

**DEPRESSION AND SOCIAL INEQUALITY: A “SOCIO-NEURAL”  
PERSPECTIVE**

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### **Depression and social inequality: a “socio-neural” perspective**

*“Social inequalities not only structure society, but are also deeply embedded in our personal identities. Therefore, we should not be surprised when we find them difficult to speak about, and hard to change” (Williams, 1999)*

Psychological accounts of depression are predominantly cognitive. They suppose that errors or biases in reasoning and information processing produce unhelpful attributions, learned helplessness, or a “negative cognitive triad”. To the extent that feelings or emotions figure at all in such accounts they play a secondary role, typically appearing as the effects of faulty reasoning or cognitive errors. This pro-cognitive bias reflects psychology’s dominant focus on information processing - treating people like computers whose “hardware” just happens to be flesh and blood rather than silicon and wire.

Another way of putting this is to say that cognitive accounts of depression are *disembodied*. They prioritise factual information and its handling, assuming that other aspects of human life are subordinate or irrelevant to this capacity. If you ask unhappy people about themselves they don’t typically emphasise their cognitive errors, they emphasise their *feelings* - of profound unhappiness, deep anxiety, emotional numbness, loneliness or despair. What bothers them is their embodied state, not their cognitions. Yet many psychologists work as though these feelings, whilst distressing and experientially significant, are nevertheless of secondary importance in the creation and maintenance of the person’s unhappy state.

Cognitive accounts are also problematic because they tend to individualise distress, by treating people’s acquired responses to their inequitable experiences as internal psychological errors. Psychosocial theories, which are fundamentally predicated upon the importance of social influence, allow the effects of social inequality to be more thoroughly addressed and so avoid this problem. They typically view the person as a *person*, not simply as a faulty information processor, and to this extent take more seriously what people say about themselves and their situation. Psychosocial accounts also directly address the effects of material influences like poor housing, troublesome

neighbours, low pay or unemployment, and so don't create the expectation that a quick bout of CBT will by itself remove the unhappiness that can characterise the lives of people coping with such exigencies.

But despite these advantages, psychosocial accounts are typically just as disembodied as cognitive approaches because both approaches downplay feelings and emotions. Neither perspective specifies brain pathways or embodied mechanisms whereby social inequality and its effects might impinge upon people and become thoroughly embedded within their selfhood. Nor do they theorise the role of embodied feelings in everyday decision-making, at best granting such feelings a subsidiary role in maintaining cognitively-driven states of distress. Consequently, they rarely make coherent links between what the person has experienced, the choices they make, and how they actually *feel*.

One effect of this is that psychiatric accounts predicated upon biomedical pathology gain credibility by comparison. The prominence of people's embodied feelings of distress makes it seem plausible that the problem really *is* in their body-brain, not the difficult life circumstances they have experienced. Moreover, to the extent that anti-depressant medication "works" it does so by alleviating these feelings, providing a chemically-induced holiday from the misery of experience. So psychiatry actually targets the embodied aspect of unhappiness; moreover, its treatments can make a significant and fairly rapid difference.

Psychologists might address this problem by drawing on some recent work in neuroscience. Antonio Damasio uses his work with brain injured people to formulate hypotheses concerning the relation-[p.16]ships between self, feelings and experience. His ideas can be applied to our understanding of depression in order to explain both the significance of feelings and their relationship to social inequality.

Damasio (1999) describes how, in neural terms, our experience of self is first and foremost the experience of being a body in a situation. What Damasio calls "core consciousness", the fleeting point of awareness that constitutes our very being as engaged, aware and active beings, is consciousness of our embodied state. Core consciousness is generated or renewed in "pulses", says Damasio, whenever

something new impinges upon us and, however minimally, changes the state of the body-brain system. Light striking the retina, sound waves hitting the ear, a slight draft from the open door behind us – each of these will generate a new pulse of core consciousness that surges up from the brainstem and through the higher cortices in networks of spreading activation. State changes that produce pulses of core consciousness can also arise from internal bodily processes such as visceral activity, temperature changes or muscle movements.

So, whilst we are awake, core consciousness is continually renewed by the incessant flow of changes in our bodies and brains. Core consciousness is fleeting, transient, and ephemeral. Its content is of a body in a situation *right now*, seeing, hearing or feeling something – but the full *meaning* of these things only emerges (very shortly) afterwards. Damasio suggests that each pulse of core consciousness activates other areas of cortex which, due to the human capacity for memory and reasoning, almost immediately allow us to attribute meaning to it: for example, to characterise a negative feeling as “loneliness” and understand it as being related to the recent end of a relationship. Damasio calls the web of meanings and interpretations that we then create “extended consciousness”. When in our species it includes language it is, he argues, a uniquely human consciousness that allows us to narrate richly-detailed meanings within our lives. However, even in humans, extended consciousness is always caused by and built upon core consciousness, as changes in the body-brain system are registered in areas of the brainstem and then activate neural networks in the higher cortices.

