

SILVANO ARIETI, M.D.

**PSYCHOTHERAPY OF DEPRESSION
DURING THE MIDDLE YEARS
(INVOLUTIONAL MELANCHOLIA)**

Severe and Mild Depression

PSYCHOTHERAPY OF DEPRESSION DURING THE MIDDLE YEARS

(INVOLUTIONAL MELANCHOLIA)

SILVANO ARIETI, M.D.

e-Book 2015 International Psychotherapy Institute

From *Severe and Mild Depression* by Silvano Arieti & Jules Bemporad

Copyright © 1978 Silvano Arieti & Jules Bemporad

All Rights Reserved

Created in the United States of America

www.freepsychotherapybooks.org
ebooks@theipi.org

a matter of fact, the patient is disturbed because in spite of having reached the menopause, she feels full of life and does not want to surrender. Nobody wants *her* to surrender; only some wrong and archaic conceptions she has about herself and life. Her reluctance to surrender is a healthy sign: what is unhealthy is her complex, which consists of archaic conceptions. In the second half of the twentieth century, there are very few human beings indeed who in their forties or fifties consider themselves ruins of what they used to be. The patient is told that she is just one of the few who think so. The truth is that she did not feel fulfilled in the past, but now she interprets the menopause or the onset of the middle years as the event which has given the coup de grace to her hopes. The patterns of thinking and living that she has adopted now make her believe she has no alternatives. These patterns have to be explored in accordance with the procedures described in chapter 9.

Although some patients suffering from involitional melancholia have followed a pattern of submission to a dominant other, or mourn for what they previously thought was a good relationship with the dominant other, most belong to the category of patients who have experienced failure in their attempts to reach the dominant goal. But the dominant goal, especially for female patients, is to find a suitable love object—preferably a husband, but also other reliable romantic liaisons. Like the heroine of some novel, the patient always longed for and searched for a monogamous romantic relationship that would satisfy all her needs. Now she feels that her goal is

unattainable. With this dominant goal, the patient often retains the traditional role of the passive, possibly masochistic woman who at times is even willing to be brutalized by a man in order to be accepted, loved, or desired sexually. At other times, with the passivity there is resentment and even the tendency to see the men with whom she comes into contact in a much worse light than they deserve to be in.

When a good relation has been established with the patient, a resolution of these complexes occurs, alternatives are found, and depression recedes, as illustrated by the following two cases. The first one is reported in detail; in the second one only the fundamental aspects are outlined.

CASE REPORTS

Mrs. Marie Carls

Mrs. Marie Carls was in her middle fifties when she came for the first interview. She appeared distinguished in her manner, with an almost aristocratic demeanor. A college graduate, she spoke in a beautiful literary style which was characteristic of the well-educated, upper-middle class family in which she was brought up. She had been born and had lived in Europe until a few years prior to the onset of treatment.

During the first interview she made several statements, some of which

appeared self-contradictory. She said that ten years earlier she had had a hysterectomy which was necessitated by a very large fibroma. There were no sequelae to the hysterectomy, but unpleasant symptoms had started a few months before she came to see me. She felt depressed and in a constant state of tension or agitation. Her mouth was dry. Since she became depressed, she had slept no more than three hours per night. She stated that her life had been serene and without problems. Why she should feel depressed was a mystery to her. She lived happily with Julius, her husband, and she was happy to be in the United States for a few years, as required by her husband's occupation. When her husband was ready, she would happily return to her country. It was true that in the past she and her husband each had had an infatuation for another person, but neither affair had amounted to anything. Both affairs were now relegated to the buried memories which nobody wanted to resurrect.

All her complaints were somatic in nature. She tired easily, to the point of exhaustion. She knew she was melancholy, but she thought that it was because she did not feel well. She was very religious and had been brought up in an environment in which there was strict adherence to Catholicism. She went to confession very often.

A few sessions after the beginning of the treatment, she started to define her various complaints and general state of malaise as "an obscure force"

which would take possession of her. She knew that this obscure force was a psychological experience. It was something which would come suddenly and make her depressed, tired, and often cause cramps in her stomach. Asked whether she had experienced something similar in her past life, she said that when she had given birth to her first child, at age twenty-four, she felt depressed in a way vaguely reminiscent of what she was experiencing now, but at a much less intense level and not to be compared with her present condition.

During much of her treatment, which lasted three years, the patient spoke repeatedly about the obscure force. At times she felt well, and then suddenly she would become depressed. The psychosomatic symptoms— the tiredness, the general malaise, the cramps—would completely possess her. She felt as if she were being invaded by a black cloud or fog.

Marie Carls was the youngest of three children. Her mother was described as a woman of whose presence everyone was immediately and intensely aware. She had a “volcanic” temper and was passionate and emotional, but also obsessive-compulsive. There were some drawers in the house that only she was allowed to open. Once, when the patient’s father opened them, the mother became hysterical and threatened to throw herself out of the window. The father slapped her face. The father was very conventional and was described as a loving person and a devoted family man.

He had always confided in the patient. As a matter of fact, when he was seventy-eight years old and a widower, he confided to her that he was still disturbed by sexual desires and did not know what to do about it. Did she have any advice to offer? She didn't.

The patient had always felt very attached to her mother. As a matter of fact, they used to call her "Stamp" because she stuck to her mother as a stamp to a letter. She always tried to placate her volcanic mother, to please her in every possible way. The mother, however, did not fulfill her maternal role very well. The patient remembered that when she started to menstruate at the age of thirteen, she did not know anything about it. She went to her mother, who explained, "It is a natural thing, but a dirty one." The subject of menstruation was never brought up again; it was taboo. The patient described herself as being naive for a long time. She remembered hearing from a girl friend that a thirteen-year-old girl had found out that she was pregnant and had not known how this could happen. In a state of desperation the girl killed herself.

The patient remembered that her menses were often late, and until the age of nineteen she was always afraid that she was pregnant, although she had had no contacts with men. When she got married at the age of twenty-three, she was a virgin. However, when she had intercourse with her husband on the wedding night, she did not bleed. The husband said to her, "Perhaps

when you are seventy years old, you will have to confess a little sin.” But she was a virgin, and the husband did believe her because he never spoke about this matter again. She, on the other hand, thought from time to time about the “little sin”, and what came to mind was the beautiful garden of the home where she had spent her childhood and adolescence. Two boys also came to mind, the sons of the gardener; but the patient was sure that she had never had any physical contact with them, nor had she wished to. She admitted, however, that she might have repressed fantasies of that type. No: she was proud of having been a virgin when she got married. She came from a family where religious precepts, traditions, rules, and laws had to be respected. She had an aunt, however, who had challenged the world with her free behavior. Everybody ostensibly criticized her; almost everybody secretly admired her. Unlike her aunt, the patient did not challenge the world or any human being. She submitted to and obeyed the wishes of society.

When the man who became her husband revealed his intention to marry her, she shared the unanimous opinion of her family that he was an excellent match. Although she was not enthusiastic about this man, she could find no fault in one who appeared so honest, reliable, a good provider, and a good Catholic. After the marriage she continued her pattern of submission and compliance. Before her marriage she had difficulty in complying with a volcanic mother, and after her marriage she almost automatically assumed a submissive role. Actually, she described her husband as very considerate,

egalitarian, and not domineering at all. His only fault was that he did not have a volcanic or dynamic personality. He was too placid, too good, and rather boring.

The first few months of treatment were devoted to describing the placidity of her life, the goodness and the considerate attitude of her husband, her great respect for him, the boredom of life and of her marriage, and her lack of any desires—including sex. Only two things were prominent in her life, and they were repeatedly mentioned in her sessions: her profound religious devotion; and the obscure force which came from an unknown place to possess her, make her feel depressed, or fill her with psychosomatic symptoms.

Her dreams contrasted with the placidity and uneventfulness of her life. After reading Dostoevsky's *Crime and Punishment*, she dreamed of having committed a crime with one of her brothers. In another dream a girl had been found killed. Many dreams repeated the motif of guilt and retribution.

Several months after beginning treatment, the patient reported a dream. Ignatius and she had decided not to see each other again. She would have to leave him forever. I asked who Ignatius was, because I had not heard the name until then. The patient replied almost with surprise, "But the first time I came to see you, I told you that in the past I had had an infatuation." She then

told me that when she was thirty years old, in the middle of the Second World War, she lived at the periphery of a city which was frequently bombed. Ignatius, a friend of the family, had had his home completely demolished by bombs. The patient and her husband invited Ignatius, who was single, to come and live with them. Ignatius and the patient soon discovered that they had an attraction for each other. They both tried to fight that feeling; but when Julius had to go to another city for a few days, the so-called infatuation became much more than that. There were a few physical contacts, but the patient had no complete orgasm. However, there was an intense spiritual affinity. Ignatius understood her: he spoke her language, liked what she liked, and gave her the feeling of being alive. She remembered that before she married Julius, she had invented a slogan which she often emphatically repeated, "Long live life"; but only with Ignatius could she believe in that slogan again. Ignatius suggested that they elope, but she did not take him seriously. A few months later everybody had to leave the city. Ignatius and Marie promised to keep in touch, but both of them were full of hesitation because of Julius, a devoted husband to Marie and a devoted friend to Ignatius. Nothing was done to maintain contacts. Two years later, approximately a year after the end of the war, Marie heard that Ignatius had married. She felt terribly alone and despondent.

