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A Fearful Gift:
Depression in the Modern US Presidential Primary Race
and the case of Abraham Lincoln

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Abstract

Psychiatrists have argued that Abraham Lincoln fits the modern diagnostic criteria for Major

Depressive Disorder. In 2012, two in three Americans said they would elect him today if given

the option. Realistically, though, if a candidate had a history of a mental illness, would he or she

be able to gain his or her party's nomination? Given the structure of the primary process and

popular attitudes about mental illness, I argue that it would be difficult for a candidate with a

history of depression to gain the nomination. If the leader to whom we compare so many

candidates might not be able to survive the modern primary process, perhaps we should question

whether we truly assess our options in a responsible and informed way.

...And this the world calls frenzy; but the wise
Have a far deeper madness, and the glance
Of melancholy is a fearful gift;
What is it but the telescope of truth?
Which strips the distance of its fantasies,
And brings life near in utter nakedness,
Making the cold reality too real...

Lord Byron
The Dream, **1816**

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Abbreviations

APA………………………………………………..………..American Psychiatric Association

BRIDM…………………………………………Bounded Rationality and Intuitive Decision Making

DR…………………………………………………...…………………..Depressive Realism

DSM………………………………APA Diagnostic and Statistical Manual of Mental Disorders

EC………………………………………………………...…………………..Empathic Concern

ECT……………………………………………………………Electroconvulsive Therapy

FD…………………………………………………...…………….Formerly Depressed

IRI………………………………………………………...……Interpersonal Reactivity Index

MDD………………………………………….…………….Major Depressive Disorder

MDE………………………………………...…………..……….Major Depressive Episode

ND……………………………………………………………Never Depressed

PT…………………………………………………….…………….Perspective Taking

Introduction

> "I am now the most miserable man living. If what I
> feel were equally distributed to the whole human
> family, there would not be one cheerful face on
> earth. Whether I shall ever be better, I cannot tell; I
> awfully forbode I shall not. To remain as I am is
> impossible. I must die or be better..."
>
> *Abraham Lincoln, 1841*

Consider the next presidential primary race. A candidate's name is linked to a letter with the sentiments of the above text. Amid the outcry of pundits and political competitors, his history of depression is revealed. His suitability for national office is called into question. The label of a mental illness jeopardizes his political future.

And yet, the above passage is a direct quote from the man who 67% of Americans say they would elect to run our country today, if given the option (Robillard, 2012). This letter, which Abraham Lincoln wrote to his friend and colleague, John Todd Stuart, is one of many records of Lincoln's depressive symptoms in the decades preceding his election (Shenk, 2006).

The electoral process, the media, and the clinical diagnoses were different in the 19th century than they are today. But access to candidates' personal information, including health histories, is often uncovered throughout the campaign process. In the modern political climate, a candidate's campaign might end if his history of depression is revealed. And yet, the above passage expresses what was once the psyche of America's most celebrated leader.

A research study conducted by Davidson et al. (2006) suggested that 49% of presidents between 1776 and 1974 would fit the diagnostic criteria for a mental illness today.[1] Medical

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[1] Their study evaluated only presidents that served until 1974. This does not imply that a president since 1974 would not fit the diagnostic criteria for a mental illness.

histories, recorded personal correspondences, and the accounts of those closest to these leaders have led scholars to identify symptoms that fit modern pathologies retrospectively (Davidson et al. 2006). [2]

Based on this assessment, Abraham Lincoln battled severe depression in his life. When he wrote the above text, Lincoln was experiencing one of the depressive episodes that would gain him the equivalent of a modern day depression diagnosis. Even after these episodes of functional impairment, his overall depressed mood was characterized by negative cognitive processes and self-reference. Shenk (2006) and Goodwin (2006) argue that some of his greatest accomplishments were attributable to his capacity for empathy, his humility and his pragmatism; Ghaemi (2011) suggests that these traits can be traced back to his depressive symptoms.

If Lincoln ran as a candidate in the modern presidential primaries, would the label of "depression" destroy his chance for winning the nomination?   The case of 1972 Vice Presidential candidate Thomas Eagleton suggests that a candidate with a known history of depression cannot succeed at the national level. [3] Once the public learned that McGovern's running mate had been treated for depression, he was removed from the ticket. The public's reaction to his revealed diagnosis and their corresponding attitudes about mental illness were cited as a major factor in McGovern's decision to select a different running mate (Strout, 1995).

I would be surprised to find a majority of Americans who, upon learning the extent of his depressive history, would contend that Lincoln was unfit to serve as president. Why is it, then, that he might not succeed if he ran a campaign today? The purpose of this thesis is to examine

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[2] I will describe their methods in greater detail in Chapter 3.
[3] Interestingly, similar candidates at lower levels of office have been successful. Lawton Chiles was able to win the 1990 race for Florida governor even after having admitted his history of depression. As Lawrence Strout notes, "the main difference [between Eagleton and Chiles] was that one was a candidate for national office and the other for state office" (Strout, 1995).

the systemic features that might disadvantage a depressed candidate from winning the nomination today.

The growing number of candidates in the presidential primaries leads voters to engage stereotypes as cognitive shortcuts for navigating their options. I argue that our stereotypes about "others" with mental illness lead us to disapprove of depressed candidates. While mental health literacy has improved in recent decades, negative attitudes about people with depression still linger. Without advancing in the primary process, the candidate will not win the nomination to contend in the general elections.

I argue that a depressed candidate would have trouble becoming president today. Today, the label of a mental illness evokes negative popular attitudes. The process by which voters elect delegates who nominate a presidential candidate is more reflective of popular opinion than it was in Lincoln's time. Perhaps if the label existed then and delegates were chosen to directly represent popular opinion, Abraham Lincoln would have struggled. But the depressive symptoms which the melancholy Abraham Lincoln put across did not trouble delegates then to the extent that the label of mental illness worries voters today.

Purpose

I will not argue that the soundest candidate for president is one with a history of depression. Ghaemi (2011) has made the more extreme argument that, in times of crisis, leaders with mood disorders[4] offer more promise than those who are healthy. There is valid evidence that political and social leaders who had a history of depression were able to succeed, and were even celebrated for their revolutionary contributions to history. The cases of Mahatma Gandhi,

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[4] The term "mood disorders," also known as "affective illness," refers to those mental illnesses on the manic-depressive scale, such as depressive and bipolar disorders.

Winston Churchill and Abraham Lincoln stand out. However, the literature does not support an explicit link between depression and the traits that fuel crisis leadership. Evidence suggests that certain cases of depression enable the patient to demonstrate heightened realism and empathy, but the majority of patients with the diagnosis do not fit this mold. Thus, I do not think the case should be made that a depressed leader will necessarily lead better in times of crisis. I will present the flaws of Ghaemi's argument in the context of the broader psychology literature.

Rather, I argue that we cannot ignore the fact that our current system disadvantages a candidate with a history of depression; history teaches that these candidates are not bound to fail, but may actually achieve great things. Abraham Lincoln is credited with having saved the union. He made headway for the future of African Americans. As I will present, some of the greatest milestones in our nation's history were accomplished by a man who had a history of severe depression.

I propose we should reevaluate the broader conclusions the populace is wont to make when presented with a candidate who has battled depression. If a candidate's depression is revealed, we should use it as a compass to search for humility and pragmatism, and capacity for empathy and perspective taking, not as a shortcut to exclude him from consideration.

My main concern is to argue the following: The modern presidential primary process excludes a candidate with depression, despite the fact that our most celebrated leader would fit the modern diagnosis.

Map and Methods

In chapter 2, I will review the symptoms and course of Major Depressive Disorder (MDD), colloquially known as "depression." I will cite the diagnostic criteria for MDD to

demonstrate that someone with a history of a major depressive episode qualifies for the modern

diagnosis. I will summarize Ghaemi's argument about the depressive symptoms that fuel crisis

leadership. I will then situate his findings in the context of literature about cognitive processes in

depressed individuals to demonstrate the flaws of his broad conclusions. The argument cannot

be made that a depressed person will demonstrate enhanced empathic concern and depressive

realism.

Despite these findings, I will demonstrate in chapter 3 that Abraham Lincoln was an

exception: he was a depressed individual who demonstrated enhanced empathic concern and

perspective taking. I also demonstrate examples of humility and pragmatism in his leadership

which I think can be tied to the negative schemata associated with cognitive processes in

depression. In chapter 3, I will review the methods of Davidson et al. of retrospectively

diagnosing Lincoln with the equivalent of MDD to show that, if he were running today, the

diagnosis would be part of his medical record. After having established the diagnosis, I will

highlight examples from his personal and professional life in which Abraham Lincoln

demonstrated empathic concern, perspective taking, humility and pragmatism. While these traits

stem from the theories that Ghaemi posits, I caution the reader that we cannot make

generalizations based on this one case study. The Lincoln case study does not lead us to

conclude that a depressed president will necessarily succeed. It does show, however, that a man

who was depressed is not bound to fail. Thus, we must ask whether our system allows voters to

seriously consider these contenders as viable candidates.

In chapter 4, I will present research on the psychology of voters in the age of the modern

primary system. I will begin with a discussion of popular attitudes about mental illness to clarify

how the label of a mental illness would hurt a candidate. Next, I will review the way in which

the system has evolved to represent popular opinion more directly. Greater reflection of popular

opinion can, I think, be considered a strength of our democracy *if* the context allows voters to

make responsible distinctions between the candidates. But, as I will demonstrate, the modern

campaign context enables voters to engage stereotypes. Given modern attitudes about mental

illness and the criteria voters use to vet candidates in the primaries, I will argue that the diagnosis

of depression would make it difficult for a candidate to succeed in the primaries.

Scholars of psychology have identified the diagnostic criteria for MDD. Some have

argued that depressive symptoms and skills can enhance executive functioning in times of crisis.

The discipline of political science has tracked the evolution of the presidential primary process

and analyzed the impact of this shift on voter behavior. Historians have provided us with

examples of a President who had depression and still succeeded in office. I add to our

understanding of modern presidential politics by bridging these literatures.

If Lincoln were alive today, psychiatrists argue that he would be diagnosed with

depression. If he ran in the presidential primaries today, he would have a hard time keeping that

information from the public. Given popular attitudes about depression and the reliance on

heuristics to navigate the primary process, I think a depressed candidate's success in a modern

campaign for national office is highly unlikely. The man to whom we compare many of our

presidential candidates would probably not survive the modern primary process. By better

understanding the limitations of our current system in light of historical examples, the

implications of this contradiction can be better appreciated. My hope is that this thesis helps to

spark the discussion.

Chapter 2: Psychology Literature Review

2.1 Depression

Why Focus on Depression?

The research of Davidson et al. evaluated presidents from 1776-1974 on the criteria of all modern mental disorders, not simply mood disorders. Why have I chosen to focus my research on depression? For the sake of relevance and time.

If the goal is to make an applicable argument, it serves us well to examine a mental disorder that is especially prevalent in the US today. In 2011 the lifetime prevalence of major depressive episodes (MDE) in American adults was 19.2% (Kessler & Bromet, 2013).[5] One could argue that presidential candidates are a self-selecting group and that it is relatively unlikely that someone with a history of a mental disorder would seek their party's nomination for president. But given the lifetime prevalence of depressive symptoms in the US adult population, it is not unreasonable to assume that one candidate in a presidential primary has battled an MDE in his or her past.

In the interest of reliability, Lincoln's diagnosis was ranked with the highest level of confidence possible on the retrospective rating scale designed by Davidson's research team. As I am not qualified to diagnose these disorders, I defer to the established work of those scholars whose work has preceded mine. In addition, the biographical literature on Abraham Lincoln is vast. Extensive primary accounts of his psychology and the cognitive processes that shaped his decision-making are available in the literature. Lincoln's biographers have shared analyses of his personal correspondences and the accounts of those closest to him. For the sake of time, I have chosen to focus my efforts on this reliable and researched case.

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[5] As I will show in the next section, an MDE leads to a diagnosis of a mood disorder along the manic-depressive scale.

Depression: An Overview

If the aim is to understand why the current system disadvantages a depressed candidate, I must first define the pathology at hand. The presentation of any singular illness is hardly identical across all patients; when a person's mood is the function of a mental disorder, the symptoms across the diagnosed population are no more uniform. And yet, in the context of modern medical expenses and treatment, this truth must be compromised with some diagnostic standard. While labels have social consequences, pathology is important in the context of treatment.[6] From a biological perspective, symptoms whose pathways can be identified as similar are likely to respond to similar remedies. The devastation that can accompany a diagnosis is often disturbing to patient and clinician alike; regardless, this classification is oftentimes necessary to gain financial coverage for proper treatment.

The standard for diagnosing mental illness in the US is the Diagnostic and Statistical Manual of Mental Disorders (DSM) published by the American Psychiatric Association (APA). The fifth edition of the DSM (DSM-5) was published in May 2013. Given the contention around recent changes and the delayed development of corresponding psychometric tests, research to date has continued to cite the fourth edition of the DSM. To ensure validity, my argument will utilize the same.[7]

The DSM-IV classifies psychopathology into sixteen categories. The disorders include disorders of development in children, anxiety disorders, psychotic disorders, and mood disorders, among others. While minor changes to the MDD diagnosis have been made over the evolution of the DSM, the disorder is relatively recognizable throughout the manual's history as compared

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[6] The popular attitudes about mental illnesses will be addressed in chapter 4.

[7] The research methods of Davidson et al. also used the fourth edition of the DSM.

with some of the other disorders.[8] For the purpose of orientation, I will review the symptoms of depression as listed in the DSM-IV.

A diagnosis of MDD is distinct from a general depressed mood or feeling down. Individuals with MDD report a more intense feeling than a general "upset" or "down" mood; during an MDE, a depressed individual lacks motivation because he or she believes that failure is inevitable. As such, many patients who experience an MDE report feeling helpless, hopeless, and no desire to live. The grief they feel is disproportionate to the experience; during an MDE, their low mood impacts their motivation to carry out daily tasks (Nydegger, 2008).

To gain a diagnosis of MDD, a patient must have a history of at least one MDE. Though a single episode diagnosis is possible, a recurrent course is more common. What makes an MDE distinct is the presence of functional impairment. The symptoms, which can include feeling down, agitated, fatigued, worthless, guilty, or suicidal, cause impairment in social situations, work environments or other realms of daily function. The full DSM-IV criteria for receiving a diagnosis of MDD is presented in Table 2.1. Criteria A, B and C collectively characterize an MDE.

A	Five (or more) of the following symptoms have been present during the same 2-week period and represent a change from previous functioning. At least one of the symptoms is (1) depressed mood or (2) loss of interest or pleasure.
	1. Depressed mood most of the day, nearly every day, as indicated by either subjective report or observation made by others.
	2. Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day.
	3. Significant weight loss when not dieting or significant gain, or decrease or increase in appetite nearly every day.
	4. Insomnia or hypersomnia nearly every day.
	5. Psychomotor agitation or retardation nearly every day.
	6. Fatigue or loss of energy nearly every day.
	7. Feelings of worthlessness or excessive or inappropriate guilt (which may be delusional) nearly every day (not merely self-reproach or guilty about being sick).
	8. Diminished ability to think or concentrate, or indecisiveness, nearly every day (either by subjective account or as observed by others).
	9. Recurrent thoughts of death (not just fear of dying), recurrent suicidal ideation without a specific plan, or a suicide attempt or specific plan for committing suicide.

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[8] (N. Ghaemi, personal interview, Oct. 24, 2013).

B	The symptoms cause clinically significant distress or impairment in social, occupational or other important areas of functioning.
C	The symptoms are not due to the direct physiological effects of a substance (for example, a drug of abuse, a medication), or a general medical condition (for example, hyperthyroidism).
D	The symptoms do not meet the criteria for a mixed episode.
E	The symptoms are not better accounted for by bereavement, i.e. after the loss of a loved one, the symptoms persist for longer than 2 months or are characterized by marked functional impairment, morbid preoccupation with worthlessness, suicidal ideation, psychotic symptoms or psychomotor retardation.

Table 2.1. DSM-IV Diagnostic criteria for MDE. Adapted from American Psychiatric Association. DSM-IV-TR. Diagnostic and statistical manual of mental disorders, 2000.

According to Nydegger (2008), roughly one fourth of patients with MDD demonstrate an unremitting course and 65% demonstrate chronic symptoms of the disorder (p. 56). Given these statistics, recent research has looked at the longitudinal course of MDD, according to Demyttenaere et al. (2013): "nowadays, it is becoming more and more clear that [MDD] should be seen as a disorder that is chronic, progressive and recurrent in nature" (p. 17). Even years after the functional impairment of a debilitating depressive episode, some chronic symptoms can leave a patient prone to having a depressed mood.

Given these criteria, experiencing an MDE is sufficient for receiving the diagnosis of MDD.[9] In the context of my argument, this detail is important: the label of having a mental illness will compromise a candidate's viability in the primary race. As mentioned above, nearly one in five Americans will experience an MDE in their lifetime. Thus, having the label of MDD, a mental illness, on a health history is not unlikely for a single candidate in the presidential primaries.

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[9] It is important to note that the diagnosis of bipolar disorder also includes having experienced an MDE. Scholars have argued that hypomania as part of Bipolar II does not necessarily entail functional impairment. In the context of my argument, Lincoln was thought to have had MDD, not a manic-depressive illness.

2.2 Depressive Symptoms and Cognitive Processes

Inherent in the DSM definition of a "mental disorder" is some degree of impairment, dysfunction, or maladaptive behavior. The DSM-IV offers the following definition to distinguish a categorical diagnosis from a general sub-threshold condition:

> …a clinically significant behavioral or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom) or disability (i.e., impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom (xxi).

For generations, however, historical figures with a history of mental illness have achieved high political posts and contributed to social change. Ghaemi (2006) identifies President Abraham Lincoln, British Prime Minister Winston Churchill, and social leaders Mahatma Gandhi and Dr. Martin Luther King Jr. as examples. These findings suggest that individuals who have overcome the functionally impaired state of mental illness do not automatically lack the potential to achieve personal successes and professional milestones.

