Abstract: After a consideration of individual depression, the paper seeks to establish the nature of collective depression, as either an emergent collective state or as a totality of individual depressions, noting the role of contagion in transmission. Collective depression can be treated symptomatically in short-term ways or at the level of causes through leadership. Case studies will refer to Gandhi, de Klerk, Mandela, Tutu, and Kohl, and in so doing, draw upon concepts from Leadership Studies.

Depression is a normal mental condition with which we are all familiar: a sense of inadequacy, despondency, lack of vitality, pessimism and sadness but which can be a serious illness. The etiology of depression is not fully known but could be (1) biochemical, (2) endocrinological or (3) psychodynamic: often actuated by the death of someone close or other forms of profound loss and is therefore a product of grief (Haig, 1990: 7-11). In the Freudian view, depression mirrors bereavement, but the loss can be an object and not simply a person (Collier, Longmore and Harvey, 1991: 336). Another view is that learned helplessness, the hallmark of depression, results when punishment is received without being contingent upon the actions of the individual (Collier, Longmore and Harvey, 1991: 336). Depression can also be related to illness, pain, prolonged fatigue, and lack of human contact: deep areas of causality possibly best understood by imaginative artists, especially literary people who often analyze it under the term melancholia.

Depression among individuals is thus a vast worldwide problem but it is not untreatable. The major treatments are the self administration of mind-altering substances such as alcohol in its many forms and other substances such as marijuana (facetiously called by some "the people's Prozac"), beetle nut, belladonna, kava-kava and countless other agents whose effects range from the mildly narcotic to the highly lethal, as in the practices of glue and petrol sniffing. To
these must be added the many pharmaceutical drugs administered by physicians particularly in Western countries to large numbers of their patients and electroconvulsive therapy. There are also many proven psychological techniques, from counseling to different types of psychotherapy, psychodrama, and psychoanalysis though this is strictly contraindicated if psychosis is suspected (Gillett, 1988: 148).

Collective Depression
With collective depression, the concept is much vaguer but clearly is another case of learned helplessness. It is also the subject of conjecture because of its association with the concept of a collective mind, as proposed by Le Bon in 1895 (LeBon, 1960), and developed by Durkheim as collective consciousness, (Durkheim 1964: 103n). Le Bon advanced a contagion theory that crowd behavior takes over from individual behavior through the infectious spread of emotion and action. This view has been contested by those who argue for an emergent-norms theory that sees group unanimity as an illusion created by common action based on prevailing norms (Robertson, 1987: 358-359). The methodological difficulty of assessing any concept of group mind has meant that it has fallen outside mainstream social science discussion, with the result that there is very little research currently being undertaken (Varvoglis, 1997: 1).

Without necessarily accepting the concept of a group mind, it is possible to state the collective depression can exist: it is when a large proportion of the members of a society are depressed, that is, are displaying signs of inadequacy, despondency, lack of vitality, pessimism, sadness and dependency upon substance ingestion. However, many authoritative writers do go further and assert the existence of the transcendent collective mental state. Michel Rocard, a former Prime Minister of France, for example has written of a 'dépression nerveuse collective' (collective nervous breakdown), presently confronting France, Europe and the world (Rocard, 2000: 1). José Maria Vigil has investigated the psychological well-being of the Latin American continent and diagnosed a state of collective depression, as having actually the same symptomatology as for individual depression: disappointment, loss of self esteem, self accusation, demobilization, disorientation, depoliticisation, escape into spiritualism, loss of memory, withdrawal and psychosomatic problems (Vigil, 2000: 2). The announcement by the Australian Government that it will create a national program to treat depression, as initiated by former premier of the State of Victoria, Jeff Kennett, has provoked discussion of whether the condition should be treated biologically or socially, but leaves open the question of its collective nature (Busch, 2000).

Collective depression can be related to defeat in war, slavery, colonialism, extreme dictatorship of left or right, or any other type of oppressive regime including economic depression and prolonged poverty. All of these conditions can create collective depression, either in a direct way or by a more insidious process of gradual accretion, generally with the emotion of fear involved. Collective fear can also result in aggression and has been isolated as a causal factor in genocide (Lake and Rothchild, 1996), and collective paranoia has been identified as being at the basis of ethnic cleansing (Kis, 1996) while Kiev hypothesized a collective anxiety neurosis as being at the basis of many disturbances (Kiev, 1973).

It would seem comprehensible that depression can be passed between individuals by contagion, but does research give any confirmation? Forsyth reviewed the literature and concluded that "...the bridge between social psychology and mental health can still not be traversed" (Forsyth, 1996: 5) but suggested some areas of enquiry, such as the causal power of the group to change individuals when they become part of a group. Leadership is important among the group processes that require research in the view of Forsyth (1996: 5).