For several sessions Marie spoke almost exclusively about Ignatius, and in this period the so-called obscure force acquired prominence. She described

this force as “a feeling which grows to gigantic proportions; an internal sensation, physical and psychological, occasionally accompanied by thoughts. It is a malaise which first spreads through the whole organism, and then becomes localized in the stomach or in the whole abdomen.” On one occasion she said, “The obscure force is a faceless entity which often strikes me with a terrible violence. It leaves either physical illness or deep depression. It comes suddenly, at the most unexpected moments. For instance, once I was watering the geraniums and all of a sudden the force struck me.”

During this stage of therapy Marie revealed that there had been a period during which she felt very guilty because of her relationship with Ignatius, and she decided to confess the whole thing to Julius, ready to accept whatever decision Julius made. Julius’ reaction was unexpected on more than one count. First, he did not become at all incensed or punitive. Second, he said “Marie, I must tell you something I never told you before. I, too, had a brief affair with a woman during the war. Let’s forgive each other entirely, forget the whole thing, and continue to love each other.” At first Marie felt injured that her husband had had an affair, but then she was relieved, and accepted her husband’s “supreme wisdom and maturity.” Moreover, after her husband found out about Ignatius he seemed to become more intensely interested in her sexually.

Many years passed, during which she lived a comfortable and

uneventful life. She had two children, who married at a young age. To further Mr. Carls' career, the couple emigrated to the United States after the war. She became enthusiastic about the United States; she had what other people would call a happy life; and yet, in spite of it, she became depressed.

In a subsequent stage of therapy Marie concentrated on her marriage. Had she really accepted her husband's proposal to forgive and forget? Only ostensibly. The pact with her husband partially relieved her guilt, but not her loneliness and her thirst for life. The obscure force stood for the suffering that she wanted to repress. Her suffering had become more acute as she realized that old age was approaching and she had lost all her chances. Ignatius remained as the memory of lost opportunities. Yes, Ignatius had wanted her to go with him, but she wouldn't, because she felt that her husband and God would never forgive her. Even that beautiful short relationship was spoiled by her feeling of guilt. Her life of compliance and obedience had not permitted her to reach her goal. An Ignatius existed in the world, but she had lost him forever. She had never loved her husband, and that was what was wrong with her marriage.

For many years she had tried to forget Ignatius, to minimize her encounter with him as her husband had suggested. But how could she? The encounter with Ignatius was the most beautiful episode of her life, and she was happy it had happened, although she should prefer that it had never

happened. The rest of her life did not seem to count. Eventually the obscure force struck her.

For many years she had hoped she could make up for the loss of Ignatius, but now she could no longer do so. She could no longer scream, “Long live life!” She would rather think, “Down with life without Ignatius, a life which has lost its meaning.”

When she became aware of these ideas, she felt even more depressed. She was complaining less and less about the obscure force, and more and more about her marriage. She felt that everything she had built in her life was false or based on a false premise. In a certain way her husband was not so compliant, permissive, and tolerant as she had seen him; but possessive because she had to live by his way of living, with all its placidity and the boredom. But this was impossible to do when she really did not love the man.

A few sessions later she said that there was only an empty space in her life. She had utterly and irrevocably failed. She had made terrible and irreparable mistakes. It was better to contend with the obscure force than with the truth; better not to know than to know. At times the ideas of the past were forgotten and the obscure force returned, but not for long, because it was not possible to suppress the truth any more. Had the therapist really helped her? Why didn't he leave her alone in her blessed obscurity, less

painful than the enlightenment?

At this point we have to take stock of what is known about this woman before proceeding to illustrate the subsequent course of treatment. It was obvious that her life had not been a happy one from childhood to the present time. When she was a young girl, she was brought up to believe that her happiness would eventually come as a result of a romantic encounter. An ideal husband would fulfill all her needs and would give a complete meaning to her life. Both the family's influence and the general contemporary culture, especially fiction and the cinema, nourished such expectations. Even in her daydreams she, like many contemporary women, assumed a role of dependence on a man. The man would be the fulfiller of her dreams.

The finding of such a love became the dominant goal. But this goal was not reached in marrying her husband, who fell so short of her ideals. Ignatius appeared on the scene and was immediately invested with all the attributes of the dominant goal. He came and then went away, becoming a dominant goal which could no longer be achieved. It was difficult to suffocate and suppress gigantic feelings and to adjust to a pale, conventional marriage. To some extent Marie succeeded with the help of her religious beliefs. As a matter of fact, during confession she made two promises to the priest: she would no longer look for Ignatius, and would no longer pray for him. But it was obvious that she always looked for him and she always had a rock-bottom hope that

she would find Ignatius, or another Ignatius, or what Ignatius stood for. When she realized that Ignatius was no longer likely to appear, the ideas and feelings which she had suppressed—or actually repressed—threatened to reemerge. She tried to suppress them again and again, but the depression and the so-called obscure force were conscious. Part of the depression was psychosomatically transformed into the effects of this obscure force.

When the patient became able to verbalize what she had kept within herself for a long time, her conscious ideation increasingly assumed the form of mourning for the “lost opportunity.” She could have decided to elope with Ignatius, and her life would have been a beautiful realization of a love dream. But she had spoiled everything because of her guilt and conventional habits. As much as she could stick to the idea that her goal had had the possibility of being realized, she preserved some self-esteem and sustenance, and her depression never reached a stage close to stupor or to the point of having serious suicidal intentions. She had an ambivalent feeling toward her feelings of guilt: at times the guilt feeling had spoiled her life; at other times it was the redeeming feature which had protected her from total catastrophe.

A therapist could easily pick out what was wrong with Marie Carls’s cognitive structure and formulate a therapeutic strategy. She could be helped to demolish the dominant goal, with all its accessory constructs, and be guided to find alternative patterns of living. But it was not easy to do so in

practice.

When the patient had established a good rapport with the therapist, had started to relate to him as to a significant third, and had revealed a large part of her history and its implications which she had repressed or suppressed, the cognitive structure was at first challenged in its more superficial and common-sense aspects. Was Ignatius really the ideal man she had envisioned? What was so wonderful about him? Even sexual life with him had not been completely satisfactory. Why did he go away so easily and not return after the war? Evaluation of past events was complicated by her strong feelings that she had done what God demanded. The patient attributed these feelings to herself and to Ignatius. She continued to defend Ignatius and to keep him on a pedestal, but with less and less strength. Eventually the patient asked herself whether in real life Ignatius corresponded to her image of Ignatius, or whether he was a mythical figure. She became more and more inclined to think that Ignatius was a myth. But when she thought of him as a myth, the depression— unless replaced by the obscure force—became more pronounced; obviously because she needed the myth of Ignatius, the myth of the “lost opportunity.” As mentioned, these interpretations remained at a rather common-sense level.

But a much more profound blow to the cognitive structure of the dominant goal was struck when she was asked whether, before Ignatius

entered her life, she had ever daydreamed about a man who would one day appear and be like Ignatius. And indeed she said yes, she had often daydreamed about such a man; and when Ignatius appeared, he was the exact embodiment of what she had been expecting. When the patient reached this conclusion, she rose from her chair and said with a profound melancholia which was full of strength, not weakness: "The myth of Ignatius existed before Ignatius." She paused awhile, and then added, "Three myths. The myth of the expectation of Ignatius, the myth of having lost a wonderful Ignatius, the myth of the return of Ignatius." This was indeed a great revelation. The cognitive trap started to be dismantled. What I and my pupils call the dominant goal was more poetically called a myth, and a myth generating a series of myths. I told her that I thought she was quite right, but could she explain why the myth of the Ignatius-to-be, or the expectation of an Ignatius, was a myth? By making such a request, I obviously intended to make her work on restructuring the cognitive substratum of her problems.

She told me again the many reasons which throughout her youth had made her focus on the expectancy of this ideal man. First, her grandmother had been a writer of romantic novels, which the patient had avidly absorbed. In those novels the woman was a passive entity whose main job was to wait for some male to acknowledge her existence and finally discover her secret virtues. But the few who do notice her are not worthwhile. The man who is worthwhile is either a sadist or a marvelous man who for various reasons is

unattainable. These themes recur even in contemporary American novels, the patient added, novels written not only by women but by men as well. The patient wanted to stress that the origin of her trouble did not reside in her grandmother. Her grandmother was only representative of a culture which fostered a false goal in women. The goal was false in that it was the only one, or one of the very few, that a woman in her social environment could have. In subsequent sessions the patient made connections between this goal and the predominantly patriarchal, male chauvinistic society which seduces women into accepting such a goal. Her original desires to placate her volcanic mother and to please her father, for whom she had an Oedipal attachment, were channeled toward the aim of being the lady that she had believed she was expected to become.

Mrs. Carls explained that after the termination of the Ignatius episode she herself had done some reconstructive cognitive work, but it had been wrong and led nowhere. Once she realized that Ignatius was lost, she tried to improve her marriage, but she also made this attempt in an erroneous way; she was still searching for the perfect life or the ideal goal in a relationship in which she again could assume a dependent role. But every time Julius showed his human weaknesses—or rather, his human dimensions—they appeared very small. If she could not have the ecstatic, voracious flame of love she had for Ignatius, she thought she could have a solid, profound, spiritual relationship with Julius based on commitment, loyalty, companionship, and

shared experiences. But she still depended on Julius, and Julius could not share life's experiences with a strength equal to hers. She had what she called a thirst for the absolute, which she was trying to find in her marriage. Occasionally she would refer to a thirst for perfection which cannot be found on earth, for it belongs only to heaven. As a matter of fact, at times during the night she would wake up with a sense of anxiety or what she called religious terror. But it was interesting that one of the nights when she woke up with a "religious terror" she had been having a dream in which she was kissing Ignatius. During the dream she experienced an intense pleasure whose sweetness was impossible to express in words.