Some have argued that an explicit connection exists between depression and genius. This claim dates back to Aristotle's 4th century BC observation that philosophers, politicians, poets and other "great men are always of a nature originally melancholy".[10] Psychiatrist Nassir Ghaemi expands upon this assertion by arguing that specific symptoms of mood disorders can enhance functioning in depressed patients. Given the functional impairment inherent in an MDE, I take issue with this claim. Furthermore, looking at the specific theories upon which he bases his argument, I do not agree that such generalizations can be made. I will present his argument and then critique it in the context of the psychology literature.

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[10] This quote is taken from Aristotle's Book of Problems 30.1. There is contention over whether its true author was Aristotle or his student Theophrastus. The idea, however, is attributed to Aristotelian teachings.

Ghaemi (2011) provides examples in which depressed leaders exhibited two traits that strengthened their performance in times of crisis: empathic concern and depressive realism. The depressive episodes of Winston Churchill, he argues, allowed him the clarity to assess the reality of foreign threats. The emotional capacity of Mahatma Gandhi and Martin Luther King Jr. granted each the empathy that would enshrine him as a hero. Thus, in Ghaemi's view, these leaders did not succeed despite their "mental disorders;" rather "on the whole, more often than not, those mental illnesses enhance[d] or promote[d] those qualities" (p. 18). Ghaemi argues that the world's most iconic leaders have excelled in times of crisis *because* of their depression. He argues that depressive symptoms equipped historical leaders with a sense of empathy and realism that fueled their success in times of crisis. However, the literature does not support the correlation between depressive symptoms and these specific traits. As mentioned above, an MDE is marked by functional impairment; as such, we cannot draw the conclusion that depressive symptoms lead to enhanced crisis leadership.

In the next section, I will review the limitations of the depressive realism theory. I will also unpack the term "empathy" to demonstrate that the type of empathy that is likely to be seen in a depressed individual is not the prosocial "empathic concern," as Ghaemi suggests, but a tendency to withdraw into personal distress.

Cognitive Processes in Depression

Much research has been done to better understand cognitive processes in depression. I will summarize the theory of depressive realism, the basis of Ghaemi's argument, and review its limitations. I will compare a depressed individual's nay-saying bias in objective situations to the negative self-reference that can be seen in individuals with depression.

Depressive Realism

Ghaemi predicates his argument on the theory of depressive realism (DR). Abramson

and Alloy (1981) posited DR theory to describe the cognitive process of depressed individuals.

The researchers hypothesized that depressed individuals underestimate the amount of control

they have in a situation; they found instead, that non-depressed individuals *overestimate* their

level of control. These findings were based on a series of "judgment-of-contingency" studies in

which participants were asked to predict how contingent an environmental outcome (a light

turning on) was on their action (pressing a button or not pressing a button). In reality, the

experimenter controlled the light and so the participant had no control over the outcome. The

researchers found that non-depressed individuals were more likely to overestimate the amount of

control they had in a given scenario as compared to their depressed counterparts. They used

these findings to conclude that the inferences of depressed people are likely to be more accurate

than the inferences of their non-depressed counterparts. Thus, DR theory dictates that

individuals are "more accurate and less biased" when making assessments (Abramson, Alloy, &

Rosoff, 1981).

Ackerman and DeRubeis (1991) argue that roughly half of the replications of Abramson

and Alloy's judgment-of-contingency experiments yielded results that were incongruent with the

initial DR theory. Importantly, those replications that *did* support DR theory had methodological

limitations that compromised the external validity of the findings. Specifically, these studies

defined an "accurate response" by measuring some observable action, such as the light turning

on in the original studies.

In real world situations where objective correctness cannot necessarily be assessed, this

"accuracy" may not be quantifiable. These limitations compromise the generalizability of DR

theory to practical situations, particularly in situations with no single objective, identifiable outcome. I would argue that a "crisis" context, such as the decision to prepare for war, carry out an attack, or lead a social revolution, cannot necessarily be assessed in an objective way. A crisis context is often shaped by a combination of social, political and economic factors, the extent of which may be neither measurable nor fully known. Ultimate decisions are largely a function of the dynamic of a governing body, and thus relatively subjective. It is hard to objectively say whether or not a leader realistically assessed a perceived threat or made an accurate decision in a time of war. Thus, to conclude that any leader is likely to make a realistic decision in a time of crisis is hard to know.

Beyond the methodological limitations, scholars have identified other confounding factors that limit the applicability of DR theory. Given the non-significant findings of replications of these studies, even an objective realistic decision cannot necessarily be attributed to depressive symptoms. Allan, Siegel and Hannah (2007) argue that, in those experiments that support the existence of DR, directionality must be questioned. For example, does depression cause accurate decision-making, or are participants who accurately assess their control level prone to developing depressive symptoms? The bidirecitonality of this relationship limits the concrete conclusions that can be made based on a diagnosis of depression. Allan, Siegel and Tangen (2005) argued that another confound is the response criterion hypothesis (RCH). As a participant's ratings of his or her control change over the course of an experiment, the results may be a reflection of their willingness to predict the outcome rather than how contingent they perceive the outcome to be on their own amount of control. In other words, the experiments underlying DR theory may not really measure the amount of control a participant thinks he or she has in a situation, but how willing they are to make a prediction about the outcome.

Based on these conclusions, it is hard to make the case that DR is either a sound, conclusive theory about depressed individuals, or a finding that can be applied to real-life scenarios, as Allan argues: "[DR] is a fragile phenomenon. Non-replications have been reported. The necessary conditions are difficult to organize into a coherent whole. The complex interactions that have appeared (e.g. under some circumstances non-depressives appear to be realistic, and depressives show an illusion of control) are disconcerting" (Allan et al., 2007, p. 490). Given these limitations and criticisms of DR theory, I do not support Ghaemi's unconditional conclusion that DR enables depressed leaders to make realistic decisions in times of crisis.

Negative Cognition in Depression

Though I question the external validity of the DR findings in the context of my argument, evidence of negative cognitive processing does exist in depressed individuals. Allan, et al. (2007) concluded that the patterns of depressed people in DR supported experiments were attributable to a "nay-saying" bias of depressives.

This negative cognition can be manifest in two ways: general cognitive processes and negative cognitive schemata regarding self versus others. The general cognitive processes entail clinical cognitive manifestations of an MDE, such as impaired attention and memory. Goodwin (1997) posits that both neuropsychological assessments and neuroimaging techniques confirm the conjecture that facets of memory, attention and language can be compromised by frontal lobe impairment and resulting negative cognition in depressed individuals. These clinical manifestations of depression include lack of concentration, which is the main impairment described in an MDE.

In addition to these general cognitive impairments that characterize an MDE, evidence suggests the presence of negative cognitive schemata in a depressed individual's self-assessment. Ackerman and DeRubeis (1991) cite the hypothesis that depressed individuals do not demonstrate the same motivational bias to maintain a high level of self-esteem as non-depressed patients. In making decisions and judgments, depressed individuals demonstrate less self-serving and less optimistic biases as compared with non-depressed individuals.

Research in neuroimaging has supported these claims: in word recall experiments, participants tend to have better recall for words about themselves as opposed to words about "others," and information about the self is not processed independent of emotional affect (Watson, et al. 2007). These findings provide biological support for the self-positivity bias in healthy controls.

While I do not believe that DR theory can be generalized to conclude that depressed leaders make more realistic decisions, I think a corollary to this phenomenon can be considered in the context of leadership traits. Depressed individuals demonstrate a memory bias for negative information about themselves. To the extent that this does not cause functional impairment, I would argue that this negative self-reference could manifest as a sense of honesty and humility in the context of leadership. As I mentioned above, we must be cautious to consider the distinction between general negative cognition (i.e. the "functional impairment" aspect of an MDE) and these negative schemata with respect to self. Thus, we should ask: do individuals who are not in the throes of an MDE but who have a history of depression and/or remitted symptoms demonstrate this same negative self-reference? Romero, Sanchez and Vazquez (2014) compared formerly depressed (FD) patients to never depressed (ND) patients in word recall exercises. FD participants compiled a significantly higher proportion of negative sentences upon recall as

compared with ND participants. When asked to recall adjectives of self-endorsement, FD participants reported a significantly lower proportion of positive adjectives, and a significantly higher proportion of negative adjectives as compared with their ND counterparts. This research shows that patients who are not in the throes of a clinically impairing episode but are in remission from depression still exhibit negative cognitive schemata. The researchers found these data to remain constant without manipulating mood; in other words, the negative cognitive bias in FD participants did not need to be triggered by negative stressors but was characteristic in the FD population. These findings are supported by the research of Shestyuk and Deldin (2010), who concluded that subconscious negative cognitive processing is a stable trait in patients who have had at least one MDE in their lifetime; anyone who has had an MDE is likely to demonstrate an automatic bias for negative self-referent stimuli.

Implications about DR and Negative Schemata

Based on this literature, I take issue with Ghaemi's claim that depressive symptoms lead to more realistic decision-making that can enable leaders in times of crisis. One conclusion that can be considered is the tendency for negative self-bias that remains in patients with a history of depression. In the context of leadership qualities, I hypothesize that perhaps there are cases in which a history of MDD leaves a candidate with a negative self-bias that manifests as a sense of humility. A humble leader, I argue, will be more open-minded and receptive to the ideas of others rather than stubbornly defend his or her views on what should be done.   In Chapter 3, I will demonstrate that Abraham Lincoln, a leader who had a history of depression, demonstrated humility throughout his political career.

Empathy

The second argument Ghaemi makes about depressed leaders is that their sense of empathy enables them to lead better in times of crisis. Ghaemi cites research that correlates depressed patients with a higher degree of affective empathy and argues that depressive episodes can train a person's mind to become more accepting of another's point of view:

> Depression deepens our natural empathy, and produces someone for whom the inescapable web of interdependence is a personal reality, not a fanciful wish [...] [D]epression cultivates empathic experience, ripens it, until, in a select few, it blooms into exemplary abilities (p. 85).

Ghaemi cites Martin Luther King Jr. and Mahatma Gandhi as examples, noting that these leaders' depressive symptoms enabled them not only to understand empathy, but to apply it as a strategy in their leadership tactics. Despite his qualification that this describes "a select few," Ghaemi goes on to make a generalization about this quality. In the next section I will evaluate this claim in the context of the psychology literature about types of empathy; I will demonstrate that the "empathic concern" upon which Ghaemi bases his claim is not a typical trait in the majority of depressed individuals.

Evaluating Ghaemi's Claims

Affective empathy describes the ability of a person to feel what someone else is feeling. In his assessment, Ghaemi ignores that affective empathy is further divided into empathic concern and empathic stress. While the former is associated with selflessness and understanding, the latter is a self-oriented response that can lead people to withdraw into a state of personal distress. In a meta-analysis linking depression and empathy, Schreiter et al. (2013) concluded that the majority of published studies suggest depressive symptoms are correlated with higher

degrees of personal distress, but not enhanced empathic concern. These studies utilized the Interpersonal Reactivity Index (IRI) which divides empathy into four distinct constructs: empathic concern, perspective taking, personal distress and fantasy scale. The researchers found that the majority of published data shows either no effect or a negative effect size for perspective taking and empathic concern in depressed individuals, but a positive effect size for personal distress. Thus, on the whole, the literature suggests that empathy in depressed individuals is more likely to manifest as personal distress rather than empathic concern or perspective taking. This finding discounts Ghaemi's general claim that in times of crisis, we should seek leaders who are depressed because they demonstrate more empathic concern.

As I will demonstrate using the same subscales of the IRI utilized in these studies, Lincoln was a man with a history of depression who *did* demonstrate empathic concern and perspective taking. However, in light of this literature, I cannot accept Ghaemi's assertion that this trend can be assumed broadly in anyone with a history of depression.

Conclusions

In these sections I have summarized Ghaemi's arguments that traits of empathy and realism are enhanced in depressed individuals. By examining the pathological criteria of impairment, I have questioned the argument that these traits are assets that improve leadership qualities. I have also examined the literature around his assumptions of empathic concern and depressive realism. The majority of findings fail to support his theory: most depressed individuals show enhanced personal distress and poorer perspective taking rather than greater empathic concern for others. They are not necessarily more realistic, but tend to demonstrate cognitive biases for more negative self-reference, even many years after having had an MDE. I

disagree with Ghaemi's conclusion that in times of crisis, we should *look* to elect leaders who have mood disorders.

While I take issue with his conclusions, I will demonstrate in Chapter 3 that Abraham Lincoln fits the DSM-IV criteria for MDD. Lincoln also fits some of the IRI criteria for both empathic concern and perspective taking. I will demonstrate that his actions are emblematic of a humble man who took good news skeptically and worked hard even once he was a respected politician.

Given his overall determination and success while in office, I remain cautious to conclude that these personality traits were directly attributable to his depressive symptoms. However, I think his case prompts an important question in the context of modern elections: if one of the greatest presidents in our nation's history had a history of depression upon election, does our modern system allow us to seriously consider a similar candidate? I argue no. I assume that voters will be hesitant to elect a leader with depression. The next section will look at Abraham Lincoln as an example of a depressed man who exhibited empathic concern, perspective taking, humility and pragmatism.

Chapter 3: Abraham Lincoln Case Study

In this chapter, I will present the case of Abraham Lincoln to show that a man with a history of depression is not incapable of being a successful president. To make the argument relevant in the context of a modern candidate, I must first establish that Abraham Lincoln fits the criteria for a mental illness by today's standards. In this section I will cite sources that have concluded that Lincoln fits the DSM-IV diagnostic criteria for MDD.

3.1 Lincoln's Depression

A team of researchers at Duke University assessed biographical information for all U.S. Presidents between 1776 and 1974 and found that 49% fit the diagnostic criteria for a mental illness listed in the DSM-IV (Davidson et al., 2006). The researchers used narrative accounts and available medical records to collect case histories for each president. They presented their findings to three psychiatrists who independently evaluated each president's behavior, symptoms and medical histories along the DSM-IV criteria. The researchers then scored the level of confidence as either "high," "probable," or "possible" depending on whether three, two, or one criteria were met in each case (Table 3.1). To control for false positives, the researchers examined only those cases that were "high" and "probable." Because psychopathological symptoms can be common side effects of general medical conditions, the researchers also evaluated whether enough evidence indicated that impairment was due to a clinical psychiatric disorder (ibid).

By these standards, Abraham Lincoln met the DSM-IV criteria for the diagnosis of "MDD, recurrent, with psychotic features" (p. 49). The diagnostic confidence level was "high" (ibid).

Criteria for Assessment
A. Persistent (i.e., at least some weeks) or recurrent (i.e., not transient)
B. Symptoms classifiable by DSM-IV, either as 1. Meeting full criteria, or 2. Meeting subthreshold criteria
C. Presence of at least one of the following attributable to the condition: 1. Alteration in personality 2. Alteration in relationships 3. Impairment or deterioration in work capacity 4. Treatment by either self or a medical professional 5. Evident to others
Level of Confidence: 1. High: Meets criteria A, B, and C 2. Probably: Meets 2 of 3 criteria (of which one must be A) 3. Possible: Meets criterion A only

Table 3.1. Guidelines Used to Assess for Presidential Psychiatric Disorders. Adapted from Davidson et al., 2006.

Shenk (2006) notes that Lincoln's suicidal ideations in 1841 crossed the threshold of an MDE that would label him "mentally ill" by today's standards:

> Without question, [Lincoln] meets the U.S. Surgeon general's definition of mental illness, since he experienced "alterations in thinking, mood, or behavior" that were associated with "distress and/or impaired functioning" (p. 25).

I defer to these researchers for their diagnosis of Lincoln's depression. While there are accounts of his somber or depressed mood while in office, given his ability to function successfully as President of the US, I am hesitant to conclude that he experienced functional impairment in office. Given the course of MDD, it is likely that once he assumed office, he had a history of MDD with remitted chronic symptoms still present. [11] As I explained in chapter 2, the typical remitted depressed patient retains a tendency for a negative self-bias. I argue that Lincoln's humble and pragmatic nature can be understood as a function of this innate self-doubt and nay-saying tendency. Below, I will demonstrate examples of humility and pragmatism

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[11] For a much more detailed reference on the emotional struggles of Lincoln while in office, I recommend consulting Shenk (2006).

throughout his life. I will also show that, although the typical depressed patient is not likely to exhibit empathic concern or enhanced perspective taking, Abraham Lincoln's actions illustrate these components of empathy.

Measuring Empathy

Given the multidimensional nature of the term "empathy," it is important to understand how researchers recognize the components of the construct. I argued that Ghaemi's claim falls short because the majority of individuals with depression tend to manifest their empathy as personal distress rather than concern for others. To evaluate whether an individual's empathy is made up of the components to provide support rather than succumb to empathic stress, I will assess Lincoln's behaviors in line with the IRI, the same scale cited in the meta-analyses measuring empathic tendencies of depressed individuals.[12]

The IRI (Davis, 1983) is used to measure an individual's empathy along four dimensions: empathic concern (EC), perspective taking (PT), personal distress (PD), and fantasy scale (FS). A combination of agreement and disagreement with seven statements in each of the four categories is used to measure the dimensions of empathy (Table 3.2). To argue that Lincoln's empathy enabled him to demonstrate concern for others and take others' perspectives, the dimensions of PT and EC are most relevant.

The statements that indicate EC include: demonstrating sensitivity for others, feeling badly for people who struggle, feeling protective of people who are taken advantage of, feeling disturbed by individuals in less fortunate situations, feeling touched by things they see and

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[12] I acknowledge an important limitation of using the IRI in this assessment: IRI responses are based on a self-response scale. I assess Lincoln's actions based on his personal accounts and those of his colleagues, but I cannot say for certain how he would have assessed his own EC and PT. In the interest of consistency with the psychology literature, I have chosen to use the IRI regardless.

demonstrating a "soft-hearted" character.

