Severe and Mild Depression

SOCIOCULTURAL FACTORS, SOCIOLOGY OF KNOWLEDGE, AND DEPRESSION

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The Italian poet Giacomo Leopardi, in a poem written on the occasion of the wedding of his sister Paolina, reminds her that she will add an unhappy family to unhappy Italy.

Whether it is transformed into realism or decadence, romanticism continues to exert an influence even today, and it possibly facilitates the occurrence of depressive thoughts. For instance, the realist Thomas Hardy viewed the human being as the victim of destiny and uncontrollable forces. Disappointment and sadness pervaded the poets in the 1930s (W. H. Auden, Louis MacNeice, Stephen Spender, Cecil Day Lewis, William Empson, and many others).

I have taken examples from several literary genres, without yet taking into consideration the one which probably portrays more intensely than any other genre the oceanic feeling of despair and melancholia. I am referring to the tragic situation as portrayed in literature in the form of tragedy. This is a vast issue, and only books of literature and philosophy can deal adequately with it in its many parts. I shall only refer to what is particularly relevant in connection with the psychiatric understanding of depression.

Can the state of the tragic hero be compared to that of the severely depressed patient? In some respects, yes. The hero finds himself in a situation which is tragic insofar as it is inevitable, irreversible, and unwanted to an

extreme degree, like the irreparable failure of one's mission, life plan, or lifelong hope, and the renunciation of life itself for the sake of the ideal. The hero is at the mercy of uncontrollable forces or he is responsible for deeds which he carried out without being aware of them; if he was aware of them, he was not conscious of their significance and their possible consequences. He is supposed to have no faults, like a god, but he is a human being and has flaws. Oedipus is unable to "see the truth," Othello is jealous, Lear is proud and arrogant, and Hamlet is unable to make decisions. The hero's flaws in and of themselves would not be sufficient in some instances to bring about the catastrophe if other circumstances had not worked together toward the tragic end, for instance, if Othello had not been misguided by Iago, if Macbeth had not been enticed by the witches, and so forth. Often a group of circumstances seems to conspire against the human being who, no matter how much he towers in his human dimensions, is still too little to cope with the gigantic situation which confronts him.

We can recognize a hero in our depressed patient, too, and more frequently a heroine, who lives a tragic drama. He or she is the protagonist, but often obscure circumstances have set the stage, fie or she seems at the mercy of uncontrollable forces, but the patient's flaws also play determining roles: not recognizing the rigidity of the selected patterns of living; the unwillingness to change life goals and find alternatives; and the total commitment to a cause, in spite of repeated subliminal warnings that the

patient should change his or her ways of thinking and feeling.

The literary tragedy is in some respects a human protest. It mirrors the terror the human being has to face at times, the injustice he has to suffer, the anguish he feels. The protest is against whoever is responsible—the gods, fate, historical or social circumstances—or the limitations of human nature. The patient's depression also is a protest, but he often seems to lack the grandeur which is inherent in the ultimate acceptance of the tragic hero. He may even seem to lose his dignity at times and to indulge in a personal melodrama. And yet we must see him or her in an even more tragic light than the tragic hero; because unless he is successfully treated, he cannot maintain his own belief in himself or in his ideas, and he has contempt even for his own depression, for his own protest.

Literary tragedy often portrays the struggle between man and fate, which ends with the defeat of man and the victory of fate. But as Schlegel wrote (1818), the moral victory is with man. The depressed patient is not concerned with moral victory; he or she does not want to be heroic or a person who challenges the power of destiny, but only a happy human being.

A common conception of tragedy was originally presented by Schiller (1796), who interpreted the tragic conflict as being between the ideal to which the human being aspires and the real world. The depressed person also

sees a big discrepancy between what he aspired to in terms of human relations and life goals and what he can achieve in this meager reality. He cannot solve the conflict. What is available is not acceptable to him, and what would be acceptable he cannot grasp. He experiences the tragic situation of having no choice.

For Schopenhauer, tragedy as a literary form portrays what to him is the terrible essence of life, "the unspeakable pain, the wail of humanity, the triumph of evil, the scornful mastery of chance, and the irretrievable fall of the just and innocent" (Schopenhauer, 1961). The original sin is the sin of being born at all. Many patients at the nadir of their depression would echo Schopenhauer if they were endowed with his style and vocabulary. Other conceptions of tragedy are probably closer to those that a psychotherapist would accept. For example, Aristotle saw literary tragedy as a catharsis or purgation of the spectator through pity and fear. For Goethe (1827), the catharsis had to be understood as expiation or reconciliation on the part of the hero, rather than as purgation of the spectator. Goethe in his maturity changed the points of view he held earlier in life. I have already mentioned that young Goethe had his first hero, young Werther, commit suicide, and in the first part of *Faust* he had his protagonist sell his soul to the devil, an act which in the Christian tradition is an absolute form of suicide. But in the second part, written after a long interval, Faust undergoes purgation and obtains salvation.

