Cross-Cultural Variations in Experiences of Depression in Iran and the UK; A phenomenological investigation

By Moujan Mirdamadi
BA, MA in Philosophy

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Abstract

This thesis is an investigation into cultural variations in experiences of depression. With the aid of empirical data, and with a phenomenological outlook, the arguments presented in this work aim to give a comparative account of the significance of culture in shaping cross-cultural variations, as seen in Iran and the UK. Despite the existence of a large body of literature on cross-cultural variations in depression, a close examination of the ways in which culture shapes these variations has been mostly lacking. In this work, viewing experiences of depression as necessarily situated and embedded within a phenomenologically significant sociocultural context, I offer a way of understanding these dynamics and mechanisms. I situate different aspects of the experiences and narratives of depression, as seen in Iran, within the broader sociocultural context and the dominant discourse around depression. As such, I show the way in which these different elements form a network of meaning-making, understanding, and interpretation, that can be seen to underlie some of the variations in expressions and experiences of depression, as seen in Iran and the UK. I examine different elements in experience of depression and symptom reports, including somatic symptoms, metaphors in narratives, emotional difficulties, and disturbances to one's normal way of being in the world, against the backdrop of culture within which these experiences and expressions find meaning. I therefore offer a way of understanding experiences as inherently bound with culture and cultural narratives. This positioning of culture at the centre of the investigation of experiences of depression, I argue, has important consequences for psychiatric thought and practice, as well as for phenomenological investigations, both of which have tended to offer presumptively universal criteria and accounts, without paying sufficient attention to cultural differences.

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Declaration

I hereby declare that this thesis is my own composition and does not entail any material previously submitted for any other degree of qualification. The work presented in this thesis has been produced by me, except where due acknowledgement is made in the text. I confirm that the thesis does not exceed the prescribed word limit of 80,000 words, including the appendix and footnotes, but excluding the bibliography.

Moujan Mirdamadi

Publications from this Thesis

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1. Introduction

The present study is an investigation into cross-cultural variations in experiences of depression and the mechanisms by which culture shapes the experiences of illness. Based on empirical data, the phenomenological analysis presented throughout this work views individuals and their experiences of depression as embedded within a sociocultural context, which gives a framework for understanding, interpreting, and articulating their experiences.

The *Diagnostic and Statistical Manual of Mental Disorders* (DSM), developed by the American Psychiatric Association, has been in use globally by psychiatrists and mental health practitioners, as a tool for diagnosing mental disorders, including depression. The importance of the DSM lies in part in its universalist approach to defining and identifying mental disorders, which enables its wide use in different cultures across the world. Within this approach mental disorders and their symptoms are largely conceptualised independently of culture, such that they are manifested in more or less the same way regardless of the cultural context in which they are seen. This thinking guides the assumption that the same set of diagnostic criteria can be employed to diagnose a mental illness around the world. However, various studies have shown that there are indeed variations in the way mental disorders are conceptualised and manifested in different cultures, with important consequences for the diagnostic and treatment approaches. The revisions to the DSM throughout its history have aimed to accommodate for the findings of such studies, by acknowledging the role of culture in shaping elements of mental disorders, as well as through development of some tools for discerning such cultural influences. Such revisions, however, fall short of providing a satisfactory account of how cultural considerations ought to be integrated within conceptualisations of mental disorder and psychiatric diagnosis of them. Crucially, it remains unclear how such revisions ought to inform diagnosis, and remain peripheral to the core of the DSM, namely the diagnostic criteria, which is assumed to be universal.

Such viewing of culture, as having only a marginal influence on manifestation and presentation of disorders is not limited to DSM revisions. Studies concerned with

cross-cultural variations in depression, from the fields of medical anthropology and cultural psychiatry, have been mainly focused on different manifestations and articulations of depression. Whilst the role of culture has been noted in shaping these differences, the concrete question of how culture, as a system of interpretation and meaning making, shapes experiences of depression has remained largely unanswered. Through a comparative approach, taking into account experiences of depression in Iran and the UK, and noting cultural differences between the two countries, the present study aims to give an account of the ways in which culture shapes conceptions, experiences, and articulations of experiences.[1]

Phenomenological studies of mental disorders have recently received attention in the literature, aiming to move beyond some of the established understandings of these disorders, and focusing on first-person perspectives of what it means and what it feels like to suffer from a mental illness. Although a large part of this body of literature has been concerned with schizophrenia, recently the phenomenology of depression has received more attention, thanks in particular to the works of Matthew Ratcliffe. In his work *Experiences of Depression: A study in phenomenology* (2015), Ratcliffe offers a systematic study of phenomenology of depression. His account is developed based on first-person accounts of depression obtained through a qualitative questionnaire as part of a research project conducted at Durham University, as well as various memoirs and works of literature. The empirical work by Ratcliffe and colleagues at Durham forms the basis of the present work: the qualitative data collected in the UK underlies the comparative element of the work, the methodology for the acquisition of data was repurposed to be used in Iran, and both works are concerned with first-person experiences of depression and the phenomenological significance of them.

[1] I acknowledge that part of what cultural variation involves is different ways of articulating the same or very similar experiences and therefore make the distinction between variation in experience and articulations of experiences. In Chapter 8 I offer a way of viewing experiences and articulations as both finding meaning within a cultural context.

The present study, insofar as it is concerned with culture, diverges from the investigation conducted at Durham. Phenomenologists are largely concerned with universal structures of our consciousness, which is assumed to be common to all individuals, regardless of their cultural and social backgrounds. Thus, there has been little room for phenomenological investigations in light of culture and cultural variation. The comparative and cross-cultural nature of this study, means that individuals and their experiences are viewed as situated within a phenomenologically significant context, shaped by cultural conceptions, norms, and customs, rather than in isolation. Within this understanding, I have aimed to give an account of variations in experiences of depression, as seen in Iran and the UK, through an exposition of the cultural context and background, which give meaning and significance to the experiences, as the subject of the phenomenological enquiry.

The findings of the present research have clear implications for psychiatry as science and practice. In the first instance, noting that there are indeed cultural variations in experiences and manifestations of depression, the implicit claim to universality in much of psychiatry, particularly in the DSM, is brought into question. It is shown that the rigid definitions and criteria for understanding and identifying depression fall short of accounting for such variations. Such a challenge has clear implications for the practice of psychiatry, since it demonstrates that at least some level of understanding of, and sensitivity to culture is needed for a comprehensive understanding of patients' experiences and needs. Such an understanding undoubtedly plays an important role in diagnosis and effective treatment of depression. Additionally, not only does my research reinforce the findings of other cross-cultural studies of depression, which have been noted and led to certain revisions in the DSM, it aims to go further by offering a systemic account, not only of the fact *that* there are indeed such variations, but also of *how* these are brought about and maintained through culture.

In the course of this thesis, through the methodological approach which is empirical and comparative in nature, I aim to give an account of how cultural variation in experiences of depression as seen in Iran and the UK can be accounted for. And additionally, through a phenomenological outlook which views individuals and their experiences as situated within a broader sociocultural context, I demonstrate the ways

in which culture influences individual experiences and narratives of depression. The account I offer here, is made up of specific arguments concerned with particular symptoms of depression, and the cultural context that gives them meaning. Overall, however, the work aims to answer the following broad questions:

- How, if at all, do the experiences of depression in Iran differ from those in the UK?
- What is the phenomenological significance of these similarities/differences?
- What are the social factors contributing to these similarities/differences?
- What implications arise from these similarities/differences regarding the practice of psychiatry and the claim of universality of psychiatry as a science?

In what follows, I will give an overview of the previous research on cross-cultural studies of depression, particularly those conducted in Iran. In doing so I contextualise the work in the broader literature on the subject, while demonstrating the unique methods and aims of the present research which distinguish it from other works done on Iran. I will then give an exposition of the methodology employed in the study, both in the acquisition of the empirical data, and the qualitative method for analysis of the findings, before giving a brief overview of the arguments as presented in the later chapters.

1.1. Background to the Research

Cross-cultural variations in depression have been subject of various studies, traditionally within medical anthropology and cross-cultural psychiatry. These works have been predominantly concerned with variations in manifestations of depression in different cultures. For instance, Kleinman has famously shown that while depression in the US might be predominantly characterised by psychological symptoms (hopelessness, guilt, low self-esteem, etc.), in China it may manifest with somatic symptoms (Kleinman, 1982; 1986). Presentation with somatic symptoms has received particular interest since Kleinman's study and is well-documented (Ryder, et al., 2008; Vega & Rumbaut, 1991; Simon, et al., 1999). Feelings of guilt in depression are another symptom of depression that have been investigated in the cross-cultural studies (e.g.

Stompe, et al., 2001; Fakhr El-Islam, 1969). A recent systematic review of cultural variation in symptoms of depression indicates the prevalence of different symptoms and complaints in different regions of the world (E.E.Haroz, et al., 2016). In addition to particular symptoms, variations in conceptualisations and understandings of depression, which influence help-seeking behaviours, have been examined (e.g. Naeem, et al., 2012; Ying, 1990; Ying, et al., 2000). There have also been several seminal collections of studies, which examine a wide range of variations across different cultures. In particular *Culture and Depression* (Kleinman & Good, 1985) and *Cultural Conceptions of Mental health and Therapy* (Marsella & White, 1982) form the background to the present research.

Most of the works cited here note the importance of culture in shaping manifestations and articulations of depression. However, in-depth studies discerning the different ways in which culture plays a role in shaping experiences of depression, have been lacking. In particular, the dynamics by which the cultural modes of thought and interpretation influence the individual experiences of depression, as situated within a given sociocultural context, remain largely overlooked. Undoubtedly, an investigation into these dynamics requires an interdisciplinary approach, one that not only takes into account the cultural, historical, and sociological factors that shape the context of illness experience, but also takes note of individual narratives and experiences, which draw their meaning and significance from this context. The present study, noting this gap in the literature, aims to examine and provide an account of this complex network of factors that whilst influencing one another, shape the totality of the experiences of depression.

Within the literature on cultural variation and depression, the literature specifically on depression in Iran is scarce, and the studies focused on the subject have been done within the field of Anthropology. The most recent and noteworthy work is by Orkideh Behrouzan (2016), titled *Prozak Diaries: Psychiatry and Generational Memories in Iran*. The work focuses on the conceptualisation and narratives of depression, as seen among the 1980s generation in Iran, and the influence of the memories of Iran-Iraq war. Behrouzan offers a comprehensive account of the trajectory of the place of psychiatry in Iran, and the way psychiatric discourse frames the public's understanding

of their own experiences. She shows how such discourse is employed by the 1980s generation to make sense of their shared generational memories not only of war, but also of the changes in modes of conduct and the shift in values as implemented following the Islamic revolution of 1979 (see §2.1).

Behrouzan's account is important, since it offers a view into the ways social change and collective experiences, shape the conceptualisations and use of *depreshen,* which not only aides the formation of a generational identity, but also defines a framework for understanding and talking about shared experiences. Behrouzan's work offers invaluable insight into the way a large group of Iranians think and talk about depression and experiences of it. And despite the special focus on a single generation of Iranians, the work provides an important reference point for studies into depression in Iran, including the present one at hand.

Other noteworthy studies on depression in Iran, which provide the background to this work, are those by Byron Good and Mary-Jo DelVecchio Good, which are based upon their extensive fieldwork in Iran between 1972-76, in the small town of Maragheh. Their research focuses on symptom reports and the cultural background giving meaning and significance to them. For instance, they emphasise the role of dysphoric affect in the Iranian experiences of depression and anxiety (Good, et al., 1985). Arguing that dysphoric affect is a valued feeling in Iranian culture, they offer a meaning-centred approach to understanding expressions of distress in the Iranian setting. Similarly, Byron Good's work on the semantics of illness in Iran analyses the syndrome of 'heart distress' in Iran in terms of the semantic network which enables Iranians to express social distress in medical terms (Good, 1976).

The works by Good and Good offer important insights into depression in Iran, and some of their findings will be discussed throughout this work (particularly in Chapters 2 and 7). It should, however, be noted that the sociocultural make up of Iran has changed considerably since the studies conducted by them. These changes are due to the shift in the dominant value system of Iran following the Islamic revolution, the long-lasting effects of the Iran-Iraq war, the rapid modernisation of the country, as well as a population boom which has seen the population of Iran more than double in

the time since their study. These changes have undoubtedly influenced the cultural conceptualisations of depression as well as ways of articulating experiences and encountering depression. Thus, in certain instances I would argue that some of the conclusions drawn by Good and Good ought to be revisited and updated.

Apart from these studies, which aim to understand depression as situated within the Iranian culture and society, other studies on depression in Iran have been limited to biomedical enquiries, such as epidemiology and comorbidity of depression and other illnesses. What is important to note, is the fact that the aims and methods of these previous works on depression in Iran differ considerably from the present study. Behrouzan's work focuses on a particular section of the Iranian population, with its own sense of shared identity, through common experiences and understanding, and aims to give an exposition of how this group understands and encounters depression in light of this shared identity. Good and Good offer an understanding of depression in Iran through anthropological fieldwork, and analysis of cultural narratives of dysphoric affect in a rural, Azeri-speaking area of Iran. The present study differs from these other works done on Iran, with regards to its aims, and its methodology. Firstly, rather than being concerned with a particular subculture, or with a particular group of people in Iran, the present study is concerned with the meaning-making structure of Iranian culture as a whole, and its influence on experiences of depression. Whilst I acknowledge the existence of different subcultures and the diversity of belief systems in Iran, by focusing on elements of Iranian culture which have remained central in different communities, I offer an account that is applicable to a large part of Iranian society. Secondly, as mentioned earlier, through adopting a phenomenological and comparative outlook, this study aims to give an understanding of different ways in which culture influences experiences, therefore offering an insight into understanding cross-cultural variations in depression more generally.

1.2. Methodology of the Research

The acquisition of the empirical data for the present study was done in two parts. In the first instance, to get an initial understanding of the Iranian experience of depression, some first-person accounts of depression written by Iranians on Facebook

were examined. These accounts were posted following a public invitation for individuals with depression to talk openly about their experiences, during the international mental illness awareness week in April 2015. The aim of the invitation was to encourage open conversation about depression to combat misconceptions, and stigma around depression in Iranian society. The result was that a considerable number of Iranians took to Facebook to talk about what they understood to be the most important elements of their experience of depression, and later on, the creation of a Facebook support group for Iranians suffering from depression. Around 20 of these accounts were posted publicly, and shared widely for public reading, and as such, the easy access to them enabled an investigation of the common themes Iranians talk about in expressing their experiences of the illness.

A few of these public accounts aimed at giving a more accurate picture of depression than what is commonly conceptualised in Iranian society, based on personal experiences. As such, rather than presenting first-person cases of experiences of depression, they aimed to be informative about the nature of depression as an illness. Apart from these accounts, the majority of the posts, focused on the first-person descriptions of depression experiences, gave an insight into some of the common themes that Iranians see as important components of their overall illness experiences. As a result, these accounts have informed part of the focus of the present work, and indeed, some have been used as quotes demonstrative of certain themes explored in the work (marked with 'FB' in the text). These accounts further informed the second part of the acquisition of data, namely the qualitative questionnaire.

The qualitative questionnaire used for the acquisition of the main body of the data used for the study, follows the format used in the work done by Matthew Ratcliffe and others at Durham University. The questionnaire used in both studies, comprised of open-ended questions with no limits on the length of responses, and thus prompted respondents to give detailed accounts of different aspects of their experiences of depression. In both cases, there was an introductory section where respondents were asked to provide background information, including gender, age, place of residence, details of diagnoses, and treatment methods received. In the Durham project, the questionnaire was posted online on the website of the mental health charity SANE, for

a period of three months, during which time 145 individuals participated in the study. Results from the study were made available in various publications that followed the study. Most notable of these is the already mentioned *Experiences of Depression* (2015), and the collection of articles *Depression, Emotion and the Self* (Ratcliffe & Stephan eds., 2014). These publications have been the primary source for the comparative element of the study, since due to the confidentiality agreements access to the raw data was not permitted. I also spoke to a researcher on the Durham project, Dr Benedict Smith, on a number of occasions. Dr Smith offered advice on adapting the questionnaire for the Iranian sample, and later in conducting the cross-cultural comparative analysis of the findings with the UK sample. Since the study conducted at Durham forms the basis for the comparative element of the present work, I attempted to ensure that the methodology for the acquisition of data did not differ significantly between the two. However, based on the preliminary findings from the Facebook sample, and due to differences in available platforms for conducting the research, certain elements of the two methodologies differ.

The questionnaire used in the present study (see appendix) has three additional questions compared to the one used in the UK. These additions were informed by the Facebook accounts, and were in part aimed at examining and clarifying certain conclusions drawn by previous studies. The accounts published on Facebook indicated that interpersonal relationships have a considerable role to play in shaping individuals' experiences of depression in Iran. This finding is in line with the sociocultural make-up of Iran which emphasises the role of others and relationships with them (see §2.1). To prompt details of how this aspect influences experiences of depression, the following questions were added to the questionnaire:

- How would you describe your relationships with others when you are depressed?
- Has the reaction of others influenced your experience of depression? If so, how?

Through the examination of the personal reports on Facebook, it was established *that* relations with others, and the way in which others reacted to individuals' depression

had an influence on their illness experiences. What remained unclear, and therefore what the above questions aim to discern, was *how* this influence was perceived to take place, and therefore provide a basis for giving a phenomenological account of the importance and significance of the interpersonal in experiences of depression.

As mentioned in §1.2, some of the previous studies done on depression in Iran emphasise the role of sadness and dysphoria in the culture. Given that such feelings are seen as one of the defining elements of depression, it has been important to discern how depression and depressive feelings are distinguished from feelings of sadness in Iran. In other words, if, as it has been suggested (Good, et al., 1985), sadness and dysphoria are valued and normalised in the Iranian culture, rather than viewed as pathological, it is important to understand what gives depression its perceived pathological nature in the Iranian context. To this end, respondents were asked to detail how their depressive experiences are different from normal sadness:

- What distinguishes what you're feeling as depression, from other, more general forms of sadness?[2]

The final version of the questionnaire with these additions, together with the consent form and participant information sheet, was approved by members of Lancaster University Ethics Committee, and translated into Farsi, with the help of an academic translator. This version was then made available online and advertised on two Iranian support group forums for individuals with depression; one on Facebook, and one on an online forum in Iran, *Depressed Anonymous*. A total of 13 responses were recorded online in a two-month period. To increase the sample size, and in collaboration with practitioners in Iran, the questionnaire was also distributed to outpatients in a University clinic in Shiraz, resulting in an extra 30 responses which were returned for analysis. The background information on all the respondents (where provided) can be seen in Figure 1. Cases where the numbers represented in the chart do not add up to the total number of respondents, such as in the case of place of residence, indicates

[2] I thank Dr Benedict Smith for his suggestion of the question clarifying the distinction between depression and other forms of sadness in Iran.

instances where an answer to background question was not provided. As can be seen, a few of the respondents had received additional diagnoses of psychiatric disorders. Two of these individuals suffered from bipolar disorders, two from obsessive disorders, and one individual had diagnosis of both bipolar and obsessive disorders. One individual suffered from conversion disorder, and one from insomnia.

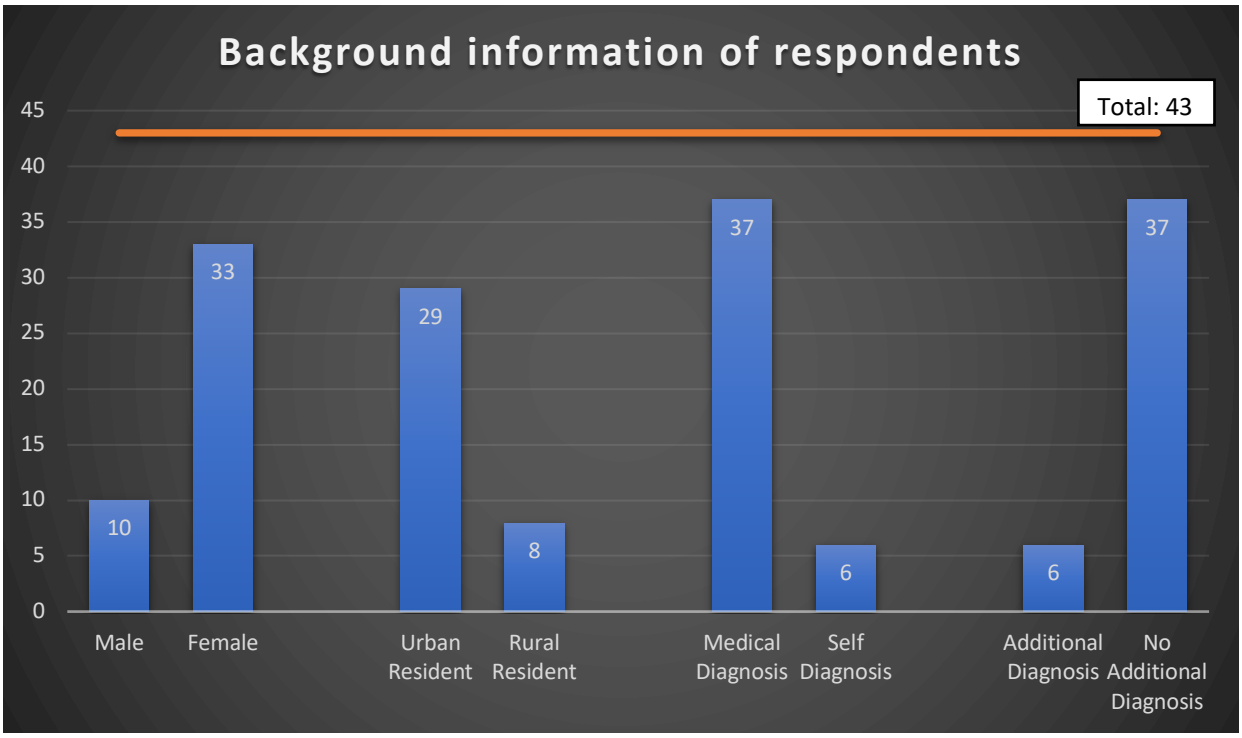

Figure 1. Background information of respondents

It should be noted that for the most part the analysis offered in this work is not differentiated by gender or social class. Although there are doubtless important gender differences in the experiences of depression, the great majority of my respondents were women, and the small number of responses from depressed men meant that a detailed analysis of the importance of gender has not been possible. As such, although I will discuss possible gender differences on occasion, and respondents' quotes indicate their gender (M/F indicators after quote numbers), gender has not been the prime focus of the analysis.

Rather, for this study, the responses were analysed as a whole, against the backdrop of Iranian culture. To analyse the data, a qualitative content analysis was carried out, through which common themes of complaints and symptoms, which were either different from the findings in the UK, or more frequently talked about and emphasised were identified. The symptom categories presented in Figure 2 represent the respondents' most frequent complaints about their experiences of depression. I have differentiated the categories in part to reflect the particular words that are used in the complaints, and in instances to reflect the theme being complained about. The category of negative thinking for example, is differentiated from feelings of hopelessness and guilt, as it represents all the instances were respondents specifically use the phrase 'negative thinking' or variations of it, such as 'negative thoughts' (*afkār-e manfi*). Similarly, the category of absurdity encompasses all the instances where respondents have used the words 'absurd' (*pooch*) or 'absurdity' (*poochi*) in describing their feelings. In the case of isolation, however, the category includes various responses that talk of a tendency to 'withdraw' or 'escape' from social gatherings, complains of being 'hermitic', and expressions such as 'going into my shell'. The following are a few examples of the kind of responses categorised under isolation.

> #18(M) – I stop doing my daily activities and go back into my shell and stop interacting with others.
>
> #15(F) – I was hermitic/withdrawn (*goosheh-gir*), avoided gatherings, was not in the mood to be around anyone.
>
> #3(F) – I escape from/avoid the interaction with my usual people.

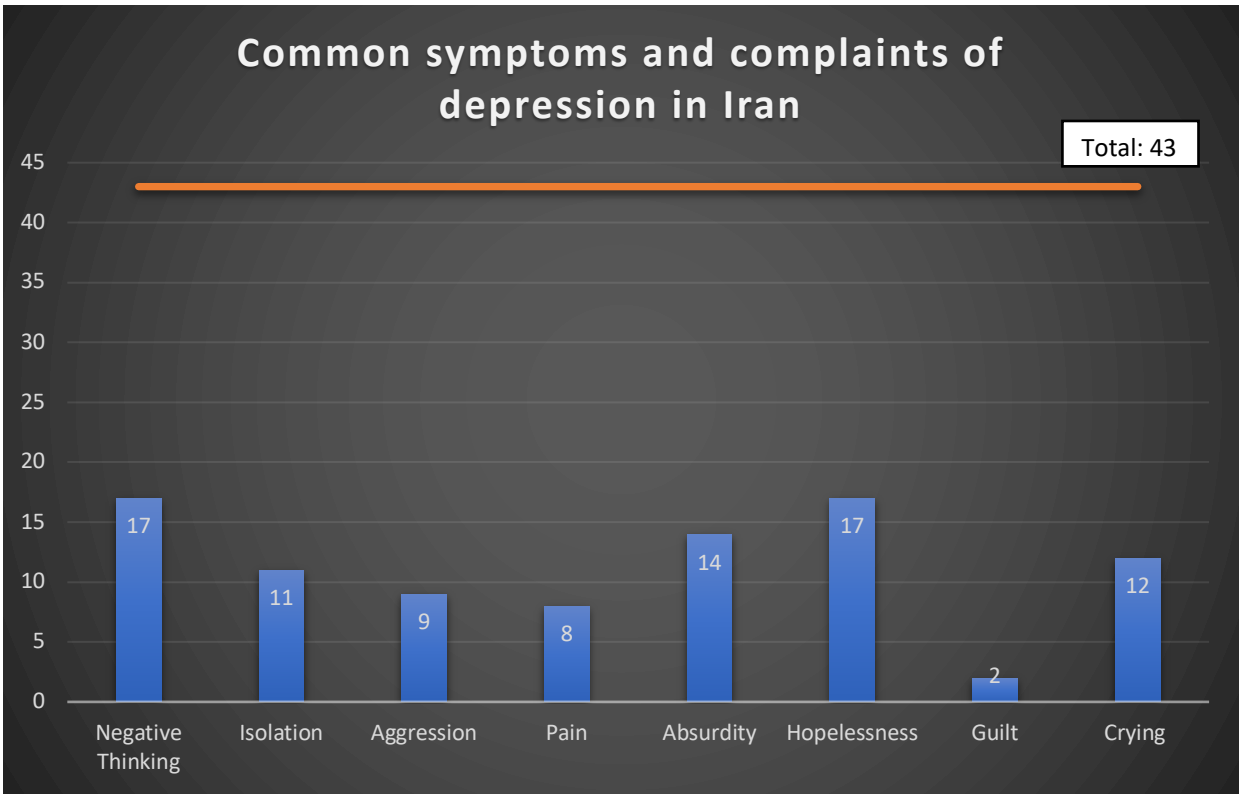

Figure 2. Common Symptoms and Complaints

The identified themes and their significance were subsequently analysed and accounted for through various theories within the phenomenological literature, as well as works in anthropology, sociology, and psychology, where these provide a framework for discerning the phenomenological and cultural significance of the variations. In all instances, in order to situate the experiences and complaints in a culturally significant context, I outline the relevant sociocultural and historical elements unique to the Iranian ethos, which can be shown to have phenomenological significance, through their influence in shaping the experiences of depression as expressed in the responses. Each of these themes of variation, are the subject of different chapters in the work, together with the corresponding phenomenological analyses of their significance against a particular sociocultural element.

A worry should also be noted here regarding the epistemic reliability of the responses to the questionnaire. It is conceivable that the profound existential change involved in depression would be reflected in self-reports of experiences, bringing into question the accuracy and reliability of the report. For instance, depressed individuals might be disposed to better remember unpleasant experiences and therefore over-report

instances of feeling rejected, stigmatised, etc. I acknowledge that as a possibility, this problem can be seen as a methodological limitation of the study. Resolving this problem would require real time experience sampling to reduce issues such as memory bias, which is not practical within the methodological framework of this project. Additionally, the use of the present methodology, which is largely the same as the one employed at Durham, is what allows for cross-cultural comparison of experiences which lies at the heart of the project. Furthermore, insofar as interpretations and experiences are viewed as intertwined, the ways in which depressed people report their experiences is still of interest for the project. Part of the investigation here is precisely the ways in which one's understanding and interpretation of one's daily experiences (e.g. relations with, and perceptions of others) are changed in the course of depression, and how these changes are articulated by individuals in depression.

As detailed in Ch.2, noting the diversity and complexity of the Iranian culture and society, where possible, I focus my analysis on three elements which I see as fundamental to the Iranian culture as seen today, namely, Shi'ism, Iranian literature (classic and modern alike), and historical events (most notably the Islamic revolution of 1979, and the Iran-Iraq war). Through these elements, not only do I depict the phenomenological context in which the experiences are had and made sense of, but I also demonstrate the cultural dynamics in light of which variations in experiences of depression can be accounted for. Given that these cultural workings and dynamics remain largely unconscious, by detailing them I bring to the foreground of the analysis the invisible forces that influence the way individuals experience and relate to the world, as well as how these experiences find meaning and are interpreted against the backdrop of culture.

1.3. Chapter Outline

The outline of the thesis, for the most part, follows the differentiation in the themes identified in the questionnaire. Before the main analysis, in chapter 2, I portray the broad sociocultural context of Iran, as the background against which different symptoms and manifestations of depression find meaning. The elements discussed in

this chapter will be used in later parts, in giving accounts of the role culture plays in shaping experiences of depression. I draw a broad picture of the sociocultural make-up of Iran, noting certain demographic points, as well as important historical events which have significantly influenced the dominant discourse and culture as seen in Iran today. I will also give a brief exposition of the history of psychiatry in Iran, showing how the trajectory of pedagogical and practical psychiatry has progressed in light of historical and cultural changes in the country. This history is important in understanding conceptions of psychiatry among the public, and the expectations that result from such conceptions. This exposition is followed by a sketch of the various cultural elements that shape the Iranian conception of depression in particular. I argue that the dominant understanding of depression among Iranians is heavily influenced by a) traditional Iranian and Islamic medicine, which have shaped folk beliefs around health, illness and medicine, b) character types that Iranians aspire to, how individuals view themselves and others in light of these ideals, and c) the cultural modes of causal attributions. Using examples from responses to the questionnaire, I show how these elements all play a role in the dominant ways of conceptualising depression. In the last section, drawing on previous research on Iran, I offer a way of understanding the place of sadness and dysphoria in the Iranian culture. Crucially, I argue, contrary to previous studies, that such emotions rather than being valued and emphasised in their own right, draw their place in the culture following the long-standing cultural conceptions of life, as a fight between forces of Good and Evil. As I will show in later chapters, this way of viewing life has important consequences for the understanding and interpretation of experiences of depression in Iran.

In Chapter 3 I will look at metaphors used in descriptions of depression experiences, as a form of narrative that can offer important insights into the way depression is conceptualised, experienced and articulated. Using the cognitive-linguistic framework for understanding metaphors, I examine the implications of the variation in the use of metaphors in different cultures, for understanding experiences themselves. In particular, I will look at two sets of metaphors used by Iranians in describing their experiences, showing that while some might be reducible to universal metaphors used in other cultures, others arise from culturally specific conceptions and experiences. I

argue, therefore, that metaphors carry within them important insights into cultural ways of understanding and encountering depression – in the case of Iran, such metaphors express the dominant ways of viewing the world in depression, as well as the cultural conceptions of depression itself.

In Chapter 4, I give an explanation for the presence of a sense of absurdity among Iranian depressed patients, as well as for the variation in the emphasis placed on the feeling of hopelessness, and attitudes towards suicide. I argue that what links these variations together is the presence of a culture of death-consciousness in Iran, reflected in religious texts and works of literature, and amplified following the Iran-Iraq war and the dominant discourse around it. After giving an argument for the presence of this culture in Iran, manifested through these elements, and drawing on points noted in Chapter 2, I argue that the presence of absurdity and the stronger emphasis on hopelessness can be explained through cultural frameworks for thought and understanding found in Iran today.

Chapters 5 and 6 are concerned with the alterations in one's way of being with others seen in depression, and the variations in this domain between Iran and the UK. The discussion is divided into social relationships, particularly those between an individual and the society (chapter 5), and interpersonal relationships between individuals (chapter 6). Drawing on phenomenological literature, particularly those of Sartre and Heidegger, I highlight the interpersonal conflict central to two phenomenologists' accounts of relationships with others, to argue that in depression this conflict comes to the foreground of consciousness, and determines one's experiences in these domains. Here, variations in emotional experiences in depression, arising from misunderstandings of depression prevalent in Iranian society, are accounted for through phenomenological and cultural considerations. I particularly look at issues of social stigmatisation of depression, empathy, absence of guilt and presence of aggression among Iranian patients, and the tendency towards isolation.

Chapter 7 deals with the issue of somatisation in depression and aims to give an account of the significance of somatic symptoms and their variation cross-culturally. I draw on phenomenological literature on embodiment to argue that somatic

symptoms ought to be understood as a constitutive part of the overall experience of depression universally, rather than a culturally specific element of experiences, as is often portrayed in the cross-cultural literature. Despite this universality, I argue that the manifestation and emphasis placed on different somatic symptoms varies across cultures. Taking the case of pain as one of the most complained about physical symptoms among Iranian patients, and noting the cultural significance of pain, I offer an account for understanding the special emphasis placed on this symptom among Iranian patients.

In chapter 8, I examine the methodological advantages and shortcomings, and offer a discussion on the relationship between culture, experiences, narratives and the problem of interpretation of reports. Drawing on theoretical works in philosophy and anthropology, I argue for an understanding of experiences as inherently cultural, inseparable from the context in which they are had, and the narratives expressing and describing them. Exploring the methodological shortcomings and issues in the interpretation of the data, I argue against the use of 'idioms of distress' as a way of understanding difficult reports of experiences, suggesting that the notion lacks explanatory power. I instead offer concrete suggestions for improvements to address these problems, noting the need for further research.

In chapter 9, I discuss the implications of the study for the science and practice of psychiatry, and for phenomenology as a discipline and method. I argue that the arguments presented in the thesis make clear the need for better recognition of culture as a central element in understanding experiences and ways of encountering phenomena, in particular mental disorders such as depression.

2. The Iranian Context

The aim of this chapter is to provide some background information on Iranian culture and society, which will be used in later chapters to contextualise the Iranian experiences of depression. The themes explored here form the foundations upon which the cultural analysis of the work will be based, and I will return to these themes repeatedly. Given this centrality, therefore, it is important to explore these themes here, in their own right, before using them in the analyses and interpretation of Iranian experiences of depression.

2.1. Sociocultural Make-up – an overview

Iran is located on a 1.5 thousand square kilometre plateau, reaching in the North to the Caspian Sea, and in the South to the Persian Gulf and the Gulf of Oman, bordering Afghanistan and Pakistan in the East, and Iraq and Turkey in the West. According to the latest census conducted in 2015, by the Statistical Centre of Iran, the country had a population of just under 80 million. 59.1 million live in urban areas, compared to only 20.3 million living in villages and small towns. The urban population of Iran has been continuously growing in recent years, whilst smaller villages and towns have seen a reduction in population. The most populous province of Iran is Tehran (which includes the capital city of Tehran), with a population of over 13.3 million. The province of Fars, located in the south of the country, where the present study was conducted, is largely rural and has the highest share of nomadic population (*ashāyer*) in the country, including big nomadic communities and various nomadic clans. Despite being almost 10 times the land size of Tehran, Fars has a population of just under 5 million (Statistical Center of Iran, 2015). The psychiatric clinic where outpatients were recruited for the questionnaire is located in the capital and largest city in the province, Shiraz, where patients from different parts of the province receive care.

Iran has a young population, with over 75% being aged forty or under, and over 21% aged between 25-34. Over half of the adult population have a high school diploma and/or have a higher education certificate. These statistics vary in different parts of Iran, due to the centralisation of wealth, jobs and education opportunities in larger

cities especially Tehran. Yet the general picture of demographics and education levels highlights the changing nature of attitudes and beliefs in the culture to be covered in the later chapters.

Iranian society is a collectivist one, with a heavy emphasis placed on the importance of interpersonal relationships, for the well-being of both the individual and the collective society (Hofstede, 2001; House, et al., 2004). This is in contrast to the individualist nature of Western countries such as the UK, where the aims and goals of the individual tend to take precedence over that of the collective. In Iran, however, this priority is reversed, and the goals of the group, are considered more important, whether understood on a personal level (e.g. groups an individual is a member of such as family and friends), or on a national level (often highlighted by the discourse sanctioned by the state).

According to the official statistics, 99.6% of Iranians identify as Muslims, with Christianity, Zoroastrianism, Judaism, and other 'undeclared' religions respectively forming the biggest religious minorities in the country. It is worth noting that the official statistics do not take into account different belief systems within a religion. Thus, although there is a Sunni minority in Iran, no official statistics exist on the proportions of Sunni and Shi'ite belief systems. Shi'ism is the official religion of the country and the state, and as the most widely held faith in the country, has had a large influence in the present sociocultural make-up of the country. It should be noted that Shi'ism as practiced in Iran differs in notable ways from other countries and cultures that practice this branch of Islam, such as Iraq and Syria. This difference is in part due to the official status of Shi'ism and its association with the ruling regime, which highlights and encourages certain teachings and customs of the belief system, and in part due to the influence of pre-Islamic culture of Iran (Persia), which has shaped the practice in the country to have its unique Iranian form.

Similarly, no official data is collected on ethnic and language minorities in the country. Although Persian ethnicity and Farsi language[3] form the majority of the country (over 60%), there are various other languages and ethnic backgrounds which have had a considerable influence on the culture. The largest minority groups, both ethnic and linguistic, include Azeri (16%), Kurd (10%), Lur (6%), Baluch (2%) and Arab (2%) (Minority Rights Group International, 2017).

These statistics serve to show that despite the large cultural diversity and heterogeneity of the country, the dominant force in shaping the cultural forms and narratives, takes power from the official status both of the Farsi language, as well as Shi'ism. It is given this dominance that in much of the analysis presented in this work, Shi'ism and Persian works of literature are viewed as principal pillars of Iranian culture.

Persian literature has been, for centuries, a mirror of the Iranian culture and concerns of the society. One reason for this continued influence is the fact that the Persian language, as primarily a spoken language, flourished in the form of poetry, different instances of which continue to be used as everyday expressions. As Behrouzan notes, "For Iranians, poetry precedes literacy; it is carried 'in the chest', an expression indicating that Iranians' poetic heritage lives on from one generation to the next, in hearts and in memory, shaping part of the cultural aesthetics of the literate and illiterate alike" (Behrouzan, 2016, p. 13). Despite the changes to the language itself over the years, pieces from literary works, and especially poetry remain a strong medium through which Iranians express their emotions and everyday concerns and preoccupations.

Furthermore, the power of Persian poetry and literature also lies in the fact that, as the most dominant forms of art in Iranian culture, they offer an insight into the social

[3] 'Persian' and 'Farsi' have both been used to signify the official language of Iran (formerly Persia). Since Persian can refer to the ethnicity, and anything belonging to the land of Persia, I will be using 'Farsi' when talking about the language. In instances I will use terms such as 'Persian literature' to denote the historical range of works of literature spanning from Persia to present day Iran.

and political changes in Iranian society, especially in the modern era. In the absence of sustained scholarly research and institutions, and given the history of expressiveness and influential power of poetry, this medium became, and remains, the one reflecting the goings on at the heart of the culture and society. Given this sustained influence, in addition to reflecting the dominant culture, Persian poetry and literature also offers an insight into how the thoughts and concerns of the Iranian people have changed and evolved throughout the years. The creation and popularity of different works of literature during political upheavals, and the censorship of different works under different ideological governments throughout history, show the historically important role of literature in reflecting the sociocultural changes of Iran. This domain, therefore, provides an important insight into cultural conceptions in Iran.

Two particular historical events ought to be noted in shaping Iranian culture and society, as it is presently. First is the Islamic Revolution of 1979, which transformed the largely secular monarchical government into an Islamic Republic. It is worth noting that prior to the revolution, monarchy had been the system of governance in Iran for over two thousand years, although different dynasties had different styles of governance, and different emphases on religiosity. Although this change in system of governance is noteworthy, the 1979 revolution is also important, for the enormous shift in value system and modes of conduct that has been enforced in the years following the revolution. The new regime, in an attempt to distance itself from the Pahlavi dynasty that it had overthrown, reversed many of their policies and approaches to governance. The most important of these reversals that has changed the face of Iran ever since, was the enforcement of Islamic law in all domains of public (even sometimes private) life. For instance, the first of the two kings of Pahlavi dynasty had banned women from adhering to the Islamic dress code and wearing the Hijab. After the Islamic revolution wearing the Hijab became mandatory for women, and to this day Iran remains the only country in the world with a compulsory Hijab rule. This ‘Islamisation’ of governance and public life in Iran has defined a powerful public discourse, which after almost 40 years, has had an undeniable influence on cultural modes of thought and understanding.

The second important historical event is the Iran-Iraq war in the 1980s, and the population boom that accompanied it. The eight-year war had devastating effects in the country, which remain visible today, 30 years after the events. These effects include large areas close to the border which have never recovered from war, minefields that continue to take lives, as well as the continuing sense of loss for those who never found out the fate of their loved ones. During the war, Iran saw a population boom as well, following policy changes after the revolution. In a reversal of the previous regime's policy, the newly established government started promoting larger family sizes. With the start of the war, these promotions carried stronger emphasis, since a larger population was seen as an advantage in the war (Karamouzian, et al., 2014, p. 231). The population boom resulting from such policies was such that a large part of the present population of Iran was either born, or had a large portion of their childhood spent during the war. As will become clear in later chapters, the continuing effects of war, and the generational memories of war, shared among a large part of the Iranian society, have a considerable impact on the way depression is conceptualised and experienced in Iran.

2.2. History of Psychiatry in Iran

Concerns with mental disorders have had a long history in the medical traditions in Iran. Well-known names in Iranian and Islamic medicine, such as Avicenna (Ibn-Sina) and Rhazes (al-Razi), wrote about illnesses of the soul, such as melancholia, and how they can be remedied (Dols, 1992). Although these discussions of mental illness have had their place in Iranian medical traditions, modern psychiatry in Iran began with the founding of University of Tehran in 1934, where the department of psychiatry began the formal education of students in the field a few years later.

Before the formalisation of psychiatric care, various asylums for the mentally ill could be found in Tehran and elsewhere around the country, known as *dārolmajānin*, or madhouses. These asylums, often managed by local authorities, and funded by charity endowments, often suffered from poor conditions (Javanbakht & Sanati, 2006), and accommodated a range of criminal, poor, mentally impaired, and handicapped individuals (Behrouzan, 2016). The asylums became the subject of various socially

critical books and novels, that aimed to tell the stories of individuals in the asylums as well as the conditions under which they were kept and cared for (e.g. Ali Akbar Jamalzadeh's *Darolmajanin*, 1942).

Such asylums were repurposed into psychiatric wards and clinics when modern psychiatry came to Iran in the 1930s and 1940s. This arrival was due to waves of students who were sent abroad for education and training beginning from the 1930s. The first group of students who would later lay the foundations of psychiatric pedagogy in Iran, were trained in France (individuals include Ebrāhim Chehrāzi, Abdolhossein Mirsepāssi, and Hossein Rezaei). These French-educated founders were trained in neurology and neuropsychiatry and therefore had a largely biological orientation (Behrouzan, 2016, p. 42). As Behrouzan notes, the distinction between *mental* and *nervous* diseases, which followed psychological and/or psychoanalytic traditions, and neurological sciences respectively, characterised the psychiatric education in Iran. This distinction was evidenced by the first teaching curricula, built by "a generation of scientific, Francophile, can-do modernizers" (Ibid. p.49). It was during this time, in 1946, that Ruzbeh hospital, the first modern psychiatric teaching hospital, was built in Tehran, and it continues to be at the forefront of psychiatric care and education in the country.

The influence of psychoanalysis on psychiatric education and practice, was not seen in Iran until the 1970s. The Iranian public were introduced to some psychoanalytical concepts, through radio programmes (Behrouzan, 2016, p. 50), and a few translations by non-specialists of some of Freud's works, in the 1950s (Barzin, 2010). Despite this familiarity, the influence of Freud and his works remained largely outside the medical domain. This changed when another generation of foreign-educated students returned from the US, bringing with them a legacy of psychoanalysis, as a dominant force in American psychiatry at the time. Psychoanalytic traditions had an influence both in the education of psychiatry, for instance at Ruzbeh, as well as in practice, with many of those oriented towards psychoanalytic traditions setting up private practices in Tehran and other larger cities such as Isfahan and Shiraz. Various research programmes in psychoanalytic research and training were formed, and along with

biomedically focused programmes, they offered a mixed pedagogy of psychiatry at universities and hospitals.

The marriage of the two traditions ended with the Islamic revolution of 1979, when the ideological forces, and the public opinion which equated psychoanalysis "with unconsciousness, repression, resistance, libido and the irrational sexualization of everything" (Shoja Shafti, 2005, p. 388), created unsavoury circumstances for practitioners and experts in psychoanalysis, causing many of the leading members to leave Iran or limit their influence to private practices. At this time, psychoanalytic teachings were abandoned and the focus was again shifted to biomedical orientations. Furthermore, during the Cultural Revolution of 1980-83, which aimed at the 'cleansing' of academia, the focus of psychiatric practice, education, and discourse, shifted further to accommodate for the newly formed value system. Although there would be a renewed interest in psychoanalytic traditions in the late 1980s and 1990s, this was heavily influenced, and determined by a newly defined value system that education and practice would have to adhere to.

During the cultural revolution universities were closed for three years, during which time a large number of faculty staff, including some of those psychiatrists who pioneered psychoanalysis, either left or were dismissed (Behrouzan, 2016, p. 52). Behrouzan notes that following the Cultural Revolution, although the broader medical curriculum remained largely unchanged, psychiatry "was implicitly neglected early on, if not disdained, as either a bourgeois discipline or as inconsequential compared to other medical specialities" (Ibid., p.53). Eventually, however, with the war ending in the late 1980s and especially with the return of war veterans in need of psychiatric help, the importance of, and need for psychiatric care was recognised. This recognition resulted in a sense of pragmatism with respect to psychiatry, which allowed it to be practiced more or less freely, while psychiatric pedagogy became increasingly biomedical and psycho-pharmacologically oriented.

Given the large influence, both of the Revolution, and the Iran-Iraq war in the 1980s, the psychiatric attitude that emerged in public discourse in the 1990s differed considerably from that of the late 1970s. This attitude was influenced by two

elements. First was the concern with the implementation of religious codes of conduct and Shi'ite moral order in the society, as the new dominant moral and value system. Second was the concern with the wellbeing and care of those influenced by war, including veterans and prisoners of war, and their families, as well as the families of martyrs. It was within this context, and against the backdrop of increasingly biomedical psychiatric pedagogy, that the new emphasis on psychoanalytic traditions was formulated.