The statements that point to PT in an empathic person include: appreciating a situation from another person's point of view, thoroughly evaluating all opinions in a disagreement, evaluating options before making a decision, listening to and considering another's argument, examining all sides of a question at hand before making a decision, and imagining oneself in another's position before criticizing him or her (Table 3.2). In the case study of Lincoln, I will provide examples consistent with the constructs of EC and PT.

Statement	Positive/Negative	Dimension
1. I often have tender, concerned feelings for people less fortunate than me.	Positive	EC
2. Sometimes I don't feel very sorry for other people when they are having problems.	Negative	EC
3. When I see someone being taken advantage of, I feel kind of protective towards them.	Positive	EC
4. Other people's misfortunes do not usually disturb me a great deal.	Negative	EC
5. When I see someone being treated unfairly, I sometimes don't feel very much pity for them.	Negative	EC
6. I am often quite touched by things that I see happen.	Positive	EC
7. I would describe myself as a pretty soft-hearted person.	Positive	EC
8. I sometimes find it difficult to see things from the "other guy's" point of view.	Negative	PT
9. I try to look at everybody's side of a disagreement before I make a decision.	Positive	PT
10. I sometimes try to understand my friends better by imagining how things look from their perspective.	Positive	PT
11. If I'm sure I'm right about something, I don't waste much time listening to other people's arguments.	Negative	PT
12. I believe that there are two sides to every question and try to look at them both.	Positive	PT
13. When I'm upset at someone, I usually try to "put myself in his shoes" for a while.	Positive	PT
14. Before criticizing somebody, I try to imagine how I would feel if I were in their place.	Positive	PT

Table 3.2. Interpersonal Reactivity Index. Questions to evaluate EC and PT on the self-report Interpersonal Reactivity Index (IRI) adapted from Davis (1983). "Positive" implies that agreement with the statement indicates the type of empathy in the "dimension" column. "Negative" implies that disagreement with the statement indicates the type of empathy in the "dimension" column.

Again, given the functional impairment that characterize MDEs and depressive symptoms, I am skeptical of Ghaemi's conclusion that Lincoln's depressive traits fueled his

success. What I will demonstrate, however, is that Abraham Lincoln exhibited the negative self-bias, empathic concern and perspective taking that *can* be seen in a patient with a history of MDEs and diagnosis of MDD. These traits shaped his caring, humble and pragmatic character that is admired by historians and voters today.

3.2: An Empathic, Perspective-Taking, Humble and Pragmatic Leader

Few themes remained constant throughout Abraham Lincoln's life. The one-room log cabin in which he was born contrasted greatly with the ornate White House his wife would later decorate. His tenure as a circuit lawyer demanded a varying schedule and a lot of traveling. His family structure was in constant flux, having lost his mother as a young boy, his sister when he was 19, and two children of his own. Men who had been, for decades, his political opponents would later become his closest confidantes and truest friends (Goodwin, 2006). The plot of his story was not linear, but one theme is clear from the man's story: the threads of empathic concern and humility wove through each era of his life to shape his decisions, actions and relationships. Abraham Lincoln was an empathic compromiser, a pragmatic decision maker and a humble professional. A melancholic man who was invigorated by a passion for the pursuit of justice, he exhibited personal care to his colleagues and a pragmatic understanding of the context of political controversies.

What follows is not an exhaustive biography of the leader, but rather snapshots of a distinguished and influential man as a function of his empathic concern, capacity for perspective taking, humility and pragmatism. By reflecting on a selection of his personal relationships and professional decisions, I will demonstrate that these traits guided his thoughts and actions.

Lincoln's Empathy

Lincoln lifted himself out of a life threatening depressive episode at age 31 by choosing to dedicate his life to a greater cause. According to Shenk (2006), Lincoln had "flirted with a desire to die," a desire that was put to rest by considering what little he had accomplished so far in his life: "Lincoln said that he *could* kill himself, that he was not afraid to die. Yet, he said, he

had an 'irrepressible desire' to accomplish something while he lived" (p. 65). Lincoln did not

simply hope to find a cause worthy of his dedication but, in his own words, this pursuit was what

he "desired to live for" (ibid). Lincoln found this cause in dedication to public service and the

pursuit of justice, first as a lawyer and later as a politician. Indeed throughout his life, when

faced with a dilemma that triggered his depressive symptoms, he did not generally withdraw into

a solitary mind but threw himself into this life mission with renewed vigor.

It cannot be overstated that this is not typical of a depressed individual. As cited in chapter 2,

it is not common for the impairment of an MDE to trigger empathic concern for others rather

than personal distress. Indeed, closer to his MDEs Lincoln exhibited functional impairment in

his professional career. Earlier in his career, opposition to his political proposals and dire

economic situations led Lincoln to miss Congressional sessions and slack on his job at times

(Shenk, 2006).

Years later, however, Lincoln exhibited empathic concern and perspective taking. As a

politician, he had a gift of connecting with the people who met him and heard him speak; this

capacity helped to win him the votes he would need to become a senator and later president. His

personal struggles allowed him to empathize with the plight of the slaves. As president, he

employed PT tactics in dealing with his cabinet to enable an unlikely team to lead the Union to

victory. After news of military defeats, he did not succumb to empathic stress but drew strength

from visiting troops to demonstrate his support. When feeling discouraged or anxious, he rallied

his staff to spend time together and share poignant stories. Despite his inner qualms about his

genuine love for his wife, he remained a loyal and dedicated father and husband. Lincoln's

capacity for EC and PT won him the respect and distinction of many colleagues. His sensitive

character resonated with individuals. In the following section, I will use EC and PT

measurements of the IRI to demonstrate these traits.

Dedication to Family

Lincoln's capacity for PT was evidenced in his early relationship with his stepmother. Lincoln's birthmother, Nancy, taught Abraham to read, taught him the bible, and exemplified a "strong minded" woman whose courage and care solidified the solid bond she had with her son (Goodwin, 2006, p. 47). The primary intellectual influence on the young boy, Nancy's death had a devastating impact on nine-year-old Abraham and shook the overall family structure. After Nancy's death, her husband Thomas left Abraham and his sister Sarah, two years his senior, to find a new wife. Sarah Bush Johnston returned with Thomas two months later to replace Nancy as the woman of the household. Given the intimate relationship between Abraham and his mother, the stability she provided for the family, and the way in which Thomas left the children alone to find a new wife, one would not expect Abraham to exhibit compassion for his stepmother. On the contrary, his stepmother Sarah recalled that her stepson, Abe, "never gave me a cross word or look and never refused in fact, or [e]ven in appearance, to do any thing I requested of him… He was Kind to Every body and Every thing and always accommodate[d] others if he could —would do so willingly if he could" (quoted in Goodwin, 2006, p. 50). The fifth construct of PT, "I believe there are two sides to every question and try to look at them both," applies in this context. Sarah's account shows Abraham's capacity to understand his father's need to find a new companion. Despite the pain of his mother's loss, he seemed to understand the perspective of his father and stepmother and respected the new family dynamic.

Biographical accounts describe Abraham as a sensitive young man who was pained by upsetting others. This sensitivity to others' pain fits the fourth construct of EC, disagreement

with the statement: "other people's troubles do not disturb me a great deal." This trait is exemplified in his relationship with Mary Todd. Unsure of his love for Mary Todd and his ability to commit to marriage, he failed twice in his attempt to end their engagement because he could not see her suffer. Recounting the incident to his best friend Joshua Speed, Lincoln admitted that it was too overwhelming to see how upset she was at the thought of ending the engagement. The idea of upsetting her would leave him perpetually miserable, he told Speed. "I found the tears trickling down my own cheeks. I caught her in my arms and kissed her," he told Speed (quoted in Goodwin, 2006, p. 98).

If these feelings remained throughout his life, Lincoln's empathic concern masked the internal hesitation he had about his relationship with Mary. His loyal and dedicated behavior as a family man shone through. Mary's defiant nature was a stark contrast to the moderate and levelheaded Lincoln. The opinionated first lady, known for not holding back, once described Abraham as "the kindest most tender and loving husband and father in the world … [he] said to me always when I asked him for any thing – you know what you want – go and get it" (quoted in Goodwin, 2006, p. 106). His acceptance of Mary's different attitude echoes the fourth construct of PT, disagreement with the statement: "If I'm sure I'm right about something, I don't waste much time listening to other people's arguments;" as well as agreement with the seventh construct of PT: "before criticizing somebody, I try to imagine how I would feel if I were in their place."

Not only was Lincoln a supportive husband, but he was an actively involved father as well. Despite his demanding work schedule, Lincoln found time to play with his sons and take them on walks and carriage rides. During busier times, he brought his sons into his office so they would not lose time together (Goodwin, 2006). When his son Tad was ill and bedridden, the

President brought work into Tad's bedroom to stay by his ailing son's side. In the midst of a trying Civil War and challenging presidency, Lincoln described his son's struggle with typhoid as "the hardest trial of my life" (quoted in Goodwin, 2006, p. 420). I argue that Lincoln's dedication to his sons represent the seventh construct of EC: "I would describe myself as a pretty soft-hearted person."

A Magnetic Leader

From a young age, Lincoln's peers were drawn to him. He was much more serious than the other boys, generally with a book in hand while his friends played nearby. Though few of his friends shared this enthusiasm for independent study, they admired him nonetheless: "He naturally assumed leadership of the boys," said his childhood friend Nathaniel Grigsby. The brilliant Abe, says Grigsby, "became our guide and leader" (quoted in Goodwin, 2006, p. 49). Though tall, lanky and physically awkward, Lincoln was a captivating orator. Despite his high-pitched voice and physically awkward stance, according to Goodwin (2006), those around Lincoln related to the sense of empathy, passion and authenticity that set him apart from his peers.

As a circuit lawyer, his colleagues were drawn to his late-night fireside storytelling. While socializing after a meal, colleagues often called for Lincoln to begin telling his tales. He kept the men entertained, says Herndon, "in full laugh till near daylight" (quoted in Goodwin, 2006, p.151). While entertaining the masses, Lincoln did not exclude his newer colleagues from the socializing. According to a letter written by circuit judge David Davis to his wife, Lincoln was "warm-hearted" and had "exceeding honesty and fairness … He was remarkably gentle with young lawyers… No young lawyer ever practised in the courts with Mr. Lincoln who did not in

all his after life have a regard for him akin to personal affection" (quoted in Goodwin, 2006, p. 150). This exemplifies the third construct of EC: "When I see someone being taken advantage of, I feel kind of protective towards them." Lincoln's empathic concern for his protégés enabled him to include them, mentor them, and provide a sense of social support for them.

Lincoln's capacity for perspective taking fueled his oratory talent as a politician as well. Based on accounts of his contemporaries, Lincoln's oratory skills embody the third construct of PT: "I sometimes try to understand my friends better by imagining how things look from their perspective." He evoked poignant metaphors that gripped his audience; as his contemporary James Russell Lowell explained, when Lincoln spoke it was "as if the people were listening to their own thinking out loud" (quoted in Goodwin, 2006, p. 233). Lincoln's 1856 "Lost Speech" in Bloomington, Indiana symbolizes his engaging nature; according to historians, observers were so mesmerized by his ability to relate to the audience that the reporters dropped their pens, leaving no written record of his remarks (Shenk, 2006, p. 148).

Lincoln's ability to identify with those around him strengthened his public image and rhetorical talent, and proved helpful in securing leadership positions. In addition to the third construct of PT mentioned above, the following constructs of EC and PT can be identified in this skill: "other people's misfortunes do not usually disturb me a great deal;" and disagreement with the statement: "I sometimes find it difficult to see things from the other guy's point of view." When Lincoln moved to Springfield in 1837, he attracted new friends who would contribute to his political rise. He spent his days building a law practice and his nights at Joshua Speed's store where he would tell stories to anyone who happened to be there. The store soon became the spot for local young men to gather, specifically because they knew they could expect to spend time with Mr. Lincoln (Goodwin, 2006, p. 89). This earnestness and empathy were the foundation of

the strong relationships that propelled his political career forward. Though his single term in Congress was not remarkable politically, his character had a lasting impression. According to Alexander Stephens, who would later become the Vice President of the Confederate States, Lincoln had the ability to captivate the "riveted attention of the House when he spoke; his manner of speech as well as thought was original… his anecdotes were always exceedingly apt and pointed" (quoted in Goodwin, 2006, p. 130).

Before officially declaring his bid for the presidential nomination, Lincoln traveled around the country speaking about his party's platform. The young, uneducated, relatively inexperienced politician attracted larger than expected crowds at each speaking engagement. One of the more memorable speeches was at Cooper Union in New York. The speech put Lincoln on the map; it changed him "from a relatively obscure Illinois favorite son into a viable national contender for his party's presidential nomination" (Holzer, 2004, p. 2). This speech was a turning point in his political career as it brought the budding politician's character from a statewide to a national audience. The speech presented Lincoln's character to delegates who would be present at the party convention a few months later (Holzer, 2004). One onlooker, captivated by Lincoln's speech, said: "When I came out of the hall, my face glowing with an excitement and my frame all aquiver, a friend, with his eyes aglow, asked me what I thought of Abe Lincoln the rail-splitter. I said, 'He's the greatest man since St. Paul'" (quoted in Goodwin, 2006, p. 232). Once again, onlookers reported being captivated by Lincoln's ability to relate to the people and demonstrate a genuine spirit. Lincoln's tour through New England following the speech allowed him to make lasting connections with some of the men whose votes at the party convention would help him to win the nomination, and later the election (Goodwin, 2006).

Nomination Process

Lincoln realistically assumed that, given his network and experience, New York Senator William Seward would be the delegates' top choice at the nominating convention in May 1860. As such, his main objective was to prevent Seward from sweeping on the first ballot; if he had any chance at the nomination, this first step would be crucial. At the convention, Lincoln garnered a team of loyal men who would advocate on his behalf, simply out of regard for the compassionate man with whom they had built a relationship, as Henry Whitney recalled: "Most of [Lincoln's men] worked *con amore*, chiefly from love of the man, his lofty moral tone, his pure political morality" (quoted in Goodwin, 2006, p. 244). These accounts of Lincoln's sensitivity reflect the sixth and seventh constructs of EC: "I am quite often touched by things I see happen" and "I would describe myself as a pretty soft-hearted person." Indeed, when the time came to ballot, Lincoln's fellow circuit lawyers David Davis and Leonard Swett succeeded in preventing a Seward sweep. Two men who knew Lincoln intimately and respected his genuine, empathic spirit, Lincoln's close friends personally secured the votes of delegates from Indiana, Pennsylania, New Jersey and Illinois. When Caleb Smith seconded Lincoln's nomination, according to Swett, five thousand people jumped up and cheered so loud that "a thousand steam whistles, ten acres of hotel gongs… might have mingled in the scene unnoticed" (quoted in Goodwin, 2006, p. 247). The meaningful relationships Lincoln had established throughout his career proved effective in each successive round of balloting at the convention. Delegates switched their initial votes in favor of Lincoln rather than Seward, after their first choice candidates had not succeeded.

Election Process

Lincoln's reputation as a caring politician bolstered his candidacy throughout the election process in 1860. Media outlets called him "a man of the people" and described him as a remarkable individual whose "genius and force of character" enabled him to climb up the ranks from a poor upbringing to become a beloved political figure (quoted in Goodwin, 2006, p. 266).

Having fostered genuinely respectful and caring relationships with his political opponents throughout his career, his authentic character won him the endorsement of Seward, Chase and Bates – the three well-established men with whom he had competed for the nomination. The divisive issue of slavery had fractured viewpoints within the Republican Party; overcoming this tension to win the endorsement of his competitors could not be taken for granted. After he secured the nomination, Lincoln wrote thoughtful, personal, praiseworthy letters to each of the three men to garner their support in whatever capacity they felt appropriate. He asked for no more than they felt within their ability to contribute. By respecting the time and admiration they needed to recover from the loss, Lincoln successfully won the crucial backing of each of the three men (Goodwin, 2006, p. 261). This action reflects the capacity for perspective taking measured in the first and seventh constructs of PT: disagreement with the statement "I sometimes find it difficult to see things from the other guy's point of view" and agreement with the statement: "before criticizing somebody, I try to imagine how I would feel if I were in their place."

Leading up to the election, Lincoln dedicated time to answering letters from supporters and greeting thousands of visitors at his home. Without the advantage of the long political tenure that some of his colleagues enjoyed, these personal connections contributed to Lincoln's victory in November 1860. By maintaining positive relationships with his colleagues and connecting

with the general public, the one term congressman from Kentucky had established himself as the relatable, empathic figure that would become the nation's sixteenth president.

This sense of connection sustained once he was elected. From the first few days of his term, the grounds of the White House were open to the public. The "people's house" was typically flooded with visitors, and Lincoln made a concerted effort to meet and shake the hands of as many people as possible (Goodwin, 2006).

A Sensitive President

Lincoln's demeanor exemplified the EC constructs: "I am quite often touched by things I see happen" and "I would describe myself as a soft-hearted person." Once he was elected president, the sensitive Lincoln did not mask his natural, expressive sensitivity. He was devastated and anxious in the days preceding his inauguration; before leaving his home in Springfield for the White House, observers recalled that the pale Lincoln "quivered with emotion so deep as to render him almost unable to utter a single word" (quoted in Shenk, 2006, p. 171). He was upset to leave his home community, telling his local friends and neighbors that they could not understand how upsetting it was for him to leave Illinois.

Lincoln demonstrated this same sensitivity after his inauguration as well. As President, Lincoln was not known to hide his emotions from his colleagues. After receiving the news of the first fatality of the Civil War, Lincoln was reportedly choked up, and buried his face in a handkerchief. When the men around him asked him what was the matter, he began to cry. One reporter noted that he was shocked and moved by "such an unusual spectacle in such a man and in such a place" (quoted in Shenk, 2006, p. 176). "I will make no apology for my weakness," Lincoln candidly told the reporter (ibid). Later in 1861 when his friend Colonel Baker was shot

and killed in the Battle of Ball's Bluff, the journalist Charles Coffin recalled that he bowed his head, and was "heaving with emotion … He almost fell as he stepped into the street, and we sprang involuntarily from our seats to render assistance." When Lincoln spoke at his friend's memorial service, "again the tears rolled down his cheeks," Coffin reported (quoted in Shenk, 2006, p. 177). This outward display of emotion represents Lincoln's capacity for empathic concern, rather than a preference to succumb to personal distress and solitarily withdraw.