Contemporary feelings of tragedy and depression, as they have occurred in the literature and other media, are discussed in another section of this chapter. A theme which has recurred in several periods of history is similar in its negativity to that of Schopenhauer. It has appeared frequently in literary forms and even in the common expressions of people. Any human being is a tragic figure: he finds himself on earth for no reasons that he initiated, coming from nobody knows where, and going toward indefinite paths. Only one thing is sure, that he will die and will have to face death. As tragic as this portrayal of man seems, the depressed patient does not experience his predicament in these terms. His protest is a personal one. He does not speak for Man or Woman, but for John Doe or Mary Smith.

The therapist who wishes to help the depressed patient must be a person who assumes that the human being could do a great deal to change the otherwise tragic circumstances of his life. Obviously our destiny is not entirely in our hands, but we ourselves are one of the major forces which mold our existence.

The therapist must admit, however, that there are tragic situations which the human being cannot change at all. What then? What can the therapist do to help? If the individual cannot change the tragic situation after having done his utmost to change it, his position becomes heroic, and he must learn to accept the heroic stand both for himself and as a spiritual example to

others. Let us remember, however, that as our rapid survey may have indicated, there is not only one type of tragedy, but two, and the second is more frequent than the first. The first follows the Greek paradigm, in which the human being is the ineluctable victim of destiny and as such is ineluctably predestined to suffer and perish. Ananke—necessity or fate—which at times works in conjunction with other human beings, is the cruel puppeteer who pulls the strings. If this is the human situation, the heroic position is in seeing the heroism of the puppet.

But there is a second type of tragedy, the tragedy of the Judeo-Christian tradition. It is the tragedy of having to sacrifice one's own beloved son, Isaac, the tragedy of Joseph being sold by his own brothers, the tragedy of Job, the tragedy of Christ—wherever the tragedy leads to the triumph of the human spirit. It is the tragedy in which the heros are not *les petites marionettes,* but where they themselves pull the strings which at times move the world, not necessarily in a direct way or during their lifetime, but through their legacy. The tragedy that ends with the triumph of the spirit may be called a spiritual or divine "comedy," as it was called by those who interpreted Dante's allegoric journey.

Our Era As the Age of Depression

Depression is acknowledged as being so common in our time that some

people are ready to classify our era as the age of depression.

Since I have been in the field of psychiatry, I have heard periods of time, stretching up to about a decade each, being referred to with psychiatric terms. In the 1940s we repeatedly heard that we were living in an age of anxiety; in the 1950s, in the age of alienation; in the 1960s, in an era of anger; and in the 1970s, in the age of depression. Is there any truth to these affirmations?

First of all, we must remember that these terms—anxiety (and/or fear), alienation (and/or detachment), anger (and/or hostility and violence), sadness (and/or depression)—are the basic negative emotional states that affect the human being. These basic negative feelings have existed since man made his appearance on this troubled planet. It is true, however, that one basic mood is felt more intensely than the others in particular periods of time. It is also true that periodical cultural trends make the human being as an individual and the whole society more sensitive to one particular mood than to another.

Anxiety has always been man's companion, but psychoanalysis has focused on this emotion and has made us recognize that it is a practically constant affective tonality. The popularity of psychoanalysis in the 1940s and the experiences of the Second World War have made us more aware of

anxiety and more ready to respond to it. The triumph of technology, mechanization, industrialization, corporation, and bureaucracy in the 1950s made us aware of our rampant alienation and brought about a revival of theories about this human status, which were originally formulated by Hegel, Marx, and others. The revolt against the Establishment, manifested by the students' confrontation and rebellion and by the increase in crime in the 1960s, made us think of an age of anger and violence.