The new attention to psychoanalysis in Iran was largely pressed for by Mohammad San'ati, who was trained in the UK and returned to Iran in 1985. As one of the first psychiatrists to appear on radio and TV shows, San'ati advocated for attention to psychoanalysis not as an alternative to the biomedical traditions now firmly in place and widely supported, but as complementary to these traditions. Whilst navigating the public discourse with emphasis on clinical and medical models of psychiatry, San'ati brought psychoanalytic traditions into the public domain through his analyses of well-known Iranian literary works, while at the same time training students in psychoanalysis at his home (Behrouzan, 2016, p. 57). Through his efforts, in 1996 a new curriculum was designed for teaching dynamic therapies to psychiatry residents, which led to the 2008 implementation of a residency curriculum that included 9-month training in dynamic psychotherapies. In 2014, a fellowship in analytical psychotherapy was launched at the Dynamic Psychotherapy and Human Studies Unit (itself established in 2006) at the University of Tehran.

Today, psychiatric education is more or less uniform across universities in Iran, due to the national standardisation of curricula. Although the core topics and subjects taught at medical universities are determined at the national level by the Ministry of Health and Medical Education, some elements may vary across universities, depending on the specialisations of staff. The curriculum in use currently is firmly situated within the biomedical tradition for understanding and treating mental disorders. Some of the broader topics in the curricula include: neuroscience and neurology, basics of human psychology, psychiatric classifications (ICD and DSM), clinical psychiatric assessments, and biomedical and pharmacological treatment options for psychiatric illnesses (Secretariat of Council for Medical and Specialised Education - Ministry of Health and

Medical Education, 2007). Although there is a short unit introducing psychotherapy as a treatment method, this is not central to the national curriculum of psychiatric training. Any larger emphases on psychotherapy is dependent on the individual institutions; for instance at Ruzbeh hospital, the opportunity to study such topics in more detail is greater, as compared to other programmes in other parts of the country.

Currently, psychiatric diagnoses in Iran are based on the DSM-IV-TR[4] and the vast majority of treatment methods around the country are biomedical ones. Although centres for counselling can be found in different parts of Iran, psychotherapy and psychoanalysis remain scarce and mainly exclusive to Tehran. Due to the time-consuming nature of such treatments as well as their high cost compared to other treatment methods, the demand for these is limited to the more well-off parts of the population, which remain largely concentrated in Tehran. As Behrouzan notes, even for those clinicians and students who are interested, training in psychotherapy and psychodynamic traditions is often sacrificed for the financial security offered by biomedical and pharmacological practices, due to their high demand among the larger public. At the Hafez University Hospital in Shiraz, where the empirical part of the present research was conducted, the following services are offered for psychiatric patients: "medical therapy, shock therapy, occupational therapy, psychological counselling for individuals and families, and personality tests" (Hafez Training and Medical Center, 2018).

Public discourse around psychiatry, as well as attitudes and expectations of the practice, are formed and maintained against the presumed dichotomy between psychodynamic and biomedical approaches. Although at the margins, psychoanalysis and the approaches arising from it remain influential, both among the public, as well as among the practitioners, the actual practice of such approaches remain scarce due to limitations on time and money. In Behrouzan's words, psychiatrists in Iran practise

[4] Although the 5th revision of the DSM was published in 2013, and the translation into Farsi was completed in 2015, the criteria in use by practitioners in Iran continues to be DSM-IV-TR, at the time of completion of this study.

in an 'in-between' space within psychiatry: "On the one hand, the medical establishment's attitude toward psychoanalysis oscillates perplexingly between acknowledgement and rejection. On the other hand, psychodynamic psychiatry, neither absent nor holding a deserved status, continues to inform Iranian psychiatry in creative ways" (Behrouzan, 2016, p. 207). It is within such pedagogical and professional understanding, and the way they inform broader pre-defined cultural norms and conceptualisations, that individuals in Iran understand mental disorders, and make sense of their own experiences of these illnesses.

2.3. Conceptualisation of Depression in Iran

It is undeniable that the way a phenomenon is conceptualised and understood influences one's experiences of the phenomenon. This claim is seen in discussions regarding the distinction between illness and disease. As Kleinman notes, "Disease can be thought of as malfunctioning or maladaptation of biological or psychological processes. Illness is the personal, interpersonal, and cultural reaction to disease" (Kleinman, 1977, p. 9). Defined as such, it can be seen that the presence or absence of a disease, and its characterisations, are determined and interpreted by "the empirically derived knowledge about human biological functioning" (Fabrega, 1972, p. 185). In the case of psychiatric problems, however, both the diagnosis and the characteristics are known through means which, rather than being universal and empirically determinable, are often influenced by personal, sociological, and cultural factors. In diagnosing depression, for instance, the primary indicators come from personal reports of experiences that are thought to be abnormal and debilitating. Here, the personal articulations come about and find meaning within a broader sociocultural framework for thought and interpretation, as do the judgments of what constitutes an abnormal experience or behaviour. Understanding psychiatric disorders as diseases, ones that remain universal and empirically observable, despite cultural variations that only superficially muddy the picture, thus making the observation of the universal characteristics more difficult, does not give an accurate picture of mental disorders. More importantly, such a characterisation of mental disorders would be unhelpful for the purposes of cross-cultural study of depression, as Kleinman notes.

Rather, the role of culture, as a system of understanding and interpreting mental disorders must be acknowledged, *even if* there is a biological underlying cause of experiences of mental illnesses. It is through this recognition that the important role of culture in various elements of experience of depression can be established and investigated. The arguments and analyses presented throughout this project, signify the various and complex ways in which culture shapes the experience and manifestation of depression, and as such portrays an image of depression as an *illness*. One that is moulded within a sociocultural context and is given meaning and significance within a uniquely cultural framework for understanding. This portrayal of depression is in contrast to the universalist and unchanging one presented in the DSM.

Recognising that sociocultural modes of understanding and interpretation influence the way depression is experienced on an individual level, demands a preliminary account of cultural conceptualisations of depression, through which individuals make sense of their experiences of depression. Behrouzan (2016) has offered an extensive account of how shared historical experiences and generational memories, form the basis of understanding *depreshen* for a section of Iranian society. Given that this generation forms a large section of the current population in Iran, as noted in §2.1, Behrouzan's account of *depreshen* is of utmost importance in examining the cultural understandings of depression in Iran. I would argue that there are other broader cultural modes of thought and understanding that also carry significance in understanding, and encountering depression in Iran today, namely, traditional Iranian and Islamic medicine, and Iranian ideal character types.

2.3.1. Traditional Iranian and Islamic medicine

Although mental illnesses have been a subject of discussion in traditional medicine, the broader influence of this field has been on the cultural conceptualisation of health and illness, as well as ways of preventing and treating ill health. Iranian traditional medicine, especially as developed in the Islamic era (from the 7th century onwards), has remained influential throughout the years among Iranians. There has also been a renewed interest in the subject in the recent years in Iran, with the creation of a Traditional Medicine department within Tehran University of Medical Sciences,

dedicated to teaching and research. The continued influence of traditional medicine shows that it forms part of the cultural way of understanding health and illness, and individuals' methods for encountering different illnesses.

In the understanding of traditional medicine, the physiological functions of the human body are based on factors such as elements, temperaments, humors, and forces (Rezaeizadeh, et al., 2009). Traditional Iranian medicine gives more attention, and attaches more importance to the prevention of disease, rather than curing it, thus the primary role of a physician is to keep people healthy, and secondarily to cure them if sickness arises. Good health is understood as a state of balance between various elements in the human body, such as the humors, and those in the individuals' environment, such as 'good air', lack of stressors and cleanliness of the environment. So long as this balance is maintained, individuals enjoy a state of health, whilst the disruption of this balance gives rise to ill health and disease. Within this understanding, therefore, diseases are understood as natural events, and as such can be alleviated using natural means which could restore the balance in the body. Such natural treatments often include a change in habits, such as one's diet, and the use of medicinal plants and herbal remedies.

Interestingly, although in this understanding disease is essentially a physical phenomenon, a healthy mind is also seen as essential in maintaining a general state of health. This is since in traditional Iranian medicine there is no strict separation between mind and body, and rather, the two are seen as interdependent, and influencing one another. As such, stress factors such as worry, anxiety and unhappiness are seen as states of ill-health of the mind, which can threaten the healthy state of the body. Stress is further seen as an important factor, through which many physical symptoms and sicknesses, such as headache, back pain, fatigue, and blood pressure, can be accounted for and treated. With such importance, various stressors in life are identified as the ultimate 'causes' of disease. These stressors can be due to pressures from the environment such as work, relationships or studies, as well as from more abstract sources such as jealousy or The Evil Eye (Loeffler, 2007). It is acknowledged that stress cannot be avoided altogether in life, and therefore one should aim to deal with stress in such a way as to maintain one's state of health. It is

believed, therefore, that the drugs prescribed for diseases caused by stressors merely treat the symptoms and leave the root cause of the illness intact. Thus, “dealing with stress, learning to cope with it or avoiding it altogether, is considered to be a more satisfactory and desirable treatment than pharmaceutical remedies allopathic doctors recommend” (Loeffler 2007, p.56).

Within this conceptualisation, although the environment is a key element in the understanding of health and disease, these latter are ultimately understood in physical terms. The emphasis on the body and maintaining a humoral balance is such that psychological states, such as emotions, can also be understood in physiological terms. For instance, “anger is the boiling of the blood in the heart and the movement of the natural heat, which is sent outward to the rest of the body; it can be seen by redness in the eyes and a flushed face” (Dols, 1992, p. 64). Such a characterisation is important, because by giving a physiological account of how emotions come about, traditional medicine defines a close relation between physical and psychological states. Such a relation, in turn, can be used in treating diseases, of psychological and emotional nature, as well as those primarily affecting the body. As Dols shows, in this understanding, “emotional states were, thus, able to influence directly the qualities in the body. Like food or drink, emotional states, such as happiness or anger, could be induced in a patient to counteract a humoral imbalance or physical condition” (Dols, 1992, p. 159). The conviction that psychological and emotional states can also be understood in physical terms, implies that purely mental diseases, if in existence, are incurable, since treatment is only a viable option for diseases of the physical body, which can be observed and examined. For instance, Ibn-Sina claimed that “people who imagine they can cure effeminate homosexuals are singularly stupid. For this is a mental –not a physical– disease” (Dols, 1992, p. 97).

The continuous prevalence of this understanding of health and illness has an undeniable effect in shaping experiences of depression in Iran. This influence is not limited to how Iranians understand depression and their experiences of it, but is also seen in the social understanding and judgments towards depression and those suffering from it (chapter 5), as well as in the experience of somatic symptoms and the embodied experience of depression (chapter 7).

2.3.2. Iranian ideal character types

The second important element in shaping Iranian conceptions of depression and modes of encountering it, is what is considered to be an ideal kind of person in Iranian culture. Although there are gendered differences in such an ideal, informed by the sociocultural norms and expectations of men and women, some ideal characteristics apply to both genders. The concern here is in the large part with values that are thought to be essential for a good person, regardless of their gender. As it will become clear in the analysis in later chapters, this aspect plays a role in shaping interpersonal relationships, social judgements of depression, and the resulting behaviours and attitudes in individuals (chapters 5 and 6).

There are two extremes in the stereotypical character traits among Iranians, as observed by Bateson and others. One, a constellation of negative traits, is often mentioned when Iranians are criticising their society. These negative traits, portraying an image of an individual as calculating, opportunistic, and insincere, are often attached to people with power, who have historically been mostly men but increasingly include more women, due to their financial situation, or socio-political status. Such a characterisation attaches to the individual as a central characteristic, "a hidden purpose, a discontinuity between behaviour and intention" (Bateson, et al., 1977, p. 262).

In contrast with these traits, there are certain qualities that Iranians value in themselves and in their intimate circle of friends and family. In this category, traits such as honesty, kindness, modesty, sensitivity and being emotionally responsive are among the most mentioned. Given the influence of religious teachings, and especially Shi'ism, in Iranian culture, these positive traits are often attributed to religious figures and in particular to Hazrat-i Ali, the first Imam of Shi'ite Muslims: "Hazrat-i Ali is the perfect man, and all virtues are ascribed to him" (Bateson, et al., 1977, p. 263). Although there are various role models in Shi'ism, both male and female, who are

adhered to[5], Hazrat-i Ali stands out as one of the most powerful of these, due to his positioning in Shi'ite Islam – as the first Imam hand-picked by the Prophet. In addition, a relatively large body of his written work has been preserved. These written letters and sermons, together with oral stories about him, detail not only his thoughts and ways of governing, but also his morale and conduct which make him a role model for a large part of Shi'ite Iranians.

At the heart of the specific traits attributed to Imam Ali, is a sense of purity of the heart and integrity, termed *safā-yi bātin*. It is this characteristic that can be found at the centre of the positive valuations of an individual's character, and what individuals would aspire to.

Safā-yi bātin, literally translated as 'inner peace' or 'inner tranquillity', has embedded within it an important distinction made by Iranians in judging one's personality and character, namely between the interior and exterior of one's behaviour, what one appears to be and how one actually is inside. This dichotomy is seen in different terms and in different judgments of individuals, rooted in the religious teachings that preach good intentions (*niyyat-i khayr*), a good character (*sīrat*) as well as a good face (*sūrat*). In this characterisation, negative judgments and criticism towards individuals often take the form of an attack on their character, for failing to have purity of heart, thereby causing and manifesting a discontinuity between intention and behaviour. As such, *safā-yi bātin* functions both as an aspect of many Iranians' self-image, or a trait they aspire to, as well as being the characteristic expected to guide personal relationships.

Purity of heart, or *safā-yi bātin*, therefore, can be thought of as the most important marker of what Iranians consider to be a good person, and the ideal character type to aspire to. It should be noted that the person identified with *safā-yi bātin* carries certain other desirable qualities as well. For example, such a person has a certain depth of character, is self-reflective, and is aware of the goings-on around her. This

[5] Examples of such female role models include Fatemeh, the Prophet's daughter and Imam Ali's wife, whose purity of character, innocence, power to stand up to injustice, and support and care for her family are among her most celebrated personal characteristics.

characteristic is associated with religious figures such as Imam Ali, and therefore there is often the expectation that a person with this attribute would also be a devout Shi'ite. However, increasingly this association and the resultant religious expectations are replaced with general non-religious moral standards. What does remain, is the association of such a person with other morally superior characteristics, seen both in Islamic teachings and in broader Iranian conceptualisations. Notably, such a person, with her depth of character, honesty and appreciation of the ongoing fight between Good and Evil that constitutes life (see §2.4), and with her inner peace and purity, seeks to be 'good' in the spiritual and immaterial way that is celebrated in religious figures.

Understanding this cultural way of evaluating one's character and personality is important for the discussion at hand for two main reasons. First is the association of the valued characteristics with religious figures, which signals the cultural tendency of measuring oneself up against these figures. As will be seen later on, the adherence to these individuals makes the case for their teachings forming part of the cultural consciousness. As such, their teachings have a role to play in understanding part of the cultural sources of variation in experiences of depression and their articulations. Secondly, these cultural modes of evaluation play an important role in social and interpersonal relationships and the way these are disrupted in depression. As I will show, the dynamics of the breakdown of interpersonal bonds can in part be analysed with reference to such modes of evaluation and judgements of character.

2.3.3. Causal attributions in the cultural context

It is noted in the psychological literature that members of collectivist societies are more likely to attribute the cause of events in their lives, especially the negative ones, to an outside source (e.g. Choi, et al., 1999; Carpenter, 2000; Triandis, 2002). This externalising approach is in part due the conception of self in these societies as dependent on the collective group, which has consequences for ascribing responsibility for a certain action or event. Iran, as a collectivist culture and society, is not an exception to this idea. This characteristic in Iran, however, goes beyond the

individual persons' ideas of causes of events in their lives, and has been discussed in theories about the broader Iranian identity and culture.

Among Iranian modern intellectuals who attempt to analyse and understand historical events and their consequences, almost always the causes of misfortune and lack of success have been attributed to external forces of influence; whether through waging war, or more insidious forces of Imperialism. The few intellectuals who have not followed this trend, stand out as especial cases, such as the writer and thinker Sadegh Hedayat (e.g. Hedayat, 2002).

Despite their influence, it would be a mistake to see these conceptions as unique to intellectuals. They have rather formed part of the dominant discourse among public figures, including politicians and policy makers, and, more importantly, the general public. For instance, in popular culture, the supposed decline of the Iranian nation as a whole is often attributed to the Arab invasion of the 7th century, and later to the influence of 'the English' (as seen in the immortalised novel of Iraj Pezekshzad, *My Uncle Napoleon*). This cultural way of encountering 'the Other' and the almost instinctive and automatic attempt to guard oneself against it, arguably has its roots in ancient, pre-Zoroastrian worldview, where the distinction between Self and Other is between *Iran* and *aniran* (non-Iranian). This differentiation has carried over through history and been maintained in the dominant belief system of the country:

> In Zoroastrian texts, and with a remarkable resonance later in Shi'i Islam, such differentiation carried important political implications. In the cosmic struggle between forces of the good supporting Ahuramazda (the God of Wisdom) and forces of evil supporting Ahriman, the Iranians are naturally perceived as being on the side of the good. That meant that they had to be constantly on guard against impurities and evil pollutants that originate from the aniran. If left unchallenged, these alien forces were to prevail either by violent means or through deception, that would corrupt the believers' communal and individual bodies. (Amanat, 2012, p. 11)

This brief exposition serves to show that the causal attribution of an event, especially a negative one, to a source outside of oneself, whether an individual self or as part of

a bigger national self-identity, is not merely the result of the collectivist nature of the society but is a more general cultural tendency. Furthermore, certain parallels can be drawn between this conceptualisation and the ideal character types seen in the previous section, where the suspicion of a powerful Other not only guides one's encounters with others, but also forms the basis for distinguishing one's inner peace and purity of the heart from the Other's dishonest hidden intentions.

2.3.4. Conceptualisations of depression in questionnaire responses

The three elements explored here as influencing the Iranian conceptions of depression, are indeed reflected in the responses to the questionnaire, particularly in how respondents define depression, and what they see as having caused their depression. In instances respondents view depression as an 'illness of the soul', or a state of 'unbalance' in the soul, since depression is rarely associated with physical symptoms, and is seen as distinct from physical illnesses.[6]

> #1(F) – When the state of one's soul (*hāl-e roohi-e ādam*) becomes unbalanced and goes towards a continuous (*mostamar*) sadness (*ghamgin shodan*), it is depression.
>
> #19(F) – Depression is illness of soul and spirit.
>
> #22(F) – Depression is an illness of the soul and problems in life caused me to become depressed.

Alternatively, there are those who, in line with the conceptualisation of health and illness in traditional medicine, view depression as rooted in physical disturbances that influence one's mind.

> #2(M) – [Depression is] a physical process that happens in the body and ends in depression or as some might say, problems of the soul.

[6] This is despite the prevalence of complaints of somatic symptoms among the Iranian sample. I will look at these symptoms more closely in chapter 7.

#21(F) – [Depression is caused by] diet and [genetic] inheritance – my mother has depression.

A significant number of respondents identify external causes for their depression, among them environmental stressors that are hinted at in traditional medicine conceptualisations. There are also cases where other people, their bad behaviour and/or intentions are seen as bringing about depression, highlighting the idea of one's inner purity being tainted by external forces.

#16(F) – In the process of getting divorced and when I was engaged I endured difficult circumstances and that caused my depression.

#17(F) – I became depressed after failing the Konkour [national university entrance exam] and the death of my fiancé.

#20(F) – Death of the dear ones has caused my depression, the pitying and humiliation because of this sadness has caused it. That I used to go to the cemetery and cry, and that others humiliated me for this caused my depression.

#33(M) – Depression [is], unsuccessfulness, being suppressed financially and physically, emotional incidents, and lacking support network. Not having a job or an investment, not having social insurance, losing the dear ones [has caused my depression].

#37(F) – [Depression is] Not believing in oneself, having stress, of course in occasions which are not really under anyone's control.

#42(M) – Depression is a mental pressure, which is injected into one as a result of problems in life.

2.4. Sadness, Dysphoria, and Conception of Life in Iran

As noted in §1.1, one of the central conclusions Good and Good draw from their observations in Iran, is that sadness and dysphoria are valued emotions in Iranian culture, and even encouraged: "Dysphoria – sadness, grief, despair – is central to the Iranian ethos, an emotion charged with symbolic meaning" (Good, et al., 1985, p. 384).

This claim defines a cultural framework for understanding depression in Iran, since it presents a case where the boundaries between what is considered normal and pathological are blurred. The centrality of sadness and dysphoria in Iran is based on observations of cultural and religious rituals, as well as works of literature. Good and Good argue that the importance of dysphoric affects and experiences pertaining to them, as seen in Iranian culture, find meaning within two frameworks; "one associated with an understanding of the person or self, the other with a deep Iranian vision of the tragic", as expressed in various cultural mediums and interpretations (Good, et al., 1985, p. 385).

Whilst I agree that various cultural rituals and mediums are concerned with some form of dysphoric affect, I disagree that the presence of sadness in these occasions is a sign of the positive cultural valuation of this affect. The importance of sadness and dysphoric affect, I argue, should rather be seen as a consequence of the cultural conceptualisation of life. Granted that the status of such emotions has notable implications for the conceptualisations and experiences of depression in Iran, it is important to understand the significance and place of these emotions within the cultural context. In what follows, I will show that in various domains, including religion, literature, and interpretation of history, although sadness and dysphoria have a special place, it should not be concluded that these emotions are valued for their own sake.

2.4.1. Shi'ism

As noted in §2.1, Shi'ism represents the most widely held belief and value system in Iran. Good et al. observe that "the core of Iranian Shi'ism embodies a vision of the tragic and of grief as a religiously motivated emotion" (Good, et al., 1985, p. 387). This claim is rooted in observations of the religious ceremonies and rituals, which take place on a regular basis in Iran.[7] Although some of these events are joyful and celebratory (e.g. Mid-Sha'ban, Mab'as, Eid al-Fitr), the majority (and the most important) of the ceremonies and rituals are aimed at commemorating the lives lost,

[7] It should be acknowledged that most of these events are supported by the state, ensuring the regularity of the events, as well as the wide reach of them around the country.

of the prophet as well as the Imams, and are thus centred around feelings of loss, grief and sadness. The latter group of religious occasions make up the main part of public religious ceremonies seen in Iran, with a considerable public participation. Based on the observation of these events, Kleinman and Good claim, "For Shi'ite Muslims in Iran, grief is a religious experience, associated with recognition of the tragic consequences of living justly in an unjust world; the ability to experience dysphoria fully is thus a marker of depth of person and understanding" (Kleinman & Good, 1985, p. 3). It is important to emphasise that the grieving and sadness associated with these events is not limited to that of the loss of a person, religious or otherwise. Rather, the lives and individuals commemorated symbolise the broader cultural ideal, namely the sacrifices made by the forces of Good, in the fight between Good and Evil.

The most important of the rituals for Shi'ite Iranians is one commemorating the death of Imam Hussein, the third Imam of Shi'ite Muslims, whose tale of life and death symbolises bravery and fighting for justice in a world of injustice (Fischer, 1980). On the day of Ashura, the third Imam and his army of 72 fought against an army of thousands in the Battle of Karbala and the war ended with the death of Hussein and all of his men. In the rituals commemorating these events, the tale of the battle of Karbala is told and retold through different mediums such as public performances (*ta'zieh*) or mourning ceremonies (*hey'at-e azādāri*). Hundreds of people attend these ceremonies, to hear the tale of the battle and the sacrifices made by Imam Hussein and his followers, while weeping, beating their chests and grieving. Despite the differences in form and shape, the common factor linking all of these ceremonies together is the public display of sorrow with large groups of people participating in them. It is this factor, whose observation leads researchers to conclude that such religious ceremonies are a public manifestation of a personally felt sadness, one that is static in nature and thus ready to be publicly expressed routinely.

I suggest that, despite appearances, what is more fundamental than the public display of sadness and sorrow in this and other similar events, is the emphasis placed on the fight between the forces of Good and Evil. What is relived in the ceremony of Ashura, is the remembrance of the bravery and the values held by the Imam and his willingness to die for these values. The battle of Karbala is the ultimate representation of what

Iranians take to be the very essence of life itself, i.e. a fight between the forces of Good and Evil. And Hossein, as one of the most adhered to role models for Shi'ite Iranians, represents the good person fighting this fight, suffering inevitable pain in his efforts to be on the side of good, battling evils of injustice, unfairness, and cruelty. Viewed in this way, the annual ceremonies commemorating this battle act as reminders of the injustices and evil that exist in this world, and of the fact that being good is inevitably accompanied by pain and suffering and sadness. Understood as such, it is not the case that the religious ceremonies and rituals provide a platform for the display of sadness. Rather, sadness is construed as the necessary consequence of being on the side of Good, in the eternal fight between Good and Evil.

The notion of Good and Evil is emphasised in various religious texts and teachings, and thus is part of the religious culture of Iran. However, this understanding is not limited to the religious domain, and rather is part of the broader cultural conceptualisation of life, which can be found in Iranian culture long before it endorsed Islam.

2.4.2. Persian poetry and literature

As explained in §2.1, works of literature can be thought of as another pillar of Iranian culture, along with religion. Good et al. view the exploration of dysphoric affects in works of literature as another indicator of the centrality of sadness as a valued emotion in the Iranian culture. They specifically examine the modern secular literary works, as "they explicitly explore the boundary between pathology and a valued sense of tragic, exploring the meaning of despair, pathological grief, and suicide" (Good, et al., 1985, p. 389). Although these themes are indeed present in the most influential works of Iranian literature in the 20th century (which will be explored in more detail in chapter 4) it is again important to understand the cultural context within which such themes find meaning. Similar themes of the tragic, grief, and loss have been present in Iranian works of literature throughout history, within the broader conception of life as a fight between Good and Evil. These themes can be found in the ancient religion of Zoroastrianism, especially in the Gathas – the hymns at the heart of the religion –, as well as in ancient Persian mythologies. It is from such starting points that the themes are seen in works of literature over the centuries.

An instance of where this cultural conceptualisation is seen in works of literature, is in *The Book of Kings (Shāhnāmeh)*, dubbed "the national epic of Persia" (Encyclopaedia Iranica, 1999). Written by Ferdowsi around the 10th century, the work revisits ancient Persian mythologies, but with real mortal people in place of the forces and the ancient gods. The epic tells stories that are often concerned with tragedies of loss, grief, injustice and war, which find meaning in the eternal fight between forces of Good and Evil. The most well-known and influential story in the book is what is arguably the most sorrowful of all, telling the tale of a father and son, symbols of bravery and chivalry, who have to endure immense suffering. Sohrāb unknowingly enters a battle with his father, Rostam, and gets fatally wounded. After realising that he has wounded his own son, Rostam tries to find an antidote to heal Sohrāb, but the medicine arrives only after Sohrāb's death. Now Rostam, who is portrayed as incredibly strong and unbeatable, is filled with sorrow, guilt and grievance. The depiction of these feelings is a detailed and powerful account, comprising, similar to the religious tales, the themes of grievance and loss. And similar to the religious tales, these themes find meaning in a broader context of the fight between Good and Evil, where a person who is a symbol of bravery and strength, falls victim to a conspiracy of a few thirsty for power. It is within this broader theme that the truth is kept from Rostam, and he is made to endure the guilt of killing his own son, and the grief of his loss.

The theme of the war between the forces of justice and injustice and the resulting sacrifices is also seen in the *Book of Kings* in the story of the death of Siāvash. He is one of the most innocent characters in the epic, who falls victim to the jealousy of others. Despite proving his innocence over and over again, Siāvash becomes the victim of an elaborate plot that results in his painful unjust death. He, who believed in his innocence and was filled with love, refused to fight, and the other side, deceived by the jealousy of its people, took him away and brutally took his life. The account following his death is not only concerned with the state of the world that has taken the life of an innocent man, but also the shame and guilt and grievance felt by the deceived side upon knowing the truth. The emphasis put on righteousness and innocence, together with the appraisal of truth and condemn of jealousy, makes clear certain parallels with the religious ceremonies. The aim of retelling the stories,

whether of the fictional battles in the *Book of Kings*, or those of the religious figures is one and the same: the commemoration of forces of good. The sadness and the sorrow at the centre of these tails, come from seeing and appreciating the suppression of these forces of good.

Themes of sadness and dysphoria found in the more recent works of literature, also find their meaning within this broader conception, albeit they approach the matter from a different perspective. Good et al. look at the example of a 20th century novel, *The Blind Owl* by Sadegh Hedāyat, which explores themes of sadness and melancholy from a social perspective. Here, the concern is with the fight of an individual for authenticity, in the face of a society that limits him, causing him suffering and despair. The concern here is the same as the early works of literature, and the religious ceremonies. Life itself is construed as a fight between Good and Evil, manifested in different forms – unjust war, struggle of individual vs the society, etc. –, with those on the side of Good facing inevitable sadness and suffering.

2.4.3. Iran in the 1980s

As Good et al. argue, another domain where the emphasis on sadness and dysphoria can be seen in the Iranian culture, is in the interpretations of historical events. In particular, they view the death of Imam Hossein and the rituals for commemorating him, as an instance where the emphasis on sadness can be seen with regards to interpretations of a historical event. Taking the more recent example of the war between Iran and Iraq, I would argue that interpretation of historical events is done against the backdrop of cultural conceptualisations. As such, it should not be surprising that similar themes, as those in the works of literature and religious ceremonies, are seen in such interpretations.

As seen in §2.1, Iran suffered huge numbers of casualties during the war and many of the army veterans returned with lifelong injuries. During the war, the length of battles was justified by appealing to the fight between the forces of Good and Evil, with the Iranian side unquestioningly on the side of the Good (see §2.3.3). The official discourse after the war, continues to make this association, aiming at keeping the memories of war alive, whilst sanctifying the horrors of war. For instance, the tales of those killed

in the war were made into compulsory school curricula – most famously the story of Hossein Fahmideh, a 13-year-old who was killed at the beginning of the war. Giant murals of those killed in the war were put up on streets and highways (and remain until the present day), and roads and alleys everywhere are named after those killed. Within the dominant discourse, the confrontation with Iraq has never been a 'war', but 'The Holy Defence', and those killed are not 'casualties' but 'martyrs'.

Various national ceremonies commemorating the sacrifices of war and the lives lost, emphasise the same themes as those visited in the religious ceremonies, namely the eternal fight between Good and Evil. It is true that Iran suffered heavy losses and destruction, but these are justifiable since Iran was the one fighting on the side of Good, and as such, the loss and suffering was not only inevitable, but remains something to be proud of. By keeping the memories of war alive, therefore, the public is reminded, not only that there is an eternal fight between forces of Good and Evil, but also that being on the side of Good brings with it inevitable pain, suffering and sadness. Thus, by encouraging people to be on the side of Good, the inevitability, and the desirability of suffering as a sign of moral superiority, is emphasised.

The significance of this analysis is twofold. First, as has been made clear, is the refutation of the claim that sadness and dysphoric affect are valued in the Iranian culture. As I have shown, it is a mistake to take public displays of sadness, and the emphasis on these emotions in other domains of Iranian life, as a positive valuation and encouragement towards such feelings for their own sake. Rather, this emphasis finds meaning against broader cultural modes of understanding and interpretation. The inevitable sadness that one endures by attempting to be good, is seen as meaningful and significant. It is valued because it signals the individual's good intentions and pure heart (which are culturally valued as discussed in §2.3.2.). And it is the fact that this kind of sadness is meaningful that distinguishes it from what is to be considered as abnormal, meaningless, and pathological.

> #41(F) – Depression is very different [to sadness and sorrow]. Other forms of sadness have a clear reason, but in depression one gets confused and loses the reason.

> #39(F) – Depression is very different [to sadness and sorrow], it brings seclusion/isolation and you are sorrowful all by yourself. But one can tolerate sadness and sorrow, and can leave it to God.

Secondly, the analysis highlights the cultural conception of life as an ongoing, and never-ending fight between the forces of Good and Evil. As it will become clear through the course of the thesis, this cultural conception is noteworthy as a powerful cultural framework, against which various experiences find meaning, and are made sense of. Furthermore, the observation that as a broad cultural conceptualisation instances of this understanding can be seen in different forms and in different domains of life, highlights the importance of acknowledging this conceptualisation in a study concerned with Iranian cultural frames of thought and understanding. Indeed, in exploring the influence of culture on experiences of depression, the understanding of life as a fight between Good and Evil, can be shown to be a recurring and important cultural influence.

2.5. Conclusions

What I have aimed to do in this chapter, is to give a context for the discussions and analyses presented in the later chapters. As I will show, each of the themes touched upon here, present important elements against which the experiences and debates around depression as seen in Iran find meaning. The demographic make-up of Iran has important consequences for the attitudes and frames of reference that different social and age groups have in understanding depression. Cultural elements such as traditional medicine, ideal character types, and cultural modes of causal attributions have shaped the Iranian conceptions of depression, while the changing emphasis on the approach to psychiatry and public discourse, has influenced Iranians' understanding of psychiatry and their expectations of practitioners and different treatments. Whilst the different cultural, religious, and historical elements have led to various ways of defining and understanding depression, the interrelation of these elements is played out in the way depression is experienced and made sense of in the culture. The conceptualisation of life as an ongoing and eternal fight between the forces of Good and Evil, and the perception and aspiration of oneself being on the side

of Good, has tangible influences on the way in which Iranians understand and interpret various aspects of their experience of depression. And furthermore, this conceptualisation underlies the distinctions Iranians make between the normal sadness and suffering that is seen as an inevitable part of being Good, and the pathological feelings experienced in depression. With this framework for meaning-making and understanding in mind, and making use of the different elements detailed here, in the following chapters I will attempt to make sense of the Iranian experiences of depression and how they compare to those seen in the UK.

3. Metaphors of Depression

3.1. Introduction

One of the notable features of the questionnaire responses is the use of metaphors in describing personal experiences of depression. The place of metaphors in our language and everyday lives is an integral one, and this is not solely the result of the common appearance of these in our poetry and works of literature. Metaphors are "pervasive in everyday life", not just because they provide us with a tool to talk about abstract ideas, or to convey feelings and emotions that are difficult to convey in ordinary language, but also because "our ordinary conceptual system, in terms of which we both think and act, is fundamentally metaphorical in nature" (Lakoff & Johnson, 1980, p. 3).

This centrality of metaphor in our way of thinking about ourselves, our experiences, and the world we live in, can also be seen in experiences of illness (e.g. Sontag, 1990), and is of special interest in the case of mental illness. This is due to the fact that experiences of mental illness can, in instances, be so alien and unfamiliar that, ordinary language would fall short of providing an accurate description of the experiences. Understanding the use and significance of metaphors in narratives of depression is therefore of utmost importance, both for diagnostic purposes, and for interpersonal communications of experiences of depression. As an illness situated at the intersection of physical, emotional, and cognitive realities, and carrying symptoms within each of these domains, depression gives rise to complex experiences. The complexity of these experiences often has consequences for the narratives of depression; the way we understand and know it, and the way those suffering from depression attempt to describe and explain their experiences. As Kimberly Emmons notes, the definition of depression does not follow a universal and straightforward equation-like format, one that is easily understood, and has universal implications for any individual experiencing it. In the absence of such straightforward definitions, and "[w]hen equations fail, metaphoric and figurative language often provide an alternative mode of explanation" (Emmons, 2010, p. 94).

The use of metaphorical language in talking about depression is seen in various domains concerned with depression; such as in pharmaceutical company marketing and in texts directed at medical practitioners. But of concern here are the metaphors used specifically by patients in expressing and describing their experiences of depression. A look into the formation and the use of such metaphors can be informative of different elements in experiences of depression. Understanding the use of metaphors can illuminate, for example, the perceived nature of depression (e.g. a scary intruder as seen in characterisations of depression such as 'The Beast' by Tracy Thomson (1996)), and the change in one's perception of the world, brought about by depression (e.g. as falling in 'darkness' or the world 'losing its colour').

Metaphors can be informative about the cognitive structures of our minds and modes of thinking (as noted by Lakoff and Johnson), as well as the culture-specific domains of knowledge and belief against which the metaphors sometimes find meaning. A shared history can lie at the heart of the formation and use of a metaphor across cultures, while different cultural, physical, and environmental experiences can give rise to metaphors unique to the context in which they are used. There are further questions arising from the analysis of metaphors used in describing experiences of depression across cultures: what does the variation in metaphors tell us about depression itself, as experienced across cultures? Does the variation in metaphors used in description amount to differences in how depression is experienced across cultures?

I will be looking at metaphors used by patients with depression in Iran in describing their experiences of the illness, comparing these to the metaphors used in the US and UK. Needless to say, the differences and similarities I will be looking at will be more conceptual ones, rather than purely linguistic ones. Where appropriate, I will be tracing the metaphors back to a possible cultural, social, or experiential source and examining whether the message conveyed through these metaphors points to a variation in experiences. In the first instance, however, I will look at some metaphors used in describing experiences of depression which are thought to be universal, thus shared among depressive patients across different cultures.

3.2. Universal Metaphors of Depression

McMullen and Conway (2002) studied metaphors as used among patients suffering from depression in the US. They closely examined audiotaped therapy sessions of over four hundred patients. McCullen and Conway adopt a cognitive-linguistic framework for metaphors, and reduce the often-varied wording and form of metaphors, into basic conceptual metaphors. These basic metaphors, McCullen and Conway argue, can be traced to the various ways of thinking about depression and the way these have evolved historically. Given their basic conceptual nature, therefore, they argue that these metaphors are universal and thus commonly used across different cultures. Before proceeding to detail these metaphors and their use, some details of the cognitive-linguistic framework for metaphors and how it accounts for the formation and the use of metaphors, as adopted by McCullen and Conway in their research, needs to be in place.

3.2.1. The cognitive-linguistic framework of metaphors

This framework for the understanding of metaphors, originally put forward by George Lakoff and Mark Johnson, emphasises the cognitive significance of metaphors. According to this account, "metaphors are pervasive in both thought and language" because the ways we conceptualise our experiences are fundamentally metaphorical (Lakoff & Johnson, 1999, p. 45). On this account, given the vast scope of our "subjective mental life" (Ibid.), which includes the subjective judgments that we make about abstract notions such as importance, morality, similarity, etc., as well as our subjective experiences of desires, emotions, affection, etc., we often need to make use of metaphors in articulating and communicating such experiences and thoughts to others. Thus, it is argued, "much of the way we conceptualize [these experiences], reason about them, and visualize them comes from other domains of experience" (Ibid.), namely, our sensorimotor experiences of, and in, the physical world. In this sense, then, metaphors are seen as a mapping from some target domain, often understood as an abstract conceptual domain, to a source domain, construed as a more physical one. For example, we conceptualise the understanding of an idea, as a subjective experience that is construed in abstract terms, in terms of grasping an

object, which is based in our sensorimotor experience in the physical world, and talk of 'grasping an idea'.

The cognitive-linguistic account of metaphors makes use of various theories in order to account for the complexity in the construction, as well as the use of metaphors. The account is constructed in four parts: the conflation of concepts in the course of learning, the construction of complex metaphors from primary ones, the neural component in the construction of metaphors, and the conceptual blending of metaphors (Lakoff & Johnson, 1999). I will briefly look at how these components are put together to frame the cognitive-linguistic account of metaphors.

Within the cognitive-linguistic framework, "metaphors are based on embodied human experiences" (Kövecses, 2005, p. 2), which are often traceable to our experiences in childhood. According to 'the theory of conflation', associations between our non-sensorimotor subjective experiences and sensory experiences are developed very early on, during the time when the two types of experiences are conflated. Although later on we do indeed differentiate between these two forms of experience, the associations built up during the conflation period remain with us and form the basis for *primary* metaphorical conceptualisations (Lakoff & Johnson, 1999, p. 46). An example of this kind of conceptualisation is the primary metaphor AFFECTION IS WARMTH (small capital letters denote concepts rather than words). Understanding affection in terms of warmth, can naturally be understood in terms of our embodied experiences and the theory of conflation. This is since, for an infant, the experience of affection is often concurrent and correlated with the sensory experience of warmth and being embraced by the parents. This correlation of the two experiences means that the two are undistinguished from one another during the period of conflation, when associations between affection and warmth are built up. According to this theory, these associations remain in place in our minds even after the experiences are differentiated and form the basis of the way we conceptualise affection, leading us to speak of '*warm* smiles' or 'having a *warm* relationship'. Primary metaphors formed in this way, it is argued, are most often universal in their use, since they arise as a result of universal experiences. Although it is conceivable that these metaphors do not

appear in each and every culture, it is argued that their use is widespread enough for them to classify as universal metaphors.

According to Lakoff and Johnson, primary metaphors, with their minimal structure, arise "naturally, automatically, and unconsciously through everyday experience by means of conflation, during which cross-domain associations are formed" (Lakoff & Johnson, 1999, p. 46). The construction of primary metaphors in this way is aided by the neural activities in the brain. It is argued that during the conflation of experiences in childhood, the associations arise via "neurally instantiated correlation" between the sensorimotor and subjective experiences, so that the conflation of the two is the result of "simultaneous activation of the respective neural network" (ibid, pp.54-55). Following this account, then, the neural connections established in the period of conflation "project" inferences "from the sensorimotor *source network* to the subjective judgment *target network*" (ibid., p.55), thus forming the basis for the mapping of primary metaphors. It is through this network of cognitive and neural learning that the conflations of domains of experience form the basis for the future learning and developing of primary conceptual metaphors. This is since, in the differentiation stage, domains of experience that were previously seen as concurrent and correlated "are differentiated into metaphorical sources and targets" (ibid., p.49).

Primary metaphors are significant in this framework since, in addition to offering a way for placing metaphors within our conceptual framework, they also form the constitutive parts of more complex metaphors, which form a large part of our conceptual system, affecting the way we think and what we care about (Lakoff & Johnson, 1999, p. 60). These complex metaphors, in turn, and due to their pervasiveness in our thoughts, form the basis for further metaphorical combinations, both ordinary ones used in our everyday language, as well as poetic ones (Lakoff & Turner, 1989). The construction of complex metaphors makes use of two distinct, but closely connected theories. Based on the 'theory of primary metaphor', complex metaphors have a *molecular* structure, with primary metaphors as the *atomic* constitutive parts of the overall structure. The way in which primary metaphors are brought together to make complex metaphors, is through conceptual blending. This mechanism is in place when new inferences are constructed through connections that

are made across conceptual domains. In other words, this happens when we learn new long-term connections between experiences, which in turn "coactivate a number of primary metaphorical mappings" (Lakoff & Johnson, 1999, p. 49). As such, conceptual blending works by way of "the fitting together of small metaphorical 'pieces' into larger wholes" (Ibid.). The way in which primary metaphors 'fit together' to make complex metaphors is, to some extent, dependent on the culture where they are constructed. This is since the cultural models and/or the folk theories and belief systems guide the structure of complex metaphors, ensuring that they reflect the widely-held beliefs and ideas in the culture where they are formed.

An example of a complex metaphor constructed in this way in the American culture, as noted by Lakoff and Johnson, is 'A PURPOSEFUL LIFE IS A JOURNEY'. This metaphor follows the folk model in the American culture, partly influenced by the teachings of the Bible, that people ought to have a purpose in life and to act so as to reach that purpose, while those who do not have one, are seen as 'lost' and 'without a direction in life'. This cultural model itself is made up of primary metaphors: PURPOSES ARE DESTINATIONS, and ACTIONS ARE MOTIONS, as can be seen by the metaphorical statement of the cultural belief that 'People ought to have destinations in life, and they ought to move as to reach those destinations'. The final element constituting the complex metaphor is the fact that a journey is made up of a long trip to a series of destinations. In this way, the metaphor A PURPOSEFUL LIFE IS A JOURNEY is seen to entail "a complex metaphorical mapping" from the abstract to the physical, including A PURPOSEFUL LIFE IS A JOURNEY, A PERSON LIVING A LIFE IS A TRAVELER, LIFE GOALS ARE DESTINATIONS, and A LIFE PLAN IS AN ITINERARY. (Lakoff & Johnson, 1999, p. 61).

3.2.2. Four universal metaphors for depression

With this framework in mind, McCullen and Conway argue that the various formations and wordings of metaphors, most commonly used among patients suffering from depression, can be reduced to four basic conceptual metaphors. These metaphors, in addition to tracing the historical development of conceptualising and understanding depression, as will become clear, can be traced to the physical experiences of depression, and as such are argued to be universal. The first conceptual metaphor is

DEPRESSION IS DARKNESS, which takes various forms, such as likening depression to a cloudy, rainy weather, as well as the patients describing themselves as feeling *dark* or being *blue.* As McCullen and Conway put it, "inherent in these phrases is … the sense of decreased clarity of consciousness and pervasively negative attitude and affect that are two of the hallmarks of depression" (McMullen & Conway, 2002, p. 170). Additionally, these metaphors indicate the descent of depression upon the patient, seemingly autonomous and independent of the patient themselves. The second metaphor, often used to describe a sense of carrying a load around, is DEPRESSION IS WEIGHT. This metaphor is used to convey a sense of being weighted as felt in the whole body, rather than any particular part of it. McCullen and Conway see this as possibly amounting to not only a sense of being burdened, but also "of having one's freedom to move somewhat curtailed" (ibid., p.171). Similar to this is the metaphor DEPRESSION IS CAPTOR where patients communicate a sense of restriction, talk of feeling trapped by the illness and trying to break out and free themselves from it.

Despite the numerous variations of these metaphors, McCullen and Conway claim that these three metaphors only account for less than ten percent of all the metaphorical talk around depression, while the remaining ninety percent of instances of the use of metaphors is taken up by the most dominant metaphor: DEPRESSION IS DESCENT. This metaphor incorporates various expressions of being *low* or *down,* as the central descriptions of the patients' states, as well as "numerous metaphorical entailments or elaborations derived from our knowledge and experience of descent" such as the slow and difficult experience of pulling oneself up and out of an unwanted state or situation, after a quick and easy fall (ibid., pp. 171-2). As such, this conceptual metaphor fits in neatly within the framework advocated by Lakoff and Johnson in the sense that it conveys details of our knowledge and embodied experiences by means of mappings between the source domain and the target domain. These four metaphors also resonate with the embodied experience of depression, which will be looked at more closely in chapter 7.

One way of looking at the widespread use of the metaphor DEPRESSION IS DESCENT, is thinking of it as a fundamental, basic metaphor of emotions, insofar as depression includes emotional changes and manifestations in the patient. Seen within the

framework advocated by Lakoff and Johnson, the DEPRESSION IS DESCENT metaphor follows from the orientational metaphors of emotions. Lakoff and Johnson, as mentioned earlier, see primary metaphors as arising from our embodied experiences. In this sense, our primary metaphors for basic emotions, which are argued to be (largely) universal (Kövecses, 2000, 2005; Lakoff & Johnson, 1980), follow from our bodily sensations and posture when we experience them. For example, the primary metaphors of HAPPINESS IS UP, SADNESS IS DOWN have a physical bodily basis: "drooping posture typically goes along with sadness and depression, erect posture with a positive emotional state" (Lakoff & Johnson, 1980, p. 15). DEPRESSION IS DESCENT follows directly from the place of such orientational metaphors in culture, and incorporate within them the conceptualisation of depression as an undesirable, negative state, escaping from and 'pulling oneself out' of which requires immense effort and often proves difficult.