Individual depression can be successfully treated by a range of therapies but collective
depression, being a different order of problem, cannot be treated by therapies for individuals. However, as noted above, it can be treated by leadership. Vigil also notes that although the Latin American continent has a state of collective depression, there are individuals standing outside this mental state and therefore placing themselves in a position to assist in its removal.

The function of leadership in treating collective depression is thus to stand apart from the group, assess the obvious causes of the depression, and then to demonstrate that the situational factors can be changed, starting with small symbolic ways, if only with those few that are possible. But it must be noted that bad leadership can also be the cause of heightened collective depression. Hirschhorn confirms this proposition with the conclusion that poor leadership can have "toxic effects" on organizational motivation (Hirschhorn, 1990: 533).

As with individual depression, positive practical action to neutralize fear seems to be an initial step. Nehru wrote of Gandhi, "The essence of his teaching was fearlessness and truth and action allied to these.... So, suddenly as it were, that black pall of fear was lifted from the people's shoulders, not wholly, of course, but to an amazing degree...It was a psychological change, almost as if an expert in psychoanalytic method had probed deep into the patient's past, found out the origins of his complexes, exposed them to his view, and thus rid him of that burden." (Nehru, 1946: 361-62, in Rudolph and Rudolph, 1983: 6).

As well as dealing with fear, there are numerous other activities, no matter how seemingly small in comparison with the magnitude of the task, that can lead to a lifting of the condition, as shown with the work of some members of a Peace Institute in a village in war torn Georgia (Rueffler, M., 2000).

**The Function of Leadership**

The relationship between leadership and politics is self-evident, but between political science and leadership studies, the relationship is implicit rather than explicit: one that was once described as "...a surprising lack of disciplinary focus." (Paige, 1977: ch 2). The contributions of many distinguished political scientists notwithstanding; analysis of the role of leaders in the political process has been dominated mainly by historians and psychologists (Kets de Vries, 1990).

The following case studies will show that leadership has played a determining role in bringing about changes of previously incomprehensible magnitude in state organization. The major conceptual distinction in leadership types is between transformational and transactional types (Burns, 1978). Another key concept is the legitimacy to lead (Walters, 1999: 27), which can also be seen from the obverse face as leadership without authority (Heifetz, 1994). These four concepts of leadership type--transformational, transactional, legitimate and non-legitimate--are of great value in understanding the roles of the four leaders chosen as examples of solvers of the problem of collective depression through leadership.

Writing of Apartheid in South Africa (1948-1994), one observer wrote "...(a)s an exercise in ambitious and brutal social engineering, it had few parallels in human history." (McLean, 1999: 12). Yet as we now know, the system was ended, without violence and with astonishing speed, by the leadership of three major interacting players.

It is possible to interpret South African policy under minority rule as an attempt to influence collective mental state by division into a multiplicity of separate collective mental states, with an overall aim of securing and enhancing the future of one group at the expense of the others, to a major or minor degree. For blacks it sought through the 'mother tongue education' and the non-offering of English, to create a collective mental state of insecurity, depression,
dampened sense of realism, exclusion and habituation to violence. For South Africans of British background it aimed to create some feelings of insecurity, depression, and through the hint of the likelihood of violence it offered the possibility of inclusion in the Afrikaner collectivity as a shelter. Among Afrikaners, it sought to create a mental state of a secure future, and a mood of elation through the delusion of a God-given destiny based on an unrealistic belief in the sustainable viability of a policy of exclusion of Africans, underlaid with a habituation to a putative ever-present threat of violence.

An explanation of the highly complex political process that has been called 'surrender without defeat' must include the role of the major players: de Klerk, Mandela and Tutu. De Klerk's role, after what has been described as his 'remarkable change of heart' (Lake and Rothchild, 1996: 16), was one of bringing to the Afrikaner mental state some acceptance of the reality of an untenable situation, though he was not entirely successful in this. It is reported that in a meeting one of his ministers angrily hurled at him the words 'What have you done?! You have given South Africa away!!' (Giliomee, 1997: 140).

Mandela's contribution was to see the new South Africa as a larger collectivity through the inclusion of all groups in the new collective mental state where there would be a place and a role for even his former persecutors. It has been said of leadership that "...the fundamental process is a more elusive one; it is, in large part, to make conscious what lies unconscious among followers." (Burns, 1978: 40). On this last point, one commentator has noted that (ex) President Mandela has been '...highly sensitive to the language issue' (Schiff, 1996: 221) which was troubling many Afrikaners who saw their language as the keystone of their identity, and went on to cite as further evidence the opposition of Mandela to the elimination of the use of Afrikaans in the South African military (Schiff, 1996: 221).

