



written by Professor Gordon Parker

mind over matter

Too nice for their own good

Why being too nice can be a marker of high risk for depression.

HISTORY

QUAN, a 35-year-old accountant, had made a number of serious suicide attempts in association with three episodes of depression over the past decade.

This time he had been depressed for only three days, before his parents had found him hanging in the garage.

He was resuscitated and admitted briefly to the local hospital, where the assessing registrar deduced a “masked depression”, as Quan didn’t look very “down”, and referred him back to his doctor.

The GP’s referral noted a history of severe depressions following demeaning interactions with others, and ended: “I am really concerned about this very nice young man.”

At interview, Quan was extremely polite, smiled pleasantly, waited for the interviewer’s questions rather than volunteering information, followed the cues of the interviewer exquisitely, and was consistently nice and cooperative.

He was the only child of two professional parents, had always been somewhat shy and anxious, achieved high grades at school and university, had only the occasional friend, and lived a controlled life. He did not drink, had never taken drugs, and had not rebelled during adolescence.

In his early 30s, after establishing a mid-level position in a top accountancy company, he left home to live by himself in an apartment, rarely socialising. He had had one girlfriend. The relationship had lasted for a few years, but she had decided

to move on, as he had avoided commitment.

Each of his depressive episodes had followed someone criticising him at work in what he considered an unfair way.

On the last occasion, his boss had not only criticised his work but concluded by calling him “the most boring individual I have come across in a long time”.

Quan had said nothing, finished his day’s work at the usual time, and gone home to his apartment. For two days he had mulled over the event and – after receiving an angry phone call from his boss querying his absence – decided to kill himself.

PSYCHIATRIC ASSESSMENT

Quan did not meet DSM duration criteria for major depression, but clearly had had a non-melancholic depressive reaction of some gravity.

Personality assessment did not confirm perfectionistic traits nor rejection sensitivity (self-esteem dependent on external praise or rejection) as distinctive enough to explain the reaction. His most distinctive personality characteristic was his complete lack of assertiveness.

After receiving an angry phone call Quan decided to kill himself

This personality characteristic underpinned his day-to-day existence. When asked what he did if somebody pushed ahead in a queue at lunch, Quan responded that he would always allow the person to go ahead, never make any comment, but usually seethe underneath.

As he described such events, Quan started to cry quietly before quickly using a hand-

kerchief and then smiling in an even more positive manner.

MANAGEMENT

While he had no major ongoing psychiatric problems, nor did his depressive episodes last for long periods, he was still at very high risk of killing himself when demeaned, a convincing argument for intervention.

As his key vulnerability factor appeared to be his lack of assertiveness, this was the target for therapeutic intervention. Being nice allowed people to walk over him. He needed to be more appropriately assertive.

He had previously been trialled on an SSRI antidepressant for an earlier depressive episode, but this had had no benefit – firstly, because his episodes came on and resolved rapidly, usually when his parents provided support; secondly, as there was neither a distinctive depressive syndrome nor

an underlying condition that would benefit.

He was therefore referred to a psychologist, who gave him a set of graduated role-play situations where he had to stand up for himself and for his rights. Being intelligent, he understood the logic and applied himself tenaciously to the task.

While not a therapy component, he started to smile less, and the psychologist reinforced this change by noting how his natural authority was enhanced by his changed mien.

He began relating to people at work differently, being less accommodating and less generous of his time, and, if the boss started to hector, he introduced a set of strategies that aborted the interaction while retaining his dignity. Following treatment, he became “less nice”.

CONCLUSIONS

It seems unfair that nice peo-

ple can come last in group hierarchies and that their very behaviour often leads to exploitation.

However, when one works with them as patients, it is apparent that they are too nice. This risks eliciting a wide range of negative responses, including exploitation and bullying.

In reality, for most unassertive people, their niceness is skin deep. When rejected, exploited or bullied, they can experience extreme retributive anger.

Rather than let it out directly, they often turn that anger on themselves, with suicide being an extreme expression of that response. Thus, correcting their unassertive behaviour reduces the chance of depression and attenuates other risks. **MO**

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