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11 Accentuate the positive, eliminate the negative: The role of boosting and putting-down signals in mental health

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Abstract

Human beings exchange a bewildering variety of signals, so their study requires a classification based on a pre-existing model. An approach from evolutionary biology suggests a division into signals which affect the self-esteem of the recipient and those which do not. Those which affect self-esteem I shall call thymoleptic signals. Thymoleptic signals are of two types: anathetic signals which have a boosting effect on self-esteem, and catathetic signals which have a putting-down effect on self-esteem. Mental health is positively correlated with self-esteem, which probably evolved out of an animal precursor, resource-holding potential (RHP), which is a measure of fighting capacity. At some stage in evolution, interpersonal signals appeared which had the capacity to raise or lower RHP in a 'ritual' manner. Early in vertebrate evolution these took the form, respectively, of the threat and submissive components of ritual agonistic behaviour, but in human development they have become greatly elaborated, especially the boosting signals, which have lost their original connotation of submission. Human self-esteem is largely determined by the boosting and putting-down signals received from family and group members, and its genetic base-line setting has probably been set at a level at which it needs a net input of boosting signals in order to reach a range which is consistent with normal functioning. In this way the individual is dependent on the approval of his social group. Thymoleptic signals deserve close study. People vary very much in their general tendency to emit them. Extroverts probably emit both kinds more than introverts. High self-esteem people probably emit more boosting signals and less putting-down signals than low self-esteem people. Neuroticism is associated with a sensitivity to putting-down signals; narcissism with a requirement for boosting signals. But a lot of the variation associated with the emission and receipt of thymoloptic signals is not measured in current personality tests. The promotion of mental health requires sufficient anathesis (boosting signals) to maintain self-esteem, and the avoidance of excessive amounts of catathesis (putting-down signals).

'Great tranquillity of heart is his who cares for neither praise nor blame'

THOMAS à KEMPIS

'A man who does not love praise is not a full man'

HENRY BEECHER

Introduction

The signals that we as human beings exchange with each other are infinitely complex, and we are hard pressed to know how to classify them, let alone how to study them. Navigating on these troubled waters, it helps to have two fixed points to take one's bearings from. The fixed points I have chosen for the present analysis are clinical psychiatry and evolutionary biology. The needs of our patients and potential patients tell us what is important; evolutionary biology tells us what is likely to have evolved to create and to satisfy these needs. Even with these fixed points, navigation is extremely difficult and there are no good maps; we are dealing with matters that are too important for experimental studies, and too elusive even for descriptive techniques to have clarified the issues. We are still at a level at which individual clinical cases and anecdote are sometimes our only data, and where fiction is often more informative than science. What follows is tentative, speculative and lacking an adequate data base; however, if we do not try to chart these seas, we are neglecting a region which is important for the maintenance of good mental health.

A perspective from mental health

Looking at human interaction from the mental health point of view, we can propose at least one classification. We know that some of the signals we receive from other people leave us feeling better, while other signals leave us feeling worse. Those that make us feel better tend to raise our self-evaluation, in other words they increase our self-confidence or self-esteem; while those that make us feel worse lower our self-evaluation. This is just another way of saying that feeling good consists at least in part of a satisfactory evaluation of ourselves. There has been a lot of research into self-esteem (reviewed by Robson, 1988; see also Editorial, 1989). The causes of self-esteem are complex and various, and the signals we get from other people are only one causative variable, but since the time of George Herbert Mead it has been accepted that, at least in part, or at least in some cases, people feel their self-worth to be what they see mirrored in the eyes of other people. This mirroring, which starts in childhood and continues into old age, consists of interpersonal signals that raise or lower our self-evaluation.

Self-esteem is important for the promotion of good mental health because low self-esteem is associated with a large number of forms of psychopathology, including depressive states, anxiety neurosis, delinquency, racial prejudice, wife battering and child abuse. Although in these cases one cannot argue directly from association to cause, it seems likely that if we could raise the mean self-esteem of the population by, say, one standard deviation, we could reduce the incidence of these forms of psychopathology.