If the metaphor DEPRESSION IS DESCENT is indeed universal, then one would expect to find instances of it across different cultures. Indeed, in the case of depressed patients in Iran, there are various instances where people talk of 'falling into' depression, or trying to 'pull oneself out of' depressive states. In addition to indicating the embodied feeling of falling and being low, these metaphors also signify certain conceptualisations of depression as a dark pit or dungeon, which once one is fallen into, draws one in deeper. This sense of deep descent, together with the physical sensations like heaviness of the body, make the escape from this state ever more difficult. The presence of these metaphors in the Iranian sample further prove the case for the universality of this metaphor.

> #18(M) – My depression world is like I have fallen into a dungeon/oubliette (*siyāh-chāl*).
>
> #13(M) – [When depressed] I want to sink into blackness even more.
>
> FB#3 – … I am conscious that life in a city without sunshine, loneliness and being far from family and other personal elements have once again pushed me towards that black pit.
>
> #10(F) – [Depression] is like a marsh that every moment sucks you in deeper

Elements of the other three metaphors construed by McCullen and Conway as universal can also be seen in the above examples. Depression is viewed as a black and dark state which one falls into, and like a heavy weight pulls one in ever deeper. This way of understanding and describing depression further resembles the state of being captured by a force that does not allow for an easy escape. Although the metaphor of DEPRESSION IS DESCENT is more easily identifiable in the responses from the Iranian sample, some of the culture-specific metaphors used by the respondents also resemble the themes explored by McCullen and Conway, as I show in the following sections.

3.3. Culture-specific metaphors for depression

Given the discussion so far, and the prominent account for metaphors, namely the cognitive-linguistic framework, the question remains as to how we ought to account for culturally variant metaphors. The cognitive-linguistic framework for metaphors, seems to leave little room for cultural variation in metaphors, since for the most part the account is concerned with universal experiences and biological elements that factor into the construction of metaphors. Recall that in this account, the role culture plays in the formation of metaphors is limited to complex metaphors. Specifically, it is argued that cultural modes of thinking guide the way in which primary metaphors fit together to form complex ones. But primary metaphors are formed as the result of experiences which are themselves largely universal, such as the experience of the infant being embraced by her parents. And as Lakoff and Johnson argue in their account, "universal early experiences lead to universal conflations, which then develop into universal (or widespread) conventional conceptual metaphors" (Lakoff & Johnson, 1999, p. 46). If this were the case, one would expect to see that metaphors of depression across cultures are largely reducible to the few basic conceptual metaphors which are thought to be universal.

In what follows, I will present two examples of metaphors used by depressed patients in Iran. In the first case, I will argue, the cognitive-linguistic framework can indeed account for the variation, whereas in the second case, one needs to say more to account for the role of culture in the formation and use of the metaphor. Using these

examples, I will then seek to explain whether these instances of variation and universality tell us something significant about variation in experiences of depression across cultures.

3.3.1. Metaphors of colour

Talking in metaphors is customary in Iran, and it can be thought of as following from the long history of literature and poetry and their incorporation in everyday life and discourse of Iranians (as noted in §2.1). One of the most widely used metaphors is that of colours, which gives a certain quality to a given situation. Such use of colour metaphors can be traced back to at least the 12th century in the works of Rumi, where different colours are associated with different emotions, states of being and attitudes. For example, Rumi uses the colour red to signify, among other things, health and well-being, wealth and worth, and sometimes anger. Whereas green signifies life, nourishment and youthfulness, yellow is associated with shame, fear, and ailments. The colour black in these works is one often used to describe sadness, sorrow, mourning, and bitterness (Ansari, et al., 2012). Such use of metaphors of colours continues to be commonplace both in contemporary literature, as well as in everyday discourse. It should also be noted that the metaphorical power of colours does not come solely from the association they have acquired in works of literature, rather, some colour terms are inherently metaphoric, in virtue of how they are named. The colour grey, for example, *khākestari*, literally means 'of or relating to ash'. The metaphorical uses of this colour term, in turn, can be interpreted in ways that go beyond the associated meaning as a colour term. Similarly, in other cases where the colours are named after different entities, such as water (colour blue) or different flowers (variations of purple and red), they take on the metaphorical meanings associated with those entities themselves, which are found in the works of literature, idioms, and everyday language.

As such, given the wide range of meanings associated with colour terms, it is not surprising that they have found their way into the everyday language of Iranians. In this context, metaphors of colour are most often used to positively state the existence of a certain mood or emotion as felt by the individual, or to convey a certain way in

which the individual perceives the world. It is not uncommon, for example, for one to state that 'one's life has become black' (*roozegāram siyāh shod*) to state a disastrous state of one's being as a result of an event or a loss, or to wish someone to be happy and well by wishing them 'to be green' (*sabz bāshi!*). Given this outline of the place of colour metaphors in the Farsi language, I would argue that a look into the way these are employed by Iranians in describing their experiences of depression, can be informative in understanding what may be considered the dominant mood of depression, as felt by Iranians.

As noted in §2.3, previous studies on depression in Iran emphasise the importance of sadness and sorrow in the culture, and in experiences of depression (Good, et al., 1985). Given these findings and the use of the colour term black in signifying emotions of sadness and dysphoria, one would expect to find different descriptions of depression making use of this metaphor. However, the use of this colour term, rather than representing a common theme, was limited to only a few instances.

> #17(F) – The world seems black to me and I think it is not worthy at all. Every day is the same and repetitive … [the sadness] just becomes longer and like a black aura which takes over my whole being and entangles my whole life.
>
> #13(M) – [I felt] the story of my life becoming black.

In contrast, the most frequent use of the concept of colour in people's articulations of their experiences of depression seems to be different to the common way of employing these terms. Whereas in everyday contexts colour terms are employed to state and describe an *existing* mood or emotion, in describing their experiences of depression, Iranians mostly talk of 'lack of colour', 'fading colours' or the world 'losing its colour'. Furthermore, the fact that such statements can be seen with regards to various aspects of life in depression, such as ways of seeing the world and one's relation to it, as well as effects of medication, I would argue that these statements give an account of the mood in depression generally, as it is felt by Iranians.

> #1(F) – [When taking medications] sexual matters become colourless (*bi rang*) and even grotesque (*maskhare*).

#6(F) – [In depression] the positive aspects [of life] lose their colour (*kam rang*) and sometimes even vanish altogether.

#3(F) – […] in the end life is always a little bit interesting, but it can lose its colour (*kam rang*).

#10(F) – Life is vain (*bi-fāydeh*), colourless, tasteless and unreal.

#16(F) – [My relations with others] really faded in colour.

What is interesting here is the replacing of the usual use of colour terms as a descriptive tool and one that attaches certain qualities to different experiences and entities, with an image of the world with fading colours, or in some cases, a blank, colourless image where the existence of any attitude or feeling towards the world is uncertain. The metaphorical phrases used here are heavy in terms of the meaning they convey, as the images of a colourful vs. a colourless world are powerful in antithetical ways. A world full of colour is construed as one full of energy, representing emotionally meaningful possibilities and motivation to strive towards the future. In such an image the perception is one of a mobile world, where one can conceive of change, as opposed to being threatened by a mundane daily routine. This is while the colourless world is idle, and idly meaningless (the theme of meaninglessness will be explored further in Chapter 4). The atmosphere and mood in such a world is one of frustration, indifference and stillness. There is no motivation to move forward, since there is no perception of conceivable change. In such a world the only colour that could be seen is that of an enduring grey, if one counts grey as a colour at all.

#8(M) – [I feel] cold and grey.

FB#5 – [Depression] was grey (*khākestari*) … It was like a filter on my eyes. [Like] big grey eyeglasses that reveal a grey life.

These various elements of meaning embedded in these metaphors serve to give a good general picture of the mood in depression in Iran. This picture is further reinforced by the direct descriptions of inability to find meaning in life and everyday activities, by the lack of change, lack of hope, etc. What is further interesting, is the fact that sadness and sorrow are not emphasised as strongly as part of depression

experience. Lack of colour and the colour grey, which signify neutrality and idleness, rather than sadness, are used considerably more in the responses in describing the mood in depression, compared to the colour black which is often used in everyday language to convey a sense of sadness and sorrow. It seems, therefore, that one of the main constitutive parts of the experience of depression in Iran can be characterised through the ramifications of the perceived colourlessness of the world.

Depression is often portrayed in the UK and US with colours associated with sadness: black, and various shades of grey. Perhaps the most familiar example of such portrayal is the often-cited representation of depression as 'a black dog' which follows one everywhere (Johnston, 2007). Or, as seen in the study conducted by McCullen and Conway, as the grey colour we associate with cloudy and rainy weather. Indeed, I would argue that the metaphors of colour themselves can be understood in terms of the conceptual universal metaphor THE WORLD IS COLOURFUL. This conceptual metaphor can further be traced to our physical experience in, and of the world we live in. Due to our biological make up, and the physical properties of our visual system, people from different cultures, have access to the same colour palettes, and we all perceive the world as colourful. The cultural variation in these metaphors is seen in the association of different colours with different associations, with the universal conceptual metaphor intact. For example, whereas 'feeling blue' for English speakers means feeling sad or having a low mood, the colour blue in the Iranian culture, is often associated with the feeling of calm and tranquillity. This is while the colour black in both cases is associated with a sense of sadness, loss, and sorrow. As such, both similarities and differences in the use of colour terms could be said to arise from the conceptual metaphor THE WORLD IS COLOURFUL.

In depression, however, the cognitive and emotional change that one goes through amounts to an altered perception of the world, which, despite some differences in representation across cultures, remains an integral part of the experience of depression. The perception of the world in depression as grey, in some sense amounts to the alteration of this perception of the world, changing our ordinary experience of the world as colourful into a colourless one. In this sense, I would argue, the message conveyed by Iranians, when they describe their various experiences and feelings of the

world in depression as ‘colourless’, ‘faded in colour’ or ‘losing colour’ could indeed be equated with the message conveyed by patients in the US or UK, who talk of ‘cloudy’, ‘rainy’ and ‘grey’ world. This variation can also be seen to be due to certain geographical characteristics. The use of metaphors of rain and cloudy weather, in the US and UK, to signify the idleness of the world in depression can be traced to the abundance of such weather and the sense of familiarity and cultural associations with it which drive the metaphors. The absence of such metaphors in Iran, can in turn be linked to its different climate where rain and cloudy weathers are less frequent, and therefore carry a different symbology in the culture and a weaker sense of familiarity. I would argue, however, that despite the differences in the metaphors used to describe the prevailing mood in depression, the basic experience of depression that is conveyed in these different metaphors remains the same. In other words, the basic metaphor DEPRESSION IS COLOURLESSNESS can be extracted from both sets of patients. This metaphor arguably arises from the observation that there is a basic existential change (Ratclife, 2008; 2015) in the way one perceives the world around her in depression, in ways that amount to feelings of idleness, lack of motivation and the struggle to find meaning, in a world that was previously seen as colourful and one that presented itself with various possibilities.

This way of accounting for the variation in metaphors across cultures, points to the fact that one’s sensorimotor experiences can vary in accordance with the geographical and environmental context of the experiences. Such external variations, therefore, can give rise to various experiences that in turn give rise to variation in conceptual metaphors. As pointed out above, for example, the significance of rain in different geographical locations can give rise to different metaphors. In a country with a largely wet weather, rain can take on metaphorical meanings that capture the inconvenience of rain or the gloominess of a rainy weather. This is while in a different location where it rarely rains and the weather is largely dry, rain can come to symbolise happiness and fertility. A similar argument can be made for the dominant values in a society, which form the basis of cognitive conceptualisations of phenomena, which in turn give rise to conceptual metaphors. Thus, in a culture, such as Iran where sadness has a prominent place, metaphors of depression might aim to highlight other aspects of the

illness such as the prevalent sense of meaninglessness and idleness (see chapter 4), rather than the persistent sadness entailed in it. Such examples show that variation in metaphors across cultures, is not only found in complex metaphors which are formed in accordance with the cultural modes of thinking, but also in primary metaphors which are based in fundamentally different experiences brought about as a result of different cultural values, as well as environmental factors.

Indeed, there have been attempts within the cognitive-linguistic framework to modify the account in order for it to be more accommodating to cultural variation (e.g. Kövecses, 2005). Kövecses argues that there is much more to be done for the cognitive-linguistic framework to become a comprehensive account of metaphors, one which could accommodate the universality of certain metaphors, as well as their cultural variations. Although Kövecses leaves the scope open for various sources of variation, he argues that these can be broadly attributed to two types of causes. On the one hand, variation in metaphors can arise due to differences in our experiences, while on the other hand, our metaphors vary due to the variation in cognitive styles and preferences we use in the creation of abstract thought. One of the advantages of defining these two broad classes of causes is the large scope it leaves for the influence of culture, since variation in both experiences and cognitive preferences can arise, at least partly, due to variation in culture. However, there might also be a disadvantage in having such a large scope for variation, since personal variations could leave us with a theory of metaphor that is person-dependent: where meaning of metaphors are to be found through intimate relation with the person using the metaphors, rather than having a pre-defined basis for interpretation. This, in fact, would cause further problems, since part of the assumption behind the use of metaphors, is the existence of a shared space of meaning between people of the same social group.

What is undeniable, is the fact that there are indeed different ways of constructing, interpreting, and using metaphors. I could take a reasonable guess at the meaning of a metaphor uttered in a language and a culture where I am not a native, as I could understand the experience or the rationale behind the construction of it. However, the fact remains that some metaphors are so deeply rooted in the language and culture of a people, that understanding their message would be near impossible

without at least some inside knowledge of that culture. This observation can cause problems, especially in cases where the communication of emotions or the state one finds oneself in is crucial for one's wellbeing. In the next sub-section I will discuss metaphors of water, as used by Iranians in talking about their depression. This presents a case where an extensive knowledge of various historical and cultural trajectories is needed for the understanding of the metaphor.

3.3.2. Metaphors of water

The metaphor of colour can be seen as an example of a universal conceptual metaphor, one which has developed similarly in different cultures and thus can be used to convey similar meanings. However, there are other metaphors used in the description of depression, which arise from within the cultural conceptualisations and social settings and are thus not reducible to a basic universal conceptual metaphor. An example of such a metaphor, found in Iranians' descriptions of their experiences of depression, is that of water. I would argue that this metaphor should be classed as a cultural, rather than a universal cognitive metaphor. The story of how this element came to occupy a central place in the Iranian domain of metaphors needs to be told in order to serve as a justification for classifying the metaphor in this way.

In ancient Persian mythologies, water was the symbol of life and was seen as a holy entity from which every material thing was created.[8] In the pre-Zoroastrian mythology, it is said that following the creation of the heavens, Hormozd (the ancient Persian God) created the Earth and all within it from water: "such is said, that the first creations were all from water, except for the people and the animals, since these are descended from the essence of fire" (Bahar, 1997, p. 44 – my translation). From the story of the creation of the world from water, we find the first symbology of water in the Persian texts, namely one associated with creation and birth.

[8] This symbology of course, is not unique to Ancient Persia and is in fact seen in mythologies of Ancient Egypt, Babylon, and India.

The second mythological symbolising of water, which follows from the earlier one, is the association of water with second birth. This is since water is seen as "an archaic symbol of the womb and of fertility; also purification and rebirth" (Hall, 1994, p. 111). This rebirth does not only correspond to a second life after death (as is found in ancient Egyptian mythology), it rather encompasses any form of psychological rebirth and is thus representative of change in one's life. This sort of symbology is best seen in the Persian epic stories rooted in ancient mythologies, namely the *Shāhnāmeh* (The Book of Kings). In many of the stories in this book, water presents the heroes with changes, in the form of newly found strengths, which later on allow them to achieve their goal and overcome the obstacles. As the prominent Iranian mythologist Bahar put it;

> Passing through water has a special importance in Iranian mythology. Most of the heroes pass through water before achieving an immense success. This is probably based on the belief that with each passing through water, a new birth occurs. Water is associated with a mother's womb and a new birth represents purity, holiness and new power. (Bahar, 1997, p. 260 – my translation)

This idea is also found in Christianity and baptism, pointing to a common history of this symbology. But as will become clear, this shared history does not guarantee a shared metaphorical language, with similar (if not the same) meanings.

Following from this symbolising of water, the third one is that of water as the source of immortality. In various stories from ancient Persian mythologies, as well as Islamic stories that appeared much later, one sees the notion of 'Water of Life' (*āb-e hayāt*), as one which many heroes and characters of the stories seek in order to gain immortality.[9] It is worth noting, however, that in these mythical stories, the heroes are never successful in gaining immortality, as if they chase only an imaginary notion, the Water of Life always slips from them. The only story in which the hero finds the Water of Life, found in the *Shāhnāmeh*, represents immortality as becoming one with the

[9] In the West, this notion can be seen in the Fountain of Youth, although the portrayal and the stories that follow are slightly different.

heavens, rather than living on Earth, among material things forever. This could in fact be traced to the earlier perceptions of water as holy and in a sense, with supernatural qualities.

The mythological and ancient symbols are important here, since they offer a way of understanding the development of the metaphorical language and symbology surrounding water, which persist today. It can be argued that the reason why symbology of water in Islam was readily accepted into the Iranian culture, was due to the existing conceptions of water as holy, and as the source of all life. In Islam too, water is seen as the origin from which all was created and the holiness of it is seen in the teachings which see water as a tool for cleansing dirt and impurities. Although such a symbolism dates back to Mithraism as practiced in the then Persia (circa 6th century BC), and is seen in the retelling of the mythological stories, such as the *Shāhnāmeh*, the place of this notion in today's Iran has been further established through the Islamic teachings, which also see water as purifying.

This purifying character of water is in large part only associated with flowing bodies of water, such as rivers, and this association has given rise to further modes of thinking about flowing and standing bodies of water. Flowing bodies of water, in addition to being seen as having a purifying quality, are also a symbol of change and mobility. The juxtaposition of the two ways of symbolising bodies of water, have led to various metaphorical expressions, in poetry as well as the everyday life, which sanctify flowing water, while conversely, the standing bodies of water symbolise the opposite. In this symbology, then, a stagnant body of water would soon lose its quality of life-giving and fertility and instead give rise to an undesirable and unworthy environment in which no hope of life and fertility could be found. This undesirable character arises from a lack of change and idleness of the water and represents a trap leading to nothingness and death. As such, whilst flowing water was seen as a symbol of life and fertility, stagnant and static bodies of water came to be known as symbols of idleness, worthlessness, and death. The undesirability of stagnant bodies of water is also seen in the names given to such bodies. Most notably, for example is the compound name '*mordāb*', literally meaning 'dead water'. Although scientifically this word designates marshes, due to its inherently metaphorical name, in the everyday language it is used

to signify stagnant bodies of water generally, which would include, in addition to marshes, swamps and ponds. Such a name, as seen also in the case of inherently metaphorical colour terms in Farsi, plays a significant role in the conceptualisation of stagnant bodies of water. The way *mordāb* is defined in the Farsi lexicon is also interesting, as the definition relies on the contrast between flowing and stagnant bodies of water: "mostly applied to non-flowing water, which is standing and unmoving, as opposed to water of river which has movement and way" (Dehkhoda, 1962 – my translation).

In the context of talking about their experiences of depression, Iranians make use of this extensive symbology of water, conveying various meanings traceable to the development of the place of water, as a symbol, in Iranian culture. Although the use of such metaphors has been limited in the questionnaire, the few existing ones are noteworthy in highlighting the place and meaning of such metaphors in Iran, as well as being informative of aspects of the Iranian conceptualisation and experiences of depression.

The first way in which Iranians use the metaphor of water to describe their state in depression, is seen in the likening of depression, to a stagnant body of water, in which they are trapped and cannot get out of.

#10(F) – It's like a *mordāb*, that every moment sucks you in deeper.

Such characterisation and understanding of depression as a *mordāb* is commonplace in publications and websites that aim to educate people on the topic. A phrase that can be found repeatedly in describing the experience of depression is 'floundering in the *mordāb* of afsordegi' (*dast va pā zadan dar mordāb-e afsordegi*), to signify the struggle involved in the experience of depression and the attempts at overcoming the illness (e.g. Beytoote.com, 2015). The simile is seen time and again in self-help publications as well: "There will be instances when your determination against unanswered questions and feelings of hopelessness will be challenged. But it is precisely in these moments that you must pull yourself out of the inner *mordāb* ever more forcefully" (Ghahremani, 2014 – my translation)

Although there have been a few cases of people drowning in marshes in Iran (e.g. Aftab News, 2014), the term '*mordāb*' gets used as an umbrella term for different stagnant bodies of water which represent a danger. In addition to the use of *mordāb*, with the associations described earlier, it is worth noting here the parallels with the research done by McCullen and Conway in which the conceptual metaphor DEPRESSION IS DESCENT was found to be the most dominant metaphor for depression in the US. The quote from the Iranian sample and the common ways of thinking about depression in Iran, as noted above, serve as evidence for the universality of this way of conceptualising depression. Namely, as a state that makes the individual suffering from it descend to a lower place, whether it is one's low mood that makes one droopy, or the sense of drowning or getting sucked in. And as such I would argue that the above quote can serve as an example of a complex conceptual metaphor, one which despite drawing on universal basic metaphors, is developed in a way as to reflect the cultural framework for thought and popular beliefs specific to the cultural context in which they are used. Such a metaphor, as seen earlier, arises from the embodied experiences of depression, part of which would be conceptualised by metaphors for basic emotions, but one that is formulated in culturally familiar terms, which conform to the established cultural beliefs, thoughts and conceptions of depression.

This metaphorical way of talking about depression is significant, as it says something about the perceived nature of depression among the Iranian patients. Following the associations of stagnant bodies of water, depression is seen not only as an undesirable state, but also as a dangerous trap, carrying notions of idleness and decay, posing as a destructive threat to the self. This portrayal to some extent resonates with the associations found in the use of colour metaphors, namely the view of depression as transforming one's life to an idle, unchanging state, but goes further in the characterisation of depression as not only undesirable but dangerous and deadly. Once one is fallen in such a trap, an overwhelming strength, stemming from the inner self or an external force, is needed in order to find a way out. It can therefore be argued that, although the basic conceptualisation of depression is the same as that found by McCullen and Conway, the story that is told about this conceptualisation,

through this metaphor, is a uniquely culture-dependent one, one which arises from deeply rooted cultural notions, symbols and associations.

There are also instances of metaphorical descriptions of experiences which are more difficult to place within the cognitive-linguistic framework, and seem to be constructed following only the cultural associations and frameworks for thoughts. For instance, although the cultural associations around water view it as a cleansing and purifying entity, there is also the idea that if water itself becomes a source of impurity, then ridding oneself of pollutants could become impossible and unthinkable:

> FB#21 – I realised that the soil of my being is too close to the sea of depression … just a little digging makes the foul water of depression come out, and as soon as your hand is dirtied with this water you are no longer scared of getting wet. Once your hand is dirtied with it, precisely like an irresistible addiction you keep digging and make that hole deeper … after a while you realise that there is nothing left of you, and you yourself have become a big hole that now is always full of water.

The metaphor of depression as a foul fluid that disturbs the inner purity of the individual, and with its insidious nature slowly takes over one's being, is consistent with understanding of depression in other cultures as an intruding entity that takes over one. However, the cultural symbology of water is also noteworthy here; that which is supposed to maintain and restore purity, itself becomes a source of impurity, and fills one up in a way that restoring the pure nature of oneself seems out of reach.

Although in this case the understanding is one of water filling one up and fundamentally changing the nature of one's being, the metaphor of water can also be used to talk about one's very nature. Talking of the self in depression as a rough and stormy body of water, as seen in the following example, represents another instance where the cultural use of metaphor does not correspond with the universal metaphorical ways of talking about depression:

> #12(F) – I was like a puddle that kids had jumped into. Worried, messy, confused. Meditation didn't show me the future but calmed that water and

> created a self-confidence, that although I don't know who I am or what I will do but certainly nothing bad will happen to me.

The above quote can be thought to be representing feelings of anxiety that often accompany depressive symptoms. What is interesting here is the conceptualisation of the self as a body of water, one that loses its tranquillity due to illness. Such a perception of the self as a body of water can be traced to the literature and poetry of Iran after Islam. The Islamic symbology of water and the thoughts following from the framework defined by this symbology, has been further developed in the Iranian literature, and especially in the Mystic and Sufi poetry. In these works of literature water is seen as symbolising both the spirit of the human beings, as well as a purifying and cleansing entity. The association of water with the self follows from the symbol of water as the origin of all things, as well as the qualities of change and rebirth – of the soul more than the body – as seen in the ancient mythologies and the Islamic teachings. These symbols, in turn, have found their way into the everyday language of people and are often used in metaphorical forms to convey various messages.

One example of such portrayal of the self can be seen in Rumi's poetry. In his poetry, Rumi sees the human soul and mentality as a body of water, one that needs to be kept calm and tranquil, to keep it from physical and mental impurities (Obeydinia & Valinezhad, 2009, p. 38). In other words, in this portrayal, one's health, as a body of water, is measurable by the calmness it enjoys, whereas the storminess and the waves of water can be seen as representative of a loss of balance and thus a symptom of ill health. This is to some extent in association with the way in which traditional Iranian medicine conceptualises ill health, namely as a loss of balance in the physical and mental forces (see §2.3.1). Depression, in this picture, is presented as disrupting the calmness of the self, turning the waters stormy and causing the imbalance in the mental life, and thus the perception of the self.

Metaphors of water, given the cultural ways of thinking that give rise to them, can be thought of as an example of culture specific metaphors that cannot be seen as drawing on a basic universal conceptual metaphor. The cultural rootedness of these metaphors makes it difficult to see how, if at all, this way of thinking and talking about depression

can be understood in terms of universal cognitive systems. It rather finds its meaning largely against the backdrop of cultural ways of thought and interpretations of the self and the world.

Culture-specific metaphors, in addition to drawing on cultural understandings and symbology, often draw on individual experiences and interpretations of these symbols, making it difficult to have a clear-cut way of interpreting the metaphors, in a way that is generalizable to the broader cultural context. The complexity of the use, and the messages conveyed by these metaphors, however, does not mean that they are unhelpful. On the contrary, they provide an insight into some of the ways in which people in Iran conceptualise themselves, depression, and their relation to depression, which in turn could be informative of not only their experiences of depression, but also their behaviours in response to it. For example, seeing patients articulating their experiences in terms of a metaphor, which is traceable to the traditional ways of conceptualising illness and health, could be informative about their help seeking behaviours. This could be seen in Iranian patients' reluctance in seeking mainstream medication in treating their depression, and instead seeking traditional alternative remedies to alleviate their symptoms. Viewed in this way, the metaphorical language used in articulating experiences of depression, can point to significant differences in patients' responses to depression across cultures, as arising from cultural ways of thinking about and interpreting depression.

3.4. Conclusions

The aim of this chapter has been to examine the various metaphorical ways of talking about depression and experiences of it, and the implications these have for the variation in the way patients in different cultures experience depression. If we adopt a cognitive-linguistic framework for understanding metaphors, we also would have to accept that metaphors, their formation as well as their use, are rooted in conceptual frameworks for understanding and interpreting different phenomenon. As such, a study of metaphorical articulations of experiences of depression can be significant, in that it offers a way of understanding depression that takes into account the different cultural ways of conceptualising and interpreting depression. In cases where the

metaphors are wide-spread enough to be considered universal, one could argue that the cognitive framework of understanding the illness is shared across cultures. This assumption would also hold for metaphors which, despite their slight variation in form, are rooted in an identifiable underlying universal conceptual system. Nonetheless, for those metaphors that are deeply rooted in cultural ways of thought and interpretation, and thus irreducible to universal conceptual metaphors, the underlying cognitive framework would be unique to the culture in which these metaphors are formed and used. Furthermore, given the emphasis placed on experiences in the formation of conceptual metaphors in the cognitive-linguistic framework, it follows that in cases of (largely) universal metaphors, the underlying experiences are largely similar. If there is a universal conceptual metaphor for depression, such as DEPRESSION IS DESCENT, then one would expect to see variations of this metaphor in different cultures, confirming that, regardless of the culture and context of experience, patients experience this aspect of depression in more or less the same way. As the preceding arguments show, there are indeed metaphors used by Iranian patients which confirm this.

On the other hand, metaphors that are unique to the cultural setting in which they are uttered, point to frameworks for understanding and interpreting experiences that are unique to that culture. As examples of such metaphors in Iran illustrate, the formation and use of these metaphors are deeply rooted in the cultural and folk belief systems and thus encompass various meanings and symbologies unique to the culture. I have argued that in such cases, studying the use of metaphors offers a way of understanding cultural conceptions that in one way or another, can influence the individuals' experiences of depression, and their way of encountering it in light of cultural understandings.

4. Death-Consciousness and Absurdity[10]

4.1. Introduction

In this chapter I start to consider some of the features of depressive experiences that seem to vary between Iran and the UK. Whilst sadness is one of the most frequent complaints among the UK sample, only 16% of Iranians complain of feeling sad in depression. As seen in Figure 2 (p.15), feelings of meaninglessness and absurdity (32.6%) and hopelessness (39.5%) comprise some of the most frequently complained about symptoms among Iranian patients. Although hopelessness is a key feature of experience of depression across the two cultures, I argue that in Iran such feelings are closely related to complaints of absurdity. The presence of these feelings of absurdity, as a point of divergence between experiences of depression in Iran and the UK, can be shown to be rooted in cultural and religious frames of thought dominant in Iranian culture. In this chapter I aim to show how a culture of death-consciousness, present in Iran, significantly affects experiences of depression and the way people interpret these experiences.

Inevitably, the experience of any sort of serious illness, as the closest one could get to a bridge between life and death, would be affected by one's attitudes towards death. Furthermore, depression brings about existential feelings that can serve to amplify thoughts of death, which in turn influence the way one experiences depression and responds to it. Given these observations, I will argue that certain symptoms and manifestations of depression among Iranian patients can be analysed and accounted for through the examination of the death-conscious culture of Iran. These include the existence of a sense of absurdity with respect to oneself and one's life, as well as the different attitudes and responses towards suicide and suicidal thoughts. Such an analysis, in addition to accounting for the phenomenological significance of these

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experiences, also serves to explain the way in which these experiences vary due to cultural differences.

In the first part of this chapter, I will outline what I mean by the culture of death-consciousness in Iran, as a pervasive way of understanding and relating to the world, before turning in the second part to the discussion of how this culture contributes to the variations in experiences of depression, as seen in Iran and the UK.

4.2. Iran as a Death-conscious Culture

Schopenhauer identifies the 'denial of the will to live' with an ascetic attitude of renunciation and resignation, one that is reached by most people in proximity to death, in actuality but also in awareness and knowledge. He observes that this denial and the practices arising from it, are "further developed, more variously expressed, and more vividly presented, in the Sanskrit language than could be the case in the Christian church and the Western world" (Schopenhauer, 1969, p. 387). As such he points to a cultural difference between the East and the West, one that could be characterised in terms of the extent of preoccupation with death; the death-conscious nature of the Eastern cultures (San'ati, 2004).[11] Schopenhauer highlights these differences and praises the philosophy of life as practiced in the East, through mysticism and asceticism as the kind of practice that stays true to the nature of our being – with death as one of the pillars of this existence. Such a culture, manifestations of which would be visible in various domains of life, such as religious and social practices, is phenomenologically significant, since it offers a way for articulating, understanding, and interpreting one's experiences. Indeed, preoccupations with death exist in every culture, as a universal human and existential concern. However,

[11] Mohammad San'ati, a psychoanalyst and literary critic in Iran, claims that a broad range of behaviours seen among Iranians can be attributed to, and explained by, the observation of the culture as a death-conscious one (alternatively termed 'death culture') (San'ati, 2004). This account is mostly brought out in terms of works of literature, and aimed at explaining the everyday and routine behaviours of Iranians. Whilst borrowing the notion, I aim to give a more general understanding of the culture, and use it to account, specifically, for experiences of depression in Iran.

as I describe here, the nature of the relationship Iranians have with death, and its pervasiveness in the culture and cultural conceptualisations, distinguishes the death-conscious culture of the country from the broader concern with death, seen universally across cultures.

The Iranian preoccupation with death can be seen in various domains of culture and social life, with a long history and tradition that has arguably resulted in such concerns being engrained in the cultural framework for thought and practice. Indeed, the preoccupation with death, both as a physical end to the worldly life, as well as a gateway to heaven and hell, can be seen and traced in various cultural domains, such as the religious practices, the works of literature and poetry, as well as in social domains. The collective experiences of war and the devastating effects it has had on a large part of the population has also shaped, in large part, the existence of the culture of death-consciousness as presently seen in Iran. Although this collective experience itself has shaped a large part of the Iranian consciousness today, as I will show, its continuing power in framing cultural ways of thought and interpretation is in part due to the pre-existing cultural and religious landscape in Iran. In examining this death-conscious culture of Iran, the role of the Islamic Revolution and the establishment that resulted from it ought to be considered. Being ideological in nature, it has had the power of directing this culture in a way that is pervasive throughout all aspects of one's being. This is seen clearly in the discourse of war, as well as the way religious elements of death-consciousness are taught in schools and talked about in mass media on a daily basis. Although the focus here is on historical and cultural roots of death-consciousness in Iran, the undeniable role of the governing regime ought to be borne in mind, as a powerful force in shaping the dominant culture and values in Iran today. It is, of course, important to note the variety in the approaches to understanding and encountering death in the Iranian culture. My argument, rather than implying that this form of death-consciousness is the only way of thinking about death in the Iranian culture, should be taken as highlighting that it is a dominant way of doing so. This dominance is due in part, as noted above, to the ideological nature of government which tends to highlight a particular narrative, and in part due to the recent history of Iran, which has further strengthened this narrative. As such, whilst this culture, due to

its dominance and presence in the daily lives of Iranians, has a large influence on the common ways of thinking about death, it is by no means the sole narrative.[12]

4.2.1. Iran-Iraq war

As mentioned in §2.1, in the 1980's, Iran went through one of the longest wars in the 20th century with Iraq. The war started in September 1980, only a year after the Islamic Revolution which resulted in regime change in Iran, and went on for eight years until it ended in July 1988 following the United Nations Resolution for a ceasefire. The devastation of the war reached far beyond the border with Iraq and affected every single area of the country, following 'war of the cities', a bombing campaign by the Iraqi forces which targeted civilian areas to "help to break the enemy's will" (McNaugher, 1990, p. 8). Such bombing campaigns were in addition to the use of chemical weapons on the Iranian population which killed many and caused lifelong injuries to many more. Official statistics by the Iranian Military, which were not published until 2015, estimate that a total of five million Iranians were directly involved in the war – including military, voluntary, and logistical forces. By the end of the war, 190 thousand were killed, 16 thousand of these during the bombing of residential areas, and the rest in the frontlines. Among the dead were 33 thousand school students and over 3.5 thousand university students. The number of those who suffered lifelong injuries, chemical or otherwise, stood at 672 thousand, while there were 42 thousand who were taken hostage and returned to Iran following the end of the war (TarikhIrani, 2014). About 5 million of the population from the worst hit areas, were displaced and sought sanctuary in the central parts of the country.

With the population boom in the country during the years of war, as mentioned in §2.1, a large part of the current population of Iran was either born, or spent a significant part of their childhood during the war. The traumatic experiences of war,

[12] For instance, much of the mystic poetry and literature is seen as hopeful in the way it celebrates life. Yet this aspect can be overshadowed by the life-denying elements of these works due to, for example, the state-imposed censorship, preventing these elements to be brought out in the open as much as other aspects.

and the memories which remain in the collective consciousness of this generation, such as the sounds of the sirens warning of airstrikes and urging citizens to take shelter in underground shelters, remains part of the generational sense of identity of the young population of Iran (e.g. Behrouzan, 2016). As such, the experiences of war, rather than limited to those who fought at the frontlines, affected everyone in one way or another.

Such experiences, furthermore, have not been limited to those who lived through the war. As noted in §2.4.3, government policies act not only to keep the memories of war alive, but also to sanctify the horrors of the war. Tales of those killed and injured continue to be part of the compulsory school curricula, while their giant murals remain visible on the face of different cities in Iran. Streets and alleys in every town across the country are named after those who lost their lives in the war. And for those who disappeared in the warfronts or were never identified, streets are named as '*shahid-e gomnām*' or 'unnamed martyr'. The dominant discourse further continues to sanctify the horrors of war: it is not a 'war', but 'The Holy Defence', and those killed are not 'casualties' but 'martyrs'. Various national ceremonies aim at keeping the stories and memories of the lives lost alive. In addition to such efforts, the traumatic experiences of the war continue to haunt, not only those families whose children's remains were never found and for whom loss remains a timeless pain, but the whole nation. People continue to lose their lives in minefields which are yet to be fully cleared (BBC Persian, 2017). In 2015, the bodies of 175 divers who had been taken captive in 1986 were found, after they were buried alive over thirty years earlier, and as recently as September 2017, the remains of a 13-year-old boy, killed in the war was returned to Iran to be buried after 34 years.

The memories of war and its traumatic experiences, centred around death and lost lives, far from representing an event in the distant past, are part of the daily routines and preoccupations of Iranians, and continue to shape people's lives, thoughts and feelings. Not only do the memories continue to haunt those who experienced the war, but even for those born after the end of the war, the wounds and the aftereffects of it remain a tangible force. One of these effects, I would argue, is the relationship Iranians have with death, as something always near and always looming. Arguably,

with the immense shared sense of loss, and with daily reminders of death, this relationship with death goes a step further than the existential feeling every human being, regardless of culture and society, is preoccupied with in their lives. This constant awareness and consciousness of death, as seen in Iranian society today, however, despite being amplified by the effects of war and the devastation it has inevitably brought, and which has lasted for years after its end, is also traceable to other elements of Iranian culture with a much longer history. It is the combination of historical context and current sense of life and experiences that gives rise to the culture of death-consciousness in Iran.

4.2.2. Shi'ite teachings

It is widely thought that in religious societies, fear and anxiety towards death is considerably lower than non-religious societies (e.g. Soenke, et al., 2013, Koenig, 2009), due to the comfort gained through faith in the afterlife and the existence of a realm beyond the physical one inhabited during one's life. However, there is a tension that should be noted in discussing the link between religious teachings and beliefs, and the notion of death as conceptualised in religious teachings. These teachings often involve the reassurance that death should be seen not as an end but simply a gateway to another, more permanent realm closer to God. This is while believers are simultaneously invited to be aware and fearful of death in every instance of their lives. This dichotomous portrayal of the notion of death and how one ought to relate to it, could arguably lead to a confusion that could further enflame the anxieties people feel towards death. The teachings of Shi'ism, for example, can serve to show this tension.

One of the most important texts in the teachings of Shi'ism is Nahj al-Balagha, the collection of letters and sermons attributed to Hazrat-i Ali, the first Imam for Shi'a Muslims, and the cousin of Prophet Mohammad. As seen in §2.3.2, Hazrat-i Ali embodies, for Iranians, the ideal character, with all virtues attributed to him. Seen by Iranians as a role model, then, it is not surprising that Nahj al-Balagha, which encompasses his teachings and thoughts, both on religious matters but more generally about how one ought to think about oneself and one's life and the best way for living this life, has remained one of the most important texts in Shi'ism and one that Iranians

adhere to. The notion of death and the individual's relation to it is one of the topics covered extensively in these teachings, so much so that this particular text is considered to put forward one of the most important narratives of death in Shi'ite thought (Nejati Hosseini, 2013). The teachings regarding death in this text cover a wide range of issues including the fear of death, the inescapability of death, the constant remembering and the impossibility of forgetting death and death as the end of one's (physical) life.

One of the most important points of emphasis in this text, is the necessity of 'death-consciousness' (*marg-āgāhi*). It is argued that this way of being offers a way for the believer to "know themselves, and in turn, find a way of understanding the meaning of life" (Taheri Sarteshnizi & Moosavi, 2012, p. 177 – my translation). On this point, the life of a person who has forgotten death, and in turn has forgotten the afterlife, is likened to the state of the one walking in complete darkness, lost and led astray by the darkness (Letter No. 31). Such a person should be reminded that "with death, the darkness is removed and the truths [of the world] are illuminated" (Taheri Sarteshnizi & Moosavi, 2012, p. 180 – my translation). Thus, it is claimed that remembering death at every living moment, would in fact give one a better understanding of the world and how one ought to live in it. This kind of encouragement is further justified through ethical obligations and the encouragement to be good. The belief in a heaven and hell, as the eternal place for reward or punishment based on the actions one commits in this world, act both as an encouragement to be good, and a deterrent for doing bad. Since in the Islamic teachings, our life is merely a preparation for the afterlife, the belief in the immanency of death would serve as a reminder for the believers that they need to do good, as there might not be time to make up for any bad or unethical deeds they commit. As such, there are short bold reminders of the immanency of death in this text: "anticipate your death by good actions … and prepare yourselves for death, since it is hovering over you" (Sermon No.64).

In illuminating the true meaning of life, consciousness of death also serves as a reminder of the illusory value we tend to attach to material things that bring us joy, or otherwise present themselves as valuable. This again can be understood through the portrayal of this world and our lives in it. As the Islamic teachings hold, this world is

merely a passageway to the afterlife, and is a means of preparation for the good life one could lead in the more permanent afterlife. Meanwhile, this world is portrayed as deceptive, with various material things or events that could distract one from the main aim, namely preparation for the afterlife. As such, remembering death, is in a sense a reminder of the life awaiting the believer and can serve as a preventive force against the distractions of the material world: "surely the remembrance of death has kept me away from fun and play while obliviousness about the next world has prevented him from speaking truth" (Sermon No. 84).

In this latter justification of death consciousness, another element closely linked with it is manifest, namely the denial of earthly pleasures and joyous acts and things, since these are construed as distractions from the real values and the real meaning of life. This element of denial of life, in the face of awareness of death is in itself noteworthy in the process of viewing life as inherently meaningless and absurd, which due to the existential change, is heightened in depression. If there is already a strong disposition dominant in the religious culture against attachment to joys and pleasures of life, then in the face of depression, this disposition could come to the foreground, bringing the motivation and process for feeling joyous again in life and freeing oneself from depression into question. The religious teachings of Shi'ism (and especially in Islamic mysticism which dominate some of the most important literary works of Iran), are filled with such claims regarding the value we tend to mistakenly attach to the material things. This lengthy, but important part of a Sermon in Nahj al-Balagha can serve as an example of this thinking:

> Certainly this world is a dirty watering place and a muddy source of drinking. Its appearance is attractive and its inside is destructive. It is a deception, a vanishing reflection and a bent pillar. When its despiser begins to like it and he who is not acquainted with it feels satisfied with it, then it raises and puts down its feet (in joy), entraps him in its trap, makes him the target of its arrows and puts round his neck the rope of death taking him to the narrow grave and fearful abode in order to show him his place of stay and the recompense of his acts. This goes on from generation to generation. Neither

> death stops from cutting them asunder nor do the survivors keep aloof from committing of sins. (Sermon No. 83)

There are various other examples from the Islamic, and in particular Shi'ite teachings that encourage consciousness of death and embracing death rather than life. However, the emphasis placed on the notion of death in Iranian culture is not limited to the religious texts and teaching, but is also found in old and recent works of Iranian literature.

4.2.3. Iranian literature

The preoccupation with death in the Iranian literature can be traced back to the 12th century to poets from the mystic tradition such as Rumi, Attar and Omar Khayyam. Islamic mysticism, and in particular Iranian Sufism, emphasises the importance of the spiritual message of Islam and "attempt to live the modalities of this message in a personal way through the interiorization of the content of the Quranic Revelation" (Corbin, 2014, p. 187). As such, in the poetry inspired by this tradition, the personal experience and relation with God and God's religion is emphasised. Reflecting this deep personal relationship, the concern with death as the ultimate bridge that would bring the Sufi and God together, as well as the question of life and how one ought to think about the dichotomy of life and death, are explored extensively in the Sufi literature and poetry. Given the spiritual nature of these practices and traditions, they reflect the denial of earthly pleasures and attachment to them, as seen in the Shi'ite teachings, while at the same time highlighting the inevitability of death and the important role it plays (or should play) in the way one conducts oneself.

In his *Masnavi*, which is one of the most important and influential works in Sufism, Rumi extensively talks about the awareness of death and how this awareness ought to play a part in what we consider to be the right way of life. One example of this is the story of The Arab and His Wife. In the story, the Wife speaks out complaining about the sufferings of their family, due to being poor and not having enough to enjoy their lives: "How very poor we are! What hardships have we borne! The whole world lives in pleasures; we're the butt of scorn!" (Rumi, 1881 [1273], p. 220). The response from the Arab, is one emphasising that such anxieties and sufferings are portions of death,

reminding them that the pleasures of life are only temporary and that in order to live a good life and afterlife, these sufferings are necessary:

All those anxieties that fall on us like darts,
Are but the vapours, tempests, of our human hearts.
Those cares are like a sickle, made to cut us down.
This is a fact, though we are slow the truth to own.
…
Our troubles are the heralds of our death to come.
Turn not thy face away from herald, as do some.
Whoever leads a joyous life finds death severe.
And he who's slave to body, mars his soul's career.
When sheep come home from pasture in the meadows green,
The fattest ones are slaughtered, soon as they are seen. (Ibid., p.222)

What is striking about the portrayal of death and one's relation to it in this passage, is the association of all earthly sufferings with death and awareness of it; just as death is inevitable, so is suffering in this world. And, furthermore, if one is wise, one ought to embrace this suffering, since denying it would amount to denial of death as a necessary element of life, and thus ultimately living a lie. In contrast, the more one embraces the suffering in this world, whatever form it takes – recall that being good is always associated with having to suffer, and good people necessarily endure immense suffering – an easier and 'sweeter' death and afterlife will be rewarded.

Attar's portrayal of death is also along the same lines, albeit put more boldly and clearly. In *The Conference of the Birds* (~1177), Attar states that we are all born just to die and despite our attachment to the joys of life, these are merely trivialities in the face of death, and this is clear to anyone who is aware of death. And furthermore, he states that the only cure from death is death itself, as seen in the following extract from *A viceroy at the point of death*:

The man replied, 'except that every day
I lived was wasted on what's trivial,
And now I shall be dust -- and that is all.'

To seek death is death's only cure -- the leaf
Grows hectic and must fall; our life is brief.
Know we are born to die; the soul moves on;
The heart is pledged and hastens to be gone.
…
Look hard at death -- in our long pilgrimage
The grave itself is but the first grim stage;
How your sweet life would change if you could guess
The taste of death's unequalled bitterness. (Attar, 1984 [~1177])

These examples from the classical period of Persian poetry (12th to 13th century), show the way these giants of poetry viewed and responded to the notion of death, as a source of anxiety and fear, but also a notion that ought to be recognized and embraced in order to lead a good life. Both of these elements of the notion of death can be traced to the religious teachings and the dominant frame of thought and interpretation of the time. Preoccupation with death continues to be the subject of many works of literature through to the modern times, although with a refined attitude towards it. In the works of literature in the 20th century, the framework in which death is talked about tends to be more in line with the socio-political mood, rather than religious thought.

