

The yielding hypothesis of depression

Readers of ASCAP will be familiar with the hypothesis that depressive states evolved as part of the yielding component of ritual agonistic behaviour. The hypothesis has been outlined and examined in other publications, here summarised:

1. One of the basic plans of vertebrate social organisation is asymmetry between conspecifics of the same sex. This social asymmetry tends to be manifested as hierarchical rank or territorial ownership/non-ownership, or both. Some form of social asymmetry was predicted by Darwin's theory of intrasexual selection; that is, that a social process rather than natural factors decides who in any given generation is going to reproduce.

2. The social asymmetry is usually produced by ritual agonistic behaviour, which consists of threat, fighting, escape and submission.

3. The losing or yielding behaviours of escape and submission can usefully be thought of as consisting of two components: an action component and a message component. The action component consists of not fighting back, and of desisting from whatever the original fight was about; the message component consists of informing the opponent that one does not intend to fight back. In the case of escape, the message is conveyed by the act of fleeing; in the case of submission, the message is conveyed partly by the cessation or absence of fighting, and partly by the emission of specific submissive signals.

4. In social primates yielding consists of submission more than escape, and the very existence of the group depends on effective submission by subordinates, who, in spite of being in full health and strength, and sometimes in spite of having enjoyed social dominance in the past, may have to remain for long periods in a state of behavioural inhibition, particularly in relation to social and sexual objectives. Therefore, underlying the repertory of "voluntary" submissive behaviours, there is an involuntary form of yielding which I will call depressive yielding, and which may be switched on whenever voluntary yielding is ineffective, thus acting as a safety net or fail-safe mechanism to ensure that some form of yielding occurs. The relation between depressive yielding and voluntary yielding is similar to that between shivering or vasoconstriction on the one hand, and putting on warm clothes or switching on the central heating on the other hand.

5. Depressive yielding may be acute or chronic. In the chronic form, which characterises those individuals who never achieve territory or high social rank, and cannot accept this fate "voluntarily", it consists of depressive neuroses or personality disorders characterised by low self-esteem, fatigue, anxiety and indecisiveness. In the acute form, which occurs in individuals being pushed down in rank, or having attempts to rise in rank thwarted, it takes the form which we recognise as depressive illness.

6. The depressive yielding reaction evolved because it permitted individuals to remain group members during periods when the social situation was unfavourable to them. Those who did not have the capacity for depressive yielding were killed or driven from the group.

7. Ritual agonistic behaviour is so widespread in the vertebrate sub-phylum that its underlying mechanisms may well be homologous, in which case the depressive state in humans may share the same neurochemistry as yielding reactions in animals such as the defeat state described by Henry et al. (1986).

8. The implication for therapy is that we should look for relationships in which the patient is losing but is not yielding voluntarily. He or she should be encouraged to settle the cause of the conflict by peaceful means; or, if that is not possible, to bring the matter to a conclusion, which he might do in a number of ways, such as by conquering, by submitting or by escaping from the relationship. This approach is not included among current psychotherapeutic models of depression. Of course, we must bear in mind that our patients are men and not monkeys, and that the conflict may be in a symbolic rather than a personal relationship. C.S. Lewis in The Problem of Pain proposed that the function of depression is to enable man to submit to God, and to take the difficult step of abandoning the attitude: "My will, not thine, be done." Many avenues of human "salvation" such as cult membership are based on voluntary submission, often in extreme form (Gallanter, 1989).

9. Like other evolutionary hypotheses, and like the theory of evolution by natural selection itself, the yielding theory of depression is not refutable and is therefore not strictly scientific in the Popperian sense. However, the hypothesis has heuristic value in two other senses: first, it draws attention to relationships which might otherwise be overlooked; and, secondly, it gives rise to directly testable hypotheses.

Both these features of the hypothesis can be illustrated by the case of research on the expression of hostility in depression. The hypothesis draws attention to the relative rank of the patient and the object of the hostility as a potentially important variable in this field, a variable which has not been considered in any of the many published studies on the expression of hostility in depression (Price, 1968). If depression is seen in the context of social ranking, we become aware of the fact that for any group-living primate, there is all the difference in the world between an act of hostility expressed up the hierarchy and a similar act expressed down the hierarchy; therefore a patient who expresses hostility to his boss cannot be considered in the same category as a patient who is hostile to a subordinate or to his child. It was also possible to derive a prediction about the expression of hostility in depression: that, if depression occurred in a partner to a marriage which had developed complementarity along the dominance/submission dimension, the expression of hostility to the spouse would be increased if the depression occurred in the dominant spouse but reduced if the depression occurred in the subordinate spouse (Price, 1968).