Some aspects of self-esteem are puzzling. One is the enormous variation in self-esteem which exists in the population, first pointed out by Maslow (1937). Another is the very fact of people making an overall, global evaluation of themselves, rather than evaluating themselves independently in different areas of functioning (Editorial, 1989).

A perspective from evolutionary biology

These difficulties can be seen in perspective if we take an approach based on evolutionary biology, seeing behaviour as evolved by natural selection. This enables us to look at other species and also to benefit from the theoretical work of behavioural ecologists (e.g., Maynard Smith, 1982; Parker, 1984). This view leads us to the conclusion that for at least three hundred million years we have been controlling each other's self-esteem by means of signals, since the time of our common ancestor with present day reptiles. The study of reptiles simplifies the study of signalling because their social life is very much more simple than ours (Carpenter, 1978). They have no affiliative behaviour, no parental behaviour and no pair bonding. Apart from mating, their entire social behaviour is concerned with the evaluation of self-esteem and the manipulation of the self-esteem of conspecifics; or, rather, the reptilian equivalent of self-esteem, which has been called resource-holding potential (RHP) (see Gilbert, 1989, for review). Moreover, reptiles communicate almost entirely by visual signals, being deaf and little concerned with smell, so that the signals can be plainly seen.

Most work on reptile signalling has been done on lizards, e.g. the Rainbow lizard, *Agama agama* (Harris, 1964). Male lizards give four main types of signal. Two of these are addressed to the world in general, and they convey the message 'I am strong' or 'I am weak'. These general messages take the form of skin colour, such as blue for strength and green for weakness, and also gait which may be swaggering or furtive, and posture which may be upright or crouched. The other two messages are the result of an evaluation of themselves and a potential rival, and they convey the messages 'I am stronger than you' and 'I am weaker than you'. The form of these messages varies between species. The 'stronger' message may take the form of butting with the head, as in the case of the marine iguanas of the Galapagos Islands, or of hitting sideways with the tail, as in the case of many lizards. The 'weaker' messages often take the form of a change of colour, or of running away. The reptiles behave as though the receipt of these 'stronger' messages makes them less self-confident (lower RHP), whereas the receipt of the 'weaker' messages make them more self-confident. The mutual self-evaluation is an interesting process, since the animals have no direct way of comparing their own messages with those of a rival; but, in whatever form it exists, their brains must contain some analogue of self-esteem, and this entity must have the capacity to be raised or lowered by the signals of conspecifics.

The effect of putting-down signals on reptiles is illustrated by the following account of *Anolis carolinensis* (Greenberg & Crews, 1983, pp. 488-9):

> Body colours of A. *carolinensis*, while rapidly reversible in agonistic situations, remain relatively stable in hierarchical situations. Under these conditions, dominant animals are generally green while subordinates are typically brown. In one series of observations, 30 isolated adult males were scored as to body

color and three behavioral traits associated with behavioral dominance: posture, perching site selection, and activity levels. When pairs matched along these dimensions were placed in neutral habitats, aggressive interactions occurred within 30 minutes and differences between body color appeared or increased. Over a period of several days, the colour of one individual remained relatively stable (green) while the other became darker (more brown). In concert with this, the darker individual was often less active, usually adopted a lower body posture, and invariably selected lower perching sites than the lighter lizard.

When a dominant-subordinate pair of male *A. carolinensis* is broken up, the subordinate animal's color often becomes lighter again. In certain cases, however, color change is not reversible and may reflect pathological processes that attend status change. In such animals, color becomes progressively darker and the animals eventually die.