Thus there was no doubt that searching for the absolute was really a substitute for searching for Ignatius. She was still searching for Ignatius; but with her religion, sense of loyalty, and the pact made with her husband (to forget the past and to love each other) she also was trying to suppress Ignatius, or whatever myth was a derivative of the Ignatius myth.

I have already mentioned that while Marie was trying to demolish the myth of Ignatius, she was at times experiencing very intensely both the obscure force and wave after wave of depression. The depression at times became very severe, and I was under pressure from the family doctor to give her antidepressants. I resisted the pressure. With some patients I consider it advisable to prescribe antidepressants, but not for patients with whom I feel

that I am about to make psychological progress. In the case of Marie we had reached a psychological understanding of why the dominant goal had had a chance to develop, but we did not know why it was still so necessary for it to exist. Eventually we came to understand that this dominant goal has a special flavor or nuance: loss of Ignatius represented the lovelessness of life, and lovelessness of life was equated with death. The dominant cognitive constructs in her mind thus could be summarized as, "I have discovered the lovelessness of my life. Lovelessness equals death. My life is a living death. Real death would be preferable."

A psychiatrist must agree that love is important, and a life without love is an impoverished life. But love means many things, just as there are many types of love. For Marie it meant only romantic love, all passion and flame, like the one she had imagined with Ignatius. Life without that type of love is not at all a life characterized by lovelessness, and by no means to be equated with death: but it was so for her. There are many strong and pleasant feelings that one can feel for family members, career, friends, humanity, cultural interests, and so on. They are different loves, but they count too. A life without the type of love she imagined with Ignatius can be a rich and rewarding life. In summary, the meaning of Marie's life did not have to be found in the actualization of the Ignatius myth. A long time was devoted to the discussion of these basic issues.

In many cases of involuntal depression occurring in married women, we find a picture simpler than the one presented by Marie. The woman was led to believe in her youth that she should want to have a nice companionable husband who would be a good provider, with a house in the suburbs. She has to depend on her husband, become his appendix or satellite, live for him. At a certain time in life she wakes up, realizing that those goals which indeed she has attained are not what she intended to live for. Depression then ensues. In the case of Marie Carls, she did not reach her goal, and her unattainable goal was transformed into the myth of the lost opportunity.

In spite of the differences that I have mentioned, Marie's pathogenetic complexes had several characteristics in common with those of many other depressed women: total reliance on a man for fulfillment of life aspirations, and belittlement and finally impoverishment of all other aspects of life for the sake of reliance on a man.

Marie Carls gradually understood all the complicated ramifications of her complexes or cognitive constructs. Many of these components had to be disentangled, rectified, and put into the proper perspective. She came to see her life as not wasted, and she came to recognize that her good qualities and potentialities were worthwhile when not put at the service of lost opportunity. She became active in many cultural directions and found fulfillment in life. Her relations with her husband improved; the marital

situation was given an important but not all-inclusive role among the array of life's possibilities. The patient, of course, always had been able to distinguish the periods of depression and anguish from those which were apparently asymptomatic. But now she became able to distinguish apparent calm which is only a tacit resignation and a forceful repression of rancor from the serenity which reflects real acceptance of oneself and one's life.

There were many ups and downs during the first half of the treatment, because the patient had fits of depression when old constructs or subcomplexes had to be given up; but the main upward trend was discernible from the beginning of the second year of treatment. Treatment lasted three years and ended with complete recovery. At this time six years have passed, and there has been no relapse.

Before concluding this report, two points deserve further discussion. If we use Freudian terminology, we can say that one of them deals with the patient's id psychology and the other with her superego psychology.

A psychoanalyst of orthodox orientation would have put more stress on the Oedipal fixation of this patient and on other sexual connotations of the case. There is no doubt that the patient had a strong attachment to her father, and her father possibly had some counter-Oedipal attachments, which may be subsumed from some remarks made by the patient. This Oedipal attachment

could have strengthened the patient's desire for the unattainable man, since one's father is unattainable. It is also very possible that sexual desires for the gardener's sons, which had been repressed from consciousness, were once very strong and made her feel very guilty. They came back to her mind, during the wedding night, when the husband spoke of her "little sin" that she eventually would have to confess. What was once an imagined or fantasied little sin in childhood was transposed in time, and became the sin with Ignatius which she did confess.

The second point has to do with the role that the patient's religious devotion played: Did it do more harm than good? Love of God protected her from experiencing the "lovelessness" of her life even more deeply. On the other hand, it increased her guilt; when she felt that she could not accept life without a sinful love, she believed she would lose even God's love. We have seen in chapter 6 that some depressed patients, especially those who live in a very religious culture or subculture, can make a dominant other of God. The loving attributes of God are minimized, and the demanding and exacting attributes are stressed. In these cases the patient can experience more or less toward God the conflicts or ambivalence that are experienced toward a human dominant other. Mrs. Carls's attitude toward God did not reach such a pronounced involvement. When she became able to dismantle her myth of romantic love, the practice of religion and love of God resumed an important place among the several loves of her life. Love for children, husband, work,

and culture—together with love for God—helped her find rewarding and rich aspects in life. These loves bestowed serenity and optimism on what had been an anguished existence.

The word “anguished” elicits a final comment. Were there sufficient and irreversible causes in this case that would ineluctably confer anguish to Marie’s life? The answer seems to be no. Her mother was as temperamental as a volcano, but not cruel or hostile. Her father was not tyrannical or seductive, and only when senility approached did his behavior seem somewhat inappropriate. The family was on the whole a loving one, although dominated by restrictions, conventions, and a strong sense of duty. One gets the impression that if an atmosphere of spontaneity had prevailed in which it would have been possible for the patient to build less rigid patterns of thinking, feeling, and behavior, then she never would have known a deep depression. This is another case that shows how ideas chosen by the culture, the family, and the patient himself can entrap the human being into rigid patterns and absurd myths, and confine him in a desperate position to which he feels ineluctably tied. The alternative left to the patient is generally to submerge all his perceptions of life in a mood of depression; or at other times, as in the case of Marie, to experience something strange that comes from the obscurity of the inner self and possesses one entirely—an obscure force.

This case also shows that no matter how intricate the labyrinth of the

cognitive structure may be, psychodynamic therapy can disentangle it, lift the depression even when it presents itself as an obscure force, and make the human being feel receptive again to the array of life's aims and loves.

Mr. Rafgaf

Mr. Paul Rafgaf asked for a consultation at the suggestion of his sister, who realized that he was terribly depressed. He was forty-nine years old and had worked for twenty-four years in a travel agency. Several months earlier he noticed that he could not keep up with his work because he was becoming slower and slower. His company agreed to give him a prolonged leave of absence. They did not want to dismiss him because of his prolonged, effective, and loyal work. When he left, they told him that he could come back whenever he felt well. Several months had passed, however; and instead of feeling better, Mr. Rafgaf felt he was getting worse. The idea of going back to work terrified him. He thought he would never have the courage to call his boss and ask to be reinstated. Why should they reinstate him? He was not good.

When asked why work terrified him, he replied that the company had computerized most of what had to be done in the various offices. He believed that he could not learn how to use those terrible machines, those computers which were supposed to be very simple, but appeared to him so complicated.

The idea of using computers was enough to put him into a state of panic. He felt he could not survive in the business world. He would like to fall asleep and never wake up. He had contemplated committing himself to an insane asylum, but had decided against it. Perhaps the best thing would be to commit suicide.

The patient was living alone. I told him to call his sister and me every day. These telephone calls would make him feel less alone and would alert us for the real possibility of suicidal attempts. When he was asked why he lived alone, he said that he was not married; he was a homosexual. For twelve years he had had a relationship with George, three years his senior, but now even that relationship was fading. It had not kept up its initial momentum and had become purely platonic. The patient had the most negative appraisal of what this relation had been for twelve years. He was suffering from premature ejaculation in his homosexual relations, and sexual encounters had always lasted only a few seconds. He was a lost man, unable to love, unable to work. There had been only one important homosexual relationship in his life, and that was now extinguished without the possibility of being replaced by another one. He did not feel up to finding a new one.

The patient was reassured about the possibility of treating the depression with psychotherapy. A therapeutic team was established, and he became able to talk about his past life. He was brought up in a very religious

Catholic environment. When the patient was seven, his father lost his job and the family had to split up for economic reasons. Mother, father, and sister went to live with the paternal grandparents. The patient went to live with his maternal grandmother and aunt. After a few years the family was reunited, but the parents did not get along. They could live neither together nor apart. The patient admired his father, who was a hard-working man, but never loved him. Father could not communicate with him, and the patient felt distant or not considered enough by him. Nevertheless the patient had frequent crushes on father figures from an early age. He remembers that when he was eight he had a crush on the priest. He became an altar boy to please the priest. Later he experienced pain when he had to leave the young priest. He felt abandoned by the priest, as he had when mother and father left.

The patient became aware of his homosexual orientation very early in life and he felt very guilty about it. His father called him “sissy” from the age of six or seven. Later the patient tried to enter the heterosexual world, but without success. When he left high school, he thought of joining a religious order. Perhaps religion would cure him of his homosexuality: priesthood would make him forget sex and avoid sin. However, he indulged in masturbation with homosexual fantasies.