Problems with the hypothesis

Although the hypothesis has face value in that it accounts well for the "giving in and giving up" mental state of depressed patients, there are several problems which have prevented the hypothesis from influencing our thinking about depressive states and so from assisting in obtaining funds for research into them. These problems, it could be argued, are due to the very different social environment in which we now live, compared to the environment in which depressive yielding evolved and became integrated with other hominid behaviours. Rank order between two human beings of the same sex is seldom determined by ritual agonistic behaviour (except in places where society has little control such as the street corner and the school playground) but rather it is determined by other group members external to the dyad. This means that it is unusual for depressive reactions to be directly due to losing in ritual agonistic encounters (except within the nuclear family, such as between husband and wife). This may account for the objection that whereas depression is more common in women, ritual agonistic behaviour has always been regarded as an essentially male phenomenon, and was actually classified by Moyer as "inter-male aggression".

Another objection is that depression tends to be triggered by "exit events" whereas the yielding hypothesis predicts that it should be followed by "entry events" (someone new to yield to), but since rank order in man is so dependent on patronage and alliances, the loss of a loved one is more likely than the arrival of a potential competitor to result in loss of rank.

One other serious objection, to which I want to devote this essay, is that depressed patients sometimes appear not to be submissive, and even to use their depression to get their own way.

The depressed patient as yielder

Most writers agree that the basic attitude of the depressed patient is one of giving up and giving in. The patient feels inferior and is inclined to self-effacement. He is not likely to proclaim his objectives, still less to achieve them. Beck (1976) puts it well:

"The term "loser" captures the flavor of the depressive's appraisal of himself and his experience. He agonises over the notion that he has experienced significant losses, such as his friends, his health, his prized possessions. He also regards himself as a "loser" in the colloquial sense:

He is a misfit - an inferior and an inadequate being who is unable to meet his responsibilities and attain his goals. If he undertakes a project or seeks some gratification, he expects to be defeated or disappointed. He finds no respite during sleep. He has repetitive dreams in which he is a misfit, a failure." (p106).

Not only does he not get his own way in the present, he has no anticipation of getting his own way in the future:

"The predictions of depressed patients tend to be overgeneralised and extreme. Since the patients regard the future as an extension of the present, they expect a deprivation or defeat to continue permanently. If a patient feels miserable now, it means he will

always feel miserable. The absolute, global pessimism is expressed in such statements as "things won't ever work out for me"; "life is meaningless....It's never going to be any different." The depressed patient judges that, since he cannot achieve a major goal now, he never will. He cannot see the possibility of substituting other rewarding goals. Moreover, if a problem appears insoluble now, he assumes he will never be able to find a way of working it out or somehow bypassing it." (p117).

Thus, whether or not his objectives conflict with those of others, the depressed patient is not in a mood to realise them, and we could say that his mental state was ideally suited to a strategy of not getting his own way.

The depressed patient as non-yielder

However, various views have been expressed which conflict with the idea that depressed patients accommodate themselves passively to the wishes of others. Freud (1917), in his classic paper Mourning and Melancholia, wrote of his depressed patients:

"They are far from evincing towards those around them the attitude of humility and submission that alone would befit such worthless persons; on the contrary, they give a great deal of trouble, perpetually taking offence and behaving as if they had been treated with great injustice."

Fenichel (1983) wrote:

"The depressed patient, who seemingly is so extremely submissive, is actually often successful in dominating his entire environment." (p116).

Bibring (1953) wrote:

"It is hardly necessary to discuss the conscious and unconscious secondary gains which many patients derive from a depression. This may proceed on the external as well as internal level. By demonstrating their sufferings they try to obtain the "narcissistic supplies" which they need, or they may exploit the depression for the justification of the various aggressive impulses towards external objects, thus closing the vicious circle." (p46).

In his reconsideration of Szasz's Myth of Mental Illness Birtchnell (1989) raised the issue of whether or not psychiatric patients get their own way. Szasz used words like "domination" and "coercion" to describe their behaviour. Hooper et al. (1959), commenting on their intensive study of marital interaction, wrote that "it is possible to see the whole depressive stance as a massive attempt to exercise control over the marital relationship".