The exchange of catathetic or putting-down signals has been called agonistic behaviour, or ritual agonistic behaviour. It has been intensively studied by ethologists and has been found in practically all species of terrestrial vertebrate, including human beings (Eibl-Eibesfeldt, 1975). It seems likely, therefore, that it has been continuously present in our ancestors for something in the region of three hundred million years, and in dealing with these signals we are dealing with something which is phylogenetically very old, and deeply rooted in those aspects of our genome that determine behaviour. However, these very primitive signals have become enormously elaborated in human signalling, and they have been overlaid with many other forms of signalling which subserve those forms of affiliative behaviour which have evolved in our lineage since our common ancestor with the reptiles; in particular, parent/child behaviour, pair-bonding and alliance formation. These new forms of signalling have not replaced the old, they have been grafted onto them (MacLean, 1985). If it were not for the evolutionary perspective, it is most unlikely that it would be possible to distinguish these 'agonistic' signals from the general 'noise' of human communication.

Putting-down (catathetic) signals

We emit these signals when two conditions are fulfilled. One is that we are in the agonic mode (Chance, 1988) which means either that we have been attacked by someone or we are not getting our own way (and therefore suffering from frustration or frustrative non-reward). The other condition is that we identify the source of our frustration and make a favourable self/other comparison; only then can we emit a 'stronger' signal. It is an indication of the difficulty of studying these signals in human beings that they do not have a technical name. They are recognised by people in everyday life and are usually described by the term 'putting down'. Thinking that signals of such ancient lineage deserve a proper terminology, I have called them catathetic signals, derived from the Greek words for 'put' and 'down' (Price, 1988). Perhaps this coining of new words is a weakness, derived from my life as a medical practitioner, in which it is well known that all one has to do is to translate the patient's symptoms into Latin and collect a fee. But at least a 'neologism' allows us to give a precise definition, and in the case of catathetic signals this is the effect on the recipient, who feels put down and experiences a fall in self-

esteem. All interpersonal signals which lower self-esteem are catathetic signals, and all catathetic signals lower self-esteem. Now, it is a fact about signals that they require two definitions, one for the receiver and one for the sender. In the case of catathetic signals, I have already given the sender's definition above; namely, that they are signals of favourable relative self-evaluation, or 'I am stronger than you' signals. Of course, there may be signals which do not match both sender and receiver, and these are of great interest and importance for mental health, as I hope to show.

Catathetic signals in humans

If we substitute hitting for biting, the non-verbal catathetic signals emitted by humans are not unlike those of monkeys. Threat (particularly the threat stare), attack and chasing are similar in form. Non-verbal vocalisations are more different, taking the form, in man, of wordless shouting, roaring, growling, hissing and spitting. Human catathetic gestures are more varied, and are influenced by culture; e.g., putting out the tongue (which in Tibet is a signal of submission), wagging the finger or raising the clenched fist.

It is with language, of course, that the greatest development of catathetic signals has come. The basic message is 'I am stronger than you'. Animals, having no language, have to express this message in metaphorical or symbolic form, conveying a message such as 'I am like a child to your parent' or 'I am like a female to your male' or 'I am like a small person to your big person'; but human beings can actually say it. However, they seldom do so.

In acute agonic interactions (fights or rows) people normally choose a form of signal which causes mental pain to the recipient, in the way that hitting causes physical pain, so that the commonest forms of catathetic signals are adverse comments on the person or family of the recipient, such as criticism, insults and other forms of verbal abuse. Such fights occurring between the members of a marital pair have been studied by Raush et al. (1974) and the methods used are ritualised, stereotyped and constant over successive rows by the same couple; interestingly, there was no difference in the agonistic signals emitted by the husbands and the wives (although there might have been if the rows had been allowed to escalate to physical violence).

In chronic agonic interactions, the methods are rather different, and take more subtle forms such as teasing, sarcasm, silence, failure to pay attention to the other or to take them seriously, and omission of expected boosting signals.