Mr. Rafgaf described his youth as marked by constant self-depreciation and disappointments. He had to leave college after two years for lack of funds.

He had acne and felt ugly and unwanted by both women and men. Nevertheless, through hard work and discipline he managed to make some kind of adjustment. His work with the travel agency gave him some satisfaction, and his long relation with George gave him the feeling that there was somebody who cared for him. He tended, however, to comply and have a submissive role toward George.

Now at the age of forty-nine he realized that the relationship with George was fading and no longer sexual, and he would not be able to find another partner. He had been “abandoned” by George as he once was by father and mother and later by the priest. The use of computers by his firm was the culminating point of his desperation. It was a symbol of the fact that life always confronts one with new challenges, but he was not up to it. The little security he had found in his job and in the relation with George was now crumbling, and he felt open to the hostility of the world. He also felt more and more inadequate now that old age was approaching.

Establishment of a therapeutic team was easy. Attitudes that the patient had repressed or suppressed reemerged to full consciousness. Explanations of basic facts were accepted and decreased the intensity of the depression. The patient understood the significance of childhood events and the original feeling of inadequacy that reemerged when his citadel of security seemed to be crumbling. He understood how the fear of being abandoned again, which

he experienced early in life, had reacquired supremacy in his mind.

The difficulties of homosexuals in establishing new relations in the middle years were explained to him so that he would not consider his situation to be a personal defeat. He was encouraged to find new liaisons. He understood that his age status required some readjustments, but it did not indicate the end of life or a state of hopelessness. The patient gradually reacquired the feeling that he was wanted in the travel agency, they would accept him again, and he would be able to work with the computers. I encouraged him to call his boss and to ask to be reinstated. The boss was happy to have him back. Mr. Rafgaf started work again with no difficulty or trace of depression. Treatment lasted eighteen months, although depression had subsided a few months earlier. Three years have passed with no recurrence.

Notes

- [1] It has already been mentioned in chapter 3 that Winokur (1973) found a 7.1 percent risk of developing an affective disorder during menopause, and a 6 percent risk during other times. He considered the difference not significant.

REFERENCES

- Abraham, K. 1960 (orig. 1911). Notes on the psychoanalytic treatment of manic-depressive insanity and allied conditions. In *Selected papers on psychoanalysis*. New York: Basic Books. Pp. 137-156.
- _____. 1960 (orig. 1916). The first pregenital stage of the libido. In *Selected papers on psychoanalysis*. New York: Basic Books. Pp. 248-279.
- _____. 1960 (orig. 1924). A short study of the development of libido, viewed in the light of mental disorders. In *Selected papers on psychoanalysis*. New York: Basic Books. Pp. 418-501.
- Adler, K. A. 1961. Depression in the light of individual psychology. *Journal of Individual Psychology* 17:56-67.
- Akiskal, H. S., and McKinney, W. T. 1975. Overview of recent research in depression. Integration of ten conceptual models into a comprehensive clinical frame. *Archives of General Psychiatry* 32:285-305.
- Annell, A. L. 1969. Lithium in the treatment of children and adolescents. *Acta Psychiatrica Scandinavia* Suppl. 207:19-30.
- Annell, A. L., ed. 1971. *Depressive states in childhood and adolescence*. New York: Halsted Press.
- Ansbacher, II. L., and Ansbacher, R. R. 1956. *The Individual psychology of Alfred Adler*. New York: Harper.
- Anthony, E. J. 1967. Psychoneurotic disorders. In A. M. Friedman and H. I. Kaplan, eds. *Comprehensive textbook of psychiatry*. Baltimore: Williams & Wellsing.
- _____. 1975a. Childhood depression. In E. J. Anthony and T. Benedek, eds. *Depression and human existence*. Boston: Little, Brown.
- _____. 1975b. Two contrasting types of adolescent depression and their treatment. In E. J. Anthony and T. Benedek, eds. *Depression and human existence*. Boston: Little, Brown.

- Anthony, E. J., and Scott, P. 1960. Manic-depressive psychosis in childhood. *Child Psychology and Psychiatry* 1:53-72.
- Arieti, S. 1950. New views on the psychology and psychopathology of wit and of the comic. *Psychiatry* 13:43-62.
- _____. 1959. Manic-depressive psychosis. In S. Arieti, ed. *American handbook of psychiatry*, First ed., Vol. I. New York: Basic Books. Pp. 419-454.
- _____. 1960. The experiences of inner states. In B. Kaplan and S. Wapner, eds. *Perspectives in psychological theory*. New York: International Universities Press. Pp. 20-46.
- _____. 1962. The psychotherapeutic approach to depression. *American Journal of Psychotherapy* 16:397-406.
- _____. 1967. *The intrapsychic self*. New York: Basic Books.
- _____. 1970a. Cognition and feeling. In A. Magda, *Feelings and emotions*. New York: Academic Press.
- _____. 1970b. The structural and psychodynamic role of cognition in the human psyche. In S. Arieti, ed. *The world biennial of psychiatry and psychotherapy*, Vol. I. New York: Basic Books, Pp. 3-33.
- _____. 1972. *The will to be human*. New York: Quadrangle. (Available also in paperback edition. New York: Delta Book, Dell Publishing Co., 1975.)
- _____. 1974a. *Interpretation of schizophrenia*, Second ed. New York: Basic Books.
- _____. 1974b. The cognitive-volitional school. In S. Arieti, ed. *American handbook of psychiatry*, Second ed., Vol. I. New York: Basic Books. Pp. 877-903.
- _____. 1974c. Manic-depressive psychosis and psychotic depression. In S. Arieti, ed. *American handbook of psychiatry*, Vol. III. New York: Basic Books.
- _____. 1976. *Creativity: the magic synthesis*. New York: Basic Books.

- _____. 1977. Psychotherapy of severe depression. *American Journal of Psychiatry* 134:864-868.
- Aronoff, M., Evans, R., and Durell, J. 1971. Effect of lithium salts on electrolyte metabolism. *Journal of Psychiatric Research* 8:139-159.
- Baastrop, P. C., and Schou, M. 1967. Lithium as a prophylactic agent against recurrent depressions and manic-depressive psychosis. *Archives of General Psychiatry* 16:162-172.
- Baldessarini, R. J. 1975. The basis for the amine hypothesis in affective disorders. *Archives of General Psychiatry* 32:1087.
- Beck, A. 1967. *Depression: clinical, experimental, and theoretical aspects*. New York: Paul B. Hoeber.
- _____. 1970. The core problem in depression: the cognitive triad. In J. Masek, ed. *Science and Psychoanalysis* 17. New York: Grune & Stratton.
- _____. 1976. *Cognitive therapy and the emotional disorders*. New York: International Universities Press.
- Becker, E. 1964. *The revolution in psychiatry*. New York: Free Press.
- _____. 1969. Kafka and the Oedipal complex. In *Angel in armor*. New York: Braziller.
- Beckett, S. 1959. *Waiting for godot*. London: Faber & Faber.
- Beliak, L. 1952. *Manic-depressive psychosis and allied conditions*. New York: Grune & Stratton.
- Bemporad, J. R. 1970. New views on the psychodynamics of the depressive character. In S. Arieti, ed. *The world biennial of psychiatry and psychotherapy*, vol. I. New York: Basic Books.
- _____. 1973. The role of the other in some forms of psychopathology. *Journal of the American Academy of Psychoanalysis* 1:367-379.

- _____. 1976. Psychotherapy of the depressive character. *Journal of the American Academy of Psychoanalysis* 4:347-372.
- Bender, L., and Schilder, P. 1937. Suicidal preoccupations and attempts in children. *American Journal of Orthopsychiatry* 7:225-243.
- Beres, D. 1966. Superego and depression. In R. M. Lowenstein, L. M. Newman, M. Scherr, and A. J. Solnit, eds. *Psychoanalysis—a general psychology*. New York: International Universities Press.
- Berg, J., Hullin, R., and Allsopp, M. 1974. Bipolar manic-depressive psychosis in early adolescence. *British Journal of Psychiatry* 125:416-418.
- Berman, H. H. 1933. Order of birth in manic-depressive reactions. *Psychiatric Quarterly* 12:43.
- Berner, P., Katschnig, H., and Poldinger, W. 1973. What does the term “masked depression” mean? In Kielholz, P., ed. *Masked depression*. Bern:Huber.
- Bertalanffy, L. von. 1956. General system theory. In Bertalanffy, L. von, and Rapaport, A., eds. *General system yearbook of the society for the advancement of general system theory*. Ann Arbor: University of Michigan Press.
- Bibring, E. 1953. The mechanism of depression. In P. Greenacre, ed. *Affective disorders*. New York: International Universities Press.
- Bieber, I., and Bieber, T. B. (In press.) Postpartum reactions in men and women. *Journal of the American Academy of Psychoanalysis* 6 (1978).
- Bierman, J. S., Silverstein, A. B., and Finesinger, J. E. 1958. A depression in a six-year-old boy with poliomyelitis. *Psychoanalytic Study of the Child* 13:430-450.
- Bigelow, N. 1959. The involuntional psychosis. In S. Arieti, ed. *American handbook of psychiatry*, First ed., Vol. I. New York: Basic Books. Pp. 540-545.
- Binswanger, L. 1933. *Über ideenflucht*. Orrele-Fusseler.