But what about the 1970s, and why depression? What accumulation of facts had made sadness (or depression) more common, or increased our awareness of it, or made us more responsive to it? I have already mentioned that in some psychiatric circles the hypothesis has been advanced that since Cade discovered the beneficial effect of lithium in manic-depressive psychosis, we have focused on what we are able to treat and therefore on our manic and depressive trends. So many assumptions have to be packed into this hypothesis as to put its credibility in serious doubt. Lithium is an effective symptomatic treatment in some manic patients, not in depressed patients. It is also difficult to see how the enthusiasm of a few pharmacotherapists could influence the whole culture. We have seen that eras of depression have recurred throughout history. First in the early Middle Ages and then after the Reformation it was enhanced by the prevailing concepts of sin, guilt, damnation, retribution, and unworthiness. In our time depression, at least at a cultural level, seems to be connected with the loss of traditional values and

the inability to replace them with new ones. A state of meaninglessness, reminiscent of that which is experienced by the severely depressed patient, permeates contemporary culture. Our contemporary literary tragedy is best represented by the theatre of the absurd. It conveys the premise that God is dead, and with the death of God all hope is dead; life is meaningless and essentially absurd, unfit to its surroundings, disharmonious, and purposeless.

The significant writings of some authors who actually had started to write in this vein in the 1930s and 1940s has finally permeated the spirit of the culture. When the present literature—especially the novel and the theatre in their most eloquent representations—portrays the tension between the forces of growth and the forces of dissolution, it ends with the victory of the negative forces. Already in 1942 Camus in *The Myth of Sisyphus* asked why man should not commit suicide, since life has lost its meaning. Echoing with modern themes the quoted verses of Lamartine (page 381) he writes ". . . In a universe that is suddenly deprived of illusion and of light, man feels a stranger. His is an irremediable exile, because he is deprived of memory of a lost homeland as much as he lacks the hope of a promised land to come." In *Waiting for Godot,* Beckett says "Nothing happens, nobody comes, nobody goes, it's awful" [1959]. The awfulness is the state of meaninglessness in this cultural climate, in which a considerable number of people feel that they have lost their ideals and have not replaced them with new ones. Many persons no longer see themselves as part of a worthwhile whole, as part of either society

or an ideological group. In some cases cynicism, distance-making, and alienation of all kinds are not strong enough antidotes to the state of meaninglessness; and despondency and depression ensue, often as a chronic, anxious sadness or as an apathetic form of depression.

Some sociologists and psychiatrists have asked themselves whether the terrible events which have happened in our century—the First World War with millions of people killed on the battlefield and the massacre of millions of civilian Armenians, the Second World War, with the Holocaust of the Jews and the atomic bombing of Hiroshima—have engendered a feeling of overwhelming hopelessness in generations of young people, culminating with a pervasive feeling of sadness and meaninglessness about mankind and life in general. Studies of this type are difficult to make on a large scale. Conclusions drawn from answers in response to questionnaires seem inadequate to the depth of the inquiry. I can only speak for myself and express the conclusions that I have reached from my studies of both depressed patients and patients belonging to other clinical categories whom I have treated since the end of the Second World War. I am fully aware that the limitation of my inquiries and my personal biases may have led me to wrong conclusions. Nevertheless, I must dare to express my tentative feelings.

None of my patients have seemed concerned at more than a superficial level with the effects and meaning of the Holocaust and Hiroshima, unless

they had some relatives or friends caught in these tragic events. The massacre of the Armenians has practically been forgotten by everybody except the Armenians. I expected people to be concerned about these terrible events, but they were not. I could not conclude that the concern was deeply repressed and I did not catch it because I have included in my inquiry only people who were adequately and deeply analyzed. If repression existed, it was to an extent that could not be overcome with the usual therapeutic procedures.

Alexander and Margarete Mitscherlich (1975), two well-known German analysts, have described the inability of the German people to mourn for what their fellow citizens had done during the Second World War. But we could extend the Mitscherlichs' regret to the whole world and say that people in general have not been able to mourn adequately for the Armenian massacre, for the Holocaust, and for Hiroshima. They could not do sorrow work, nor did they fail to do adequate sorrow work as described in chapter 5 of this book because they did not feel the need to mourn. They did not experience adequate sorrow in the first place. A sad or depressed reaction would have been more adequate, and probably would have made them experience a salutary sense of tragedy. Perhaps a longer interval of time for a thoughtful appraisal of historical events is necessary. In any case I cannot attribute the present cultural mood of depression directly to the tragedies of our century or relate depression to them in a sequence of linear causality. Perhaps the lack of adequate emotional response has contributed to the feeling of lost

values and meaninglessness which may be responsible for this state of aimless despondency and vulnerability to depression. Nothing matters in a world reputed to be aimless, amoral, and deprived of personal or cosmic harmony.