Some generalisations about catathetic signals

Having said that catathetic signals are defined by the fact that they lower self-esteem in the recipient, it is necessary to qualify that definition. They only lower self-esteem if they are not reciprocated measure for measure. This was plain to Aristotle; in his *Art of Rhetoric* Aristotle points out that insults (catathetic signals) cause pain, and that if the signals are from a high-ranking person the pain leads to depression, but if they are from a low-ranking person, the pain leads to aggression. What he is describing is the self-other evaluation which is characteristic of the agonistic encounter. When a catathetic signal is received, the relationship switches to the agonic mode (if it is not already agonic) and the agonic modalities are recruited, including the evaluation of relative RHP. If the

evaluation is unfavourable, an anathetic (submissive signal) is emitted, and there is a corresponding lowering of RHP. If, however, the evaluation is favourable, a catathetic (aggressive) response is made, and whether or not there is an eventual loss of RHP depends on who wins the fight. Unfortunately (or, possibly, fortunately) in human beings an evaluation of unfavourable relative RHP is not the only factor which prevents a catathetic signal being reciprocated; higher level information such as moral attitudes may also be inhibitory; but whatever the cause of the inhibition, it seems likely that the non-reciprocation of a catathetic signal leads to loss of self-esteem, and even the powerful but moral non-retaliator has to 'swallow his pride'.

The concept of catathetic signals draws together a number of signals which may superficially seem to have little in common. Particularly, aggressive acts such as punching are made equivalent to putting-down words, or even to hostile silence. There is a lot of folklore about the relative painfulness of words and blows. There is the schoolboy jingle:

> Sticks and stones may break my bones, but words can never hurt me.

This is in direct opposition to the teaching of the Bible:

> The blow of a whip raises a welt, but a blow of the tongue crushes bones. (Ecclesiastes 28, 17).

Giacomo Leopardi (1834) sided with the Bible:

> Men are ready to suffer anything from others, or from heaven itself, provided that, when it comes to words, they are untouched (Pensieri, Vol. 1, trans. W.F.Weaver).

The potential interchangability of blows and insults was demonstrated in a chimpanzee who was trained to use sign language by Fouts. Eibl-Eibesfeldt (1975) describes the interaction as follows:

> Once, while learning the sign *monkey* she was observed exchanging threats with a mature male rhesus monkey. Fouts interfered and showed her monkeys in other cages. Upon being asked Lucy correctly named siamangs and squirrel monkeys with the monkey sign. The rhesus monkey, however, was described in answer to each of Fouts' several questions as *dirty monkey*. Since then she has been observed to use the *dirty* sign as an adjective to describe experimenters who refused to grant her requests. Prior to this time the sign was used to describe soiled items and faeces only. This seems to be the genesis of an insult. p138.

In the above example, Lucy did not actually make the 'dirty' sign to the rhesus monkey, so that we cannot say for certain that the sign was interchangable with the non-verbal threats; but she showed that she could have done by going one stage further in using sign language to disparage her opponent to a third party (the experimenter). She must be the first non-human primate in the whole of history to use this typically human method of displacing aggression.

If she had made such a catathetic signal to another sign-language-speaking chimpanzee, would the latter have had the capacity to receive it as a catathetic signal, to realise that he was being called a 'shit' and to be hurt by it and to suffer loss of RHP? Or would he have received it as a nurturing signal, like 'Excuse me, but I think you've forgotten to wipe your bottom?' My guess would be that, however sophisticated catathetic signals might be, they are still received and processed in the deeper levels of the brain where the

blows and head-butts were received by our human\reptile common ancestor, and where they had the effect of lowering RHP and thus causing the sort of depressive state described above in the lizard *A carolinensis*.

Anathetic (boosting) signals. In animals anathetic signals are submissive signals. The message is, 'You are greater than me'. In humans, on the other hand, anathetic signals have lost their connotation of relative strength, and may be expressed in all directions of the social hierarchy, up, down and across (between equals). Paradoxically, anathetic signals between equals often take the form of submissive signals, such as the verbal 'your excellency' in Italian, and the written 'your obedient servant' in English. They have become enormously elaborated with the use of language.

Anathetic signals include paying attention, listening, taking a person seriously, laughing with them, choosing them, helping, obeying, praising, paying, flattering, conferring honours, etc.