In the contemporary setting, and with the focus shifting from religious thought into a more socially concerned attitude, the concern with death is framed with reference to dissatisfaction and even hatred of life itself. One of the poets in this time, whose thoughts on the interplay of life and death is clearly articulated in his work, is Mehdi Akhavan-Sales. For Akhavan, poetry was a way of fighting mortality (San'ati, 2013, p. 152), and in many of his poems his frustration is clear to the extent that he proclaims, many times, his hatred of life. He points to the pointless repetition of life, sees life as "this futile, this fearful darkness" (Life, 1966 – my translation), and calls the pointless days following on from one another as "remaining futile and empty and filthy" (Mordāb, 1978 – my translation), and even more distinctly, he says of life: "I have seen for a lifetime its ups and downs, [I] spit on its face, damn its meaning" (Again, One Must Live, 1979 – my translation). Despite this clear frustration with life, Akhavan also

says that he loves life, pointing to an internal polarity, and this is where, for him, death comes into play:

I see life as friend,
death as enemy
Oh! But with whom can I say this,
I have a friend
From whom I want to take shelter and turn to the enemy (As a Thirsty Urn,1959 – my translation)

The striking turn seen here, compared to the earlier poetry, with regards to death, is one where death-consciousness is not encouraged as a way of being good or leading a good life, but rather, death is seen as desirable in the face of the difficulty, absurdity, and even the injustices of life. Death is seen as the ultimate shelter from life itself. This way of thinking about death was seen earlier in the works of Sadegh Hedayat, from whom Akhavan also took immense inspiration (San'ati, 2013).

What is shared between Hedayat and Akhavan, and many other modern writers and poets, is the critical attitude they take towards the issues in socio-political and cultural domains, and the way their writing is in sync with their personal experiences of these issues. It is through such experiences and their close study and awareness of the socio-political, as well as the cultural developments of their time in Iran, that their work is formed and the struggles are articulated. In this change of tone and points of concern, Hedayat was one of the first intellectuals in Iran who wrote about and criticised the dominant cultural attitudes and norms, and a lack of critical reflection on these, in the Iranian society. Some of the cultural attitudes Hedayat was concerned with were those concerned with death; he was critical of these attitudes which in his mind deny the reality of death as the end of one's being, while at the same time, pronouncing his dissatisfaction with life and his desire to escape from it. In Hedayat's writings, as in Akhavan's, one sees this tension between hating life and being fearful of death, suffering in life and awaiting death, whilst at the same time being critical of the way death and death consciousness have been encouraged in the culture. There is love for life but longing for death, both playing a part in their writings. This is seen in the

famous opening of *The Blind Owl* where Hedayat writes: “There are certain sores in life that, like a canker, gnaw at the soul in solitude and diminish it” (Hedayat, 1974 [1937]). It is this kind of sores, these sufferings in life which, for Hedayat, act as a drive towards voluntary death, despite a deep fear of death. Sufferings which make life itself seem unworthy of living and death as the ultimate saviour.

Hedayat was one of the first Iranian writers and intellectuals who not only was familiar with Western nihilism, but who also used this knowledge in his writings. The influence of French thinkers and writers, as well as other European thinkers such as Freud, and writers such as Kafka, is evident in his writings. It is in Hedayat’s works that the first instance of talking of absurdity of life and living is seen in the domain of Iranian literature. *The Blind Owl*, as his most celebrated piece of writing – also the most important work of Iranian literature in the 20th century – embodies Hedayat’s unique attitude to life and death. This is also because the Blind Owl, the narrator of the story, is supposed to represent Hedayat himself with all his points of concern and attitudes. ‘The sores that gnaw at the soul’, for Hedayat (or for the Blind Owl) represent an unresolvable dichotomy; the social and cultural reasons and ways of life that bind one “because he cannot go further than the line drawn for him” (Hedayat, 1948, p.13 – my translation), but also “a closed condemnation that follows [him], that his encounter is only with absurdity (*pooch*) and the absurdity is the shallow and mortal life, thus the acceptance of the final nothingness” (Sanati, 2015, p.7 – my translation). This tension, being condemned to be face to face with the inevitable nothingness of life whilst being unable to escape from it, creates an existential anxiety that is manifest in Hedayat’s writings, and results in a turn to death. As Sanati puts it, “if this existential anxiety dazzled Kafka in an animal depersonalisation, caused Sartre nausea and drifted Camus into alienation and estrangement, for a mentality like Hedayat’s, it brought suffocation and death” (Ibid. – my translation).

It is in the face of this anxiety, that in the course of *The Blind Owl*, the reader sees that the desire to live slowly disappears in the protagonist “and what consoles him is the hope of nothingness after death” (San'ati, 2015, p. 54 – my translation), whilst alongside this hope for nothingness, the paralysing fear of death grows and adds to the anxiety of his every living moment. *The Blind Owl* is written on the basis of the

dichotomy and the contrast between life and death, and the anxiety arising from this dichotomy is further strengthened by the opposition of Good and Evil, the contrasting forces dominant in the Iranian culture and society that limit the power of the Blind Owl to act and the constant remembering of which adds to his anxiety. The interplay of these various forces is striking in the novel, and the symbolism revealing the connection between these forces needs careful attention to be fleshed out. One such example is the character of Blind Owl's wife (and cousin), who symbolises a "transcendental unloving", and symbolises for the Blind Owl the world and life within it: "a death-inducing world in which one is always standing on the edge of the cliff of nothingness, and where relationships are unstable, and death is the manifestation of this unloving" (San'ati, 2015, p. 213– my translation).

The Blind Owl remains the subject of various studies, psychological and sociological, as well as literary ones. But it also remains the first serious work in Iranian literature that talks boldly not only of death, but also fear of death, the absurdity of life in the face of this inevitable end, whilst criticising the way this notion is construed culturally and socially, and is thus largely influential. This influence is seen in the works of writers and poets that came after Hedayat, as has been seen in the works of Akhavan-Sales. What further adds to the influence of this work, is Hedayat's own carefully thought-out suicide which, among speculations and debates, has further brought his works and thoughts into the public domain. Many have argued that Hedayat was visibly depressed, and his suicide serves as evidence to this point. This argument, regardless of whether it is true (and many would argue that it is not), has helped the association of Hedayat's thoughts and writings with depression; some would even go as far as framing their experiences in terms of Hedayat's thoughts. Because of this perceived advocacy for absurdist thinking and suicide, for years, and especially after the Islamic Revolution in Iran, Hedayat and his works, in particular *The Blind Owl*, have been pushed to the side, dismissed as unworthy, censored and at times banned from being republished. There are some "who try so hard to portray him as a monster and a dangerous person who had nothing to do but to think about absurdity, bitterness, misfortune, and suicide. And thus adamantly try to erase him from the history of Iranian literature and do not mention his name in the media and advise young people

not to read him, even if it is only to save their lives" (Masoodiniya, 2017 – my translation). Despite such efforts, not only does Hedayat remain one of the most well-known authors in Iran, but also the thoughts and frustrations he portrays in his work, remain an integral part of Iranian culture and society and so his works act as a reference point for many who feel similar frustrations.

As can be seen from the exposition above, the emphasis on death and death-consciousness is one of the central elements found in Iranian culture. This emphasis goes back to the religious teachings and has been one of key themes explored in literary works. This pre-existing culture, has been further strengthened through the experience of the war which continues to influence the collective consciousness of the population and the dominant discourse. This culture of death-consciousness is manifested in the experiences of depression among Iranian patients and can be used to illuminate some of the phenomenological differences of depression in Iran and the UK.

4.3. Death-conscious Culture and Depression

Having established the existence of a death-conscious culture in Iran, and the place it has in cultural conceptualisations and the dominant discourse in society despite its changes in shape and form (from the conceptualisation of death as the gateway to the afterlife in religious teachings, to the view of death as the ultimate saviour in the face of anxieties of life), in this section I examine the effects of this culture on the manifestations of depression among Iranian patients. I will first look at attitudes towards suicide and suicidal thoughts and the kind of responses people have to these, as informed by the death-conscious culture. I will then turn to depressive symptoms, such as feelings of hopelessness and the way patients' articulations and experiences of these symptoms are informed by this pre-existing culture. I will argue that certain differences in experience between Iran and the UK, such as the presence of a strong feeling of absurdity among Iranian patients, can be accounted for through the difference in individuals' relation with death.

In Iran, as elsewhere, depressed patients are preoccupied with thoughts of death and suicide:

> #4(F) – The world seems fake (*alaki*) and like a game and I wish my life would end sooner.
>
> #6(F) – I suddenly get free (*rahā*) of all mental and emotional bounds (*ta'alogh*) and I only want not to be. Although I always prefer not being, to being, but in episodes of depression I think about it more and get closer to it.
>
> #7(F) – [I] wish I would die. How long do I have to suffer here. To what end (*ākharesh ke chi*)? All levels of life are pointless and it ends in the end there is death!
>
> #10(F) – [In depression] the feeling of death becomes stronger in me.
>
> #16(F) – I think depression is a lack of desire to continue life.
>
> #20(F) – I feel I have had enough of life and want to end my life and die.
>
> FB#1 – Most of the time I think about death [and] I feel a big sense of emptiness inside me.

Suicide is considered to be a cardinal sin in Islam, and in various religious texts it is seen as grounds for a long or even an eternal punishment. For example, in the Quran, it is said "…Nor kill (or destroy) yourselves: for God hath been to you most Merciful! If any do that in rancour or injustice, soon shall we cast them into the fire; and easy it is for God" (The Quran, 4.29-30).[13] In a sermon attributed to Imam Sadiq, the sixth Imam of Shi'ite Muslims, it is also emphasised that whoever knowingly kills himself, will forever be in the fires of hell (Al-Koleini, 1990). This standing of suicide in religious

[13] The point regarding suicide appears alongside stealing and consuming another's wealth 'unjustly'. The 'rancour or injustice' referred to here, can be in reference to the earlier line. Equally it could refer to suicide: since God as the creator of all individuals knows best when to start and end a life, taking the matters in one's own hands is seen as an aggressive act of injustice to the pre-determined order of the world.

teachings has multiple influences. In Iran, with a religious state governing religious people, although suicide is not an illegal act, there is a noticeable lack of research, quantitative and qualitative, on suicide. To protect its image as an Islamic country no reliable statistics on rates of suicide are collected, since acknowledgement of the phenomenon would imply the existence of people disregarding religious rules prohibiting suicide.

In the absence of such statistics, it is difficult to say in general terms what attitude Iranians take towards suicide. However, certain factors, such as the culture of death-consciousness which sometimes amounts to denial of life, as well as the struggles of patients diagnosed with depression with social stigmas and lack of societal empathy (see chapters 6 and 7), make it plausible that suicide rates in Iran would be high. Although such a claim would be difficult to justify using statistical evidence, scattered first-person and eye witness accounts suggest that at least the rates of suicide attempts, regardless of whether they are successful or not, is high. In a newspaper article in October 2016, for example, the reporter writes about a night in an emergency room for poisoning at a hospital in central Tehran. In the twelve hours between 8pm and 8am, 33 people were brought into the emergency room, 26 of whom had attempted suicide by taking pills and/or poison (Samgis, 2016). All of those admitted to the hospital for attempted suicide were aged 16-40 and most of them had a history of psychiatric illness. The interviews with the staff at the emergency room suggests that such a rate of suicide attempts was common in that hospital.

This report suggests that suicide attempts in Iran may be more common among younger people. If those who attempt suicide in Iran do tend to be younger, this would be in line with global trends – based on the World Health Organization's findings, suicide is the second leading cause of death among 15-29 year olds globally (World Health Organization, 2018). But in addition, any difference in Iran might be a manifestation of a division between religiosity in different generational groups, which leads to different attitudes and interpretations of the death-conscious culture of Iran.

Notably, the older generation tend to have stronger religious beliefs which adhere to a more literal reading of religious teachings, as compared to the younger generation.

Those adhering to the more literal reading of religious teachings are more likely to avoid committing suicide. Instead, as a psychiatrist in Iran has told me, patients suffering from depression in Iran, due to their religious beliefs which prohibit taking one's own life, often resort to what is termed 'passive suicide' [in English]. This consists in praying for God to end and take one's life, rather than acting themselves and taking the matter in their own hands. In other words, although almost all depressed patients are occupied with suicidal thoughts, given their fear of God, and following the Islamic teachings, which see suicide as one of the cardinal sins, the majority would rather not act upon these thoughts themselves (Moghimi, 2017, personal correspondence). Asking God to take their lives would mean they have fulfilled their wish to die to an extent by articulating their thoughts and desires to an all-powerful Being, whilst at the same time circumventing committing a punishable sin and going against their faith and beliefs.

On the other hand, those for whom the faith and belief in various religious teachings are not as strong, death-consciousness would more easily translate to suicidal thoughts that potentially initiate action. The prevalence of a more individualistic approach to religion, which leaves space for personal interpretations of the religious values and teachings has been increasing and is now common among the younger generation in Iran (e.g. Alamzadeh & Rastegari, 2015; Shojaeizand, et al., 2006). Whilst those who take the literal readings of religion to heart would be more prepared to accept as given the teachings of Islam by a religious expert/cleric, those with a more interpretive and individualistic attitude to religion are more sceptical and tend to project their own values and personal feelings and experiences on the religious values and teachings. For example, one might accept prima facie that suicide is sinful, yet argue that each individual is the one responsible for how her life develops and ends. In the face of immense suffering, therefore, it would not be uncommon to hear reasoning along the lines that 'even God would not want to see me suffer in this way'. Or, one might choose to prioritise other teachings over those that condemn suicide, and argue that, for example, the fact that God is all-forgiving takes precedence over suicide being a cardinal sin.

One important observation that needs to be acknowledged here is the role of religious beliefs in individuals' wellbeing. It is generally accepted that religious beliefs have a positive role to play in wellbeing; one's happiness and satisfaction of life, as well as hopefulness and optimism (Van Ness & Larson, 2002). However, the relationship between religiosity and fear and anxieties in the face of death, is less straightforward (e.g. Thorson & Powell, 1988; 1990). As can be seen from various studies done in Iran, "religion acts as a protection and improvement in the state of acceptance and readiness towards one's own or another's death" (Nejati Hosseini, 2013, p. 42 – my translation), whilst at the same time acting as a factor in fear of death. In a 2014 study, which examines the reasons and elements contributing to fear of death, the largest factor was found to be "pain and punishment in the afterlife", with "failure to do religious duties" as a reason highly correlated with belief in religious teachings (Aflakseir, 2014, pp. 25-26). In other words, whilst everyone taking part in the study identified the afterlife as a main cause of their fear of death, those who hold religious beliefs, see failure to do what is required by their beliefs, arguably another manifestation of their fear of punishment in the afterlife, as the main reason for their sensed fear of death. As such, the argument presented here, in so far as it is concerned with anxieties arising from awareness of death as seen in religious teachings, rather than consolations received about these anxieties from religion, remains intact.

4.3.1. Death-consciousness and depressive symptoms

I will argue that certain symptoms and manifestations of depression seen in Iran, including feelings of hopelessness and absurdity, can be closely linked with the death-conscious culture. Additionally, by giving rise to these feelings as seen in depression, death-consciousness can also have an effect on certain help-seeking behaviours in patients with depression, as well as other mental illnesses (e.g. San'ati, 2004). As such, I argue that the existence of these feelings among Iranian patients, and the phenomenological differences between these feelings as felt in Iran and the UK, could be attributed to, and interpreted in terms of this death-conscious culture.

Some degree of hopelessness seems to be a universal part of the experience of depression. Based on the results from the questionnaire, I suggest that the emphasis

on loss of hope is higher among Iranian patients than those in the UK. Hopelessness is central to the Iranian experience of depression, so much so that often patients define depression itself in terms of hopelessness.

> #3(F) – I think depression has a strong correlation with hope, losing hope/becoming hopeless for whatever reason in my opinion is depression.
>
> #14(F) – In my opinion depression is the feeling of hopelessness and despair, which causes one to become incapable of doing the normal daily tasks.

Ratcliffe argues that the sense of hopelessness in depression is rooted in the existential change one goes through in depression, since the *existential* loss of hope in depression is fundamentally different, and phenomenologically stronger than the *intentional* hopelessness one might feel in everyday situations (Ratcliffe, 2015). As an intentional state, intentional hope is *about* something in the world; I hope *that* event x happens. Similarly, losing hope for event x can be construed as no longer having the intentional state of hope, for a certain event x. What defines existential loss of hope, Ratcliffe argues, is the transformation of one's space of possibilities into one of impossibility, where hoping for a state of affairs to come to be becomes essentially irrational, since the very possibility of the desirable state of affairs is under question.

While I agree with this characterisation of hopelessness in depression, I would argue that one needs to say more about how this process of transformation of space of possibilities into one of impossibility is brought about and how individuals respond to this transformation. In the case of Iranian patients, I would argue this process is intimately linked with the Iranian conceptualisations of life and depression, whilst the responses to this transformation are connected with thoughts and practices of death-consciousness.

> #14(F) – I saw the world as uncertain (*mobham*), and full of hopelessness and despair (*ya'as*).
>
> #25(M) – [When depressed] the world has no meaning for me and I'm not hopeful about life.

#28(F) – My depression has caused me to be dispirited about life and has caused me to continue life with hopelessness.

#15(F) – Depression means moodiness (*bi-hoselegi*), restlessness, hopelessness.

There are two elements at play here, understanding both of which is essential in understanding the feelings of hopelessness in depressed patients in Iran and the emphasis placed on this feeling as a central symptom of depression; namely, the Iranian conceptions of life itself, and the cultural conceptualisations of depression. As discussed in §2.3.3, the common conceptions of depression in Iran often attribute the cause of depression to an outside source, out of the control of the individual. As such, there is often an element of dissatisfaction with the world in which one dwells and a sense of one being a victim of these outside influences. In such a conception, one's efforts in taking control of one's life and protecting oneself against the outside influences are felt to have been in vain – and it is through the realisation of this effort in vain that depression comes about. Depression, from its conception to its manifestations as seen in Iran, seems to be the embodiment of the struggles of each individual against the world, and one which is, to a certain extent, the logical place these struggles lead to.[14] This latter point is closely connected with the Iranian conceptions of life as fundamentally a fight, a struggle to strike a balance between the forces of Good and Evil (as seen in §2.4). In other words, the feelings of dissatisfaction and the sense of being a victim in the world can be thought of as the expression of the inherently unfair fight one is made to endure. In this sense, depression is thought of as the logical ending point, once one realises the nature of this unfair fight. Once one is fallen into depression, and due to the existential change one goes through in depression, which transforms one's perception of oneself and of one's world, the sense of helplessness becomes overwhelming, and it is in such a situation where any

[14] It could be argued that the hopelessness felt and talked about so often among Iranians, can be thought of as an idiom of distress, one which finds its expression in depression: depression is the means through which this already existing thoughts and feelings are expressed. I will look at this proposition in chapter 8.

hope for change and a move forward is lost. The very hope, that is, which up until this point would have fuelled the ongoing fight forward. The existential hopelessness in depression, then, brings into question the very meaning of life as a fight to be fought, and is therefore the hopelessness of even envisioning a change, and conceiving of an improvement in one's life – no hope is left for even fantasising about a different world. This, I believe, is the impossibility Iranian depressed patients are faced with, one which, in altering the individual's perceptions, brings into question the meaning of life and the motivation to strive forwards.

I would argue that this could be an account of the way in which one's space of possibilities is transformed into impossibility as a result of the existential change one goes through in depression. Once understood, this process can also illuminate the heavy emphasis placed on feelings of hopelessness among Iranian patients, as the defining symptom of depression. It follows from the arguments above, that the rootedness of this feeling in the Iranian culture and conceptions gives this feeling the importance and centrality that is expressed by those suffering from depression.

Importantly, however, (and the way in which the feelings of hopelessness in Iranian depressive patients is distinguished from those in the UK), is the role of the culture of death-consciousness already prevalent in Iran, and its influences on the feelings of hopelessness. Specifically of importance here are the accounts of life and death as presented in the literature of 20th century Iran. As argued previously, in such works of literature, the message conveyed is one in which the dissatisfaction with one's life, and a sense of having lost in the fight for a good life, forces one to come face to face with death as the ultimate end. Shown clearly in the poem by Akhavan, death becomes the only conceivable change, and thus the only goal one is able to hang onto. Death in such a scenario would be the only place one could take shelter from the hopelessness of life: death becomes the only remaining hope. This pre-existing culture which encourages the remembering of death both paves the way for this form of hopelessness, and offers a way of interpreting and understanding, and thus articulating one's feelings of frustration and dissatisfaction. This existential hopelessness, therefore, places more emphasis on death, as the only possibility amidst the impossibilities of life. This form of hopelessness, one that forces one to remember

death in such a way, is further strongly connected with another feeling expressed by Iranian patients, namely absurdity.

> #26(F) – I feel a sense of absurdity (*poochi*), nothing is interesting for me.
>
> #21(F) – I feel a sense of absurdity and feel as if nothing is right and everything is a lie.
>
> #9(F) – I think the world has no attractions even in the moment. Merely passing time and life without anything else.
>
> #35(F) – I feel sadness and sorrow and [a sense of] absurdity.
>
> #36(F) – I feel that the world is completely absurd and futile
>
> #41(F) – Depression means feeling absurdity, and life becoming meaningless.

A linguistic point is worth making here regarding the meaning and connotation of the words used in this instance. The word used by Iranians, *poochi* (noun), which I have translated as absurdity, is derived from the adjective *pooch* which itself carries various meanings and heavy connotations. Among the dictionary meanings of *pooch* are empty, hollow, pointless, futile, nothingness, nonsensical, and lacking in meaning. Given these definitions, then, it can be seen that what Iranians mean in talking about feelings of absurdity or *poochi* in depression, is an expression of the way they see the world and themselves in it. Furthermore, given these meanings, the link between this expression and those of hopelessness become clear, since they are both rooted in the Iranian conceptualisations of life. The feelings of absurdity in this sense, emphasise the feelings of defeat and meaninglessness with regards to the fight which is life.

Now with the preceding account of hopelessness, where consciousness of death plays a central role, and where death itself is highlighted as the ultimate inescapable end, this sense of meaninglessness and emptiness of the world comes to the foreground: nothing can change the fact that death is inescapable. The depressed patient who is overwhelmed by the feelings of existential hopelessness is confronted with this fact, and as a result, any attempt to fight this inescapable end is seen as meaningless, since one can never win the ultimate fight with death. This latter point overshadows, and makes meaningless any effort for improvement, giving one's life and the world in

which one dwells a quality of emptiness and absurdity. Various writers and thinkers from a range of cultures have spoken of the inherent absurdity of life, but the sense of absurdity talked about by Iranians suffering from depression specifically finds its meaning against the cultural conceptions of life as a meaningful fight (§2.4). It is the sense of loss of meaning in depression, shaped by a sense of hopelessness against a death-conscious culture that is emphasised in complaints of absurdity among Iranians. One can see parallels here between these feelings of meaninglessness of the world, and the metaphors used by Iranians in talking about their experiences of depression, seen in chapter 3. As argued before, the image of a colourless world signifies an idle and meaningless state in which no change can be envisioned and thus any attempt at improving one's state or hoping for a better future is seen as futile and absurd. Taken together, the metaphors of colour and the feelings of hopelessness and absurdity, make the argument for the existence of these feelings, as the defining features of depression in Iran, stronger. Furthermore, these feelings of absurdity as felt in depression can in effect place into question one's previous understandings of oneself and one's life:

> #3(F) – I am hopeless and at the same time feel absurdity (*poochi*) with regards to my life in the past, present and the future

As if in receipt of a higher understanding, the feelings of absurdity and hopelessness, in the face of consciousness of death, force one to think about the way one has led one's life up to this point and all previous conceptions of life and the world. Death is a sublime which makes one realise one's own mortality and insignificance and such feelings further force one to rethink how one has conducted oneself throughout one's life, and it all seems meaningless, empty, and absurd.

Additionally, following the earlier discussions from the religious teachings which encourage the remembering of death as a preventive force against the earthly joys of life, this feeling of absurdity and the meaninglessness of life in depression, can affect the behaviours patients have in response to depression. The tendency to deny life, brought to the foreground in light of the feelings of the absurdity of life, could in instances dampen the motivation to seek help. The unwillingness of the patients to

find help and an effective treatment, presents a challenge for mental-health professionals. Looking at such issues in psychotherapy in particular, San'ati notes, in societies such as Iran, individuals "are prepared to use modern psychotherapies as modern cures, but they have been nurtured with a culture of death which is there, at least, in the back of their mind, challenging therapeutic attempts for change" (San'ati, 2004). Such resistance, and the view of change as futile and meaningless, can further be explained through the conceptualisation of every suffering as 'a portion of death', and therefore as inevitable as death itself. If the suffering as a result of depression is conceptualised in this way, and if, as a result of the feelings brought about by depression, the thought of death and its conceptualisations in the culture is brought to the fore of one's attention, then one might see this suffering as necessary, and to be embraced rather than treated and gotten rid of. In instances where these various elements are seen to be in play together, the unwillingness to seek help and treatment can be explained against the backdrop of the cultural conceptualisations of death and death-consciousness.

4.4. Conclusions

In this chapter I have first argued that Iran has a death-conscious culture. As I have argued, the existence of this culture is manifest through the religious teachings, as well as the large domain of literary works, religiously oriented and otherwise, and its dominance has been further cemented through the collective experience of war and its destructions. Death-consciousness, as I have used the phrase, encompasses a range of attitudes towards death, centred around the awareness and remembrance of death, whether as a means of remembering the afterlife in case of religious teachings, or as a desired state in the face of dissatisfactions with life in the case of the modern literature. All the while, these attitudes are heavily influential in the way Iranians conceptualise themselves and their lives, and their relation to the world in which they dwell, and are therefore phenomenologically significant.

Secondly, I have examined the effects of this pre-existing culture on the experiences of depression, as seen in Iran. I argue that death-consciousness has a direct effect on certain symptoms of depression as experienced in Iran, and provides a basis for

comparison, and a point of divergence between experiences in Iran and the UK. Attitudes and reactions towards suicide and suicidal thoughts, feelings of hopelessness and absurdity, and some help-seeking behaviour, are shown to be largely a consequence of views towards death in the culture.

The exposition presented provides an example of where the dominant culture and the cultural ways of thought and interpretation influence the experiences of depression, and shape the manifestations of depression. Whilst I concede that many of these mechanisms and frameworks remain largely unconscious, an examination of the dominant forces of influence in the culture demonstrates the pervasiveness of such cultural modes of thought and interpretation. By bringing these mechanisms and frameworks to the foreground of consciousness, whilst acknowledging the fact that experiences find meaning against the backdrop of culture and dominant ways of thought, the role played by such mechanisms in shaping parts of experiences of depression within the culture are demonstrated.

5. Interpersonal Relationships I – Impersonal Interpersonal

5.1. Introduction

An important, and universal part of experiences of depression, is its influence on interpersonal relationships. This influence, manifested in the breakdown of the interpersonal bond, can be seen in different domains of relations with others; namely one's relation with the indefinite, collective, 'impersonal' others, as well as one's relations with specific, determinate, 'personal' Others. I suggest that although the breakdown of the interpersonal bond can be thought of as a universal part of experiences of depression, the manifestations of the breakdown can be culturally specific, and in accordance with cultural norms and conceptualisations that govern our relations with others.

In Iran, as a collectivist society, often the boundaries between the social and the private, and the norms governing relationships in the two spheres, are blurred. In such a society, the experiences and goals of the individual are seen to be in the service of the collective, whilst the collective force of the society in setting the norms and dominant ways of being, remains powerful in the private spheres of life. As such, one of the complications when analysing a phenomenon such as depression is the inseparability of the social from the interpersonal, and therefore the 'impersonal' from the 'personal' relations with others. Noting this interconnectivity, in this chapter and the next, I aim to give an account of the changes one goes through in depression, as related to relationships with others, in both domains of life. The account presented offers a way of understanding cultural variations and their role in shaping experiences of depression, whilst demonstrating how the dynamics governing the two spheres of social life shape and influence one another, as contexts where experiences arise and are made sense of.

The importance of relationships with others and the phenomenological significance of these cannot be overstated. How we relate to other conscious beings in the world, both as a collective and as individuals, forms an important part of our being-in-the-world, and provides a background for furthering our self-awareness and self-

knowledge. As I will show, these relationships also have a significant role to play in our emotional consciousness and experiences. Given these manifold influences and the significance of interpersonal relationships, an examination of the changes in the way we encounter and relate to others in depression, as well as the role played by culture in shaping these changes, is crucially important.

In giving an exposition of these factors, as manifested in depression, I argue for the importance of interpersonal conflict, seen in every domain of our relationships with others. As I will argue, due to the existential change one goes through in depression, this inevitable, and ever-present conflict between I and Other is brought to the foreground of consciousness, and as such plays an important role in shaping our interpersonal experiences in depression. In discerning the importance and the workings of this conflict, I will use accounts offered by Heidegger (present chapter) and Sartre (next chapter), for whom the interpersonal conflict is central in understanding our relationships with others. While different notions and concepts from the two phenomenologists are introduced and used to account for the significance of the particular Iranian experiences under discussion, the choice of using theories developed by Heidegger and Sartre has been informed primarily by the central place they give to the interpersonal conflict that they view as necessary and ever-present in human relationships. Furthermore, this choice allows a natural division in the discussion between social and interpersonal relationships, while maintaining a close link between the two through the presence of the interpersonal conflict. Heidegger's account focuses on one's relationship with others as a collective, powerful entity, which dominates our social norms and values, and therefore is concerned with the interpersonal conflict as it arises between one and the society at large. Sartre, in contrast, focuses on the interpersonal, one-to-one encounters and relationships with a particular Other and the inescapable conflict that governs the dynamics of these relationships. Despite their different focal points, the two accounts should be viewed as complementary rather than contrasting, as together they offer a holistic account of the significance of relationships with others. These phenomenological accounts, together with the exposition of cultural factors which create the backdrop to

interpersonal experiences in depression, provides a framework for understanding some of the cultural variations in experiences of depression.

In this chapter, I will first outline the theoretical background of the analysis, detailing Heidegger's accounts of our social mode of being, and of moods and attunements in the world. I will then explore the implications of the misunderstandings of depression in Iranian society, as an instance of what Heidegger characterises as a conflict between an individual and the collective others. One consequence of such misunderstandings, I argue, can be seen in changes in individuals' possibilities for action and expression. Furthermore, these misunderstandings create a mood of unhomelikeness in depression, which forms the background against which social and interpersonal experiences in depression can be accounted for.

5.2. Dasein, Das Man, and the Social Mode of Being

For Heidegger, our being as humans is always situated within a broader context. The significance of this situatedness is seen in the term 'Da-sein' denoting our way of being, as a Being-there; out there in the world, where we are thrown, and in which we dwell. But in Heidegger's account our being out there in the world, rather than being solitary, is always related in various ways to other beings like ourselves. This relation is such that our being-in-the-world is essentially a social way of being; Being-with. Other people are constitutive of our world in which we dwell, and this constitutive role of others is best seen in Heidegger's account of the work-world and the use of tools;

> In our description of the … work-world of the craftsman … the outcome was that along with the equipment to be found when one is at work, those Others for whom the work is destined are 'encountered too'. If this is ready-to-hand, then there lies in the kind of Being which belongs to it (that is, in its involvement) an essential assignment or reference to possible wearers, for instance, for whom it should be cut to the figure. Similarly, when material is put to use, we encounter its producer or supplier as one who 'serves' well or badly … The Others who are thus 'encountered' in a ready-to-hand, environmental context of equipment are not somehow added on in thought

> to some Thing which is proximally just present-at-hand; such 'Things' are encountered from out of the world in which they are ready-to-hand for Others – a world which is always mine too in advance. (BT, 26: 153-4)[15]

This passage reveals three senses in which others are constitutive of Dasein's Being. Firstly, other people form a new class of being that Dasein encounters in its everyday life, in addition to tools and objects; since there is a consideration of others in everything Dasein does on a daily basis. Secondly, the work-world of Dasein is always related to others, since the work done by Dasein is always provided by, and destined for others. For example, while working in the library on a piece 'destined' for a certain audience, I also have a consideration not only of those working in the library as I am, but also those who have worked in building and maintaining the environment in which I work. The third and last factor is the social context of the use of equipment: the use of a tool is determined, not by the way any individual Dasein employs it, but rather, by observing how a community of individuals does so. In other words, if a tool is handy for a given task, it is so for any Dasein capable of employing it. Therefore, not only is the presence and significance of others evident in our encounter with different tools, objects, and things, but also through different acts Dasein takes, it is inevitably maintaining a sort of relationship with others. Through this exposition, therefore, Heidegger makes the case for the claim that that the very Being of Dasein is inherently social: the Being of Dasein is Being-with.

This notion of the individual's Being as essentially Being-with, is crucial for Heidegger's characterisation of Dasein. This is since for Heidegger, "Dasein's capacity to lose or find itself as an individual always determines, and is determined by, the way in which Dasein understands and conducts its relations with Others" (Mulhall, 1996, p. 67). This is since Dasein's understanding of itself comes from the realisation of how it is different from others. "[W]hether that difference is merely one that is to be evened

[15] All the quotes from *Being and Time* (BT for short) are taken from the translation by Macquarrie and Robinson (Basil Blackwell, 1962). For purposes of clarity, in referencing quotes, I signify the section and page number respectively, as they appear in this translation.

out, whether one's own Dasein has lagged behind the Others and wants to catch up in relation to them, or whether one's Dasein already has some priority over them and sets out to keep them suppressed." (BT, 27: 126-127) It is in contrast to others that Dasein finds itself, as an individual Being.

This point is of great importance for Heidegger's understanding of inauthentic individuality. We often perceive these differences either as something to be eliminated altogether, thus seeking conformity with others, or as something to be emphasized and developed, in an attempt to distinguish ourselves from the others. In both of these cases, one allows one's individuality to be determined by others, resulting in an inauthentic individuality. This loss of authentic individuality, arising from Dasein 'distancing itself' from the Others, through identifying its differences from others, is what Heidegger terms the 'average everyday distantiality'. This absence of individuality, further, must apply to most – if not all – individuals Dasein encounters, since it is what defines the way human beings generally relate to each other. Importantly, however, these Others, what Heidegger calls das Man, are not to be thought of as a group of genuine individuals whose way of being dictates everyone else's way of being: "[das Man] is neither a collection of definite others nor a single definite Other; it is not a being or a set of beings to whom mineness belongs, but a free-floating, impersonal construct, a sort of consensual hallucination to which each of us gives up the capacity for genuine self-relation and the leading of an authentically individual life" (Mulhall, 1996, pp. 68-69). As such, das Man can be thought of as the society in which one finds oneself. The norms dictated by one's society and culture, are independent of any individual member of that society or culture, yet they influence the way any single person within that society conducts herself, perceives and understands herself. In other words, in every instance during one's daily life, one is representative of one's society, since one necessarily conforms to the norms and values set and dominated by das Man. Therefore, for Heidegger, the average everyday being of Dasein is inauthentic since it takes the form of das Man, such that its self is one of das Man's.

Two important notes should be borne in mind in talking about the influences of das Man on Dasein's Being. Firstly, it is not the case that in its everydayness, Dasein's self,

as one of das Man, is less real or less itself. On the contrary, since according to Heidegger, authentic and inauthentic modes of being are complementary rather than opposing, this everyday inauthenticity could help Dasein's quest in finding its authentic self. In other words, in finding the path to authenticity, Dasein would always have to return to the inauthenticity of its everydayness, since it provides the necessary background for authenticity. It is through acknowledging the everyday inauthentic mode of existence that Dasein can identify and take action in what would lead to its authenticity. For example, one could decide to change one's subject of study, due to concerns raised by others regarding one's employability following a degree in humanities, or due to one's personal passions and plans for the future. Thus on this account taking action purely as a result of others' concerns would constitute an instance of inauthentic decision making. This is while making a decision based on one's own passions and plans for life, while acknowledging the difficulties that might follow this decision, as raised by others, would be a more authentic process.

Secondly, it should not be deduced from the preceding arguments that leading an authentic life necessitates cutting all ties with others and leading an isolated life. To the contrary, since Dasein's Being is essentially Being-with, its inherent social form provides a condition of its way of being as a human being. An authentic form of life, therefore, requires a different way of relating to others, rather than detachment from all others. Heidegger's account of what this alternative relation to others consists of, raises more questions than it answers. However, for our purposes it is sufficient to note a) that the averageness of Dasein and the influence of das Man is not a purely negative aspect of Dasein's Being, and b) that the authentic mode of being does not necessitate the elimination of all ties with others.

This exposition makes manifest the conflict Heidegger observes between an individual, and the society in which she dwells. This is since, in one's quest for authenticity, the norms and values set out by das Man present a constraint, one which is immensely difficult, if not impossible, to overcome since it encompasses one's very being. This is despite the fact that the everyday inauthenticity is conceptualised as necessary for attaining authenticity, since the phenomenological experience of a blockade in one's quest remains a negative, frustrating aspect of one's relationship with das Man. The

conflict between Dasein and das Man, can also be seen in another aspect of Dasein's Being-in-the-world, namely Being-in, as will be discussed in the next section. Within this aspect, the mechanism through which das Man affects Dasein's space of possibilities is made clear.

5.3. Being-in, Moods, and Possibilities

Being-in refers to the way in which Dasein inhabits, and relates to the world, in virtue of the way it perceives the nature of this world. Central to Heidegger's account for Being-in are the two notions of 'Befindlichkeit' and understanding. Befindlichkeit refers to Dasein's capacity to be affected by the world, in ways that it does not always have complete control over.[16] The most familiar manifestation of this existentiale[17] is the phenomenon of mood. Moods, for Heidegger, are basic to our being in the world. They "make manifest 'how one is, and how one is faring'" (BT, 29: 173), since they open up the world to us as significant and meaningful. Separate from emotions, which have a direct object, and sensations, which carry distinctly bodily feelings, moods lack a distinct object. They rather "colour the way everything appears to the self" (Svenaeus, 2014, p. 6). Furthermore, moods do not come from the outside or from the inside, they are rather states into which one is always thrown, slipping from one to another or slipping off into bad ones. They are therefore passive states we find ourselves in, inflecting every aspect of Dasein's relation to the world and the entities in it. As such, we find ourselves there in the world, "always already busy with different things that matter to us, and this 'mattering to' rests on an *attunement*, a mood-quality which the being-in-the-world always already has" (Ibid., p.7).

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[16] Befindlichkeit translates to the English 'state of mind', however, as seen from the description of how Heidegger uses the term, it can be seen that the English translation does not fully capture the meaning. Hence I will use the German term for clarification purposes.

[17] This is the equivalent of the term 'category', however, since for Heidegger Dasein's being is distinct from different entities the use of this term as related to Dasein is forbidden. Existentiala (plural) are certain characteristics or elements of Dasein which are revealed through the analysis of its existence, as such.

It should be noted that Dasein's moods arise from its Being-in-the-world and are thus socially determined. This follows from the earlier arguments and the point that Dasein's Being is essentially Being-with, meaning the states Dasein finds itself in, such as moods, not only affect, but are affected by its relations to Others. Dasein's membership of a group, for example, can lead to her being "thrown into the mood that grips that group, finding herself immersed in its melancholy or hysteria" (Mulhall, 1996, p. 79). This social nature of moods is further reinforced by Dasein's everyday mode of being as one of das Man: "Publicness, as the kind of Being that belongs to [das Man], not only has in general its own way of having a mood, but needs moods and 'makes' them for itself" (BT, 29:178). What this entails, is the fact that the individual's social world fixes the moods in which she is thrown, through this world's norms, practices, or values. And although individuals are capable of transcending or resisting the dominant social moods, it does mean that the range of possible moods itself is socially moulded. One is more likely, for instance, to find herself in a mood of elation in a society that values and encourages happiness and expressions of it, both through the expectations that arise as a result of such a valuation, as well as through seeing the way others *are* in the society.

The pre-existing culture in Iran, as seen in §2.4, values the feeling and expression of sadness insofar as it values being good in an eternal fight between Good and Evil. This culture, together with the state-sanctioned ceremonies and events which enable such expressions, can be seen to facilitate a dominant social mood of sadness and dysphoria. In this discussion, the role of the state should be emphasised, not only as a force that encourages displays of sadness through sponsoring nation-wide ceremonies (§2.4.1), but also as one that forcefully discourages displays of happiness. Young people in Iran are regularly arrested and punished for such public displays of happiness. A well-known example is Pharrell Williams' fans, who were sentenced to lashings in 2014, for publishing videos showing them dancing (Kamali Dehghan, 2014). More recently, in 2018, a 17-year-old was arrested for publishing videos of herself dancing in her room, on her Instagram page (Kamali Dehghan, 2018).

Again, it should be noted that in saying that sadness is the dominant mood in the Iranian society, I am not claiming that every individual's way of being in that society is

dominated by the mood of sadness, but rather that the dominant mood of the society, of das Man, the "free-floating, impersonal construct" that influences each individual within the society, is one of sadness. And given the influence of das Man on one's way of being, both in personal as well as the social domain of interpersonal relationships, the fact that such a dominant mood would have an influence on one's way of relating to and being with others is clearly demonstrated. The social nature of moods is clear in this case. This social mood, over which Dasein has no control, figures prominently in the way Dasein finds itself in the world among others. And furthermore, the effects of this mood are seen in the various emotional feelings and attunements Dasein has individually.

The second notion crucial to Dasein's Being-in, represents the active aspect of this Being: if Dasein is thrown into the world with a certain attunement, understanding is the mode of Being, characterised by moving forward and confronting one's possibilities, given this thrown-ness into the world. Understanding, for Heidegger, is the act of projecting oneself onto one or other existentiell[18] possibility as defined by the world and its attunement. This projection presupposes a grasp of the world Dasein inhabits, meaning a grasp on the possibilities for action each situation allows for Dasein. In this sense, then, understanding concerns a practical competency, it is the knowledge of how to do certain things and how to engage in certain practices. But it is important to note that this practical competency is related to certain existentiell possibilities: My relation to the objects around me is determined by the task for which I make use of these objects, but I perform the task itself for the sake of a more general existentiell possibility which defines who I am. As such, a grasp on the world into which Dasein is thrown, and the moods in which Dasein finds itself, together with the objects around it serve Dasein's self-understanding and finding itself in terms of the

[18] 'Existentielle' in Heidegger's terminology refers to someone's personal understanding of their existence. As such, an existentielle possibility is a possibility observed by the individual in light of their understanding of themselves and their existence in the world.

possibilities presented to it. It is thus that for Heidegger, the true existential medium of Dasein is characterised by possibility:

> Any Dasein has, as Dasein, already projected itself; and as long as it is, it is projecting. As long as it is, Dasein always has understood itself in terms of possibilities … As projecting, understanding is the kind of Being of Dasein in which it *is* its possibilities as possibilities. (BT, 31:185)

In choosing to actualise one possibility over others, Dasein is once again faced with the problem of authenticity. In making such decisions, Dasein can either project itself upon a mode of existence in which to express its individuality, or one where it would fail to do so – either through a misunderstanding of its world and possibilities, or through losing itself in das Man and letting das Man determine its choices. As such, this projective understanding itself can be authentic or inauthentic. But in either case, it is always conditioned by the social and cultural situations in which Dasein dwells. The existential possibilities and the freedom to choose to actualise one possibility over others are in turn shaped by the concrete situations in question. As Ian Hacking has shown, social labels and descriptions influence the space of possibilities of actions presented to an individual. In this sense, who we are is defined not only by the actions we take, but the possibilities of actions presented to us, i.e. what we might have done or what we might do. However, this space of possibilities is itself bound to social and cultural descriptions: "What is curious about human action is that by and large what I am deliberately doing depends on the possibilities of description … Hence if new modes of description come into being, new possibilities for action come into being in consequence" (Hacking, 2002, p. 108).

The two elements in Heidegger's account of Being-in, can be used to illuminate how individuals' actions and tendencies in depression are shaped by the social context of their experiences. This is since the social context, by setting the dominant mood and understanding, in this case of depression, also affect the individual's space of possibilities in response to the experience they are having. Therefore, various actions and attitudes can be characterised in terms of the relational nature of our being as inherently social. In the next section I will bring out specifically the way in which these

theoretical considerations can be applied to account for the Iranians' social experiences of depression.

5.4. Misunderstanding as Conflict

A general picture of the social experiences of the individual with depression in Iran, can be gained through the first-person accounts published on Facebook. As noted in §1.2, these accounts were written unprompted, and as such, the themes individuals chose to write about can be thought to represent what they take to be some of the most important aspects of their experiences. Perhaps unsurprisingly, given the nature of the Iranian society as a collectivist one, where relationships with others, including their judgments and opinions of one, are emphasised, the majority of these accounts are concerned with interpersonal relationships, with a particular emphasis on social understandings and attitudes towards depression. What these accounts indicate is the presence of a conflict between individuals and their society, arising in large part due to misunderstandings, of the notion of mental illness generally, and depression in particular. Such misunderstandings are not limited to an abstract definition of depression, but also have implications for judgements and expectations; what they take to be characteristic symptoms of depression, what an individual in depression looks like, and what it means to be depressed. Following the preceding exposition, such misunderstandings can be taken to be an example of inauthentic understanding characteristic of das Man, which creates a tension and conflict with individuals experiencing depression.

5.4.1. Misunderstandings of depression as a mental illness

The first theme patients talk about concerns the misunderstanding in the society, as to what depression is. It seems to be that in Iranian society there is a generally accepted conception of illness in society as a purely physical phenomenon, manifestations of which can be perceived. Such a view is in line with the previously discussed cultural conceptions of health and illness as inspired by traditional medicine (see §2.3.1). On this conception of illness as something observable, depression, which is taken to be a supposedly purely mental illness with no such observable

manifestations, becomes problematic. It becomes difficult for Iranians to accept that such a condition can be a 'real' illness. It should be noted that when Iranians expect an illness to have physical manifestations what is meant are directly observable symptoms of illness, such as tissue damage, or X-ray images of a broken bone. Those behavioural changes that arise in depression, or other mental illnesses, do not seem to be 'physical manifestations' of the right kind. An example illustrating this conception, that gets used frequently by Iranians contrasts depression with 'a broken leg':

> FB#4 – [Regarding expectations from others to engage in social activities] Nobody expects someone with a broken leg to go hiking … but the difference is you can *see* a broken leg, but you can't see an ill soul.
>
> FB#13 – [Regarding the shame and judgments around depression] There is no shame in breaking your limbs. People seek medical help the first opportunity they get and get treatment … but when it comes to depression or mental illness, a lot of people choose silence or denying that the illness exists.

I would argue that this misconception is an instance of the inauthentic understanding of das Man. Recall that in Heidegger's characterisation, das Man exists in the mode of inauthentic understanding, and is seen as being representative of the widely-held beliefs in a given society and seeking conformity with this society. Noting these characterisations makes it clear that such an understanding of illness as always accompanied by directly observable symptoms, and consequently the understanding of depression as a 'less real' illness in the absence of such symptoms, is characteristic of the inauthentic understanding of das Man. This inauthentic understanding creates a tangible conflict between the society and the one suffering from depression, as seen in the above quotes. This conflict, which arises from the lack of mutual understanding, underlies the shame that patients feel they are made to endure in talking about their depression, as well as social stigmatisations and judgements that result from this misunderstanding and mischaracterisation of depression.

