working in the superficially dry fields of information processing and artificial cognition.

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Self-rating

SIR: McLaren (*Journal*, November 1988, **153**, 708) regards an individual's rating of himself (as either good or bad) as irrational and self-defeating. Certainly the concept of overall or global self-esteem does not make sense in the context of contemporary society. However, it does make sense in the context of evolutionary biology (*Lancet*, 1988), and it may help us to lead people away from the harmful tendency to rate themselves globally if we understand why this self-evaluative behaviour might have evolved.

The development of high or low global self-esteem may be seen as a preparation for crucial situations in which decisions have to be made between self-assertion and self-effacement. High global self-esteem is a strategy for self-assertion, low global self-esteem a strategy for self-effacement.

It is likely that the capacity for both high and low self-esteem is present in everybody at birth, the selection of strategy being made at predetermined stages. Crawford (1987) made a useful distinction between *developmentally contingent strategies*, in which the selection is made early in life, long before the strategy has to be 'played', and *concurrently contingent strategies*, in which the selection is affected by factors operating at the time of the 'play'. In human beings it seems likely that the level of self-esteem which determines the decision between self-assertion and self-effacement in any adult situation is both developmentally and concurrently contingent.

A developmentally contingent low self-esteem strategy may be inculcated by parents in one or more of their offspring (by withholding praise or administering punishment) as part of an evolutionary parental strategy in its own right; or it may be imposed by other adults, such as teachers, as a form of inverse nepotism; or by older siblings to whom it may be an advantage for younger siblings to be predisposed to self-effacement; or it may be selected in the self-evaluative rough-and-tumble of childhood or the adolescent peer-group. These individuals, who are familiar to us in our clinical work, enter and endure adult life with chronic low self-esteem which is often very resistant to treatment.

In other patients we can identify a concurrently contingent low self-esteem strategy in the form of a depressive state. Some people respond to stress with elevation of mood, giving them enhanced vigour and competence associated with a rise of self-esteem; others respond with a reduction of mood, giving them reduced vigour and competence associated with lowered self-esteem. Either strategy is effective at dealing with the prototypical interpersonal stress situation in which two equal adversaries are in competition and neither will give way – a situation which we share not only with other primates but with all other vertebrates. In humans the environmental factors will be more complex than in animals, and will almost certainly involve the acquisition or loss of allies, so the proximate causation may well be one of loss rather than of manifest competition.

The view of depression as a concurrently contingent low self-esteem strategy is not in conflict with other causative theories of depression, whether they be psychoanalytical, behaviouristic, neurophysiological, or biochemical; nor is calling depression a strategy in conflict with its conceptualisation as disease, reaction, or posture (Hill, 1968). It is merely adding the perspective of ultimate (evolutionary) causation to those methods which seek to analyse proximate (immediate) causation.

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Pre-pubertal Depressive Stupor

SIR: I read with interest the case report of pre-pubertal depressive stupor (*Journal*, November 1988, **153**, 689–692). I reported a similar case several years ago (Warneke, 1975). This patient was first admitted in a depressive stupor at the age of 12 years. He was initially admitted to a pediatric service where