Unfortunately, due to the complexity of human communication, anathetic signals are not always a blessing. Gregory Bateson and his successors at the Mental Research Institute in Palo Alto (Bateson, 1972; Sluzki and Beavin, 1965; Watzlawick et al., 1967) distinguished between the command (or definition) element of a communication and the informational content. Thus if I say to you 'Pass the hammer' I am not only giving you information about what I want, but I am defining myself as someone who tells you to pass the hammer, and defining you as the sort of person who gets told to pass the hammer, and our relationship as one in which I tell you to pass the hammer. In this case the definition does not exclude the possibility that we are reciprocal about the hammer, and that you might just as easily tell me to pass the hammer. But many definition statements do in fact define the relationship as asymmetrical. Some forms of praise are only given by superiors to inferiors. Therefore if A thinks he is equal to B, and B gives him this form of asymmetrical praise, A feels boosted by the informational content of the signal, but put down by the definitional component.

In case this should seem an esoteric argument, I should mention that I have recently seen two cases of serious depression due to the catathetic definitional components of what appeared on the face of it to be anathetic signals. In one case, a mother-in-law came and offered to help the patient soon after she had a baby; the offer was boosting but it contained the unspoken message, 'I have a right to come ito your house, unasked, any time I like'; paradoxically, the offer of help made the patient so depressed that she could not look after her own baby and the mother-in-law then moved in and took up residence in the patient's house. In the other case, a manager taking on a new clerk gave her to understand she was of equal rank to the existing clerk, but told the existing clerk that the newcomer was to be her assistant; when the existing clerk gave a very friendly offer to the new clerk to check over her work after she had done it, the new clerk became depressed and went off sick.

Clinical aspects. This mention of patients reminds me that after a too brief and superficial treatment of the theoretical aspects of thymoleptic signals, I should turn to the implications of the matter for treatment. I shall take the typical case of a wife who is depressed because she feels put down by her husband, bearing in mind that in many cases the person

putting the patient down is not the husband but the mother, or the father, or the mother-in-law, or someone else; and for every patient who gets clinically depressed by being put down, there must be ten more who suffer without becoming ill, and in whom the experience may lead to divorce or the breakdown of a relationship. We can look at the problem either from the point of view of the person doing the putting-down, or from that of the person being put down, bearing in mind that we are dealing with a system which has emergent properties transcending those of either member on their own, and remembering that it is now considered to be good clinical practice to treat both partners in the marriage when a wife presents with depression (Leff & Vaughn, 1985). But first of all I must deal with a theoretical objection which has been raised in dealing with dyadic, two-person situations.

Problems of a dyadic model

The complexity of human interaction is such that I will limit myself to a dyadic model. I realise that such an approach has been criticised, for example by Ricci and Selvini-Palazzoli (1984), who point out that the two person 'game' can never be truly independent of other players. They rightly say that complexity increases exponentially as the number of the group increases, and they list no less than nineteen family configurations which can be adopted by a threesome of father, mother and child on the single dimension of control. They point out that three is qualitatively different from two, in that, in a threesome, two can gang up together against the third, a proceedure impossible in a dyad. Moreover, with three people, one of them can compare the other two and decide which he will support, also impossible in a dyad. And with four people, two can discuss the relative merits of the other two, impossible in a triad.

In my view, the very complexity of N-person interaction is an argument for basing my analysis on the dyad. This is an unashamed reductionist, 'bottom up' approach which should be considered complementary to the holistic 'top-down' approach. Taking a dyadic approach, the influence of other players is reflected in the error variance. If the error variance is too large, then the dyadic approach is no good. But I think a lot of marital interaction, for instance, can usefully be studied without taking into account the very real influence of children, parents, in-laws and others. Restricting ourselves to dyadic interaction we can ignore the boosting which takes the form of prestige and comes from group approval, and also the putting down which was well summed up by Milton in *Paradise Lost*:

> On all sides, from innumerable tongues
> A dismal universal hiss, the sound
> Of public scorn.

Even restricting ourselves to the dyad, the situation is complex enough.

