Psychodynamic Approaches

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Essential Papers on Depression

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Part I

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The psychodynamic perspective was developed earlier than the others presented in this volume, and this is reflected in the style of the articles that represent it. They were written in a period "chiefly characterized by boldly speculative theoretical formulations and by insightful clinical studies. It was a richly productive era in which sensitive and intuitive observers mapped out whole continents of the mind that had previously been unexplored. It was a era of large scale conceptualizations and generalizations" (Mendelson, 1960, p. 145). In Mendelson's words, these papers were part of a "Great Debate" about such matters as which period in childhood is most

critical for the development of a vulnerability to depression, what roles are to be assigned to aggression and dependency, and what significance is to be attached to depressed persons' self-reproach. In the absence of any body of independent research data to which appeals could be made, the debate was often rhetorical and even polemical.

The articles in this section were written over a period of almost half a century. Levenson (1972) has described the progress in psychodynamic thinking in this period in terms of the succession of stages defined by the dominance of one of three basic metaphors, and each of these metaphors is represented in the selections of this section. With their emphasis on libido, drives, repression, and fixation, the Freud and Abraham articles included in this volume adopt an *energy* metaphor. The article by Rapaport discusses how Bibring's theory

of depression downplays any consideration of the vicissitudes of drives and libido. Instead, it adopts an *information* metaphor, in focusing on the ego's awareness of discrepancies between goals and what can possibly be attained. The article by Mabel Cohen and her colleagues employs a radically different *organismic* metaphor. Some old terms are dropped, but even where they are retained, they are used quite differently. There is less of an emphasis on the relationships among intrapsychic elements and more on the relationship between the person and the environment. The concept of superego is discarded in favor of focusing on the parent-child relationship. Transference no longer refers to the projections by the patient onto the blank screen of the therapist but rather the transformation of the therapist through the therapist's involvement with the patient. There is a reality to the patient's

experience.

Freud had made some tentative comments in an early paper (1896), but the paper by Abraham (see this volume) was the first major contribution to a psychodynamic understanding of depression. In it, Abraham gave critical importance to the role of repressed hostility in the disorder. “In every one of these cases it could be discovered that the disease proceeded from an attitude of hate which was paralyzing the patient’s capacity to love.” Abraham sketched out the dynamics by which this hostility could become turned inward by the depressed person. The depressive’s basic attitude is “I cannot love people; I have to hate them.” This is repressed and out of awareness, but projected outward as “People do not love me, they hate me… because of my inborn defects. Therefore, I am unhappy and depressed.” This attitude is first projected onto the depressive’s parents, but it is

later generalized to the wider environment. It becomes detached from its roots in the depressive's hostility and experienced as a deep sense of inferiority. Such a fundamentally negative attitude makes it difficult for the depressed person to become invested in the external world in a positive way, and the libido that is absorbed in this way is unavailable for other purposes. The depressed persons is thus inhibited and depleted.

Freud (see this volume) accepted and enlarged upon Abraham's formulation in developing his comparison of grief and depression. The tentativeness with which Freud presented his views should be noted. He was doubtful whether depression was a single, well-defined entity; he believed that at least some depression was primarily biological, rather than psychogenic. He denied any claim that his formulation had a general validity, and raised the possibility that it

might fit only a subgroup of depressions.

Freud started his formulation by noting that both grief and depression involve a dejected mood, a loss of both interest in the world and the capacity to love, and an inhibition of activity. What distinguishes depression, however, is that the depressed person has suffered a loss of self-regard, and this expresses itself in self-criticism and even self-vilification. Freud's observations on depressed persons' self-criticism provide an interesting contrast to the cognitive (see Part III of this volume) and interpersonal (see Part IV of this volume). The pathological nature of this self-criticism was not seen as a matter of inaccuracy. Indeed, when the depressed person

> describes himself as petty, egoistic, dishonest, lacking in independence, one whose sole aim is to hide the weakness of his own nature, it may be, so far as we know, that he has come pretty near to describing

> himself; we only wonder why a man has to be ill before he can be accessible to a truth of this kind.

Freud suggested a depressed person might actually have a "keener eye for the truth" than those who are not depressed. What is pathological is that anyone would make such a self-evaluation, whether or not it is true or accepted by others. Furthermore, rather than being ashamed by such an opinion, the depressed seems to find a satisfaction in inflicting it on others.

