AMBIGUITY, TEMPORALITY, AND AGENCY IN ONLINE HEALTH COMMUNITIES FOR DYSTHYMIA


Abstract

Within the heterogeneous amalgam that constitutes “depression” exists dysthymia—a chronic, mild subtype that is rarely the sole focus of public discussion or academic research on the subject of depression. If depression in general is an experientially and linguistically ambiguous phenomenon, as is often claimed, then dysthymia can be considered especially ambiguous given that its chronic, low-grade symptoms are difficult to distinguish from one’s habitual self. Informed by Kenneth Burke’s views on the rhetorical productivity of ambiguity, this dissertation provides a rhetorical account of dysthymia’s ambiguity. It traces a rhetorical history of the conditions that led to dysthymia’s construction as a strategically ambiguous diagnostic entity in the DSM-III, as well as the conditions that led to dysthymia’s replacement with “Persistent Depressive Disorder” in the DSM-5. In addition to providing historical context, this dissertation rhetorically analyzes interactions in online health communities for dysthymia, identifying the ways in which dysthymia’s ambiguity functions as a rhetorical resource. Despite conventional wisdom suggesting that recent biopsychiatric explanations of depression have fully displaced previous psychoanalytic explanations, Chapter 2 of this dissertation observes that explanatory aspects of both paradigms blend together in dysthymia online health communities, which provides a useful strategy for negotiating matters of agency. Focusing on temporality, Chapter 3 argues that the temporal perspectives present in online accounts of dysthymia are marked by temporal expansion rather than the temporal contraction often seen in accounts of chronic physical illness. In contrast to temporal contraction, which is thought to often bolster an individual’s felt sense of agency in the present, this chapter argues that temporal expansion may tend to attenuate one’s felt sense of agency in the present. Chapter 4 explores online health community members’ widespread dissatisfaction with the label of dysthymia, most of which centers upon the disorder’s designation as “mild.” This chapter describes the rhetorical conundrum occasioned by being diagnosed with a “mild” or “high-functioning” mood disorder, and identifies the strategies used to challenge the aptness of “mild” as a descriptor for the subjective experience of dysthymia.
While the merger of dysthymia and chronic depression into PDD is well justified by their strong sequential comorbidity and similar implications for prognosis and treatment, several aspects of the new diagnosis are not well supported by evidence and may not be useful. Why do we need 2 different sets of symptomatic criteria for MDD and PDD? The dysthymia or dysthymic disorder is characterized by a persistently depressed state of mind. It is distinguished from a major depressive episode in severity, chronicity and the number of symptoms, which are milder and less numerous in this disorder, although they last longer. With dysthymia, you may lose interest in daily activities, feel hopeless, lack productivity, and have low self-esteem. Dysthymic disorder. People with this disorder can complain constantly, be critical and are unable to have fun. In children, dysthymia can occur along with attention deficit disorder, behavioral or dependent disorders, or anxiety disorders. Examples of their symptoms in children are: irritability.