

the unemployed does not seem to be due to the fact that people with a tendency towards depression are more likely to lose their jobs, as the risk of depression reverts to normal after employment is regained^{10, 11}.

The importance of work can be seen from the fact that the mere threat of redundancy will increase the prevalence of affective symptoms, an increase which is eliminated when the threat of redundancy is removed¹². Work is very positively regarded in Western cultures, and the unemployed lose status and are faced with the hopelessness of repeated rejections when the level of unemployment is high. Although unemployment has clear effects on the social and leisure activities of the unemployed, it is probably the financial consequences of unemployment which are most important in precipitating depression^{13, 14}.

Work is seen as being equally important for women. This is because it provides money, social outlets and relief from any burden at home. Where, however, work does not provide these things, it is probably an additional burden for a disadvantaged woman to bear¹⁵. These effects of employment are likely to be different in cultures where women have a well set out role with an established status, which does not involve working for a living or fulfilment through employment.

Social class has long been of interest to researchers in psychiatry. The implication behind this term is that one's position in society determines one's occupation, income and standing and that in turn these determine many aspects of our lives. If so, it is likely that they are involved in our exposure to social factors and our philosophy of dealing with them. The general finding has been that low social class is associated with increase in depressive illness. This is probably less marked in unipolar manic depressive illness than it is in neurotic depressive illness. The precise reasons for this relationship remain to be fully determined. It is true that people of lower social class in the Western World are exposed to more psychosocial adversity and are also less adept at coping with it and this may account for some of the increased rate amongst these people^{2, 3}.

Implicit in this review of findings about depressive illness is the importance of culture. All the social

factors mentioned operate within the context of a given culture, and their meaning is established by that culture. For this reason, the relationships may differ in different cultures. If it is indeed found that the social correlates of depressive illness do vary between cultures, this is what would be expected if the determinants of the illness are to a large extent social. In this respect, Bahrain is an extremely interesting culture in which to study social influences on depressive illness.

Experiential factors in depressive illness

One can get closer to the elucidation of the determinants of depressive illness by studying the actual experiences of individuals. Among these, I include early loss, early experience of parenting, life events and difficulties, and the availability of social support. All have been studied extensively.

The idea that early disruption in life might lead to depression in later life has an intuitive appeal. It makes sense, and in addition it ought to be relatively easy to study. Death of a parent in childhood or adolescence is a fact likely to be known and remembered. It seems probably that, all over the world, such an event will have a major effect on individuals and on their ability to cope. However, it has been remarkably difficult to establish a connection between early loss of a parent and the development of later depressive illness¹⁶. Some workers have suggested an increase in the characteristic of dependency in people who have had this experience. However, the main problem seems to be that the circumstances surrounding the loss are of crucial importance in determining its long term effects. It is possible that the effect of early loss is to set up a chain reaction of events which cumulatively lead to an increased vulnerability to depression^{17, 18, 19}. However, this chain reaction may be interrupted at any stage.

A more recent approach has been to study the actual quality of parenting during the subjects' childhood²⁰.

On the surface, this looks much more difficult to research than the mere establishment of loss by death of a parent. In particular, reports of untoward parenting are likely to be coloured by a patient's mood: depressed patients are more likely to recall the inadequacies of their parents, partly because