- _____. 1963. Heidegger's analytic of existence and its meaning for psychiatry. In *Being-in-the-world*. New York: Basic Books.
- Bonhoeffer, K. 1910. *Die symptomatischen psychosen im gefolge von akuten infektionem und inneren erkrankungen*. Leipzig: Deutieke.
- Bonime, W. 1960. Depression as a practice. *Comparative Psychiatry* 1:194-198.
- _____. 1962. *The clinical use of dreams*. New York: Basic Books.
- _____. 1962. Dynamics and psychotherapy of depression. In J. Masserman, ed. *Current psychiatric therapies*. New York: Grune & Stratton.
- _____. 1976. The psychodynamics of neurotic depression. *Journal of the American Academy of Psychoanalysis* 4:301-326.
- Bonime, W., and Bonime, E. (In press.) Depressive personality and affect reflected in dreams: a basis for psychotherapy. In J. M. Natterson, ed. *The dream in clinical practice*. New York: Aronson.
- Bowlby, J. 1958. The nature of the child's tie to his mother. *International Journal of Psycho-Analysis* 39:350-373.
- _____. 1960a. Grief and mourning in infancy and early childhood. *The Psychoanalytic Study of the child* 15:9-52. New York: International Universities Press.
- _____. 1960b. Separation anxiety. *International Journal of Psycho-Analysis* 41: 89-113.
- Boyd, D. A. 1942. Mental disorders associated with child-bearing. *American Journal of Obstetrics and Gynecology* 43:148-163; 335-349.
- Braceland, F. J. 1957. Kraepelin, his system and his influence. *American Journal of Psychiatry* 114:871.
- _____. 1966. Depressions and their treatment. In J. J. Lopez Ibor, ed. *Proceedings IV, Part 1*. Madrid: World Conference on Psychiatry. p. 467.

- Brand, H. 1976. Kafka's creative crisis. *Journal of the American Academy of Psychoanalysis* 4:249-260.
- Brenner, B. 1975. Enjoyment as a preventative of depressive affect. *Journal of Comparative Psychology* 3:346-357.
- Brill, H. 1975. Postencephalitic states or conditions. In S. Arieti, ed. *American handbook of psychiatry*, Second ed., Vol. IV. Pp. 152-165.
- Brod, M. 1973. *Franz Kafka: a biography*. New York: Schocken Books. (Paperback.)
- Brown, F. 1968. Bereavement and lack of a parent in childhood. In E. Miller, ed. *Foundations of child psychiatry*. London: Pergamon.
- Buber, M. 1937. *I and thou*. Edinburgh: Clark.
- Bunney, W. E., Carpenter, W. T., and Engelmann, K. 1972. Brain serotonin and depressive illness. In T. A. Williams, M. M. Katz, and J. A. Shield, Jr., eds. *Recent advances in the psychobiology of the depressive illnesses*. Department of Health, Education, and Welfare: Publication No. (HSM) 70—9053.
- Burton, R. 1927. *The anatomy of melancholy*. New York: Tudor.
- Cade, J. F. 1949. Lithium salts in the treatment of psychotic excitement. *Medical Journal of Australia* 2:349-352.
- Cadore, R. J., and Tanna, V. L. 1977. Genetics of affective disorders. In G. Usdin, ed. *Depression*. New York: Brunner/Mazel. Pp. 104-121.
- Cameron, N. 1944. The functional psychoses. In J. Mev. Hunt, ed. *Personality and behavior disorders*, Vol. 2. New York: Ronald Press.
- Camus, A. 1942. *Le myth de sisyphé*. Paris: Gallimard. (Quoted in Esslin, 1969).
- Carver, A. 1921. Notes on the analysis of a case of melancholia. *Journal of Neurology and Psychopathology* 1:320-324.

- Cerletti, V., and Bini, L. 1938. L'elettroshock. *Archivi generali di neurologia, psichiatria e psicoanalisi* 19:266.
- Charatan, F. B. 1975. Depression in old age. *New York State Journal of Medicine* 75:2505-2509.
- Chertok, L. 1969. *Motherhood and personality, psychosomatic aspects of childbirth*. London: Tavistock.
- Chodoff, P. 1970. The core problem in depression. In J. Masserman, ed. *Science and Psychoanalysis*, Vol. 17. New York: Grune & Stratton.
- _____. 1972. The depressive personality. *Archives of General Psychiatry* 27:666-677.
- Choron, J. 1972. *Suicide*. New York: Scribner's.
- Cohen, M. B., Blake, G., Cohen, R. A., Fromm-Reichmann, F., and Weigert, E. V. 1954. An intensive study of twelve cases of manic-depressive psychosis. *Psychiatry* 17:103-38.
- Committee on Nomenclature and Statistics of the American Psychiatric Association. 1968. *DSM—II: diagnostic and statistical manual of mental disorders*, Second ed. Washington: American Psychiatric Association.
- Cooperman, S. 1966. Kafka's "A Country Doctor"—microcosm of symbolism. In Manheim, L. and Manheim, E., eds. *Hidden Patterns*. New York: Macmillan.
- Coppen, A., Shaw, D. M., and Farrell, J. P. 1963. Potentiation of the antidepressing effect of a monoamine oxidase inhibition by tryptophan. *Lancet* 11:79-81.
- Covi, L., Lipman, R. S., Derogatis, L. R., et al. 1974. Drugs and group psychotherapy in neurotic depression. *American Journal of Psychiatry* 131:191-198.
- Coyne, J. C. 1976. Toward an interactional description of depression. *Psychiatry* 39: 28-40.
- Cytryn, L., and McKnew, D. H., Jr. 1972. Proposed classification of childhood depression. *American Journal of Psychiatry* 129:149.

- Davidson, G. M. 1936. Concerning schizophrenia and manic-depressive psychosis associated with pregnancy and childbirth. *American Journal of Psychiatry* 92:1331.
- Da Vinci, M. N. 1976. Women on women: the looking-glass novel. *Denver Quarterly* 11:1-13.
- Dennis, W., and Najarian, P. 1957. Infant development under environmental handicap. *Psychology Monographs* 71:1-13.
- Despert, L. 1952. Suicide and depression in children. *Nervous Child* 9:378-389.
- Dublin, L. I. 1963. *Suicide: a sociological and statistical study*. New York: Ronald Press.
- Durand-Fardel, M. 1855. Etude sur le suicide chez les enfants. *Annals of Medicine* 1:61—79.
- Durell, J., and Schildkraut, J. J. 1966. Biochemical studies of the schizophrenic and affective disorders. In S. Arieti, ed. *American handbook of psychiatry*, First ed., Vol. III. New York: Basic Books.
- Easson, W. II. 1977. Depression in adolescence. In S. C. Feinstein and P. Giovacchini, eds. *Adolescent psychiatry*, Vol. 5. New York: Aronson.
- Eaton, J. W., and Weil, R. J. 19550. *Culture and mental disorders*. Glencoe: Free Press.
- _____. 1955b. The Mental health of the Hutterites. In A. M. Rose, ed. *Mental health and mental disorders*. New York: Norton.
- Engel, G., and Reichsman, F. 1956. Spontaneous and experimentally induced depressions in an infant with gastric fistula. *Journal of the American Psychoanalytic Association* 4:428-456.
- English, II. B., and English, A. C. 1958. *A comprehensive dictionary of psychological and psychoanalytic terms*. New York, London, Toronto: Longmans, Green and Co.
- English, O. S. 1949. Observations of trends in manic-depressive psychosis. *Psychiatry* 12:125.
- Erikson, E. H. 1959. *Identity and the life cycle*. *Psychological Issues*, Vol. 1. New York: International

Universities Press.

_____. 1963. *Childhood and society*. New York: Norton.

Esslin, M. 1969. *The theatre of the absurd*, rev. ed. Garden City: Anchor Books, Doubleday.

Faris, R. E. L., and Dunham, H. W. 1939. *Mental disorders in urban areas*. Chicago: Univ. of Chicago Press.

Feinstein, S. G., and Wolpert, E. A. 1973. Juvenile manic-depressive illness. *Journal of the American Academy of Child Psychiatry* 12:123-136.

Fenichel, O. 1945. *The psychoanalytic theory of neurosis*. New York: Norton.

Fieve, R. R., Platman, S., and Plutehik, R. 1968. The use of lithium in affective disorders. *American Journal of Psychiatry* 125:487-491.

Forrest, T. 1969. The combined use of marital and individual therapy in depression. *Contemporary Psychoanalysis* 6:76-83.

Frazier, S. H. 1976. Changing patterns in the management of depression. *Diseases of the Nervous System* 37:25-29.

Freud, A. 1953. Some remarks on infant observation. *The Psychoanalytic Study of the Child* 8:9-19.

_____. 1960. Discussion of Dr. J. Bowlby's paper. *The Psychoanalytic Study of the Child* 15:53-62.

_____. 1970. The symptomatology of childhood. *The Psychoanalytic Study of the Child* 25:19-41.

Freud, S. 1957 (orig. 1900). The interpretation of dreams. *Standard Edition* 4, 5. London: Hogarth Press.

_____. 1957 (orig. 1917). Mourning and melancholia. *Standard Edition* 14:243-58. London: Hogarth Press.

_____. 1957- (orig. 1921). Group psychology and the analysis of the ego. *Standard Edition* 18.

London: Hogarth Press.