In the clinic and the psychiatric ward it is not uncommon to encounter instances in which depressed patients do not yield as easily as one might expect. Sometimes, in clinging to depressive but grandiose delusions, such as that they are responsible for all the suffering in the world, they refuse to be persuaded by the opinions of others. Some "stubbornly" decline to be treated with ECT or even with drugs. Nurses often regard the depressed appearance presented at ward rounds as "put on" for the sake of the doctors in order to avoid discharge or some other undesired outcome.

Relatives may also regard depression as a form of manipulation. Recently I treated a couple who used to spend alternate weekends with their respective parents. The wife's depression tended to be worse when the time came to visit the husband's parents; she was too depressed to prepare herself and too anxious to make the journey so that often they cancelled the visit. She enjoyed visiting her own parents and visits there were seldom cancelled. She was getting her own way in visiting her own parents and avoiding visiting her husband's parents. In another case the husband wanted to move house to be nearer his work, but the wife wanted to stay where she was; in the end they stayed, because the husband felt that to move away from her few friends would make his wife even more depressed.

Do depressed patients wield paradoxical power?

Recently Michael McGuire made some relevant comments. Introducing a session entitled "Evolution of mood and anxiety" at the 1988 Ann Arbor conference on psychiatry and psychology from the point of view of evolutionary biology, he raised some important issues which he exhorted the participants to bear in mind, of which:

"The second issue deals with affect as a form of manipulation. While this may be minimally apparent among those persons considered to be "normal", the use of affect as a manipulation "tool" often seems apparent among persons suffering from psychiatric disorders. To the degree that we encounter persons who are "effective affect manipulators" -- that is, they get us to change our behaviour -- we also encounter a potential paradox. Effective affective manipulation presupposes that the manipulator is capable of accurately "reading" how others will respond to particular affects. This possibility is not easily reconciled with what we assume when we encounter persons with psychiatric disorders".

McGuire is making the point that to use one's depression to manipulate others requires social skill, whereas lack of social skill is part of the impairment of function which characterises the deregulation of psychophysiological systems in depression (McGuire 1988).

Ethological studies of depressed patients have concentrated on speech and non-verbal communication and they have not addressed themselves to the outcome of conflict or the reaching of contested decisions. The simple question "Do depressed patients get their own way by virtue of being depressed?" cannot be answered from available data, and therefore it seems excusable to make a foray into theory and see if the problem can be reformulated in such a way that the paradox described above is resolved.

The agonistic and hedonic modes

It is useful to distinguish between situations in which a group or dyad is oriented towards agonistic behaviour on the one hand, and those situations on the other hand in which it is oriented towards sexual, nurturant or affiliative behaviour or to the performance of some task. In a number of publications, recently summarised, Chance (1988) introduced the concept of the agonistic mode for a group which was oriented towards fighting (even if no fighting was taking place) and he pointed out that this mode affects a number of behaviours of members of the group, such as cognition (especially the type of interpersonal evaluation which is undertaken), attention, physiology and muscular tension; if this mode is prolonged the members are liable to stress disorders and depression. In the hedonic mode, on the other hand, there is no orientation towards fighting; the members are relaxed and their attention is free to undertake learning, tasks and constructive thought. Chance gave the rhesus monkey as an example of a species which operates in the agonistic mode, and the chimpanzee as one which favours the hedonic mode (because fights are followed rapidly by reconciliation). It is clear that man combines both agonistic and hedonic tendencies, and that a human group or dyad can switch rapidly from one mode to another. An act of behaviour does not necessarily have the same meaning in the two modes; for instance, another person escaping from oneself may be rewarding in the agonistic mode but aversive in the hedonic mode.

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According to the yielding hypothesis, depression as yielding behaviour evolved in relation to agonistic behaviour, and therefore it makes no predictions about who gets their own way in relation to sexual behaviour, nurturing behaviour, affiliative behaviour, etc.

Of course, the agenda of the agonistic mode is very conspicuously concerned with who gets their own way. Fights for territory and dominance rank are dedicated to setting precedents and rules which determine who gets their way in the future, not only in matters of rank but in "hedonic" matters such as feeding and sleeping. Moreover, when a conflict of interest arises between two individuals in the hedonic mode, the dyad may switch to the agonistic mode to sort it out, a process which Heard and Lake (1987) called "dissuagement". On the other hand, there are other ways of resolving conflict in the hedonic mode, even in animals. If one monkey wants a banana that another is about to take, he may threaten it (agonistic), but he may also beg for it (hedonic) or he may distract the other's attention (such as by giving the alarm call) and filch it (also hedonic). In human beings the art of persuasion is so highly developed that conflict within groups is seldom settled in the agonistic mode (except within the nuclear family).

