

Eye-Contact and Depression: A Preliminary Report

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INTRODUCTION

Riemer (1955) has argued that gaze is an 'expression of affect' between individuals. Kendon (1967) writes that the direction of gaze has a regulatory and expressive function, and 'fluctuations in the amount of eye-contact during the course of one conversation showed that it was inversely related to the amount of emotionality displayed by the participants'. Also that it has a regulatory function which governs the pattern of social interaction. Argyle and Dean (1965) made similar observations in their concept of intimacy. They postulate that there is an Intimacy Equilibrium; Intimacy is a function of eye-contact, physical proximity, intimacy of topic, amount of smiling etc. They have shown that an alteration in one variable produces a change in the others until an equilibrium is reached. Exline *et al.* (1965, 1966, 1967) have described other aspects of eye-contact in relation to sex, dependency, social reinforcement, affiliative needs and affective relations. These findings support those of Kendon and Argyle.

There are many aspects of behavioural change in depression. There are changes in the character of the communication of affect and the degree and nature of social interaction. It is as if the depressed person avoids too high a degree of intimacy and reduces affective contact by reducing eye-contact in particular.

METHOD

The study was made of 14 depressed patients and 14 controls, surgical patients who were matched for age, sex and social class. The psychiatric patients had been admitted with the diagnosis of depression to a general hospital psychiatric unit. They were included in this study if they fell within the 40-100 range on the

Zung Self-Rating Scale for Depression (Zung, 1965). The controls were all below 40 on the scale.

The same observer and interviewer were used throughout. The observer and patient sat on opposite sides of a small rectangular table with the interviewer at the table between them, the distance between interviewer and patient being 4-5 feet. The interviewer conducted a semi-structured interview for ten minutes relating to the patients symptoms, depressive or surgical (these latter related to minor surgical conditions). The observer recorded both the length and frequency of eye-contact during this time, using an event recorder which measured to $\frac{1}{10}$ second. The length of eye contact was converted to a percentage of total score. The interviewer looked towards the patient throughout and gave as much reinforcement as is usual in clinical interview.

RESULTS

Average Zung score, frequency and percentage time of eye-contact in 10 minutes:

| | Zung | Frequency | % eye-contact |
|----------|------|-----------|---------------|
| Controls | 32.1 | 72.7 | 10.4 |
| Patients | 76.1 | 60 | 6.7 |

The Mann-Whitney U test was applied to the ranked scores:

Frequency U = 19 significant 0.002 level

Percentage eye-contact U = 55 significant 0.01 level
2-tailed

DISCUSSION

These results would seem to indicate that there is a significant difference in the total amount of eye-contact between a group of depressed patients and non-depressed surgical patients. The results do not indicate whether or not this

difference is due to some enduring characteristic of those who become depressed, nor do they exclude some consistent reinforcement behaviour of the interviewer towards depressed patients which would influence their eye-contact activity (Exline and Messick, 1967). However it may well be that eye contact is one of the clues which a clinician learns to use, perhaps unconsciously, when making the diagnosis of depression.

Retardation and withdrawal are two adjectives which are commonly used in descriptions of depression. Kendon (*ibid.*), and Argyle and Dean (*ibid.*), by their concepts of the regulatory and expressive function of eye-contact and its role in 'intimacy' help us to understand what these adjectives mean in terms of interaction between individuals.

In view of the statistical significance of the results which show that eye-contact is reduced in those who are depressed, the study should be extended to see if with recovery the differences of eye-contact disappear, and also to determine the possible influence of the interviewer on the eye-contact of the depressed patients.

SUMMARY

The frequency and duration of eye-contact

in depressed psychiatric patients and non-depressed surgical patients were determined during the first interview. Depression and non-depression were assessed by using the Zung Self-Rating Scale. The results showed that the duration and frequency of eye-contact were significantly different between the depressed and non-depressed groups.

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