One response to this misunderstanding, seen in the accounts by depressed patients, seems to be aimed at challenging the supposedly the hard division between physical and mental illnesses. Some patients present the various observable manifestations of depression as being close to physical symptoms. One instance of such a response is talk of 'uncontrollable crying' as the most stated symptom of depression among the Facebook sample:

> FB#3 – ... I would wake up in the morning and start crying. My friend would find a new job I would cry. Stepping on a snail and crushing it would make me cry. It rained, metro was delayed, ATMs were broken, or any other simple reason would make me cry.
>
> FB#4 – [While depressed] any excuse would make my tears flow… .
>
> FB#12 – I was done, the me for whom crying was the hardest thing in the world, would now cry when seeing a tiger who had lost its pups on a nature documentary, my soul was extremely weak, so was my tolerance threshold… .
>
> FB#14 – Without wanting to, I would cry, without wanting to.

I suggest that, crying can be seen as a physical manifestation of a non-physical illness. In a society with a tendency to dismiss mental illness as 'unreal' due to not having physical manifestations, then an observable manifestation of it, such as crying in the case of depression, could be hoped to play a legitimising role.[19] Crying is also seen repeatedly in the responses to the questionnaire – as can be seen from Figure 2 (p.14),

[19] It is worth making a note here on self-harming behaviour as a result of social expectations for an individual to legitimise her illness. There is no data on self-harm as a behaviour among depressed patients in Iran, and studies that do exist on the subject often conflate or equate self-harm and suicide attempts, making it difficult to draw precise conclusions about the matter (e.g. Zarghami & Khalilian, 2002; Maghsoudi, et al., 2004). Although self-harm has not been a common form of behaviour among Iranians, in recent years, the increase in rates of cutting as a form of self-harm among teenage school girls has been reported, sparking worries and a national discussion, especially on the social pressures on young girls in the country (Ilna News, 2017).

about 28% of the respondents talk about crying as one of their symptoms of depression. Offering a characterisation of depression that fits in with the widely-held beliefs regarding illness generally, would naturally have the effect of eliminating at least some of the stigmas that arise as a result of such misconceptions.

However, crying in this context has another legitimising role, namely that of distinguishing between the pathological depressive mood and the normal state of sadness which is only to be expected. The general attunement towards sadness in Iran, and the positive valuation of it, together with the belief that sadness is a necessary and inescapable part of human life, as noted in §2.4, give rise to the social expectation that every individual should be able to cope with this necessary sadness. Moreover, as a result of this expectation regarding how individuals should be, there exists a negative attitude towards those individuals who complain about the presence of sadness in their lives. These are often viewed as weak individuals incapable of dealing with what is seen as a necessary aspect of life. This view is further applied to those suffering from depression: sadness exists for all and complaints about the hardships of life are a mark of a weak character. Uncontrollable crying in such cases acts as an indicator of a deeper form of sadness than what one is expected to endure, or a different form of sadness altogether, one that goes beyond the general attunement of the world and should be considered pathological.

These points serve to indicate the way in which a conflict between individuals and society, between Dasein and das Man, shapes the behaviours of the individuals. Lack of an authentic understanding of depression in society, or even the perception of such a deficiency, forces those suffering from depression to act in a certain way in order to legitimise their suffering and gain the acceptance they need. As I will argue, this lack of understanding, or perception of it, has far reaching effects that extend beyond the social domain and into personal relationships. However, it is important to note here the fact that the influence of such misunderstandings is not limited to the observable behavioural changes. Rather, there are phenomenologically significant consequences, which shape the way in which patients understand and interpret their experiences. One example of such a consequence is the effect of these social misunderstandings on the space of possibilities presented to an individual in depression.

5.4.2. Misunderstandings and possibilities of action

The social judgments and stigmas, stemming from an inaccurate understanding of depression, have practical implications as well. The second context in which social relationships are talked about concerns such implications. Specifically, social judgements have the power to shape possibilities for action, as perceived by depressed patients. It is the interplay between the description a community holds, and the individual experiences within the bounds of that description that is of interest here.

Recall that understanding, for Heidegger, is the mode of moving forward in the world, through having a grasp on the world and the possibilities it presents to Dasein. This mode of understanding and the resulting actions are always socially and culturally determined and the presence of das Man, and in turn the possibility of inauthenticity is always embedded in our actions. This sociocultural nature of the mode of understanding and das Man's contribution to it, can have a significant influence on one's grasp of the world in which she dwells and, consequently, the actions or inactions she chooses to take. This can be seen clearly in the case of Iranian patients struggling to identify and carry out their chosen actions in response to depression.

An instance of this interplay is seen in the case of depressed patients who choose medication as their preferred treatment for depression, but who face judgments in light of this decision. Many of the Facebook posts note that taking medication for depression is looked down upon in the society, and that such attitudes result from the lack of understanding of the nature of depression itself:

> FB#8 – [The most difficult thing is] explaining to people, making them understand that the state I'm in is not called laziness and is different from short-term and temporary episodes of depression in others, which comes about after emotional crises and failures in employment and studies, that I am trying to get rid of it and of course it crossed my mind, before it crossed theirs, to do something for myself. That it has nothing to do with inculcation … A pain that others, even those closest and dearest to you enforce on you, because they do not know how to act around you so that you do not endure

> more pressure. That medication is necessary for depression, just like it is for heart disease and diabetes and migraine, that they'd stop blaming you for taking it and recommending herbal remedies and other alternatives.

If, as I have argued, such negative attitudes and judgments towards an individual with depression arise from misconceptions of depression rooted in traditional medicine, then it would not be surprising to see these attitudes extend to the medical treatment of depression as well. As seen in §2.3.1, following traditional Iranian and Islamic medicine, the prevalent conception of illness and disease, is one arising from an imbalance in the body, due to environmental, dietary, or stress-inducing factors. In this conception, therefore, one can rid the body of illness through restoring this balance by natural means. Given these folk understandings, herbal remedies and natural alternatives to pharmaceutical medicine have retained a strong preference among Iranians (Loeffler, 2007). Through time, however, the success of pharmaceutical medicine has been accepted for somatic illnesses, such as heart disease and diabetes referred to in the above quote. The effectiveness of these for mental illnesses, however, remains controversial in the eyes of the Iranian public.

If we accept, therefore, that there is a negative attitude in society towards taking medication for depression then given our preceding arguments, such a prevalent attitude could have a significant influence on how individuals seek help for depression and the actions they take in treating it. This is again due to the social nature of the world we live in; social and cultural elements not only influence the way we identify our space of possibilities, but also how we choose to act and actualise these possibilities. Given the cultural values of Iran as a collectivist society, the importance of the shared values held by the society and the influence they have on the life choices of the individual, the saliency of this point in the context of Iran is clear. As such, it is not surprising that in some cases attitudes and judgments regarding medication in treating depression are powerful enough that they result in individuals having an altered space of possibilities of action, which in turn influences their choice in which action to take. Therefore, in this context, within a society that not only views depression as somewhat inferior to other, more 'real' physical illnesses, but also has a history of folk theories of illness and treatment which have a negative view of

pharmaceutical drugs, the possibility of action for those inclined to such medication as treatment of depression are compromised:

> FB#1 – When my family found out about the medicine, they got really upset, it was hard for them to accept that their daughter took antidepressants and this topic is still unacceptable in today's Iran and most often people label you as a mental patient (*bimār-e ravāni*). I stopped taking the medication … I know I need help but my negative personal experience of seeking help from a psychologist, as well as being mindful of my family, and the negative attitude of the society towards those who take medication, stop me from seeking help from psychiatrists and psychologists.

The altered space of possibilities as a result of sociocultural conceptions and misunderstandings of depression, is not limited to taking medication. Iranian patients often complain about their inability to express themselves and their experiences, due to fear of being judged, labelled, or misunderstood. In a society where expressions of one's emotions is encouraged, and where there is an expectation that others would be able to listen and help an individual suffering from unpleasant experiences, the inability to express depression experiences can be seen as a direct result of misunderstanding and misconceptions of depression. These common misunderstandings in this case, not only limit one's possibilities of action, but further adds to the suffering of the individual, who feels that she has to endure these experiences alone. In the interpersonal domain, such feelings would further add to the patients' feeling of, and tendency towards isolation, as will be discussed further in §6.5.3.

> FB#3 – I had doubts about writing about my experiences [of depression]. Not because I'm embarrassed, but because those around me clearly see my confession of being depressed as attempting to look intellectual, they think confessing to being depressed has now become fashionable.

> FB#12 – I know that writing [about depression] is not going to be without cost for me, I will certainly be judged, blamed, and even sabotaged by friends and acquaintances, colleagues, and even people whom I don't expect.

> #33(M) – [In my relations with others I have] an inability to express words, and [therefore] I suffer internally and am unable to express what must be said.

Without being concerned about the authenticity or inauthenticity of such actions (or inactions) taken in light of the social valuations, what is of importance here is the role played by society in shaping the experience of depression in Iranians. What is striking is a sense of uncertainty and unfamiliarity associated with depression and its experiences and treatments. This sense of uncertainty is accompanied by a tension between what an individual experiences in depression, and what the prevalent ideas of society, or better of das Man, think acceptable for any individual in that situation. What is interesting is the fact that such social attitudes have a determining influence on individuals' actions, while at the same time having a colouring influence on the individuals' experiences of depression.

In addition to the phenomenological significance of these influences, the cultural dynamics that contribute to this influence in the case of Iran are worth pointing out. The importance of social and personal relationships in the Iranian culture, and the norms and expectations around this importance have already been noted. For Iranians, having and maintaining a healthy social presence and relationships are of crucial importance. This cultural emphasis and importance is further reinforced by social mechanisms, since having a well-connected network of friends and acquaintances can define an individual's path in life. This centrality of social relationships in Iranian culture and society has been reaffirmed in some empirical studies on cross-cultural beliefs and attitudes towards one's social standing. For instance, Safdar et al. have shown that "for Iranians, paying attention to one's social network (maintaining harmony within it and being sensitive to its complexity) is a way both of getting things done (and thereby gaining a sense of mastery) and of receiving enough positive reinforcement to feel that life is satisfying" (Safdar, et al., 2006, p. 128). Given this strong background and context to the influence of social valuations and understandings, it can be seen that these attitudes and the possibilities of action arising from them, contribute to the 'who' of depressed patients in Iran, and the 'how' of their experiences. The possibilities presented to an individual suffering from

depression, are determined by the social descriptions of illness and depression, which are themselves culturally determined. The decision to stop taking medication for depression finds significance when considered within the cultural and social context of the decision and the descriptions and judgments that enforce such decisions. And the significance of feeling unable to share one's experiences of depression, even with those close to one, is seen further when considered against the backdrop of sociocultural norms which attach a considerable importance to social relationships.

These considerations, important as they are in themselves, have further consequences. I would argue that the misunderstandings and misconceptions of depression in Iran, and the attitudes and judgments they give rise to, create and maintain a mood of unhomelikeness in the world for the individual in depression. Arising from a sense of not being understood by others, and contributing to a feeling of lack of empathy, this mood dominates the interpersonal relationships in depression. As such, the mood of unhomelikeness can be thought of as a linking point between interpersonal relationships in the broader society, and those in the personal domain. Before looking at how this mood dominates personal interpersonal relationships in depression in the next chapter, I will give an account of how it arises in the social sphere and 'spills over' to the personal domain of relationships.

5.5. Unhomelikeness in the World, and Empathy

As has been noted earlier, at the heart of the interpersonal experiences in depression, is a sense of breakdown of the interpersonal bond, as a result of the existential change brought about by depression. I would argue that this breakdown, which underlies particular experiences of being with others in depression, can be explained and accounted for through the perceived lack of empathy, and its contribution to maintaining a sense of unhomelikeness already prevalent in depression. Furthermore, through discussion of empathy and unhomelikeness, links can be drawn between the interpersonal relationships in the social domain and those in the personal domain of experiences.

Recall that for Heidegger, our being as Dasein is a being-in-the-world, a being that is

thrown into, and dwells in the world. Since the world and the entities in it find meaning for each individual in a unique way, there is always a way in which I feel at home in the world and attach a mine-ness to this world. However, this familiarity of our world, or the sense of 'homelikeness' of the world, is simultaneously pervaded by a sense of homelessness arising from the realisation that one does not fully know or control the world one inhabits. This is a necessary phenomenon since we are thrown into the world with everything and everyone already in it and our being, as Dasein, is a being there in the world that finds its own meaning within the disclosed entities. The disturbance of our sense of being at home in the world is always a possibility, and one instance in which this disturbance can be seen clearly is in anxiety arising as a result of the realisation that whilst being mine, the world does not entirely belong to me, thus realising the limitations of my control and effect over the world in which I live. Fredrik Svenaeus, making use of this notion and realising that this sense of 'unhomelikeness' is a necessary aspect of our understanding of the world and so of ourselves, offers an account of illness characterised by this sense. Despite its necessity for an authentic way of life, Svenaeus argues that if persistent, this sense of unhomelikeness becomes characteristic of illness, one which influences our perception of the world and of ourselves within it. (Svenaeus, 2000a; 2000b; 2011).

According to Svenaeus, illness can be understood as a natural event, as a result of which one feels alienated, from one's body, and from her past and future. This alienation leads to an altered view of oneself as well as the world around, one that no longer has the sense of familiarity it once did, thus transforming the homelikeness of the world into unhomelikeness. On this definition, then, while health, as a state of homelike being-in-the-world, is characterised by being balanced and in-tune with the world, illness is the state of being off-balance and alienated from all those once familiar. Thus illness in this sense is "a state in which the meaning-structure of one's life is challenged, as one's previous state of health is seen in a different light and one is faced with the possibility of creating a new life-meaning" (Kayali & Iqbal, 2013, p. 32). The manifestation of the unhomelike quality of the world is different depending on the nature of the illness, yet what remains common in different cases is a change in the way one relates to the world and to oneself in illness.

One example of this unhomelike being-in-the-world is the altered perception of one's body, in an illness which affects one's physical ability. In a state of health one is able to perform one's daily task without taking notice of one's body. This is while in illness, one becomes aware of one's body through taking notice of the difficulty with which the previously undemanding tasks are performed. In this awareness one takes notice of the limitations on one's bodily capabilities, which in turn affect the way one perceives of the world around her and the possibilities presented to her. One's previous possibilities are seen as less accessible in light of the illness, and the limitations on what one can or cannot do brings home the fact that one is not in control of her body in ways one had previously taken for granted.

In the case of depression, this sense of unhomelikeness can be seen in one's altered perception and understanding of the world and entities within it. In depression, due to the existential change one goes through, one's relation with the world and things in it is transformed: the colourful is now seen as colourless, and the meaningful as meaningless. It is in such a case that one in depression loses one's sense of mine-ness in the world, since the world that was mine no longer is. And it is in this sense that one feels a sense of unhomelikeness in the world in depression. This feeling inevitably affects one's perceptions of, and relations with other people as well, since one's perception of others and their dwelling in the world is altered. The perception of others as kind and loving is changed to one of hostility and untrustworthiness, and it is in this light that one in depression navigates the world and one's relations with people in the world.

It is worth noting here the relation between the senses of un/homelikeness and in/authenticity. Based on Svenaues' account, the authentic understanding of the world (i.e. the philosophical reflective understanding), insofar as it reveals the limits of one's control over one's world, often leads to an unhomelike attunement, which characterises an unhealthy being-in-the-world. However, as Svenaeus points out, this observation does not mean that everyone leading an authentic life is ill, since, as pointed out earlier, authenticity and inauthenticity are complementary modes of being:

> Authentic, philosophical understanding (which according to Sein und Zeit is reached in the moment of anxiety) would obviously not always be identical with a healthy being-in-the-world. The phenomenologist could be temporarily ill, but still have an authentic understanding, or she could indeed reach it while (or even through) being ill. Also, the phenomenologist would indeed always have to return to the inauthentic understanding of her daily life, since it provides the necessary background for authentic understanding, by being precisely that which is thereby explored as a pattern of meaning. (Svenaeus, 2000b, p. 128)

This point can also be made with regards to das Man as the inauthentic everyday being of Dasein: despite the contempt with which Heidegger describes the modern public life, his account should not be taken to mean that all those who dwell in this mode of being are ill. As such, what is of interest in this understanding of health and illness, on Svenaeus' account, is not the question of authenticity, but rather the sense of homelikeness in the world, which is challenged in illness.

Adopting this notion for depression is consistent with the nature of the experience of depression as "a creature invading the self and taking control over it" (Svenaeus, 2014, p. 4). In depression, the consequence of this apparent loss of self and the taking over of the illness, can be seen in the way in which one's world is coloured by depression itself (or drained of colour as a result of it). This new way of perceiving and apprehending the world, which is not necessarily true to the actual reality of the world, can be attributed to the mood and attunement one finds oneself in, in depression. Since, as noted before, the world finds meaning and significance for Dasein based on the mood one finds herself thrown into. In other words, the mood in depression colours Dasein's world in a new way: one which introduces a different understanding of the world, things within this world, and the possibilities for action presented to one. The sense of unhomelikeness in the world is, therefore, one of the ways in which the presence of this mood is felt. One of the main advantages of adopting this account of depression, as opposed to non-Heideggerian accounts, such as those viewing depression as a biological dysfunction, is its ability to cover a wide scope of elements related to the illness. The present account can, in particular, account for the far-

reaching ramifications of depression that go beyond the personal experiences of the illness, which can challenge not only our views on individual cases of depression, but the more general conceptions of depression as an illness. (An example where these more general ramifications are examined with regards to this account is Kayali and Iqbal, 2013.)

In the case of depression in Iran, the misunderstandings of depression as an illness, and the consequent attitudes and judgments directed to one in depression, which are prevalent in the society, contribute and exacerbate the sense of unhomelikeness. Because of this prevalent lack of understanding, the individual in depression no longer views her social world and people within it as familiar as they once were, since the possibility of mutual understanding is removed from her space of possibilities, thus the presence of interpersonal conflict as an inevitable and ever-present force governing these relationships is highlighted. The feeling that others cannot understand one and one's experiences, creates for the individual a sense that others can no longer empathise with one. The removal of the possibility of empathy from one's space of possibilities, can be seen as a breaking of interpersonal bond. And further, the feeling that others are unwilling or unable to understand one and one's experiences, exacerbates one's sense of unfamiliarity in the world, strengthening the mood of unhomelikeness already felt in depression.

There is an important linguistic note to be made here, regarding the complaints made by Iranian patients about the misunderstanding of depression, and the link between understanding and empathy in Farsi language. Despite there being a word denoting empathy (*hamdeli*), Iranians often talk about feeling understood by others when talking about feeling empathised with. Understanding is seen as the necessary step for empathy, so much so that in everyday language, the two are often seen and used as synonymous. In such a case, therefore, the existence of misunderstandings in the society of what depression entails and what the appropriate actions in the face of depression are, create a feeling of not being understood, not being empathised with.

This move between understanding and empathy is of crucial importance for the discussion at hand, since it makes clear the experience of individuals that goes beyond

the perception of a dominant misunderstanding. The conflict between an individual suffering from depression and the society which misunderstands what depression is, adds to a feeling of unhomelikeness in the world, already present in depression. This loss of homelikeness is seen even more clearly when one considers these misunderstandings, as perceived by depressed patients, as instances of lack of empathy on the part of other people. The inability or unwillingness of other people to empathise with the depressed patient, as a central failing in interpersonal relationships, I would argue, represents the breaking of the interpersonal bond in depression. This perception, which adds to the feeling of unhomelikeness in depression, underlies further feelings and attitudes that exacerbate the failings in interpersonal relationships with specific others, as I will show in the next chapter.

5.6. Conclusions

Impairments in one's ability to connect and maintain relationships with others are central to experiences of depression. I have argued that the breakdown of the interpersonal bond in depression can be accounted for through conflicts between one and Others. In this chapter, focusing on interpersonal relationships in the social domain, i.e. those between the individual and the broader society, I have argued that this conflict arises from inauthentic understandings, which are characteristic of das Man. In the case of Iran, this conflict is formed and manifested through misunderstandings and misconceptions of depression, as arising from the cultural beliefs and folk theories of health and illness based on traditional medicine. Establishing a link between such misunderstandings and perceived lack of empathy on the part of the individual in depression, I argued that such misconceptions exacerbate the mood of unhomelikeness in the world, which is characteristic of illness. This mood of unhomelikeness governs one's perceptions and relations with others in depression, both in the social domain, as well as the personal domain of experience, as I will explore in the next chapter.

The misunderstandings of depression in the broader Iranian culture and society, as has been seen, has implications for how the individuals experience their depression, as well as for their space of possibilities when it comes to taking action in the face of

depression. Additionally, some of the examples presented here suggest how these social and cultural ways of understanding depression have concrete implications for intimate interpersonal relationships. However, as I will suggest in the next chapter, the sense of unhomelikeness arising from these misunderstandings has further implications for one's subjectivity and emotional experiences in depression. As I will argue, unhomelikeness acts as a backdrop against which personal relationships with others, and the emotional experiences in this domain, find meaning and can be understood.

6. Interpersonal Relationships II – Personal Interpersonal[20]

6.1. Introduction

As seen in the previous chapter, one's relationship with others and its changes as seen in depression, form a central part of the overall experience of depression. In the preceding arguments, the was focus on interpersonal relationships in the social domain, as relationships between one and a collective, impersonal Other. I argued that in depression the inherent conflict embedded within one's relationship with the society one is part of (as argued by Heidegger) comes to the foreground of consciousness, influencing one's experiences of these relations. In the case of Iranian patients, this conflict can be seen as a form of misunderstanding on the part of the society, of what depression is and how it might be dealt with. In the context of the Iranian linguistic and cultural understanding of empathy, this misunderstanding tends to be interpreted and experienced as a lack of empathy by depressed people on the part of the larger society. This feeling of lack of empathy, as I have shown, exacerbates the sense of unhomelikeness, as the dominant attunement in depression.

The feeling of empathy, or lack thereof, and the strong feeling of unhomelikeness as a result of it, can be thought of as the linking point between the problems with others in the social domain, and those in the personal domain. In this chapter, taking these feelings as the starting point, I will aim to show how the interpersonal problems with a specific Other can be understood as arising from these feelings. One of the striking differences between the experiences of Iranian patients and those from the UK, is indeed in the manifestation of the breaking of the interpersonal bond in depression. Most notably, whilst those in the UK complain of feeling lonely in depression, as a result of their inability to connect with other people, Iranians talk about wanting to isolate themselves and 'escape' from other people. This difference points to a conflict in interpersonal relationships made manifest in depression among Iranian patients: It

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is not the case that people feel unable to connect with other people, but rather that the very desire to do so is lost in depression, and replaced with the desire to seek solitude. In order to understand the significance of this difference, I would argue that it is important to understand first, the significance of the feeling of empathy in depression and the emotional responses to the perceived lack of empathy and understanding, as the basis of one's relationship with the Other.

As mentioned before, in the analysis of individual relationships with a determinate Other and the emotional components of this relationship, I will be using Sartre's account of Being-for-others. Similar to Heidegger, Sartre's account rests on the premise that at the heart of any relationship there necessarily exists an unresolvable conflict. What I will aim to show here is the way in which this conflict is brought to the foreground of one's consciousness in depression and the way it manifests itself in certain emotions and attitudes towards the Other. It should be noted that Sartre's account, as I will be using it, gives an account of the universal nature of our being and consciousness and as such, when it comes to culturally specific behaviours and patterns of thought and interpretation, his account will only provide a guide for framing the analysis, rather than providing a theory to be simply applied to the case at hand. Therefore, in the case of culturally specific behaviours and emotions, the account given here will draw also on empirical observations relevant to the psychological factors at play within the Iranian culture and society.

6.2. Relating to others as persons

As seen previously, Heidegger's account of Dasein and das Man is invaluable in the analysis of social situations and the dynamics of the relationship between the individual and the society. Sartre's account of relations with particular Others, on the other hand, provides important insights for the discussion of the interpersonal domain of relationships. Furthermore, as has already been noted, at the heart of both of these accounts lies an inevitable conflict, one which for Heidegger arises from the inauthenticity of das Man, presenting difficulty for Dasein's quest of authenticity. For Sartre, however, this conflict is much more deeply placed, arising from the conflicting nature between the way an individual sees herself and the way the Other sees her. As

such, in order to understand the dynamics of our relations with the Other and the conflict at the heart of this relation, it is first important to note the way in which one relates to individual Others as persons, as conscious beings like ourselves.

A detailed account of the nature of our being is no doubt beyond the scope of this work, however, without diverging from the subject matter, a few observations, made by Sartre, about the nature of our being, illuminate the matter at hand. Sartre observes that the fundamental element in our human consciousness is intentionality – the fact that our consciousness is first and foremost directed outwards and is consciousness *of* something, out there in the world. It follows from this characterisation that our conception of ourselves, the way we see ourselves in the world is fundamentally as subject: my being for my solitary self is one of a self-aware conscious subject. With intentional consciousness as the defining feature of our being, we are subjects with the ability to take things out there in the world as objects of our consciousness. In our awareness of ourselves and the world, therefore, we are conscious subjects aware of other things that comprise our sense of the world in which we dwell, and these other things are always taken as objects of our consciousness, i.e. as things that we are consciously aware *of*. It is this conception of oneself as inherently a subject, which is fundamentally transformed in one's encounter with the Other.

In the presence of the Other, my being as a subject is transformed to one of object. This is since, through the recognition of the Other as a conscious being such as myself, i.e. as a person, I realise the possibility that as a subject, the Other can take me as the object of his consciousness. This recognition of the Other as a person like myself, Sartre claims, comes from certain emotions that I can only feel in the presence of the Other, such as shame and guilt. Sartre argues that the very existence of these emotions, the very possibility of feeling these emotions, makes evident the essence of the Other as a person for whose consciousness I can be an object. In such a situation, I realise that the Other *can see me,* and this being seen by the Other, reveals me to myself anew. This is since I now see myself through the eyes of the Other, as I *appear* to the Other, as an object, and through the judgements that the Other can pass on me. "By the mere appearance of the Other, I am put in the position of passing judgement

on myself as an object, for it is as an object that I appear to the Other" (Sartre, 2003, p. 246).

The presence of others opens up new possibilities for me. Possibilities which rely on the recognition of others as persons, and which include those of meaning-making, the feeling of certain emotions, and understanding of oneself and the world in which one dwells. In Sartre's terminology, in the presence of the Other, my Being for myself – being-for-itself – is transformed into the mode of being of things – being-in-itself –, in the eyes of the Other. And this new mode of being found only in the presence of others, bears no resemblance to what I know myself to be: "I am unable to bring about any relation between what I am in the intimacy of the For-itself, without distance, without recoil, without perspective, and this unjustifiable being-in-itself which I am for the Other" (Ibid.). This transformation is crucial for me to realise my being fully, since it makes possible a more complete knowledge of myself, and the feeling of certain emotions, which exist only in the presence of the Other. It is because of this crucial transformation and the new possibilities brought about by it, that Sartre (much like Heidegger), argues that our being as humans is essentially social; it is through our relationships with others that our being is made complete. Sartre argues "I need the Other in order to realize fully all the structures of my being" (Ibid.). And it is thus that our being, as a For-itself, is inherently, and essentially, a being-for-others.

This transformation, however, despite opening up new possibilities for one's being, also gives rise to conflicts with the Other. This conflict arises due to the unfamiliar nature of myself in the face of the Other: the Other forces me to see myself in a new way, one which bears no resemblance to the image I hold of myself, i.e. as a subject with certain characteristics. This objectification of my being by the Other is naturally met with fierce resistance and leads to an unresolvable conflict in which both I and the Other attempt to establish our subject-ness by escaping the inevitable objectification of the other. This struggle is seen in various modes of one's relationship with the Other, as Sartre argues, from loving to hateful to indifferent, at the heart of all kinds of relationships remains an unresolvable and necessary conflict. This is since in all instances, different in appearance as they might be, the struggle to save one's subjectivity from the look of the Other will be present. "Everything which may be said

of me in relations with the Other applies to him as well. While I attempt to free myself from the hold of the Other, the Other is trying to free himself from mine, while I seek to enslave the Other, the Other seeks to enslave me. We are by no means dealing with unilateral relations with an object-in-itself, but with reciprocal and moving relations" (Sartre, 2003, p. 386).

However, it is because of this conflict, this constant objectification of myself by the Other, that the possibility of experiencing emotions such as guilt and shame are created. This possibility is important for a moral way of being, but is also crucial in one's understanding of oneself. As such, the fact that such emotions are made possible and find meaning in the presence of the Other, makes clear the importance of interpersonal relationships in our emotional lives, despite the existence of an ever-present and unresolvable conflict. Such emotions are made possible because of, rather than despite, the existence of this conflict. It is through interacting with others, and therefore being taken as object of the Other's consciousness, that one sees an image of oneself that might otherwise remain concealed from one's consciousness and therefore experiences. It is not only that through the judgement of others one becomes able to articulate a certain experience or emotion that one was already feeling. Rather, the emotional experiences themselves are brought about through the interaction with others and through the judgements made by others about one. Given the importance of Others in creating such emotions, and the importance of emotional experiences, especially in depression, in addition to an account of our relations with the Other, it is important to have an account of the phenomenology of emotions.

6.3. A Phenomenological Theory of Emotions

In *Sketch for a Theory of the Emotions* (1962), Sartre offers an outline of a phenomenological account of emotions after considering, and deeming as weak, the classical and psychological accounts of emotions. Importantly, Sartre argues that the psychological account of emotions fails because it fails to consider emotions within the context in which they occur, thus removing the significance of emotions in the wider context of one's being, in the world and in relation to the world. This objection is constructed around the principles of psychology as a science, one which takes facts

as its starting point. This principal starting point is what Sartre takes issue with: “To wait upon the *fact* is, by definition, to wait upon the isolated; it is to prefer, positively, the accident to the essential, the contingent to the necessary, disorder to order” (Sartre, 1962, p. 17). This approach fails, according to Sartre, since it neglects the fact that “the notions of the world and of ‘human-reality’ are inseparable” (ibid., p.18). As such, the psychological account of emotions, which examines, and accounts for emotions as isolated phenomena, falls short of a comprehensive account of a phenomenon inherently linked with our mode of being and our relation to the world. Within such a framework, the significance of emotional experiences is lost. As Sartre notes, from a phenomenological standpoint emotions are significative of the human reality, of the whole of one’s consciousness; “emotion is therefore an organized form of human existence” (Sartre, 1962, p. 28).

Emotions, like other acts of consciousness, are intentional and are directed towards the world. In feeling fear, one is afraid *of* something out there in the world, and in feeling love, the emotion is directed to a certain object or person out there in the world. Emotional consciousness, therefore, is consciousness of the world, and because of the relational nature of emotions, the subject and object of an emotion are “united in an indissoluble synthesis” (ibid., p.57). Emotions, Sartre argues, form a specific manner of apprehending the world in which we dwell. For example, take the sense of irritation at one’s inability to solve a problem. Whilst solving the problem, one is out there in the world, aware of different things out there in the world that contribute to the problem, or to the attempt at solving the problem. In finding oneself irritated when unable to solve the problem, the irritation itself is a way in which the world appears to one. The experience of irritation is both a reaction to the world, and a way of understanding and apprehending the world. It can be seen, therefore, the way in which our emotions are entangled with the world and the way it appears to us. Thus emotions are always significative of our human reality: the way in which we find meaning in the world where we dwell, and the way in which we see the world itself.

Emotions, Sartre argues, are transformative of the world we live in, since in their presence, we see the world in a new way and therefore are presented with different possibilities that this new world offers. This transformative nature of emotions, rooted

in imaginative consciousness (Sartre, 2004), is what differentiates emotional ways of apprehending the world from other ways of doing so. It is argued that we perceive our environment "as a complex of instruments, a medium in which, provided we know certain rules or techniques, we can manipulate people and things so as to achieve certain ends" (Fell, 1965, p. 15). This perception of the world is made possible due to our intuitions about the nature of the world as orderly, as "ruled by deterministic processes" (Sartre, 1962, p. 63). It is only based on our presumptions that the world is regular, that we assume certain actions would guarantee certain ends. In emotions, however, this perception is transformed:

> When the paths before us become too difficult, or when we cannot see our way, we can no longer put up with such an exacting and difficult world. All ways are barred and nevertheless we must act. So then we try to change the world; that is, to live as though the relations between things and their potentialities were not governed by deterministic processes but by magic. (ibid.)

Sartre provides a simple example to clarify the way in which our emotional behaviours and responses to a situation are transformative of our understanding of the world and therefore our space of possibilities. Take the situation in which I reach to pluck a bunch of grapes, but am unable to do so as they are beyond my reach. In response, "I shrug my shoulders, muttering: 'they are too green'" (Sartre, 1962, p. 65). Sartre argues that conferring the quality of being 'too green' on the grapes, acts as a substitute for the act which I intended or desired, but was not able to complete. In other words, the attractive quality by which they were presented to me – as 'ready for gathering' as Sartre puts it –, becomes intolerable when the possibility presented to me cannot be actualised. The tension created as a result of this inability to actualise a possibility is resolved when I confer a new quality onto the grapes; i.e. their being 'too green'. Now of course, one cannot confer this new quality chemically, but rather through "putting on the behaviour of disrelish" (ibid., p.66). It is in such a way that I confer the quality onto the grapes 'magically', and it is thus that emotions come about: "In this case the comedy is only half sincere. But let the situation be more critical; let the incantatory behaviour be maintained in all seriousness: and there you have emotion" (Ibid.).

Emotions, therefore, are like other acts of consciousness, purposive: they are a way of acting. What Sartre means by an "act of magic" in this case, which underlie the transformative power of emotions, is "act of imagination" (Sartre, 2004). The transformation of one's perception of the world, from a deterministic and pragmatic one, into a magical, or imaginative one, enables one to see new possibilities, new ways for achieving a goal. This is since, in imaginative transformation, the perceived object is transformed so as to conform to our desires directed to the object, it is in this sense that our feelings remake the object in imagination. It is through this remaking of the object of our emotional consciousness, that new possibilities arise: the deterministic nature of the environment no longer presents itself as a limiting condition, since the new quality projected onto the world (or a certain object within the world), presents to one's consciousness a new way of apprehending the world. This new apprehension, then, presents new potentialities, new possibilities, and new ways to act upon one's desires, by directing one's emotional consciousness to the world.

Imagination, therefore, can be thought of as a connecting point, having a fundamental role both in one's perception of space of possibilities, as well as emotional experiences. Imagination can present to one certain possibilities – of action and of ways of being and apprehending the world – previously unknown. And it is in virtue of our perceived and imagined possibilities that emotions come about, and change our space of possibilities. As such, emotional experiences, as a fundamental part of our human reality, arise from the synthesis of perception and imagination. We *perceive* the world as limiting, as governed by deterministic processes. This is while "Imagination presents objects to me *without* their resistance, magically transformed *so as to conform to my desires*" (Fell, 1965, p. 42). Therefore, in having an emotion directed to the world, or a thing within the world, we are acting upon the world, by projecting our desires onto it, and in so doing, we find a new way of apprehending the world. Given this relational nature, Sartre's theory offers a way of understanding

emotions, as significative of our being-in-the-world: “Emotion is a sign of the conscious interpretation man puts on his experience” (ibid., p.51).[21]

6.4. Empathy and Unhomelikeness

The feelings of empathy, or lack thereof, I would argue, forms the basis of the emotional difficulties felt in depression in relation to others. This principal importance of feelings of empathy, or more accurately, feeling empathised *with,* is seen through the fact that its presence or loss can have crucial implications for interpersonal experiences, including those that are often impaired in the course of depression. In giving an account of what empathy is, Ratcliffe argues that underlying the ability to empathise, is having “a kind of ‘openness’ to experiential differences” (Ratcliffe, 2015, p. 238). It is not the case that in order to empathise, one would necessarily have to experience what another person is experiencing, i.e. moving from the second-person to the first-person in access to a certain experience, giving rise to a “phenomenological isomorphism between the two parties” (ibid., p.239), as is suggested in various theories of empathy (e.g. empathy as simulation: Stueber, 2006; Goldman, 2006, and mirror or reconstructive empathy: Goldman, 2011; De Vignemont, 2010). Rather, what is important is to establish a connection through understanding, whilst acknowledging the phenomenological differences between experiences. This ‘openness to difference’ in experiences, would be manifested in one’s manner in relation to the person having the experience, in the form of curiosity to understand, for example in asking certain questions (or not asking others), being attentive to the Other’s needs, etc. Although it is noted that acknowledgment of the phenomenological differences in experience requires some grasp of the other person’s experiences, Ratcliffe maintains that “this

[21] It is worth noting that Sartre’s theory of emotions is broadly compatible with some contemporary theories of emotion, at least in the general outline as presented here. Goldie (2002), for instance, notes the importance of intentionality as a defining property of emotions, while Prinz (2006) has emphasised the perceptual nature and basis of our emotions. Morton (2013) makes similar remarks to Sartre about the important connections holding between emotion and imagination. As such, focusing only on Sartre’s theory is not an idiosyncratic choice.

can remain vague, ambiguous, indeterminate, without amounting to a failure of empathy" (Ratcliffe, 2015, p. 239).

As such, the central element in feeling and maintaining empathy is understanding. The depressed patient who seeks to be empathised with, is seeking others, as a society but also particular Others, to understand, or be willing to understand, her experiences in depression. This formulation of empathy is especially important in the case of Iranian patients, given that within the Iranian culture and the everyday language, understanding and empathy come close to being synonymous. It is given this characterisation, then, that the misunderstandings of depression, and the attitudes and opinions arising from this misunderstanding, create a feeling on the part of the depressed person that they are not being empathised with. And it is this feeling, which creates the mood of unhomelikeness in the world of personal relationships, and underlies the conflict seen between the individual and others.

On the account given by Ratcliffe, empathy signifies a certain attitude one takes towards the experiences of another. An attitude which, whilst acknowledging the differences and the impossibility of gaining a first-person access to the Other's experiences, seeks to understand and comprehend these experiences as had by the Other, by means of caring, attentiveness, and curiosity. Feeling empathised *with*, therefore, would mean the recognition of this attitude in the Other. This recognition requires an ability to 'connect' with other people, and it is this ability which, because of the existential change one goes through in depression, and as a result of the mood of unhomelikeness dominant in depression, is impaired; the very possibility of attaining and maintaining this interpersonal connection is lost in depression. As a result, therefore, a depressed person is unable to identify in others the empathetic attitudes directed towards her, giving rise to the central feeling of not being empathised with, or not being understood. Such feelings are in turn exacerbated by the continual misunderstanding of depression and the misguided conceptualisations prevalent in the society. I would argue that this prevalence creates a presumption against which the interpersonal experiences of empathy find meaning.

In this regard, therefore, empathy presents a linking point between the social and the interpersonal problems seen in depression. This fact is not a surprising find, since it is undeniable that our social and interpersonal modes of being-with-others are linked, and our encounters with others in the social setting influences our experiences, our expectations, and our attitudes in the interpersonal sphere. Inevitably, the general understanding of depression, and the attitude taken towards it in the social domain, are not distinct from those found in the interpersonal one, rather, they influence one another, since the norms and attitudes held by the society represent the attitudes of individuals to a certain extent, and the individuals within the society have the power to change the norms of the society. For the depressed person, the lack of understanding in the social domain creates the expectation of receiving the same behaviour in the interpersonal domain. This loop then carries within it feelings of unhomelikeness as the dominant mood colouring the experiences of interpersonal relationships.

> #15(F) – I felt like they didn't understand me/empathize with me.
>
> #6(F) – When I'm depressed I feel like I don't have an emotional connection with anyone. Nobody can be helpful with their presence.
>
> #2(M) – I feel like they do not have the capability (*tavānāyi*) to understand/empathise at all.

The importance of the recognition of empathy as a linking point between the social and the personal is seen in the emotional experiences and difficulties between individuals and the Other, which, as I will argue, arise because of the perceived lack of empathy on the part of others. This perception, together with the realisation and the expectation that one's encounter with the Other, would be similar or representative of one's encounter with others in the society, give rise to hostile emotions which underlie the breaking of the interpersonal bond. In the remainder of this chapter, I will look at emotional experiences of the interpersonal seen among Iranian patients, such as hatred and anger. I will argue that, not only are such emotions results of the perceived lack of empathy and the way one sees others in the attunement of

unhomelikeness, but also that these emotions can be viewed in the light of the necessary conflict between one and Other, as explained by Sartre.

6.5. Emotional Experiences in Depression among Iranians

The interpersonal experiences of depression, as talked about by Iranians, depend heavily on emotional experiences. In addition to feelings of lack of empathy and interpersonal connection, Iranians often talk about having negative emotions towards others, or being on the receiving end of negative emotions. These emotional experiences, in addition to being important in themselves, give rise to specific experiences and behaviours, an account of which would be incomplete without considering the role of the underlying emotions. Sartre's account is especially helpful in analysing the totality of such feelings, experiences, and behaviours, for two reasons. Firstly, on this account emotions are a way of acting upon the world, transforming the world by projecting one's conscious interpretation of one's experiences onto the world. In this sense, then, emotions and experiences form a meaning-making loop: through our emotions we apprehend our experiences and the world, while our being-in-the-world and our experiences of it form our emotions. Secondly, it is important to note the heavy emphasis Sartre places on the relation between emotional experiences and relations with others. This is since, as noted before, our being-for and –with others makes possible certain emotional experiences which give new meaning to our structure of being in the world generally.

As pointed out earlier, I would argue that the lack of empathy, as perceived by depressed patients, underlies individuals' various emotional experiences. As shown in Sartre's account of emotions, perception and imagination present the mechanisms by which one comes to have a certain emotion. In the case of depression, the perceiving act, is one of lack of empathy on the part of others, the inability to recognise the empathetic attitude in others. In reaction to this perception, one's imagination and apprehension of this perception, projected upon the world in emotions, is governed by the dominant mood of unhomelikeness in depression and defines the space of possibilities and one's view of others and the world. It is in this dynamic that one fails to connect with other people: "a kind of interpersonal connection that many of us take

for granted seems *impossible*, absent from the world" (Ratcliffe, 2015, p. 218). Instead, what is highlighted in this dynamic, is the constant and everpresent conflict between one and Others. As such, this dynamic offers a way of understanding the way in which the interpersonal bond breaks down in depression; rather than considered in isolation, this breakdown finds meaning when considered in its entirety with different connected elements, emotional, behavioural, and cognitive alike. Throughout the following account, it should be borne in mind that the attunement of unhomelikeness dominates the way one thinks and apprehends one's perceptions of others.

> #6(F) – I see what they do and their behaviours in a pessimistic/negative way. The routine (*roozmarreh*) behaviour of, for example, my parents become agitating (*asabi*) to me.

This way of seeing others is key in the analysis, since it is against this background that emotions come about, and it is through this background that the possibility of apprehension in a positive way is removed.

6.5.1. Negative emotions

As mentioned before, the problems caused by misunderstandings of depression are prevalent in both social and interpersonal domains. A subtle difference between the manifestations of this misunderstanding in the two domains, however, is worth pointing out. Due to the intimate nature of interpersonal relationships, the misunderstanding of depression in this domain is manifested, not through general judgments and misunderstandings, but rather through various expectations of certain behaviours and explanations. Patients often complain of other people's inability to understand their illness experiences, which in turn demands explanations that they are not always equipped to give.

> #1(F) – I'm not in the mood for having contact [with others] … everyone wants to know why I'm not the happy and smiling person I used to be and this makes me more isolated.
>
> #2(M) – The most important thing I can think of [is] the explanation as to why I sleep so much, why I cannot work, why I don't take part in family

activities and why I have become so weak/powerless (*nā-tavān*) without a physical problem.

#33(M) – [Others annoyed me] by saying 'you don't feel well, why are you like this, you look unwell, the way you speak is different'.

What is noteworthy here is the fact that these expectations arise from the social misunderstandings and misconceptions of depression itself. It is not the symptoms themselves, such as lack of energy and fatigue, that are questioned, but rather the presence of these symptoms in the absence of a physical illness. Once again, the patients are seen to be asked to legitimise their illness in a way so as to conform to the pre-existing assumptions and conceptualisations of what constitutes an illness.

However, there is an undeniable difference between the reactions to such judgments and expectations in the interpersonal domain, compared to the social sphere, namely the perceived personal nature of these judgements. It can be clearly seen from the responses from patients, that the lack of understanding and empathy, perceived in the interpersonal domain, does not concern depression itself, or one's experiences. Rather, patients feel that they themselves are not being understood, and other people do not have the capacity to understand them, as a person.

#17(F) – I feel like others also are not in the mood for [dealing/being with] me and … I feel like they don't understand/empathise with me.

#14(F) – I felt like they didn't understand/empathise with me.

This personal nature of the perceived judgment can be interpreted phenomenologically as the feeling of the Others passing judgements as to *the kind of person that I am*. As such, distinct from the specific experiences and the underlying causes, such a perception of the attitudes taken towards one can be interpreted as an unkind judgment on one's very way of being, and thus can be an instance of the conflict that Sartre construes between the self and the Other. Once construed in this way, the attitudes and emotions that one takes as reactions towards the Other can be made sense of. However, it is not only on the grounds of the perception that others are not able to, or willing to understand one that these reactionary attitudes arise.

The perception that those close to one do not have the capability to understand one, against the backdrop of the attunement of depression as unhomelikeness, forms the basis of one's relationships with others in depression. In this sense, then, one sees others as adopting a hostile view towards one. This perception of hostility, as an instance of the breakdown of the interpersonal bond, despite the differences in its manifestations, seems to be a universal part of the experience of depression. "All that others are perceived to offer is a distinctively *personal* form of threat, which might be experienced more specifically as derision, dismissal, ridicule, condemnation, aggression, or shame" (Ratcliffe, 2015, p. 220). These various manifestations of this perceived hostility are present among the Iranian patients as well, and they persist even in the absence of others.

> #14(F) – My sister didn't apprehend that I had depression, she felt my aim was to get attention from the family.
>
> #25(M) – Others get upset and say that I'm trying to be classy.
>
> #17(F) – I feel like others … also talk behind my back and talk [badly] about me.
>
> #24(M) – My family hates me.
>
> #30(F) – [Others' encounter] has made [my experience] worse – the way they are with me is really bad.

What is clear here, is the perception of a wide range of negative attitudes, judgements and emotions directed to one in depression. This perception brings to the foreground the conflict between the individual and the Other, formed in this case, due to the lack of understanding on the part of others. Despite the fact that these feelings may be merely perceived, coloured by the dominant mood of depression, this perception is a necessary step for the creation of reactionary emotions, as seen in the account of emotions offered by Sartre. The perception of the world being a certain way, with one's possibilities limited as a result of this, motivates the creation of reactionary emotions. These reactionary emotions, take the form of negative emotions towards others. These negative emotions can be accounted for through two separate but linked considerations. The first is the already mentioned theory of emotions: as a

result of the perception of negative attitudes and judgements directed towards one, and in the background of the mood of unhomelikeness which dominates one's thoughts and outlook to the world, one comes to feel certain negative emotions towards others. Secondly, in the context of the conflict between one and the Other, the perception that the Other is passing judgements on one and sees one in light of these judgements in a way unfamiliar to the individual, one feels objectified by the Other. As seen earlier, when faced with such feelings, one inevitably moves to re-establish one's subjectivity by taking the Other as the object of one's consciousness and one way of doing this is through one's emotional consciousness towards the Other.