_____. 1957 (orig. 1923). The ego and the id. *Standard Edition* 19. London: Hogarth Press.

_____. 1957 (orig. 1927). Fetishism. *Standard Edition* 21. London: Hogarth Press.

_____. 1969. (orig. 1933). *New introductory lectures on psycho-analysis. Standard Edition* 22. London: Hogarth Press.

_____. 1957 (orig. 1938). Splitting of the ego in the defensive process. *Standard Edition* 23. London: Hogarth Press.

Fromm E. 1941. *Escape from freedom*. New York: Rinehart.

_____. 1947. *Man for himself*. New York: Rinehart.

Frommer, E. A. 1968. Depressive illness in childhood. In A. Coppen and A. Walk, eds. Recent developments in affective disorders. *British Journal of Psychiatry*, special publication no. 2. Pp. 117-136.

Fromm-Reiehmman, F. 1949. Discussion of a paper by O. S. English. *Psychiatry* 12: 133.

Gardner, J. 1977. Death by art. some men kill you with a six-gun, some men with a pen. *Critical Inquiry* 3(5).

Geisler, L. S. 1973. Masked depression in patients suspected of suffering from internal diseases. In Kielholz, 1973.

Gero, G. 1936. The construction of depression. *International Journal of Psycho-Analysis* 17:423-461.

Gibbons, J. L. 1967. Cortisol secretion rate in depressive illness. *Archives of General Psychiatry* 10:572.

Gibson, R. W. 1958. The family background and early life experience of the manic- depressive patient: a comparison with the schizophrenic patient. *Psychiatry* 21: 71-90.

- Goethe, W. 1827. *Nacldeze zu Aristotcles Poetik*.
- Gold, H. R. 1951. Observations on cultural psychiatry during a world tour of mental hospitals. *American Journal of Psychiatry* 108:462.
- Goodwin, F. K., and Bunney, W. E. 1973. A psychobiological approach to affective illness. *Psychiatric Annals* 3:19.
- Gove, W. R. 1972. The relationship between sex roles, marital status, and mental illness. *Social Focus* 51:36-66.
- _____. 1973. Sex, marital status, and mortality. *American Journal of Sociology* 79: 45-67.
- Green, A. W. 1946. The middle-class male child and neurosis. *American Sociological Review* 11:31-41.
- Greenspan, K., Aronoff, M., and Bogdansky, D. 1970. Effect of lithium carbonate on turnover and metabolism of norepinephrine. *Pharmacology* 3:129-136.
- Group for the Advancement of Psychiatry. 1975. *Pharmacotherapy and psychotherapy: paradoxes, problems and progress*, Vol. IX. New York.
- Cutheil, E. A. 1959. Reactive depressions. In Arieti, S., ed. *American handbook of psychiatry*, First ed. Vol. I. New York: Basic Books. Pp. 345-352.
- Guyton, A. C. 1972. *Structure and function of the nervous system*. Philadelphia: W. B. Saunders.
- Hall, C. S., and Lind, R. E. 1970. *Dreams, life, and literature: a study of Franz Kafka*. Chapel Hill: University of North Carolina Press.
- Hauri, P. 1976. Dreams in patients remitted from reactive depression. *Journal of Abnormal Psychology* 85:1-10.
- Helgason, T. 1964. Epidemiology of mental disorders in Iceland. *Acta Psychiatrica Scandanavia* 40.

- Hempel, J. 1937. Die "vegetativ-dystone depression." *Nervenarzt* 10:22.
- Hendin, M. 1975. Growing up dead: student suicide. *American Journal of Psychotherapy* 29:327-338.
- Herzog, A., and Detre, T. 1976. Psychotic reactions associated with childbirth. *Diseases of the Nervous System* 37:229-235.
- Hinsie, L. E., and Campbell, R. J. 1960. *Psychiatric dictionary*. New York: Oxford University Press.
- Horney, K. 1945. *Our inner conflicts*. New York: Norton.
- _____. 1950. *Neurosis and human growth*. New York: Norton.
- Jacobson, E. 1946. The effect of disappointment on ego and superego formation in normal and depressive development. *Psychoanalytic Review* 33:129-147.
- _____. 1954. The self and the object world. *Psychoanalytic Study of the Child* 9:75.
- _____. 1961. Adolescent moods and the remodeling of psychic structures in adolescence. *Psychoanalytic Study of the Child* 16:164-183.
- _____. 1971. *Depression*. New York: International Universities Press.
- _____. 1975- The psychoanalytic treatment of depressive patients. In E. J. Anthony and T. Benedek, eds. *Depression and human existence*. Boston: Little, Brown.
- Janouch, G. 1953. *Conversations with Kafka*. London: Derek Verschoyle.
- Jaspers, K. 1964. *General psychopathology*. Chicago: University of Chicago Press.
- Jelliffe, S. E. 1931. Some historical phases of the manic-depressive synthesis. In *Manic-depressive psychosis*, Applied research in nervous and mental disease, Vol. XI. Baltimore: Williams & Wilkins.
- Joffe, W. G., and Sandler, J. 1965. Notes on pain, depression, and individualism. *Psychoanalytic*

Study of the Child 20:394-424.

Jones, E. 1955. *Sigmund Freud: life and work*, Vol II. New York: Basic Books.

Kafka, F. 1949. *Diaries*. Vol. 1: 1910-1913. Vol. 2: 1914-1923. New York: Schocken.

_____. 1971. *The complete stories*. New York: Schocken.

_____. 1973. (orig. 1919) *Letter to his father*. New York: Schocken.

Kasanin, J., and Kaufman, M. R. 1929. A study of the functional psychoses in childhood. *American Journal of Psychiatry* 9:307-384.

Katz, S. E. 1934. The family constellation as a predisposing factor in psychosis. *Psychiatric Quarterly* 8:121.

Kennedy, F. 1944. Neuroses related to manic-depressive constitutions. *Medical Clinics of North America* 28:452.

Kielholz, P., ed. 1972. *Depressive illness*. Bern: Huber.

_____. ed. 1973. *Masked depression*. Bern: Huber.

Kierkegaard, S. 1954. (orig. 1843 and 1849). *Fear and trembling* and *The sickness unto death*. New York: Doubleday (Anchor).

Klaus, M. II., and Kennell, J. H. 1976. *Maternal-infant bonding*. St. Louis: Mosby.

Klein, D. F. 1974. Endogenomorphic depression. *Archives of General Psychiatry* 31: 447-454.

Klein, M. 1948 (orig. 1940). Mourning and its relation to manic-depressive states. In M. Klein, ed. *Contributions to psychoanalysis, 1.921-1945*. London: Hogarth Press.

Klerman, G. L., Dimaseio, A., Weissman, M. et al. 1974. Treatment of depression by drugs and psychotherapy. *American Journal of Psychiatry* 131:186-191.

- Koerner, O. 1929. *Die aerztliche Kenntnisse in Ilias und Odysse*. (Quoted in Jelliffe, 1931)
- Kohlberg, L. 1969. Stage and sequence: the cognitive-developmental approach to socialization. In D. A. Goslin, ed. *Handbook of socialization theory and research*. Chicago: Rand McNally.
- Kolb, L. C. 1956. Psychotherapeutic evolution and its implications. *Psychiatric Quarterly* 30:1-19.
- _____. 1959. Personal communication
- Kovacs, M. 1976. Presentation in working conference to critically examine DMS-111 in midstream. St. Louis: June 10-12.
- Kraepelin, E. 1921. *Manic-depressive insanity and paranoia*. Edinburgh: Livingstone.
- Kuhn, T. S. 1962. *The structure of scientific revolutions*, 2d ed. Chicago: University of Chicago Press.
- Kurland, H. D. 1964. Steroid excretion in depressive disorders. *Archives of General Psychiatry* 10:554.
- Kurland, M. L. 1976. Neurotic depression: an empirical guide to two specific drug treatments. *Diseases of the Nervous System* 37:424-431.
- Landis, C., and Page, J. D. 1938. *Society and mental disease*. New York: Rinehart.
- Laplaneche, J., and Pontalis, J. B. 1973. *The language of psychoanalysis*. New York: Norton.
- Leeper, R. W. 1948. A motivational theory of emotion to replace "emotion as disorganized response." *Psychiatric Review* 55:5-21.
- Lemke, R. 1949. Uber die vegetativ Depression. *Psychiat. Neurol, Und Psychol.* 1:161.
- Lesse, S., ed. 1974a. *Masked depression*. New York: Aronson.
- _____. 1974b. Psychotherapy in combination with antidepressant drugs in patients with severe

- masked depression. *American Journal of Psychotherapy* 31:185-203.
- Levine, S. 1965. Some suggestions for treating the depressed patient. *Psychoanalytic Quarterly* 34-37-45.
- Levy, D. 1937. Primary affect hunger. *American Journal of Psychiatry* 94:643-652.
- Lewinsohn, P. M. 1969. Depression: a clinical research approach. (Unpublished manuscript, cited in Coyne, 1976.)
- Lewis, A. 1934. Melancholia: a historical review. *Journal of Mental Science* 80:1.
- Lindemann, E. 1944. The symptomatology and management of acute grief. *American Journal of Psychiatry* 101:141.
- Loevinger, J. 1976. *Ego development*. San Francisco: Jossey-Bass.
- Lopes Ibor, J. J. 1966. *Las neurosis como enfermedades del animo*. Madrid: Gedos.
- _____. Masked depression and depressive equivalents. (Cited in Kielholz, P. *Masked Depression* Bern: Huber 1972.)
- Lorand, S. 1937. Dynamics and therapy of depressive states. *Psychoanalytic Review* 24:337-349-
- Lorenz, M. 1953. Language behavior in manic patients. A qualitative study. *Archives of Neurology and Psychiatry* 69:14.
- Lorenz, M., and Cobb, S. 1952. Language behavior in manic patients. *Archives of Neurology and Psychiatry* 67:763.
- Luria, A. R. 1966. *Higher cortical functions in man*. New York: Basic Books.
- _____. 1973. *The working brain. An introduction to neuropsychology*. New York: Basic Books.
- McCabe, M. S. 1975. Demographic differences in functional psychosis. *British Journal of Psychiatry* 127:320-323.

