

they are in a pessimistic state, and partly because they may be attempting to explain their condition to themselves. Parker has researched this issue using the Parental Bonding Instrument. The findings are interesting. Abnormalities of parenting are much more in evidence in neurotic depressives than in those with unipolar manic depressive illness. Neurotic depressives characteristically report that their parents tended to be closely controlling and also lacking in affection. The value of this finding is increased by studies of the validity of the instrument. There is considerable agreement between siblings concerning the quality of parenting experienced by themselves and by each other.

One of the major research efforts in social psychiatry in the last thirty years has concerned the study of life events and chronic difficulties. Life events are changes in the social milieu which may have an adverse effect on the individual. In this sense, they represent an excessive change, whereas chronic difficulties are the result of too little change, in other words the subject is in a nasty situation which does not look as though it is going to abate. Considerable attention has been paid to developing good methods of eliciting and assessing life events and chronic difficulties, and there have now been hundreds of studies for the relationship between the social factors and the onset of depressive illness. Virtually all the studies, whether carried out with good or bad methods, have found an excess of life events in the period before onset. The significant period is probably restricted to two or three months before onset.

In a sense, it is not surprising that psychosocial stresses appear to be of significance before the onset of relatively mild depressions. We are not surprised if we feel bad when bad things happen to us. A more interesting question is whether life events also precede the onset of the more severe, possibly biological based, depressions, in other words, before unipolar manic depressive illness. Another adjective for such illnesses is 'endogenous' which in one sense implies a lack of an understandable preceding cause in terms of life events. It is possible that life events are slightly less frequent before the onset of these more severe depressions, but if the difference is genuine it is small. This means that it is not possible to validate the distinction between the categories of neurotic depressive illness and manic depressive illness using preceding psychosocial adversity².

Another interesting area in life event research concerns the differences between people in their vulnerability to stress. Not everybody who experiences even quite severe events becomes depressed. Why is this? The explanation could lie either in social circumstances which render the individual susceptible²¹ or in attributes of personality and attitude. A number of suggestions have been put forward for the social determinants of vulnerability — for instance, early parental loss, involvement of women in childcare, unemployment, lack of social support²¹, low social class²². However, it is probable that the social determinants of vulnerability are culture-bound and will differ from culture to culture. Because of the elusiveness of these factors, researchers have recently turned to the personality attributes which may be associated with vulnerability²³. It is believed that certain styles of perceiving and handling one's circumstances may make it more difficult to cope with hazards and misfortunes. This makes a lot of sense, but work is at an early stage and the results so far have been inconsistent.

One engaging possibility concerning the strong relationship between life events and depression is that it may explain other relationships, for instance, the macrosocial correlates of depression described above. With colleagues, I have recently investigated this. However, it looks as though only the relationship between social class and depression might possibly be explained because people of low social class have an increased rate of life events and difficulties²⁴.

Over the last ten to fifteen years there has been considerable research interest into the social networks of psychiatric patients²⁵. A social network is basically a map of the people that we relate to and the characteristics of those relationships. It has many important functions, but perhaps the most important is the provision of support, both emotional and practical. One obvious hypothesis is that people who have become depressed do so partly because they have few people to turn to in time of need. There does seem to be an association between lack of social support and depression. However, it is not clear what this association means. It is quite possible that depressed people either are of a personality that makes it difficult for them to have many friends, or find it difficult to turn to friends when they need them. There are many methodological problems

which need to be overcome before we can make a definitive statement on this issue ²⁶.

CONCLUSION

In this paper I have attempted to provide a Cook's tour of the literature on social factors in depressive illness. The geography of this tour is now mostly well mapped, and we can make definite statements in a number of areas. However, there remain regions of terra incognita, where there may still be surprises for us. This particular tour is based on research work conducted in Western industrialised societies, and although many elements of the landscape are likely to be repeated in other cultures, cross-cultural variations remain a very fertile area for research.

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