> #21(F) – I dislike everyone and nothing seems good to me. I feel hatred towards my children and family and want to escape from them.
>
> #7(F) – Sometimes in depression periods I would really really hate my father.
>
> #31(F) – I dislike them all [family and friends].
>
> #28(F) – My brain didn't believe what anyone was saying, like a person who hears something from one ear and it goes out from the other ear [Persian expression].

It is important to recall here the importance of such emotions, as instances of action taken by individuals in depression, but also as representative of their experiences and interpretation of their perception of the world around them. The feeling of hatred towards others, as well as being seen as a reaction to the perceived negative attitudes and emotions towards the individual, are representative of the way one interprets one's position among others in the world. As such these emotions are also informative of the way one sees the world more generally. The feeling of being stuck and the general sense of dissatisfaction with life (as seen in Chapter 4 are echoed in the emotions towards others. Sartre, acknowledges this interconnectivity of one's emotional consciousness, and sees this connectivity as an important pillar of emotional experiences as significative of the one's being more generally. "The impossibility of finding a solution to the problem is apprehended objectively, as a quality of the world. This serves to motivate the new unreflective consciousness which

now grasps the world differently, under a new aspect, and imposes new behaviour – through which that aspect is grasped …" (Sartre, 1962, pp. 64-65). In this new apprehension of the world, one of the points that differs in experiences of depression in Iran and the UK, is aggression as a form of behaviour.

6.5.2. Aggression and guilt

One striking difference between the manifestations of depression in Iran, as compared to those in the UK, is the absence of feelings of guilt, and the presence of aggressive behaviour towards others. It would be worth pointing out here some important psychological and sociocultural factors that are in play in feelings of guilt.

Feelings of guilt and shame are associated with being negatively evaluated, by the self or the Other respectively, as a result of one failing to meet certain norms and standards of what is considered right or appropriate. Therefore, such feelings are regarded as 'moral' emotions (Wong & Tsai, 2007). Additionally, shame and guilt are instances of 'self-conscious' emotions, "because they require a concept of the self, or an ability to see the self as an object of evaluation" (Ibid. p. 210). This concept of the self plays a central role in accounting for the absence of guilt among Iranian depressed patients and its replacement with aggressive behaviour.

As mentioned previously (Ch. 5), an important cultural difference between Iran and the UK, crucial in the analysis of interpersonal problems, is the way in which social relationships are construed within the culture. As a collectivist society, Iranian culture places heavy emphasis on shaping and maintaining social relationships, where the aims and goals of the individual are thought to have a lower priority than that of the collective group. This is in contrast to the individualistic nature of the UK society, in which the aims of the individual take precedence over the goals of the group. One important point arising from this structural difference, is one to do with the construction of the concept of self. "Individualistic societies are best characterized by their conception of an *independent self* that is bounded, unique, and generally autonomous … social behaviour is generally judged to be driven from within and attributed to an individual's internal attributes" (Goetz & Keltner, 2007, p. 158). This is in contrast to (mostly) non-Western, collectivist cultures, where "an *interdependent*

self is seen as part of an encompassing social relationship, recognizing that one's 'self' is determined by one's relationship with others and the group" (ibid.). Individuals in collectivist societies, further, tend to attribute the causes of events in their lives to external sources, events, or people, as seen in the responses of depressed patients as well, who attribute the cause of their depression to a source independent of themselves (see §2.3.3). In other words, in explaining events in their lives, individuals from collectivist societies are more likely to see external factors, including other people, as responsible rather than themselves.

An example of behaviours arising from this conception of an interdependent self in Iranian culture, and the expectations one has of other people, arising from this conception, is worth pointing out. Iranians often do favours for one another, friends and strangers alike, without being asked to do so, for example putting up banners and streetlights to welcome a neighbour from a long journey, or congratulating them on an achievement. The expectation that others will always be there for one when one is in need, and will care for one, is central in the normal day to day relations with others. However, the perception of lack of empathy on the part of others, as seen in depression, can be thought of as an instance where this expectation is not met. As a result, Iranian depressed patients feel a sense of abandonment by others, as well as disappointment that their expectations are not met. Feelings of abandonment and disappointment are seen in the complaints of patients regarding the way others react to their depression experiences, and form the basis of holding others – at least in part – responsible for the pain that they go through. Such feelings are in direct contrast to the feelings of patients in the UK. For instance, whilst those in the UK talk about feeling as if they have become a burden on Others, in Iran patients talk about Others being bored and tired with their depression, and therefore adopt negative attitudes towards them. In other words, whilst for those in the UK, feelings of resentment and responsibility are turned inwards towards oneself, in Iran such feelings are turned outwards towards Others.

#27(F) – I felt that others were also tired of my depression.

#17(F) – Others get bored with my depression and always question/annoy me.

Such way of reasoning, as a point of difference between patients in Iran and the UK, can in part explain the absence of guilt and presence of aggression among Iranian patients. Criticism and dissatisfaction directed towards oneself is more likely to translate into feelings of guilt and wrong doing. This is while, criticisms directed outwards to Others, as seen in the case of patients in Iran motivates an outward reaction in the form of aggressive behaviour. Furthermore, as seen in Chapter 4, a large part of the experience of depression for Iranians is centred around a feeling of dissatisfaction with the world and the people in it. While the object of one's feeling of dissatisfaction with life and the world may remain vague, when such feelings are directed towards other people, the object of the feeling is very much accessible.

Another factor that plays an important role in bringing about aggression, has to do with the interpersonal conflict that is brought to the foreground of consciousness in depression. As seen in the previous sections, part of what the interpersonal experience in depression involves is that depressed people tend to feel that Others are hostile towards them. Such a perception is seen through the negative emotions one feels as being directed towards oneself, which elicit emotional responses. In such cases, where one feels that her sense of self is being threatened by the negative valuations and judgments, and especially where one does not see oneself as responsible and is thus resistant to feelings of guilt, aggression and aggressive behaviours are more likely to come about (e.g. Stuewig & Tangney, 2007). The feeling of being misunderstood, receiving judgments which bring into question the 'reality' of one's illness and one's motivations for 'appearing ill', can be perceived as an attack on one's sense of self, which warrants reactions of anger and aggression. As seen through Sartre's characterisation of the interpersonal conflict, in relations with the Other one is constantly made to reassert oneself as a subject, in response to feeling threatened by the Other's objectification of oneself. Against the backdrop of the breaking of the interpersonal bond, one in which lack of understanding, negativity and hostility define one's encounter with the Other, aggressive behaviour could be thought of as a strong attempt to reassert oneself in response to the perceived attacks of the Other.

> #20(F) – I become aggressive, I don't answer the phone and am not in the mood for [being with] others, or I tell them not to call me or to stay away from me.
>
> #6(F) – I get aggressive. I don't have the tolerance for the simplest disagreements or arguments.
>
> #7(F) – I'm either completely defeated (*maghloob*), or angry and aggressive, or quiet (*sāket*) and stagnant/static (*rāked*).
>
> #25(M) – I would get angry really quickly and easily … I can't be kind to my children, I can't go to my shop and I always want to commit suicide or kill the one who has betrayed me.

Due to the variety and interconnectivity of the different elements at play here, it is difficult to single-out one element as the cause of the presence of aggressive behaviour in Iran and its absence in the UK. However, what should be clear from the analysis here is that a multiplicity of cultural norms and expectations and the severity of problems in the interpersonal and social domains in depression, and the range of emotions in reaction to these problems together give a convincing picture of the cross-cultural difference. I would also argue that the totality of these problems can be seen in the frame of the interpersonal conflict, one that is exacerbated in depression, and from which the individual attempts to escape, when faced with its severity and the impossibility of finding a resolution. This conflict is the 'problem', as Sartre argues, that motivates one's imagination to conceive of different emotional and behavioural reactions. And as one perceives the conflict as more difficult to resolve, so the reactions to resolve it grow in intensity. As seen in §5.4.2, in the social domain the conflict between one and the society alters the patients' space of possibilities of action, for instance in the case of taking medication and expressing one's experiences. The same misunderstandings and the resultant perception of lack of empathy on the part of Others, create the conflict in interpersonal relations. Importantly, in the case of Iran, due to the strong entanglement between individuals, as well as between the individual and the social groups and society, where the lines between private and public life, between one and the Other, are blurred, one is neither able to resolve this

conflict, since in light of the depressive mood such a possibility is not even conceived, nor to escape from it. And it is in this dynamic which the most prevalent and talked about differences between the depressed patients in Iran and the UK is seen, namely, voluntary isolation and escape from others.

6.5.3. Isolation

As mentioned in the introductory remarks (§6.1), the most notable difference in experiences of interpersonal relationships in depression, between Iran and the UK, is in the solitary tendencies people have. Ratcliffe shows that those suffering from depression in the UK often talk about a sense of solitude and loneliness, one that goes hand in hand with a sense of estrangement from the world more generally. On Ratcliffe's account, this feeling of loneliness is closely tied with that of lack of empathy and not being understood: "there is a *feeling* that [others] do not understand, which could equally be described as a feeling that they unable to 'relate to' or 'connect with' the depressed person" (Ratcliffe, 2015, p. 202). As such, lack of understanding is construed as evidence of the breakdown of the interpersonal bond, which leads to the depressed person feeling estranged from others, overcome by a sense of loneliness and solitude.

In the case of Iran, however, there is no talk of feeling lonely. Rather, Iranian depressed patients often talk about wanting to escape from others and to be alone. As seen in Figure 2 (p. 15) around 26% of the Iranian sample voice such a tendency towards isolation. Two important notes should be made with regards to this difference. Firstly, that the state of isolation from others is not only not complained about, but represents a desired state of being. Secondly, despite the feeling of lack of understanding present in both contexts, this feeling does not amount to a sense of estrangement from others, i.e. *willing*, but being *unable* to establish an interpersonal connection with others, as it does in the UK. I would argue that both of these elements can be accounted for through the interpersonal conflict which dominates one's relationships with others in depression, and the differences in terms of the kind of society and the kind of prevalent norms in which the individuals are thrown.

#15(F) – I was always in a corner not talking to anyone [the phrase is 'being in myself'] … I was hermitic/withdrawn (*goosheh-gir*), avoided gatherings, was not in the mood to be around anyone.

#17(F) – I'm not in the mood to be in social gatherings with friends, and prefer more to be withdrawn/hermitic.

#18(M) – [I] go back into my shell and stop interacting with others.

#19(F) – When I'm depressed I don't want to talk to anyone or go anywhere.

#23(F) – When I'm depressed I isolate/withdraw myself and become hermitic … I am not really in the mood for them [other people], because I like to be alone when I'm depressed.

#25(M) – I want to be alone, and have nobody around me.

#27(F) – I am not even in the mood for myself and I like to be alone … I'm not in the mood for anyone around me … I'm not in the mood to be with others at all and only want to be alone.

#28(F) – [I am] hermitic/withdrawn, I stay away from social situations … in most cases I isolate myself and don't want to go see anyone, or let any visitors to come and see me … I don't take part in any social gatherings, be it a funeral/mourning or weddings, and I'm not in the mood for [being around] my children and am mostly just with myself and isolated.

From the preceding arguments, it can be seen that in the Iranian context, the conflict between one and the Other dominates one's frame of thought and one's relationship with others. The conflict, represented in the endless loop of not understanding, negative attitudes and emotions, and aggression, is seen to be unresolvable. In other words, due to the circle of negative experiences and negative thoughts and attitudes, the very possibility of re-establishing the personal bond, one that is constructive rather than destructive, is removed from one's space of possibilities. In this case, then, the only change in one's behaviour that could result in the reduction of the conflict and the negativity that comes with it, is to remove oneself from social interactions, i.e. to escape from the interpersonal relationships and the conflict that they present.

Furthermore, given the emphasis placed on personal relationships in Iranian culture, as a collectivist society, the case for the claim that the possibility of escape is the only possibility in reducing the suffering from the interpersonal relationships, becomes stronger. An example of this cultural emphasis on relationships, is the fact that despite certain changes, living alone remains an unacceptable way of life for most Iranians. It is generally accepted that the best way of life is one that puts family at the centre, and this means that the majority of people live with family members, either the one they were born into, or the one they married into. In contrast, a life separate from family is seen as a flawed and incomplete way of life. Ultimately, norms such as this mean that the only way one could have a personal space to oneself, is by retracting from the everyday way of life, which is defined by the constant presence of, and contact with other people. In such a scenario, one does not *feel* alone, as there is always an Other present and as has been seen, this presence often brings with it feelings of conflict. This ever-present nature of the interpersonal conflict forces one to try and retract oneself from the social situations.

It is also worth pointing out that the cultural norms of interacting with others and being a certain way in the presence of others, could be seen as adding more pressure on the depressed patients and in turn add to the frustration and pressure already felt in interpersonal relationships. An example of such expectations, which is especially strong in the case of women, is that one is expected to visit one's parents regularly, or be hospitable to anyone who comes to visit one, whether invited or not. Particularly in rural areas, where more traditional ways of life and roles are in place, women may be the ones in charge of taking care of the family and the house. Such gender roles help make sense of the fact that women are often the ones who complain of being unable to be hospitable, kind to their children, and visiting family members. About a third of all the female respondents express such complaints, compared to only one male respondent who complained of inability to care for his children well. Similarly, although most respondents complain of the disruption depression causes to their work routine, women are more likely to specifically talk about housework and caring duties, compared to men who complain of having to cancel business dealings, or being otherwise unable to work outside of the house. The fact that depressed patients talk

about not being able to act as social norms dictate, can be seen both as a way of talking of an inability in illness to legitimise the suffering they go through, as well as a source of pressure that makes the case for escaping from the social interactions ever so stronger.

> #21(F) – I isolate myself and really don't like to interact with anyone, or if anyone comes to visit me I don't feel like being hospitable.
>
> #28(F) – I stay away from others and stay at home alone and don't have any relation with others, I don't even go to my father's house.

6.6. Conclusions

In this chapter I have offered an account of personal relationships and the ways in which they are affected and altered in depression. In addition to giving a phenomenological account of such difficulties, I have argued that cultural norms, expectations, and ways of life, have an undeniable effect on the manifestation and experiences of interpersonal difficulties. Since Iran has a collectivist culture and society, relationships with others have a high importance in one's life, and consequently form a large part of one's experiences of depression. Furthermore, traces of the culturally specific thoughts and interpretations can be seen clearly in the way people talk about their depression and the way it is experienced in Iran, as compared with the UK.

As I have shown, therefore, there are two different but intimately linked elements at play when it comes to personal relationships, both of which must be acknowledged and taken into account in order for the analysis to be a comprehensive one. The first is the phenomenological account of the way we, as human beings, relate to other people and the way in which these relationships have an effect on our emotional experiences. I have shown how a Sartrean account of emotions and our relations with others can be used to illuminate the experiences of the interpersonal in depression – these include the ever-present conflict between I and Other, which comes to the foreground in depression and defines the emotional reactions to the presence and actions of Others. Second, is the importance of cultural norms, which can illuminate

the differences in behaviours and symptoms of depressed patients, as seen in Iran and the UK. These differences, most notably the presence of aggressive behaviour and the tendency towards isolation, as seen in Iranian patients, form a large part of the experience of depression in Iran. I have argued that any analysis of the cross-cultural differences in the interpersonal experiences of depression, would be incomplete without looking at both of these elements as they inform and shape one another, and ultimately the individual experiences and manifestations of depression.

The arguments and analyses presented in this chapter and the previous one, show the important role other people, whether collective or individual, play in shaping experiences of depression. Although this importance is rooted in our way of being in, and relating to the world, and therefore universal, I have shown how cultural differences contribute to the variations in manifestation and extent of this influence when it comes to experiences of depression. In the context of experiences of depression, it is important not to view the social interactions with others as distinct from personal ones. Since, as I have shown, the two spheres of social life influence one another; sociocultural conceptions that are prevalent in society influence one's expectations and modes of conduct in personal encounters with Others, while the dominant mood in one sphere carries through to the other, forming the background against which interpersonal experiences are shaped. It is through viewing these domains as connected and complementary, that a more comprehensive account of interpersonal relations and difficulties can be offered, one that can make sense of a wide-ranging emotional and interpersonal experiences as seen in depression.

7. Somatic Symptoms of Depression in Iran

7.1. Introduction

Somatisation of depression is a feature often talked about in cross-cultural studies of depression. One prevalent claim is that patients in non-Western cultures tend to talk more about physical symptoms in depression, as compared to those from Western cultures who predominantly complain of psychological and emotional difficulties (e.g. Kleinman, 1977; Tseng, 1975). Various arguments and reasons for this phenomenon have been suggested, such as that people from non-Western countries, as well as those from lower socioeconomic backgrounds are less able or less willing to express psychological and emotional distress (Crandell & Dohrenwend, 1967; Kleinman, 1982). On the other hand, another possible conclusion from the data is that patients in Western countries tend to overemphasise the psychological symptoms and underemphasise the physical symptoms that, they too, experience (Ryder, et al., 2008; Parker, et al., 2001; Kirmayer, 2001).

What seems to be agreed is the fact of the presence of somatic symptoms, to different degrees and in different forms of manifestation across different cultures. Indeed, there are certain physical sensations which are thought to be a universal part of the experience of depression (Haroz, et al., 2017). As will become clearer later on, examples of these include the sensation of the body as heavy and leaden, and feelings of physical weakness. As such, what is of concern here is the comparison of somatic symptoms and the rationale behind somatisation of depression, as seen between Iran and the UK. Even though certain physical symptoms are seen universally, there are differences in the emphasis placed on different somatic symptoms which ought to be accounted for. Figure 3 shows the different physical symptoms Iranian patients talk about and their prevalence in the sample.

As can be seen, Iranians complain of a range of different somatic symptoms in depression, some of which, such as lack of energy and fatigue are seen universally across different cultures (e.g. Naeem, et al., 2012; Martinez Tyson, et al., 2011). Some other symptoms, and the emphasis placed on them, are culturally significant. In what

follows, I will first give a clarification of what is meant by 'somatisation' in the discussion, before turning to previous research on somatisation in depression among Iranian patients. I will argue that some of the conclusions drawn in these studies ought to be revised. I will then offer a way of understanding somatisation in depression among Iranians given the influence of traditional medicine introduced in the earlier chapters.

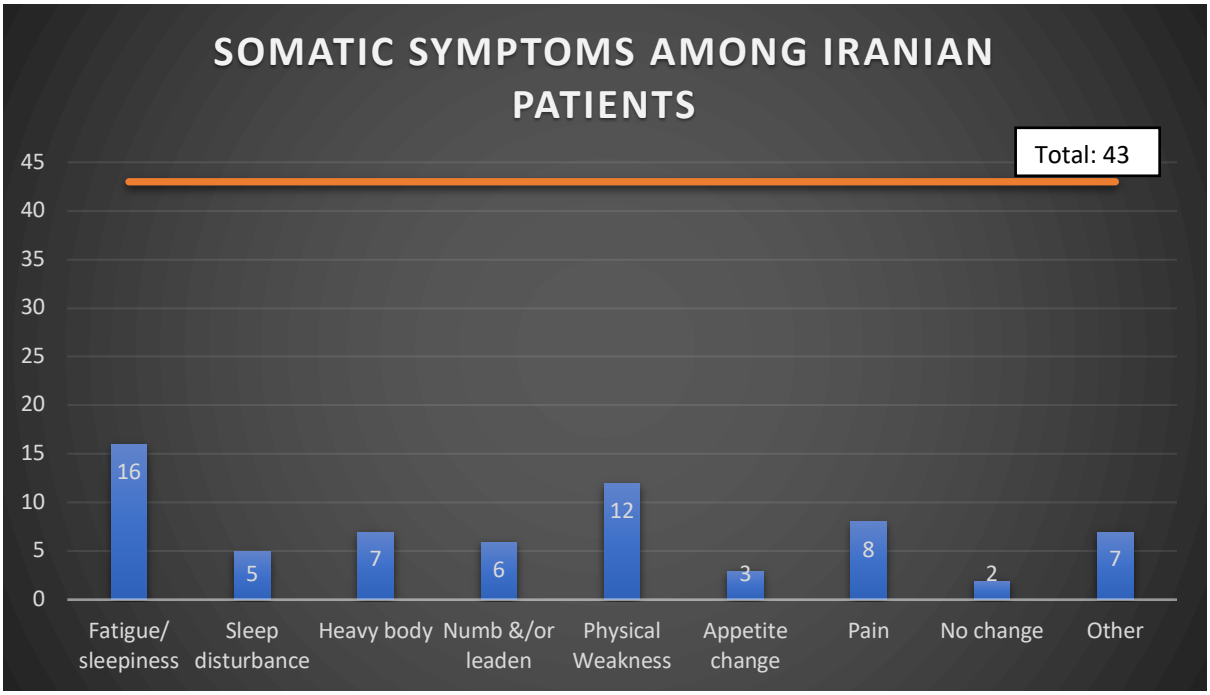

Figure 3. Somatic symptoms complained about by Iranian depressed patients

With this background in mind, I will offer an account of the most frequent somatic symptoms, as seen in the questionnaire responses. Figure 3 shows the common physical symptoms Iranian patients with depression complain about, as laid out particularly in answer to the 4th question on the questionnaire, about physical and bodily feelings in depression. I have grouped similar complaints together to get a better picture of the frequency of different symptoms. For instance, respondents' complaints of exhaustion and fatigue are often accompanied by complaints of feeling sleepy or 'having a tendency towards sleep'. By grouping these two complaints together, I signify the fact that they often appear together, as well as differentiating this kind of complaint from those related to 'sleep disturbance' where people complain of sleeping excessively or not enough. Similarly, complaints grouped under 'physical weakness' encompass different descriptions of feeling feeble, weak, and

lacking in energy. The descriptions of the body, or its perception as heavy, shattered, beaten, or bent are grouped together to signify disturbances to the way the body appears to one, as a limiting force. Lastly, the grouping of feeling numb and leaden together is due to linguistic complexities, since the word used by respondents to describe this state, *kerekh/kerekhti*, can signify both the 'numb' and 'leaden' feelings in the body. Symptoms under 'other' represent scattered complaints that are few in numbers and unrelated to other groups. In this category there are complaints of anxiety and heart palpitations (3), hand trembling (1), sweaty palms (1), and the feeling of body in unrest (1) and an agitated state (1).

In what proceeds, I will argue that somatic symptoms ought to be understood as part of the embodied experience of depression, thus explaining the presence of such symptoms universally across cultures. However, taking the example of pain reports by Iranian patients, I will argue that some of these somatic symptoms, particularly their manifestation and the emphasis placed on them can be accounted for through culturally specific frames of thought and understanding.

7.2. Somatisation of Depression

Before proceeding to the main argument, it is worth clarifying what is meant by somatisation in this chapter. Distinguishing different senses of the term is necessary to avoid certain confusions arising from the conflation of different meanings and understandings of somatisation in clinical setting and empirical studies.

Kirmayer and Robbins have argued that the term 'somatisation' refers to a variety of phenomena and illness behaviours, which whilst overlapping, are conceptually distinct (Kirmayer & Robbins, 1991). They argue that despite the fact that researchers are often concerned with one definition and understanding of the term, there is a tendency to confound the different meanings, resulting in overgeneralisation of the conclusions drawn from various studies. As such, distinguishing the different meanings and indicating what is of concern in the present work, is crucial in avoiding such confusion. Simon et al. distinguish three different ways the term has been used in investigations related to depression (Simon, et al., 1999). In this characterisation

somatisation could be taken to mean 1) presentation with somatic symptoms, 2) somatosensory amplification, or 3) denial of psychological symptoms.

In the first understanding of the term, patients with somatisation are those suffering from a psychiatric illness who primarily seek help for somatic symptoms. In such cases, the somatic symptoms are the primary source of concern for the patient, rather than, for example, any behavioural changes due to the underlying psychiatric illness. The second definition emphasises the association between depression and medically unexplained somatic symptoms, where psychological distress heightens the perception or the reporting of somatic symptoms, a phenomenon known as somatosensory amplification. On this understanding patients with somatisation are those suffering from a psychological disorder but who report various unexplained physical symptoms. Lastly, the third understanding of the term emphasises the lack of expression of psychological symptoms and the substitution of somatic symptoms in their place. On this understanding, linked to the inability to express one's feelings and emotions, somatisation presents "a psychological defence against the awareness or expression of psychological distress" (Simon, et al., 1999, p. 1330). An example of this latter form of somatisation is Kleinman's discussion of somatisation of depression in China, where expression of emotions and emotional distress is looked down upon (Kleinman, 1982). Kleinman has construed this form of somatisation as an instance of idiom of distress in cultures where psychiatric illnesses carry significant stigma (Kleinman, 1977).

Somatisation of depression among Iranian patients, as I will show, can be analysed through various cultural and social elements which shape the understanding of the illness and the manifestations of it. This, however, is in addition to the phenomenological analyses which, in viewing the body as a medium of various experiences, see somatic symptoms as constitutive of the overall experience of depression, and therefore significant in their own right. Given this multidimensionality, determining which one definition of the term 'somatisation' applies to this group would be a complex matter. I will argue that there are elements of two conceptions of somatisation that can usefully be applied to Iranian patients, which would help in understanding both the variation in somatic symptoms as well as

the reasons why these are seen more frequently among Iranian patients suffering from depression, as can be made clear via considering pain reports.

The most significant variation in the report of somatic symptoms between Iran and UK patients, is the higher prevalence of pain reports among Iranian patients (19%), most often in the form of headaches, which constitute over 60% of all pain complaints. Respondents to the questionnaire were asked to give details of the kind of symptoms they experienced which prompted them to seek help. As revealed by these responses, somatic symptoms, such as pain, are not the reason why patients initially sought help, but are rather secondary symptoms accompanying the psychological difficulties they experience, such as feelings of sadness, hopelessness, and suicidal thoughts. As such, the first definition of 'somatisation', as referring to cases where patients initially seek help for somatic complaints, does not apply to Iranian depressed patients. Additionally, given the wide range of psychological, cognitive, and emotional symptoms that encompass the experience of depression for Iranians, it cannot be the case that somatic symptoms are presented as a masking or a substitution for psychological symptoms, and therefore the third definition cannot be the correct characterisation of somatic experiences of depression. Within Iranian culture emotions and feelings are of central importance in the way one views oneself and relates to other people, and therefore, unlike some other cultures, such as China, expressions of emotional distress are not discouraged or looked down upon. Although given the previous discussions of misunderstanding and stigmatisation of depression in Iran, the higher emphasis on somatic symptoms can be attributed to patients' attempts at countering the prevalent stigmas, somatisation in this group cannot be due to a masking of psychological distress, or the inability to express emotional experiences.

As such, it would seem that the best way of characterising the presence of somatic symptoms among Iranians diagnosed with depression, is through the second definition; namely, that there is a heightened perception, or reporting of somatic symptoms in depression, which are associated with the experience of depression, yet remain medically unexplained. In this sense, I would argue that somatic symptoms, as the embodied experience of depression, are significant in shaping the overall

experience of depression, and should therefore be viewed and accounted for as such. Whilst this second definition of somatisation can be helpful in understanding the significance of bodily experience in depression, I would argue that elements from the third definition can be useful in accounting for the cultural factors that give rise to heightened somatisation among Iranian patients, as compared to those in the UK. As discussed in chapter 5, the stigma attached to depression in Iran, is in part due to the cultural way of understanding illness as one which, if not a purely physical entity, has at least some physical manifestations. This understanding of health and illness, traceable to traditional Iranian medicine, partly explains why complaints of somatic symptoms are seen more frequently in Iran compared to the UK. As I will argue, somatic symptoms in Iran, such as pain, can be seen as a means of escaping stigmatisation and legitimising depression as a 'real' illness (similar to uncontrollable crying seen in §5.4.1), since people tend to be more sympathetic to the suffering of an individual in illness, in the presence of physical manifestations and symptoms. In other words, somatisation of depression provides a stigma-avoiding strategy in Iran, similar to its role in China, not because of cultural norms against the expression of psychological and emotional difficulties, but due to cultural ways of understanding what constitutes an illness.

Given these preliminary observations and clarifications, in this chapter I will offer a possible explanation for somatisation of depression in Iran, in light of the earlier claims made regarding traditional Iranian medicine, and the social stigma attached to depression, before looking at the phenomenological significance of somatic symptoms in depression as an instance of the embodied experience of the illness. First, however, it is important to look at some of the previous research concerned with this phenomenon as seen in Iran.

7.3. Previous Research on Somatisation of Depression in Iran

Some previous research has examined somatic symptoms and articulations accompanying depression among Iranians. Most notably among these reports, is Byron Good and Mary-Jo Good's anthropological research, introduced in §1.1 and explored to an extent in §2.4. Good and Good reported a high prevalence of

somatisation of depression among Iranian patients. The most commonly complained about physical symptom, which they devote a sizeable part of their writing to, is heart distress (*nārāhati-e qalbi*), which they characterise as "a condition associated with physical sensations of heart palpitation, pressure on the chest, and a sensation of the heart being squeezed" (Good, et al., 1985, pp. 392-393). Noting that in Iranian popular culture the heart, as well as being a physiological organ, is the core of one's self, they argue that "complaints of heart distress are often associated with feelings of sadness or dysphoria as well as anxiety" (ibid., p.393). Construing heart distress as an idiom of distress among Iranians, which carries cultural significance, they argue that this symptom ought to be regarded as a somatic framework in which depression and anxiety are often articulated. I will argue for an alternative understanding of their findings, one which takes into account the cultural ways of employing words denoting the body, or a certain part of it, in order to convey a message regarding one's emotional experiences. Whilst Good and Good take the expressions of physical distress at face value and therefore offer an understanding based on the literal meaning of the complaints, I argue that in this instance the expressions of 'heart distress' should rather be understood metaphorically.

Nārāhati-e qalbi is a general phrase, used commonly to the present day to describe various heart diseases, and denotes an exclusively physical illness. It is true that in addition to being a physical organ, the heart is significative of the core of one's self and the source of all emotions and feelings. However, what is lost in translation is which meaning of 'heart' is intended on different occasions where the word is used. I accept that sometimes when patients complain of sensations involving the heart their complaints should be understood literally. For example, in the following remarks made by patients responding to the questionnaire used in this study, what is described is a physical experience that accompanies feelings of anxiety and distress.

> #14(F) – [I feel] an inner anxiety that would fill my whole self and I would have heart palpitations.
>
> #2(M) – [I feel] exhaustion and sleepiness. Sometimes accompanied by intense anxiety and heart palpitation.

#38(F) – [I had] heart palpitations, problems breathing, I felt something bad was going to happen to me.

Such experiences are not exclusive to Iranian patients (Sartorius, et al., 1996; Lamers, et al., 2011) and therefore cannot be thought of as a cultural syndrome.

Such descriptions are distinct from ones where talk of a sensation in the heart or another part of the body is used to convey emotional distress. In these latter forms of complaints, the metaphorical use of the word *qalb* (heart), or more commonly *del* (meaning the stomach as a physical part of the body, but also the heart, as the source of one's emotions), for example in the expression of the sensation of one's heart being squeezed, denotes a feeling of sadness and sorrow, often accompanied by tendency to cry and isolate oneself from the world, rather than any physical sensations. The same could be said for the various expressions centred around the heart, most of which express an emotional rather than a physical experience. The conflation of the two very different meanings and employment of the word in everyday language, causes difficulties in discerning the intended meaning of the complaints. I suggest that the fact that such expressions are commonly used in Iran to denote emotional distress, rather than physically felt symptoms, means that such reports cannot be taken literally as describing instances of somatisation. I suggest instead that such complaints should be taken metaphorically, indicating emotional, rather than physical suffering.

Good and Good conducted some of their research in an Azeri-speaking part of Iran (Good, 1976). Byron Good argues that heart distress is a disease category, with various physical sensations such as the pounding, trembling and fluttering of the heart, which are associated with feelings and emotions. This claim further finds support from the fact that people who complain of such sensations attribute the causes to various emotional difficulties, such as sadness, grief, and stress. Therefore, Good argues that heart distress, as an illness, "is perceived as a complex which includes and links together both physical sensations of abnormality in the heart beat, and feelings of anxiety, sadness, and anger" (Good, 1976, p. 36). I suggest instead that the various expressions used in describing these 'physical sensations' are used metaphorically and rather than referring to an actual physical difficulty and distress in the heart, are ways

of expressing emotional distress. In other words, heart distress is not an illness category which links physical and emotional experiences together, but rather, it represents a way of articulating one's emotional state and the suffering resulting from some of these states, in terms of physical and bodily experiences. The fact that these expressions are linked with physical sensations in the heart should not be taken as evidence that these are somatic symptoms of mental illnesses, but rather, that the place of the heart in the Iranian culture is a fundamental one representing one's emotions and inner state. And as such, the expressions are to be understood as statements regarding one's emotional experience, rather than somatic illness, and therefore heart distress, as defined by Good cannot be thought of as an instance of somatisation of depression among Iranian patients.

An important point to be drawn from this discussion is the fact that often Iranians talk about their emotional experiences using terms denoting physical parts of the body. Whilst some of these articulations can be phenomenologically interesting and significant, such as the feeling of being 'droopy' or 'bent' which express a state of one's being through inducing a physical image of the state of body, a knowledge of the culture, and cultural ways of employing language and expressions is required in order to offer an account reflecting the experiences of those uttering the expressions. Furthermore, I would argue that part of the reason why Iranians talk about their emotional experiences in terms of physical sensations, can be traced again to theories in traditional medicine, where physical and psychological experiences are seen as inseparable, each influencing the other. It can therefore be seen that an overview of some of the elements presented in these theories would be crucial in giving an account of somatisation, both in the articulation of sensations and experiences, as well as in the conceptualisations and the way Iranians think about depression and their experiences of it.

7.4. Cultural Conceptions and Somatisation

As has been discussed in §2.3.1, the Iranian conceptualisation of depression is in part informed by the conceptions of health and illness theorised in traditional Iranian and Islamic medicine. In this characterisation, psychological and physical ailments are

dependent on one another, such that psychological illnesses have physical manifestations and vice versa. Although similar views have historically been important in Western traditions, their place does not extend to modern times, unlike in Iran, where such historical conceptualisations remain influential to the present day. In discussions of melancholia, first articulated by Al-Razi and expanded on by Ibn-Sina (or Avicenna), this interdependency is seen clearly. For instance, Ibn-Sina attributes one of the causes of melancholia to the domination of one of the humours on the brain, therefore causing an imbalance in the brain, which results in sadness, overthinking, anger, and isolation. With this characterisation, the best way to try to cure such an imbalance would be through a change in diet to restore the balance of the humours (Avicenna, 1999 [1025]). However, he argues that melancholic characteristics are not exclusively rooted in humoral imbalances in the brain, but can originate in various parts of the body, as well as being caused by psychological factors such as excessive fear and grief. He thinks cases with different causes should have different treatments accordingly (Al-Issa, 2000, p. 48). Ibn-Sina tried to explain the physiological mechanisms that give rise to melancholic characteristics. For example, he claims these could be due to "the whole body's black-bile intemperament or the dysfunction of the major organs, particularly the spleen, liver, and the stomach, for various reasons … Ibn-Sīnā emphasises the heart; its cold and dry intemperament was, according to him, a frequent cause of melancholia – at least it was impossible for the heart not to be associated in some way when such a temperament affected another part of the body" (Dols, 1992, p. 81). These accounts make clear the emphasis placed on the body in investigating psychological ailments, and in particular the importance attached to the heart.

The historical trajectory between melancholia and depression has been noted in various studies (e.g. Radden, 2003, 2009) and is not exclusive to Iranian/Islamic medicine. However, what is noteworthy is the present-day place of traditional medicine in Iran and the continuing influence of conceptions explored in this tradition on the folk theories around health and illness which continue to play a part in everyday thinking and behaviours of Iranians in encounters with illness. In other words, traditional medicine, its characterisation of illness, and the remedies it offers for

various ailments, form part of the Iranian culture. This is true to such an extent that Iranians continue to refer to traditional texts for everyday ailments and their cure, and everyone has at least a basic grasp of the claims and arguments made by traditional medicine. The continuing influence of this field is further evidenced by the creation of new institutions dedicated to teaching and researching Iranian and Islamic medicine, as noted in §2.3.1. It is due to this familiarity that, when it comes to mental illness, Iranians tend to accept claims that are in line with their belief system; for example that exercising, as a form of taking care of one's physical health, is effective in ensuring one's mental health, given the interdependency of the two. On the other hand, various claims and practices which are further away from the engrained belief system are met with stronger resistance, such as the idea that there might be an illness characterised purely by psychological distress, or that antidepressants might be effective. It should be noted that the use of chemical medicine for physical illness is an accepted form of medicine in Iran, despite its divergence from traditional medicine, due to the long history of its practice in the country as well as people being familiar with its effectiveness. The same cannot be said for medicine used for mental illness, and there remains a degree of scepticism regarding such treatments, as seen in the earlier discussions in chapter 5.

Given the place of traditional medicine, not only in practice, but in ways of thinking and interpreting illness in Iran, ideas about depression are highly influenced by these pre-existing systems of belief. Stigmatisation of depression in Iranian society arises from the inability to accept a mental illness which is not accompanied by physical symptoms. This leads a large portion of patients with depression to feel the burden of having to legitimise their illness, and many come to report physical symptoms, as discussed in the case of uncontrollable crying (§5.4.1). I suggest that such thinking partly explains why the emphasis on somatic symptoms is higher in Iran as compared to the UK. This view is confirmed by a practicing psychiatrist in Iran who told me that although Iranians have no problem talking about their emotional and psychological suffering (unlike people from some other cultures such as China), they often feel that their suffering can only be acknowledged if accompanied by somatic symptoms. This emphasis, furthermore, is seen more among patients from less affluent backgrounds,

such as small villages, where there is higher stigma attached to mental illnesses such as depression. In larger cities, however, such as Shiraz and Tehran, complaints of somatic symptoms are seen less frequently, or do not carry the same heavy emphasis (Moghimi, 2017 – personal correspondence).

What is evident is the role of folk theories of illness, which not only account for the roots of the stigmatisation of depression in Iran, but also offer a way of explaining the presence of somatic symptoms in patients. In other words, those suffering from depression, by virtue of understanding the dominant frames of thoughts, consciously or otherwise, know that by the cultural conceptions of illness dominant in society, an illness such as depression is legitimised and made more understandable if accompanied by somatic symptoms. The cultural frames of thought in this regard act as a space of shared understanding in which individuals can seek one another's acceptance by adhering to shared values and systems of beliefs. Although such mechanisms are not necessarily carried out consciously, they remain part of the way in which individuals conduct themselves and adhere to the accepted norms and values of the collective society.

It should be noted that such stigma-avoiding communication strategies are not unique to Iran. As the body of literature on somatisation of depression among Chinese patients shows, knowledge of the expectations of society and ways of escaping stigmatisation plausibly plays an important role in the higher levels of reported somatic symptoms in China. In this case, the knowledge of the way different symptoms are interpreted in society, leads to communication strategies designed to avoid certain outcomes, such as stigmatisation. This characterisation is in line with my argument regarding somatisation of depression in Iran. It is also important to note that in accounting for Chinese somatisation, studies point either to variation in the actual experience and expression of distress, or to variation in the understanding of particular symptoms and their significance and the communication of this understanding to others (Ryder & Chentsova-Dutton, 2012). This distinction, however, overlooks the fact that social and learned understandings of illness and/or various symptoms influence the individual's lived experience of the symptoms.

> In any given cultural context, a specific symptom might attract social support, bring shame on the family, provide rapid access to health care resources, be politically threatening, or indeed have any number of different consequences. These realities do not simply provide sufferers with a menu of behavioral options, but rather shape which aspects of the phenomenal field are attended to and then emphasized. Different social worlds draw out different symptoms. (Zhou, et al., 2016, p. 5)

These two seemingly distinct elements, therefore, are equally important in understanding and accounting for somatisation in cross-cultural studies.

In Iranian understanding, psychological and physical symptoms of an illness, rather than being separate and distinct, are together constitutive of the overall experience of illness. Such a conceptualisation comes in contrast to the dominant Western views which see the body and bodily feelings as fundamentally distinct from the mental and psychological, with the central presumption that the body only serves as a vessel for projecting the inner states of the mind and the psyche. As Fuchs argues, in this Western conceptualisation, somatisation "denotes a shift of psychological content or meaning onto the body, leading to the rather Eurocentric view that members of non-Western cultures have only insufficient introspective or verbal capacities to perceive and express their feelings in a mature way" (Fuchs, 2014, p. 184). In a culture such as Iran, however, somatic symptoms, rather than being an extra culturally specific symptom of depression, ought to be viewed as an essential integral part of the experience of depression. Although the misconceptions and the resultant stigmatisation of depression demands the existence of somatic symptoms in depression, the starting point of both the stigmatisation and the significance of somatic symptoms for the individual experiencing them, remain the same; namely, the cultural conceptualisation of illness, which views physical and psychological symptoms as essentially integral parts of the whole experience of the illness. This unity of psychological and physical symptoms means that the significance of somatic symptoms, as well as being a way of avoiding stigmas, lies in the lived experience of patients. Viewed as an essential part of the experience of depression, somatic symptoms therefore ought to be analysed in terms of the phenomenology of

embodiment and the significance of the body as the primary point of contact between the individual and the world in which she dwells.

7.5. Somatic Symptoms as Disturbances to Embodiment

In giving a phenomenological account of the bodily feelings in depression, it is important first to give an account of the way the body itself is viewed in the phenomenological literature. The body, or a certain part of it, is central in the experience of different states that are referred to as 'feelings', ranging from feelings of touch to existential feelings, which form the basis of our relation to the world. As the medium through which we find ourselves and our being-in-the-world, the body constitutes a central aspect of our experience in the world. Notably, not only is the body the medium through which we perceive and experience the world, but is itself an object of perception that resides in the world. This twofold characteristic of the body was noted most distinctly by Merleau-Ponty:

> If it is true that I am conscious of my body through the world and if my body is the unperceived term at the center of the world toward which every object turns its face, then it is true for the same reason that my body is the pivot of the world … it is as though our body comprises two distinct layers, that of the habitual body and that of the actual body. (Merleau-Ponty, 2012 [1945], p. 84)

This important phenomenological distinction, in other words, is "between the body that I prereflectively live, that is, the lived or subject body (Leib), and the physical body that I can perceive or that is perceived by others, in other words, the object body (Körper)" (Fuchs & Schlimme, 2009, pp. 570-571). This distinction can also be seen in the way we relate to the world through our bodily feelings. As Ratcliffe shows, whilst "some feelings reveal parts of the body in an object-like way, … others operate as a medium through which something else is experienced" (Ratclife, 2008, p. 107). In other words, in experiencing some feelings we experience the body as an object of perception or experience, whilst in others, the body itself is the subject *doing* the perceiving or experiencing of an object residing out there in the world.

As such, not only is the body the primary source of our self-experience, but it also serves as the medium of our contact with the world. Therefore, background bodily feelings, such as tension or relaxation, ease or unease, affect the way in which the world is presented to us, by colouring all world-directed experiences (Fuchs, 2014), by virtue of the body being the means through which we perceive and experience the world. Understood in this way, not only is the lived body directed outwards towards things in the world, but it also "opens up the world as a space of purposive, practical possibilities, and thus shapes all our experiences, activities and thoughts" (Ratclife, 2008, p. 107). It is given this centrality of the body and bodily experiences that phenomenological accounts of depression give an account of the illness in terms of bodily experiences which are disrupted in the course of the illness. Disruptions in our embodied experiences of ourselves and the world we live in, on these views, encompasses not only the physical sensations involved in depression, but also our affective experiences and relations with others.

Disturbances of embodiment, following the phenomenological distinction between object body and subject body, can be classified into two main forms. In the first instance, disturbance of embodiment can be related to explicit body awareness or one's body image and can therefore be seen as disturbance related to object body. Disturbances understood in this sense, seen for example in cases of anorexia nervosa, signify conscious perceptions, emotions and attitudes towards one's body. On the second classification, disturbances of embodiment affect the subject body, i.e. the pre-reflective embodied sense of self. This latter form of disturbance can be seen in schizophrenia and depression, where one's sense of self is diminished, or one's contact with the world, as primarily a bodily experience, is altered.

> #27(F) – I feel like my body gets heavy.
>
> #7(F) – [I feel] numb/leaden. Without energy. Sleepy. Endless hunger.
>
> #4(F) – [I feel] beaten (*koofteh*), tired, bent (*khamideh*).
>
> #35(F) – My physical ability decreases, but because of the conditions of my life I have to carry on working.
>
> #33(M) – [I feel] lethargy, listlessness, feeling weak [to do] daily social tasks.

#42 – I feel that my body is weak and numb.

#25(M) – I don't have any feelings [in my body].

One of the most common embodied experiences of depression, seen equally in Iran and the UK, which can illuminate on the nature of the disturbance of embodiment affecting the subject body, is the perception of the body as heavy and leaden, or weak and numb (see Ratcliffe, 2015, p. 76). The body in this sense loses its quality of fluidity and transparency as a medium of experience and becomes instead a solid, leaden body which, instead of giving access to the world and one's surroundings, presents an obstacle to the individual's desires, intentions and impulses, such that "phenomenal space is not embodied anymore" (Fuchs & Schlimme, 2009, p. 572). In experiencing the overwhelming sense of fatigue and physical weakness, as felt in depression, the patient is confronted with her body, not as a medium of which she is only prereflectively aware, but as a limiting and oppressive force. As a primary point of contact with the world and as a medium through which different possibilities in the world are presented to one, the limiting quality of the body in depression influences the way in which one relates to the world. The confining nature of the body in depression reflects the loss of possibilities and the limiting nature of the world as felt by depressed patients. "The open horizon of possible experiences shrinks into a locked atmosphere, in which everything becomes permeated by a sense of lost possibilities" (Fuchs & Schlimme, 2009, pp. 572-573).

The perception of the body as heavy and leaden, numb and weak, can be thought of as a form of disturbance of embodiment seen universally across cultures. As Fuchs has noted, "one may conclude that depression is primarily experienced as a *bodily disturbance* in a majority of cultures, rather than only shifted and projected to the body secondarily" (Fuchs, 2014, p. 183). However, the physical sensations in depression are varied and different feelings are complained about to different degrees in different cultures. As was noted earlier, one example of such a symptom is the presence of pain in various parts of the body. As Ratcliffe reports, there are some complaints made by patients in the UK, of general aches and pains, joint pain, and headaches (Ratcliffe, 2015, p. 75). Although such complaints form a small percentage

of the complaints regarding physical symptoms in the UK sample, similar complaints in the Iranian sample are seen much more frequently. In fact, as seen in Figure 3, in the Iranian sample, complaints of pain are the most frequent complaints of physical discomfort, after complaints of fatigue and physical weakness. This difference, I would suggest, can be accounted for not only through the social pressures and stigmas that demand an easily understandable physical symptom such as pain, but also through the culturally-specific attitudes and behaviours towards the sensation of pain itself. Yet pain is primarily felt and experienced on an individual domain, and only secondarily put in the cultural domain of understanding and interpretation through its expression and communication. As such, a phenomenological account of pain experience should be laid out before turning to culture, as a meaning-making system for interpretation of these individual experiences, and as the background that gives these experiences their significance.

