net, 2009-01-30

88E. 美国生物学证实葵花子能辅助治疗抑郁症、神经衰弱、失眠症等，还能增强人的记忆力。可见，经常吃点葵花子，即使在寒冷的冬季，也能让心情充满阳光。American scientists prove that eating sunflower seeds are useful in treating depression, neurasthenia, insomnia and it can improve people's memories. Thus, eating sunflowers seeds will make your heart full of sunshine even in cold and gloomy winter.  
Xinhua Net, 2009-01-13, source: 39 Health Net (www.39.net)

89E. 鸡肉也有治疗抑郁症的作用。Eating chicken is useful in treating depression.  
Xinhua Net, 2009-08-05

90E. 肉毒杆菌不仅可以除皱，还可以治疗抑郁症。Allantiasis bacillus can be helpful not only in reducing wrinkles, but also in treating depression.  
Xinhua Net, 2009-08-03

91E. 比如，针灸治疗抑郁症效果特别好，但老百姓不知道，赵百孝说。Doctor Zhao Baixiao said that Chinese acupuncture is very effective in treating depression. But many people do not know this.  
Xinhua Net, 2005-04-08

92E. 中医早就认识到，登山是治疗秋季抑郁症之良方。Chinese medicine has suggested for a long time that climbing mountains is one of the best solutions to autumn depression.  
Xinhua Net, 2009-10-13, source: Safety and Health Net (www.panjk.com)

93E. 目前，抑郁症的治疗包括药物治疗和心理治疗。At present, there are two forms of treatment for depression: medical treatment and psychotherapy.  
Xinhua Net, 2009-05-11

94E. 以针灸治疗为主，辅助心理疏通及中药综合治疗抑郁症，可取得较好效果。An integrated approach combining acupuncture, psychological support and Chinese medicine can achieve very good effects in treating depression.  
Xinhua Net, 2009-01-21, Xinhua Daily Telegraph

95E. 不少病态购物人士都有情绪抑郁倾向，血清素药物也有治疗抑郁症作用，但这仅是辅助性质，一般人服药后3个月，脑分泌开始受控，有助降低病者继续购买的意欲，但过后仍需透过认知行为治疗等，改变病人对自己与物质的错误观念，方能治本与预防复发。Many people suffering from compulsive shopping disorder have depressive tendencies; medication containing serotonin can be used to treat depression. However, medical treatment is only playing an assistant role: normally speaking, sufferers' brain secretion starts to be regulated after taking medication for three months, which helps to reduce sufferers' motivation of continuous buying. To eradicate the problem and efficiently prevent recurrences, sufferers need to be treated by cognitive behavioral treatment, changing their wrong concepts concerning material needs.  
Xinhua Net, 2009-03-06

96E. 抑郁症的治疗既需要药物治疗，也需要心理治疗，细致全面评估之后才能获得良好的治疗效果。Medication and psychotherapy are both important in treating depression. Only after a detailed and complete evaluation of sufferers can the application of different forms of treatment achieve their best

results.

Xinhua Net, 2009-02-12, source: Guangzhou Daily

97E. 治疗抑郁症，除了药物治疗外，家人和朋友要多给予关心和帮助。To cure depression, apart from the use of medical treatment, friends and family members of sufferers should give them more care and help.  
Xinhua Net, 2009-09-02

98E. 抑郁症的治疗方法很多，心理治疗、睡眠剥夺治疗、光疗和电痉挛治疗等，但当代仍以药物治疗为主，心理治疗为辅。There are a lot of forms of treatment for depression, such as psychotherapies, sleep deprivation therapy, light therapy and Electroconvulsive Therapy. But in modern times, medical treatment is still considered as the main form, being assisted by psychotherapies.  
Xinhua Net, 2009-01-05, source: Lanzhou News Net

99E. 很多人担心治疗抑郁症的药会对智力有损伤，或者是产生依赖，其实大可不必，调整情绪的药跟调整内分泌的药一样，一般不会成瘾。Many depression sufferers worry that antidepressants may damage their intellectual property, or make them feel addicted to medicines. Actually, antidepressants are just like any other drugs regulating internal secretion, and thus they will not make sufferers feel addicted.  
Xinhua Net, 2009-05-30, Law Daily

100E. 专家建议，一定不要把药物治疗放在最后面，因为发病半年以后再开始治疗的抑郁症病人和一开始得病就治疗的效果完全不一样，而且今后复发的可能性更大。Experts suggest that never take medical treatment as the last choice. This is because sufferers who start taking medication immediately after the first bout of their depression achieved much better effects than those who started after six months' time from the occurrence. Furthermore, those who started late are more likely to experience the recurrence of depression.  
Xinhua Net, 2009-10-03, Yangcheng Evening News

101E. 以药物治疗为主，心理治疗为辅的综合疗法，是目前临床医学界在考虑怎样治疗失眠抑郁症时的首选方法。The first choice of current clinical world in treating insomnia and depression is the integrated approach combining the medical treatment and psychotherapies.  
Xinhua Net, 2009-10-09, source: 39 Health Net (www.39.net)

102E. 医生介绍说，抑郁症的治疗一般采用抑郁剂和心理疗法。但西药毒副作用比较大，长期服用机体会产生依赖性和耐药性，对大脑也会有抑制作用。Doctors introduced that depression treatment needs both antidepressants and psychotherapies. But the side effects of western medicines are quite strong, and long-term use of such medicines will make sufferers have psychological reliance and drug-resistance. It will also repress the function of the brains of depression sufferers.  
Xinhua Net, 2009-01-21, source: Xinhua Daily Telegraph

## Appendix 18 Paraphrases of 药物 (medication)

**213 concordance lines in total**

**107 paraphrases found**

### A. Phase 1 (2000-2001)

1A. 专家们认为, 防治冬季抑郁症的最好药物是阳光, 冬天里要注意多晒太阳。Experts believe that the best medicine for treating winter depression is sunlight. So try to get yourself more exposure to sunlight. Xinhua Net, 2001-09-13

2A. 大略省渥太华医院的医生经过研究发现, 这种名叫SSRIs的抗抑郁症药物容易引起老年人内出血。Doctors at Ottawa Hospital in Ontario discover that SSRI antidepressants are likely to cause entorrhagia in old people. Xinhua Net, 2001-10-08

3A. 抑郁症的治疗一般由药物和心理治疗相结合。Depression treatment needs the combination of both medication and psychotherapy. Xinhua Net, 2001-10-11

### B. Phase 2 (2002-2004)

4B. 美国食品和药物管理局9月份也曾向公众承认, 抗抑郁症药物会导致有些儿童和青少年出现自杀倾向。Food and Drugs Administration of the USA confessed to the public in September that antidepressants will cause some adolescents' and children's suicidal tendency. Xinhua Net, 2004-12-14

5B. 欧洲药品评检署近日纷纷发出警告, 称青少年服用某些抗抑郁症药物后自杀危险性大增。European Drugs Assessment Authority warned frequently that the suicide risk of adolescents will increase significantly if they take antidepressants. Xinhua Net, 2004-12-14

6B. 不要服用以帕罗西汀为主要成分或含有抑制因子SSRI成分的抗抑郁症药物, 因为这类药物使青少年自杀的念头和倾向大大增加。Taking antidepressants that contain SSRIs or paroxetine is not recommended, because such medicines increase the risk of suicide in adolescents. Xinhua Net, 2004-12-24

7B. 一项研究表明, 2%至3%服用抗抑郁症药物的青少年会出现较强自杀倾向。A recent research shows that of the adolescents who are taking antidepressants, 2% to 3% will have strong suicidal tendencies. Xinhua Net, 2004-12-14

8B. 专家因此建议, 食品和药物管理局应规定在部分抗抑郁症药物的产品说明上加入最高级警告。Experts suggest that Food and Drugs Regulating Authority should add first-class warning in the antidepressants product description and instruction. Xinhua Net, 2004-12-14

9B. 对此徐枫十分坦诚地表示是因为患上抑郁症, 不得不接受药物治疗。Xu Feng (a Chinese actress) honestly confessed that she was suffering from depression and had to receive medical treatment. Xinhua Net, 2003-05-19

10B. 杀人者是一名少年, 因父母离异患上了抑郁症, 长期靠药物控制情绪。The murderer is an adolescent who is suffering from depression because of his parents' divorce. At present, the young boy has to manage his emotions by long-term use of medication. Xinhua Net, 2004-08-25, source:

Shanghai Morning Post

11B. 他处于严重的焦虑和抑郁状态，需要药物治疗，但治疗抑郁症的药物对呼吸是有抑制作用的。He is suffering from severe depression and anxiety that needs medical treatment. However, one of the side effects of antidepressants is repressing people's breathing. Xinhua Net, 2003-05-08

