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Therapy-speak and the Biomedical Self: Performing Depression in David Foster Wallace's "The Depressed Person"

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Abstract

David Foster Wallace's "The Depressed Person" (1999) offers a glimpse into the late twentieth-century therapeutic culture in America by reproducing the linguistic and ideological frameworks through which depression is diagnosed and narrated. Drawing on Deborah Cameron's concept of verbal hygiene and Judith Butler's theory of performativity, this paper examines the linguistic performance of therapy-speak, which regulates the articulation of depression and shapes the protagonist's identity in the narrative. By reading the story through Suman Fernando's critique of psychiatric universalism, the paper situates Wallace's narrative within the epistemological framework of biomedicine to discuss how depression is framed as endogenous and displaced from its social and political contexts. Together, the paper reads "The Depressed Person" as a critique of therapeutic discourse that fails to recognize the ethical and social dimensions of mental illness and gestures towards the need for forms of speech and listening that exist beyond the language of pathology.

Keywords: Depression narratives, therapy-speak, verbal hygiene, biomedical model, medical humanities.

Introduction

The 1990s in America witnessed an unprecedented medicalization of mental illness. Widely known as the decade of the brain, the nation championed pioneering research exploring the biomedical or

chemical explanations for mental illness. Cognitive Behavioral Therapy (CBT) also witnessed an expansion and secured unprecedented funding, understanding its effectiveness in conditions such as depression, chronic pain, and other psychological as well as physical health issues. The increasing popularity and consumption of pharmaceutical drugs and antidepressants gave rise to conversations on the experiences of mental illness. Literature on mental illness, such as memoirs, short stories, and poetry, flourished as the stigma behind mental illness began to subside in America (Defossez). Within this cultural transformation, David Foster Wallace's "The Depressed Person" offers a portrayal of attempts to articulate depression against the framework and structure of psychotherapy. First published in January 1998 in Harper's Magazine, a revised version of the story appeared later in Wallace's collection of short stories titled *Brief Interviews with Hideous Men* (1999). Wallace, well-known for his dark and satirical commentary on American culture, portrays a deeply unhappy woman through the eyes of an anonymous narrator and engages with the language of therapy as both the medium and obstacle in narrating depression.

Critics such as Ellen Defossez and Punnya Rajendran have observed the language of therapy and clinically prescribed modes of narration that demand the reader's engagement as a caregiver in the story. Bran Nicol reads the story as "a displaced, covert autobiography" (255) that mirrors Wallace's depression, contrary to the early understanding of "The Depressed Person" as an account about Wallace's contemporary, Elizabeth Wurtzel. While these studies analyze the stylistic and affective features of the story, the ideological underpinnings of the therapeutic discourse and biomedical model of mental illness that inform the narration have been seldom explored.

"The Depressed Person" narrates the therapeutic culture of the late twentieth century in the United States, which is deeply embedded within the neoliberal sensibilities of the time. Neoliberalism, an economic and political ideology, emerged in the 1970s and intensified throughout the twentieth century, particularly in the 1990s. More than an economic and political ideology, it operates as a structural force that shapes the psychological experience itself. In "The Psychology of Neoliberalism and the Neoliberalism of Psychology," Adams et al. observe a mutually constitutive relationship between neoliberalism and the psychological sciences. The neoliberal conception of self, constructed through radical abstraction and detached from the historical, social, and cultural conditions, laid the foundation for the knowledge base of psychological sciences. Consequently, hegemonic psychological sciences, rooted in Western, white, and economically privileged populations, legitimize neoliberal selfways through the biomedical model of mental illness. Hegemonic

psychological sciences echo the neoliberal sense of self as an ongoing developmental project that champions affect management and self-regulation as the keys to success. They render systemic failures invisible by reframing suffering as an individual failure rather than socially produced distress (Adams et al. 2). Within this ideological framework, Wallace's protagonist undertakes her "therapeutic journey toward authenticity and intrapersonal wholeness" (Wallace 44n) through therapy and medication, without engaging the social realities that inform her depression. In the absence of sociopolitical contexts of depression, the identity of the protagonist is constituted exclusively through therapeutic discourse and her interactions within interpersonal relationships in the story.

This paper studies the linguistic performance of depression through therapy-speak in Wallace's "The Depressed Person". Drawing on Judith Butler's theory of performative identity and Deborah Cameron's concept of verbal hygiene, the paper explores how the protagonist's identity is constructed through repeated and stylistic enactment of therapy-speak. Furthermore, the absence of social contexts of depression in the story is studied as a reproduction of the reductionist approach of the biomedical model of mental illness, which renders the therapeutic process futile, silencing the articulation of depression.