7.5.1. Pain as disturbance to embodiment

> #17(F) – I sleep a lot, I have headaches, my body feels heavy.
>
> #14(F) – [I have] feelings of excessive exhaustion and headaches, together with lack of appetite and physical weakness.
>
> #36 – I feel shattered, and I often have body pain and am completely frustrated (*asabi*).
>
> #29(F) – [I have] neck pain, hand trembling.
>
> #8 (M)– I have disc herniation … constant back ache and [feeling] shattered. When I'm in a good mood I work three times more than a normal person.
>
> #20(F) – I have pain in my arms and legs, I sleep a lot more.
>
> #19(F) – Feeling of feebleness (*hes-e bi-hāli*), headaches and crying.

The experience of bodily pains in depression can be seen, to varying degrees, in different cultures (e.g. Drehera, et al., 2017, Bair & Robinson, 2003). Pain is a complex experience that draws its meaning not only from the cultural setting and meaning-making frameworks, but also from the personal and phenomenological significance it carries for the individual in pain.

The fact that experiences of pain can carry meaning is clear once one understands pain as an emotion, as well as a physical sensation. The definition provided by the International Association for the Study of Pain, makes it clear that the emotional part of the experience of pain is inseparable from the sensory element. Pain is defined here as "An unpleasant sensory and emotional experience associated with actual or potential tissue damage, or described in terms of such damage" (IASP, 2017). As an emotional experience, expressions and understanding of pain are learned and occur and find meaning within a social, cultural, and linguistic context. Indeed, there are empirical cross-cultural studies that support this claim, suggesting that "the meaning and expression of pain and suffering is socially learned and culturally significant. Culture is the conditioning influence in forming the individual's patterns of responding to and expressing pain" (Lovering, 2006, p. 390). Additionally, the emotional aspect of the experience of pain is phenomenologically significant. Emotions and their meaning content, as explored in §6.3, are about things in the world, and emotional experiences shape our view and understanding of the world and things within it, and are therefore significative. Given this background, I will first look at the significance of pain experience for the individual in pain, and how the presence of the sensation of pain among Iranian depressed patients can be thought of as an instance of disturbance of embodiment. I will then examine the way in which these pain experiences find significance within the broader social and cultural context of Iran.

In his discussion of the phenomenology of chronic pain, Fredrik Svenaeus puts forward a phenomenological account of pain as an embodied experience encompassing both emotional and physical domains of experience (Svenaeus, 2015). Emphasising the experiential aspect of pain – that pain is primarily suffered rather than known, Svenaeus highlights the nature of the experience of pain as an awareness of one's body in illness. As noted in the discussion of unhomelikeness (§5.5), in illness one's relationship with the world is altered, and this includes one's perception of, and relation to one's own body. In illness one is more aware of the limiting qualities of one's body and the effort with which previously undemanding tasks are carried out. Svenaeus construes the experience of pain as an example of the way in which the body, and more specifically suffering in the body, is brought to the centre of one's

consciousness. The suffering brought about in pain, Svenaeus argues, can be described "as a kind of *bodily resistance and modulation* displaying itself at the heart of consciousness and human experience" (Svenaeus, 2015, p. 113). Just in the case of various bodily sensations in illness, one is confronted here with a sense of alienation from one's own body, since the suffering in pain presents "an awareness of a body that is mine, but yet alien, since it resists and disturbs, rather than supports, my ways of being conscious and directed towards the world" (Ibid.). Construed in this way, one can begin to see parallels with accounts of disturbance of embodiment in depression. Just as in the case of the perception of the body as heavy and leaden, which rather than disclosing, *encloses* the world in which one dwells, the individual in pain experiences her body as alien, one that upsets the normal harmony between desires, intentions, and possibilities for action.

An important note that should be borne in mind in giving an account of pain and the significance of the experience of pain, is the all-encompassing nature of the experience. As a world-enclosing sensation, pain directs the individual's focus towards her body, as a body in pain, which would otherwise remain in the background of experiences. Svenaeus describes this shift in consciousness by construing pain as a mood which permeates our entire being-in-the-world. In experiencing the mood of pain, he argues, "the world literally disappears; our horizon of meaningfulness gradually shrinks until nothing but the self-centred pain remains" (Svenaeus, 2015, p. 116). Of course this description, being concerned with chronic pain experiences, strikes one as too strong a claim to be applied to pain as an instance of somatised depression. However, the fact remains that in experiencing any kind of pain, the sensation becomes the centre of one's attention and in so doing influences a range of thoughts and activities that determine one's relationship to the world. The inability to carry out the daily tasks and what is routinely expected of one, as felt in depression, can in large part be attributed to the disturbance of embodiment. This is since a large part of other symptoms seen in depression, such as lack of motivation and drive towards the daily activities, manifest themselves in bodily sensations as well, as has been seen in the case of heavy and leaden body in depression. It is in this sense that pain in various parts of the body, together with the feelings of weakness and fatigue,

and the perception of the body as heavy and leaden, can be thought of as various instances in which the body and awareness of it comes to the foreground of one's consciousness as a limiting factor in everything one does. In all these instances the body, previously the enabling medium for experiences and navigating the world, presents an impenetrable obstacle to one's normal way of being and relating to the world.

Such phenomenological significance of the sensation of pain, which colours the way the individual in pain relates to the world and to her body as the medium for experiences, precedes the sociocultural understanding and significance of pain. But the observation that our individual experiences are always situated within a given sociocultural context, one that dominates our framework for understanding and interpretation, means that individuals understand their individual experiences of pain against this broader cultural context. As such, in order to understand the significance of the strong emphasis on pain among Iranian patients, one needs to take into account the cultural ways of interpreting and encountering pain.

7.5.2. pPain culture and behaviour

Given the presence of pain sensations in depression in different cultures, the question that becomes salient is one regarding the different emphasis placed on this sensation in different cultures. In particular, what is of interest here is the cultural factors that give rise to the higher emphasis placed on pain, as one of the most reported somatic syptoms in the questionnaire in Iran, compared to those in the UK. I would argue that, in addition to the cultural understanding of illness and social expectations which demand that mental illnesses be accompanied by at least some physical symptoms such as pain, the cultural way of understanding pain and responding to it are influential in the emphasis placed on pain in depression among Iranian patients. In this sense, the Iranian complaints of pain are highly dependent on the cultural ways of understanding pain, as Kleinman argues, "[p]hysical complaints, based on actual psychobiological processes, may be encouraged by a culture's behavioral norms, rules of social etiquette, and even by language usage." (Kleinman & Kleinman, 1985, p. 473)

In the first instance, in accounting for the experience of pain among the Iranian sample of patients suffering from depression, pain should be understood as a potentially expressive sensation. The sociocultural beliefs and attitudes towards pain, which vary cross culturally, give meaning to the experience of pain. As Kleinman argues, somatisation can be thought of as a "habitual *coping style* or *idiom of distress*" (Kleinman & Kleinman, 1985, p. 473), learned through one's experience of living in a certain sociocultural setting. Understanding pain as an instance of somatisation, means that the cultural meanings and significance taken up by the sensation ought be considered for a meaningful account.

As seen from Svenaeus' account, pain is characterised by the debilitating effect it has on an individual's normal way of being-in-the-world. This effect plays a significant role in explaining the common understandings of, and behaviours towards experiences of pain in Iranian culture. Within this context, pain is regarded as a highly debilitating phenomenon with an all-encompassing character which takes over one's normal way of being. An individual in pain, therefore, is not faced with the same expectations and is rather viewed more sympathetically and compassionately by others. Due to this understanding of pain, it is common for individuals to use being in pain as an excuse and/or an explanation for one's inability to perform certain actions or be a certain way. For example, it is common for people to use a simple headache as a reason for their unwillingness or inability to engage in social gatherings or doing a task expected of them. What adds to this understanding, is arguably the familiarity of the sensation of pain, which readily arouses feelings of sympathy in others, and in so doing, allows the individual in pain to use her pain experience as an explanatory tool for her behaviour and state of being. In this context then, being in pain, or the expression of being such, can be thought of as a means of standing out from others and getting noticed, which would mean that the usual rules and expectations no longer apply to one.

Such an understanding of pain is also partly explained by some of the cultural norms and attitudes towards pain relief in Iran. Despite the small number of studies done in Iran on pain culture, some medical research on pain can illuminate the matter at hand. In a study conducted on a sample of cancer patients, the patients' attitudes towards pain and pain relief were investigated (Najafi Ghezeljeh & Hosseini, 2012). What this

study shows, is the desire to tolerate pain among patients, and the belief that unless the pain is unbearable, one should refrain from taking pain killers. In responding to an exhaustive questionnaire, 69% of the patients agreed (11% of these strongly agree) with the statement that 'before asking for a painkiller one should wait for the pain to become really severe', while 63% agreed that 'painkillers should only be used when pain is at its severest'. Such attitudes can be broken down to three elements, namely, attitudes towards painkillers, beliefs regarding the ability to control pain severity through mental strength, and the cultural beliefs that suffering pain can be good for one.

Attitudes towards the consumption of painkillers is varied, and it should be noted that painkiller medications, including strong and potentially addictive painkillers, are readily available for purchase. However, what is shown in the study aforementioned, is the reluctance among patients to take painkillers and the prevalence of inaccurate beliefs about these medications. For instance, a large percentage of patients believe that painkillers *generally* – i.e. across all classes not just opioids – are extremely addictive (77.5%), with a larger percentage believing that there is a possibility of getting addicted to painkillers (79%). Additionally, over half of those studied (59.5%) believe that using painkillers for minor pain means that these would not be effective in reducing severe pains later on. Such beliefs have an undeniable influence on the pain-relief behaviours of patients and can explain why patients feel impelled to take painkillers only in cases where the pain is unbearable.

Beliefs regarding the influence of mental strength on the severity of pain are also noteworthy in this discussion, and can further make sense of the attitudes towards painkillers. A large portion of the patients under study in Iran, believe that thinking about pain increases the severity of pain (80.5%), and that the severity of pain can be controlled by changing one's thoughts (72.5%). Similarly, 88% believe that depressed feeling and mood worsens pain, and conversely, 89% believe that tolerating pain is much easier in a state of calmness and equanimity.

Lastly, there are prevalent beliefs in Iranian culture regarding the relationship between tolerating pain and having a strong (and sometimes righteous) character, which makes

one stand out from others. In line with the beliefs discussed earlier, that suffering is an inevitable part of life and one's attempts to be a good person, suffering from pain can be understood as a means to strengthening one's character and act as an atonement for one's sins. Such beliefs can be invoked in accounting for some of the beliefs regarding the nature and use of painkillers as well. If one is in pain and believes that tolerating this pain makes her stand out from others and can be seen as having a strong character, not only is there incentive for her not to take painkillers, but also to express her being in pain more openly. Furthermore, such beliefs also have a role in the way an individual in pain is received by others, namely, as mentioned above, with more sympathy and compassion. I would argue that the fact that others have such views towards an individual in pain, to an extent that their previous expectations and attitudes towards the individual can be suspended, play a role in the emphasis placed on pain among depressed patients in Iran, as a means of receiving more sympathy and understanding from others.

The Iranian understanding of pain and the resultant attitudes to painkillers differ from those found in the UK. Anecdotal accounts indicate, for instance, the tendency among UK parents to give small kids large amounts of paracetamol, not as a last resort but rather as a readily available solution to different minor discomforts (Kleeman, 2019). Such use of medications can signify the existence of different cultural attitudes to painkillers in the UK compared to Iran, one that is at least less hesitant about using them. In addition to different cultural beliefs about pain itself, the differences in the use of painkillers can be seen as an important signifier of cultural views and attitudes towards pain relief. What the outline of some of the prevalent beliefs and attitudes towards painkillers in Iran reveal, is the expressiveness of pain experience and the notion of agency and personal worth attached to it. Part of the significance of the higher emphasis on pain among Iranian depressed patients can be explained once it is established that, for cultural reasons people are more reluctant to taking painkillers, and instead more open to express and talk about their experience of being in pain – in order to arouse empathy or understanding in others, for instance. Prohibitive attitudes towards painkillers, such as their being addictive or losing effectiveness with time, can be thought to legitimate higher emphasis and expression of pain experience, leading

to one's character and status standing out among others, and higher levels of empathy in others.

Indeed, as was noted earlier, Iranians often make use of physical sensations to express emotional distress and the physical sensation of pain can indeed be seen as an example of this sort of expression. An example of this is found in a study examining chronic lower back pain among Iranian women. It can be seen from the first-person accounts presented, not only that the women attribute the cause of their pain to emotional distress resulting from difficulties of life and the pressure they find themselves under, but also that the pain itself gave voice to these difficulties and was expressed as an idiom of distress (Tavafian, et al., 2008, p. 343). Additionally, and more importantly, the participants in the study linked their back pain with their emotions: "back pain became a proxy indicator of emotional upset. It was akin to an 'emotions barometer'" (Ibid.).

Now it is given these observations, regarding the significance of the experience of pain both on an individual as well as socio-cultural levels, that the significance of the sensation of pain as presented in depression can be understood. As pointed out earlier, the stigmatisation of depression as a mental illness and the social expectations of such an illness play an important role in somatisation of depression in Iran. The stigmas are often based around the understanding of illness, as construed in traditional medicine, which emphasises the interdependency of physical and mental or emotional symptoms. As seen in chapter 5, Iranian depressed patients often complain of the fact that others find it difficult to accept an illness such as depression which does not manifest with physical, observable symptoms. Given the understanding of pain in Iranian culture, the presence of pain in the experience of depression, enables patients to escape at least some of the stigmatisation. In other words, not only does the sensation of pain – much in the same way as uncontrollable crying discussed in §5.4.1 – act as a legitimising factor for depression as a 'real' illness, but it also removes the expectations of others that the patient in depression is unable to meet. The presence of the sensation of pain, given its nature as taking over all aspects of one's life and relation to the world, acts as an explanatory tool for why the patient in depression is unable to do the daily tasks or be her usual self, in a way that

removes the blame from the individual and acknowledges the nature of depression as an illness that affects all aspects of one's being.

It is important to note that the explanatory power of the sensation of pain, and the legitimising effect it has for depression as a 'real' illness, does not undermine the phenomenological significance of the sensation for the patient herself. On the contrary, the two aspects of the experience can be thought of as interdependent and complementary. It is because pain is experienced as an all-encompassing sensation, that disturbs one's usual understanding of the body and its abilities, that the patient is able to link the sensation to her altered abilities and behaviours. On the other hand, the communication of the state of one in pain and the link between pain and the disruption it causes is made possible given the background of shared sociocultural understanding of pain as a debilitating experience that influences all aspects of one's life.

7.6. Conclusions

The aim in this chapter has been to give an account of the significance of somatic symptoms in depression among Iranian patients. As I have argued, there are a few distinct but interrelated factors at play, which make the emphasis on somatic symptoms greater in Iran, as compared to the UK. Firstly, and most importantly, is the conception of health and illness rooted in traditional Iranian medicine, which views the psychological and physical ailments as fundamentally inseparable. Such a conception demands that mental illnesses such as depression be accompanied by physical symptoms in order to be understood as 'real' illnesses. This, however, should not be taken to mean that the somatic symptoms in themselves carry no phenomenological significance. On the contrary, as I have shown, there are various bodily symptoms that occur in depression and shape the experience of the illness as a whole. Although one can give an account of depression, as it is experienced universally, in terms of disturbances of embodiment, various somatic symptoms are emphasised more or less in different cultures. The experience of pain in different parts of the body, for example, which can be thought of as an instance of disturbance of embodiment, is strongly emphasised among Iranian patients. I have argued that

cultural ways of understanding pain and responding to it, can account for this difference. Seen as a mark of a strong character, and as an instance of necessary suffering in life, pain is used as a means of distinguishing oneself from others, as well as being used to legitimise one's depression. Such cultural frames of thought and behaviour towards pain, account for the tendency among Iranian patients to emphasise their state as being in pain.

What has been an important element throughout this analysis, is the fact that somatic symptoms and their significance ought to be understood within the context of cultural understandings and attitudes. It is the totality of these cultural factors that determine the significance of somatic symptoms in depression. Therefore, accounts which attempt to reduce the complex and interdependent nature of these elements into a simple difference between Western and non-Western cultures, or the ability or inability to express emotional and psychological distress, fail to capture the important place of somatic symptoms in depression in its entirety.

8. Culture, Experiences and Narratives, and the Problem of Interpretation

8.1. Introduction

What I have aimed to explore through the discussions presented in this work, is the question of whether, and how, culture and cultural variation can account for the variation in experiences of depression. First-person accounts of depression have been the starting point of this investigation, with a particular methodological approach employed, both in the acquisition of data, as well as in the analysis and interpretation of these. In this chapter, with the preceding arguments in mind, I aim to examine the methodology employed in the work, its strengths and weaknesses, and therefore to consider how successful it has been in answering the questions the thesis set out to answer. In this discussion, some of the theoretical implications of the thesis will be discussed, in particular those related to the interplay of culture and experiences, as well as those regarding the interpretation of data. Building on these implications, in the next chapter I will examine broader implications of the findings and arguments of the thesis for psychiatry and phenomenology.

In the first section, following from the arguments presented throughout the thesis, and with the aid of theoretical considerations, I argue for an account of experiences as fundamentally and inherently cultural. In doing so, I aim to show some of the strengths of the methodology employed, as well as the possible implications such an understanding of experiences would have for phenomenological studies more generally. As I will argue, in a phenomenological study, rather than taking the experiences in isolation, as the subject of study, we ought generally to understand experiences in the context in which they occur. This is since, the way we conceptualise, understand, and interpret our experiences in most cases is fundamentally intertwined with the culture and society in which the experience is had. As such, I suggest that any study of experiences that does not take the multifaceted nature of experiences into account, remains incomplete.

Although, as I argue, our culture and experiences are generally interconnected, there are plausibly certain types of experience where the influence of culture is less salient.

In attempting to understand and account for such experiences, the general framework laid out in this thesis falls short of providing satisfactory answers. Additionally, these cases make manifest further issues with interpretation of first-person reports and the methods employed in understanding and analysing them. Taking pain experience and pain reports as an example of a case where such issues and shortcoming are clear, in the second section I explore alternative methods and frameworks for the analysis of such experiences. I argue against the use of notions of 'idioms of distress' for such analysis, since the concept lacks the explanatory power needed for the interpretation of pain reports. Instead I suggest concrete methodological improvements that could aid the understanding and analysis of such symptom reports and experiences.

8.2. Experience as Fundamentally Cultural

One of the important methodological points in this work has been the presumed relationship between experiences and culture. As seen in the previous chapters, the approach employed views culture as a meaning-making system, which influences the way a phenomenon, such as depression, is experienced. In light of what has been shown with regards to the particular ways in which culture influences understandings and experiences of a phenomenon, here I aim to elucidate the more general and theoretical implications of this methodological approach. I suggest that we ought to understand experiences as fundamentally bound with culture, and cultural narratives. Such an understanding can be shown to be compatible not only with anthropological accounts of the link between experiences and culture, but also with the phenomenological views of experiences and the nature of our relation to the world.

Discussions in the previous chapters show that cultural conceptions and ways of thought and interpretation have an undeniable influence on the way a phenomenon such as depression is experienced. It is important to note that embedded within this claim, and indeed within the methodological approach of the work, is the inseparability of narratives of experience, themselves culturally shaped, from the experiences themselves. This inseparability is manifested in most of the symptoms examined in this work, although in some cases more than others. In the analyses throughout this work, the starting point has been the first-person accounts, i.e. the

way individuals themselves talk about their experiences. From these personal narratives, cultural models of thought, and frameworks for interpretation are extracted, and it is these cultural elements that are shown to be largely underlying the variation in the experiences of depression. Given its centrality, it is important to have a theoretical account of how this interconnectivity could be understood, before turning to specific methodological difficulties related to the interpretation of reports.

8.2.1. Culture, narratives, and experience

Experiences and narratives, rather than separate and operating on different levels of primacy, ought to be viewed as closely and deeply intertwined. As Mattingley argues, "narrative imitates experience because experience already has in it the seeds of narrative" (Mattingly, 1998, p. 45). There is indeed an intimate link between experiences and narrative, "for experience structures expressions, in that we understand other people and their expressions on the basis of our own experience and self-understanding. But expressions also structure experience, in that dominant narratives of a historical era, important rituals and festivals, and classic works of art [thus the cultural context] define and illuminate inner experience" (Bruner, 1986, p. 6). The relational link between narratives and experiences on this account, is not due to one being a copy of the other, but because of a 'structural homology' between the two. I would argue that the close link between narratives and experiences can be illustrated through understanding the role of culture as a mediator between experiences and narratives. The 'structural homology' Mattingly refers to, can be seen to be a result of this role of culture, as influencing both and providing a context in terms of which experiences are understood and narratives are created.

This defining role of culture is accounted for most clearly in the works of Clifford Geertz, through the emphasis placed on cultural structures as having a meaning-making role for experiences, as well as narratives. What is important for our discussion, is Geertz's characterisation of cultural processes, not as something that happens 'in the head', but rather as structures of significance that "impose meaning upon experience" (Geertz, 1973, p. 45). These are not 'in the head' in the sense that they transcend the individuals' frames of thought and rather, are constitutive of the

world where individuals dwell, therefore shaping the background against which they understand and interpret their experiences. In this sense culture is construed as an organising force that shapes our experiences and gives meaning and significance to them, such that without culture "man's behaviour would be virtually ungovernable, a mere chaos of pointless acts and exploding emotions, his experience virtually shapeless" (ibid. p. 46). This role of culture as conditioning for experiences means that it is fundamentally impossible to separate experiences from the cultural settings that give rise to them. Similarly, by providing the context for understanding experiences, culture shapes the narratives of experience, as tools through which the understanding of an experience is made possible.

Geertz's account of the relationship between culture and experiences signifies a move away from the traditional phenomenological theories and methods, such as Husserl's, where the fundamental project is to bracket out experiences in and of themselves, and take them as subject of study. However, this view can be reconciled with later phenomenologists (used in this work), who argue that individual experiences find meaning against the backdrop of one's being-in-the-world, which inevitably includes the sociocultural settings and systems of meaning one is thrown into. The close proximity of Geertz's account to these phenomenologists makes the case for the use of his account here.

The inseparability of culture and experiences in this sense, and the consequence of this characterisation for cross-cultural studies can be further clarified using an example; consider cross-cultural variation in experiences of grief. It is worth noting that what is meant by experiences of grief, is the way in which different groups of people, *by virtue of their culture,* experience, and talk about, the same phenomenon, namely someone's death, in different ways. Cultural ways of understanding and interpreting the phenomena of loss and death, shape not only the way people experience the phenomenon, but also the way they express and interpret their experiences, both in the moment and in later recollections.

The conceptualisation of death in Iran, as well as the rituals following someone's death, are based upon a religious framework, where death is viewed as a passing from

one world to the next. The funeral ceremony, therefore, is organised so as to respect and address the religious beliefs. Furthermore, in a collectivist society like Iran, where the death of someone close is a significant event, the ceremonies present a space for those who remain to mourn in a way that suits the norms and customs of the group. The rituals start with family members burying the dead, not in a coffin, but wrapped in a white cloth (*kafan*), which could become loose, revealing to the grieving crowd the dead person's face or arm as they are burying them. The custom demands that the mourning rituals take place on an ongoing basis for a year, with those close to the lost one refusing to take off their black clothes for the period. The rituals, filled with grieving chants and songs, and with women crying and screaming, take place on the day of the burial, as well as on the third, seventh, and fortieth day since the burial, and are concluded with a gathering on the anniversary of the burial. Needless to say, the normal course of life is interrupted, not only because of the immense sense of sadness one feels after a loss, but also due to the cultural norms, which necessitate the planning and preparing the ceremonies and accommodating for the often large number of people attending.

Now in comparing the experiences of loss by two sets of individuals, one from Iran and other from the UK, it has to be acknowledged that their experiences are not limited to an internal feeling with no influence from the outside world. Embedded within any personal account of experiences, are the cultural conceptions and customs which shape the individual experiences of loss, regardless of whether associations and links are made explicitly and consciously or not. It is in this sense that the way loss is experienced in a given culture is inherently and essentially cultural. Consequently, any attempt at understanding these experiences and their variation across cultures needs to take into account the cultural setting that shapes experiences and narratives, in order to get a comprehensive picture of various factors influencing the overall experiences. Furthermore, in the absence of phenomenological access to the different ways of experiencing, there is nothing else that can be known and/or studied about the way an individual or a collective experience a phenomenon, except for the cultural background of experiences which account for the understanding and interpretation of the phenomenon experienced.

There is, additionally, a temporal element to the cultural domain of experience. This is since the norms and practices that shape the culture, and the norms and modes of understanding which link the cultural context to the experiences of a phenomenon, come about in a historical context (e.g. Hacking, 2002). This temporal element has been an important point in the methodological approach of the work at hand, since in many instances the strong cultural elements that influence experiences of depression can be traced historically. Furthermore, some of the strongest cultural elements in this domain are those with a long history which has allowed them to shape part of the conceptual framework of the society in its encounter with depression. An example of such a historically embedded cultural framework that has been present throughout this work, is traditional Iranian medicine and the folk beliefs rooted in it. Given this importance, I think it is important to further understand the link between practices and cultural conceptions, in the historical context.

8.2.2. History, cultural conceptions, and experience

Pierre Bourdieu shows that the cultural conceptions and modes of thought which give rise to various customs and practices, precisely shape the way one experiences a phenomenon, as well as the narratives that express these experiences.[22] This is seen in his account of the *habitus.* For Bourdieu, this notion provides a means for reconciling the social structure of the world with individual agency, and aims to account for the way the 'outer' social life and the 'inner' self, shape and reshape one another (Maton, 2008).[23] In addition to placing emphasis on the role of the cultural and social context in the construction of individual conceptions and practices, habitus

[22] Ian Hacking has also suggested an account of understanding phenomena and our experience of them in a historical context (Hacking, 2002), and has shown how the historical developments change our perceptions and understanding of some mental disorders (Hacking, 1995). I use Bourdieu's account in detailing this link, as his account is concerned both with history, as well as cultural norms and customs. Thus the links between his account and the arguments presented in this work can be drawn more easily.

[23] The relevancy of this theory can be seen through the importance of outer and inner self in the Iranian culture and its influence on the conceptions and experiences of interpersonal relationships, as noted in §2.3.2.

explains the way these practices change through time and thus provides a link between the past, present and future practices.

The habitus is defined primarily as a property of social agents, and in terms of the individual's dispositions. It is important to note what Bourdieu means by 'dispositions'. In a footnote in *Outline of a Theory of Practice* he gives a brief account of dispositions as such:

> The word *disposition* … expresses first the *result of an organizing action,* with a meaning close to that of words such as structure; it also designates a *way of being*, a *habitual state* (especially of the body) and, in particular, a *predisposition, tendency, propensity* or *inclination*. (Bourdieu, 1977, p. 214)

Furthermore, as the internalisation of social structures and norms, dispositions are also the carriers of history into the present and future practices. It is due to this characteristic that Bourdieu defines the habitus as a "system of durable, transposable dispositions" (Bourdieu, 1990, p. 53), with the power of generating and maintaining practices. As a property of social agents, moreover, habitus comprises a "structured, and structuring, structure" (Bourdieu, 1994, p. 170). It is structured in the sense that it is comprised of one's past and present circumstances, and structuring in the sense that it shapes, or at least helps in the shaping of, one's present and future practices. And lastly, it is a structure itself in that it is regulated and systematically ordered, as opposed to being random and disorganised (Maton, 2008, p. 51). As such, the habitus incorporates the element of temporality in sociocultural ways of being, thinking, and acting.

In addition to shaping practices, habitus further generates individuals' perceptions, beliefs, and appreciation of the *field*, i.e. the social and cultural context that individuals inhabit. It is important to note here, the importance of the field in the process of generating practices and beliefs: it is the relational nature, and the interdependency of field and habitus that gives rise to these practices. The field, Bourdieu claims, presents itself to the individuals as a 'space of possibles' defined with respect to the individual's position in the field. These possibilities then become operative and active as achievable possibilities, "in so far as they are perceived and appreciated through

the schemes of perception and appreciation which constitute a habitus" (Bourdieu, 1993, p. 64). In other words, the habitus, as a cognitive system for perception, appreciation, and formation of practices and beliefs is constructed in accordance with the field one inhabits, and one's position within it, while the space of possibilities embedded in the field are actualised in accordance with one's habitus, thus indicating the importance of the relational nature attributed to the two. In talking about the variation in rituals of burial and the experience of grief in Iran, one can see that the centrality of religion, and the place of interpersonal relationships in the Iranian culture, as well as the emphasis on the public display of sadness in the society, define the space for the formation of the specific rituals of burial and mourning. In other words, it is against the backdrop of sociocultural values and belief systems that particular practices find meaning and significance.

As such, the habitus explains not only the individual's practices and beliefs, but also the collective, regulated practices and conceptions found in groups of people. As a system of "principles of the generation and structuring of practices and representations" (Bourdieu, 1977, p. 72), the habitus gives rise to regulated practices, without this regulation being the result of obedience to rules that exist objectively in the society. Rather, these are "collectively orchestrated without being the product of the orchestrating action of a conductor" (Ibid.). The regulated and orchestrated nature of practices is due to them being the product of collective past experiences and conditions of being, which produce the principles underlying the present practices. The harmonising effect of the habitus is seen more clearly among groups of people that share a similar position in the field, and are therefore likely to have similar experiences, leading to similar beliefs and perceptions. For instance, in the context of the Iran-Iraq war and generational memories, it is clear how this mechanism works. For those growing up in the war, although elements of the experiences would be different (e.g. proximity to war zones), they share a largely similar position in the field. As such, as Behrouzan has shown, many of the conceptions, beliefs, and perceptions held by those with similar experiences of the war, or similar memories of these experiences, are comparable in form, and influential in shaping present principles and sense of identity. Bourdieu argues that this similarity in experiences as a result of a

common structure, leads to the harmony seen in the collective practices and conceptions, since similar experiences give rise to similar principles in the habitus that give rise to future practices among the collective groups of individuals. These similarities, furthermore, define for these members a common sense of reality and a common anticipated future. As such, practices produced by the habitus can be accounted for through the relation between these practices and social conditions, which gave rise to the principles producing these practices, thus relating the past to the present. It is in this sense that for Bourdieu, habitus is "history turned into nature" (Bourdieu, 1977, p. 78).

The creation of a common-sense world is an important effect of the orchestration of habitus. In such a world, through consensus within the group, practices and conceptions are deemed sensible and reasonable. As Bourdieu argues, this consensus comes from "the harmonization of agents' experiences and the continuous reinforcement that each of them receives from the expression, individual or collective, improvised or programmed, of similar or identical experiences" (Bourdieu, 1977, p. 80). Construed as such, the habitus not only incorporates the history and the past experiences and conceptions into the present ones, but also defines a framework through which commonalities in beliefs and practices among members of a society and culture, and their significance, can be understood and accounted for.

To summarise, Bourdieu's analysis starts with an account of dispositions as a way of being, incorporating individuals' tendencies and inclinations, with regards to both perceptions and interpretations of experiences, and the resulting actions and practices. These dispositions, being the product of past experiences and beliefs, lay the foundations for the formation of principles and cognitive schemas, i.e. the habitus, which has the power of generating new practices, beliefs, perceptions and interpretations. As a consequence of being the product of dispositions, as the internalisations of the structures of the society and past experiences, the collective habitus is harmonised and orchestrated. This is such that members of the same social group are endowed with a system of meaning, that renders the world they inhabit and their practices meaningful and sensible. In this way, then, the habitus is a product of history. However, it also has the power of shaping the future, since, as mentioned

above, it is in accordance with the habitus and the practice generating principles within it, that certain possibilities presented to the individuals within the field are activated with the potential to be actualised.

On this account, therefore, culture, as a system of practices, beliefs, and a way of being in and relating to the world, is seen to be intimately linked with individual and collective history and memories, giving the world a sense of meaning. In accounting for the way depression is conceptualised and encountered in a culture, it is important to note the various factors, not only those that in the present are seen to influence narratives and experiences of depression, but also those with historical significance, which give the present narratives and encounters their meaning. As I have shown in the previous chapters, the way depression is understood, experienced, and articulated in Iran today, is a result of cultural ways of understanding (e.g. death-consciousness), which are themselves shaped and influenced by shared historical events (e.g. Iran-Iraq war). Taking note of temporality in the discussion is also important in accounting for change in encounters with depression. As societies change and go through different shared experiences, so do the beliefs and perceptions of phenomena and events, and could result in major cultural shifts. The findings and analyses in the present work is considerably different to those conducted in Iran before the 1979 revolution, in part due to such cultural shifts.

What these various theories show, is that in conducting a phenomenological study, although the prime focus of study is experiences, it must be acknowledged that these experiences are had by an individual as a being-in-the-world. When we talk about 'the world in depression' and the 'existential change' involved in depression, we aim to signify a change in the way an individual in depression understands herself and the world around her. Yet it is important to note that this change in perception does not happen in isolation, but is rather dependent on how the individual understands herself and her place in the world, as well as the way she understands depression itself. Various factors, such as culture, history, language, and politics, shape the background

of understanding and way of thought for individuals. As such, not only is it important for a phenomenological understanding to take into account these meaning-making factors, but also this importance is seen even more strongly in cross-cultural studies, which aim to understand variation in experiences.

There are various methodological consequences of this understanding. First and foremost, as I have already demonstrated, it is important to recognise individuals and the way they understand and articulate their experiences as *situated* within a phenomenologically significant context. This context is constituted by cultural ways of thought and understanding, shaped by historical events and customs, and itself shapes the narratives of experiences. Included within this realisation, is the fact that although phenomenology is concerned with the structures of consciousness, and experiences that we, as conscious beings, have, these structures are often dependent on the context in which they operate. As such, although informative, the phenomenology of, for instance, loss and grief in isolation from their sociocultural context, remains abstract and incomplete. It is only when experiences are considered as situated in a context, shaped by the values and norms accepted by those who dwell in the context, that the experience and its significance can be fully apprehended and appreciated. It is due to the realisation of this importance that, throughout the work, I have aimed to emphasise the role of culture in shaping experiences, and show how variations in experiences of depression can be explained through cultural considerations.

Secondly, the realisation that multiple factors have an influence on shaping the world of experiences, leads to certain methodological difficulties. This is since, depending on the lens through which the experiences are investigated and narratives interpreted, different pictures of the experiences emerge. In attempting to understand experiences of depression in Iran, there are different points of emphasis. For instance, the image presented in this work is based on the cultural frames of thought, as seen particularly in religious modes of understanding, and works of literature. In contrast, Behrouzan focuses on understanding *depreshen* in the context of generational memories of a certain point in time. Other works could aim to understand depression and experiences of it in Iran, with different points of focus and emphasis, potentially yielding different results. This is not to say that each of these analyses is incomplete

and lacking substance in some way. On the contrary, I would argue that these should be viewed as complementary: it is only through examining the phenomenon and experiences of it from different perspectives that a more complete image can start to emerge. In other words, due to the multidimensionality of experiences as situated within a complex context, the way experiences of a phenomenon such as depression are to be understood and interpreted can take various forms depending on the focus on a particular dimension of the significance of experiences.

The theoretical accounts considered here, are invaluable in informing a suitable methodological approach and the kind of questions to be asked in a cross-cultural phenomenological study. However, they do not present an adequate framework through which *all* kinds of experiences and reports can be interpreted and understood. This is seen especially in experiences that seem to have important pre-linguistic sensory elements, such as pain. In interpreting and understanding experiences and reports of an experience like pain the theories considered above provide only part of the answer. As such, additional tools and methodological adjustments may be needed in order to give a satisfactory account of the significance of such experiences, as will be considered in the next section.

8.3. Issues in the Interpretation of Reports

Since first-person reports have been the starting point of this study, problems that can arise in the interpretation of these reports are central in the discussion of shortcomings of the methodology. As noted in the previous sections, the cultural context of utterances provide a meaning-making background to these reports, making it a crucial element in understanding and interpreting first-person accounts. The problem of interpretation is also manifest in attempting to discern the intended meaning of a personal report, and differentiating between literal and metaphorical meanings. Discerning the intended meaning of the responses to the questionnaire used in this study is further complicated by the nature of the responses as written, and the lack of face-to-face interaction with respondents. Such issues are seen in different responses. For instance, the following is what one respondent wrote when asked about the causes of their depression:

> #13(M) – I think the inability to communicate with the opposite sex, not having sex, not having a job relevant to my subject and specialisation, the frayed clothes, so that [I] can't leave the house too much, being mocked by other people, others talking behind one's back and different [malicious] labels attached to one (spook, womanizer, extremist …), unresolvability of the socio-political problems, the falling and burning of Plasco [an iconic building in Tehran], not having money to do what others do, my computer being old and shattered, not having a smart phone and spending more time at a computer which always has to have a fan next to it, my father's poverty, the barbarity of Hezbollah, and extreme hair loss.

Such a report might be interpreted as expressing a general sense of dissatisfaction with life, which is often referred to by Iranians in talking about their conception, and experiences of, depression. However, in questioning whether this would be a correct interpretation, one that indeed captures the intended meaning, one is faced with questions regarding how the report itself should be viewed. The interpretation of the report depends on whether one takes it at face value, with the literal meaning taken as the intended meaning, or whether it is to be understood metaphorically, or sarcastically, or as a joke. Discerning which meaning is intended would require closer examination and investigation. The most obvious solution to such issues is clarification questions, but this would not be possible with the questionnaire format employed here. The question then arises as to whether the methodological tools employed in the study are sufficient for such an investigation.

Among reports that make such problems with interpretation salient, pain reports present a revealing case, due to the multifaceted nature of pain experience. As mentioned in chapter 7, Iranian patients suffering from depression complain more frequently about having pain, as compared to those in the UK. These reports can be interpreted in various ways. It could be that Iranians experience more bodily pain in depression compared to those in the UK, or that expression of pain is used metaphorically by Iranians to express another feeling, such as general distress and bodily discomfort. Equally, it could be that individuals in Iran worry more about

pain and are therefore more likely to report it, or that as a familiar sensation pain is more easily sympathised with, prompting the use of pain reports. These are only a few ways reports of pain could be understood and interpreted. Yet the question remains, as to which of these is closer to the truth, and how the truth of such understandings can be known.

> #20(F) – I have pain in my arms and legs, I sleep a lot more.
>
> #36(F) – I feel shattered, and I often have body pain and am completely agitated.
>
> #17(F) – I sleep a lot, I have headaches, my body feels heavy.
>
> #14(F) – [I have] feelings of excessive exhaustion and headaches, together with lack of appetite and physical weakness.

Given the influence of culturally learnt ways of expressing distress through pain reports, some theorists would suggest that they should be classified as 'idioms of distress'. However, in the next section I will argue that the notion of 'idioms of distress' lacks explanatory power, and as such, beyond offering a way of classifying these reports, falls short of providing a satisfactory account of the significance of them in the context of experiences of depression.

8.3.1. Symptom reports as idioms of distress

Some authors have supposed, that in cases where a symptom report is closely tied to cultural expressions and modes of communications, the notion of idioms of distress can be used to highlight the complexities involved in interpreting the reports. The notion was first defined in 1981 by Mark Nichter, based on the following observation:

> In any given culture a variety of ways exist to express distress. Expressive modes are culturally constituted in the sense that they initiate particular types of interaction and are associated with culturally pervasive values, norms, generative themes, and health concerns. (Nichter, 1981, p. 279)

Nichter argues that by viewing "ethnopsychiatric phenomena as idioms of distress", greater perspective and better understanding can be facilitated, through the

recognition of the complex systems of thought and meaning in different cultures that underlie conceptualisations of phenomena. Thus, idioms of distress denote "socially and culturally resonant means of experiencing and expressing distress in local worlds" (Nichter, 2010, p. 405). These are varied based on the cultural traditions of understanding human distress, as well as culturally specific ways of conveying experiences (e.g. metaphors in language, and folk theories of medicine).

The notion is closely connected with that of culture-bound syndromes, which originally designated the varied phenomena in different cultures as the variations of the universal categories of psychiatric disorders, such as schizophrenia or depression (Yap, 1969). Nichter saw idioms of distress as a more befitting characterisation than syndromes per se. On his account, different sickness categories each describe "local reactions to particular forms of psychiatric distress that arise in the differing situations of disparate cultures. Some of these ways of expressing distress become formalized with names in local languages, but do not necessarily become as rigidly defined as are psychiatric diagnoses" (Rebhun, 2004).

Different authors employ the concept of 'idioms of distress' in different ways. Sometimes 'idioms of distress' are taken to be cultural illness syndromes (e.g. Brain Fag Syndrome affecting West African students (Ebigbo, et al., 2015)), and psychological and/or somatic complaints (e.g. reports of pain (Keyes & Ryff, 2003)), which signify variations in the manifestations and articulations of distress and suffering. This is while for other authors 'idioms of distress' are the systems of beliefs, values, and cultural norms, which underlie the cultural ways of encountering and interpreting distress, as well as the way these experiences are framed and manifested in behaviour. Such idioms include religious involvement, attribution of one's state to witchcraft assault, and acting-out behaviours (Hinton & Lewis-Fernández, 2010). In order to have a better understanding of the notion and the way it has been used, I will present two cases which indicate some of the different aims and points of interest as related to the notion of idioms of distress. I will thus suggest that the notion is too vague and lacks explanatory power.

As noted above, idioms of distress are closely connected with the notion of culture-bound syndromes. An example of this case is Khyâl attacks as recorded in parts of Asia, particularly the South East. *Khyâl* is conceptualised in as "a pathological windlike substance, a substance often described by the same local word for external winds … [and] is thought to cause havoc in the body and to potentially cause death" (Hinton, et al., 2010, p. 245). Khyâl attacks sometimes resemble symptoms seen in malaria. In the study by Hinton and others on Cambodian refugee populations, Khyâl attacks are seen as closely linked with panic attack and PTSD symptoms, and are often generated by trauma, and are thought to represent a case of "how trauma results in certain somatic symptoms in a particular cultural context" (ibid., p.273). The association between trauma and symptoms characteristic of Khyâl attacks is such that, the authors argue, "enacting the malarial episode has become an idiom of distress and a key shaper of the anxiety experience, a key anxiety-related cultural syndrome" (ibid. p.267). But it is not just the malarial symptoms characteristic of Khyâl attacks that represent an idiom of distress (or a cultural syndrome) in this case, as the authors argue that the attacks themselves should be understood as such an idiom. They argue that Khyâl attacks, as presented in their study, represents an instance of an idiom of distress "that has great overlap with panic attacks, panic disorders, and PTSD" (ibid. p. 273). Idioms of distress can be an embodied affect form in cases of dysphoria or anxiety, or can represent fear of an event, such as death or harm. Khyâl attacks, it is argued, often take both of these forms:

> [Khyâl attacks can simultaneously be] a feared event and an affect form that is embodied to convey distress and to obtain succor through its treatments and through conveying to others that one is in a state of distress – and that event is 'read' by others as indicating that the person is in distress (e.g. that the person has had a 'worry' episode that caused the *Khyâl* attacks, that the person is weak), so that though the syndrome may not be embodied to convey distress, it still serves as an idiom of distress, a distress indicator. (Hinton, et al., 2010, p. 274)

Khyâl attacks present a case where idioms of distress are construed as closely connected with (if not equivalent to) cultural syndromes, and representing a culturally

specific manifestation of PTSD, a DSM-defined disorder. The authors argue that Khyâl attack as explored in their study, "is one of several ethnobehavioral pathways that are available when feeling distressed, is one culturally determined dysphoria form among many others" (Hinton, et al., 2010, p. 275). Khyâl attacks, therefore, are understood as a cultural embodiment of negative affects, including dysphoria and anxiety, and a cultural way of both indicating distress, and responding to it. The close resemblance and association between Khyâl attacks and PTSD is further seen as evidence that Khyâl attacks are the cultural manifestation of PTSD itself; "in societies in which 'PTSD' is a known entity in the general population (it is not in the Cambodian case), the layperson's understanding of 'PTSD' may play the role of an 'idiom of distress', of cultural syndrome" (ibid., p. 276). It should be noted that Khyâl attacks are also included in the DSM-5 list of cultural concepts of distress.

The second example of the use of the notion of idioms of distress, is the case of 'thinking too much' idioms. These idioms, rather than being unique to one culture, are seen across different cultural groups and appear in different ethnographic studies of mental distress and disorders. DSM-5 has recognised idioms of 'thinking too much' (under the equivalent term in Shona, *Kufungisisa*) as cultural explanations seen among the Shona of Zimbawe, although the description acknowledges that such expressions are used in many different cultures (American Psychiatric Association, 2013, p. 834). A systematic overview of the literature on these idioms, shows that they are prevalent, to different degrees, all around the world. Although the frequency of studies done on the subject is considerably higher in Africa (43.5%) and South East Asia (29.7%), than it is in the US/Europe and Australia (2.9% each) (Kaiser, et al., 2015, p. 172).

'Thinking too much' idioms, have been the subject of studies, both in their own right, and as accompanying psychiatric disorders, most often general distress and depression. Perhaps mirroring the use of this idiom by individuals and cultural groups, different studies have examined the idiom as a symptom, a syndrome, or explanation or cause of an illness, physical and psychiatric alike. These different descriptions of the idiom have not been viewed as mutually exclusive, and as Kaiser and others show, various studies consider 'thinking too much' as belonging to two or all of the above categories. Here, then, we have a case of an idiom of distress, that 1) cannot be

considered as culturally specific, as it is seen in various different cultures and geographical locations around the world, and 2) is not clearly significative of any particular element of an illness or disorder. It seems, instead, that the use of the notion of idiom of distress in this case, merely signals the fact that an expression is used widely in different cultures to convey an array of different meanings, but that is often associated with distress.

These two examples are sufficient to show the diversity in uses of the notion of idioms of distress. In the first case, the notion, equated with cultural syndromes, signifies a cluster of symptoms documented among a particular group of people, with considerable overlap with commonly known symptoms of panic attacks and PTSD. In the second case, the category of 'idioms of distress' is applied to an expression of rumination, seen in most cultures and parts of the world, thus in effect removing the cultural specificity of the notion. The notion is also more ambiguous in the second case, as it is not clear what it signifies and to which conditions it applies.