12B. 有氧运动可能比药物更能有效对抗抑郁症，因为运动可以刺激脑内啡的分泌。 Aerobic exercises might be more efficient than medication in treating depression, because sports can stimulate the secretion of endorphin in human brain. Xinhua Net, 2002-09-08

13B. 此外，抑郁症患者在依靠药物进行抗抑郁治疗的同时，不可忽视自我心理调节的辅助功能。When depression sufferers are receiving medical treatment, they should not neglect the important additional role of psychological self-help. Xinhua Net, 2004-07-28

14B. 抵抗抑郁症，专家建议除了药物治疗和心理治疗外还要有阳光与运动和良好的生活习惯。Experts suggest that to treat depression, except for medical treatment and psychotherapies, sports and healthy life style are also necessary. Xinhua Net, 2002-12-23

15B. 抑郁症的治疗包括药物和行为治疗法等，都各有不同的疗程和适用情况。There are different forms of treatment for depression such as medical treatment and behavioral therapy. They have respectively different courses and can be applied to different situations of individual sufferers. Xinhua Net, 2002-09-25

16B. 对轻度抑郁症的治疗通常采用药物治疗与心理治疗相结合的方法。For mild depression sufferers, the combination of medical treatment and psychotherapies is always recommended. Xinhua Net, 2002-04-26

17B. 治疗抑郁症有药物治疗和心理治疗两种方法。Two forms of depression treatment are medication and psychotherapies. Xinhua Net, 2002-06-06, source: Health Times

18B. 目前，临床上主要采取三种治疗方式治疗抑郁症：药物治疗、正规心理治疗以及电休克治疗。At present, there are three main forms of treatment for depression: medical treatment, psychotherapies and ETC (Electroconvulsive Therapy). Xinhua Net, 2004-12-20

19B. 6年前，江维把"抑郁症"这一疾病概念带到中国，把治疗抑郁症最有效的药物之一百优解推向了中国市场。Six years ago, Jiang Wei brought the concept of depression into China, and introduced one of the most efficient antidepressants – Prozac, into the Chinese market. Xinhua Net, 2003-07-14

20B. 目前也有许多有效的药物治疗抑郁症。绝大多数患者经过治疗，病情都可得到改善。There are quite a few efficient antidepressants. Most sufferers can significantly improve their situation through medical treatment. Xinhua Net, 2004-09-08, Zhejiang Economic News

21B. 抑郁症是可以治疗的疾病。对于病情不严重的患者可采用心理治疗，如支持性疗法、认知行为疗法、人际关系心理疗法等。严重的患者可在心理治疗的基础上采用药物治疗。Depression is a treatable disease. For sufferers with mild depression, some psychotherapy can be used, such as supportive therapy, Cognitive Behavioural Therapy, human relationship psychotherapy and so on. Severe sufferers can use medical treatment on the basis of psychological treatment. Xinhua Net, 2004-10-05

### C. Phase 3 (2005-2007)

22C. 礼来公司今年年初被某媒体指责隐瞒了其治疗抑郁症药物"百优解"可能会有严重副作用，但

最终以媒体道歉而告结束。LLY was criticized early this year for having disguised the fact that the antidepressant Prozac may have serious side-effects. Finally, LLY had to apologise to the media about this. Xinhua Net, 2005-02-02

23C. 抑郁患者和临床医生迫切需求新的药物具有更稳定的疗效、更快起效、更好的长期疗效来提高抗抑郁药物治疗的满意程度。Both depression sufferers and clinical doctors need badly to see some more satisfying antidepressants with more stable, faster, and longer effects. Xinhua Net, 2007-10-17, source: Economic Reference News

24C. 美药管局说，以上标签更新要求适用于所有类别的抗抑郁症药物，药品生产商必须在自即日起 30 天内向药管局提交修订后的药品标签。Drugs Administration Authority of the USA claims that all the antidepressants producers have been required to update the contents of their products' labels and must submit their updated versions within 30 days. Xinhua Net, 2007-05-03

25C. 此前，美食品和药物管理局从未批准过任何用于治疗青少年精神分裂症的药物，针对躁狂抑郁症也仅批准过将碳酸锂用于 12 岁以上的青少年患者。Food and Drugs Administration of the USA never permit any use of medications to adolescents to treat split personality. For the treatment of bipolar disorder, only sufferers over 12 years old are permitted to take medicines containing lithium carbonate. Xinhua Net, 2007-08-23

26C. 去年 8 月，挪威奥斯陆大学研究人员证实，服用抑郁症药物赛乐特的患者自杀倾向增加的人数是服用安慰剂人数的 7 倍，但葛兰素史克公司却坚决不承认这一结果，一口咬定赛乐特"利大于弊"，效果卓著。In August of last year, researchers at the University of Oslo in Norway proved that users of the antidepressant Seroxat are 7 times more likely to commit suicide than placebo users. But GlaxoSmithKline did not admit such a result, insisting that the positive effects of Seroxat definitely outweigh its negative effects. Xinhua Net, 2006-05-14, source: Shanghai Xinmin Evening News

27C. 惠氏长期以来一直致力于抗抑郁药物的研发和抑郁症知识的宣传普及。相信在有关政府部门和精神卫生领域众多专家的努力下，一定能够让更多的抑郁症患者摆脱疾病的困扰，重拾健康心态！Wyeth has been working hard in producing newer antidepressants and popularizing the knowledge about depression. It firmly believes that with the assistance of government and experts in psychiatric health disciplines, the company will make more depression sufferers get rid of the frustration of such an illness and regain their health. Xinhua Net, 2005-10-10

28C. 美国食品和药物管理局 2 日要求所有在美销售抗抑郁症药物的生产商更新药品标签，加注警告提醒 18 岁至 24 岁成年人服用抗抑郁药物最初一段时间自杀倾向会增加。Food and Drugs Administration of the USA required all the sales companies selling antidepressants in America update their products' labels, and spell out the warning that the suicidal tendencies of people between 18 to 24 years old who are taking antidepressants will increase in the beginning phase. Xinhua Net, 2007-05-03

29C. 目前，治疗抑郁症的药物来士普(艾司西酞普兰)，在一周内能快速改善抑郁症患者的部分核心症状，良好的疗效一直贯穿整个治疗过程。At present, it is proved that escitalopram can improve depression sufferers' core symptoms in the first week and its satisfying effects can be maintained through the whole process of treatment. Xinhua Net, 2007-10-17, source: Economic Reference News

30C. 日本各公司对轻度抑郁症患者展开教育行动。他们向消费者灌输这样的三段论：抑郁是任何人都可能患的一种病；抑郁可以用药物治疗；及早进行治疗是非常重要的。这样的教育收到了效果。Japanese companies start to educate mild depression sufferers by telling them the following three ideas: depression is an illness that can attack anybody, depression can be cured by medication and early treatment is very necessary. Such education has achieved positive effects. Xinhua Net,

2007-09-23, source: Shanghai Evening Post

31C. 针对近来大学生中抑郁症等心理疾病发病率日益上升的趋势, 由中国心理卫生协会、惠氏公司等联合举办的"绿丝带关怀行动"心理健康讲座在北京大学拉开帷幕。唐登华教授为大学生讲解了抑郁症的自我判断、药物治疗和预防等方面的知识。Facing the problem that more and more university students are suffering from psychological illnesses, a lecture jointly organized by Chinese Association for Mental Hygiene and Wyeth company was held in Beijing University. Professor Tang Denghua introduced some relevant knowledge about the self-diagnose of depression, its medical treatment and its precautions.  
Xinhua, 2005-10-10

32C. 以"百优解"为代表的选择性五羟色胺再摄取抑制剂类药物, 大大提高并丰富了对抑郁症的治疗手段, 获得了很好的临床疗效。Typical antidepressants such like Prozac greatly improve and enrich the forms of treatment for depression and they have achieved very good clinical effects.  
Xinhua Net, 2005-04-17

33C. 在常用的抗抑郁药物中, 可以引起勃起功能障碍、射精异常和性欲缺乏等。Some commonly used antidepressants may cause erectile dysfunction, abnormal ejaculation and anaphrodisia to male depression sufferers.  
Xinhua Net, 2005-02-22

34C. 许多家长虽然不是很清楚药效, 担心这种药物会刺激孩子的大脑神经, 留下后遗症。Many parents do not know well about the effects of antidepressants, and they worry that these medicines may damage children's nerves' system and leave sequels.  
Xinhua Net, 2005-09-07