The first section of the paper examines how therapy-speak serves as a form of verbal hygiene. It also analyzes how the clinical mediation of depression by the anonymous narrator regulates the expression of suffering and shapes the identity of the protagonist. The next section discusses the ethical and epistemological limits of the biomedical model of mental illness that inform Wallace's narrative. Together, the paper reads "The Depressed Person" as a critique of therapeutic culture that fails to comprehend the social and political dimensions of mental illness.

Therapy-speak and the Performance of Self

Wallace's "The Depressed Person" begins with the following sentence: "The depressed person was in terrible and unceasing emotional pain, and the impossibility of sharing or articulating this pain was itself a component of the pain and a contributing factor in its essential horror" (Wallace 32). It is established from the beginning that the protagonist's inability to articulate depression is almost indistinguishable from the depression itself. The story unfolds through the eyes of the anonymous third-person narrator, who recounts the protagonist's attempts to make meaning of her depression in both therapy and in the phone calls to her long-distance friends. This linguistic failure produces the

identity of the protagonist in the story as she resorts to describing the events of her personal life that may have contributed to her pain. Wallace draws the reader's attention to how speech becomes a terrain of illness through his protagonist, whose struggles to understand her depression, as well as to be understood by the people around her through the articulation of depression, exacerbate her pain (Defossez).

Deborah Cameron defines verbal hygiene as everyday practices that regulate language use through social norms and perceptions of how language ought to function. Verbal hygiene practices can be observed from casual conversations to official purposes, although the intention behind them varies (Cameron 10). Therapy-speak, a specialized language used in therapeutic spaces that shapes the interactions between mental health practitioners and their clients, can be considered as a form of verbal hygiene. Critics observe an increase in weaponizing therapy-speak or using it as a coping strategy in daily conversations. The overuse of therapy-speak also makes one's internal experiences or emotions secondary, for instance, clinical terms such as 'triggering' replace feeling 'angry' or 'terrified' (Morgan). Despite the existence of linguistic authoritarianism and objectionable verbal hygiene practices, Cameron views denouncing verbal hygiene altogether as abandoning language itself and observes verbal hygiene as a concept that "paves way for more effective intervention in politically important linguistic debates" (Cameron 10). Similarly, deeming the presence of therapy-speak as entirely problematic and determining who is qualified enough to incorporate therapy-speak into speech restricts the discussions on mental health to those who have traditionally spoken about it, a group who occupy the creamy layer of society and can afford therapy (Waldman). Notwithstanding the debates around the use and overuse of therapy-speak, critics unanimously underline the importance of contextualizing therapy-speak in conversations. The language structured and codified in psychotherapy opens a platform for discussions by both mental health practitioners and the wider public. Within Wallace's narrative, therapy-speak functions as a form of verbal hygiene that regulates the linguistic articulation of emotions and enforces the moral discipline of therapeutic correctness.

Therapy-speak replaces ordinary speech, regulates the articulation of emotions, redefines relationships and descriptions of people and spaces the depressed person encounters in her daily life. Phrases such as "myriad other toxic figures from the depressed person's childhood" (Wallace 41) and "sick dysfunctional issues" (42) in the story prevent the in-depth exploration of the protagonist's childhood, which she believes is a contributing factor in her chronic adult despair. Similarly, the

depressed person's description of her workplace as "toxically dysfunctional and unsupportive" (35) substitutes a nuanced portrayal of her present relationship with her colleagues. The protagonist's repeated use of words rooted in therapy lingo, such as 'demeaning', 'abusive', and 'trauma' in the story, evades the expression of her internal experiences.

