1. INTRODUCTION

Depression is a pervasive mental health problem that is likely to affect at some stage in their life one in every five people in many western countries (Depression Perception, 2012; Möller & Henkel, 2005; National Health Service (UK), 2009; National Institute of Mental Health (USA), 2011). Globally, depression is predicted by the World Health Organisation to be one of the top major causes of disability across the world’s population by 2020 (Murray & Lopez, 1996; WHO, 2010). There are various national initiatives to address issues of depression such as public awareness campaigns to help people recognise depression and to destigmatise it as a mental illness; to create additional research opportunities within psychology and psychiatry to demonstrate effective methods of treatment; to measure its economic impact on societies; to address social inclusion issues and suicide prevention. Beyondblue (2011), the national depression initiative of Australia, is such an example.

Although depression as a significant type of mood state is a topic in the domain of psychiatry and psychology, linguistics can make a contribution to its diagnosis and understanding, not only by describing the intonational characteristics of depression, as well as the syntax and lexical choice made by sufferers of depression (Fine, 2006; Rude, Gortner, & Pennebaker, 2004), but also their discourse semantics as this study does. In Australia many people in the community who suffer from depression now receive specific help from government subsidised programs via their general practitioners, psychologists, psychiatrists and some specialised social workers; and from many different community subsidised welfare programs, including sports clubs. However, the one
group that tends not to receive special help are already in hospitals – in the acute care wards, as distinct from those in the psychiatric wards.

This chapter discusses three case studies of the subjectivity in the language of depressed acute care patients. These cases are from a larger project, the Language of Depression, currently conducted at Monash University. It is a collaborative project between psychiatrists and linguists who have been seeking ways of identifying depression in the language of acute care patients. The goals of this project are firstly to describe the language of depression; and secondly to convert the findings into training material which acute health care staff can use to detect depression in their patients and so refer them to consultation-liaison psychiatrists or consultation-liaison psychologists for immediate help.

2. DEPRESSION

Symptoms of clinical depression are outlined in the DSM IV (American Psychiatric Association, 2000) which is under revision. They can be classified into affective (low mood states), physiological, behavioural and cognitive categories. The two core symptoms of depression are (a) persistent sadness or low mood, and (b) loss of enjoyment or interest in everyday activities. Typically one or both of the core symptoms together with various symptoms from these categories occurring for at least a fortnight, and which are changes in the way the person previously functioned, are used to diagnose depression. Subjective lowering of mood includes feeling sad or miserable; being in tears; and feeling worse in the morning. Physiological symptoms include difficulty in sleeping; change in appetite; weight gain or loss; fatigue or low energy levels. Behavioural symptoms include loss of interest; loss of enjoyment from normally pleasurable experiences; social withdrawal; irritable or angry behaviour and slowing down. Cognitive symptoms of depression include poor concentration; difficulty in decision making; negative and pessimistic thinking; helplessness and hopelessness; loss of confidence; worthlessness; loss of self-esteem; excessive guilt and suicidal thoughts.

On the other hand categories of subjective well-being include happiness, satisfaction with life, low neuroticism, positive self-esteem, a sense of perceived control, extroversion, optimism, positive social relationships and religiosity (Compton, 2005).

For some who suffer from depression its duration is not long, for others it is chronic. The Language of Depression project addresses the language of acute care patients deemed to have mild or moderate unipolar depression or, in the control group, no depression.

3. APPRAISAL ANALYSIS

The social context of the situation from which a text is drawn for analysis is construed within Systemic Functional Linguistics (SFL) as having three variables: the field (the subject matter, the