The sender of catathetic signals

Our object is to understand why the husband puts his wife down, and to try to get him to change this behaviour. I will deal with the causes under the following headings:

1. Authoritarian personality. This kind of person has difficulty in tolerating symmetrical relationships, but feels the need to be one-up (Maslow, 1943; Adorno et al.,

1950). If they cannot be one-up, some authoritarian personalities are happy to take a one-down role, others try to leave the field.

Authoritarian personality may be due to:

a) role model (father dominated mother)
b) rejection of role model (mother dominated father). Typical statement: 'My mother led my father a dog's life and I would go to any lengths to avoidfollowing in his footsteps.'
c) mother allowed son to dominate her during his childhood
d) severe sibling rivalry
e) bullying at school
f) hierarchical experience during adolescence - the boy learns that in order to be happy and/or safe it is not enough to be equal, he must be on top.

2. Culture. Many men in our culture grow up with the idea that a man should be master in his marriage, and that the wife should be obedient. However, many women in our culture grow up with the idea that marriage partners should be equal. When two such marry, they start off with incompatible definitions of the marital relationship, and it is not surprising if they start fighting and putting each other down, each trying to establish his/her own definition. Typical husbands' complaints about depressed wives are 'She is not sufficiently biddable' and 'She does not take correction.'

3. Conflict. Even when a marriage is happy, and a balance of power agreed, serious conflict may drive the partners to get their own way by catathetic means.

4. Ignorance. Some excellent work by McLean and his colleagues in Vancouver, B.C., which deserves to be repeated and extended, involved getting married couples to wear tape recorders for long periods (McLean et al., 1973; McLean, 1976). It was found that a high proportion of the signals exchanged between spouses were catathetic, but of even greater interest, many of the messages which were received as putting down were intended by the sender to be boosting; e.g., 'You would feel much better if you didn't cry all the time.' In general, advice was intended to boost, but usually had the effect of making the recipient feel put down. A recent book by an American sociolinguist (Tannen, 1990) points out that just by using a typically male style of talking, a man may inadvertently put his wife down. For instance, the male response to a problem tends to be a suggestion as to how to solve it, but the female response is one of sympathy and sharing of similar problems. When a wife presents a problem to her husband, she tends to get a suggestion for solution, which not only trivialises her problem in her view, but also puts the husband in the one-up position of the expert dealing with a client who has a problem, and so forces the wife into a one-down position.

5. Anxiety about what the wife would do if she were less depressed. Putting down is a form of coercive control in a relationship, and control is usually exercised to achieve some end. Sometimes the husband has fantasies of the wife's behaviour if he eases up on his control of her. If she became less depressed she might spend more, go out more, demand more sex from him than he could supply or even have an extramarital affair, fill the house with her friends and so destroy his peace, boss him around and restrict his movements, perhaps demanding to know where he is all the time, and so on. In order to prevent these outcomes, he puts her down in subtle (or not so subtle) ways, often quite unconsciously (remember we are dealing with a system three hundred million years old

and deeply embedded in the lower parts of the brain).

In order to combat this, the wife can be taught to indicate to the husband that if she had more energy, initiative etc., she would not be likely to do these things he is afraid of, but rather would be more effective in pursuing goals with which he was in sympathy.

The receiver of catathetic signals

Turning to the wife who is being put down, if the misunderstandings mentioned above have been sorted out, and if conflict cannot be resolved by rational negotiation, then it must be recognised that she is in a fight. There are three main options for her. She can fight better and win. She can accept that she has lost and put a good face on it. Or she can get out of the situation. In two of my recent cases a subordinate wife has turned the tables on the husband and become dominant. In both cases the husband became depressed. It is possible, but very difficult, for a depressed subordinate to gain equality with the former tyrant and so to regain self-esteem and normal mood without diminishing the self-esteem of the other. Some examples are given by Rippere and Williams (1985).

Sometimes the depressed subordinate wife is holding on like grim death to something the husband objects to. One such patient was holding on to the idea of having another baby, and refusing to dispose of the baby equipment; another would not give up visiting her mother every week (the mother was even more dominant than the husband, so this poor lady was in 'no man's land' between two powerful and hostile forces). Before the depression can be dealt with, these 'transgressions' must be given up, otherwise the husband just counters any therapeutic gain with an increase in catathesis, maintaining homeostasis of his one-upness over her (Price, in press).