In "The Depressed Person", therapy-speak is not merely present in the text but actively constitutes the protagonist's self through repeated linguistic performances. Cameron remarks that Judith Butler's concept of performativity is also applicable to language usage, especially speech, as the choices of interaction, lexical and grammatical usages, and their repetitions contribute to the construction of the speaker's social and personal identity (16-17). The depressed person's identity is produced through the repeated performance of therapy-speak in her interactions with her therapist and her friends, mirroring Judith Butler's concept of gender identities as tenuously constructed through stylized repetition of acts or performances (Butler 220). The depressed person's attempts to articulate the etiology of her pain fail as she is preoccupied with the therapeutic correctness of her articulations. Verbal hygiene unfolds as the continuous censoring of words and emotions by both the therapist and the protagonist. The therapist observes the protagonist's use of the word 'pathetic' in the conversations with her friends as self-hating and manipulative and wholeheartedly supports the use of the word 'vulnerable' (Wallace 43). As the narrative progresses, the protagonist internalizes and echoes this therapeutic correctness in her articulations. She deems the comparison of her inability to describe the inner experience of depression to being forced to point to the shadows on the ground instead of describing the sun as a "floridly melodramatic and self-pitying analogy" and immediately apologizes to the therapist (46n2). Moreover, the protagonist constantly evaluates which of her emotions qualify for sharing. She forgoes addressing her dislike of the shapes formed by the mated hands of her therapist during their sessions, as she finds it too simple-minded to waste their time on (39n).

Wallace's linguistic mechanism of self-care depicted in the story can be viewed as learned or acquired during the therapy sessions (Rajendran 738) and evidently extends to spaces beyond psychotherapy. The depressed person internalizes the linguistic and stylistic demands of therapy-speak that constitute her relationships and interactions in daily life. Her phone calls to the support system have a well-defined structure, unlike casual conversations between friends. The linguistic repetition includes an average of four apologies, a preamble that describes the agony of the inability to describe the pain of depression, and an acknowledgement that the protagonist probably sounded

like “one of those people who are narcissistically obsessed with their “painful childhoods” and “painful lives” and wallow in their burdens and insist on recounting them at tiresome length to friends who are trying to be supportive and nurturing, and bore them and repel them” (Wallace 34). The depressed person religiously performs therapeutic correctness in her conversations with friends. She refrains from citing her parents’ divorce and the events that followed as the cause of her adult depression, as she views the blame game as “pathetic and contemptible” (34). Similarly, she criticizes herself for her choice of melodramatic words in therapy sessions during one of the phone calls with her friends (48n). Furthermore, the anonymous narrator maintains the vertical communication of therapy space by differentiating the friends from the protagonist as “nurturing and comparatively undamaged women” (34). The protagonist exhibits linguistic adherence by performing therapy-speak in every conversation and becomes intelligible only as a depressed person.

In addition to the interactions imbued with therapy-speak, Wallace employs a clinically detached narrator and intrusive footnotes to mirror the structure of therapy, distancing readers from the protagonist’s experience. While narratives of illness play a significant role in reclaiming the patient’s voice, Wallace’s narrator paraphrases and interferes with the depressed person’s voice before it reaches the readers (Defossez). The narrator interrupts the conversation between the therapist and the protagonist and prematurely reveals the therapist’s imminent death to the readers, just as the therapist censors the protagonist’s language (Wallace 43). Similarly, the narrator abruptly resumes recounting the protagonist’s past when the protagonist’s anger and resentment regarding her reliance on the support system begin to surface (39). Furthermore, the narrator’s intervention continues in the story through elaborate and lengthy footnotes that relegate the protagonist’s complex emotions to the periphery of the text. When the protagonist realizes her reassurances to friends—that they can end their calls whenever they feel bored or frustrated—might be perceived as “needy, self-pitying, and contemptibly manipulative” (39), a footnote interrupts the narrative with a description of shapes formed by the therapist’s mated fingers during their conversation (39n). The protagonist’s conflict with the therapeutic process itself, equating therapy to buying patience and empathy with ninety dollars an hour (46), is marginalized. A lengthy footnote instead supplies an avalanche of information, ranging from a comparison of the therapist with the protagonist’s mother to the protagonist’s perception of the therapist’s professional detachment as demeaning (46n1). These extensive footnotes create a tedious reading experience that resists both the protagonist’s and the reader’s attempts to derive meaning from the exploration of depression in the story. They become a

narrative within the narrative and a visual representation of how the protagonist gets stuck in her own articulation (Defossez). Ultimately, these narrative interventions reproduce the disciplinary gaze of therapy, transforming the story into a clinical portrait of depression rather than a subjective narrative (Nicol 251).