In another wartime fatality, he learned that the daughter of a killed Colonel whom he had known was grieving and distressed. Having been well acquainted with the devastation of a child's personal loss, he wrote her a personal letter in which he validated her feelings: "Sorrow comes to all; and, to the young, it comes with bitterest agony, because it takes them unawares," he wrote. "I have had experience enough to know what I say," he empathized. "The memory of your dear father, instead of agony, will yet be a sad sweet feeling in your heart, of a purer, and holier sort than you have known before." This passage shows a man who was both touched by news he heard, and able to take the perspective of a mourning child. He was well acquainted with the human need for validation and had the gift of expressing his empathy in an eloquent way. Lincoln's empathic concern guided him to encourage Fanny without discounting the impact of her tremendous suffering (quoted in Shenk, 2006, p. 189).

Finding Purpose

As I mentioned in chapter 2, the typical empathic response of a depressed person is to succumb to personal distress rather than to channel his pain into empathic concern. Lincoln's behavior stands out as an exception. After having overcome the functional impairment of debilitating MDEs, Lincoln's capacity for empathy is better described as empathic concern than

personal distress, according to Shenk: "What distinguished Lincoln was his willingness to cry out to the heavens in pain and despair, and then turn, humbly and determinedly, to the work that lay before him" (p. 200). Lincoln searched for meaning and purpose in the tragedies of the human experience.

After Lincoln lost the 1858 senate election to Douglas, Henry Whitney noted of his friend: "I never saw any man so radically and thoroughly depressed… so completely steeped in the bitter waters of hopeless despair" (quoted in Shenk, 2006, p. 157). But the politician vowed to channel his pain in a constructive, defiant way: "The cause of civil liberty must not be surrendered at the end of *one*, or even, one *hundred* defeats," he wrote to a friend (quoted in Shenk, 2006, p. 157). Rather than allow the pain of defeat to overtake him, the loss would reinforce his desire to advocate for the causes in which he believed.

Lincoln echoed this sentiment to a popular audience at a state fair in Wisconsin in 1859. Before local farm prizes would be awarded, he said to those who would not win: "Let them adopt the maxim, 'better luck next time,' and then, by renewed exertion, make that better luck for themselves'" (quoted in Shenk, 2006, p. 157). Lincoln preached and practiced a resilient sense of motivation in the face of defeat.

Once in office, the dedication to purpose took on a renewed meaning in the context of wartime deaths. His search for meaning from despair is exemplified in his Gettysburg address in November 1863. His famous address to dedicate the Soldiers' National Cemetery not only called to mourn the losses of the deadliest battle, but to use the tragedy as motivation to fight even harder for unity: "It is rather for us to be here dedicated to the great task remaining before us – that from these honored dead, we take increased devotion to that cause for which they gave the last full measure of devotion – that we here highly resolve that these dead shall not have died

in vain" (quoted in Shenk, 2006, p. 201). When confronted with tragedy, the empathic leader was hardly immune from despair. This search for purpose, says Shenk, was "the key that unlocked the gates of a mental prison" (Shenk, 2006, p. 126). Lincoln's method of coping is what sets him apart: by investing an intensified ambition in his original purpose and inspiring others to do the same, Abraham Lincoln's capacity for empathic concern fueled him forward.

Empathy and the Armed Forces

Despite the difficulty of his own executive wartime decisions, the empathic concern Lincoln expressed for the men in battle allowed him to keep perspective and remain productive. He acknowledged that his challenges, however daunting, were "scarcely so great as the difficulties of those who, upon the battle field, are endeavoring to purchase with their blood and their lives the future happiness and prosperity of this country. Let us never forget them," he demanded (quoted in Goodwin, 2006, p. 482). This statement reflects the fourth construct of EC: disagreement with the statement: "other people's misfortunes do not usually disturb me a great deal."

Lincoln drew strength from expressing support for the troops. After a particularly devastating defeat at the battle of Chancellorsville in 1863, he paced frantically worrying about the public's reaction. According to Goodwin (2006), the best way he could think to cope was to immediately visit the troops. These visits gave him the inspiration and confidence he needed to move on in his executive capacity.

When visiting the troops, Lincoln dedicated his full attention to the soldiers. He traveled division by division to offer personal support. During one visit to boost morale, General McClellan approached him to debate a new policy; but he refused to discuss the contentious

issue with the general during his visit. He had come to support the troops and would not engage in a political debate that might distract his attention from the men who needed his encouragement (Goodwin, 2006).

When addressing the troops, Lincoln authentically encouraged them to reach out to him "personally, in case they were wronged" so he could provide counsel and support on an individual level (quoted in Goodwin, 2006, p. 375). According to a letter written by a soldier, he tried hard to hide his broad grin when he saw Lincoln: Lincoln's own "benignant smile as he passed on was a real reflection of his honest, kindly heart; but deeper, under the surface of that marked and not all uncomely face, were the unmistakable signs of care and anxiety" (quoted in Goodwin, 2006, p. 452).   These visits were not only meaningful to the troops, but evidently valuable to Lincoln as well.

Lincoln offered support for the troops from his official capacity as well. Throughout the war, he wrote letters to generals and politicians to help them stay level headed and focused (Goodwin, 2006). The rapport he had established with these leaders would prove valuable in the rare occurrence when he gave stricter orders.   Recognizing the military skill of other leaders, he often deferred to their decisions. When his leadership skills could help to save a situation, however, he took a more direct role. Yet even in these cases, Lincoln remained compassionate in his commands. In one letter to General Hooker, Lincoln's message was uncharacteristically directive. The leader acknowledged that "although I think he was harder on me than I deserved, I will say that I love the man who wrote it" (quoted in Goodwin, 2006, p. 514). Hooker not only took Lincoln's advice confidently, but proudly showed the letter to his colleagues as well.

Lincoln's use of the executive power to pardon demonstrates his capacity for PT. If presented with the case of a soldier who was sentenced to death, he would try, when possible, to

change the sentence to prison or labor. He demonstrated a capacity to put himself in the position

of the exhausted soldiers by attributing their mistakes to exhaustion, missing family, and

emotional terror. Lincoln felt that it was not his place to punish fearfulness in his soldiers:

> They are the cases that you call by that long title cowardice in the face of the enemy but I call them, for short, my "leg cases." But I put it to you, and I leave it for you, to decide for yourself: if Almighty God gives a man a cowardly pair of legs, how can he help their running away with him? (Current, 1958, p. 165).

Within his legal capacity, he repeatedly tried to attribute violations to terrifying wartime

experience rather than disloyalty or personal malice.   Lincoln's secretary Hay recalled the

regard for "the eagerness with which the President caught at any fact which would justify him in

saving the life of a condemned soldier" (quoted in Goodwin, 2006, p. 539). After James Monroe

and Andrew Jackson, Lincoln ranked third to date in the number of times he used his power to

pardon. According to Ruckman and Kincaid (1995), "Lincoln's extensive effort to provide

numerous and explicit explanations for clemency decisions" was more notable, and indicated his

sympathy and the democratic use of his executive power (p. 99). Lincoln's desire to pardon

reflect two components of PT: "I sometimes try to understand my friends better by imagining

how things look from their perspective" and "before criticizing somebody, I try to imagine how I

would feel if I were in their place."

Perspective Taking and the Cabinet

Lincoln's staff was comprised of men with strong opinions and shameless ambition. He

had chosen such a setup having found that a broad representation of the people's views would be

an asset to his contemplative decision-making. The men in the cabinet were bright and capable,

even if professionally less considerate, and he felt strongly that the country needed their wisdom.

In the context of this dynamic, Lincoln would need to play group mediator in many scenarios. His colleagues' perspectives were oftentimes at odds with his own. But Lincoln employed tactics of perspective taking to mollify his staff and ensure productivity in a tenuous group dynamic. Specifically, his actions reflect the constructs: disagreement with the statement "If I'm sure I'm right about something, I don't waste much time listening to other people's arguments," and "I try to look at everybody's side of a disagreement before I make a decision."

Lincoln spent a disproportionate amount of time with Seward in the beginning of his term. Records indicate that the other cabinet members were jealous of their intimacy; a team of accomplished and haughty men, the members of his cabinet did not appreciate the lesser attention. To assuage their feelings, Lincoln assured the other men they had no less access to him; the President was patient and open to each one. When members of his cabinet attacked one another, he often maintained a respectful and neutral demeanor. They knew they could approach him, and often entered his office to chat. He moderated their rivalries and soothed their irritability when arguments arose (Goodwin, 2006). Following a meeting in which Chase, Stanton and Welles "had been painfully affected," they entered his office (Goodwin, 2006, p. 493). Lincoln invited the men to sit with him by the fire, and talk through their emotions. A passage from Welles's diary attests that, while he knew he might never share the same closeness that Seward had to Lincoln, he admired the leader so much that he could never think to betray him (Goodwin, 2006, p. 672).

In many instances, they threatened to resign. Knowing that these men were the most capable in the country for their respective jobs, Lincoln did everything within his power to retain their leadership. Amid rumors of corruption on the part of his Secretary of War, Simon Cameron submitted his resignation to the president. Lincoln preserved his reputation by writing a long

public letter to Congress to take responsibility for the contracts in question. In this act, he

retained the loyalty and respect of Cameron who recalled that any other man in his position

"would have permitted an innocent man to suffer rather than incur responsibility" (Goodwin,

2006, p. 413).

Through these expressions of empathy, Lincoln won the loyalty and respect of his cabinet

members through trying times. Lincoln built and maintained a team of brilliant men who might

not have overcome so many obstacles without the empathy of their mediator and leader.

Empathy and Slavery

Abraham Lincoln was not the staunch abolitionist of his caricature. While his political

actions may lead some to question his dedication to the cause, there is no mistake for the

empathic concern Lincoln had for the slaves. Throughout his life he made allusions to the

immorality of slavery. His reactions to slavery reflect two constructs of EC: disagreement with

the statement "sometimes I don't feel very sorry for other people when they are having

problems," and "other people's misfortunes do not disturb me a great deal."

On a trip home to Springfield with friend Joshua Speed early in his career, Lincoln had

seen twelve shackled slaves near the Ohio River; he often referenced this image, which long

remained with him: "That sight was a continual torment to me and I see something like it every

time I touch the Ohio, or any other slave-border. I confess I hate to see the poor creatures hunted

down, and caught, and carried back to their stripes and unrewarded toils; but," he noted, in order

to keep an open mind to compromise and political progress, "I bite my lip and keep it quiet"

(quoted in Shenk, 2006, p. 144).

As we will see, the man struggled to balance his regard for the law with his moral

obligation. In a letter to Speed, he wrote: "You ought rather to appreciate how the great body of the Northern people do crucify their feelings in order to maintain their loyalty to the constitution and the Union" (ibid). This statement shows Lincoln's ability to take the perspective of others, specifically with regard to the construct: "I believe that there are two sides to every question and try to look at them both."

Despite his moral opposition to the institution of slavery, the compassionate Lincoln was neither quick to judge the slaveowners nor to punish them after the war: "They are just what we would be in their situation. If slavery did not now exist amongst them, they would not introduce it… I surely will not blame them for not doing what I should not know how to do myself" (quoted in Goodwin, 2006, p. 167). He did not righteously castigate them for their immoral behavior, but shed light on the unfortunate dependence of the situation. This reflects the PT construct: "when I'm upset at someone, I usually try to put myself in his shoes for a while" and "before criticizing somebody, I try to imagine how I would feel if I were in their place."

Lincoln took great measures to demonstrate his solidarity with African Americans. When he welcomed a group of freed slaves to the White House in the summer of 1862, Lincoln acknowledged that their race had survived "the greatest wrong inflicted on any people'" (quoted in Goodwin, 2006, p. 469). Black leader Frederick Douglass attested to the personal side of Lincoln's moral dilemma. Lincoln's warmth, earnestness and authenticity was reassuring, as Douglass wrote: "I was never more quickly or more completely put at ease in the presence of a great man than in that of Abraham Lincoln" (quoted in Goodwin, 2006, p. 552). Having maintained an important relationship throughout Lincoln's presidency, Douglass later concluded: "he treated me as a man; he did not let me feel for a moment that there was any difference in the color of our skins!" (quoted in Goodwin, 2006, p. 650). After spending time with Lincoln,

Douglass, who had previously expressed frustration at the lack of progress made by Lincoln, described the president as "remarkable" and acknowledged that he was "satisfied to know that he is doing all that circumstances will permit him to do" (ibid).

Abraham Lincoln found solace not in isolation but in the connections he made with and expressed to others. The byproduct of Lincoln's challenging background and depressed demeanor was a capacity for empathic concern. Whether by spending hours listening to the troubles of his colleagues or relating to the general public with a poignant metaphor, Lincoln's capacity for empathic concern and perspective taking strengthened the relationships in his life that have won him historic admiration.

Lincoln's Humility and Pragmatism

Having established Lincoln's capacity for EC and PT, I now switch gears to examine the arguments related to DR. As I presented in chapter 2, I do not think the evidence surrounding DR theory is either conclusive or generalizable enough to use as a standard for measuring Lincoln's behaviors. What I think can be identified in his nature, however, is the aforementioned "nay-saying" tendency and the negative self-referential bias; the former can help a leader anticipate and plan for potential problems that could arise, and the latter can shape a humble leader who is open to the input of others and thus kept in check by his colleagues. Here I argue that, having overcome the stage of functional impairment, his history of depression left him with the overall negative tendencies that strengthened his capacity as a humble leader and allowed him to anticipate opposing arguments to make him a more pragmatic decision maker.

As Lincoln's career propelled forward, his humble nature kept him in check. Even as the

uneducated and inexperienced politician reached national prominence, he remained dedicated to the diligence of further building his name. He was morally opposed to slavery, but recognized the need for a healthy democracy to follow the letter of the law. He was pragmatic in knowing that, in a system of laws, a moral argument could not stand alone. His humble character, stemming from his modest background and kept in check by his automatic bias for negative self-endorsement, kept him grounded enough to facilitate compromises and maintain the loyalty of his colleagues.

A Unique Politician

In 1860, Lincoln's campaign biographer asked him to describe his childhood. He unashamedly replied: "Why Scripps, it is a great piece of folly to attempt to make anything out of my early life. It can all be condensed into a single sentence… in Gray's Elegy: 'The short and simple annals of the poor'" (quoted in Goodwin, 2006, p. 46). Born on a Kentucky frontier on February 12, 1809, Lincoln was born to an illiterate father and an impoverished farming family (Goodwin, 2006, p. 48). While some of Lincoln's colleagues tried to hide their humble beginnings from voters, Lincoln was not embarrassed by his personal history, but openly acknowledged it. This upbringing ingrained in him a sense of humility that was enhanced by his negative self-reference, as is evidenced by his recognition that he was "as a speck of dust in an infinite scheme, a humble witness to the grand system of life" (quoted in Shenk, 2006, p. 92).

Humility in Elections

Lincoln's humble nature enabled him to put the anti-slavery cause before his own political victory. Despite the personal admiration he had earned from his colleagues and friends, Lincoln

tended to default to the assumption that he did not have a good chance of winning an election. In the first round of balloting in the 1855 senate elections, Lincoln won 45 votes against 41 for Douglas Democrat James Shields and five for anti-Nebraska Democrat Lyman Trumbull. A simple majority would determine the winner: given the partisan attitudes, Lincoln knew he would not win the five anti-Nebraska Democrat votes. While those five voters shared his supporters' opposition to slavery, he knew the Democrats would not concede to vote for a Whig candidate. Lincoln refused to sacrifice the progress that had been made by antislavery politicians, and so instructed his floor manager to give his votes to Trumbull. At first, Stephen Logan refused the request, but Lincoln instructed: "I think the cause in this case is to be preferred to men" (Goodwin, 2006, 172). Lincoln had given up his votes to help progress the cause against slavery. Had he not had an automatic bias for negative self-reference, perhaps Lincoln would have ignored the partisan reality. Lincoln's ego did not blind him to the situation; his humility enabled him to remain true to the political cause he supported.

This humility set Lincoln apart from his political rival Stephen Douglas in the debates preceding the 1858 Senate race as well. Lincoln's unassuming entries led to flocks of Republican supporters, whereas Douglas' pompous entries were less popular (Goodwin, 2006, p. 208). In 1858, state legislatures elected their senators and did not need to make their decisions based on a candidate's popularity. The Democratic majority reelected Douglas, but Lincoln was the people's choice with 51.9% of the popular vote (Guelzo, 2010, p. 286). The public would not soon forget the genuine character of the man they preferred; he had left an impression on the people.

When vying for the presidential nomination two years later, Lincoln's humility stood out from his over-confident Republican competitors Salmon Chase, Edward Bates and William

Seward. Chase felt that no one deserved the presidency as much as he did. He ignored the warnings of critics who questioned his ability to succeed. Confident in his own political experience, Chase turned down speaking engagements and campaign volunteers. He wrote occasional letters to supporters and journalists nationwide not to lobby their support but to *remind* them that he was the right candidate (Goodwin, 2006, p. 217).

William Seward, whose privileged background instilled in him a sense of pride, was happily distracted by the commendation of his closest friends. Blinded by his optimism, Seward would eventually lose the backing of some of his key supporters, including the influential *New York Tribune* editor Horace Greeley. So confident in his chances, Seward spent the months before the nomination traveling through Europe prematurely building relationships with foreign diplomats. Seward believed he did not need to appeal to domestic voters, a mistake that would threaten his ability to win; Goodwin (2006) notes that "overconfidence reigned in the Seward camp and poor judgment set in" (p. 215).