Signals as manipulation

Almost all signals can be seen as an attempt on the part of the sender to manipulate the receiver (Krebs & Dawkins, 1984). This is particularly true of agonistic behaviour. When a dominant monkey stares threateningly at a subordinate, the latter is usually being manipulated into not doing something that it wants to do, like mating, eating or occupying a certain place. It is less obvious that a subordinate monkey is manipulating the dominant when it gives a submissive signal; the manipulation is in a very limited area,

servicing only to force the dominant to stop attacking.

Submissive signals cannot force the dominant to yield rank or territory. It is interesting to note that submissive signals may be manipulative whether they are rewarding or aversive. Most submissive signals are probably rewarding to the recipient, but the chimpanzee has developed the infant's distress call into its submissive repertory, and this call appears to be so aversive to adults that they are quick to acknowledge the submission by giving signals of reassurance (Goodall, 1986).

In the domain of nurturing behaviour signals are also manipulative. The gaping mouth of the young cuckoo drives its foster-parents into a veritable slavery of food collection. The human baby's cry forces the parent to take some action, hopefully to feed or change it, sometimes to batter it. Much childish behaviour is designed to coerce the parent into protecting, feeding or in some way caring for the child. The same applies to sexual and affiliative behaviour.

From the above argument, we would predict that depressed patients would fail to get their own way in the agonistic mode, when by definition the dyad or group is oriented towards agonistic behaviour (Chance, 1988); but would get their way as much or as little as anyone else in the hedonic mode, when the group is oriented towards non-agonistic behaviour such as nurturant, sexual or affiliative behaviour. This does not quite answer all the objections, because there is an impression that depressed patients get their own way more than others, and that they actually use the depression to get their way.

I think the answer to this is that submission tends to be expressed as a metaphor, and the metaphor may involve non-agonistic forms of behaviour. If we want to convey the message "I am weaker than you", human beings can simply say it, but without language it is quite a difficult message to get across. It must be coded in symbolic form, and it is not surprising if evolution has used symbols which are correlated with weakness; and in order to find suitable symbols it has had to trespass on the hedonic mode and borrow metaphors based on childish behaviour or female behaviour. The message then transmitted in the agonistic mode is, "I am just like a child (or a woman) and not worth bothering about; ignore me, I am no threat to you." But, at the same time, the message may retain its hedonic meaning which is "Pay attention to me, I am a child in need of nurturing (or a woman in need of loving)" and this hedonic message may be responded to as well.

Metaphors of submission

Let us first consider metaphors involving nurturance-eliciting behaviour. In most animals agonistic behaviour and nurturance-eliciting behaviour are quite separate, reflecting the fact that they are parts of separate biological systems, performing different functions, and presumably subserved by different brain mechanisms (Gardner, 1988; Gilbert, 1989). But in the wolf (and in the rat) there is overlapping. In the wolf, the nurturance-eliciting behaviour of the puppy has become ritualised as a submissive signal. The defeated and submissive adult wolf rolls over on its back and exposes its belly to the dominant animal, in the way that the puppy presents its perineal area to the parent asking for it to be licked clean (Eibl-Eibesfeldt, 1970). The recipient of this signal stops attacking, but it does not do any cleaning: the exchange of signals has been sufficiently ritualised for the nurturant response of cleaning to be dropped from the sequence.

The sickness metaphor

During human evolution the nurturing of sick adults has become part of our instinctive behaviour, possibly derived from the nurturing of children. Unlike the wolf, we do not respond favourably to adults behaving like children. But we do respond protectively to adults who are sick. It was Alfred Wallace, who with Darwin was the joint proposer of the theory of natural selection, who first suggested in 1864 that care of the sick might have been part of our evolved repertory of behaviour. Richards (1987, p.163), a historian of science, describes how Wallace believed that evolution of human physical characteristics ceased, perhaps as early as the Miocene, to be replaced by the evolution of moral sentiments and reason:

"He thought that once natural selection began to foster in those protomen reason and sympathetic feelings (especially moral sentiments which led them to care for their unfit brethren), selective pressures on their physical structures would cease." (italics added)

It seems likely that whereas childish behaviour has become ritualised as a metaphor of submission in the wolf, "sick role" behaviour (Pilowsky, 1988) has become ritualised as a metaphor of submission in man. The basic vertebrate depressive yielding reaction has come in our species to be expressed, sometimes, in the metaphor of "sick role" behaviour (Price, 1988b). Therefore it is not surprising that many depressed patients both present

themselves as, and feel themselves to be, physically ill. Sometimes the metaphor is so pronounced that depression appears secondary and a diagnosis of hypochondriasis or somatisation disorder seems appropriate.