Instead of finding reconstructive inspiration from the historical tragedies of our time, some of which were of a magnitude never before conceived, literature has contributed to this feeling of meaninglessness and abolition of values. Unfortunately, we must subscribe to John Gardner's view when he writes of "death by art" or death by cultural influences. He says, "Some men kill you with a six-gun, some men with a pen"(1977).

In defending writers of the absurd, some critics indicate that by pointing out the meaninglessness of the world and the destructive tendencies of everything, such writers want to help people and to stimulate the emergence of constructive forces. This does not seem to me to be the case, because writers of the absurd identify very well with these negative forces, feel them very strongly, and with the greatest sincerity point out what seems to be their inevitability and irreversibility.

Socio-Philosophical Premises of the Psychotherapist of Depressed Patients

Not everything is negative, however. We have made progress in some areas, for instance, in the way women are treated.

The task of the psychotherapist of depressed patients is made more difficult in a cultural climate in which the meaninglessness of everything is advocated. I have mentioned, however, that the patient who feels very sick is seldom concerned with anything that transcends his private predicament. The therapist has to find his own identity and pave his own way, but if he shares the feeling that any waiting is a waiting for Godot, how can he help the patient to wait for recovery, and to reacquire hope in himself and life? Rather, he must think that waiting in a passive way and doing nothing else, while the earth continues to rotate on its axis, is not enough. The patient must move too, with open eyes, toward various possibilities. I cannot make generalizations which will be satisfactory for every psychotherapist, since specific issues enter into the dealings of each individual. I will nevertheless attempt to formulate guidelines which may help the therapist of depressed patients to do his work. These guidelines obviously also derive from our culture, and they can be seen as common denominators of the philosophical premises on which psychotherapy is based:

1. A psychotherapist assumes that a person does not need to become depressed if he is able to focus not on the daydreams which did not come to pass, but on those which were realized. The fewer the actualized dreams, the more valuable they are and the more they should be cherished.

2. Because of the infinite cognitive, emotional, and volitional functions of the psyche, the patient's age, sex, physical appearance, and

intellectual ability may decrease but—with rare exceptions—they do not extinguish his human possibilities. It is not necessary for the individual to feel trapped in certain patterns of living as if they were indelible imprintings. He can preserve a mobility consonant with life's array of alternatives.

3. A therapist cannot adhere to the concept that life is meaningless, or therapy becomes meaningless too. Two possibilities exist: (a) the therapist feels that there is a transcendental order and consequently a meaning in the universe and in life. But this is an act of faith, and we cannot prescribe it on demand to the therapist who cannot experience it. (b) The therapist shares the idea that even if there is no preordained order in the universe, and even if man and human affairs are random and inexplicable occurrences, an order and consequently a meaning can evolve in the human environment. Thus a purpose can still be given to one's life.

PART TWO: DEPRESSION AND METHODS OF CHILD-REARING

Jules Bemporad

In attempting to delineate the etiological factors that culminate in adult depression, some information might be obtained by scrutinizing the methods of child-rearing in those societies or subcultures that produce a high number of depressed adults. As with family studies of depression in our own culture, such reports are very scarce although some data exist and will be presented here. However, child-rearing methods cannot easily be separated from the cultural context in which they occur. Cultural beliefs permeate all areas of the individual's existence, just as these beliefs influence the parents and, in particular, the ideology that they impart to their offspring. Therefore more than simple child-rearing practices are involved. The whole cultural system of beliefs which are handed down through the parents, and which continue to shape the individual after childhood, must also be considered.

The importance of cultural beliefs was highlighted in a comparative study of neighboring Ojibwa and Eskimo tribes reported by Parker (1962). He found that although these two peoples shared common ecological hardships of cold winters and poor food supply, the Ojibwa tribe had a high rate of

depression together with anorexia, paranoid ideation, and obsessiveness; and the Eskimos demonstrated frequent hysterical attacks and some conversion reactions, but essentially no depressive disorders.