Edward Bates did not leave his home state of Missouri throughout his campaign as a candidate for the nomination. He relied on close friends and supporters to spread the word of his candidacy and bring back reports of popular sentiment. At one point, his friends even recommended that his chances were so great he did not need to continue writing letters to supporters or advocating for his viewpoints (Goodwin, 2006, p. 221).

Lincoln, in contrast, was not over-confident. He had neither the political résumé nor the distinguished reputation upon which the other candidates could rely. Even as his popularity grew, he was not optimistic about his relative chances for political success. Rather than weaken his candidacy, however, this humility kept him grounded: Lincoln scrutinized his presentations and worked hard to win the support of delegates in the hopes of becoming a candidate at the

nominating convention. Lincoln worked extensively to expand his reach before having officially decided to contend for the nomination. He travelled the country on the party platform, taking advantage of many speaking engagements and opportunities to connect with citizens and delegates. While speaking in New York City before Lincoln had decided to become a candidate, Charles Nott echoed his humble presentation: "no man in all New York appeared more simple, more unassuming, more modest, more unpretentious, more conscious of his own defects" than Abraham Lincoln (quoted in Shenk, 2006, p. 164). As mentioned above, his speech at Cooper Union was a resounding success; he was commended extensively in media publications and by ordinary citizens in person. And yet, he was not overly confident in the impression he had made: "I am not sure that I made a success," he said to one citizen who congratulated him. In a letter home, Lincoln shrugged the speech off as having gone "passably well" (quoted in Shenk, 2006, p. 164). Abraham Lincoln explicitly offered a pessimistic reflection of the speech that distinguished him as a national figure. Had he not had this automatic negative self-reference, perhaps Lincoln would have, like his colleagues, basked in the compliments and relaxed his efforts. Yet Lincoln asserted that political rise was, for him, still an uphill battle. Lincoln humbly acknowledged that others who had served more terms in politics deserved positions of leadership more than he: "Is it not a matter of justice, due to such men, who have carried this movement forward to its present status, in spite of fearful opposition, personal abuse, and hard names?" (quoted in Goodwin, 2006, p. 211). Lincoln believed he had to work to earn the nomination.

Even as his popularity increased, Lincoln stayed grounded in reality: predicting that Seward had a much better shot at securing the nomination, Lincoln's goal was to become the runner up during the nominating convention. If he could secure the second spot on the first round of

balloting, he might win the nomination by collecting the votes split by the other candidates. His goal was to "give no offence to others - leave [the delegates] in a mood to come to us, if they shall be compelled to give up their first love" (quoted in Goodwin, 2006, p. 10). In the days preceding the Republican National Convention, Seward's popularity dropped. Lincoln's friends expressed excitement, but the practical man stayed true to his strategy and did not get his hopes up for becoming the immediate frontrunner (ibid). Given his rise in popularity, this reasoning does not seem to be intuitive. Once again, I think this thought process has a trace in the negative self-reference of a historically depressed individual.

At the Convention, Lincoln's seemingly pessimistic strategy had proven effective. Seward did not sweep the first ballot, and Lincoln had secured the second greatest number of delegate votes. In successive rounds, Lincoln won enough of the votes that Bates and Chase had split to eventually secure his nomination as the Republican candidate for president. Goodwin (2006) explains that his personal traits contributed to this victory: "His nomination, finally, was the result of his character and his life experiences - these separated him from his rivals and provided him with advantages unrecognized at the time" (Goodwin, 2006, p. 254). The dedicated, rational, compassionate man became the Republican nominee for the 1860 presidential election.

Election Process

While the popularity of the Republican nominee grew, Lincoln's ego did not. His friends and colleagues provided him with positive feedback and news of his popularity; Lincoln, however, knew their reports were biased in his favor. When they pointed to his successes, he asked his supporters to provide him with direct accounts of his chances in each state. Rather than bask in his success, Lincoln focused his attention on the states he needed to work harder to

secure. Lincoln reportedly put himself above no one in the campaign process: he helped with the most mundane tasks understanding that the most crucial components of getting individual votes would not be in ostentatious parades but, in his words, in the "dry and irksome labor" (quoted in Goodwin, 2006, p. 271).

When election day arrived, Lincoln remained grounded once again. He assessed each return by comparing the outcomes to previous elections; he wanted a historical context in which to understand the tendencies of the votes. After learning of his victory in the battleground state of New York, Lincoln's friend Lyman Trumbull exclaimed: "Uncle Abe, you're the next president and I know it!" "Not too fast, my friends, not too fast," Lincoln moderated the growing excitement (quoted in Goodwin, 2006, p. 277). Though at this point the odds were explicitly in Lincoln's favor, Lincoln's automatic bias for negative self-reference kept him cautious.

Assessing the Workload

Finally, the news came that Lincoln won. His reaction indicates the debt he felt to everyone who had helped him to reach the milestone: "*we* are elected," he modestly declared (Goodwin, 2006, p. 278). Rather than celebrate, however, the news of the victory was a solemn reminder of the work that lay ahead. While he was honored by the show of public support, Lincoln was visibly "oppressed with the load of responsibility that was upon him" (Goodwin, 2006, p. 279). When leaving Springfield, he retained the humble presentation he was known for; he packed his own bags and labeled them "A. Lincoln, White House, Washington D.C." Before a crowd of friends in Illinois, he expressed the eerily accurate prediction that he might not return to his home: "I now leave, not knowing when, or whether ever, I may return, with a task before me greater than that which rested upon Washington" (quoted in Goodwin, 2006, p. 307). The

speeches he made upon his arrival to Washington echoed this serious undertone. His secretary

Nicolay remembered: "the shades of meaning in his carefully chosen sentences were enough to

show how alive he was to the trials and dangers confronting his administration" (quoted in

Goodwin, 2006, p. 310). Lincoln's sentiments between his election and inauguration reflect a

depressed man whose psyche is marked by pessimism and negative self-reference. This

grounded nature provided Lincoln with a sobering anticipation of the dire threats ahead; as a

leader, he did not demonstrate an over-confidence when looking at the challenges he faced. It

was this practical outlook that enabled him to make compromises, which would lead him through

the trying times.

Contemplative Character

Lincoln's humility enabled him to thoroughly contemplate his decisions and actions. He was

not the politician whose ego allowed for stubborn conclusions and rash decisions; Lincoln

contemplated his options, consulted his colleagues and based his arguments in logical

reasoning.[13]

Accounts of Lincoln's early law career reflect this disposition. While traveling on the circuit

in 1854, Lincoln learned of the Kansas-Nebraska Act. The Act granted the white men in the

territories of Kansas and Nebraska to determine by popular sovereignty whether or not to extend

slavery. The implications of the Kansas-Nebraska Act worried Lincoln. By effectively repealing

the 1820 Missouri Compromise, which had prohibited the extension of slavery in the former

Louisiana Territory, Lincoln recognized that the Kansas-Nebraska Act would threaten the

nation's unity. His colleague, T. Lyle Dickey, recalled the extent to which this news frustrated

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[13] Although I have included this argument in the section on Lincoln's humility, it is worth noting that this example also fits the construct of PT: "If I'm sure I am right about something, I don't waste much time listening to other people's arguments."

Lincoln: "he sat on the edge of his bed and discussed the political situation far into the night."

When he awoke the next morning, Dickey found Lincoln "sitting up in bed, deeply absorbed in

thought… [Lincoln said] I tell you, Dickey, this nation cannot exist half-slave and half-free"

(quoted in Goodwin, 2006, p. 164).

   Though morally opposed to the institution of slavery, he understood that a persuasive

argument could not ride on passion alone. Lincoln spent hours studying debates in the Illinois

state library so he could make a practical and convincing argument couched in precedent. His

law partner and biographer, William Herndon, said that Lincoln never expressed his opinion

until he was sure he had picked apart the topic from every possible angle. This wisdom was

evident in his debates against Douglas whose self-evident stance contrasted with the logical

examples and reliable methods Lincoln used to support his arguments (Goodwin, 2006, p. 164).

The Boston *Daily Advertiser* described Lincoln's appearance as "an intellectual face, showing a

searching mind, and a cool judgment" whose skill enabled him to carry "the audience with him

in his able arguments and brilliant illustrations" (quoted in Goodwin, 2006, p. 127). Lincoln's

cognitive capacity was honest and complex: "Let us do nothing through passion and ill temper,"

he warned at Cooper Union. "Even though the southern people will not so much as listen to us,

let us calmly consider their demands, and yield to them, if, in our deliberative view of our duty,

we possibly can" (quoted in Goodwin, 2006, p. 231). Lincoln understood that every challenge

was a mosaic. Only by contextualizing an issue in various perspectives could progress be made.

   Lincoln's contemplative thinking reflects his tendency toward a "nay-saying" attitude. His

pessimism and humility enabled him to anticipate the counter-arguments that opponents would

make to his anti-slavery proposals. In comparison to some of his haughtier, more stubborn

political contemporaries, I believe that Lincoln's nay-saying attitude allowed him to

pragmatically assess the complexity of the issue.

Pragmatism and Slavery

The capacity to prioritize his complex analysis over a polarizing stance on issues set Lincoln apart from his colleagues. Other candidates may have had a firmer voter base given their solid stance, but Lincoln demonstrated the capacity to evaluate all sides of the slavery issue. Lincoln knew that his moral argument could not be the basis upon which a politician could make his decisions, especially when it was at odds with the law.

Early in his career, Lincoln was cautious not to propose the eradication of slavery; he supported efforts to stop the expansion of slavery but not to abolish the institution. He acknowledged the valid argument of Southern slaveowners, admitting: "when they remind us of their constitutional rights, I acknowledge them… and I would give them any legislation for the reclaiming of their fugitives" (quoted in Goodwin, 2006, p. 167). Unlike some of his more radical colleagues, Lincoln did not initially see abolitionism as a legal or reasonable conclusion to the issue of slavery, despite his moral opposition to the institution. Even in his first inaugural address, Lincoln was clear that he had "no lawful right" at that point to interfere with slavery in the states where it existed (quoted in Goodwin, 2006, p. 328).

Trained as a lawyer, he understood that a democratic nation whose leadership acted against its own constitution would self-destruct. Lincoln understood what his radical colleagues failed to see: immoral as it was, slavery must die gradually if the country was to remain united. Lincoln's sobering view of the state of the Union enabled him to pinpoint the goal that defined his political life: he must fight to preserve the Union. Any stronger positions he would take on the slavery issue were in the context of the goal to preserve the Union.

Horace Greeley published an open letter from President Lincoln in August 1862 which demonstrated his view:

> My paramount object in this struggle *is* to save the Union, and is *not* either to save or destroy slavery. If I could save the Union without freeing *any* slaves I would do it, and if I could save it by freeing *all* the slaves I would do it; and if I could save it by freeing some and leaving others alone I would also do that. What I do about slavery, and the colored race, I do because it helps to save the Union; and what I forbear, I forbear because I do *not* believe it would help to save the Union. I shall do *less* whenever I shall believe what I am doing hurts the cause, and I shall do *more* whenever I shall believe doing more will help the cause (quoted in Goodwin, 2006, p. 471).

Among Lincoln's most renowned political accomplishments is the Emancipation Proclamation. Though remembered as a moral victory for African Americans, the Proclamation was historically employed as a strategic executive order by the Commander in Chief. In making this decision, Lincoln appealed to the military advantage the untapped African American demographic could contribute: "The colored population is the great available and yet *unavailed* of, force for restoring the Union. The bare sight of fifty thousand armed, and drilled black soldiers on the banks of the Mississippi, would end the rebellion at once" (quoted in Goodwin, 2006, p. 549).

At a tenuous point in the War, Lincoln seized the opportunity to garner more troops. The Emancipation Proclamation employed his empathy in the practical form of a military tactic, and yet his pragmatism is evident by the boundaries he set: black soldiers were paid less, were not commissioned as officers, and did not receive the same enlistment bounty as their white counterparts. Lincoln did not call for complete equality; the level of public prejudice would exacerbate the consequences of such a step. While his empathy provided him with the desire to find a way to free the slaves, his pragmatism enabled him to wait until the matter could be

proposed in a politically appropriate way (Goodwin, 2006, p. 549).

Compromise

In the context of preserving his cabinet and repairing relations with the South after the war, Lincoln's humble deference garnered him the respect of his colleagues and opponents. Not blinded by his ego, Lincoln knew he wanted his cabinet to be made up of the men against whom he had competed for his party's nomination in 1860. Not only did they represent the perspectives of his party, but they were among the most brilliant and accomplished politicians of his day. Given the nature of his cabinet members' past relationships, the early days of his term were not smooth for the team. Their competition was raw and they often spent time fighting over issues of patronage and personal harm. "Certainly," says Goodwin (2006), "Lincoln was not oblivious to the infighting of his colleagues. He remained thoroughly convinced, however, that so long as each continued to do his own job well, no changes need be made" (p. 526).

While Lincoln's capacity for PT helped him play the role of a calm mediator, his humility proved important as is evidenced in the case of Salmon Chase, Lincoln's secretary of the Treasury. Chase was not shy about his desire to have become president, or his desire to replace Lincoln in the 1864 election. He publicly opposed Lincoln's stance on a controversial declaration made by General Hunter during the Civil War (Goodwin, 2006, p. 434). Chase was known to host social gatherings at his house in which the main topic of conversation was criticizing the President.

Lincoln's personal accounts admit that he was not naïve to Chase's feelings. But given the secretary's enormous success in his position, Lincoln had no qualms about keeping Chase in the cabinet. During wartime, Chase had sold $54 million in bonds and demands were on the rise. In

a *New York Times* article about Chase, the reporter noted "Never before did the finances of any nation, in the midst of a great war, work so admirably as do ours" (quoted in Goodwin, 2006, p. 519). If Lincoln was personally hurt by Chase's attacks, he would not allow these feelings to impact national economic progress. Even after having completed his post, Chase won Lincoln's nomination to become a Supreme Court Justice. Perhaps assuming that Lincoln knew little of Chase's intents against him, Lincoln's colleagues warned him against the nomination. Chase would likely use his position to network and advance himself politically, hoping to one day become President. In response to these concerns, Lincoln exemplified the humility and sense of purpose that was characteristic of his nature: "Now, I know meaner things about Gov Chase than any of those men can tell me… [but] we have stood together in the time of trial, and I should despise myself if I allowed personal differences to affect my judgment of his fitness for the office" (quoted in Goodwin, 2006, p. 680). The Senate confirmed Lincoln's nomination. Lincoln's acknowledgment and validation of Chase's professional skill demonstrate the humility and deference that prevented him from holding a personal grudge; he entrusted the work of running the nation to those individuals who were most capable, even if they had personal differences.

The same characteristic humility that protected Chase would protect the people of the South following the Civil War. After the Union victory, Lincoln was clear about one thing: all who opposed the Union should be allowed seamlessly back in. The goal remained to preserve the union, and no revenge would be taken for the actions of the secessionists. He demanded that they return to their families safely, without needless punishments or repercussions. Even the leaders of the rebellious cause were not to be harmed, as Lincoln demanded: "[not] even the worst of them… enough lives have been sacrificed. We must extinguish our resentment if we

expect harmony and union" (quoted in Goodwin, 2006, p. 732). As the leader of the United States, the thought of abusing his power was out of the question. His empathy guided him to the just cause of allowing the soldiers and their leaders to return safely to their homes; his pragmatism confirmed that this was the best way to ensure a seamless transition forward to restoring the true unity of the country.

Lincoln valued the many relationships which were mutually meaningful in his life; but his wiring for negative self-bias and nay-saying prevented him from being distracted by or judgmental of those whose admiration he had not earned. So long as they succeeded professionally, the humble Lincoln did not care to put down those who had offended him. Lincoln's humility and pragmatism enabled his focus on a political purpose and dedication to his nation.

Conclusions

In this chapter, I have provided examples that demonstrate Abraham Lincoln's capacity for empathic concern and perspective taking. I have also demonstrated his humility and pragmatism, which I think, given the literature, can be traced back to the negative self-reference and nay-saying bias that accompanies MDD. Lincoln's empathy enabled him to connect with voters and colleagues to establish meaningful relationships throughout his personal life and professional career. His humility kept his victories in check throughout the election process, and his pragmatism guided decisions he made in office with respect to his Cabinet dynamics and his approach to issues preceding, during and following the Civil War. These traits enabled him to build relationships that helped him gain the nomination, maintain a dedicated Cabinet, and support the factors that ultimately preserved the Union.

This description should not lead the reader to conclude that any candidate with a history of depression is likely to act in this way. His EC and PT were unique in comparison to a typical depressed patient. Shenk (2006) has argued that his capacity for empathy fueled Lincoln's successes as a politician. Even if this is the case for Lincoln, we cannot confidently predict these traits in any candidate with a history of depression. We must step back and say: we cannot conclude that one's depressive symptoms will necessarily fuel success. I have demonstrated, however, that Lincoln's capacity for empathic concern, perspective taking, humility and pragmatism shaped his admirable character and helped to inform his decisions. These traits can be connected to the chronic symptoms of a person with a history of MDD.

Still, his unique case poses an interesting question: could the modern primary system allow someone with a history of depression to win his or her party's nomination? I think that the mere label of having had depression, in the modern primary context, would make victory impossible.

The DSM did not exist in Lincoln's time. His general presentation was noticeably "melancholic," but the label of MDD or pathological depressive symptoms would not have been attached to his name. His colleagues admired his empathic concern, perspective taking, humility and pragmatism and so supported his candidacy. Their support was not fettered by the negative label of a mental illness or by intervening popular opposition that would eliminate Lincoln as an option given negative popular attitudes about a mental illness. In the next chapter, I will examine modern attitudes around the label of "mental illness." I will then examine the modern presidential primary context specifically in the context of how attitudes around mental illness might prevent a candidate with a history of depression from winning his or her party's nomination today.