35C. 采用谈话疗法的患者中仅有 31% 旧病复发, 而服用抗抑郁症药物的患者中则有 76% 的人复发。Only 31% of depression sufferers experienced recurrence of the illness if they are treated with talking therapy, while 76% experienced such recurrence if they are treated with medication.  
Xinhua Net, 2005-05-09

36C. 盐酸帕罗西汀的说明书已经指出, 该药虽然对抑郁症、恐慌症等有疗效, 但会增加患者、特别是年轻患者出现自杀举动风险。The manual of paroxetine hydrochloride has pointed out that though this antidepressant is very efficient in treating depression and panic disorder, it might increase the rate of suicide especially in young sufferers.  
Xinhua Net, 2007-06-28

37C. 现有的服用抗抑郁症药物等治疗方法存在一些严重的副作用。Some antidepressants have very serious side effects.  
Xinhua Net, 2005-02-15

38C. 由于目前治疗狂躁抑郁症的药物都有较大副作用, 研究人员希望以此次研究为基础, 开发副作用较小的新药。Due to the disastrous side effects of currently available antidepressants, researchers are expecting to produce newer medicines with fewer side effects.  
Xinhua Net, 2006-01-13

39C. 病情已经差不多都治好了的王易由于药物作用, 落下一个打瞌睡的后遗症。Wang Yi, who has recovered from depression by taking antidepressants, now suffers from the sequel of oversleeping.  
Xinhua Net, 2006-06-27, source: Nanfang Net

40C. 治疗抑郁症的药物必须坚持服用一段时间, 有些人症状不明显后, 认为抑郁症远离了自己, 就停止用药, 这是错误的。抑郁症药物不会产生依赖, 在恢复期内仍应坚持服用。Antidepressants taking must last for a longer term. Some sufferers stop using drugs as soon as their symptoms are improved. This is wrong. Antidepressants will not make them feel addicted at all and sufferers should keep taking them even in the course of their recovery.  
Xinhua Net, 2005-10-24, source: News Middy

41C. 支持慎用抗抑郁症药的专家认为，家长们需要更加准确、详细的信息使自己既能医治好孩子的抑郁症，又能防止药物导致孩子自杀或杀人情况的发生。Experts who support the cautious use of antidepressants believe that parents need more accurate and detailed information in curing their children's depression. This will also help to prevent children's committing suicides or murdering - the side effects caused by taking antidepressants. Xinhua Net, 2005-03-21, source: Globe.

42C. 治疗抑郁症，必须树立正确的用药意识，一些疗效很好的抗抑郁药物也要在更大程度和范围内推广使用。To treat depression, we need to develop our awareness of how to use antidepressants. Some effective antidepressants should be used more widely. Xinhua Net, 2005-06-28, source: Youth Express

43C. 五羟色胺虽然是非处方药物，但最好还是在医生的指导下使用。而且治疗抑郁症的药物必须坚持服用一段时间，有些人症状不明显后，认为抑郁症远离了自己，就停止用药，这是错误的。Though Serotonin is a non-prescribed drug, it is still better to use it under the guidance of a doctor. Furthermore, a long term medication for depression is very necessary. Some sufferers stop using medicines as soon as they find their symptoms less severe. This is a wrong approach. Xinhua Net, 2005-10-24, source: News Times

44C. 她(马泰)杀掉自己的子女也是在治疗抑郁症药物产生的幻觉下行为失控导致的过失行为。The killing of her (Matthei's) is a negligent act caused by hallucinations, the side effects of antidepressants. Xinhua Net, 2005-02-28

45C. 她向这位要好的朋友透露了自己抑郁症复发正在吃药的事情。She finally confessed to her friends that she was actually suffering from depression and was taking medication. Xinhua Net, 2006-09-08

46C. 波特尔承认在今年 3 月份，她因服用治疗产后抑郁症的药物过量而被送进了医院。Pottle confessed that this March, she was sent to hospital because of her over use of antidepressants prescribed for her post-natal depression. Xinhua Net, 2005-09-14

47C. 目前，双相情感障碍主要依靠药物治疗，国际公认的一线治疗药物包括丙戊酸盐等心境稳定剂，如果病情需要还可联合使用抗精神病药和抗抑郁药物。At present, medication is the main form of treatment for bipolar affective disorder. First class medicines commonly recommended in the world are mood stabilizers such as valproate. Some antipsychotic drugs and antidepressants can be jointly used if they are suitable for specific sufferers' situations. Xinhua Net, 2007-08-16

48C. 科学家通过实验发现，一些抗抑郁症药物对于 70% 的夜食症患者很有帮助。Scientists found out that some antidepressants are helpful for people with night-eating syndrome. Xinhua Net, 2006-07-18, source: Guangzhou Daily

49C. 统计显示，目前全球已有 5 千万人服用过"百优解"这一处方药，这说明目前医学界对通过使用药物可以有效治疗抑郁症达成了一定的共识。According to scientific statistics, around 50,000,000 sufferers in the world are using Prozac, which shows that the current medical world has achieved a consensus that medical treatment is quite effective. Xinhua Net, 2005-04-17

50C. 越来越多的人开始寻找生活和工作的意义，所以大家都看见了，抗抑郁症的药物现在是如此畅销。More and more depression sufferers have recovered and started to find the meaning of work and life. Therefore, everyone can see why antidepressants are so popular. Xinhua Net, 2005-01-19, source: Shanghai Xinmin Evening News

51C. 不少病人发现，心理医生的无数话语或开导，疗效却抵不过一片小小的药片。正是由于相关药物的诞生，人们对精神疾病的治疗有了新的期待。Many patients found that a tiny pill is much more effective than the endless explanations and encouragement of psychotherapists. And it is because of the

invention of antidepressants that people can have new expectations from the treatment of psychiatric illnesses. Xinhua Net, 2007-04-16, source: China News Net

52C. 据调查, 抑郁症中内因性患者占 70%, 应以药物治疗为主, 正因为这种病是内因性的, 故不同于一般神经症的治疗。心理治疗仅是帮助患者认识此病的本质, 嘱其且莫愁上加愁、忧中生忧, 安心于疗养。According to relevant investigation, endogenous depression takes up 70% and medical treatment should be used as the main solution. It is just because of such situation, depression cannot be treated as same as other normal types of neurosis. Psychotherapies are just helping sufferers to know more clearly what such an illness is and to reconcile themselves in the course of their treatment. Xinhua Net, 2005-11-29, source: Sohu Health Forum

53C. 而在现有的抑郁症患者中, 只有不到 10% 的人接受了相关的药物治疗。很多人认为抑郁症属于心病, 因而排斥药物治疗。事实上, 救治抑郁症, 必须树立正确的用药意识。提高认知、早期诊断、选择药物治疗是降低抑郁症社会经济负担的有效手段。Only 10% of the current depression sufferers have received medical treatment. Many people consider depression as a psychological disease and refuse to use medical treatment. In fact, to treat and to cure depression, sufferers must raise their awareness of using medication. To have a correct attitude towards medical treatment, to diagnose depression in time and to choose medical treatment are the most efficient ways to reduce social and economic burden caused by depression. Xinhua Net, 2005-06-19, source: Beijing Morning News

54C. 目前, 中国的基层医院对抑郁症的识别率和药物治疗率都很低, 这直接影响到抑郁症患者的早期发现和治疗。At present, both the rate of recognition of depression and its medical treatment are very low in China's local hospitals, which directly affects the early recognition and in-time treatment for depression sufferers. Xinhua Net, 2005-10-10

55C. 我国九成抑郁症患者未得到正规药物治疗。90% of depression sufferers in China have not received serious and regulated medical treatment. Xinhua Net, 2007-04-15

56C. 曾有研究表明, 约 80% 的这类抑郁症患者在接受至少一种抗抑郁症药物治疗后, 抑郁症病情有所好转。Researches show that 80% of depression sufferers' situations are improved after they use at least one kind of antidepressant. Xinhua Net, 2006-07-03, source: Xinhua Daily Telegraph

57C. 目前也有许多有效的药物治疗抑郁症。绝大多数患者经过治疗, 病情都可得到改善。There are quite a few efficient antidepressants available currently and most sufferers improve their own situations after medical treatment. Xinhua Net, 2005-12-05, source: Sichuan News Net

58C. 治疗抑郁症, 除了药物之外最重要的是什么? 回答是: 心理支持, 最需要人的信任, 就是说支持她, 不要瞧不起她。Except for the medical treatment, what is the most important thing in treating depression? The answer is psychological support and people's trust. That is to say, we should support depression sufferers, but not look down upon them. Xinhua Net, 2005-10-03, source: Xinhua Daily Telegraph