The reason for this difference may of course reflect different genetic pools, but this explanation is difficult to support in that both groups exhibited changes in symptomatology as their contact with Western culture increased. Rather, the discrepancy in types of pathology seemed to result from basic tribal beliefs which in turn affected the mode of child rearing. The Eskimos are, or were, a communal people who believed in total sharing and equality. It was difficult to discern any leadership structure, and there was no emphasis on social rank or individual accomplishment. They exhibited a confident attitude toward the supernatural, expecting their gods to grant them the necessities for survival. In times of hardship, they banded together and shared what little food could be obtained. Also, if any one member of the tribe transgressed some taboo, the community as a whole assumed responsibility so that there was essentially no concept of individual sin, or perhaps even of individual guilt. Those who came in contact with the Eskimos described them as exuding an atmosphere of joviality, friendship, camaraderie, and modesty. They openly expressed their emotions and were not ashamed to ask each other for help or to admit weakness.

In contrast, the Ojibwa Indians were described as boastful, sullen,

competitive, and secretive. They were hypersensitive to criticism and nursed grudges for inordinate periods of time. In times of hardship they lived apart, in closely knit, small family units that competed and were suspicious of each other. The Ojibwa showed a masochistic attitude toward their gods; they humbled themselves and begged for pity from spiritual powers. They also tried to propitiate their gods by personal suffering. This religious attitude may have been based on their belief that impersonal causes were never the reason for misfortune. Someone was always responsible and had to mollify the gods by personal sacrifice for guilt which was not shared by the others. Their gods were appeased only by suffering and even children were required to suffer in order to insure the gods' favoritism.

As regards child-rearing, the practice of the two neighboring peoples were also different. The Eskimos believed that a child was the repository of the soul of a recently departed family member. Unless the child was treated kindly and prevented from suffering, they feared that the protective soul would leave the child's body and the child might become sick or die. Therefore the Eskimo baby was welcomed into the tribe as the return of a departed loved one. He was satisfied in every way, even being nursed on demand until four years of age. Any sign of discomfort was appeased by food, distraction, or engaging the child in a pleasurable activity. There was complete dependency gratification without the expectation that the child had to work in order to deserve the love given him. In general, there were few

restrictions on behavior, with great tolerance for bowel and bladder accidents or sexual curiosity. Around puberty the child was gradually initiated in the adult role with great patience.

In marked contrast, the Ojibwa believed that the neonate was an empty vessel who was vulnerable to the myriad evil powers that filled the world. In order to protect the child from misfortune, he was disciplined early and "toughened" to prevent being seduced by evil spirits. Early in life the child was introduced to the gloomy pessimism of the Ojibwa; for example, he was regularly starved to prepare him for periods of food shortage. As with the cultural belief system, he was made to feel responsible for his misfortunes and that salvation was possible only through self-induced suffering. Finally, the child was given a goal that he had to achieve in his later life: he was expected to have a vision during an intensely painful rite of passage which would show him his future path. Therefore, he later felt obligated to achieve the goal revealed to him in his "vision."

Parker concluded that the Eskimo's need for immediate gratification and the easy reliance on the community to fulfill his every need may have predisposed him to public histrionics in times of deprivation. On the other hand, the Ojibwa's consistent shame over dependency needs, his lack of community support, his belief that gratification could be achieved only through self-induced suffering, and his need to achieve in order to feel worthy

might have accounted for the selection of depression as a common expression of conflict and stress.

Another anthropological study which may shed some light on the psychogenesis of depression is Eaton and Weil's (1955b) report of the self-contained Hutterite community in the northern United States. As mentioned earlier, this is a highly puritanical and duty-oriented community which has been found to have an extremely high rate of depressive disorders. The values of this community may be summarized as follows: to deny oneself (or others), to shun (and be ashamed of) hedonistic or aggressive tendencies, to have complete loyalty to the group, and to seek rewards for self-denial and hard work in an afterlife.

Child-rearing procedures differ markedly from the neighboring American communities. For example, babies are delivered at home by natural childbirth, families have ten to twelve children (since birth control is considered sinful), and there is communal mothering after the infant is two months of age. From the age of roughly thirty months, each child spends most of the day in a nursery school, and from this point on his entire life becomes group-oriented with ever-increasing ties to the community. Eaton and Weil comment that there is a great deal of identification with the peer group and a strong need for conformity. Education is described as colored by "a continuous, uniform, but general rote form of religious indoctrination" (p.

31). Furthermore, the children are taught an absolute value system with a clear code of admissible behavior, the only justification for which is tradition. The children are told that they are superior to their decadent and spiritually contaminated neighbors and they are expected to lead exemplary lives. Competition between children is not encouraged, but everyone is expected to do his utmost and to try his hardest in any endeavor.