In the agonistic (coercive) mode (Chance, 1988) depressive behaviour conveys the message "I am no threat to you" and as a manipulation it has the limited effect of stopping the attacks of conspecifics. In the hedonic (affiliative) mode, and in the context of a caring relationship, it elicits the same response as other forms of sickness behaviour; namely, nurturance. It may be that the hysterical patients discussed by Szasz have the capacity to adopt the sick role by means of conversion symptoms, possibly before the pressures of life get intense enough to make them depressed. In either case their principle message is, "Stop attacking me, I am out of action". Of course, like any other sick people they can exaggerate their signals and become tyrants of the sick room; although in that case their empire is very limited, and does not lead to the acquisition of rank or territory in the main social arena; they are only getting their way in the hedonic mode, not in the agonistic mode in which rank and territory are determined.

If Wallace was right and we have an evolved tendency to nurture sick relatives, it may well be that this tendency is only elicited by apparent physical illness, whereas incapacitating emotional states such as depression are perceived in other terms such as laziness or even rebellion (in the form of failure to carry out allotted tasks). To think that one's submissive signals were being interpreted as rebellion would be very anxiety-provoking, and this anxiety may underly the strong motivation of patients with, for instance, myalgic encephalomyelitis, to be categorised as physically ill. Probably it is only in our sophisticated, psychiatrically oriented Western society that depressed patients present themselves as emotionally ill; in other cultures the somatic symptoms of depression tend to dominate the clinical picture, and depressed patients are perceived, not only by themselves and by relatives, but also by their doctors, as physically ill.

Other metaphors of submission

Both the wolf and man have evolved metaphors of submission using care-eliciting behaviour; in one case the submissive individual presents himself as a child/puppy, eliciting parental care, in the other he presents himself as a sick person, eliciting the instinctive care which in man is given to sick relations. Perhaps this connection between submission and care-eliciting behaviour may be set in perspective by considering a metaphor of submission which has evolved in monkeys such as macaques and baboons and which is not related to nurturance. Whereas the submissive wolf says, "I am like a puppy to your adult", the submissive monkey says, "I am like a female to your male." He (or she) adopts the female form of sexual presentation, following which the dominant monkey gives a brief ritualised version of the male sexual response (mounting). Here the submissive metaphor elicits sexual rather than nurturant behaviour, but as with nurturance, we could say that the subordinate monkey is coercing the dominant monkey to switch from the agonistic (coercive) mode to the hedonic (affiliative) mode. Some monkeys may use a dermal metaphor of submission, conveying the message, "I am pale to your bright" (Price, 1989b).

Another metaphor of submission uses the "vertical dimension" of directiveness/receptiveness (Birtchnell, 1987). This occurs in man, monkey and wolf, and is probably widespread among vertebrates. The submissive individual says, "I am like a small person to your big person." Various forms of crawling, crouching, cringing and prostration express this metaphor. This metaphor is not drawn from another category of behaviour, and therefore there is no specific response by the dominant individual, equivalent to the mounting or the nurturance elicited by the other metaphors. Therefore in using this metaphor the submissive individual does not appear to be coercive, except in so far as the other is coerced into stopping his attacks.

