Chapter 3
The Experience of Autonomy (of Depression)

Introduction
In the previous chapter, I discussed the dominant psychiatric discourses of depression. I showed that the illness, whether one believes in its existence or not, is constructed by the discourses of those who treat it. The illness is transformed into a disease, a standardised version of what people apparently feel when they are very sad. I have repeatedly pointed out that the dominant discourses of psychiatry ignore the individual perspective of the sufferer trying to construct it in objective and measurable terms.

In this chapter, I am beginning to focus on the experiences of those whom I interviewed. I shall explore here how my informants spoke of depression. One of the most noticeable aspects of the stories I heard during the interviews was that depression is autonomous of the people who suffer from it. It exists in its own right, unfettered by those who are ill and trying to cope with it. There were two strategies with which depression’s autonomy was constructed. By far dominant were constructions of depression in agentive terms. The illness was constructed as an actor, a discourse participant (Halliday, 1994) which acted in its own right, engaging in activities which influenced others. The other was positioning depression as a condition, a state of mind over which, however, the person had no influence at all.

Agentivity of depression
Speaking of depression, my informants constructed it mainly as an independent entity which had some profound influence upon them. This entity made them do things, or, more often, prevented them from...
doing them. Although in some cases they represented depression as illness/disease (Polish does not have a commonly used distinction between illness and disease), more often the illness was anthropomorphised, invested with human features, as if it could take purposeful action based on strategic decisions. In their accounts of the agentive depression, the informants invariably positioned themselves as its objects, targets of actions they could just about only endure.

Before I discuss extracts from my corpus, I would like to make a couple of points on the presentation of the data. The extracts I quote below are translations of interviews which I conducted in Polish. I have done my best not only to render the content of what my informants said, but also I have tried to show how they said it. As expected of any language user, also my informants did not necessarily use grammatical, ‘proper’ Polish, whatever such terms may refer to, my attempts to convey this sometimes resulted in extracts put in disjointed, or in ‘bad English’. Quite obviously a lot has been lost in translation. My analyses, however, are based on the Polish originals.

I have also chosen to represent my informants with fictional initials, rather than fictional first names as often is the practice in the literature. This is because I was not on first-name basis with them (the default address form for adults in Polish is the polite form pan/pani, the equivalent of German Sie or Spanish Usted), and also because I have an impression that referring to informants, adult people, only by first names (fictional or not) is slightly patronising and to a certain extent at least puts them in a position of lower or inferior status, something my informants, and probably most other people with mental illness, have to struggle with daily.

Moreover, throughout the book, I have also chosen to refer to my informants as patients. I realise that this is not an ‘innocent’ choice: there is a large literature on stigmatisation of mental health users (for reviews see Hayward and Bright, 1997; Rüsch et al., 2005), their social and political isolation (Erdner et al., 2005; Kelly, 2006) and particularly the role of labelling in stigmatisation (Corrigan et al., 2005). Indeed a number of studies were carried out into the very use of the expression ‘mental patient’, finding negative associations invoked by it (Johannsen, 1969; Rabkin, 1972). Also, I am mindful of Speed’s (2006) analysis of self-labelling on the spectrum of patients–consumers–survivors, pointing out that it might reflect the position between passive acceptance and active resistance to the mental health system.

Still, I have made my choice precisely because my informants used the word to refer to themselves and it is their right. Also, I think that