In Eaton and Weil's study one is struck with the lack of freedom, spontaneity, and even privacy allowed to the growing child. While there is a great deal of community support and security, these comforts appear to be achieved at the price of individuality. In addition, there appears to be a constant fear that one has failed by insufficient effort and will be liable to judgment from peers or from God.

The effects of these pressures on Hutterite children was clearly noticeable to the authors and to their non-Hutterite teachers. The Hutterite elders had remarked that there were no maladjusted children in their community, while the teachers believed that about two-thirds of the children demonstrated some degree of psychopathology. Ironically, the behavior thought to be pathological by American teachers was approved by Hutterite religious teachers, and the behavior encouraged by the American teachers was judged as bad by the Hutterites. For example, impulsive and spontaneous behavior was criticized by the Hutterites. On the other hand, extremely

inhibited, submissive, obedient behavior was applauded by the Hutterites to the dismay of the American teachers.

A vignette described by Eaton and Weil epitomizes the atmosphere that surrounds the Hutterite child.

> A young staff member, who was very spontaneous with children, started to play tag with a group that had gathered around him. The tagging progressed into hitting, and our field worker was soon preoccupied with warding off shouting boys and girls who were competing in the effort to get a lick at him. The staff member enjoyed the 'game' and encouraged it. Suddenly the shrill voice of an elderly lady came out of an entrance door of the communal kitchen across the courtyard: 'Gebt Heim!' (Go home). As if hit by lightning, the children froze, stopped, and dispersed. One remark from a respected adult was enough to curb them, although the woman was not the parent of any of them. Later, she and several other adults apologized profusely to the staff member for the behavior of the youngsters explaining: 'They are awfully bad.' (Pp. 132-133).

Nevertheless, while the child is highly disciplined, he is also given much love. Children are the only wealth a Hutterite may call his own and so they are prized by their parents. This counterforce may protect them from severe psychopathology in childhood, but the stern system of beliefs that is indoctrinated shows up in adult life as an inordinate propensity for depression.

For the Hutterite as for the Ojibwa child, life experience is channelled by strong taboos against spontaneity or fun. There is an everpresent sense of

inhibition and a fear of letting go. Furthermore, there is an equally pervasive atmosphere of sin, accountability, and self-denial. The world is seen as a place full of evil temptation from which the child is to be protected by stern discipline. The Hutterites temper this severity with love, but this parental love must be won by hard work. The Ojibwa seem to make a virtue of suffering and to show their love for their offspring by preparing him for the harsh difficulties of adult life. While the Ojibwa child seems to be allowed more freedom and individuality than the conformist Hutterites, he is burdened with a sense that he must accomplish his visionary goal and that others cannot be counted on to help in this endeavor. These differences might account for the variations in secondary symptoms seen in the respective depressive episodes. Finally, both cultures view outsiders with suspicion and consider themselves to be both different and superior.

These studies, while limited in number, confirm the fundamental thesis that the predisposition to adult depression results from the individual's early relationships and from cognitive structures that are internalized. In reading the accounts of child-rearing among the Ojibwa or the Hutterites, one sees many areas of similarity in the accounts of the childhoods of depressives in our own society. Our cultural mores do not strengthen or amplify the family beliefs and transactional styles that predispose to later depression. However, the early learning of these beliefs or the child's early experiences (such as those described by Cohen and co-workers, 1954) appear sufficient to mold

the individual's way of thinking and behaving so that he is later impervious to healthier modes of adaptation. In our society, specific subcultures do exist whose values tend to produce depression-prone individuals. However, the lack of general cohesion in current American society may allow for a pathological belief system of even one nuclear family to be sufficient to create a depressive vulnerability in childhood.

Notes

[1] Italian statistics were kindly provided by Professor Francesco Bonfiglio of Rome. To be exact, first admissions of schizophrenics in Italy were 3,541 in the year 1947, 3,780 in the year 1948, and 3,854 in 1949. First admissions of manic-depressives were 4,298 in 1947, 4,562 in 1948, and 4,791 in 1949. The rate of admission per 100,000 citizens represents the annual average of the triennial period 1947-1949.

[2] Do not confuse the other-directed culture and personality, described by Riesman, with what I have described as outer-directed personality. The outer-directed personality is a hypomaniclike defense against, or a reaction formation to, the inner-directed personality. Riesman's other-directed personality is basically a different type of personality, occurring predominantly in an other-directed society.

[3] At this point many manic-depressive patients deviate from the inner-directed personality; instead they develop an excessively dependent or hypomaniclike outer-directed personality.

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