- McConville, B. J., Boag, L. C., and Purohit, A. P. 1973. Three types of childhood depression. *Canadian Psychiatric Association Journal* 18:133-138.
- MacLean, P. D. 1959. The limbic system with respect to two basic life principles. In M. A. B. Brazier, ed. *The central nervous system and behavior*. New York: Macy.
- Magny, C. E. 1946. The objective depiction of absurdity. In A. Flores, ed. *The Kafka problem*. New York: New Directions.
- Mahler, M. 1961. Sadness and grief in childhood. *Psychoanalytical study of the child* 16:332-351.
- _____. 1966. Notes on the development of basic moods: the depressive affect. In R. M. Lowenstein, L. M. Newman, M. Schur, and A. J. Solnit, eds. *Psychoanalysis— a general psychology*. New York: International Universities Press. Pp. 152-160.
- _____. 1968. *On human symbiosis and the vicissitudes of individuation*. New York: International Universities Press.
- Malmquist, C. 1971. Depression in childhood and adolescence. *New England Journal of Medicine* 284:887-893; 955-961.
- Malzberg, B. 1937. Is birth order related to incidence of mental disease? *American Journal of Physical Anthropology* 24:91.
- _____. 1940. *Social and biological aspects of mental disease*. Utica, New York: State Hospital Press.
- Mandell, A. J., and Segal, D. S. 1975. Neurochemical aspects of adaptive regulation in depression: failure and treatment. In E. J. Anthony and T. Benedek, eds. *Depression and human existence*. Boston: Little, Brown.
- Maranon, C. 1954. Climacteric: the critical age in the male. In A. M. Krich, ed. *Men: the variety and meaning of their sexual experiences*. New York: Dell.
- Mattson, A., Sesse, L. R., and Hawkins, J. W. 1969. Suicidal behavior as a child psychiatric emergency. *Archives of General Psychiatry* 20:100-109.

- Mendels, J. 1974. Biological aspects of affective illness. In S. Arieti, ed. *American handbook of psychiatry*, Second ed., Vol. III. New York: Basic Books. Pp. 491-523.
- Mendels, J., Stern, S., and Frazer, A. 1976. Biological concepts of depression. In D. M. Gallant and G. M. Simpson, eds. *Depression*. New York: Spectrum Publications. 15P. 19-76.
- Mendelson, M. 1974. *Psychoanalytic concepts of depression*. New York: Spectrum Publications.
- Messina, F., Agallianos, D., and Clower, C. 1970. Dopamine excretion in affective states and following LijCo3 therapy. *Nature* 225:868-869.
- Meyer, A. 1908a. The role of the mental factors in psychiatry. *American Journal of Insanity* 65:39.
- _____. 1908b. The problems of mental reaction—types, mental causes and diseases. *Psychological Bulletin* 5:265.
- Miller, J. B. 1976. *Toward a new psychology of women*. Boston: Beacon Press.
- Miller, W. R., and Seligman, M. E. P. 1976. Learned helplessness, depression, and the perception of reinforcement. *Behavioral Research and Therapy* 14:7-17.
- Minkowski, E. 1958. Findings in a case of schizophrenic depression. In R. May, ed. *Existence*. New York: Basic Books.
- Mitscherlich, A., and Mitscherlich, M. 1975. *The inability to mourn*. Translated by B. R. Placzek. New York: Grove Press.
- Moulton, R. 1973. Sexual conflicts of contemporary women. In E. G. Wittenberg, ed. *Interpersonal explorations in psychoanalysis*. New York: Basic Books.
- Munn, N. L. 1946. *Psychology: the fundamentals of human adjustment*. New York: Houghton-Mifflin.
- Murphy, H. B. M., Wittkower, E. D., and Chance, N. A. 1967. Cross-cultural inquiry into the symptomatology of depression: a preliminary report. *International Journal of Psychiatry* 3:6-15.

- Nagy, M. II. 1959. The child's view of death. In H. Feifel, ed. *The meaning of death*. New York: McGraw-Hill.
- Neal, J. B., ed. 1942. *Encephalitis: a clinical study*. New York: Grune & Stratton.
- Neider, C. 1948. *The frozen sea: a study of Franz Kafka*. New York: Oxford University Press.
- Odegard, O. 1963. The psychiatric disease entities in the light of genetic investigation. *Acta Psychiatrica Scandinavia* (Suppl.) 169:94-104.
- Olds, J., and Milner, P. 1954. Positive reinforcement produced by electrical stimulation of septal area and other regions of rat brain. *Journal of Comparative Physiology and Psychology* 47:419-427.
- Oswald, I., Brezinova, J., and Dunleavy, D. L. F. 1972. On the slowness of action of tricyclic antidepressant drugs. *British Journal of Psychiatry* 120:673.
- Palmer, H. D., and Sherman, S. H. 1938. The involuntional melancholic process. *Archives of Neurology and Psychiatry* 40:762-788.
- Papez, J. W. 1937. A proposed mechanism of emotion. *Archives of Neurology and Psychiatry* 38:725-743.
- Parkes, C. M. 1964. The effects of bereavement on physical and mental health: a study of the case records of widows. *British Medical Journal* 2:276.
- _____. 1965. Bereavement and mental illness. *British Journal of Medical Psychology* 38:1-25.
- _____. 1972. *Bereavement: studies of grief in adult life*. New York: International Universities Press.
- _____. 1973. Separation anxiety: an aspect of the search for the lost object. In R. J. Weiss, ed. *Loneliness. The experience of emotional and social isolation*. Cambridge: MIT Press.
- Parker, S. 1962. Eskimo psychopathology in the context of eskimo personality and culture. *American Anthropologist* 64:76-96.

- Perris, C. 1966. A study of bipolar (manic-depressive) and unipolar recurrent depressive psychosis. *Acta Psychiatrica Scandinavia* (Suppl.) 194:42.
- _____. 1976. Frequency and hereditary aspects of depression. In D. M. Gallant and G. M. Simpson, eds. *Depression*. New York: Spectrum Publications.
- Piaget, J. 1932. *The moral judgment of the child*. New York: Free Press.
- _____. 1951. *Play, dreams, and imitation in childhood*. New York: Norton.
- _____. 1952. *The origins of intelligence in children*. New York: International Universities Press.
- Politzer, H. 1966. *Franz Kafka: parable and paradox*, Second ed. Ithaca: Cornell University Press.
- Pollock, H. M., Malzberg, B., and Fuller, R. G. 1939. *Hereditary and environmental factors in the causation of manic-depressive psychosis and dementia praecox*. Utica, New York: State Hospital Press.
- Poznanski, E., and Zrull, J. P. 1970. Childhood depression: clinical characteristics of overtly depressed children. *Archives of General Psychiatry* 23:8-15.
- Poznanski, E. O., Krahenbuhl, V., and Zrull, P. 1976. Childhood depression: a longitudinal perspective. *Journal of the American Academy of Child Psychiatry* 15:491-501.
- Prange, A. J., Jr., Wilson, I. C., and Rabon, A. M. 1969. Enhancement of imipramine antidepressant activity by thyroid hormone. *American Journal of Psychiatry* 126:457.
- Prange, A. J., Jr., and Wilson, I. C. 1972. Thyrotropin Releasing Hormone (TRH) for the immediate relief of depression: a preliminary report. *Psychopharmacology* 26 (Suppl.).
- Prange, A. J. Jr. 1973. The use of drugs in depression: its theoretical and practical basis. *Psychiatric Annals* 3:56.
- Protheroe, C. 1969. Puerperal psychoses: a long-term study 1927-1961. *British Journal of Psychiatry* 115:9-30.

- Rado, S. 1956. (orig. 1927). The problem of melancholia. In Rado S. *Collected papers*, Vol. I. New York: Grune & Stratton.
- _____. 1951. Psychodynamics of depression from the etiologic point of view. *Psychosomatic Medicine* 13:51-55.
- Raskin, A. 1974. A guide for drug use in depressive disorders. *American Journal of Psychiatry* 131:181-185.
- Redmond, D. E., Mass, J. W., and King, A. 1971. Social behavior of monkeys selectively depleted of monoamines. *Science* 174:428-431.
- Rennie, T. A. L. 1942. Prognosis in manic-depressive psychosis. *American Journal of Psychiatry* 98:801.
- Rie, M. E. 1966. Depression in childhood: a survey of some pertinent contributions. *Journal of the American Academy of Child Psychiatry* 5:653-685.
- Riesman, D., Glazer, N., and Denney, R. 1950. *The lonely crowd*. New Haven: Yale University Press.
- Roehlin, G. 1959. The loss complex. *Journal of the American Psychoanalytic Association* 7:299-316.
- Rosenthal, S. II. 1968. The involuntional depressive syndrome. *American Journal of Psychiatry* (Suppl.) 124:21-35.
- _____. 1974. Involuntional depression. In S. Arieti, ed. *American handbook of psychiatry*, Second ed. Vol. III. New York: Basic Books. Pp. 694-709.
- Russell, B. 1967. *The autobiography of Bertrand Russell: the early years*. New York: Bantam.
- Sachar, E., Heilman, L., and Gallagher, T. F. 1972. Cortisol production in depression. In T. A. Williams, M. M. Katz, and J. A. Shield, Jr., eds. *Recent advances in the psychobiology of the depressive illnesses*. Department of Health, Education, and Welfare: Publication No. (HSM) 70-9053.
- Sapirstein, S. L., and Kaufman, M. R. 1966. The higher they climb, the lower they fall. *Journal of the*

Canadian Psychiatric Association 11:229-304.