59C. 轻度抑郁症患者可以在医生的心理指导下得到康复, 而严重的抑郁症患者则需要药物治疗加心理治疗。而轻度与重度的一个重要区别就在于患者正常的学习和工作是否受到影响。Mild depression sufferers can recover with doctors' psychological guidance, while severe sufferers need the combination of medical treatment and psychotherapies. One of the most important distinctions between mild and severe depression is whether sufferers' work and lives have been affected. Xinhua Net, 2005-07-21, source: Jinhua Times

60C. 年龄很小的孩子如患上抑郁症不需要进行药物治疗, 家庭环境的改善可使其自愈。Very young depression sufferers do not need medical treatment; the improvement of family environment can cure the condition naturally. Xinhua Net, 2006-11-19

61C. 人体不用化学药剂进行平衡，抑郁通过运动和吃维生素 C 就能克服。The human body does not have to be balanced by chemical medication. Sports and Vitamin C can help people to defeat depression. Xinhua Net, 2006-04-20, The Beijing News

62C. 患有抑郁症的人除了药物治疗外，更多的需要心理治疗，需要亲人的关怀和专家的指导。Except for medical treatment, depression sufferers need more psychological treatment, family members' care and experts' guidance. Xinhua Net, 2005-02-16, source: Jiangnan Times

63C. 抗抑郁症药物和心理治疗的适当结合，能改善 60% 的抑郁症患者的前景。An appropriate combination of medical and psychological treatment can improve the future of 60% depression sufferers. Xinhua Net, 2006-09-18, source: Xiamen Daily

64C. 治疗抑郁症，一般是药物治疗和心理治疗并重，对于中度及重度的抑郁症患者，一般都是要求先吃药，要用药物控制，然后再做心理调节、减压治疗，建立病人的认知结构。Generally speaking, to treat depression, both medical and psychological treatment should be emphasized. For moderate and severe sufferers, medication should be firstly used to control the symptoms, and then the use of psychological support will help sufferers to reduce their pressure and reconstruct their cognitive model. Xinhua Net, 2007-05-27

65C. 医治抑郁症，除了需依靠药物外，医生辅导让病人接受现实，才可从困局中释放。To treat depression, except for medical treatment, doctors should persuade sufferers to accept the fact that they are suffering from depression and set them free from difficult situations. Xinhua Net, 2006-07-21, source: China News Net

#### **D. Phase 4 (2008)**

66D. 10% 的人患有不同程度的惊恐障碍或抑郁症，现有药物对其中不少患者无效。10% of people are suffering from different degrees of panic disorder or depression, and current antidepressants do not work for many of such sufferers. Xinhua Net, 2008-04-04

67D. "不宁腿综合症"患者往往出现明显焦虑和抑郁，因此该病常被误诊为抑郁症，但抗抑郁药物会使症状加重。Restless Legs Syndrome sufferers usually have symptoms of obvious anxiety and depression, therefore such an illness is often misdiagnosed with depression. The use of antidepressants will make the symptoms even worse. Xinhua Net, 2008-11-03, Chutian Metropolis Daily

68D. 对于怀孕期和哺乳期的女性，抗抑郁症的药物会对胎儿或者是乳儿产生生长和发育方面产生不良影响。For women who are in prenatal or postnatal phases, using antidepressants will have negative effects on the growth and development of babies. Xinhua Net, 2008-12-05

69D. 医治精神病、抑郁症和糖尿病的药物可能会令人增重。Medicines that are used to treat psychiatric diseases, depression and diabetes can all make people gain weight. Xinhua Net, 2008-10-16

70D. 棒球选手赵成敏因为家庭暴力离婚，此后就患上抑郁症，一直靠药物控制。Zhao Chengmin, the baseball player, has been suffering from depression and taking antidepressants since she divorced because of domestic violence. Xinhua Net, 2008-10-05, Shenzhen Evening News

71D. 抑郁症的症状得不到控制也不一定是药物疗效不好或个体差异，而是在服用治疗抑郁症药物的同时又服用了抗过敏药。The condition that the depressive symptoms are not controlled is necessarily caused by the low effects of medical treatment or by the individual differences. It is because sufferers are taking anti-allergic drugs while they are taking antidepressants. Xinhua Net, 2008-08-07

72D. 治疗抑郁症最常见的方法是吃药，但效果不佳。很多精神健康学的医师现在相信，仅用药物调整大脑化学物质结构是不够的。The most common form of treatment for depression is to take medication. However, the effect of medical treatment is not satisfying. Many doctors majoring in psychiatric health now believe that to use medication to regulate the chemicals in the human brain is not enough for treating depression. Xinhua Net, 2008-02-08

73D. 除了通过药物治疗和心理疏导外，针灸治疗抑郁症的效果也不错。Except for medical treatment and psychological guidance, acupuncture is also working well in treating depression. Xinhua Net, 2008-08-19

74D. 目前，治疗抑郁症的药物来士普 (艾司西酞普兰)，在一周内能快速改善抑郁症。At present, the antidepressant Lexopro can significantly improve the situation of depression sufferers within one week. Xinhua Net, 2008-08-21

75D. 事实上，对于许多抑郁症患者服用一定的药物能够对病症起到良好的效果，遵从医嘱更能“根治”自杀。In fact, it is very helpful for many depression sufferers to use antidepressants to improve their situations. Furthermore, if doctors' instructions are followed, the phenomenon of suicide can be eradicated. Xinhua Net, 2008-11-07

76D. 估计中国目前抑郁症患者超过 2600 万，但只有不到 10% 的人接受了相关药物治疗。It is estimated that there are over 26,000,000 depression sufferers in China, but less than 10% have received proper medical treatment. Xinhua Net, 2008-12-05

77D. 在药物治疗方面，许多抑郁症患者因为复发或耐药而得不到满意的治疗。Many sufferers cannot get satisfying effect of medical treatment because of the phenomena of recurrence or drug-resistance. Xinhua Net, 2008-08-29, source: Times & Truth News

78D. 抑郁症除了通过药物治疗和心理疏导外，食疗调理也是个不错的选择。Except for medical treatment and psychological guidance, food therapy is also a good choice for depression sufferers. Xinhua Net, 2008-04-04

79D. 治疗抑郁症的并非药物，而是释放心理压力。It is not medication, but the release of psychological pressure that can help to cure depression. Xinhua Net, 2008-06-24, source: China Securities Journal

80D. 药物发挥着重要而积极的作用，是治疗不可缺少的关键措施。Medication is playing an important role in the treatment of depression, thus taking medication is one of the most crucial steps in curing depression. Xinhua Net, 2008-09-22

81D. 2007 年该机构就曾发布过一份报告，强调长期坚持运动能替代药物来治疗抑郁症等某些心理疾病。The organization issued a report in the year of 2007, emphasizing that taking sports as a long-term habit can replace antidepressants in treating depression or other psychological diseases. Xinhua Net, 2008-10-08

## **E. Phase 5 (2009)**

82E. 以前曾经买过治疗抑郁症的药物，后来因为怕副作用以及经济方面的原因没有吃。Many depression sufferers ever purchased antidepressants, but finally failed to take them because of their side effects and high costs. Xinhua Net, 2009-04-04, source: Peninsula Morning

83E. 在患抑郁症的妇女中，因病情严重而服用抗抑郁症药物的妇女更容易发生心脏病猝死。Among female depression sufferers, those with severe symptoms are more likely to die suddenly with a heart attack if they are taking antidepressants. Xinhua Net, 2009-03-10

84E. 长时间的压力容易产生抑郁症, 有些患者不得不依靠药物解除抑郁、失眠的症状。Long-term pressure is likely to cause depression. Some depression sufferers do not have any other choices but to rely on medication to get rid of some symptoms such as feeling depressed or insomnia. Xinhua Net, 2009-08-22

85E. 抑郁症和很多治疗药物均可造成 ED。Antidepressants and many other medicines may cause ED (erectile dysfunction). Xinhua Net, 2009-10-26

86E. 美国研究发现, 常用于治疗儿童自闭症的抗抑郁症药物西酞普兰实际上没有治疗效果, 反而可能会加剧患儿失眠等症状。American researches show that one of the antidepressants which is commonly used for children's autism – citalopram, actually does not have obvious effects for treating depression. On the contrary, it can worsen children's symptoms such as insomnia and so on. Xinhua Net, 2009-06-02

87E. 一些抗抑郁症药物有时也被用来治疗焦虑症, 但疗效很慢。Some antidepressants are also used to treat anxiety disorder, but it often takes long time to see the effects. Xinhua Net, 2009-06-20