Having considered some (possibly not all) of the submissive metaphors which have evolved in vertebrates, it might be instructive to consider one which has not evolved and the reason for it. No human beings use the metaphor "I am an animal to your human being". Nor, to my knowledge, does any other species use such a metaphor. One could imagine, for instance, among the Canidae, the submissive individual using the metaphor of another, "inferior", species, such as "I am like a lamb to your wolf." This has not evolved because submission is a component of agonistic behaviour which is ritualised, whereas relations between species are typically unritualised, especially when one species is the prey of the other. Therefore to use this metaphor would be to risk losing the protection from serious injury which is the adaptive value of ritualisation in the case of agonistic behaviour. In contrast to the lack of animal metaphors in submissive behaviour, they are frequent in aggressive (catathetic) behaviour, and it is common for insults to take the form of worm, louse, rat, bitch, etc. They are also used for group aggrandisement; for instance, the Christian Dorze tribe has a belief that leopards are Christians whereas hyenas are pagan, and this supports their belief that the Dorze are fine people who eat

fresh meat, whereas their pagan neighbours are scavengers like hyenas. Maynard Smith (1988), who quotes Sperber's work on the Dorze, comments wryly that the belief does not go so far that the Dorze shepherds stop guarding their flocks against leopards on fast days.

Culturally determined submissive signals are recognisable because they mean different things in different cultures. In England if I put out my tongue at you it is an aggressive, putting-down, catathetic signal (Price, 1988). If a Tibetan puts out his tongue at someone it is a submissive, boosting, anathetic signal. This can cause serious misunderstanding in social relations. Another metaphor which one can sometimes detect is that which says "I am invisible to your visible" or "I am absent to your present"; this is a powerful metaphor because it carries the implication of "I am in the psychological position of already having fled from your presence." This metaphor has been examined in a novel by Christopher Priest (The Glamour, Sphere, 1985). The fact that the "absent" metaphor has not evolved in animals may be due to the limited communicational technology available to the evolutionary process. In man it is seen in various forms of self-effacing behaviour. Superficially it might appear to be an extreme example of the diminutive metaphor, saying, "I have become so small that I have disappeared altogether", but this is logically different from saying "I am so afraid of you that I have already run away from you." The nearest that animals can get to this is actually to run away and then come back using some other form of submissive metaphor.

There is one important difference between the sick role metaphor and the metaphors using female, childish or diminutive behaviour. The latter occur at quite a "high" level of the nervous system, so that we might say that the actors in these cases "know" they are submitting, and possibly have some voluntary control over their actions. It is unlikely that the subordinate male monkey thinks it is female, or the defeated wolf thinks it is a puppy. But the sick role metaphor occurs at a "low" level of the nervous system; it is probably a modification of the basic vertebrate yielding reaction, one of agonistic and sexual inhibition, controlled in the reptilian brain (MacLean, 1985). Therefore the individual using the sick role metaphor does not realise he is submitting. He thinks that he is sick.

I am not saying that the sick role metaphor is the only submissive signal used by depressed patients. Even the wolf has more than one submissive signal: in addition to the puppy metaphor, and the vertical dimension (crawling on its belly), it has a submissive signal in Darwin's category of "antithesis" in which it exposes its vulnerable neck to the fangs of its enemy. Similarly, the submissive message of depressed patients may take many forms. Some use a metaphor taken from commerce, "I am poor, even bankrupt, compared to your riches; there is no need to mobilise your commercial battalions against me." Some use expressions derived from religious behaviour, "I am sinful, compared to your saintliness, and I am not competing with you for a place in heaven." Depressed women may use a metaphor derived from the fashion world, "I am plain compared to your beauty; I am not competing with you for the approbation of men" (Sloman et al., 1982). However, the sick role metaphor is common, and accounts for the frequent physical symptoms of depressed patients, the presence of somatic delusions and hypochondriacal preoccupations, and the fact that so many depressed patients consult doctors.

Patients often describe their depression to doctors in terms of metaphor. Metaphors and similes of being dead, a hibernating animal, a defeated boxer, a nonentity and suchlike are common. A recent patient expressed herself as a flat tyre or deflated balloon: "Normally you get kicked and you bounce back again, but I've been kicked too many times in the same place, there's a hole there and all the air's gone out." These statements are quite different from the submissive metaphors described above, in which the patient acts out the metaphorical part. Different again are the submissive metaphors used in verbal flattery; e.g., "I am a candle flame, you are the sun."

In conclusion, the fact that depressed patients may get their own way in the hedonic mode does not negate a hypothesis which states that depression evolved as a losing strategy in agonistic interactions. The very fact that they use a sick role metaphor to express their submission ensures that they obtain the care and consideration which is normally given to physically ill loved ones. Depressed patients are sometimes said to be attention-seeking, and it is interesting to note the opposite message about attention which is given in the two modes. In the agonistic mode the message is, "Pay no attention to me, I am sick and therefore no threat to you." In the hedonic mode the message is, "Pay attention to me, I am sick and require nurturing."

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