Chapter 4: Mental Health and the Presidential Primaries

The case of Abraham Lincoln presents an intriguing question: could a candidate with a history of depression be elected president today? I argue that when evaluating many contenders in the presidential primaries, a voter will rule out a candidate who has a history of a mental illness. In this chapter I will look at the implications of the label of a mental illness, and then explain how popular attitudes about mental illness are likely to be represented in the modern primary system.

I will begin by comparing mental health literacy in the US to popular attitudes about people with mental illness; though people are more likely to seek mental health assistance for themselves, they still report discomfort when asked about someone else who is mentally ill. I will then examine the history of the presidential primaries to understand how these attitudes are engaged in the election process.

4.1 Mental Health Literacy in the US

Since the 1970s, mental health awareness has been on the rise. Initiatives in the following decades built on these efforts. Campaigns of the National Institute of Mental Health (NIMH), the National Association of Mental Illness (NAMI), and extensive programs of the World Psychiatric Association took shape in the 1990s. Women in the White House have used their celebrity to reduce stigma as well; Rosalynn Carter founded a Fellowship for Mental Health Journalism to broaden awareness and understanding of mental illness in the media. Tipper Gore took on a campaign for mental health awareness during her term as Second Lady. Having battled depression herself, Gore chaired the first White House Conference on Mental Health in 1999, a

symposium which later administrations have repeated. Campaigns like these have, in recent years, changed the way in which a mental illness is discussed publicly (Pescosolido, 2013).

Achievements: Mental Health Literacy

Data show that the general public has broader associations with the term "mental illness" than it used to. Results from the 1996 General Social Survey (GSS) show that people's knowledge about and awareness of mental illness is broader than it once was. A 1950 survey indicated that 40.7% of Americans associated mental illness with psychosis, anxiety and depression. In 1996, the statistic was 34.9%. Those polled cited many other disorders, such as substance abuse and developmental disorders, when asked to associate conditions with the label. When they see the label "mental illness," Americans today do not necessarily assume someone is psychotic or suicidal (ibid).

In addition, more respondents cited factors outside of the patient's control as contributing to the condition. By 1996, more people acknowledged that a "mental illness" was not the result of "bad character."   1996 and 2002 GSS survey data exposed attitudes toward depression as measured by responses to vignettes of a depressed adult: 48% agreed with the statement that the "problem is likely due to a genetic problem" and 71% agreed that the depression "is likely due to a chemical imbalance." 95% of respondents agreed that "the problem is likely due to stressful circumstances." 37% of respondents attributed it to someone's "bad character." The claim that it is an individual's fault is much less popular than the person's biology and context, but the belief is still real (Perry et al., 2007).

The 1996 GSS data also indicate large increases in adults who reported having mental problems. Self-reports of "nervous breakdowns" in the 1957 Americans View Their Mental

Health[14] (AVTMH) survey were at 18.9%. This statistic in the 1976 AVTMH survey rose to

20.9%, and 1996 GSS data reported 26.4%.   From 1957 to 1996, the percentage of people who

actively sought formal mental health assistance tripled. Support for psychological treatments,

both nonmedical health professionals and prescription medications, has increased dramatically

(Pescosolido, 2013).

Understanding biological mechanisms is important to determine etiology. Knowing one's

available resources can provide much needed help to people in distress. Campaigns to normalize

mental illness have encouraged more people to seek help for their symptoms and to broaden their

associations with the label. The data support that people are less likely to blame an individual

for his or her mental illness. But the campaigns to normalize these disorders have not

necessarily made associations with the label more positive.

4.2 Popular Attitudes about Mental Illness

GSS data support more accurate attributions of the problem and wider recognition of

treatment resources. But the data do not support the same change in tolerant opinions about

other people who have mental disorders. Data from the same survey indicates that people have

reservations about others with a mental illness (Figure 4.1).

Goffman (1963) defined stigma as the phenomenon in which a mark or attribute that

society discredits leads society to reject the person as a result of the attribute. In a social context,

the person with the trait is perceived to be "tainted and discounted" (1963).

Whereas earlier scholars focused on social stigma in the context of race, Goffman wrote

about patients in mental institutions as victims of stigma. Upon their release from a mental

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[14] The Joint Commission on Mental Illness and Health was created by the US Congress in 1957 to better understand how Americans cope with mental illness. The commission sponsored the AVTMH, a national survey to determine perceptions and coping mechanisms for mental health challenges.

hospital, the world was hardly welcoming to patients who were known to have mental illnesses. In particular, he notes, they struggled to find jobs and homes (Goffman, 1961).

The mental institutions Goffman described are, today, few and far between. But we can look to the concept of the mental asylum as an analogy. The institutions that once housed the mentally ill provided access to therapies, but also clearly set apart these individuals from the rest of society. Even if the physical walls are outdated, the structure of pathology serves a similar purpose. The diagnosis poses a paradox: categorizing the symptoms can enhance access to treatment, but naming the disorder labels a population to alienate.

Label or Behavior?

Goffman's labeling theory proposed that the very label of a mental illness was the main cause of the problem. Later scholars debated whether popular attitudes about mental illness were attributable to the symptomatic behavior or to the diagnosis itself. Link et al. (1989) attempted to resolve the dispute: their research found that controlling for behavior, label of illness mattered a great deal. When presented with vignettes of a patient with a *diagnosis* of a mental illness as compared with a depressive whose symptomatic behavior was described (but diagnosis was not mentioned), a character with the labeled diagnosis was two times more disadvantaged by the employment and housing systems as compared with someone whose symptoms were described.

Given the rise of mental health literacy, many people contended that stigma is far less relevant today. But in light of Link and Phelan's research, sociologists appealed to the GSS to investigate these claims further. The 1996 survey included questions of mental health stigma. Indeed, as they predicted, Americans continued to report reservations about people with mental illness (Figure 4.1).
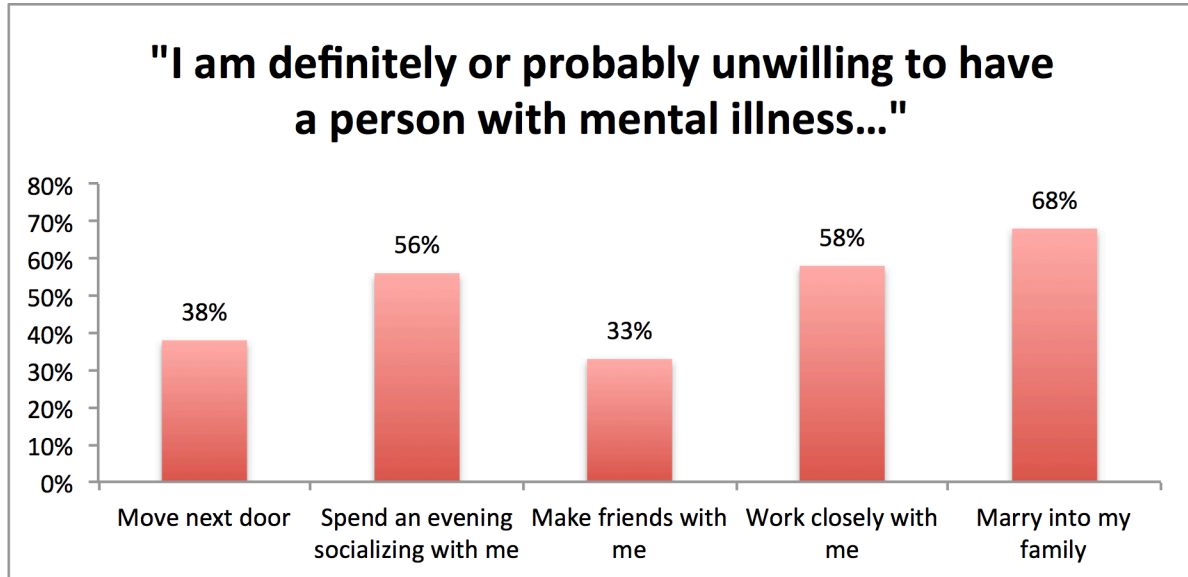
Figure 4.1. Popular Attitudes about Mental Illness. Adapted from Martin, J.K., Pescosolido, B.A., & Tuch, S.A. (2000).

Looking specifically at MDD, data showed that a high percentage of adults still exhibited reservations when asked about people with depression. 22.9% of Americans said they would not want someone with depression to move next door. 23.1% would not want to make friends with someone who is diagnosed with depression. 37.8% of respondents reported that they would not like to spend an evening socializing with a depressed person. 48.6% reported not wanting to work closely with a depressed person on a job. And 60.6% reported being unwilling to want a depressed person to marry into their family.

In the past few decades, a candidate's "likability" has gained increasing relevance in the popular polls leading up to elections, and has, according to Gallup, provided insight into who might win the election: "in recent elections, the candidate with the higher favorable rating has won" (Newport et al., 2012). Gallup polls preceding the 2012 election showed that 60% of voters thought Obama was the more likable candidate, compared to 31% who thought Romney was more likable (ibid).   The "beer test" is a common metric used to assess how "likable" a

candidate is (Bagala, 2012). Pundits ask voters which candidate they would prefer to have a beer with as a metric of candidate favorability; based on popular attitudes about mental illness, people are not likely to want to "grab a drink" with a depressed candidate.

While anti-stigma campaigns have led to a heightened understanding of the causes and prevalence of mental illness, a rise in social acceptance of these disorders have not consistently followed suit.

The progress that has been made must not be discounted. More people seek help for their mental illness today than ever. The etiologies of these disorders are better understood thanks to advocacy campaigns. Still, the idea of the pathology in someone else is unsettling to many Americans (Pescosolido, 2013).

Implications

Given the increased access to mental health assistance, we would think that if people accept the symptoms more in themselves, they would be more tolerant of the condition in other people. The popular attitudes cited above, however, demonstrate a discrepancy between self and others. Given the spectrum of symptoms, perhaps voters are nervous. A person might be familiar with their own depressive symptoms. They might rest assured that the depression of a family member has been stable for a long time. But in someone else, perhaps someone whom they have not met personally, they cannot be sure.

The implications are especially relevant in the context of assessing presidential leadership potential. Given their reservations about people with mental illnesses, I argue that voters are unlikely to elect someone whose medical record bears a label of mental illness. As I will demonstrate in the next section, personal considerations are especially relevant in the context of

the primary elections: when party affiliation is not a factor, candidates' personal histories and qualities are important factors that voters use to assess candidates. I will also address how the growing number of primary candidates and modern process of delegate selection enable these negative attitudes about mental illness to more readily permeate the primary election process.

4.3 Focus on the Primaries

Recent trends indicate that one of the strongest predictors of voting behavior in the general presidential elections is partisanship. The impact of partisanship on voter behavior in 1996 was nearly 80% higher than it was 24 years earlier, and the trend is rising as indicated in Figure 4.2 (Bartels, 2000).   Given this pattern, there is reason to believe that a nominated candidate could be expected to secure votes from within his or her party in the general elections in November. When considering the chances for a candidate with a history of depression, the determining factor becomes whether or not he or she can win the party nomination. For this reason, we must examine the process by which voters vet the candidates vying for the party's nomination. In this section I will present the evolution of the primary process. I will then present the arguments for and against the current system in the context of voter behavior in the primaries to demonstrate how the current system would disadvantage a candidate with a history of depression.
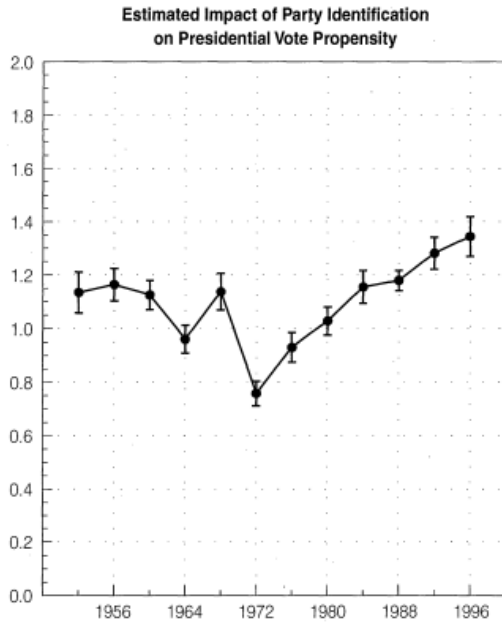
Figure 4.2. Estimated Impact of Party Identification
   on Presidential Vote Propensity (Bartels, 2000).

Today, political parties' presidential nominating conventions function more as a symbolic

gesture than as a means of determining the party nominee. The ceremonial gathering is an

opportunity for the party to present its platform to voters, give voice to rising politicians within

the party, and invite the nominee to formally accept his or her nomination. The lineup of

speakers and officials who travel to the three-day convention consistently draws national media

attention.

Under certain conditions, the convention *could* determine the party nominee. If no single

candidate wins enough delegate votes during the primary caucuses and elections, the balloting at

the convention determines which candidate the majority supports. If, after the first ballot, no

candidate wins the majority, a "brokered convention" of successive balloting takes place until the

nominee is determined. Though a handful of scenarios[15] in the past 50 years have threatened

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[15] Most notable was in 1976 when it seemed a brokered convention might take place at the Republican National
Convention. Neither Gerald Ford nor Ronald Reagan had secured enough delegates before the convention to win

such a situation, a brokered convention has not taken place in either the Democratic or

Republican parties since 1924.

Before the introduction of popular primaries, however, the nominating convention had a

central role in determining the nominee. What must be understood, then, is how the nomination

process has evolved and what its implications are for the contenders. What kind of candidate

does the current process favor? What influences a voter's decision in the primary election?

Given changes to the system and their impact on voter psychology, I argue that the modern

process would disadvantage a candidate with a history of depression.

Evolution of the Primaries

The process by which a candidate will secure his or her party's nomination in 2016 looks

different from the system that was in place in the nation's early decades. The first U.S

presidential election preceded the creation of political parties; George Washington won the

unanimous support of electors in 1789 before serving two terms as the country's first president.

By 1796, two factions of Congress caucused to nominate candidates in congressional nominating

caucuses; the Federalists chose John Adams, and the Democratic-Republicans nominated

Thomas Jefferson. This nominating system remained in place until 1824 (Diclerico, 2000a).

The expansion of U.S. territory decentralized political parties, and the era of Jacksonian

Democracy heightened the desire for greater popular representation. Given these changes, many

citizens viewed the current caucus system as an undemocratic way of determining the

presidential candidates because it essentially allowed party elites to determine the nominee. In

response to the people's complaints, states began to take measures to transition the nomination

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the nomination. On the first round of balloting, however, Ford won enough delegates to secure the nomination, preventing a brokered convention.

out of the hands of national party leaders. A resolution passed by the Ohio State legislature in

1823 reflects the growing sentiments:

> The time is now arrived when the machinations of the few to dictate to
> the many… will be met… by a people jealous of their rights. The only
> unexceptional source from which the nomination can proceed is the
> people themselves; to them belongs the right of choosing (quoted in
> DiClerico, 2000a, p. 4).

Though the popular primary election we have today did not take hold until after the turn of the

century, this theme of expanding the right to the people started to take shape. By 1831, the lead

up to conventions had expanded to incorporate the input of individual states in the nominating

process. In each state, either the governor or the state's party committee chose delegates to send

to the national convention. The process consisted of a series of caucus-conventions first by

town, then county, then state and finally at the national level. In this way, national party leaders

no longer had the greatest say in determining the nominee. The chosen candidate reflected

multiple levels of party leadership (DiClerico, 2000a).

By 1900, opposition had mounted to the structure of the national conventions and Progressive

Era sentiments renewed the public's push for change. Citizens argued that corrupt party bosses

were manipulating the process and excluding ordinary citizens. Caucus rules were not uniform

across the country; whoever presided over the individual caucus, at each level, had a

disproportionate say in the ultimate results. Those in favor of increased popular participation

advocated for statewide primary elections in which ordinary citizens could determine the party's

state delegations rather than party leaders (ibid).

By 1916, 25 states had a primary system in place to elect state delegates. Still, general

structures and specific details of the primaries varied between states. Party leaders were less

enthusiastic about the new system, which diminished the extent of their own power in choosing the nominee. In addition, state primaries in the 1920s and 30s were expensive to facilitate, and voter turnout was relatively low. Despite the initial spike of participating states, only 16 states and Washington, D.C. held popular primaries by 1968 (ibid).

If the state primaries decreased in number, the popular sentiment behind them did not diminish in kind. The reflection of this trend would not take shape in the formal political nomination process until after the 1968 Democratic nomination process. In the context of the controversial Vietnam War, the extent of the discrepancy between popular and elite perspectives proved problematic.

1968: A Turning Point

Liberal opposition to the Vietnam War policies of Democratic President Lyndon B. Johnson (LBJ) rose throughout the 1960s. In anticipation of the 1968 election, Democrat Eugene McCarthy announced his candidacy for the party nomination. Senator McCarthy vowed to run on an anti-Vietnam platform against incumbent Democrat LBJ. The President's confidence was checked by the New Hampshire primary returns in which he led by only seven percentage points; Democrat Robert Kennedy strategically joined the race in mid-March, and LBJ withdrew two weeks later. One month later, Vice President Hubert Humphrey entered the race on the pro-war platform that LBJ had previously led. After winning the California and South Dakota primaries In June 1968, Kennedy was assassinated. The top contenders for the Democratic nomination were Senator McCarthy and Vice President Humphrey (ibid).

Vice President Humphrey did not enter a single primary race; instead, he focused his efforts on gaining delegate support from the majority of states that did not hold primary

elections. His tactic proved successful: the majority of Democratic delegates chose Humphrey as

the party's nominee. Given popular opposition to the war within the Democratic Party, the result

exposed a gap between the party's popular sentiment and the consensus of party leaders. This

discrepancy was among the controversial social factors (including the assassinations of Martin

Luther King Jr. and Robert Kennedy) that precipitated violent rioting at the 1968 Democratic

National Convention in Chicago. Party members who opposed the War in Vietnam contended

that party delegates did not accurately represent the majority opinion of Democratic citizens.