88E. 出现产后抑郁症的症状, 要及时在医生的指导下服用抗抑郁类药物, 不要轻视抑郁症的危害性。When females appear to have post-natal depressive symptoms, they need to use antidepressants in time. The harms that depression can bring to them should not be neglected. Xinhua Net, 2009-06-09

89E. 其实, 表现不同的抑郁症选择抗抑郁药物各有侧重, 临床上应该根据不同临床特征进行用药。In fact, different types of depression need to be treated with different kinds of antidepressants, and the use of medicines should be determined by the different clinical features of sufferers. Xinhua Net, 2009-06-29

90E. 医生在衡量怎样治疗失眠抑郁症的药物选择上, 还会更多的考虑患者身体素质、症状轻重等多重因素。In prescribing antidepressants to treat depression and insomnia, doctors will take into consideration the sufferers' physical state, their varying degrees of symptoms and other relevant factors. Xinhua Net, 2009-10-09, source: 39 Health Net

91E. 西药抗失眠抑郁症, 以改变脑部神经化学物质的不平衡为目标, 可以达到良好的效果。Using western medicines to treat insomnia and depression can have good effects through balancing the levels of chemical substances in the human brain. Xinhua Net, 2009-10-09, source: 39 Health Net (www.39.net)

92E. 中国人把抑郁症当成"心病", 认为"心病还需心药医", 对于药物治疗抑郁症并不太乐意。可是你知道吗, 抑郁症患者大脑里, 的确有和常人不同的地方。Chinese people used to consider depression as a psychological disease and believe that such a disease can only be treated by psychological treatment. Thus, medical treatment is not well accepted in Chinese society. However, do you know that in the brain of depression sufferers, there is something different with that of normal people? Xinhua Net, 2009-11-17, source: Sohu Net

93E. 不少患者甚至一些综合科临床医生不知道如何选择最佳的抗抑郁药物治疗表现各异的抑郁症, 以达到最佳治疗效果。Many sufferers and even some clinical doctors at General Department do not know how to use the best antidepressants to treat various types of depression and to achieve the most satisfying effects. Xinhua Net, 2009-06-29

94E. 抑郁症状可能是各种不同原因引起的共同表现, 有些适合药物, 有些并不适合。Depression might be caused by varying factors, some are suitable to be treated by medication but some are not.

Xinhua Net, 2009-02-12, source: Guangzhou Daily

95E. 一定量户外散步对于治疗轻度和中度抑郁症的效果等同于服用抗抑郁症药物。当然，坚持体育锻炼同样有利于心理健康。To take some outdoor activities such as have a walk can achieve the same effects of antidepressants for mild and moderate depression sufferers. Of course, having a lot of sports is always helpful for our psychological health.  
Xinhua Net, 2009-07-29

96E. 郑教授说，通过积极的药物治疗和心理辅导，这些病人（抑郁症病人）还是可以恢复正常人的生活的。Professor Zhou said that depression sufferers can get back to their normal lives through active medical treatment and psychological training.  
Xinhua Net, 2009-09-15

97E. 血清素药物也有治疗抑郁症作用，但这仅是辅助性质。Medication that contains the chemical like serotonin can be used to depression sufferers, but it can only play an assistant role in treating depression.  
Xinhua Net, 2009-03-06

98E. 要彻底摆脱抑郁症阴影，除了药物治疗，还得家人亲友多关心。To get rid of the shadow of depression, except for medical treatment, depression sufferers need more care from their families and relatives.  
Xinhua Net, 2009-09-02, source: New Business

99E. 治疗抑郁症，除了药物治疗外，家人和朋友要多给予关心和帮助。To treat depression, except for medical treatment, depression sufferers need more care and help from their families and friends.  
Xinhua Net, 2009-09-02, source: New Business

100E. 抑郁症的治疗既需要药物治疗，也需要心理治疗，细致全面评估之后才能获得良好的治疗效果。The treatment of depression needs not only medication but also psychological support. Satisfying effects can only be achieved on the basis of detailed and careful evaluations of the sufferers' situations.  
Xinhua Net, 2009-02-12, Guangzhou Daily

101E. 一些抗抑郁症药物有时也被用来治疗焦虑症，但疗效很慢。Some antidepressants are also used to treat anxiety, but it always takes a long time before such medicines take effects.  
Xinhua Net, 2009-06-20

102E. 赵建军教授提醒：“患抑郁症后首先要使用抗抑郁的药物，坚持服用一段时间以后，再配合心理医生进行心理治疗，在进行心理治疗的过程中还是要坚持服药。” Professor Zhao Jianjun reminds that: “sufferers should take medication immediately after they find themselves suffering from depression. After taking medication for a certain period of time, psychological treatment by psychotherapists is needed. While in the course of psychological treatment, it is still necessary to keep taking medication.  
Xinhua Net, 2009-12-01, source: City Evening News

103E. 血清素有助于情绪的稳定和焦虑的缓解，这种作用与抗抑郁药物在脑中的作用非常相似。Serotonin is helpful in calming people down and releasing their anxiety. Its effect is similar to that of antidepressants in the human brain.  
Xinhua Net, 2009-11-10, Beijing Youth Daily

104E. 适当的药物治疗很有必要。Proper medical treatment is very necessary in treating depression.  
Xinhua Net, 2009-11-06

105E. 许多家长没有意识到上网成瘾是一种精神疾病，需要通过药物及心理治疗。Many parents have not realized that internet-addicted syndrome is a kind of psychiatric disease, which needs medical and psychological treatment.  
Xinhua Net, 2009-10-10

106E. 以药物治疗为主，心理治疗为辅的综合疗法，是目前临床医学界在考虑怎样治疗失眠抑郁症时的首选方法。At present, the primary choice for insomnia and depression treatment in the clinical medical world is an integrated approach: medical treatment as the main form and psychological treatment

as the complementary one.  
(www.39.net)

Xinhua Net, 2009-10-09, source: 39 Health Net

107E. 专家建议，一定不要把药物治疗放在最后面，因为发病半年以后再开始治疗的抑郁症病人和一开始得病就治疗的效果完全不一样，而且今后复发的可能性更大。发布时间：2009-10-03 来源：金羊网—羊城晚报 Experts suggest that never take medical treatment as the last choice. This is because sufferers who start taking medication immediately after the first bout of their depression achieved much better effects than those who started after six months' time from the occurrence. Furthermore, those who started late are more likely to experience the recurrence of depression. Xinhua Net, 2009-10-03, source: Yangcheng Evening News

## Appendix 19 Paraphrases of 老年抑郁症 (old people's depression)

176 concordance lines in total

90 paraphrases found

### A. Phase 1 (2000-2001)

1A. 荤素搭配可防老年抑郁。A balanced diet containing both varieties of meat and vegetables is good in preventing old people's depression. Xinhua Net, 2001-11-19

2A. 老年人患抑郁症者的比例远高于中青年人。这种精神症状的产生除与老年人易产生孤独、失落和消沉感有关外，还与膳食有密切关系。The incidence of depression in old people is much higher than in young and middle-aged people. Old people's depression is closely related to not only the sense of loneliness, loss and downheartedness, but also to their diet. Xinhua Net, 2001-11-19

3A. 据专家估计，现在城市老年人及其家庭成员和看护者关于老年痴呆、抑郁等疾病的预防知识知晓率仅为百分之二十五左右，预计十年后能提高到百分之六十。According to the estimation of experts, old people, their family members, and their carers know only 25% of the knowledge about depression and its precaution. This number might be raised up to 60% in ten years. Xinhua Net, 2009-11-01

4A. 有 20% 的老人心理不健康，抑郁症是老年人中比较常见的。老年人的疾病不同于青壮年，有其特殊性。20% of old people have some kind of psychological health problems, and depression is one of the most common. Old people's depression is different from others; it has its phasal features. Xinhua Net, 2001-10-25

5A. 老年精神障碍如老年性痴呆、老年期抑郁症的比例也在增高。The incidences of old people's psychiatric disorders such like senile dementia, old people's depression are going up. Xinhua Net, 2001-10-08

### B. Phase 2 (2002-2004)

6B. 老年期各类心理障碍患者中，有忧郁症症状的患者最多。主诉症状主要有：头痛、失眠、早醒、食欲下降和便秘；情绪低落，精神萎靡，缺乏耐心等。Among various kinds of psychological disorders in old people, depression is the most common. The main symptoms are: headaches, insomnia, early waking, poor appetite, constipation; feelings of depression, dispiritedness, and lack of patience. Xinhua Net, 2004-10-21