The variation in the use and application of the notion of idioms of distress, can in part be attributed to the different aims and points of interest related to the notion in the literature. For instance, some scholars argue for the use of the notion with the aim of improving clinical care and to emphasise the importance of understanding patients' cultural background that play a role in their symptomatology (e.g. Hinton & Lewis-Fernández, 2010). The notion has indeed been useful and informative in these areas, as well as in reducing stigmas (e.g. Kohrt & Hruschka, 2010), and developing and adapting local assessment tools for care and research (e.g. Weaver & Kaiser, 2015). Despite its clinical implications, it remains unclear whether the notion signifies 'real' psychiatric categories. As Hacking has noted in his discussion of fugue, certain categories of mental illnesses are unique to a certain context and disappear once the conditions of the context changes (Hacking, 1998). Hacking uses the notion of 'ecological niches' to argue that a certain cultural context (including norms and customs as well as historical and/or folk conceptualisations) at a certain point in time can give rise to and accommodate a category of mental illness, especially those that fit in an already existing medical taxonomy (note the similarities drawn between Khyâl attacks and PTSD). Yet with changing circumstances, including the changes in what the

psychiatric consensus of the day consider as constituitive of a disorder, the previously identified categories of mental illness may disappear, as did hysterical fugue. Thus one problem with the notion of idioms of distress, in its clinical interest and application, is the fact that they could be signifying such 'transient mental illnesses': "an illness that appears at a time, in a place, and later fades away" (Hacking, 1998, p. 1).

Other scholars are interested in other elements revealed through the notion of idioms of distress. In particular, as Kaiser and others point out, various anthropologists have noted that "idioms of distress can communicate suffering that does not reference psychopathological states, instead expressing collective and social anxiety, engaging in symbolic protest, or providing 'metacommentary on social injustice'" (Kaiser, et al., 2015, p. 171). Understanding the notion in these terms, would in turn shift the focus to questions regarding power (who defines distress?), and away from cultural understandings of health and illness, which were the focus of the original definition given by Nichter.

Now it could be suggested that pain reports among the Iranian depressed patients should be classified as an instance of idioms of distress. This is especially the case since, as mentioned earlier (§7.5.2), one way of understanding pain reports in Iran is as a proxy for the expression of being in distress, as a result of too much work and responsibility, or general stress. Such an understanding is in line with accounts arguing that reports of physical distress can be thought of as idioms of distress, especially in cultures where "somatizing indirectly expresses, and is understood by others as, emotional distress" (Keyes & Ryff, 2003, p. 1833). However, this is not the only symptom among Iranian patients that can be characterised as an idiom of distress. Rather, given the way the notion has been defined and used in the literature, many of the symptoms discussed in this work, such as aggressive behaviours and hostility towards others, might be considered 'idioms of distress'. Potentially, given the link between various symptom reports and the general dissatisfaction with the conditions under which the society is organised and operates, and given the role of cultural understanding and conceptions in experiences and narratives of depression, depression itself might be construed as an idiom of distress. In this sense, depression would be used as an umbrella term and a framework, within which individuals express

and understand their experiences. More precisely, depression could be considered a way for individuals to express their state of distress. As noted earlier, Behrouzan's account of *depreshen* is an example in this regard, with a group of individuals "choosing a clinical language to express [their] emotional state. The psychiatric vernacular has helped [them] situate [their] present-day emotional distress within historical and social contexts" (Behrouzan, 2016, p. 93). This would be especially the case for those who, rather than having received a formal diagnosis of depression, self-identify as such.

These examples show that the notion of idioms of distress is useful only insofar as it signifies the interconnectivity of cultural conceptions with narratives and experiences of phenomena, as laid out in section §8.2. In other words, since cultural modes of thought and understanding are pervasive in everyday conceptualisations and narratives of experiences, any form of cultural variation in experiences and articulations of psychiatric disorders can be classified as an idiom of distress. Such a classification, however, does not, and cannot explain the significance of this interconnectivity and its influence on experiences. In other words, talk of idioms of distress indicates *that* culture influences narratives and experiences of illness, without showing *how* this is done.

8.3.2. The complex nature of pain experience

The problem of how to interpret pain reports, arises due to the multifaceted nature of pain experience, part of which is shaped by cultural conceptions of pain and culturally shaped modes of communicating pain experience. The multifaceted nature of pain is laid out by Craig in his proposed 'social communication model' of pain. In this model, not only is the nature of pain experience as a biological and/or psychological phenomenon acknowledged, but the overall pain *experience* is shown to be facilitated together with the inter- and intrapersonal factors. In this model, the complexities of the phenomenon of pain, as included in the various stages of experience and expression of, and encounter with pain are acknowledged. Some of these complex processes include:

> the very complex biology of tissue injury and repair; the complexities of the experience of pain; the varyingly public verbal, nonverbal, and physiological manifestations of pain; the complex reactions of observers as they endeavour to appraise and understand the person's pain; and the complex judgements associated with decisions to deliver or withhold care, amongst other possibilities. (Craig, 2009, p. 23)

What this model shows, is the different factors that shape the experience of pain, regardless of whether or not this experience involves a sensory element. The social element in the experience of pain, is undoubtedly shaped by culture. For instance, how pain is conceptualised in the culture, and what its significance is, as well as the culturally accepted ways of encountering and treating pain. The difficulty in interpreting pain reports arises from the multifaceted nature of pain, which renders a framework for analysis, that views experiences as essentially cultural, inadequate. Although such a framework is valuable in discerning the cultural significance of pain behaviour, it cannot provide a satisfactorily comprehensive account of understanding and interpreting pain reports. This is due to the nature of pain as a pre-linguistic experience; it is primarily sensed and felt before being articulated, and thus put in the cultural domains of thought and interpretations. Although it should be noted that the cultural ways of understanding pain would also have an influence on the kind and intensity of the sensory experience of pain. Thus, what is involved in pain experience is a relational link between culture, and sensory experience. It is this nature of pain experience that sets it apart from some of the other experiences considered in this work, and demands extra work for providing a satisfactory interpretation of pain reports. As such, the approach and framework set out in the work, that indicates the connections between cultural frames of thought and modes of interpretation, and experiences and conceptions, fall short of providing a context against which these reports are to be interpreted and accounted for.

Therefore, although the considerations of cultural modes of understanding and encountering pain give a picture of the overall pain experience, as part of the culturally shaped experience of depression in Iran, they fall short of providing an accurate

interpretation of pain reports themselves. Such an interpretation could instead be facilitated through concrete methodological changes.

8.3.3. Methodological improvements

The problem with the interpretation of pain reports, highlights certain methodological shortcomings, and ways these could be improved in future research. In this section I will make concrete suggestions of how the methodology employed in the work could be improved to provide a framework for interpreting and understanding difficult first-person reports, such as reports of pain. It should be noted that besides the methodological shortcomings, one of the barriers to providing satisfactory and accurate interpretations of reports, has been the scarcity of research on different sociocultural elements that shape the individual experiences. In the case of pain reports, for instance, the lack of research on the sociocultural significance of pain and pain behaviour in Iran, has been a significant problem preventing the understanding of different elements that shape Iranians' pain experience. In the absence of a comprehensive body of research on such important and varying elements, there is a danger that interpretations of reports become speculative and detail a way of understanding of reports that is far from the intended meaning and significance detailed in the personal reports. As such, as well as giving concrete suggestions for methodological improvement, I would emphasise the importance of further research in obtaining better results, interpretations, and understanding of the cultural significance of variation in experiences of depression.

The first issue highlighted by the problem of interpreting pain reports, is one regarding narrative construction. The method used to obtain data – a questionnaire with rigid questions and limited space for responses – prevented the construction of more comprehensive personal narratives. A methodology that allows individuals to situate their experiences of depression (emotional, physical, cognitive, etc.) within the context of how they perceive themselves in the world, therefore giving space for construction of personal narratives, could aid the construction of a bigger cultural narrative. In such a case, the significance of each element of experience would be articulated given the individuals' frame of thought and interpretation, and against the

backdrop of the totality of the experience of depression. For instance, the presence of pain in the narrative where physical weakness and inability to carry out tasks play a key role, would carry a different significance compared to one where pain is construed as a way of communicating distress to others.

This limitation on the construction of personal narratives, as a shortcoming of the methodology, can be seen in various lights. The rigidity of questions, which are predesigned and independent of the respondents' answers, calls attention to the absence of follow up questions, as a means of aiding narrative construction, as well as clarifying the responses. For instance, in cases of pain reports, follow up questions about the individuals' responses to the pain, or their descriptions of the pain felt, would help paint a more accurate picture of their pain experience. As seen in the Social Communication Model of pain, there are various factors influencing the experience and expression of pain, the understanding of some of which could be facilitated by follow up questions.

A cultural point must be acknowledged in accounting for the shortcomings of the methodology, specifically that of narrative construction. The responses to the questionnaire conducted in Iran were considerably shorter and less detailed compared to the ones in the Durham sample. This difference can be due to the fact that, compared to the UK, there are far fewer qualitative studies using written questionnaires conducted in Iran, arguably resulting in Iranians being less adept to such research methods. Moreover, given the importance of social relationships in Iran, especially the role these play at establishing trust, one would expect an important shortfall of the present methodology to be the inability to establish a relationship between researcher and respondents. The absence of the researcher, and the construction of the questionnaire as a written one, rather than one that could be completed through a face-to-face conversation with the researcher, are important factors contributing to this shortfall. Such a shortcoming, I would argue, will have had a considerable influence on the construction of narratives, as well as the level of detail respondents felt comfortable sharing, in written form, to the researcher. This, indeed, is in addition to the fact that, in a methodology with both researcher and respondent present, much could be inferred from the body language and facial expressions of

respondents. In describing their pain experience, for example, gestures and bodily expressions could convey the kind and intensity of the experiences, in a way that perhaps words and reports could not (Craig, et al., 2011).

It should be noted that although important, the suggested methodological improvements above do not provide a method for discerning whether pain reports refer to a sensory experience of pain. Given the analysis offered in §8.2, the cultural ways of understanding and expressing pain are often inseparable from how the sensory element of pain is experienced. As such, the methodology for deducing the reference of pain reports (sensory experience vs general distress), should not be reliant on self-reports. This is especially the case in the absence of research that would allow the separation of cultural scripts for expressing distress using pain, from pain reports indicating a sensory experience. Although most of the pain assessment methods rely on verbal personal reports, there are some nonverbal, observational assessment methods that could be used. Such observational methods, include, as hinted above, the patients' facial expressions which could signal the presence of sensory pain experience; wincing and flinching when moving body parts, for example, provide some indication of the presence of pain. Other methods in this category include long periods of observation to discern the patients' pain behaviour on a daily basis; the kind of limitations pain experience brings them and the ways patients attempt to alleviate the pain, such as taking pain medication (Turk & Melzack, 1992). Such nonverbal methods of pain assessment could give a better picture of the somatic complaints patients with depression have.

As has been noted, a cultural understanding of the meaning and significance of pain cannot be attained without a body of interdisciplinary research on the matter. Research on pain in Iran has been largely limited to the study of the phenomenon as a medical symptom, with biological roots and medical treatment. As such there is little research done on the relations between culture and pain, such as cultural significance of pain, sociocultural elements that shape the expression of pain, attitudes towards pain, and the common ways of encountering and relieving pain. In the absence of such studies, which elucidate the context around narratives of pain, the significance of pain reports in depression cannot be fully accounted for, and remains incomplete. It is,

therefore, the totality of these elements, methodological improvements, specific methods of assessing the sensory element of pain experiences, and a pre-existing body of literature on pain culture, which together can help to construct an accurate interpretation of pain reports among Iranian patients, thus discerning the significance of these reports in the context of Iranian culture.

8.4. Conclusions

The aim of this chapter has been to discuss some of the theoretical implications of the thesis, as well as exploring some of the shortcomings of the methodology employed. In the first section I offered a theoretical argument for the understanding of experiences as inherently bound with cultural dispositions. Whilst emphasising the interconnectivity of culture, narratives, and experiences, the arguments offered show how elements of history and formation of concepts based on shared experiences, play a role in the way a phenomenon such as depression is understood, talked about, and experienced in a given culture. I also showed how such an understanding is in line with phenomenological approaches that view experiences as always necessarily situated within a sociocultural context.

Recognising the different kinds of experiences that are involved in depression, in the second part of the chapter I argued that despite its strengths, such a framework for understanding experiences, should be accompanied by methodological adjustment in order to offer a satisfactory interpretation of various symptom reports. I examined pain reports as an instance of a case where the problems with interpretation and the shortcomings of this framework are manifested. Arguing against the use of the notion of idioms of distress for such problematic cases, I argued that concrete methodological improvements would be needed to discern the meaning and significance of these reports. I emphasised in particular, the importance of a methodological approach that allows the construction of personal narratives of experiences, which detail the different significance individuals give to elements of their experience, and which aid a better understanding of the links between culture, narratives, and experiences.

9. Concluding Remarks: Implications for Psychiatry and Phenomenology

In this concluding chapter, reviewing the central claims and conclusions of the thesis, I will aim to show the consequences and implications of this thesis for psychiatry and phenomenology more generally. This project set out to answer particular questions regarding cross-cultural variations in experiences of depression, as seen in Iran and the UK. As the empirical data suggests, such variations can be seen in the presence of particular symptoms and absence of others, as well as in the variations in the emphasis placed on different symptoms. Iranians, unlike patients in the UK, rarely complain of having feelings of guilt in depression, and instead present with aggression and aggressive behaviour. Patients in the UK complain of feeling lonely and isolated in depression, whereas those in Iran talk about a tendency and desire towards isolation. Whilst hopelessness is present in both samples, the emphasis placed on this feeling among the Iranian population is much stronger. Hopelessness among Iranian patients is accompanied by feelings of absurdity, which highlight the loss of meaning, rather than sadness, as a central complaint among Iranian patients with depression. There have, of course, also been similarities between the complaints and symptom reports, such as the embodied experience of depression manifested in the perception of one's body as heavy and leaden, and the perception of time as slowing down in depression.

Using the empirical data and the first-person accounts as the starting point of the investigation, I have offered a phenomenological account of the significance and role of culture in shaping these variations. Throughout the analysis, the individuals and their experiences are viewed as situated within a phenomenologically significant world, thus enabling an analysis that takes culture as a central influencing factor. This phenomenological outlook, a close examination of some of the important pillars of Iranian culture today, and observation of forces that shape the dominant discourse in the country today, have informed the analyses offered in the work. As such, the discussions and argument here trace the different manifestations and articulations of depression to pre-existing cultural frames of thought and interpretation, which underlie the variations seen in experiences of depression. In this context, cultural conceptualisations of life, health and illness, cultural ways of relating to the world and

other people, and cultural ways of thinking about life and death, have been shown to play an important role. As I have argued, many of these cultural frameworks for thought, understanding and interpretation, although pervasive in all aspects of life, remain largely unconscious. This is indeed not surprising, given the fact that they are internalised through years and centuries of practice, and their influence on the way a phenomenon is experienced and articulated is only revealed through a close examination of the network of cultural meaning-making mechanisms.

The contribution of this work to the body of literature on cross-cultural variations in mental disorders lies in its outlook; not only does it aim at recording the variations as they are seen between different sociocultural contexts, but it also attempts to give an account of the roots of such variations, tracing them in their cultural and historical trajectory. In this sense, the arguments presented here lay out not only the fact of the matter that there are such variations across cultures, but also the ways through which these variations can be made sense of and understood. Importantly, the analyses given here aim to recognise the different historical, political and ideological, linguistic, as well as cultural elements that together shape the background of experiences, and form the mechanisms through which cultural variations in experiences arise.

In the previous chapter, I offered some theoretical implications of the thesis for the way we understand experiences, and how these are inseparable from the cultural context in which they are had, as well as from the narratives that express them. But the arguments presented throughout this work have broader implications, particularly for psychiatry, as a science as well as a practice, and for phenomenology, as a discipline and method. In what follows I will detail some of these implications.

9.1. Implications for the Science and Practice of Psychiatry

One of the central claims of this work has been that culture, as a system of values and customs, but also of thoughts and interpretation, has a considerable role in shaping manifestations and experiences of a mental illness such as depression. As I have discussed, the way in which this role is played is through the influence of cultural modes of thought on the conceptualisations of phenomena, which in turn shape the way a phenomenon is experienced. Accepting this mechanism raises questions about

the way we commonly think about psychiatry and our expectations of its practice. If it can be established, as I have argued, that various external factors including culture and society can, in large part, shape psychiatric illnesses, then the status of psychiatry as a science that sets out to investigate mental disorders that are assumed to take much the same form across cultures is undermined. Similarly, the practice of psychiatry, including the diagnostic criteria and treatment methods, which following the status of psychiatry as a science are presumed to be universal and independent of cultural variations, is brought under question.

The main question that arises here is one regarding the suitability and appropriateness of universal diagnostic criteria for mental disorders such as depression. The criteria for defining and diagnosing mental disorders, as set out by the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), is assumed to be applicable universally, and is in wide use around the globe – including both in Iran and the UK. This criteria assumes that the manifestation and articulation of depression, bar some negligible differences, remain largely similar and identifiable regardless of the cultural context in which they are experienced and observed. As the data and arguments presented throughout the thesis show, however, common symptoms of depression can differ across cultures, in ways that do not necessarily represent the criteria set out in the DSM. As I will show, despite certain changes in light of research on cross-cultural variations in mental disorders including depression, the DSM criteria remain too rigid and specific to account for such variations in symptoms. Related to the concern regarding diagnostic criteria is the question of what should be considered a symptom at all. As the discussions on idioms of distress in §8.3.1 show, there are blurred lines between what is considered pathological, and what is merely an accepted way of talking about distress and dissatisfaction in a given culture and society. Such blurred lines have implications for what can plausibly be considered a symptom of a pathological state in a given sociocultural context. Furthermore, in considering these blurred lines we are ultimately confronted with the question of where a disorder resides; in few individuals in a society, as is often presumed, or could there be a point where a society as a whole can be thought to be 'disordered'? I will not attempt to answer here whether or not a 'disordered society' can be made sense of, but in the following sections, using

examples from earlier discussions, I will illustrate the circumstances under which this question arises. An exposition of these conceptual and practical difficulties further illuminates the problems with the rigidity of the diagnostic criteria laid out in the DSM, which I will explore in §9.1.2.

9.1.1. What constitutes a pathological symptom

I have shown in the earlier discussions that the cultural conceptualisations of a phenomenon such as depression influence not only the way that phenomenon is experienced, but also how it is manifested and articulated. It is equally important to note the sociocultural context at a given point in time, which could blur the boundary between what is considered to be a symptom of a pathological state, and what is to be seen as a normal reaction to the certain stressors present in an individual's environment. For instance, hopelessness is one of the important elements in the identification and diagnosis of depression, and as has been seen, represents one of the most important elements of experience of depression in Iran. The problem of hopelessness in Iran, however, is not limited to depression, and rather, has been viewed as one of the most pressing sociological crises facing the country (Center for Strategic Studies, 2018). In the last decade, due to political and economic issues in Iran, and notably due to lack of change, hopelessness has increased among Iranians regardless of their situation in the society.

The high prevalence of hopelessness in Iranian society has initiated various debates, some of which conflate socio-political hopelessness, as seen on a social level, with psychological hopelessness seen on an individual level. Such viewings in turn have led to debates which resort to explain the socio-political situation with the help of medical, in particular psychiatric, nomenclature. These debates are often centred around the question of whether Iran, as a society as a whole, can be considered to suffer from depression (e.g. Pargar, 2017), thus arguably portraying depression as an inevitable state, not of any single individual, but of the society that encompasses the world of many individuals. This inevitability of depression is seen repeatedly in the respondents' view of what depression is, and what they view to be the causes of their own depression. An example of this is the quote seen in §8.3 from a respondent

articulating various forms of dissatisfaction with the socio-political system as causing their depression. Noteworthy in such cases, is the fact that the conflation of various forms of hopelessness, and especially the explanation of socio-political hopelessness in terms of depression, further blurs the line between what is considered to be pathological and what is a normal, albeit unpleasant and problematic, state of the world and one's position within it.

Similarly, complaints of feelings of absurdity and aggressiveness towards other people, can be shown to be, in part, a normalised presence in Iranian society, and rooted in the socio-political shortcomings which exacerbate a sense of helplessness and frustration among people. Given the prevalence of hopelessness, which is in large part due to people's inability to bring about change, and which prevents individuals from being able to imagine a good future for themselves, one can expect to see a sense of despair among the population. In this sense, given the impossibility of change, the continuation of life can strike one as absurd and frustrating. Such feelings, in their external expression, could easily be manifested in the form of aggressive behaviour. As Kashi has noted, there are fundamental differences between the different forms of complaints, those made on a daily basis encompassing the everyday life of Iranians, and those which designate a pathological issue, as they arise due to different and often distinct circumstances. "In the circumstances of the [Iranian] society today, if we view the [socio-political] projects promised after the revolution as failed, it would mean, either that we encounter a society suffering from lack of meaning, in itself a political matter, or that we encounter a fatigued and angry society, which is again a political matter" (Kashi, 2018 – my translation). Viewed in this way, it can be seen that these symptoms rather than signifying psychological problems that could be construed as pathological, and treatable through medication, can be thought to be a normal reaction to the socio-political difficulties.

The problem here is that often there are no obvious ways of separating these various complaints. Such a difficulty can lead to complications for psychiatrists and mental health professionals, since it is the totality of individuals' experiences, political, cultural, and pathological alike, which together shape narratives of depression among Iranians. This difficulty is due to *structuring*, i.e. "the ways sociocultural factors shape

generalized distress into particular outcomes" (Horwitz, 2002, p. 114), which may or may not be in line with psychiatric diagnostic criteria. Structuring brings under question the assumption of diagnostic psychiatry – that particular symptom clusters denote a specific underlying disease entity (Ibid.) – since as has been shown throughout this work, symptom reports are inseparable from the context in which they are expressed. One could expect, for instance, that the complaints rooted in socio-political difficulties could 'spill over' to complaints considered pathological by a specialist. This expectation is further strengthened given the often fuzzy line between what is considered pathological and what has become a normal, routine way of expressing dissatisfaction and distress in the broader sociocultural domain. Furthermore, the dominant discourse present in the society, rather than aiming to explain and separate these elements, either dismisses, or frames the socio-political complaints in medical terms – as is seen in the increasing number of discussions on depression, not as a psychiatric illness, but as a sociological state of the nation.

Such descriptions of the society and its ailments, which conflate the individual and pathological, with the social and everyday normal reactions, are problematic. This is because, as the dominant discourse, they can figure in individuals' descriptions and understanding of themselves, as suffering from psychiatric disorders by virtue of being part of a society that has long manifested and experienced feelings and behaviours on the borderline of normality and pathology. As Hacking has extensively argued, descriptions of the self or of different phenomena, have a determining influence on behaviours and experiences, and on possibilities of action (Hacking, 2002). Such medicalised self-descriptions and narratives could in turn pose problems when it comes to diagnosis of depression, as they are always already constructed in medical terms, determining individuals' expectations and help-seeking behaviour with regards to psychiatric professionals.

Although it is undeniable that the socio-political status of a country and the dominant discourse influence articulations and conceptualisations of depression, it is important to distinguish these influences from the cultural ones. The symptoms and behaviours that can be seen as results of a certain socio-political state, can be thought of as reactions to such difficulties, and thus dependent on the context of one's experience

in the here and now. In contrast, the behaviours and modes of thought brought about through culture are seen as longer lasting, ones that are not readily removed with a change in the state of the one's environment and socio-political status. Descriptions that arise in a certain socio-political environment, seem more prone to change, "some dropping in, some dropping out" of the collective understanding, thus changing some of the behaviours and articulations relating to them (Hacking, 2002, p. 48). For instance, although the high emphasis on feelings of hopelessness could be lessened following an improvement in the socio-political state of Iran, the importance of loss of meaning as rooted in cultural conceptualisation of life, may not be altered with such a change. Of course, it should be acknowledged that cultural modes of thought are remade in light of social and political change, but an exposition of the relationship between the two would be beyond the scope of this work. It should be noted, however, that although the focus of this work has been on the influence of culture, one that has defined the modes of understanding spanning hundreds of years, conducting the present research has coincided with unprecedented socio-political turmoil in Iran, which inevitably has influenced at least part of the narratives and understandings of depression.

The particular question regarding difficulties in diagnosis is, if individuals articulate their experiences and complaints in accordance with the way depressive symptoms and depression in general are portrayed in the dominant discourse, then how ought psychiatrists to view and regard the complaints presented by individuals. For example, would the sense of hopelessness and despair be considered a symptom of depression, or merely another expression of dissatisfaction with the world one inhabits? One way of answering this problem in practical terms, may be to have culturally specific cost-benefit analysis which could guide the diagnostic and treatment processes. For instance, practitioners may judge antidepressants to be suitable only for those individuals that score a certain point on a hopelessness scale, and not for those who score a lower point. In such a scenario, the pragmatic considerations of the effectiveness and value of treatment attempts would be judged based on the severity of the symptoms, while bypassing the conceptual difficulty of determining what is to be considered pathological. Such pragmatic solutions could help minimise mistakes

and over-diagnosis and overmedication, especially in cases where there are no straightforward ways of separating common ways of reporting distress and dissatisfaction from those reports that more closely resemble symptoms of depression. Although such solutions could offer practical help in such problematic cases, the need for the development of such tools also signals the shortcomings of the current available diagnostic criteria, due to their rigidity and the resulting inability to account for cultural factors that influence the manifestations of mental disorders.

9.1.2. Universal diagnostic criteria

The body of literature on cross-cultural variations in different mental disorders, have in instances resulted in revisions and additions to the DSM criteria. It is acknowledged in the DSM-5 that cultural context plays a fundamental role in shaping individuals' illness experience, where by culture it is meant "systems of knowledge, concepts, rules, and practices that are learned and transmitted across generations" (American Psychiatric Association, 2013, p. 749). The provision of Cultural Formulation, introduced in DSM-IV, and expanded on in DSM-5, aims to highlight the importance of culture, by aiming to discern, among other factors, the individuals' cultural identity, cultural conceptions of distress and illness, and common sociocultural stressors (Ibid., pp. 749-760). However, these additions do not affect the diagnostic criteria, which is thought to be universal and remains the core part of the DSM.

Additionally, there are cultural provisions and complications that are acknowledged in the context of particular disorders. For instance, within the criteria for Major Depressive Disorder (MDD) in the DSM-5, culture-related issues are acknowledged, albeit briefly. It is noted that cross-cultural studies of depression point to some variations, yet these do not yield culturally specific symptoms for depression, but rather indicate different emphases on particular symptoms:

> While these findings suggest substantial cultural differences in the expression of major depressive disorder, they do not permit simple linkages between particular cultures and the likelihood of specific symptoms. Rather, clinicians should be aware that in most countries the majority of cases of depression go unrecognized in primary care settings and that in many

> cultures, somatic symptoms are very likely to constitute the presenting complaint. (American Psychiatric Association, 2013, p. 166)

One of the important aims of the present study has been to discern particularly the cultural workings and frameworks which can be shown to influence manifestations and articulations of different aspects of the experience of depression. As I have argued, however, these mechanisms most often operate below the surface of any individuals' consciousness. As such, attempts to discern such cultural workings from the individual patients themselves would be ineffective. For instance, DSM-5 attempts to account for such workings, through the proposed Cultural Formulation Interview (CFI). An individual concerned with having depression may be asked whether certain elements from their cultural "background or identity" could make a difference to their depression, or cause difficulties and concerns in dealing with their depression (American Psychiatric Association, 2013, p. 753). It would be implausible to think that individuals may be able to answer such questions in a way that elucidates the different cultural mechanisms and dynamics that shape experiences of depression in their cultural context.

As can be seen, therefore, despite various revisions and push from researchers, the DSM has remained largely oblivious to cultural variation. This obliviousness is shared, to an extent, by some researchers within Iran, who are intent upon proving that, at least in the case of Iran, the DSM criteria for depression matches nearly perfectly with the individuals' symptoms. For instance, one group of researchers in Iran conclude that "despite criticisms of the DSM-IV-TR, we found its criteria for MDD nearly enough for the studied population" (Amini, et al., 2013, p. 690), barring somatic symptoms such as pain, which they observed among their sample but are not emphasised enough in the criteria. It could be argued that the use of alternative diagnostic criteria, such as the ICD, which allow different countries to adapt their diagnostic criteria to their particular cultural context, would resolve some of the worries presented here. There are, however, concerns that the role of culture in diagnosis, as laid out by the ICD, remains nebulous and ambiguous, and therefore falls short of offering a comprehensive diagnostic criteria mindful of cultural influences (Alarcón, 2009). In the absence of culturally nuanced diagnostic criteria, the burden remains on practitioners

to separate pathological complaints from other, socially and culturally formed complaints of distress and dissatisfaction.

Similar to the case of reports of pain, a body of research that explains the differences between such reports and complaints could ensure better understanding of patients' complaints, leading to more reliable diagnoses. The need for such an approach to diagnosis, implies that the diagnostic criteria currently in use fall short of providing a comprehensive basis for the identification of depression, in light of cultural variation. In other words, it is only in conjunction with awareness of the nuances of culture and society, and the way these play a role in the narratives and experiences of mental illness, that the diagnostic criteria can be used effectively. In the absence of such knowledge and sensitivity, there could be a large disparity between the individuals' understanding of mental illness, and consequently their expectations from practitioners, and the views of mental health professionals and the help they can provide. What this entails, more broadly, is the fact that the practice of psychiatry, despite being construed as universally applicable, remains (or ought to remain) dependent on, and responsive to various elements that shape the narratives, manifestations, and experiences of mental illnesses. These include sociocultural elements which vary not only across cultures, but also across time in any given culture, due to shifts in values, concerns, and modes of thought that, as noted earlier, play a role in conceptualisations and therefore experiences of mental illnesses. As such, it could be suggested that sensitivity to sociocultural norms, of discourse and practice alike, ought to be part of the process of psychiatric diagnosis and treatment, not only in Iran, but more broadly in the practice of psychiatry in any cultural context.

This latter point has further implications and consequences for psychiatry as a science, with a claim to universality. For if it is accepted that the manifestations of mental illnesses are influenced by sociocultural elements, and therefore knowledge of and sensitivity to these influences should complement the diagnostic criteria, then the claim to universality of science of psychiatry is undermined. Since in effect the claim is made that, contrary to the claims made by the science of psychiatry, mental illnesses are not manifested, articulated, nor experienced in the same way across cultures. As mentioned in chapter 2, this consequence can be made sense of using the distinction

between disease and illnesses: mental disorders are conceptualised as disease entities which, like biological disorders, are thought to be universal across cultures. As the analysis in this work has shown, however, the manifestations and experiences of depression is largely shaped by culture. And the identification of mental disorders is often done through personal reports and/or changes in behaviour, both of which are, to a considerable extent, shaped by culture and environment. This, of course, does not imply that the project of psychiatry as a whole fails to yield satisfactory results, but rather, in light of the findings presented in this study, the science and practice of psychiatry should be more accommodating of cultural variation. Additionally, the way mental illnesses (as a type of illness, with different tokens as specific disorders) are conceptualised ought to allow for cultural variation.

There are indeed similarities seen in experiences of depression in Iran and the UK, which imply that there could be a universal categorisation of depression, despite variations in other elements of experiences. Such similarities include the perception of time as slowing down, fatigue and lack of energy, disturbances to embodiment in the form of the perception of the body as heavy and leaden. An important part of experience of depression, that also seems to be universal, is the disturbance in personal relationships. As has been discussed in chapters 5 and 6, there are considerable differences in how such a disturbance is manifested in Iran and the UK. Yet it can be argued that the fact of existence of such disturbances is seen in the same way in both cultures, and in instances, elements such as perceived lack of empathy and even a sense of hostility towards others remain largely similar across the two cultures. What such similarities show, I would argue, is not that depression, as a category of illness is itself culture-bound, but rather, that the way depression is classified (in particular in the DSM) is too narrow to allow for cultural variation. The DSM classifications rest upon symptom clusters and are therefore based upon how a particular disorder manifests itself. Such method of classification, as noted by Hacking, ultimately defines kinds of people and mental disorders based on a set of pre-defined conditions (Hacking, 1995, p. 22). Such rigidity and specificity in identifying disorders, and describing those suffering from them (Hacking, 2002, p. 109), leaves little room for accommodating cultural variation.

In distressful conditions such as depression, where cultural structuring, but also socio-political pressures play a considerable role, it is important to have an understanding that acknowledges these various influences. In these cases, "classifications that view distress as broad, as continuous, and as manifest in multiple ways are more useful than the specific, discrete, and singular categories of diagnostic psychiatry" (Horwitz, 2002, p. 220). An account of depression which, rather than resting on specific manifestations (e.g. sense of guilt and worthlessness), is based on what could be thought of as core elements of depression (e.g. disturbances in interpersonal relationships) which can be manifested in different ways (sense of guilt, or aggression) would present a more reliable account of what depression is. Such an account would accommodate cultural variations without undermining the validity of the category of depression itself. Such an account could further signal the need for cultural elements to be taken into account in the diagnosis, as well as the treatment of depression.

9.2. Implications for Phenomenological Studies

The second domain where the implications of the present study can be seen, is in the field of phenomenology, as a discipline and method. Phenomenology is concerned with structures of human consciousness, as revealed through the first-person perspective. These structures are revealed through the examination of various kinds of experiences, such as perception, thought, memory, emotion, and bodily awareness among others. These different domains of experience involve what Husserl called 'intentionality', the property of directedness of our consciousness. The fact that our consciousness is always and necessarily directed towards something out there in the world, determines the basic form of our different experiences, and relation to the world we inhabit. Despite certain differences in methods of different phenomenologists, the subject of study and the assumption behind it has remained the same; the structures of our consciousness which make our conscious experiences intelligible, are universal and unique to our mode of being as conscious humans. What the argumentation presented in this work has shown is the fact that culture – given its influence in shaping our consciousness and conscious interpretations of the world – has a role to play in phenomenological investigation of experiences. I would argue that a greater recognition of the place of culture in our conscious understanding and

experience of the world, would enable a better phenomenological understanding of such experiences. Such a recognition is in line with the history and development of phenomenology and phenomenological investigations, with the likes of Heidegger and Sartre attempting to enumerate the particular ways in which social norms and cultural backgrounds influence the phenomenological significance of our experiences.

The founder of phenomenology, Husserl, at least in his earlier writings, viewed phenomenological projects as relying on abstraction of experiences and examination of experiences in isolation. The 'phenomenological reduction' that makes possible the study of a certain experience, for Husserl, means returning to the primordial mode of experiencing, which involves bracketing out the experience, and reducing the cultural world to the world of immediate experiences. This reduction, therefore, "leads us back to the source of the meaning and existence of the experienced world, in so far as it is experienced, by uncovering intentionality" (Schmitt, 1959, p. 240). As such, for Husserl in his early writings, the subject of phenomenological investigation is experiences in isolation, with meanings associated with the experience only by virtue of it being the experience of a conscious being. Despite such beginnings, in his later writings Husserl gave a larger importance and significance to culture as an important constituent of the *life-world*, i.e. the context within which experiences find meaning and significance. In his later writings, through giving a central importance to the notion of life-world, Husserl emphasised the embedded and situated nature of experiences. This irreducibly situated nature of experiences, for Husserl, is seen in the unique ways experiences are shaped in different life-worlds.

Diverging from early Husserlian reduction and more in line with his later writings, Heidegger defines a more inclusive framework in which to understand and examine intentionality as a key characteristic of human consciousness; one where the context of experiences is inseparable from the understanding and significance of the experience itself. As has been shown in the thesis, for Heidegger, our mode of being and our everyday experiences always find meaning within the context of the world we inhabit and where we dwell. For him, "the intentional structure is present not only in the realm of consciousness, understood in terms of man's cognitive and theoretical relation to his world, but already in the whole of man's pre-cognitive awareness …

Prior to any cognitive reflection there is a primordial pre-conceptual awareness through which man already understands himself as fundamentally related to his world" (Schrag, 1958, p. 121). Phenomenological investigation in this way, is mindful of the world of the individual, bound with her use of tools in the workplace, and with relations she has with other people in the world. In this sense, Heidegger's notion of Dasein being 'thrown' into the world it inhabits is made sense of, since the world is always already there, shaping our different experiences and understandings of it. As such, there is a context in which experiences are had, which cannot be separated from the experiences themselves as the subject of phenomenological study.

The brief exposition of the two understandings of what the subject of a phenomenological investigation is, and what it entails, show a move towards the better recognition of the context in which we experience different phenomena. In Heidegger's understanding, the world is always pre-reflectively disclosed to us, through moods and attunements, thus determining and shaping our experiences of and within the world, as well as the significance and interpretation we attach to these experiences.

As shown in §8.2.1, the arguments presented in this work imply, not only that the context of experiences ought to be acknowledged and examined in a phenomenological investigation, but also that the crucial role of culture in shaping this context should not be overlooked. If it is accepted, as I have argued in chapter 8, that experiences are fundamentally inseparable from the cultural context which gives them meaning and significance, then phenomenology as the study of experiences ought to be able to account for the influence of culture. This would mean that within phenomenological methods, unlike Husserl's conviction, experiences cannot be isolated from the context in which they occur (recall the example of experience of loss and grief noted in §8.2.1). It also means, that the context recognised in phenomenological investigations ought to go further than that suggested by Heidegger, and rather than detailing the universal context of our experience of the world, such as use of tools and relations with other people, it should examine the cultural background that shape our experiences, and reveal the world to our consciousness in a particular way.

As the arguments presented throughout this work indicate, culture as a system of beliefs and understanding of the world and our place within it, is pervasive in different elements of our experiences of the world we inhabit. The universal structures of our consciousness, as the central concern of phenomenology, are revealed through the investigation of different kinds of experiences, which are shaped, to a large extent, by culture. Studying culture as that which gives a context to our experiences, as well as defining a framework through which our experiences are made intelligible and meaningful, would allow a better understanding of the experiences under examination. Furthermore, recognising the importance of culture could give a better understanding of the structures of our consciousness, through the recognition that the first-person perspective through which we are conscious of the world and our lived experiences, is always already embedded within a *cultural* world. Thus, our consciousness of the world, and the conscious interpretation we put on the world, carry within them not only the world we are thrown into with things and people already within it, but also the cultural framework within which our consciousness is embedded, and which allows us to assign meaning and significance to the world we are pre-reflectively aware of.

This interest in culture does not mean that phenomenological investigations into types of experience that we – by virtue of the kind of being that we are – live through are futile or incomplete. It rather signals the need to acknowledge the role played by culture in shaping these experiences. In order to be informative of the nuances of our conscious awareness of the world and our place within it, phenomenological theories need to be examined against different sociocultural contexts, which through enculturation shape our different experiences. If, as I have shown, our way of being-in, and relating to the world, as well as our perceptions of ourselves and our body, is shaped by the culture, and if the world in which we are thrown is itself shaped and determined by culture, then this important element ought to be considered in phenomenological investigations. It is only through the recognition of experiences and individuals, not as abstract entities, but as situated within a phenomenologically significant cultural context, that a more comprehensive account of the workings of our consciousness can be given. In this understanding, there is no single phenomenology

of depression, but different phenomenologies depending on the cultural context in which experiences of depression are examined.

This suggested approach, and indeed the one defended throughout the thesis sits nicely with the increasingly influential enactive approaches to psychopathology, which emphasise as key features of the mind its dynamical, embodied, and situated character (Colombetti, 2013). Such an approach, through recognising the situatedness of the individual experiencing mental disorders, aims at painting a more comprehensive picture of the meaning and significance attached to these experiences. Furthermore, it can discern the ways in which this significance is shaped by and dependent on the individual's relation with its world – through its embodied and situated nature, and the dynamic sense-making involved in its relation to its environment (e.g. Fuchs & Schlimme, 2009; Fuchs, 2014; Maiese, 2016). Such approaches have also included discussions on the relation between culture and experiences of mental disorder (e.g. Durt, et al., 2017; Kirmayer & Ramstead, 2017). As Kirmayer and Ryder have noted, psychopathology involves psychological, social and cultural processes in addition to neurological ones, and the effects of culture on psychopathology are seen "not only at the level of the nervous system but also through social structure, instituitions and practices" (Kirmayer & Ryder, 2016, p. 146). The present study, its conclusions and suggested future approaches therefore, aim at furthering such a multidimensional approach to the study of mental disorders and their experiences. It should, however, be noted that the methodological approach employed in this project has not lent itself well to looking at the embedded nature of depression. While such features are an important part of experience of depression, other methods would be needed for investigating them.

Psychiatry and phenomenology are both, to different extents, concerned with people, as the beings that live through conscious experiences, and as those who can be diseased and distressed. What the implications laid out for both fields reveal, is the inadequacy of a universal understanding of people and the phenomena they encounter and experience. This universal understanding views people as largely

similar in how they understand, encounter and experience different phenomena, and in how different phenomena are manifested in them. The arguments presented in this work reveal the shortcomings of such an understanding, and reveal various important nuances that, although crucial, remain overlooked in this way of framing and understanding people. I would argue that in order to understand human experiences and the different phenomena they encounter in their different ways, the role of culture, as an organising force for thought, interpretation, and action ought to be recognised and examined alongside other important elements. Once it is acknowledged that we, as human beings, are fundamentally cultural beings, with our experiences and interpretations of the world as always already embedded and situated within a cultural world, the importance of including culture in examinations of our behaviour in different fields of interest is made clear. It is only through this recognition of the centrality of culture that the study of people, with their normal and pathological behaviours and experiences can be made complete.

Appendix – Depression Questionnaire Conducted in Iran

The files in this appendix have been approved by members of Lancaster University's Ethics Committee. An exact copy of these was translated into Farsi and distributed among Iranians with an experience of depression.

Participant Information Sheet
Experiences of Depression in Iran

My name is Moujan Mirdamadi and I am conducting this research as a PhD student at Lancaster University, Lancaster, United Kingdom.

What is the study about?
The purpose of this study is to investigate the experiences of depression among Iranians living in Iran. These findings will then be compared to those related to the experiences of depression among those in the UK.

Why have I been approached?
You have been approached because the study requires information from people who have experienced depressive episodes whether diagnosed by medical professional or not.

Do I have to take part?
No. It's completely up to you to decide whether or not you take part.

What will I be asked to do if I take part?
If you decide you would like to take part, you would be asked to fill in a questionnaire relating to your experiences of depression. You will be asked to include as much detail as possible for as many questions as possible.

Will my data be Identifiable?
The information you provide will be kept anonymous. The data collected for this study will be stored securely and only the researcher conducting this study will have access to this data:

- Hard copies of questionnaires will be kept in a locked cabinet in the researcher's office at the University.
- The files on the computer and/or laptop will be encrypted (that is no-one other than the researcher will be able to access them) and the computer/laptop itself password protected.

- At the end of the study, all data from the questionnaire will be kept securely for ten years. At the end of this period, they will be destroyed.
- The typed version of your responses will be made anonymous by removing any identifying information including your name. Anonymised direct quotations from your interview may be pooled with other participants' responses, used in the reports or publications from the study.
- Once anonymised and incorporated into themes, it might not be possible to withdraw your responses. However, every attempt will be made to extract your data if requested.
- All your personal data will be treated as confidential and will be kept electronically on an encrypted laptop, separately from your responses. Your personal data will be kept until the end of the research and will be destroyed afterwards.

What will happen to the results?
The results will be summarised and reported in a thesis and may be submitted for publication in an academic or professional journal. The findings may also be presented at academic and professional conferences and workshops.

Are there any risks?
There are no risks anticipated with participating in this study. However, if you experience any distress following your participation you are encouraged to contact the resources provided at the end of this sheet. Please note that answering these questions might trigger negative thoughts. You can opt out of participating at any time if this happens and are encouraged to contact the helplines listed at the end of this paper.

Are there any benefits to taking part?
Although you may find participating interesting, there are no direct benefits in taking part.

Who has reviewed the project?
This study has been reviewed and approved by members of Lancaster University Research Ethics Committee.

Where can I obtain further information about the study if I need it?
If you have any questions about the study, please contact the main researcher:

Student:
Moujan Mirdamadi
m.mirdamadi@lancaster.ac.uk
Tel: +44(0)1524 594702

Office B05
Politics, Philosophy and Religion
County South, Lancaster University
Lancaster, United Kingdom

Supervisors:

Dr. Rachel Cooper
r.v.cooper@lancaster.ac.uk
Tel: +44 (0)1524594702

Politics, Philosophy and Religion
County South, Lancaster University
Lancaster, United Kingdom
LA1 4YL

Dr. Cain Todd
c.todd@lancaster.ac.uk
Tel: +44 (0)1524 594267

Politics, Philosophy and Religion
County South, Lancaster University
Lancaster, United Kingdom
LA1 4YL

Complaints
If you wish to make a complaint or raise any issues relating to the study, please contact Dr Rachel Cooper:
r.v.cooper@lancaster.ac.uk
Tel: +44 (0)1524 594702

Resources in the event of distress
Should you feel distressed either as a result of taking part, or in the future, the following resources may be of assistance.

Social Emergency Centre: 123
Consultation services: 142

Thank you for taking the time to read this information sheet. If you would like to be contacted about the results, please include your contact details.

Consent Form

Study Title: *Experiences of Depression in Iran*

We are asking if you would like to take part in a research project aimed at investigating different aspects of experiences of depression among Iranians.
Before you consent to participating in the study we ask that you read the participant information sheet and mark each box below with your initials if you agree. If you have any questions or queries before signing the consent form please contact to the principal investigator, Moujan Mirdamadi.

	Please initial each statement
1. I confirm that I am aged 18 or older.	☐
2. I confirm that I have read the information sheet and fully understand what is expected of me within this study	☐
3. I confirm that I have had the opportunity to ask any questions and to have them answered to my satisfaction.	☐
4. I understand that my responses will remain anonymous throughout this research.	☐
5. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.	
6. I understand that once my data have been anonymised and incorporated into themes it might not be possible for it to be withdrawn, though every attempt will be made to extract my data, up to the point of publication.	☐
7. I understand that my responses will be pooled with other participants' responses, anonymised and may be published	☐
8. I consent to information and quotations from my interview being used in reports, conferences and training events.	☐
9. I consent to the researcher keeping my responses for 10 years after the study has finished.	☐
10. I consent to take part in the above study.	☐

Personal details

Age: ……. Sex: …….. Place of residence: ……..

Have you ever been diagnosed with depression? If so, please give details of your diagnosis and the type of treatment you have received.

Have you ever been diagnosed with any other mental illnesses? If so, please give details.

Questions

1. Describe your emotions and moods during those periods when you are depressed. In what ways are they different from when you are not depressed?
2. Does the world look different when you're depressed? If so, how?
3. Do other people, including family and friends, seem different when you're depressed? If so, how?
4. How does your body feel when you're depressed?
5. How does depression affect your ability to perform routine tasks and other everyday activities?
6. When you are depressed, does time seem different to you? If so, how?
7. How, if at all, does depression affect your ability to think?
8. In what ways, if any, does depression make you think differently about life compared to when you are not depressed?
9. If you have taken medication for depression, what effect did it have?
10. Are there aspects of depression that you find particularly difficult to convey to others? If so, could you try as best you can to indicate what they are and why they are so hard to express.

11. What do you think depression is and what, in your view, caused your depression?
12. Who and/or what have you consulted in order to try to understand your depression? (E.g., medical practitioners, friends, books, internet sources, etc.).
13. How would you describe your relationships with others when you are depressed?
14. Has the reaction of others influenced your experience of depression? If so, how?
15. What distinguishes what you're feeling as depression, from other, more general forms of sadness?
16. Are there any positive aspects associated with your depression?
17. If there are important aspects of your experience of depression not covered by this questionnaire please describe them here.*

* Questions 1-12 and 17 were used by the research team at Durham University, for the *Experiences of Depression* study. The questions are available online and reproduced in publications following the study.

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