

Keep it simple

Is it appropriate to conceptualise aggression as part of a 'behavioural pattern of depression'? Attributing such behaviours to a putative male depressive syndrome and then counting them as 'symptoms' (as in the Gotland Scale) leads – unsurprisingly – to an increase in the prevalence of such 'depression'.

What men and women say and do when distressed is so varied and poorly understood that it seems unnecessarily limiting to categorise this as 'depressed'. Just because women's problems seem to be more readily medicalised does not mean that men should be trying to catch up!

Branney & White bravely wade into a complex interface between sociological, developmental, psychodynamic, neurobiological and epidemiological perspectives on psychological distress. Where these approaches overlap – for example in gender biases regarding defence mechanisms, or behaviour influenced by social context – the ideas presented here are refreshing and potentially useful. But pseudoscientific myth-making about gender is arguably just as prevalent today as it was in the past (Cameron, 2007). We should beware of creating a contemporary version of the kind of laughably archaic gender stereotypes cited by the authors: men who are 'ambitious, independent leaders' and 'gullible, child-like, yielding' women.

Psychiatric nosology is littered with diagnostic terms (e.g. 'masked', 'hysteroid', 'involuntal' and 'hypochondriacal' depression) that once seemed sensible, but are now obsolete. The dangerous absurdity of unfounded diagnosis-mongering is exemplified by the defunct Italian diagnosis of *depressio sine depressione* – depression without depression.

Since the evidence suggests that depressive symptoms are distributed dimensionally in the population rather than in discrete categories (Melzer *et al*, 2002), it seems wise to remember Occam's razor: 'All other things being equal, the simplest solution is the best.' In summary, big boys do cry – but that doesn't make them depressed.

Declaration of interest

None.

References

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The Dying Child

He could not die when trees were green,
For he loved the time too well.
His little hands, when flowers were seen,
Were held for the bluebell,
As he was carried o'er the green.

His eye glanced at the white-nosed bee;
He knew those children of the spring:
When he was well and on the lea
He held one in his hands to sing,
Which filled his heart with glee.

Infants, the children of the spring!
How can an infant die
When butterflies are on the wing,
Green grass, and such a sky?
How can they die at spring?

He held his hands for daisies white,
And then for violets blue,
And took them all to bed at night
That in the green fields grew,
As childhood's sweet delight.

And then he shut his little eyes,
And flowers would notice not;
Birds' nests and eggs caused no surprise,
He now no blossoms got;
They met with plaintive sighs.

When winter came and blasts did sigh,
And bare were plain and tree,
As he for ease in bed did lie
His soul seemed with the free,
He died so quietly.

John Clare (1793–1864) was born in Helpston to an agricultural labouring family. He came to prominence in 1820 after Poems, Descriptive of Rural Life and Scenery was published. Between 1833 and 1837 he became increasingly depressed. He was certified insane in 1837 and treated at Dr Allen's private asylum at High Beach in Epping Forest until 1841, when he escaped. He was certified insane for a second time in December 1841 and spent the rest of his life at Northampton General Lunatic Asylum. It was here that he wrote 'The Dying Child'. He continued to write until close to his death. Many of the poems written in the asylum years were transcribed and preserved by William Knight, an asylum steward.

Poem selected by Professor Femi Oyebode

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