7B. 除了药物治疗外，保持良好的心态、正确地对待老年抑郁症这一事实是非常重要的。Apart from medical treatment, it is very important to keep a positive attitude towards old people's depression. Xinhua Net, 2002-03-04

8B. 有关专家指出，北京地区的精神病人数量在迅速上升，特别是焦虑症、抑郁症和老年期精神障碍的病人明显增加。Some experts point out that the number of psychiatric disorder sufferers in Beijing is increasing rapidly, especially sufferers of anxiety, depression and old people's depression. Xinhua Net, 2002-10-10

9B. 不少老人因受老年抑郁症、强迫症等心理疾患侵扰，有自杀念头。Many old people tend to have

suicidal ideas because of the intrusion of depression, obsessive compulsive disorder and other psychological diseases. Xinhua Net, 2004-10-21

10B. 老龄化社会也让老年期精神障碍的发生大大增加。The occurrence of aging society is also a cause of the increase of the occurrence of old people psychiatric disorders. Xinhua Net, 2002-10-09

11B. 香港大学医学院社会医学系系主任林大庆表示, 吸烟的老年人容易患抑郁症。The dean of the department of Sociology in the Medical School of Hong Kong University points out that old people who smoke are more likely to suffer from depression. Xinhua Net, 2004-09-24

12B. 由于生活节奏加快, 年轻人没有更多时间照顾老人。老年人长期独守"空巢", 易引发多种心理疾病。Due to the fast pace of modern life, young people do not have time to look after their parents. Thus old people always live empty-nest lives, which is likely to cause various kinds of psychological illness. Xinhua Net, 2004-08-26, source: China Youth Daily

13B. 有一些老年人出现心理障碍的最早症状就是早醒失眠, 并伴有烦躁不安症状, 严重的会导致轻度精神障碍, 老年性痴呆也与其有一定关联。The early symptoms of old people's psychological disorders are like early waking, insomnia, being fidgety and so on. In more serious cases, these will cause old people's mild mental disorder or dementia. Xinhua Net, 2003-03-07, source: China Public Science and Technology Net (www.cpst.net.cn)

14B. 专家认为, 防止心理衰老对老年人的健康至关重要。Experts believe that to keep a young heart is very important for old people's health in treating old people's depression. Xinhua Net, 2003-11-08

15B. 老年人面对心理障碍, 一定要转变观念。老年人要解放自己, 多融入社会, 社会对老年人多一些理解, 多一些体贴, 共同努力把老年人的事情办好, 使老年人的心理卫生问题得以减少。Facing psychological disorders, old people should change their outlook. They should set themselves free by participating in more social activities. Society should also give old people more understanding, more care. Thus, the psychological problems of old people will be diminished accordingly. Xinhua Net, 2002-07-31

16B. 年轻人要忙于各自的事业, 和老年人一起交流的时间少了许多, 老年人很容易因子女不在身边产生伤感和寂寞的心理。解决这种心理问题就需要多方面的努力。Young people have to dedicate themselves to their careers and therefore they have little time to communicate with old people. Thus, feeling lonely and helpless is the most important cause of old people's depression. To solve such a problem, efforts from different areas need to be made. Xinhua Net, 2002-07-31

17B. 这种物质在细胞内积蓄加速脑衰老过程, 还会引起老年人记忆、智力障碍, 抑郁症, 甚至老年痴呆。Such a chemical in human brain can fasten the aging of brain and cause old people's memory loss, old people's depression, dementia and so on. Xinhua Net, 2002-03-19

18B. 要防止老年抑郁症, 就必须多参加活动, 即使不能养花育鸟, 操持琴棋书画等, 至少也要经常到户外走一走, 活动筋骨强健体魄。Participating some social activities is very important to prevent old people's depression. Even if old people cannot take part in some intensive activities such like painting, playing musical instruments and so on, they should at least have an outdoor walk every day, which will improve old people's health condition. Xinhua Net, 2002-07-31

19B. 老年人心病的祸首除了因自然增龄给老年人健康带来的负面影响外, 影响老年人健康的一些心理因素往往与老年这个特殊的人生年龄阶段中家庭、社会发生的事情密切相关。The deterioration of old people's physical health usually brings negative effects to their psychological states. Besides, the primary cause of old people's depression is often related to the external social events taking place in this

special life phase.

Xinhua Net, 2002-07-31

20B. 有抑郁症状的老年人利用吸烟来纾缓抑郁情绪所致, 但香港大学医学院社会医学系系主任林庆表示, 吸烟的老年人更容易患有抑郁症状。Old people with depressive symptoms tend to use smoking to release their pressure. However, the dean of the department of Sociology in the Medical School of Hong Kong University points out that old people who smoke are more likely to suffer from depression. Xinhua Net, 2004-09-24

21B. 常见的老年人心理卫生问题有离退休综合征、抑郁、脑衰弱综合征、空巢综合征、焦虑、偏执、多疑、狂躁等。Common psychological health problems of old people are like retirement syndrome, depression, weak nerves syndrome, empty-nest syndrome, anxiety, monomania, over-sensitive, mania and so on. Xinhua Net, 2002-07-31

22B. 心理状态对于健康的影响非常重要, 保持完好的健康心理对老年人抑郁症有很大的帮助。The psychological state can influence old people's health in an important way, thus to maintain a healthy psychological state is very helpful in dealing with old people's depression. Xinhua Net, 2002-07-31

23B. 患有抑郁症的老人中, 有自杀倾向的高达 30%。而这其中独居、寡居是老人自杀的高危因素。30% of old people's depression sufferers have suicidal intention. Living alone or living in the widowhood is the most dangerous cause of old people's suicides. Xinhua Net, 2004-08-24, source: Shanghai Morning Post

24B. 老年人应开阔胸怀、淡泊名利。退下来的老年人不要失落, 不要自认老朽, 应积极参加社会活动发挥余热, 保持健康良好的心态。这些都对防止和治疗老年抑郁症大有裨益。Old people should have a broader mind, and should not pay too much attention to earthly reputations. Old people who retired should not look down upon themselves, but try to take part in social activities and maintain an active mental state. All these are very helpful in preventing and treating old people's depression. Xinhua Net, 2002-07-31

25B. 防止老年抑郁症, 老年人应多吃含维生素 E 丰富的食物, 而植物油是维生素 E 最好的食物来源。To prevent the occurrence of old people's depression, eating more food with Vitamin E is a very good way. Vegetable oil is the best food resource providing Vitamin E. Xinhua Net, 2002-03-19

26B. 作为老年抑郁症患者, 首先要提醒自己只不过是生病, 且大部分患者都能好转; 要告诉别人自己的感受, 尤其是有轻生想法时; 如果能及时有效地对老人进行心理疏导, 将会最大限度减少患病几率。因此, 子女、亲友、组织的关爱显得特别重要。Old people's depression sufferers should remind themselves that this is just an illness and most sufferers can be cured. They should also tell others what they feel especially when they have suicidal ideas. At this stage, psychological support is very helpful in reducing old people's depression. Therefore, care from children, relatives and social care are extremely important. Xinhua Net, 2004-09-26

27B. 老年人与单位的联系少了, 与邻居的交往减弱, 一些人不能启发自己的兴趣爱好, 容易产生孤独感。“心里话没处叙说、有时间没事可打发, 这样老人很可能出现抑郁症状。Old people have less communication with both their working units and their neighbors. Some of them cannot find their own hobbies in lives and thus feel more isolated. When old people cannot find listeners or proper things to do to spend time, they are very likely to suffer from depression. Xinhua Net, 2003-10-03

28B. 老年抑郁症尽管诱发原因不尽相同, 但都是心理障碍所致。如果能及时有效地对老人进行心理疏导, 将会最大限度减少患病几率。Though there are various kinds of causes of old people's depression, most of them are psychological. If we can give old people psychological support at an early stage, the incidence of old people's depression will be reduced. Xinhua Net, 2004-09-26

29B. 面对老年抑郁症逐年增加的发病人群, 医学专家提醒: 家庭中的心理关怀是抵御抑郁症的防护网。Facing the increased population of old people's depression sufferers, medical experts remind us that psychological care from sufferers' families waves the most efficient protective net. Xinhua Net, 2004-9-26

30B. 不少老人因受老年抑郁症、强迫症等心理疾患侵扰, 有自杀念头。Many old people are deeply affected by depression, obsessive compulsive disorder and other psychological illnesses. Such a situation cause many old people to have suicidal ideas. Xinhua Net, 2004-10-21

31B. 老年性痴呆和老年抑郁症在老年人群中的比例也在逐年提高。The incidence rates of dementia and old people's depression have been going up in recent years. Xinhua Net, 2002-03-09