The third major player was Archbishop Tutu whose promotion of ubuntu, a traditional African communal practice of common humanity (Jaffrey, 1998), as embodied in the proposed and now realized Truth and Reconciliation Commission, provided a mechanism for the grief work necessary before the possibility of inclusion in the new collective mental state.

To take another example, the aftermath of Hitler's war was a Germany divided by a wall that in January 1989 the East German leader Honecker stated "...still be there 50, 100 years from now." Yet on November the 8th of the same year it was breached by between 50 and 70 thousand people on foot who met no attempt to stop them by military or police. Three weeks later West German Chancellor Kohl presented a Ten Point Plan to create a confederation of both German states and on March 15, 1991 a Two Plus Four Treaty came into being, creating a unified German state with unrestricted sovereignty.

The precise causality of this event may never be fully known, but the leadership of Kohl was undoubtedly crucial. This was achieved by a skilful exploitation of the ideological ambivalence of the Soviet leader and the staunch anticommunism of the three major Western leaders. We now know from several observers that Kohl's 10 point plan initially angered Gorbachev and was deeply opposed by the three main Western leaders: Mitterrand, who perceived it as a 'surprise attack', Thatcher, who was aggravated and stated bluntly that German unification was 'not on the agenda', and Bush, who was taken completely by surprise but then decided to back it while pretending to have prior knowledge, which he did not, according to observers present during the process. (Elbe and Kiessler, 1996: 48-54). But the USSR, was gravely weakened by its costly and unsuccessful engagement in Afghanistan and also the impact of postmodern thinking and the appeal of market-driven economics which lay at the basis of liberalization throughout the Eastern bloc including the GDR.

Justification by the GDR regime of the Tianamen massacre in China further heightened the
hostility of the population. In 1990 a conference of NATO and Warsaw Pact states reached agreement that discussion between the two Germanys and the four Occupying Powers (Britain, France, USA and USSR) should commence on the subject of German unification. The main points of contention were membership of NATO by reunified Germany, the presence of foreign troops on German soil, and the border with Poland. In late 1990 the United States ratified the Treaty, followed by Britain, and in 1991 by France and then the Soviet Union. The Italian newspaper Corriere della Sera wrote "...the balance needs to be freshly adjusted, not only in Europe but in the whole world". (Elbe and Kiessler, 1996: 204).

The difficult decision to make Berlin and not Bonn the capital of reunified Germany was another example of Kohl's leadership. Opposition was strong, but in the Bundestag Chancellor Kohl emphasized the need for the inhabitants of the former GDR to have sense of belonging in the new state and when the final vote when taken in the Bundestag on June 20, 1991, a small majority of 337 to 320 deputies agreed to move parliament and government from Bonn to Berlin.

Kohl was right to see former GDR citizens as being in need of support: his seemingly generous offer of exchange of one Deutschmark for one GDR Mark was in fact a death-sentence for GDR business whose products instantly became grossly overvalued but Kohl's realism saw that a politically and psychologically unified Germany would come at an economic cost. Kohl is a controversial figure, not only for his methods in achieving reunification, such as with the breaking of his promise to raise no further taxes, but also over allegations concerning the misappropriation of party funds for which he is at present under investigation. His leadership was transactional and may be found to be lacking in legitimacy, but his achievement in removing the cause of over four decades of collective depression was great.

Conclusion
Collective depression is an undesirable but very widespread condition, easily recognizable by its effects, even if its precise logical status may never be determined. Mostly it is treated with symptom-relieving practices and strategies which may help in short-term survival but which do not provide a long-term solution. Lasting resolution requires removal of the causes collective depression such as, for example, the institutionalized system of discrimination which existed in South Africa, or the internal separation of Germany through partition, each case a hugely a highly depression-inducing situation. In both cases, the solution was through leadership: in South Africa, the transforming leadership of Mandela and Tutu, though with legitimacy questioned by the system, and de Klerk, whose leadership was transactional but with legitimacy insofar as it came from within the system. In the case of Germany, solution to the depressive problem of partition was also by leadership. Here Kohl, whose leadership was transactional and legitimate though flawed, enabled a successful coordination of other leadership roles towards a successful outcome. The common theme among these diverse leadership styles was removal of the sense of fear, the basis of collective depression, which was also a need articulated by Gandhi.

References


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