Nonverbal communication in depression

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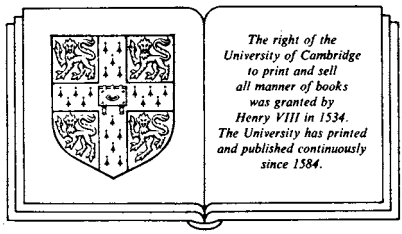

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1 Introduction

To understand what man is experiencing, to recognize and discover the feelings and intentions of the other is essential for our existence as social beings.

In clinical psychology and psychiatry, observation and knowledge of affective states is a necessary basis for the therapeutic practice. For both the lay understanding and the clinical evaluation of affective states, nonverbal behaviour plays a major although mainly implicit role.

Investigating nonverbal behaviour in depression involves different closely related problems. From the perspective of clinical psychology it is of interest to what extent disorders become manifest in communicative behaviour. The question is whether this behaviour can reliably indicate changes in the emotional state. This problem is based on the widely discussed classical controversies about the expression of emotions. That is, the relationship between subjective experience or inner states and observable behaviour. Is there a differentiated "expression of emotions" as postulated by Darwin (1872), or does one have to continue to agree with Landis (1924), that behaviour does not allow specific and reliable inferences from behaviour to experienced emotions or affects.

From a social psychological viewpoint the communicative function of behaviour is of special interest. Behavioural signals contribute to our mutual understanding during social interaction.

Thus, from the clinical and social psychological perspective, two different functions of the behaviour are important regarding the expression of mood: the indicative function, i.e. its significance as a source of information, and the communicative function, i.e. its significance as a means of understanding each other.

1.1 Preliminary remarks on depression

Depression as a psychological condition is predominantly characterized by a depressed mood. Nearly everybody experiences such a depressed mood, more or less intensely, and more or less frequently. For a substantial part of the population, however, a clinically significant depressive disorder has to be expected at some point during their lifetime.

According to epidemiological studies, at a given point in time about

4-7% of the population suffer from a depression that needs professional treatment (Dilling & Weyerer, 1978; Boyd & Weissman, 1982; Weissman, Myers, Leaf, Tischler, & Holzer, 1986). There is evidence of an increase in the rate of depression in the western countries, especially in young adults (Klerman, 1986).

Point prevalence, i.e. the proportion of individuals at the point of time of investigation diagnosed as suffering from neurotic depression is, according to, for example, Dilling & Weyerer 12.8% of the population examined in southern Germany. There is agreement across various epidemiological studies that a significantly higher proportion of women than men suffer from depression.

Psychological functions are altered along with the depressed mood, in particular retarded thinking combined with negative thoughts and psychomotor retardation. These may be additionally accompanied by other physical and mental ailments.

It is to be expected that during depression changes in affective states, in cognitive and conative functions, are accompanied by changes or characteristics of nonverbal features. Considering the changes in wellbeing as they occur in depression, an association between subjective experience and behaviour should become clearly evident.

1.2 General outline of following chapters

Chapter 2 covers theoretical aspects of the relationship between nonverbal behaviour and psychological disorders. The clinical relevance of nonverbal behaviour, the differentiation of indicative and instrumental functions of behaviour, and the concept of multi-channel expression and impression are the main points to be discussed. Chapter 3 describes relevant studies on emotional experience and social interaction in depression. The question of "mood transference" and the instrumental and indicative functions of "depressive behaviour" seem of paramount interest to us .

In chapter 4, the general procedure of our longitudinal study, the characteristics of the examined individuals and the specific parameters of the measured behaviours are described.

Chapters 5 to 7 deal with the various nonverbal behaviours investigated. Although these behaviours, such as gestures, facial expression, etc. constitute as a whole what is understood under the general term "nonverbal behaviour". They have different functions and meanings and they require different methods of analysis.

Chapter 5 deals with facial expression in depression. The general quantitative results and the facial patterns as obtained through a cluster analysis are described.

In chapter 6, gaze and speech are examined as closely coordinated modes

of behaviour. Individual time series correlations are used to encapsulate the individual specific relationships between behaviour and subjective well-being. In contrast, the coordination of this behaviour points to a stable control mechanism, unaffected by depression.

Chapter 7 looks at gestures, especially speech-related gestures in connection with depression.

Chapter 8 should clarify the individual relationship between nonverbal behaviour and the depressive state via examplary case studies.

The nonverbal patterns, which emerge when combining all these characteristics, are described in chapter 9.

In conclusion, chapter 10 discusses the implications of individual specific nonverbal expression for the inference of internal states and for interpersonal communication. Special reference will be made here to idiographic and nomothetic approaches within behaviourally oriented diagnostics. The findings will also raise the question as to how we communicate with others using non-verbal signals in an individual specific way.

Since different theoretical concepts and methodological approaches are required to account for the various phenomena one should not expect to find a unified theory of nonverbal communication. Our investigation of nonverbal behaviour during the course of depression should contribute to clarification of the following problems:

what is the relationship between psychological states and behaviour, i.e. to what extent can observed nonverbal behaviour be considered a valid indicator of mood states

what are the consequences for behavioural diagnostics using clinical observation of such nonverbal information?

Above all, how do individuals convey their psychological states nonverbally to their social environment and thus communicate their affective states?