Freud went on to note that if one listens carefully to a depressive's self-criticisms, one often discovers that the most extreme of the complaints are less applicable to the depressed person than to someone that the depressed person loves, once loved, or should love. This was a key observation for Freud: The self-criticisms of a depressed person had been shifted back from a loved object. Thus, the woman who complains that she is

utterly unlovable and challenges her husband as to why he would stay with her may actually be chastising him for not being more lovable.

The dynamics that are described seem complicated and circuitous. In reading Freud's account, it should be remembered that he had not yet articulated the concept of the superego, and so the "self-critical faculty" that he wished to invoke had to be relegated to the ego. The process of becoming depressed starts with a real or imagined loss, rejection, or disappointment. In normal grief, this would entail a painful withdrawal of libidinal investment and an eventual displacement of it onto a new object.

However, in a depressive process, the ego refuses to accept the loss. The ego becomes enraged and regresses to an oral sadistic level. Here, as in Abraham's formulation, aggression has

a key role. There is a split in the ego, and part of it regresses further to the oral receptive stage. The lost object becomes an ego loss, as it is incorporated into the ego. The ego identifies with the lost object, and the conflict between the ego and the lost object becomes a conflict within the ego. Hostility that cannot be expressed directly to the lost object is heaped upon the portion of the ego that is identified with it, and this is reflected in a loss of self-esteem and punishing self-criticism. Freud argued that this process did not happen in just anyone facing a loss. It requires a predisposition that lies in a basic ambivalence to the love object and an underlying tendency toward narcissistic object choices. The vulnerable person chooses love objects that are similar enough to the self that they can be easily abandoned and confused with it.

The article by Rapaport was originally a

presentation delivered as a memorial to Bibring in 1959. It summarizes Bibring's theory of depression, yet in many ways it presents a clearer picture of the significance of Bibring's contribution than his own writings did. Rapaport identifies the place of Bibring's work in the historical development of psychoanalytic thinking about depression and uses Bibring's work to evaluate past psychoanalytic formulations. In doing so, he highlights the importance of Bibring's work for both the development of ego psychology and the psychoanalytic theory of affects in a way that Bibring was too modest to do himself.

Bibring was careful to state that he did not reject outright the formulations offered by Freud and Abraham, but he suggested that they needed modification because oral and aggressive strivings may not be as universal in depression as these formulations suppose. Yet the modification that he

presents proves to be quite radical. For Bibring, what was most fundamental about depression is a fall in self-esteem due to "the ego's shocking awareness of its helplessness in regard to its aspirations." Depression occurs when the person *both* feels powerless to achieve some narcissistically important goal and the goal is not relinquished.

> Irrespective of their unconscious implications, one may roughly distinguish between three groups of such persisting aspirations of the person: (1) the wish to be worthy, to be loved, to be appreciated, not to be inferior or unworthy; (2) the wish to be strong, superior, great, secure, not to be weak and insecure; and (3) the wish to be good, to be loving not to be aggressive, hateful and destructive. It is exactly from the tension between these highly charged narcissistic aspirations on the one hand, and the ego's acute awareness of its (real or imaginary) helplessness and incapacity to live up to them on the other hand, that depression results (Bibring, 1953, p. 27).

The vulnerability to particular frustrations is acquired as a result of trauma that occur in early childhood and that produce a fixation to a state of helplessness. This state can be reactivated when the person is confronted with a situation resembling the original trauma. Bibring agreed with earlier writers that depression is more likely to occur in orally dependent persons who need "narcissistic supplies" from the outside, but he also argued that severe frustrations could produce a fixation at another stage. Importantly, depression did not depend upon the aggressive and dependent strivings of the oral stage. Rather than producing depression, such strivings might *result* from the awareness of helplessness.

Whybrow, Akiskal, and McKinney (1984) have noted some of the most important implications of Bibring's reformulation of the classical psychodynamics of depression:

> To define depression in this way is to define it as psychosocial phenomenon. The concept of the ego, unlike that of the id, is rooted in social reality, and the ego ideal is composed of socially learned symbols and motives. A breakdown of self-esteem may involve, in addition to object loss, man's symbolic possessions, such as power, status, social role, identity, values, and existential purpose. Depression, therefore, falls particularly upon the overambitious, the conventional, the individual with upward mobility, and the woman who strongly identifies with a passive social role… Bibring's conceptualization provides broad links with man's existential, sociological, and cultural worlds (p. 35).

The article by Cohen and her colleagues represents another important conceptual transition. Like the other psychodynamic writers, Cohen and her coauthors devote considerable attention to the early childhood experiences of depressives but emphasis is on the patterning of interpersonal relationships rather than

intrapsychic functioning. They demonstrate the Sullivanian conceptualization of personality as the recurring patterning of significant relationships.