Salzman, L., and Masserman, J. H. 1962. *Modern concepts of psychoanalysis*. New York: Philosophical Library.

Sandler, J., and Joffe, W. G. 1965. Notes on childhood depression. *International Journal of Psychoanalysis* 46:88-96.

Schilder, P., and Weschler, D. 1934. The attitudes of children toward death. *Journal of Genetic Psychology* 45:406-451.

Schildkraut, J. J. 1965. The catecholamine hypothesis of affective disorders: a review of supporting evidence. *American Journal of Psychiatry* 122:509-522.

_____. 1975. Depression and biogenic amines. In D. Hamburg and H. K. H. Brodie, eds. *American handbook of psychiatry*, Vol. 6. New York: Basic Books.

Schlegel, F. 1818. *Lectures on the history of literature, ancient and modern*. Edinburgh.

Schoenberg, B., Gerber, I., Wiener, A., Kutscher, A. H., Peretz, D., and Carrac, eds. 1975. *Bereavement: its psychological aspects*. New York: Columbia University Press.

Schopenhauer, A. 1961. *The world as will and idea*. Translated by R. B. Haldane and J. Keint. New York: AMS Press.

Segal, Hannah. 1964. *Introduction to the work of Melanie Klein*. London: Heinemann.

Seiden, R. H. 1969. *Suicide among youth*. *Bulletin of Suicidology*. (Suppl.).

Seligman, M. E. P. 1975. *Helplessness*. San Francisco: W. H. Freeman.

Seligman, M., and Maier, S. 1967. Failure to escape traumatic shock. *Journal of Experimental Psychology* 74:1-9.

Shaffer, D. 1974. Suicide in childhood and early adolescence. *Journal of Child Psychology and Psychiatry* 15:275-291.

- Shambaugh, B. 1961. A study of loss reactions in a seven-year-old. *Psychoanalytic Study of the Child* 16:510-522.
- Shimoda, M. 1961. Über den fraaruorbideu karakter des manish-depressiven irreseius. *Psychiatria et Neurologia Japonica* 45:101.
- Silverberg, W. 1952. *Childhood experience and personal destiny*. New York: Springer.
- Slipp, S. 1976. An intrapsychic-interpersonal theory of depression. *Journal of the American Academy of Psychoanalysis* 4:389-410.
- Smith, A., Troganza, E., and Harrison, G. 1969. Studies on the effectiveness of antidepressant drugs. *Psychopharmacology Bulletin* (Special issue).
- Smythies, J. 1973. Psychiatry and neurosciences. *Psychological Medicine* 3:267-269.
- Sperling, M. 1959. Equivalentents of depression in children. *Journal of Hillside Hospital* 8:138-148.
- Spiegel, R. 1959. Specific problems of communication in psychiatric conditions. In S. Arieti, ed. *American handbook of psychiatry*, First ed. Vol. I. New York: Basic Books. Pp. 909-949.
- _____. 1960. Communication in the psychoanalysis of depression. In J. Massemian, ed. *Psychoanalysis and human values*. New York: Grune & Stratton.
- _____. 1965. Communication with depressive patients. *Contemporary Psychoanalysis* 2:30-35.
- Spitz, R. 1946. Anaclitic depression. *Psychoanalytic Study of the Child* 5:113-117.
- Strecker, E. A., and Ebaugh, F. 1926. Psychoses occurring during the puerperium. *Archives of Neurology and Psychiatry* 15:239.
- Strongin, E. I., and Hinsie, L. E. 1938. Parotid gland secretions in manic-depressive patients. *American Journal of Psychiatry* 96:14-59.
- Sullivan, H. S. 1940. *Conceptions of modern psychiatry*. New York: Norton.

- _____. 1953. *The interpersonal theory of psychiatry*. New York: Norton.
- Szalita, A. B. 1966. Psychodynamics of disorders of the involuntional age. In S. Arieti, ed. *American handbook of psychiatry*, First ed., Vol. III. New York: Basic Books. Pp. 66-87.
- _____. 1974. Grief and bereavement. In S. Arieti, ed. *American handbook of psychiatry*, Second ed., Vol. I. Pp. 673-684.
- Taulbee, E. S., and Wright, II. W. 1971. A psychosocial-behavioral model for therapeutic intervention. In C. D. Spielberger, ed. *Current topics in clinical and community psychology*, Vol. 3. New York: Academic Press.
- Tellenbach, II. 1974. *Melancholic problemgeschichte-endogenitat-typologie-putho- genese-klinik*. Berlin: Springer-Verlag.
- Thomas, A., Chess, S., and Birch, H. G. 1968. *Temperament and behavior disorders in children*. New York: New York University Press.
- Thompson, C. M. 1930. Analytic observations during the course of a manic-depressive psychosis. *Psychoanalytic Review* 17:240.
- Thompson, R. j., and Schindler, F. H. 1976. Embryonic mania. *Child Psychiatry and Human Development* 7:149-154.
- Titley, W. B. 1936. Prepsychotic personality of involuntional melancholia. *Archives of Neurology and Psychiatry* 36:19-33.
- Toolan, J. M. 1962. Depression in children and adolescents. *American Journal of Orthopsychiatry* 32:404-15.
- Tupin, J. P. 1972. Effect of lithium and sodium and body weight in manic-depressives and normals. In T. A. Williams, M. M. Katz, and J. A. Shield, Jr., eds. *Recent advances in the psychobiology of the depressive illnesses*. Department of Health, Education, and Welfare: Publication No. (HSM) 70-9053.
- Veith, Ilza. 1970. Elizabethans on melancholia. *Journal of the American Medical Association*

212:127.

- Wainwright, W. H. 1966. Fatherhood as a precipitant of mental illness. *American Journal of Psychiatry* 123:40-44.
- Warneke, L. 1975. A case of manic-depressive illness in childhood. *Canadian Psychiatric Association Journal* 20:195-200.
- Weinberg, W. A., Rutman, J., and Sullivan, L. 1973. Depression in children referred to an educational diagnostic center: diagnosis and treatment. *Journal of Pediatrics* 83:1065-1072.
- Weiner, I. B. 1970. *Psychological disturbance in adolescence*. New York: Wiley.
- Weiss, J. M. A. 1957. The gamble with death in attempted suicide. *Psychiatry* 20:17.
- _____. 1974. Suicide. In S. Arieti, ed. *American handbook of psychiatry*, Second ed., Vol. III. Pp. 763-765.
- Weissman, M. M., and Klerman, L. 1977. Sex differences and the epidemiology of depression. *Archives of General Psychiatry* 34:98-111.
- Weissman, M. M., Klerman, G. L., Payhel, E. S., et al. 1974. Treatment effects on the social adjustment of depressed patients. *Archives of General Psychiatry* 30:771-778.
- Weissman, M. M., Prusoff, B. A., and Klerman, G. 1975. Drugs and psychotherapy in depression revisited. *Psychopharmacology Bulletin* 11:39-41.
- Werner, H. 1948. *The comparative psychology of mental development*. New York: International Universities Press.
- Whittier, J. R. 1975. Mental disorders with Huntington's chorea. Clinical aspects. In S. Arieti, ed. *American handbook of psychiatry*, Second ed., Vol. IV. New York: Basic Books. Pp. 412-417.
- Wilson, E. 1962. A dissenting opinion on Kafka. In D. Gray, ed. *Kafka*. Englewood Cliffs: Prentice-

Hall.

Winnicott, D. W. 1953. Transitional objects and transitional phenomena. *International Journal of Psycho-Analysis* 34.

Winokur, G. 1973. Depression in the menopause. *American Journal of Psychiatry* 130: 92-93.

Winokur, G., Cadoret, R., Dorzab, J., and Baker, M. 1971. Depressive disease. A genetic study. *Archives of General Psychiatry* 25:135-144.

Wolfgang, M. E. 1959. Suicide by means of victim-precipitated homicide: *Journal of Clinical and Experimental Psychology* 20:335-349.

Wolman, B. B. 1973. *Dictionary of behavioral science*. New York: Van Nostrand.

Woodworth, B. S. 1940. *Psychology*. New York: Holt.

Zetzel, E. R. 1965. Depression and its incapacity to bear it. In M. Schur, ed. *Drives, affects, behavior*. Vol. 2. New York: International Universities Press.

Zilboorg, G. 1928. Malignant psychoses related to childbirth. *American Journal of Obstetrics and Gynecology* 15:145-158.

_____. 1929. The dynamics of schizophrenic reactions related to pregnancy and childbirth. *American Journal of Psychiatry* 8:733-767.

_____. 1931. Depressive reactions related to parenthood. *American Journal of Psychiatry* 87:927-962.

_____. 1941. *A history of medical psychology*. New York: Norton.

_____. 1944. Manic-depressive psychoses. In S. Lorand, cd. *Psychoanalysis today*. New York: International Universities Press.