

Problems in relating to others

Do depressed patients have problems in relating to others: do they have problems in their "social skills"? Early research seemed to show that depressed patients had problems in a number of areas including the extent to which they distribute their attention evenly around a group, slowness in responding to what another person has said, and the small number of times they "reward" other people with attentiveness and smiles. However, subsequent research has revealed a paradox. Depressed patients rate themselves (and are rated by others) as being socially unskilled. But when attempts are made to measure precisely what this social awkwardness might be, the evidence for it is weak. So how is it that patients and observers agree that there is something wrong with their social behaviour?

The question has been partly answered in a series of studies on the effect that a depressed person's behaviour has on other people. In one such study, psychologists recorded conversations between undergraduates and depressed patients. These were compared with conversations with patients who were not depressed (Coyne, 1976). They did not find any difference in the social skills of the depressed patients compared with non-depressed patients. However, when the undergraduates were asked about their own feelings after the conversations, they said that they felt more depressed, anxious, and hostile following the conversations with depressed patients than after the conversation with non-depressed patients. They were also more likely to say that they did not want any future contact with the depressed individuals. When the authors analysed the content of the depressed people's conversation, it was found that they spent more time giving personal information about themselves than the non-depressed person: they talked freely of deaths, marital infidelities, hysterectomies, family strife, and so on. It seems that the conversation of people when depressed may have an alienating effect on the person to whom they are talking. Early sympathy for the person is replaced by feelings of "not wanting to know" because of the depressing effect it has on the listener. The depressed person needs others to listen but may find that fewer and fewer people are available, which simply increases the feeling of desperation (see Figure 1).

So depressed people may find themselves (because of what they talk about) more often in situations that would exceed most people's capacities. It is

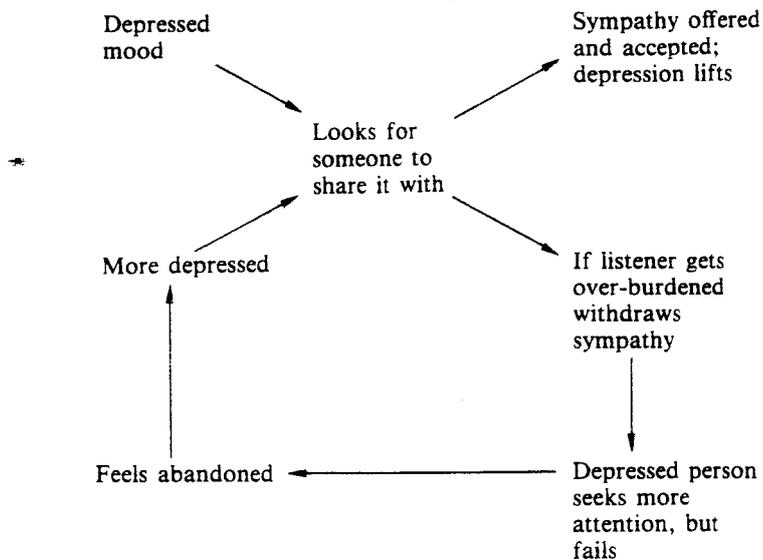


Figure 1 The effect of depression on other people: a vicious circle

hardly surprising that they withdraw altogether from such situations. If this is the case, the important thing for therapy to tackle is not social skills, but the person's negative and self-blameful way of thinking and talking to others. The second theory about the cause and maintenance of depression focuses on this negative attitude.