32B. 医学专家提醒: 老年抑郁症治疗需要心理关怀。Medical experts remind that treating old people's depression needs psychological care. Xinhua Net, 2004-09-26

33B. 。而另一些离退休老人, 终日被失落感所困扰, 甚至出现忧郁、焦虑、烦躁、孤独、失眠等抑郁症状。Some old people who have retired are constantly frustrated by a sense of loss, they even begin to have some depressive symptoms such as anxiety, fidget, feeling lonely, insomnia and so on. Xinhua Net, 2003-11-08

34B. 老年人患上抑郁症的最大诱因是人老无用的观念、退休后难以适应新的生存状态、寂寞。因此, 子女、社会应关心老年人, 老年人本身也应积极参加老年人活动。The biggest cause of old people's depression is the concept that "old people are useless". Besides, retired people find it very difficult to adapt into the smaller and lonely living environment. Therefore, children and society should care more about them. Old people themselves should participate in some social activities actively. Xinhua Net, 2003-10-10

35B. 由于生活节奏加快, 年轻人没有更多时间照顾老人。老年人长期独守"空巢", 易引发多种心理疾病。Due to the fast pace of modern life, young people do not have time looking after their parents. Thus old people always live their empty-nest lives, which is likely to cause various kinds of psychological illnesses. Xinhua Net, 2004-08-26, source: China Youth Daily

### C. Phase 3 (2005-2007)

36C. 老年人冬天多晒太阳, 不仅能防治骨质疏松症, 而且还能减少老年人常发的精神抑郁症。Getting more exposure to sunlight can not only help old people to prevent osteoporosis, but also reduce the occurrence of old people's depression. Xinhua Net, 2007-12-18

37C. 世界各地老年人精神疾病调查显示, 抑郁症发病率最高 (16%-26%)。The survey on old people's psychiatric disorders all over the world shows that the incidence rate of depression is the highest (16% - 26%) Xinhua Net, 2006-10-13

38C. 13.7%的老年人有明显的抑郁症状。由此可见, 老年抑郁症是老年人所有的心理问题之中最常见的一种, 患病率较高。13.7% of old people have obvious depressive symptoms. This shows that old people's depression is one of the most common psychological diseases. Xinhua Net, 2006-02-26, source: Workers' Daily

39C. 抑郁症在老年人中是最常见的精神疾病。Depression is one of the most common psychological diseases in old people. Xinhua Net, 2005-04-25

40C. 对于老年人, 三文鱼可以有效提高机体免疫力, 有效预防心脏病、抑郁症。For old people,

eating more salmon can improve their body immunity and prevent the occurrence of heart disease and depression effectively. Xinhua Net, 2005-12-15, source: CRI Online (www.cri.cn)

41C. 老年人除了因为身体疾病导致的抑郁症外，最常见就是老年期的各种丧失造成的抑郁。Apart from physical diseases, all sorts of losses in old people's life phase usually cause the condition of old people's depression. Xinhua Net, 2007-10-19, source: Chongqing Times

42C. 慢性抑郁症在老年期反复发作，大大影响晚年生活质量。Chronic depression usually occurs recurrently in old people's lives, which seriously affects sufferers' life quality. Xinhua Net, 2007-10-19, source: Chongqing Times

43C. 老年抑郁症患者大都在 60 岁以后发病，大多性格内向。The first bout of old people's depression usually occurs to sufferers who are over 60 years old, and most sufferers are very introvert. Xinhua Net, 2007-10-19, source: Chongqing Times

44C. 老年抑郁症是一种情感性的精神疾病，其发病原因错综复杂。Old people's depression is a kind of affective psychiatric disease. Its causes are quite complex. Xinhua Net, 2007-10-19, source: Chongqing Times

45C. 在老年人精神疾病中，抑郁症发病率最高，超过了心血管病，心脏病等。Among the psychiatric disorders suffered by old people, depression is more common than angiocardopathy and heart disease. Xinhua Net, 2007-01-08

46C. 发生在老年人身上的这种悲剧，属于典型的老人心理感冒，又称心理抑郁症。但是，人们对它缺乏认识，并不认为老人心理问题是疾病。The tragedy of old people is caused by the typical "cold of the soul", which is also called psychological depression. However, people have not got enough understanding of such a condition and have not viewed old people's psychological problems as diseases. Xinhua Net, 2005-11-30

47C. 老年抑郁症是老年人所有的心理问题之中最常见的一种。Depression is one of the most common psychological illnesses among old people. Xinhua Net, 2006-02-26, source: Workers' Daily

48C. 到户外晒晒太阳，并适当参加一些运动锻炼，这有助于预防和减少老年抑郁症的发生，也有益于老人骨质强壮，身体健康。Old people should get more exposure to sunlight and take more exercises. These will not only do good to osteoporosis, but also reduce the occurrence of old people's depression. Xinhua Net, 2007-12-18

49C. 被孤立者、孤独者、失业者或刚遭遇哀伤事件的人，都是老年抑郁症的高危险群。Old people who are isolated, living alone, unemployed or experiencing sad life events are more likely to suffer from depression. Xinhua Net, 2006-10-13

50C. 北欧人内向、不善交际的性格，造成许多人特别是老人患有抑郁症。North European people are more introvert and they are not good at interpersonal communication, which cause many diseases especially old people's depression. Xinhua Net, 2007-09-06

51C. 一项调查表明：65 岁以上老人存在明显抑郁症状的有 16%。Of the old people who are over 65 years old, 16% have obvious depressive symptoms. Xinhua Net, 2006-02-26, source: Workers' Daily

52C. 一些老年性自闭症、抑郁症的出现，与老人听力受损有密切联系。Some old people's autism and old people's depression are closely related to their hearing losses. Xinhua Net, 2005-03-03

53C. 有的性格内向的老人会患上抑郁症，有的老人则会产生自杀的念头。Introvert old people are more likely to suffer from depression. Some of them even have suicidal ideas. Xinhua Net, 2005-05-30

#### D. Phase 4 (2008)

54D. 之所以老人患抑郁症的比例较高，这和他们缺少社会交流不无联系。The high incidence rate of old people's depression is related to sufferers' isolation from the society. Xinhua Net, 2008-07-17

55D. 老人，尤其是“空巢老人”，很容易产生孤独和抑郁的情绪。有调查表明，目前老年期精神障碍的患病率正在呈不断上升的趋势。Old people, especially empty-nest old people, are very likely to feel lonely and depressed. Statistics show that at present the incidence rate of old people's psychological disorders has been constantly going up. Xinhua Net, 2008-12-26, source: Lanzhou Evening News

56D. 老人要面对更多的丧失，如退休、孩子单过、亲友离世等，这都是老年抑郁症发病的原因。Old people have to face a lot of losses, such as retirement, separation from their children, death of relatives and so on. All these will cause old people's depression. Xinhua Net, 2008-12-29, Shenyang Evening News

57D. 老年患者应当与医生保持密切联系，在医生指导下合理使用抗抑郁药，坚持足够疗程。Old people who are suffering from depression should keep close contact with their doctors. They should also take antidepressants under doctor's guidance and ensure enough courses of treatment. Xinhua Net, 2008-09-22

58D. 患有躯体疾病的老人应该认识到，抑郁症可能是最有灾难性的杀手。Old people who have somatic diseases should realize more clearly that depression is the most disastrous murderer. Xinhua Net, 2008-01-21, source: China News of Traditional Chinese Medicine

59D. 患抑郁症的老人会比较敏感，患病后，性格容易变得内向。Old people suffering from depression are more sensitive and they are likely to become more introvert after the occurrence of the condition. Xinhua Net, 2008-05-17

60D. 目前抑郁症、老人痴呆等复杂脑病西药无法治愈，联合实验室将致力于中药治疗。At present, depression and dementia cannot be cured by western medicines; Joint Laboratory has dedicated itself to the study of the treatment of Chinese medicine. Xinhua Net, 2008-11-18, Guangzhou Daily

61D. 据世界卫生组织统计，抑郁症老人占老年人口的7%-10%。According to the statistics provided by the World Health Organization, 7%-10% of old people are suffering from depression. Xinhua Net, 2008-04-29, source: Wuhan Morning News

62D. 不同程度的慢性病，如高血压、冠心病、糖尿病等，这都增加了老人患抑郁症的风险。Some chronic diseases such as high blood pressure, coronary disease, diabetes and so on are all possible to increase the risk of the occurrence of old people's depression. Xinhua Net, 2008-04-29, Wuhan Morning News

63D. 当老人患了抑郁症，我们就要小心看护。When old people are suffering from depression, we should look after them more considerately. Xinhua Net, 2008-09-22