Protestors were met by over 20,000 police, troops, and National Guard officers. Physical

violence and tear gas use ensued, leading to 589 arrests, and over 200 injuries reported ("Brief

History of Chicago's 1968 Democratic Convention," 1997). This discrepancy and the ensuing

violence indicated that the nomination process did not reflect the preferences of the party's

popular base (ibid).

The Commission on the Democratic Selection of Presidential Nominees, an informal

group of leaders, evaluated the logistical barriers that had prevented a victory for McCarthy.

They found that most of the delegates to the nominating convention were either officially

appointed or chosen by caucus-convention; they reflected the opinion of the party's elite and thus

the party's leaders essentially maintained control over the ultimate nomination. The

Commission identified the rules that impacted the controversial outcome. At the party

convention, the Commission proposed two resolutions to expand popular participation in the

delegate process. The delegates agreed to both resolutions and called on additional party

commissions to design and implement specific changes (DiClerico, 2000a).[16]

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[16] The fact that the delegates agreed to rules that would lessen their control seems counter-intuitive. DiClerico cites: "In light of the distracting protests outside the hall and the confusing manner in which the resolutions were handled on the convention floor, it is far from clear that delegates fully appreciated the implications of what they had done" (DiClerico, 2000a, p. 8).

In 1969, the McGovern-Fraser Commission revised the rules dictating the party nomination process including: caucus dates and meeting times be made public in advance (in some cases, party elites hid this information from the mass public); tightening proxy and quorum rules which party elites had historically abused to increase the number of proxy votes in favor of their nominee; rules to ensure that no more than 10% of a state's delegates could be appointed by the party's leaders; rules to extend the representation of delegates (because women, African Americans and other minorities were found to be underrepresented); rules to amend the costs, fees and assessments of slate-making because some states charged delegates fees as high as $14,000 to offer up a slate of delegates that challenged the party's official slate; and other details which they had identified as having impacted the nomination outcome in favor of elite versus mass opinion (DiClerico, 2000a). The 1972 Mikulski Commission incorporated the rule of proportionality into the primary system: national delegates would be distributed in proportion to state votes. In the following years, commissions would continue to reform rules regarding additional details, such as campaign finance. Leaders hoped that these early changes would unify the process, improve parity and expand popular representation of the Democratic delegate selection process (ibid).

While these changes were specific to the Democratic Party in the wake of the controversial convention, the Committee of Delegates and Organizations in the Republican Party pioneered parallel developments in the early 1970s. Although their reforms took longer to implement and were more modest, the combined effect of both parties' reforms changed the impact of the primary process. After 1968, more states used popular primaries to choose delegates. The system was popularized by the idea that a primary election favored more inclusive, open, democratic processes. The number of states holding popular primaries under these rules doubled

between 1972 and 2000 (Table 4.3).

Year	Democratic Party		Republican Party	
	Number of primaries	Delegates selected through primaries	Number of Primaries	Delegates selected through primaries
1912	12	32.9%	13	41.7%
1916	20	53.5%	20	58.9%
1920	16	44.6%	20	57.8%
1924	14	35.5%	17	45.3%
1928	16	42.2%	15	44.9%
1932	16	40.0%	14	37.7%
1936	14	36.5%	12	37.5%
1940	13	35.8%	13	38.8%
1944	14	36.7%	13	38.7%
1948	14	36.3%	12	36.0%
1952	16	38.7%	13	39.0%
1956	19	42.7%	19	44.8%
1960	16	38.3%	15	38.6%
1964	16	45.7%	16	45.6%
1968	15	40.2%	15	38.1%
1972	21	65.3%	20	56.8%
1976	27	76.0%	26	71.0%
1980	34	71.8%	34	76.0%
1984	29	52.4%	25	71.0%
1988	36	66.6%	36	76.9%
1992	39	66.9%	38	83.9%
1996	35	65.3%	42	84.6%
2000	40	64.6%	43	83.8%
2004	37	67.5%	27	55.5%
2008	38	68.9%	39	79.8%

Table 4.3. Delegates Selected Through Presidential Primaries 1912-2008. Adapted from Stanley, H. W., & Niemi, R. (2013).

Today, states either hold primary elections, whose structure resembles that of the general elections, or caucuses in which public-style debates take place to select delegates. In each case, the chosen delegates represent popular opinion. Some states hold closed primaries, which allow only registered party members to vote in their respective party's primary; others hold semi-closed primaries in which independents can choose one party primary to vote in; and some hold

open primaries, in which any registered voter can vote for any candidate regardless of party affiliation.

When citizens vote in caucuses and primaries, they vote for delegates who will represent them at the national convention. While a delegate could theoretically vote for any candidate at the convention, not just the one they pledged to vote for in the primaries, reforms of the late 1960s and 1970s made deviance from their pledge illegal in many states (DiClerico, 2000a). At the national convention, the official vote to select the nominee takes place; but because of these laws, the vote solidifies the choices made by the voters during individual state primaries.

The voice of the party elites is still considered; the party's top members, including former presidents, vice presidents, congressmen and women, and national committee members, comprise a group of "super delegates" who represent the choice of the party establishment at the National Convention. Unlike the state delegates, they are not required to indicate which candidate they support before making a decision (ibid). Thus, in the modern nomination process, the ultimate nominee is most heavily influenced by popular support, but the input of party leaders is not ignored.

Strengths of the Systemic Change

The major changes that have taken place have given more voice to the people. Indeed, voter participation in the primaries has increased. Between 1984 and 1988, seven states switched from caucuses to primaries; while just over half a million voters participated in the seven states' caucus systems in 1984, nearly 4.2 million voters took part in the 1988 popular primaries in those same seven states (DiClerico, 2000b, p. 51).

The number of candidates vying for the nomination has also increased. According to Kendall

(2000), the Federal Election Campaign Act of 1974 and its amendment two years later enabled this shift by providing matching funds to the campaigns of primary candidates thus expanding the opportunity to contend in the primary race. In 1912, the Presidential primaries were between three Republican and two Democratic candidates. In 1988, seven Democrats and six Republicans ran (Kendall, 2000). Over the course of the 2008 primary season, eight candidates in the Democratic Party and eight in the Republican Party announced their candidacy in the primary races.

   The modern campaign is characterized by a sequential process of primary caucuses and elections beginning formally in January of the election year. While formal caucusing and electing begins then, the party's top contenders are generally determined by the summer prior, over a year before the general election takes place.   Supporters argue that the longer process allows voters more time to see how the candidates handle the media attention. Because the presidency is a highly scrutinized position, they argue that two years in the spotlight is a good test of the candidate's ability (ibid). Redlawsk, Tolbert and Donovan (2011) identify the sequential primary election process as a strength of the primary system in determining a candidate's chances for success. They argue that the results of the Iowa caucus and New Hampshire primaries can provide a candidate with the necessary momentum to become a frontrunner in the race. Based on national survey data they collected, the researchers argue that Barack Obama's victory in the 2008 Iowa Caucus helped shape the popular perception that Obama was a viable candidate, "and that viability was in turn the most important factor predicting a vote for Obama in subsequent primaries and caucuses" (p. 5). The proceedings of this early caucus can provide important insight into the likelihood of a candidate to succeed. They argue that, in a time when the media has more control over public opinion in a campaign,

the grassroots structure of the Iowa caucus can provide important opportunities for candidates

who might otherwise go unnoticed.[17]

Underlying Assumptions of Systemic Strengths

Arguing for the merit of a more inclusive process assumes that primary voters operate in an

environment in which their vote can accurately reflect their preferences. Additionally, if the

primary campaign trail is to be telling of a candidate's capacity, the underlying assumption is

that the obstacles tested on the campaign trail reflect the traits we should evaluate in a

presidential candidate. When these assumptions hold, I would argue that the aforementioned

strengths can be appreciated as presented by supporters of the modern process. But research on

political psychology suggests that the reality of the modern primaries does not always reflect

these assumptions. In the next section I will summarize the argument against the current system

by citing the general weaknesses scholars have identified. After this review, I will examine voter

behavior in the context of the modern primary system to show how the system disadvantages a

candidate with a history of depression.

Systemic Weaknesses

Critics of the current system point out several additional weaknesses that can impact voter

decision in the primaries. The absence of peer review, the "new type of candidate," the loss of a

sequential cycle and the centrality of mass media have all impacted voting behavior, especially

in the context of ruling out potential contenders early in the primary process (Davis, 2000).

In previous iterations of the primary system, party elites who had the most say were more

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[17] Given public attitudes about mental illness and the heuristics voters engage when deciding between multiple
contenders, I will demonstrate later in this chapter why this still would not help a candidate with a history of mental
illness.

likely to know the candidate personally. This close connection allowed for a more thorough evaluation of the candidate according to Davis (2000a): "these party leaders knew personally the leading contenders, their strong points and their shortcomings. They were in a far better position to pick an experienced leader" than the general population, who knew little about the candidates" (p. 33).[18]

Less influence from party leaders might generate a nominee that reflects popular opinion more, but without peer review any candidate who has the budget to run a successful campaign can become a prominent contender in the primary race. Diminished influence from party leaders may impair the vetting process of finding a politically qualified candidate.[19] When party leaders chose the delegates, they were arguably better qualified than the general population to evaluate the decision-making skills and cooperativeness of the candidates whom they knew personally (Davis, 2000).

Opponents also argue that the new system attracts "super-ambitious" candidates who have the budget and stamina to pull off an appealing campaign. Davis (2000) argues that the skills demonstrated throughout the modern primary process are not synonymous with the skills voters should assess to determine whether a candidate would govern effectively. A candidate's ambition and stamina are important, but presidential leadership is better marked by other skills, such as: effectively passing legislation through congress; understanding how the intricacies of government work; gathering support for party agendas; cooperating effectively with the cabinet; and understanding the implications of foreign policy and evaluating threats to security. These

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[18] In the context of Abraham Lincoln, his colleagues merited his contemplative, pragmatic and humble nature when he was being considered for the nomination. By this point, his impairing depressive episode was long in the past, and his friends were no longer worried that he was impaired by his depression or would pose a risk to himself (Shenk, 2006).
[19] In the section on voter behavior, I will present the cognitive shortcuts voters use to differentiate between multiple candidates in the primaries.

abilities cannot be assessed based on a candidate's "electioneering" and campaigning skills (ibid).

Campaign Funding

A major component that bolsters a candidate's campaign is the level of his or her funding. With more donations, he or she can afford the additional advertisements and campaign staff that presents an image of a strong campaign and extensive support base. The nominating system is overburdened by "front-loading;" the top nominees are determined far in advance, and the majority of delegates are chosen by March which gives the advantage to the candidates who can afford to run a strong, powerful, appealing campaign at the beginning of the process. A greater impact earlier in the primary season may, then, be more reflective of a candidate's budget than of his or her executive capacity (Lau & Redlawsk, 2006).

Historically, nominating systems were paced more gradually. Nominees were generally evaluated over a period from mid-February to mid-June, and delegates had time to thoroughly consider each candidate's arguments, strengths and weaknesses before making a conclusion at the nominating convention in August or September. In contrast, in 2012 more than half of state primaries were held before March 7, with 14 states holding primaries on March 6, 2012 (NCSL, 2012). In the face of a growing number of candidates, the pace of the newer process increases pressure on running a campaign that can stand out in the beginning of the primaries (Davis, 2000).

4.4: Implications: Voter Behavior in the Presidential Primaries

The argument that an inclusive primary system reflects a healthy, functional democracy relies on the assumption that the system enables voters to express their preferences accurately. Lau and Redlawsk (2006) developed a method of Dynamic Process Tracing based on behavioral decision theory to assess whether or not voters "vote correctly." In other words, they ask:

> Did the voter, in the hurly-burly of an actual election campaign, with all the constraints imposed by real life, still manage to select the candidate that he or she would have chosen in the ideal world of fully informed preferences? (p.16)

The empirically based model they generated to analyze voter decisions traced the type and amount of information voters gathered about candidates in a controlled, mock election. They evaluated different models of voting by categorizing the type of search, depth of search, comparability of search, sequence of search and amount of cognitive effort invested in the search.

The alternative to voting correctly, or "according to their fully-informed interests" is voting in a "normative-naive" manner, based more on intuition. In their mock primary elections, the researchers found that when voters were forced to choose between more than two candidates they were more likely to rely on intuitive and confirmatory strategies to make their decisions. The number of contenders had a highly significant effect on a voter's reliance on "non-compensatory" decision strategies. When participating in a primary election with more than two candidates, voters were more likely to use the Bounded Rationality and Intuitive Decision Making (BRIDM) Model.

The BRIDM model is characterized by a "relatively shallow" information search in which voters do not thoroughly consider all of the available information before reaching a decision.

Rather than making trade-offs between positive and negative information, voters are more likely to rule out alternatives upon discovering a salient piece of negative information. The cognitive effort invested is "moderately low" and the comparison of alternatives is generally unequal (Lau & Redlawsk, 2006, p. 36).

The "non-compensatory" candidate search in the BRIDM model favors an incomplete information search. Once a voter has found negative information about one of the candidates, he or she is likely to eliminate that candidate as a viable contender. Rather than use equal tradeoffs of positive and negative information about the contender, the voter gives more attention to information he or she perceives to be negative; ruling out one option helps to satisfy the voter's goal of making an easier, more efficient decision among all options (Lau & Redlawsk, 2006).

A recent application of negative health information impacting voting behavior was in the 2012 campaign of Republican presidential nominee Michelle Bachmann when criticisms of her health, specifically that she was prone to migraines, were exposed. In July 2011, popular news outlets began to question her capacity to function in office and her viability for the nomination. Reporters dedicated more focus to history of her stress-induced migraines and the medication she took to keep the condition under control. Once these facts were exposed, the media tone shifted to further point out her misstatements and gaffes along the campaign trail. A qualitative analysis of Bachmann's media coverage demonstrates that beginning in August 2011, Bachmann had shifted from a "frontrunner" to a "back bencher" (Bystrom & Dimitrova, 2013, p. 9). In the months that followed, the media observed that she was "struggling with campaign momentum," and "falling behind" in the races. These assessments accurately reflected her falling behind in the popular polls, which further drove home the idea she was a less viable contender than she had been. Before her health status was exposed, however, she was considered to be a stronger

candidate. Bachmann won only 5% of the Iowa caucus votes. She subsequently suspended her campaign for president on January 4, 2012. Michele Bachmann's is a case in which negative information about a candidate's health status drew negative media attention, and shaped a negative perception around a candidate who was previously seen as a viable contender.

Correct Voting in the Primaries

Lau and Redlawsk (2006) found that in a two-candidate primary race, 70% of voters voted correctly. In a four candidate primary race, only 31% of voters felt they had made a decision that accurately reflected their preferences when presented with all of the information after their initial search (p. 203).

Individual differences between voters cannot be ignored. Strength of partisan identification (even in the primaries) was significantly positively correlated with correct voting, and perception of the difficulty of the task had a significant negative effect on correct voting. Overall trends from their research, however, indicate that a deeper information search is negatively related to correct voting in a primary election with more than two candidates (Lau & Redlawsk, 2006). Given the aforementioned rise in number of candidates contending for the party nomination, I argue that a voter's capacity for "correct voting" is compromised in the current primary system.

Part of this argument assumes that voters use decision heuristics to simplify their choices. To be fair, not all voters employ the same heuristics to the same extent. Heuristics can enhance decision making among voters with high political sophistication. For the average voter that is less politically engaged, however, these cognitive shortcuts prevent the thorough, equal and balanced accessing and processing of campaign information in the way that democratic theory expects of voters (ibid).

Heuristics are generally employed when the decision is perceived to be more difficult. Findings indicated that predictors of a difficult decision were more candidates, and a dynamic media environment,[20] both of which are characteristic of the modern primary system. In addition, Lau and Redlawsk found that all voters employed at least three heuristics in their information search; the most universal of these was the "person stereotype," or the automatic assessment of a candidate's gender, age, race, appearance, or other personal traits, which voters demonstrated irrespective of political engagement. The image portrayed by a candidate influences how "likable" he or she is. This person stereotype is not a function of political context or knowledge; social stereotypes, the researchers argue, are heuristics employed by people in everyday life. Assessing the candidate's character was the heuristic most widely used by voters in the mock election (ibid).

Given popular attitudes about people with mental illness, I predict that a diagnosis of depression would employ reliance on a "person stereotype" and impede the candidate's favorability. If in the early stages of a primary the voter learned that a candidate had a history of a mental illness, I believe a voter would use this "negative information" to rule out the candidate when faced with more than two options in a primary race.

Focus of the Modern Media

This argument is contingent upon the assumption that the public will have access to personal information of a candidate, such as his or her health history. The modern media focuses

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[20] The researchers manipulated the information retrieval condition so the participant received either a static or dynamic media environment: "where the static board allows subjects to have access to all available information at all times, the revised dynamic board emulates the ebb and flow of a political campaign over time…where standard information boards are static and easily managed by the subject, actual election campaigns are dynamic and unmanageable" (p. 54). In this way, they could better assess the implications of the dynamic media environment, which they argued was more reflective of a true campaign, on voter decision making.

more on personal information than in the past. I will first review literature on the historical shift to focus more closely on the character of a candidate. Next, I will examine how the media exposes this personal information in the primary process. Then, I will focus more on the increased attention paid to a candidate's health – both physical and mental – in the context of elections.

Historical Shift to Character Focus

Hargrove (1972) argues that controversial presidential decisions in the 1960s, 1970s and 1980s put presidential candidates under a new microscope. The Cuban Missile Crisis, the War in Vietnam and the Watergate Scandal precipitated the onset of the "candidate-centered age." As stated above, the increasing use of primaries, which expanded the number of contenders and made character differences a tool for vetting candidates, also contributed to this shift. The irony underlying this phenomenon is the reverse effect the attention has had on the candidates' attractiveness to voters: "the candidate-centered politics may dominate the process today, but candidates have become less and less popular in recent elections" (Wattenberg, 1991, p. 12). The increased scrutiny that voters place on candidates arguably leads them to more readily identify a contender's flaws.