Damasio (1994) also proposes that how we feel, our experience of our bodies, is not simply a matter of biology: our feelings themselves are also in some ways socialised, structured by experience. As we go through life and learn about our worlds and selves this learning includes a somatic component, which can then guide decision making on future occasions. Memories of experiences do not only take the form of images, sounds or tastes; they also take the form of feelings, body state profiles. When in future we consider choices, feelings that in the past were associated with similar options get fleetingly re-constituted, called out by feedback loops between brain and body. As we consider our choices, these feelings then tag each possibility with positive or negative valences (according to the kind of feeling it induces).

Damasio calls such re-constituted feelings “somatic markers”, and his work with brain injured people suggests that they play a vital role in decision-making, especially in social settings. Somatic markers influence decision making by making some options seem more viable or attractive, or alternatively by directing attention away from less favourable options, making them seem non-viable, unthinkable. They do not make decisions for us, but they do simplify and accelerate the process by shrinking the response set we have to consider. In doing so, however, they may introduce patterns of bias and apparent irrationality into our actions, patterns which we ourselves might only notice retrospectively. So somatic markers have their origins in our pasts, but their influence stretches forward into the future because they structure the viable possibilities we perceive, and so influence the choices we make.

Of course, things are more complicated than these descriptions imply since there are both feedback loops and links to other brain systems, which add layers of complexity. For example, because images appearing even briefly in extended consciousness are nevertheless also changes in the body-brain system, they too can be registered in core consciousness and can then induce feelings. One consequence of this is that we can have feelings whose source is not readily apparent to us: feelings can be induced by fleeting memories, unattended aspects of our environment, unrecognised similarities between our present situation and aspects of our past. Whatever their source they can then enter extended consciousness and shape both our actions and demeanour in ways we are not always able to account for.[p.17]

For Damasio, then, to be a person is first and foremost to be embodied: our experience of our selves is primarily our experience of our bodies in the world. This experience is elaborated and given meaning in extended consciousness, wherein we continually re-construct the ongoing narrative of selfhood. If we now consider the myriad injuries, disappointments, difficulties and struggles that accompany social inequality, the many devaluing messages and unpleasant experiences that make up a life of relative deprivation, we can see how Damasio’s work might underpin a psychosocial account of depression that centrally includes its feelingful, emotional aspect. Memories of humiliation, deprivation, abuse, neglect or harm are not merely visual or auditory: the feelings that accompany these experiences can also be

remembered. When contemporary situations remind us of these experiences the feelings that went with them can come rushing back – but if we fail to notice or realise what did the reminding, we can remain baffled as to why, suddenly, we find ourselves overwhelmed by sadness, anxiety or fear.

Moreover, such feelings can play a role in decision-making. Where social inequality has given someone a repertoire of devaluing messages, gathered across a wide variety of situations, that person is likely also to have acquired a range of accompanying negative feelings. Faced with decisions that may put self-worth, competence, esteem or value on display, such feelings can influence choices in unhelpful ways. They might, for example, attach negative values to possibilities sensitively interwoven with self image, making choices that could affirm worth or competence *feel* impossible, viable only for others. In social and material conditions of persistent inequality, such feelings would continually be re-activated, and so serve to steer people away from positive choices and towards less helpful options. The effects of making those choices (the experiences to which those choices then give rise) could create further feelings of worthlessness, sadness, anxiety or fear - feelings that feed forward into the next set of choices, propitiating decisions that steer the person yet further away from helpful or affirmative ways of being and relating.

In this way, downward trajectories of participation in social life might emerge. Such trajectories will not only be characterised by negative feelings, but at least partially caused by them. Because these feelings are fundamentally non-verbal in nature, they will to some extent defy rationality and excavation. Being intrinsically more amorphous than linguistic representations, they often cannot easily be definitively tied to explicit memories of specific events. This means that people are inevitably somewhat handicapped when attempting to talk about these feelings. Indeed, even the most "emotionally intelligent" amongst us might in this sense be relatively inarticulate, unable on occasion to thoroughly express or interrogate the flow of embodied sensation within which we actually live.

So, Damasio's neuroscientific work can be used to complement more typical psychosocial accounts so as to generate a thoroughly embodied understanding of unhappiness. This *socio-neural* perspective recognises that social inequality

influences the body-brain system in the form of feelings as well as cognitions. These feelings are not merely incidental, consequent upon cognitive biases and negative self perceptions. Rather, they interact powerfully with overt, rational, cognitive processes, in ways that we might not recognise but which can, in conditions of persistent social inequality, initiate and maintain a downward trajectory the consequence of which is the embodied state psychiatry calls depression. Thus, the inclusion of this socio-neural perspective within a psychosocial framework mounts a stronger challenge to the individualising biomedical accounts that prevail because it not only recognises the societal origins of distress, it also explains its embodied character.

#### REFERENCES:

Damasio, A. R. (1994). Descartes Error: emotion, reason and the human brain. London: Picador.

Damasio, A. R. (1999). The Feeling of What Happens: body, emotion and the making of consciousness. London: William Heinemann.

Williams, J. (1999). Social Inequalities and Mental Health. In C. Newnes & G. Holmes & C. Dunn (Eds.), This is Madness (pp. 29-50). LLangarron, Ross-on-Wye: PCCS Books.