This section has examined the interactions in "The Depressed Person" as repeated linguistic performance of therapy-speak, which constitutes the identity of the protagonist and regulates the emotional articulation in the story. The narrative structure of the story itself reflects this linguistic confinement. As Deborah Cameron observes, norms that regulate linguistic performance are not merely reflections of existing structures but are active elements in the creation and recreation of social structures (17). The protagonist's identity exists within the story's vacuum—divorced from sociopolitical contexts—mirroring the biomedical model of mental illness, where therapy-speak becomes a debilitating barrier to understanding and articulating depression. The narration of depression in the story inflames the pain of the protagonist, instead of facilitating catharsis (Defossez), echoing the biomedical reduction of mental illness to internal pathology. The next section studies how the apolitical framing of the protagonist's depression informs the therapy-speak, consigning her to a recursive loop of failed self-articulation.

The Biomedical Self and the Depoliticization of Depression

While the first section discussed the linguistic performance of therapy-speak in Wallace's "The Depressed Person", this section studies its portrayal of depression as contextless and mirroring the lack of sociopolitical grounding in the biomedical model of mental illness. Wallace, known for his morally passionate and passionately moral fiction, portrays characters with various psychological issues and introduces them along with their prescription information, who stress their chemical imbalances as the root of their psychological distress, like the depressed person (Emami et al. 500). However, what distinguishes novels such as *Infinite Jest* and *The Pale King* from "The Depressed Person" is their further exploration of material and psycho-biological explanations of specific socio-economic and cultural contexts that inform the narration.

Wallace's disgendered protagonist represents the neoliberal ideal of a person who is deterritorialized. Her depression exists in the void as the narrative strips away the contextual experience of illness to favor a supposedly universal psychological process. Likewise, the detached narrator mimics the value-neutral stance of hegemonic psychological science, which views behavior

as the product of core individual attributes. The story's depiction of depression as a fixed trait of the protagonist, focusing on her abilities or the lack of them, reinforces the neoliberal view of suffering as resulting from natural individual deficits rather than sociopolitical barriers. The disgendering and the protagonist's emotional composition in the story resulted in misreadings of her depression as repulsive self-absorption (Max 212). This perception can be viewed as the result of radical abstraction, which isolates the self from historical and sociopolitical contexts, rendering the protagonist solely responsible for her well-being. Moreover, the readings of the story as misogynistic (Nicol 252) or as a portrayal of narcissism (Benzon 190) stem from the narrative's application of neoliberal individualism, which views empowerment as self-reliance and self-management, a perspective that is counterproductive to feminist liberation from social oppression through solidarity (Adams et al. 16). This section attempts to read the perceived solipsism in the story as the manifestation of neoliberal selfways that treat the protagonist's psyche as an ongoing developmental project and the biomedical discourse that isolates the illness experience from its contexts.

In "The Depressed Person", Wallace characterizes the protagonist's depression as endogenous and dramatizes how biomedical psychiatry abstracts distress from its social and relational contexts, reconstituting it as internalized pathology. Although Major Depressive Disorder (MDD) replaced the endogenous and exogenous classification of depression as the diagnostic criterion with the third edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III) in the 1980s, labelling the depression as endogenous in the narrative is significant, as it aligns with the neoliberal understanding of depression as an illness that evolves from within the self and demands an individualized solution. The authority of the therapist and diagnostic label precedes the protagonist's own personal and social meanings of her illness. The therapist's reliance on a 'value-neutral bioexperimental model', creative analogy and narrative methods, medications, and electroconvulsive therapy (ECT) reinstates the focus on symptom management rather than a contextualized understanding of depression. The depressed person is encouraged to participate in church groups, nutrition and holistic stretching classes, and community woodwind ensembles as the therapist delineates socializing as a therapeutic task (Wallace 47). The treatment regimen fails to alleviate the protagonist's distress, who experiences severe side effects from the medication and finds the group activities excruciating. By framing depression primarily as a biochemical imbalance, biomedical discourse assigns responsibility exclusively to the individual (Emami et al. 500), producing guilt and shame that structure the protagonist's social relations.

Therapeutic logic in “The Depressed Person” extends beyond the clinic to the protagonist’s interpersonal relationships, demonstrating the expansion of biomedical governance to everyday intimacy. After exhausting various treatment options and inner child-focused therapies, the therapist “gently but repeatedly” encourages the protagonist to reach out to her friends as the best medicine for her endogenous depression (Wallace 36). The therapist labels the long-distance friends as ‘support system’, replacing the terms ‘trusted friends’ and ‘supportive friends’ that appear at the beginning of the story. These interactions are guided and monitored by the therapist, with the members of the support system undergoing change and rotation to determine which relationships serve the protagonist’s psychological needs. Unnamed, like the protagonist, their identities are reduced to their therapeutic duties to their depressed friend. Their friendships are reconfigured to one-sided practices of affect management, as the protagonist reaches out to them solely for “sharing and support and just a few well-chosen words to help her get some realistic perspective on the day’s despair” and to gather the strength to endure the next day’s emotional agony (34). Moreover, their responses to the depressed person are informed by the culturally sanctioned appropriate ways of replying to a friend in pain rather than a deeply personal one rooted in empathy and understanding (36). In collapsing friendships into therapy, the story exposes how care is transformed into instruments of surveillance and self-management.