64D. 生活能自理、阅历丰富、文化层次高，爱好广泛、思维活跃的老人患心理问题和抑郁症的概

率更低。Old people with the ability of living independently, with more rich life experiences and higher educational status, with broader interests and active minds are less likely to suffer from depression. Xinhua Net, 2008-10-14

65D. 老有所养、安享晚年大概是所有老人的愿望，然而，近期发生的几起老人因患抑郁症自杀的事件令人忧虑。To spend a peaceful and enjoyable old life is the greatest wish of all the old people. However, several suicidal cases committed by old people's depression sufferers recently are really worrying. Xinhua Net, 2008-09-25, source: 39 Health Net (www.39.net)

66D. 亲人要多创造机会，让家中患老年抑郁症的老人多做些感到快乐的事，慢慢走出抑郁的阴影。Family members of old people's depression sufferers should create more chances to make them happy, and help the sufferers to walk out of the shadow of depression gradually. Xinhua Net, 2008-09-25, source: 39 Health Net (www.39.net)

67D. 而患有老年期抑郁症的女性，通常还伴有激越情绪。Female sufferers of old people's depression usually have over excited emotional states. Xinhua Net, 2008-04-29, source: Wuhan Morning News

68D. 老年期抑郁症的致病因素复杂，其中 75%都是因生理因素和社会心理。The causes of old people's depression are quite complicated, but 75% of these are related to physical and social factors. Xinhua Net, 2008-04-29, Wuhan Morning News

69D. 老年期抑郁症的共同症状如反应能力低下、失眠、体重下降。Some common symptoms of old people's depression are like poor reflective ability, insomnia, loss of weight and so on. Xinhua Net, 2008-12-29, source: Shenyang Evening News

70D. 抑郁症老人占老年人口的 7%-10%。其中，女性罹患老年期抑郁症的比例高于这一平均范围，达到了 17%。7%-10% of old people are suffering from depression, and the incidence rate of female old people's depression is even higher, reaching up to 17%. Xinhua Net, 2008-04-29, source: Wuhan Morning News

71D. 抑郁症的发病率在老年人群中占 70%左右，许多空巢老人和退休老人都伴有不同程度的抑郁病症。70% of old people are suffering from depression. Many empty-nest and retired old people have different degrees of depressive symptoms. Xinhua Net, 2008-10-08, source: New Business

72D. 许多老年人把抑郁症误认为是"精神分裂症"的前兆，或是痴呆的表现。Many sufferers of old people's depression misunderstand it as either the early stage of split personality or a manifestation of dementia. Xinhua Net, 2008-09-14

73D. 医学专家指出，关于老年抑郁症，尽管诱发的原因不尽相同，但都是心理障碍所致。Xinhua Net, 2008-09-25, source: 39 Health Net (www.39.net)

74D. 调查数据显示：像这位退休教授一样，恐惧、孤独、无助感在他们的空巢生活中如影随形，严重的可能引发抑郁症等心理障碍和多种老年疾病，乃至自杀等过激行为。Statistics show that just like this retired professor, many empty-nest old people feel panic, lonely and helpless all the time. Such a situation might cause psychological disorders such as depression and many other old people's diseases. In more extreme cases, they might commit suicides. Xinhua Net, 2008-10-08, source: New Business

75D. 要让老年人清晰地认识到抑郁也是病，需要去治疗；对于老年人患抑郁症除了非药物方法外，抗抑郁药是主要的治疗手段。It is necessary to make old people realize that depression is not just feeling depressed, but also an illness needing treatment. It is also important for old people to understand that apart from non-drug therapies, antidepressants have been used as a main form of treatment.

Xinhua Net, 2008-09-14

76D. 两项 7 日公布的研究结果显示, 精神抑郁者年老后易患阿尔茨海默氏症。Two researches announced on the 7<sup>th</sup> of this month suggest that depression sufferers are more likely to suffer from Alzheimer's Disease when they are getting old. Xinhua Net, 2008-04-09, source: Xinhua Daily Telegraph

77D. 老人患了轻微抑郁症, 但如果干预得及时, 这种症状完全可以化解。The symptoms of mild depression suffered by old people can be managed if timely measures are taken. Xinhua Net, 2008-11-18, source: Wuxi Daily

78D. 老人, 尤其是“空巢老人”, 很容易产生孤独和抑郁的情绪。有调查表明, 目前老年期精神障碍的患病率正在呈不断上升的趋势。Old people, especially “empty-nest old people” are more likely to feel lonely and depressed. Statistics show that the incidence rate of old people's psychiatric disorders has been increasing continuously. Xinhua Net, 2008-12-26

79D. 实验证明脂肪酸能减缓抑郁症、老年痴呆、骨质增生以及视力减退。脂肪酸在鲑鱼、沙丁鱼、鳀鱼中都有存在。Scientific experiences prove that aliphatic acid can slow down the occurrence of depression, dementia, hyperosteoegeny, and loss of eyesight in old people. Aliphatic exists in several kinds of fish, such as in trouts, sardines and whitefish. Xinhua Net, 2008-03-10, Beijing Youth Daily

80D. 老年患者较少谈论自杀, 而是采取行动。所以千万不要等到发现老年抑郁症患者到了出现自杀的地步才开始诊治。Old depression sufferers seldom discuss with others about their suicidal ideas, but take actions directly. Therefore, it is utterly important to treat old people's depression before they start to have suicidal ideas. Xinhua Net, 2008-11-26

81D. 老年抑郁症不但发病率高, 治愈难, 而且易复发。Old people's depression has not only high incidence rate, recurrence rate and it is hard to cure. Xinhua Net, 2008-12-08, source: Guangzhou Daily

82D. 老年病人的各脏器功能下降, 对药物的耐受性降低, 所以老年抑郁症的治疗一定要从小剂量开始, 缓慢加量, 注意个体化。The functions of old people's physical organs are usually deteriorating, and their drug-acceptance ability is lowered as well. Therefore, in prescribing medication to old people's depression sufferers, doctors should start with small dosages and then progressively increase the dosages according to individual sufferers' specific situation. Xinhua Net, 2008-12-13

83D. 有些人把得老年抑郁症与觉悟低和品行差混为一谈, 所以极力否认自己患有抑郁症, 生怕老年的声誉被否认。Some old people's depression sufferers believe that such a disease is an indication of low moral awareness and bad personality, and therefore to save their reputation, they always try to deny the fact that they are actually suffering from depression. Xinhua Net, 2008-09-14

84D. 家人为其当医生, 分析老人不开心的原因, 帮助老年抑郁症患者减轻烦恼。Family members of old people's depression sufferers should work as doctors, analyzing the causes of old people's unhappiness and helping them to pour out worries. Xinhua Net, 2008-09-25, source: 39 Health Net (www.39.net)

## E. Phase 5 (2009)

85E. 专家分析: 不平衡、不适应是很多从领导岗位退下来后的老人容易有的情况。这是老年抑郁

症发生的一个重要原因。Experts analyzed that many old people who retired from officials' positions always feel psychological imbalance and cannot adapt into their retired life. This is a very important cause of old people's depression. Xinhua Net, 2009-09-26

86E. 老年抑郁症表现为行为能力降低, 记忆力和判断力衰退。Symptoms of old people's depression include poor action ability, loss of memories and deteriorating judgmental ability. Xinhua Net, 2009-09-10, source: China Youth Daily

87E. 老人独自生活会有孤独感。如果不能正确处理, 再加上心理和外界的各种诱因, 老人很容易得抑郁症, 严重的还会有自杀倾向。Old people always feel lonely when they are living alone. If this problem cannot be handled in time, together with the inducements of varying psychological and social pressure, old people are very likely to suffer from depression. In more serious cases, they will have suicidal tendency. Xinhua Net, 2009-09-03, Nanjing Morning News

88E. 日本东北大学研究人员发现, 每天喝数杯绿茶有助于老年人缓解抑郁症。Researchers at Tohoku University Japan found out that drinking a few cups of green tea is helpful for old people's depression. Xinhua Net, 2009-12-21

89E. 去年 5 月初, 有一则关于维生素 D 缺乏可增加老年人患抑郁症风险的消息引起关注。Last May, a report concerning the lack of Vitamin D causing old people's depression received wide attention. Xinhua Net, 2009-02-11

90E. 谭善勇表示, 老年抑郁症不仅会影响老年人的生活质量, 严重的还可能引起自杀。Tan Shanyong said that old people's depression will not only influence the life quality of old people, in more serious cases, it will also lead to suicides. Xinhua Net, 2009-07-01, source: Guangzhou Daily