Hargrove (1972) argues that these events have shifted the way in which voters appraise presidential candidates in a few specific ways. Voters are more fixated on how a candidate's personality will adapt to moments of crisis, and more skeptical of the ways in which a leader could abuse power when he chooses to act. Voters are also wary of how a candidate's personal style of authority will determine how he or she conducts personal negotiations. When contention arises between branches, voters want confidence in a president's personal authority. The voter

wants to choose a leader who he can trust to act responsibly and effectively in these scenarios (Hargrove, 1972). Voters look to candidates' flaws to identify the ways in which they might be unreliable. The events of these three decades correlate with a shift in the American perspective from admiring the successes of presidential figures to holding them accountable for their faults.

In the context of the increasing character focus, the role of the media in the primaries is especially unique. Whereas votes in the general election are largely dominated by partisan identification as cited above, voters in the primaries are generally deciding between multiple candidates in the same party. Thus, Kendall (2000) argues, the agenda and framing set forth by the media is uniquely powerful during the primary process:

> Since the contest is strictly intraparty rather than between parties, the candidates' competing campaigns stress the personal traits of the candidates more than the party positions. They have a narrower ground for issue disagreements than if they were members of different parties, and in order to differentiate themselves, they stress their personal qualifications and ideas and attack their opponents on these grounds (p.10).

The exposure of personal information is an important tool that voters use to vet candidates in the primary process.

I argue that this standard extends to the realm of a candidate's health as well. Recent decades have heightened the focus of a presidential candidate's health. The aforementioned example of Michele Bachmann is an example of this focus in the primary process. As front-loading and media coverage expands earlier in the process, I argue that a primary candidate's health records will continue to be a source of information used by voters to vet candidates.

The Question of Candidate Health

As the media has gained greater access to personal information about candidates, the public has demanded more information about candidates' health histories. Dallek (2010) explains that the increased focus on the health of presidential candidates is a reaction to 20th century presidents concealing serious health issues from the public. Franklin D. Roosevelt had severe hypertension and a life threatening heart condition when he ran for his fourth term, but he was able to play down the extent of his handicap to the public. In 1960, John F. Kennedy denied his physical ailments even after it was revealed that he had been hospitalized numerous times in the preceding decade. Dallek argues that, had the public known about his Addison's disease, the revelation would have severely jeopardized his chances of winning the election.

Reporter and physician Lawrence K. Altman echoed this sentiment in a 2008 interview, noting that since Ronald Reagan's campaigns in the 1980s, reporters began to ask candidates to release their medical records (Brainard, 2008). This shift was likely in reference to Reagan's second campaign in 1984 at which point the media questioned his capacity given the 1981 assassination attempt he had survived. His frequent exhaustion and incapacitation was not immediately obvious to voters, but the media pressed for more information to provide the public with an accurate assessment of his true physical capacity.[21] Since then, Altman explains, candidates have been asked to provide voters with information about their health histories. He notes that candidates are sometimes still hesitant to release this information. In the modern context, however, it seems impossible for a candidate to keep up with his contenders if he does not release this information when others do. Given the confidential nature of any patient's health

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[21] It should be noted that Reagan ultimately won the election by a landslide, winning 49 out of 50 states. My point is not to argue that the request for medical records hurt him, rather to illustrate this case as the first in modern elections that the media pressed for a candidate's extensive health information, and provided this information to the electorate.

records, many ethical questions arise about a candidate's personal health history. Still, Altman

defends the position that voters have the right to know a candidate's health history: "no

presidential candidate should get to the point that he has locked up his party's nomination

without public vetting of his health" (Brainard, 2008). He argues that even if a candidate does

not present with symptoms during the campaign, the public has the right to know what chronic

issues exist and what their implications might be should a candidate assume leadership.

Mental Health of Candidates

A combination of the attention paid to candidate character and increased attention on

candidate health adds the issue of mental health into the equation of candidate appraisal.

Renshon (1996) explains that a necessary corollary to the question of candidate character is the

underlying psychology of the candidate. He validates concerns about privacy and

confidentiality, but also asserts that the psychological assessment of a candidate is directly

relevant to the process of evaluating his or her decision making style.

In the context of this argument, a history of two specific incidents of candidates' mental

illness is warranted: that of 1964 Presidential candidate Barry Goldwater and of 1972 Vice

Presidential nominee Thomas Eagleton. In each case, the public demonstrated a desire to know

more about a candidate's mental health, and the speculation and/or evidence of a previous mental

illness was detrimental to his image and hurt his chances of winning political office.

1964: Barry Goldwater

During his 1964 acceptance of the Republican nomination, Barry Goldwater affirmed that

"extremism in the defense of liberty is no vice" and "moderation in the pursuit of justice is no

virtue" (quoted in Renshon, 1996). In the wake of these comments, some pundits called into question his mental stability and questioned whether he could be trusted as President with access to nuclear weapons. In 1964, *Fact* Magazine published a survey they had circulated to certified APA psychiatrists to assess Goldwater's mental health, and titled the article: "1,189 Psychiatrists Say Goldwater is Psychologically Unfit to be President!" (Ginzburg, 1964). Many problems were evident with the findings: the poll was not grounded in scientific diagnostic criteria, the wording of the questions was leading and biased, and none of the psychiatrists had ever evaluated Goldwater personally. In analyzing the political views of those who responded positively to the claims about Goldwater, Renshon (1996) argues that conclusions about his mental instability were a better reflection of partisan leanings than of responsible psychiatric assessment.

Goldwater carried only six states in the general election. While multiple factors contributed to the ultimate election results, the accusations around his psychological suitability had important consequences for future assessments of candidates' mental health. Goldwater eventually sued the magazine's editor Ralph Ginzburg for libel and won the case. In 1973, the APA instituted the Goldwater Rule that psychiatrists could comment generally on a candidate's mental health, but could not give a professional opinion about a diagnosis without having personally examined the candidate and received his or her approval to disclose information. Perhaps this rule is less relevant in an age where accurate medical records are standardly released for a candidate. Still, Goldwater's case was the first in which a presidential candidate's mental stability became an issue debated by the media and brought to the attention of the public.

1972: Thomas Eagleton

The case of Vice Presidential candidate Thomas Eagleton provides additional insight into the public's historic reaction to mental illness in the context of a presidential election. After Eagleton was asked to serve as George McGovern's running mate on the 1972 Democratic ticket, McGovern's advisers reportedly asked Eagleton if he had any "skeletons in his closet" which the media might later reveal. Eagleton replied that he did not. Within a few days, anonymous calls to media outlets prompted questions about Eagleton's history of depression. On July 25, 1972, 12 days after being named McGovern's running mate, Eagleton announced at a news conference that he had been hospitalized three times for "nervous exhaustion and fatigue" and that he had "undergone psychological counseling and shock treatments on two of the three occasions" (quoted in Renshon, 1996, p. 158). When accused of not admitting this earlier, Eagleton argued that he had willingly agreed to the treatment and so did not see this as a "skeleton" that the public would choose to hold against him. Further, he defended that the importance of the therapy would not be appreciated: "electric shock therapy is simply something you don't go around talking about at cocktail parties… I therefore preferred to keep [it] in the background because I didn't think many people would understand" (quoted in Renshon p. 168). Eagleton argued that he had dedicated his life to public service and had since had a successful political career as a senator from Missouri; he would not let this revelation about his medical history stop him from the pursuit of high public office (Renshon, 1996).

Within days, however, McGovern's campaign headquarters received calls for Eagleton to resign as McGovern's running mate. Private donors and public leaders who had previously supported Eagleton called for Eagleton to step down given this new information about his health history ("ABC Evening News," 1972). In an interview with ABC News, McGovern's national finance chairman Henry Kimelman admitted that many contributors thought Eagleton would be

"detrimental to the ticket" (ibid). On the First of August, Eagleton withdrew from the race,

allegedly at the request of McGovern and his advisers. The case of Thomas Eagleton shows that

the public was not prepared for someone in a high office with a history of mental illness, as

Renshon (1996) notes: "his capacity and suitability were real issues of public concern" (p. 170).

And yet, the fact that Eagleton had functioned successfully and popularly as a Senator from

Missouri raises the question of how the revelation impacted his chances for success:

> The clear implication of this statement is that depression should
> not necessarily be a barrier to high elective office and that had
> the American public been more 'mature,' Eagleton would not
> have been forced off the Democratic ticket (p. 147).

While this example did not take place in the context of the primaries which I have

argued above, the case still provides relevant insight to the question at hand: Thomas Eagleton

exemplifies a candidate running for high office whose history of depression, when exposed by

the media, resulted in his inability to advance in the position he sought. I argue that given the

expanded access to health records since Eagleton's time and the lingering popular attitudes about

the label of mental illness, it is unlikely that a candidate today with a history of depression will

survive the vetting process of the primary elections.

Implications

The scars of these historical events are evident in today's system. More often, voters look

for weaknesses of a candidate more than they acknowledge their strengths. I am not entirely

pessimistic about the shift to character focus.   If given the space to comprehend his or her true

character and the implications of his or her personality traits, perhaps the electorate can better

internalize the merits of a candidate. But as Renshon (1996) argues, the more information with

which voters are presented, the harder it becomes to make sense of what is out there: "at a

distance and in a short time, it is generally difficult to obtain the kind of information that would

go into making adequate judgments on character issues" (p. 9). With greater access to a

candidate's health records and persistent negative attitudes about others with mental illness, it is

unlikely that a primary candidate with a history of depression would succeed. Given the media

environment around contenders in the primaries and popular attitudes about mental illness, I

think it is unlikely that a candidate with a history of depression would be able to win his or her

party's nomination.

Conclusions

Modern methods of selecting delegates to a party's national convention are more directly

representative of popular opinion. This inclusiveness has generated a growth in the number of

contenders vying for a party's nomination in the primary process. Research on voter behavior in

the primaries suggests that the combined effects of "front-loading," a large number of

candidates, and the media's framing effects lead voters to conduct heuristic-driven, relatively

shallow, non-compensatory information searches. When faced with more than two options, a

voter is more likely to prioritize salient negative information about a candidate so he or she can

rule out that individual as a viable option for the nomination. These cognitive shortcuts help the

voter to accomplish the two most basic goals of navigating the electoral process: making a good

decision, and making an easy decision (Lau & Redlawsk, 2006). The historical example of

Thomas Eagleton demonstrated public hesitation toward a candidate for high office with a

history of depression. Despite the time that has passed, voter access to a candidate's health

information has expanded and negative attitudes about others with mental illness linger. The

public hesitation that was evident in Eagleton's case might well remain today. For the structural

reasons described in this chapter, I conclude that a candidate who has had a diagnosis of depression is not likely to advance in the early rounds of the party primary in a modern election, and thus would have trouble becoming president today.

Chapter 5: Conclusions

My research was guided by the following questions: Is there evidence that depression is associated with enhanced traits of crisis leadership? How generalizable are the findings of a specific case study? If generalizations cannot be made about specific traits, what broader lessons can individual histories provide regarding the qualities we should seek in a presidential candidate?

I have evaluated these questions in the context of today's political process: does the modern primary process foster an environment in which we can responsibly assess a candidate's character. Do contemporary attitudes about mental illness influence voter behavior in the primaries? How do the nomination process and media exacerbate the impact of the information voters receive? Ultimately, does the primary campaign system prevent strong candidates from contending for the presidency?

I have identified the weaknesses of attributing to depression the empathy and realism that some scholars have argued can enable crisis leadership. If depressed patients show heightened empathy, their empathy is more likely to take the form of empathic stress than empathic concern. They are more likely to internalize another's struggles than to translate compassion into outreach. The theory of depressive realism is not wholly conclusive or generalizable, but negative schemata in depressive patients do exist. Nassir Ghaemi's broad conclusion that depressed patients have a more realistic outlook in their assessments of crisis is not fully supported by the literature. Thus, I cannot accept the claim that a direct cause and effect

relationship exists between depression and strong crisis leadership. When presented with a candidate who has had depression, it is inaccurate to assume that he or she will demonstrate empathic concern and make more realistic decisions.

I have demonstrated that during his campaign, Abraham Lincoln had a history of the depressive episodes indicative of MDD. I have also shown that the empathic concern and humility of Abraham Lincoln's character enabled him to connect with people, to lead a strong cabinet, and to shape decisions that ultimately kept our nation united. Abraham Lincoln was depressed, empathic, humble and pragmatic. It is insincere to make a universal claim based on a single historical example that seems to be an outlier. Still, the fact that one of the most celebrated American presidents suffered from depression begs the question of whether someone with depression could win a presidential primary nomination today.   Thus, while a diagnosis of depression should not, as Ghaemi argues, be inclusion criteria for a presidential nomination in times of crisis, Lincoln's case is evidence that we should not exclude a candidate who has had a history of depression.

The evolution of the nomination process has increased the reliance on stereotypes to navigate the many contenders for a party's nomination. Given popular attitudes about people with mental illness, I argue that the modern path to the general presidential elections does not favor a candidate who has had a history of depression. Using the case of Abraham Lincoln, I have argued that we should second-guess the instinct to exclude a primary candidate who has had a history of depression.

Future Directions

The conclusions I have made could serve as the basis for additional scholarship about the mental health of presidential candidates. Future research might examine the specific facets of the mental illness stereotype that make voters uncomfortable. If these specific facets are identified, a candidate with a history of depression should highlight how he or she does not fit these traits.   It would also be interesting to compare depression with other pathologies, such as a history of an anxiety disorder or a past trauma episode, [22] and other types of health issues as well.

A candidate's treatment is an important variable in the extension of my argument. Perhaps if a candidate has been in treatment for a certain period of time and does not seem likely to experience another debilitating depressive episode, he or she would appeal more to voters. On the other hand, if the public found out that the candidate had received a treatment such as electroconvulsive therapy (ECT), or is still prescribed medication, perhaps fears about the side effects of treatments would again prevent voters from fully assessing a "treated" candidate. In a future study, a researcher might conduct an experiment in which all participants read a candidate profile that indicates a history of depression, but the type of treatment received is manipulated in each condition. In the control condition, the participant receives no mention of mental illness. The various treatment conditions might consist of the following descriptions of a candidate's treatment: a candidate received ECT twenty years ago for a depressive episode; the candidate was prescribed an anti-depressant medication twenty years ago; and the candidate has been on a stable dose of an anti-depressant since his or her last depressive episode twenty years ago. Another manipulation could be the effect of talk therapy: how would voters respond knowing the candidate was essentially taking advice from a professional who was not a policy expert? After reading the profiles, the participant would then answers questions indicating his or her perception

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[22] This question arose around John McCain's 2008 campaign. Popular media outlets debated whether his prisoner of war status made him more patriotic and thus a stronger candidate, or whether he retained post-traumatic stress symptoms that might impair his executive functioning.

of the candidate's presidential capacity. Manipulating the type of treatment could provide

insight into which treatment, if any, is more acceptable (or least unacceptable) to voters.

I would predict that the context in which a candidate's diagnosis is revealed could be an

important intervening variable to examine. If the candidate had previously been an advocate of

mental health policy, the public response might be more positive than if, mid-campaign, an

opposing candidate uncovered this information about a fellow contender. Past advocacy efforts

might provide a context in which a candidate could more confidently present the information,

whereas being labeled suddenly by an opponent could shock and discomfort the voters who

previously supported the candidate.

The tone with which the information is presented and the reaction of the candidate might

impact how likely a voter is to employ a stereotype in the given scenario. In studying voter

perceptions of politician accountability, McGraw (1991) found that voters prefer that a politician

justifies something he or she did that was controversial rather than providing an excuse. If a

voter accepts the justification, they are more likely to judge the politician and his or her policy

better. Thus, I predict that a candidate who accepts responsibility for not having shared the

information, offers an apology, and provides justification for his or her reasoning will not be as

hurt by the exposed information as a candidate who provides an excuses for not sharing the

diagnosis and reacts defensively about the right of the public to know that information.

While I focused on the specific role of US Presidents, Ghaemi identifies other highly

regarded political and social leaders who were depressed, such as Winston Churchill, Mahatma

Gandhi and Martin Luther King Junior. Because, as the literature suggests, the average

depressed patient is not likely to demonstrate empathic concern and assess situations more

realistically, I do not believe that the argument for empathy and realism can be extended

universally. I do wonder, however, if any intervening variables could be identified in the sample

of leaders he has studied. For example, as compared with the general population, is a career in

public service a significant indicator of tendency toward empathic concern over empathic stress?

Furthermore, in what conditions, if any, can empathic stress evolve into empathic concern? Is

there a period of time since the last depressive episode that can help to indicate the candidate's

stability? Lincoln's biographers make a convincing case that his passion to give back stemmed

from a search for meaning in his melancholy life. It would be interesting to trace the start of the

public service careers of Gandhi, King, Churchill, and other depressed leaders to assess a

possible correlation between depressive episodes, search for meaning, career in public service,

and empathic and pragmatic behaviors.

In the run up to the 2008 presidential election, Doris Kearns Goodwin argued that

Abraham Lincoln's emotional and cognitive skills should exemplify the traits we seek in a

modern candidate:

> [Lincoln] possessed an unparalleled array of emotional strengths and
> political skills […] [H]e possessed an uncanny ability to empathize with
> and to think about other people's point of view; he repaired injured
> feelings that might have escalated into permanent hostility; he shared
> credit with ease; assumed responsibility for the failure of his subordinates;
> constantly acknowledged his errors and learned from his mistakes.   These
> are the qualities we should be looking for in our candidates (Goodwin,
> 2008).

Scholars and voters alike agree that Abraham Lincoln embodied the kind of leader we should

seek today. As responsible voters, we must think critically about the candidates before us. I do

not argue that a history of depression should be inclusion criteria for a nominee for the President

of the United States. If we claim to vote with the intention of electing another leader like

Abraham Lincoln, though, excluding a candidate with a history of depression could be a mistake.

It is in our best interest to think critically about the conclusions we draw when we learn

information about primary candidates. We must consider whether our current system makes it

more difficult to assess the traits we claim to seek in our nation's Commander in Chief.

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