This expansion of biomedical governance to everyday relationships contributes to the reframing of depression as an individual or moral failure, rather than an illness embedded in social contexts. The therapist’s interpretation of the protagonist’s self-hatred, toxic guilt, narcissism, self-pity, neediness, manipulation, and other shame-based behaviors as an endogenous mood disorder constituted by a wounded inner child reinforces this moral framework (53). Rather than alleviating the pain, this view on mental illness and neoliberal individual responsibilization contributes to the protagonist’s internalization of blame and understanding of depression as a personal deficiency. As Vigderman observes, Wallace’s protagonist “chokes on her own tail, in the hell of self-enclosure”, unable to recognize that her center is shared with those around her (177). The depressed person thus gets trapped in the cynical loop of guilt, shame, and inadequacy that stems from a systemic failure rather than a moral one.

Suman Fernando’s critique of Western psychiatry foregrounds the relational and social dimensions of mental health that “The Depressed Person” systemically evacuates. Fernando’s insistence on a holistic understanding of mental illness that acknowledges the interconnectedness of people,

systems, and environments offers a sharp contrast to the story's portrayal of a radically abstracted psychological subject. While mental distress is subjective, it is never purely personal, as a person's mental well-being cannot be meaningfully understood outside the social, cultural, and institutional conditions that shape it (Fernando 207). Wallace's portrayal of depression as apolitical (Defossez) exemplifies a neoliberal psychological logic that isolates distress from its structural determinants. Within this framework, both therapeutic interventions and self-articulation are rendered futile, as the depressed person is repeatedly encouraged to recount her past while her present relational contexts, such as her ongoing relationship with parents, colleagues, and romantic partners, remain unexamined. In its denial of social or cultural realities, "The Depressed Person" narrativizes Fernando's caution against the biomedical model of mental illness that severs the individual from the contexts of their suffering and positions self-management and self-improvement as the key to well-being.

A brief but significant rupture in the neoliberal biomedical regime emerges with the therapist's sudden and untimely death, implied as suicide by the narrator. This event momentarily destabilizes the authority of therapeutic expertise and compels the protagonist to engage with her present through an experience of unmediated grief. The protagonist overcomes the humiliation associated with reaching out to her support system and seeks her friend's honest opinion of her behavior, two goals that therapy had previously framed as skills to be acquired through self-work. Notably, she discards the therapeutically informed structure of phone calls, characterized by rehearsed preambles and apologies, and engages in an unscripted conversation with her friend (Wallace 51). Although the story ends abruptly before this dialogue is completed, the conclusion gestures towards an alternative to neoliberal self-management, an unmediated articulation, and a form of care that re-contextualizes distress within lived social relations.

Conclusion

David Foster Wallace's "The Depressed Person" illustrates the therapeutic culture, informed by the biomedical model of mental illness, in late twentieth-century America. The story demonstrates how therapy-speak, intended to facilitate emotional articulation, functions as a disciplinary linguistic regime that regulates expression and produces the protagonist's identity through repeated performance. The therapeutic diction, the narrator's clinical detachment, and the structure of the story reproduce the biomedical epistemology that displaces suffering from its social and relational

contexts and renders self-articulation futile. Through the study of linguistic articulation of depression, this paper illustrates how narrative forms and therapeutic discourse shape illness experience rather than merely representing it. The discussion of therapy-speak as a form of verbal hygiene along with the neoliberal and biomedical frameworks that the story critiques, offers a more ethically grounded approach to reading mental illness narratives. The paper intervenes in mental health discourse by addressing the limits of psychiatric universalism and therapeutic correctness. Wallace's narrative anticipates contemporary therapeutic culture, where therapy-speak increasingly shapes everyday interactions and care. Finally, the paper gestures toward the ethical necessity of forms of speech and listening that exist beyond the language of pathology and situate mental distress within sociopolitical realities.

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