The discontinuing of anathesis (praise)

There has not been space to discuss the use of anathetic signals in therapy. One of the aims of cognitive therapy is to train patients to put themselves in the sort of situation in which they are likely to receive anathetic signals.

Attempts to boost the patient do not always work. This is partly because depressed patients feel undeserving of praise, and, as Benjamin Franklin said, 'Praise to the undeserving is severe satire.' The same view was expressed by Walter Savage Landor: 'An ingenuous mind feels in unmerited praise the bitterest reproof.' Thomas Jefferson put it as follows: 'Unmerited abuse wounds, while unmerited praise has not the power to heal.' And, more recently, Pearl Buck: 'Praise out of season, or tactlessly bestowed, can freeze the heart as much as blame.' In a survey by *She Magazine*, two thirds of the female respondents said they 'would not believe a compliment if they were given one.' This is a subject on which little experimental (or even observational) work has been done, presumably because of ethical difficulties. But it is a matter of great importance for therapy.

Conclusion

Many people find it difficult to maintain symmetrical relationships, especially when they feel strongly about something and cannot get their own way. The usual recourse in these circumstances is some form of fighting, or exchange of putting-down signals, which may

result in one member becoming subordinate. This pattern of behaviour is deeply embedded in the human genome, and since many existing vertebrate species are unable to sustain symmetrical relationships, it is quite likely that the human capacity to do so is of relatively recent evolutionary origin. Marriage is an institution which in historical terms has been asymmetrical, but which now is often expected to be symmetrical, and culture is giving mixed messages to prospective marriage partners, often of male dominance to the groom and of symmetry to the bride. Marriage is like a business, with many executive decisions to be taken; and yet what investor would buy shares in a business with two equal managing directors? Were electors prepared to vote for a political party with two equal leaders? Even with an agreed objective of symmetry between the marriage partners, the maintenance of symmetry is not easy, but when the attempt is based on incompatible objectives, it is only the lucky or the very loving who get by.

This is a problem for society. If we want equal marriage, we should try to prepare men for it as well as women, and that means counteracting influences from the East and from Latin-American culture, including films like *The Godfather.*

More needs to be spent on Marriage Guidance. It is a scandal that one has a dozen supermarkets to choose from to buy one's food, but only one, or at the most two, organisations to go to for relationship counselling. In particular, more needs to be done about prophylactic marriage guidance. With the divorce rate running at fifty percent and probably half of those who stay married doing so unhappily, it should become axiomatic that all marriages need guidance, in the way that a car needs servicing. Let us by all means aim at symmetrical marriage, for that is the highest aim, but let us realise that symmetrical marriage is like a high performance engine, and its need for both routine and remedial attention is very great.

We should aim to create social conditions in which people want to have symmetrical relationships, to boost each other up and to avoid putting each other down. Unfortunately, many people now find themselves with attitudes like Thomas Garrison Speidel, into whose mouth, in his novel *The Eighth Day*, Thornton Wilder put the following words:

'The capacity of human beings to wish their neighbours dead is unlimited. Now, mind you! I don't say that everybody wants everybody dead. We all belong to little clubs. We want the members of other clubs dead; we only want the members of our own club *stunted*. A man wants his wife stunted and vice versa; a father wants his son stunted and vice versa'.

There is still a lot of work to be done in the field of mental health promotion.

References

Adorno, T. Frenkel-Brunswik, E. Levinson, D. & Sanford. R, (1950). *The Authoritarian Personality*. New York: Harper.

Bateson, G. (1972). *Steps to an Ecology of Mind.* New York: Ballantine Books.

Carpenter, C.C. (1978). Ritualistic social behaviors in lizards. In N.Greenberg & P.D.MacLean (Eds.), *Behavior and neurology of lizards* . Rockville, Ma: NIMH. (Pp. 253-267).

