

JP reviews Depression: The Evolution of Powerlessness by Paul Gilbert; Lawrence Erlbaum, 1992.

This book of Paul's is a major and important work, the first systematic attempt to apply evolutionary thinking to the psychology of mood states. The evolutionary perspective highlights and enriches some existing approaches (I was particularly enlightened by his review of Kohut's Self Psychology), and brings in some entirely new thinking about depression. His comprehensive literature review throws up the fact that there just is no psychology of ranking behaviour, and practically no psychology of group membership behaviour. These are matters which are too important for people's lives to permit experimentation in the laboratory. If we want to read about them, we have to turn to fiction.

He is particularly strong on evolutionary change in competitive behaviour, and points out the way competition by attraction has come to overly, but not replace, competition by intimidation - a point that few social scientists apart from Barkow and Kemper seem to have grasped. He has made the original suggestion that in competition by attraction we need a concept to replace RHP (a measure of intimidatory capacity) and he has suggested Social Attention-Holding Power (SAHP) - a measure of social attractiveness, or capacity to elicit prestige. I think this is a useful development, and it needs more thought to define it carefully and delineate its relation to other mental mechanisms. Incidentally, it should be listed in the index under SAHP, as the person who runs across SAHP in the text does not know it is Social Attention-Holding Power until he has looked it up in the index, and he can't do that until he knows what the initials stand for.

Another criticism is the neglect of the ideas of Alfred Adler in the context of a theory of involuntary subordination and inferiority. Adler stressed the importance of the drive to self-perfection, which could be greatly enhanced by feelings of inferiority, such as about a physical defect (as he knew from experience), and he called this enhancement "compensation". But the drive to self-perfection could deteriorate into a drive for superiority over others, and if this drive was blocked, the result could be neurosis. For "drive to self-perfection" we could substitute "aspiration for high SAHP" and for "drive for superiority over others" we could substitute "aspiration for high RHP". Since RHP is part of the mentality entrained by the agonistic mode, and SAHP part of mentality entrained by the hedonic mode of interaction, we could say that Adler adumbrated Michael Chance's admonition to cling to the hedonic mode and avoid the agonistic.

On page 464 there is a paragraph headed "flight into health", which (Paul told me on the phone) means recovery from depression while the underlying problems have not been resolved. I think this is a pernicious idea masquerading under the guise of a clever paradox. Since the act of fleeing is largely voluntary, and the destination of flight is usually chosen by the flyer, the concept of flight into health implies that depressed patients can choose to flee into health if they so wish, which means that, if they have not done so, they have chosen to remain depressed, which puts them into the category of malingering. The implication is the same as exhortations to "snap out of it" or "pull yourself together", implying conscious control over depressed mood. The depressed patient is therefore to blame for the depression, and is made to feel guilty, which is likely to make them feel more depressed, another example of the circular interactive processes which may maintain depressed mood.

Since the book was written over two years ago, it does not reflect our current thinking on the implications of ranking theory for treatment. Depression is seen as involuntary subordination, which occurs because cognitively based behaviour has not managed to get the individual into a social situation in which the triggers for involuntary subordination are not pulled. These triggers are some function of low or falling RHP\SAHP and/or quantity of punishment or frustrative non-reward experienced in unit time. From a ranking point of view, there are two causes for this situation. One is that the person who ranks higher is a bully, and the individual is therefore suffering from what might be called ranking abuse, or excessive down-hierarchy pecking. The other is that there has not been voluntary acceptance of whatever rank the individual finds himself in, and this results in various kinds of rebellious or insubordinate behaviour which elicit putting-down behaviour from others. In a systemic situation, there is ranking mismatch. Let me use again the analogy of temperature control. If we equate putting-down behaviour with cold, the depressed patient is like someone who is shivering. He could have avoided the shivering if he had switched on the central heating, or if he had got out of the situation into a warmer place. Therapy of the shivering person then takes the form of exploration of why he did not turn on the central heating. Was he too mean? Did he not understand the switch? Had he forgotten to order fuel? And why had he not been able to go somewhere warmer? These approaches are more effective than giving him curare to reduce the muscular contractions of shivering. Similarly with the depressed patient, why is he staying in a situation which is causing him grief, in what way is he entrapped? And, if he cannot get away, why has he not yielded voluntarily, to turn away the wrath of whoever is punishing him? If he is being

forced into an unacceptably inferior position, or being asked to accept unjustifiable punishment, and if he cannot get away, he may need help in mobilising support for voluntary resistance, in the way that on a larger social scale exploited workers formed into unions - although this may be very difficult in some situations, e.g., marriage. In short, the occurrence of an involuntary yielding response means that for some reason the voluntary yielding response, which would have pre-empted the involuntary response, has not been made. It is the task of therapy to find out why, and to explore alternative strategies. I think this is the main contribution to therapy of what Paul calls ranking theory.

Paul's second book on depression (1) is already influencing sociological thinking about depression in an evolutionary direction. Brian Cooper, for instance (2), quoting Paul's book, talks of a "primary capacity for construing social interactions, analogous to those which have been postulated by universalist theories of language acquisition and moral development whichever direction such research may follow, one can safely predict that it will have to pay regard to man's evolutionary background." This is quite a shift in sociological thinking. The case is not yet won, as evidenced by Cooper's later comments:

".....a comparative ethology that served merely to reinforce existing notions about the mainsprings of human social behaviour could for practical purposes be dispensed with as superfluous, on the principle of Occam's razor. If there were no more to it than that, sociological scepticism would be fully justified. The crucial question is: do we find evidence for the existence of phylogenetically determined biosocial drives, whose expression in psychopathology is definable, and cannot be equally well explained in terms of individual development and learning? Only if this is the case does it seem realistic and useful to speak of an ethological psychiatry. For the present, however, this question must remain open."

Hopefully, this third book of Paul's will continue to win converts for evolutionary/ethological psychology and psychiatry. I can say without hesitation that anyone who has the kind of interests which lead them to read ASCAP would benefit from reading Paul's new book, from cover to cover, at least once.

1. Gilbert, P. (1989) Human Nature and Suffering. Hove: Lawrence Erlbaum.
2. Cooper, B. (1992) Sociology in the context of social psychiatry. British Journal of Psychiatry, 161, 594-598.