The enduring interpersonal climate in the family is given more attention than any single traumatic experience, and the family's position in the community is identified as an important determinant of what this climate will be. Specifically, the families of depressed persons tend to stand out as different from the families around them. Parents tend to have an overriding concern with fitting in, conforming to "what the neighbors think," and upward mobility. The child in the family who is most likely to be depressed later is likely to be the one who most accepted the burden of winning acceptance and prestige for the family. This child absorbs parental attitudes in a "peculiar combination of lack of conviction of worth… coupled with an intense devotion to conventional

morality and what people think." The child may show a strong concern with what authority expects, but a conviction that these expectations are beyond what can be achieved.

The adult relationships of depressives tend to perpetuate the patterning of their family relationships in childhood. Even when not suffering from any mood disturbance, depressives tend to have a narrow range of relationships within which they are very dependent and sensitive to signs of disapproval and rejection. As an interpersonal strategy, depressives may undersell themselves in order to win nurturance and approval, but in doing so, actually may convince others that they lack any assets.

> At this point, they begin to hate these other people for being the cause of the vicious circle in which they are caught; and they hate themselves because they sense the fraudulence of their behavior in not their

behavior in not having expressed openly their inner feelings.

This strategy and patterning of relationships becomes exaggerated and intensified during a period of depression. The symptoms of depressed persons may be seen as an appeal to those around them, but if prolonged, their main effect may be to leave the depressed persons alienated from those people upon whom they had relied and alone with their feelings of distress.

Cohen and her colleagues give an extended discussion of the therapeutic relationship with depressed persons because of the assumption that this will recapitulate other significant relationships in a way that allows the therapist to have the first hand perspective of a participant observer. The language of transference and countertransference is used, but one gets less of a sense of an ego struggling with object

representations than of two people struggling with a difficult relationship. Depressed persons can be irritating and manipulative, but therapists are also implicated in the patterns that are described. They are more likely to be manipulated by depressed persons if they become overinvested in playing a benign and powerful role with their patients. This emphasis on interpersonal strategies of depressed persons and the involvement of others is developed further in the Coyne article (Part IV, this volume).

At the conclusion of his review of psychodynamic conceptions of depression, Mendelson (1960) declared that it was now time for a "responsible sober testing of theories and hypotheses" (p. 145). Yet, a vigorous, sustained research program that was explicitly psychodynamic never materialized. The richness and ambiguity of the psychodynamic conceptions

of depression have resisted restatement as hypotheses that are both readily empirically testable and true to the perspective.

In the sixties, psychodynamic writings were interpreted as suggesting that when people become depressed, they are more likely to internalize or suppress hostility. Findings were generally not supportive of this hypothesis (Friedman, 1964; Schless, et al., 1974). There were also a number of examinations of whether persons who later became depressed had experienced the death of a parent in childhood. There were some well-designed studies with positive results (see Brown, this volume), but other studies found only a weak and inconsistent relationship (Crook & Elliot, 1980). Yet, as in the studies of depression and hostility, questions could be raised about the fidelity of the research to the original psychodynamic formulations. Recently, Sidney

Blatt and his colleagues (Blatt, 1974; Blatt, et al., 1979) have utilized psychodynamic conceptions in developing a line of research that distinguishes between depressed persons on the basis of whether dependency or self-criticism predominate. Such a typology correlates with retrospective reports of parental behavior in childhood (McCranie & Bass, 1984).

Despite such a paucity of research, the impact of the psychodynamic perspective should not be underestimated. Ideas derived from it about the significance of early childhood experience, hostility, and self-criticism continue to have a strong influence upon clinical practice and have become a secure part of clinical folklore and laypersons' understanding of depression. Furthermore, the other psychosocial perspectives on depression remain indebted in ways that are not always obvious. Aaron T. Beck was formerly a

practicing psychoanalyst, and his cognitive model of depression (see Kovacs & Beck, this volume) grew out of his early work testing psychodynamic hypotheses about the dreams of depressed persons. The first elaborated behavioral formulation of depression (Ferster, 1973) accepted as fact psychodynamic ideas about the role of anger turned inward and fixation; it attempted to reconceptualize them in behavioral terms. Key aspects of the learned helplessness model (see Abramson Seligman, & Teasdale, this volume) were clearly anticipated in Bibring's formulation. Articles by Coyne and Becker in this volume also build upon psychodynamic formulations, but they are developed in very different directions.

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