Chance, M.R.A. (1988). Introduction. In M.R.A.Chance (Ed.), *Social fabrics of the mind* (pp. 1-35). Hove: Lawrence Erlbaum.

Editorial (1988). Self-esteem. *Lancet*, 2, 943-944.

Eibl-Eibesfeldt, I. (1975). *Ethology: The biology of behaviour (2nd edition)*. New York: Holt, Reinhart and Winston.

Gilbert, P. (1989). *Human nature and suffering*. Hove: Lawrence Erlbaum.

Greenberg, N., & Crews, D. (1983) Physiological ethology of aggression in amphibians and reptiles. In B.B.Svare (Ed.), *Hormones and aggressive behavior.* New York: Plenum Press, (pp.469-506).

Harris, V.A. (1964). *The life of the rainbow lizard*. London: Hutchinson.

Leff, J.P. & Vaughn, C. (1985). *Expressed emotion in families: its significance for mental illness*. New York: Guilford.

McLean, P.D. (1976). Depression as a specific response to stress. In I.G. Sarason & C.D. Spielberger, (Ed.), *Stress and Anxiety.* New York: John Wiley.

McLean, P.D., Ogston, K., & Grauer, L. (1973). A behavioral approach to the treatment of depression. *Journal of Behavior Therapy and Experimental Psychiatry,* 4, 323-330.

MacLean, P.D. (1985). Evolutionary psychiatry and the triune brain. *Psychological Medicine,* 15, 219-221.

Maslow A. (1937). Dominance feeling, behavior and status. *Psychological Review,* 44, 404-429. Reprinted in: Lowry, R.J., (Ed.), *Dominance, self-esteem, self-actualisation: Germinal papers of A.H.Maslow*. Monterey: Brooks/Cole, (1973), (pp. 49-70).

Maslow, A. (1943) The authoritarian character structure. *Journal of Social Psychology*, 18, 401-411. Reprinted in: Lowry, R.J., (Ed.), *Dominance, self-esteem, self-actualisation: Germinal papers of A.H.Maslow*. Monterey: Brooks/Cole, (1973), (pp. 139-149).

Maynard Smith, J. (1982). *Evolution and the theory of games*. Cambridge: University Press.

Parker, G.A. (1984). Evolutionarily stable strategies. In *Behavioural ecology: An evolutionary approach*. Second Edition. J.R. Krebs & N.B. Davies (Eds.), (pp. 30-61), Oxford: Blackwell.

Price, J.S. (1988) Alternative channels for negotiating asymmetry in social relationships. In M.R.A.Chance (Ed.), *Social fabrics of the mind*, (pp. 157-195). Hove: Lawrence Erlbaum.

Price, J.S. (in press). Homeostasis or change: a systems theory approach to depression. *Journal of Medical Psychology*.

Raush, H.L., Barry, W.A., Hertel, R.K., & Swain, M.A. (1974). *Communication, conflict and marriage*. San Francisco: Jossey-Bass.

Ricci, C. & Selvini-Palazzoli, M. (1984). Interactional complexity and communication. *Family Process*, 23, 169-176.

Rippere, V., & Williams, R. (1985). *Wounded healers*. Chichester: John Wiley.

Robson, P.J. (1988). Self-esteem - a psychiatric view. *Brit J Psychiatry*, 153, 6-15.

Sluzki, C.E. & Beavin, J. (1965). Symmetry and complementarity: an operational definition and a typology of dyads. *Acta psiquiatrica y psicologica de America Latina,* 11, 321-330. Reprinted in Watzlawick, P. & Weakland, J.H. (Eds.) *The Interactional View.* New York: W.W. Norton, 1977. Pp. 71-87.

Tannen, D. (1990). *You just don't understand: Women and men in converstation*. New York: William Morrow. (Also London: Virago Press, 1991).

Watzlawick, P, Beavin, J.H., & Jackson, D.D. (1967) *The pragmatics of human communication: A study of interactional patterns, pathologies and paradoxes*. New York: W.W. Norton.