UNDERSTANDING REACTIVE DEPRESSION*

N. S. EGNAL, M.A. (CLIN. PSY.) (PRET.), *Clinical Psychologist, Cape Town*

Certain researchers[1-6] on the nature of depression tend to concentrate on the isolation of symptoms or syndrome clusters. This mode of research, although useful, does not always provide the psychologist with a better understanding of the people referred to him who suffer from reactive depression.

The trend among other workers[7-11] appears to be in the direction of understanding patients rather than classifying them, hence the title of this paper and its particular reference to reactive depression. We do not negate or eliminate the organic aspects of depression but we are unable to deal with this aspect as it is beyond the scope of psychology.

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The aim of this study has been to understand reactively depressed people and we have limited ourselves to a group of females who were selected from a relatively homogeneous population of hospitalized patients. As an aid to understanding these people, we made use of the Szondi[12] and Thematic Apperception techniques (TAT).[13] A comparison between certain theories of depression and the actual test findings has proved to be interesting.

Brief Theoretical Basis

Storr[7] says that reactive depression is characterized by an inability to come to terms with the aggressive drive. Aggression cannot be integrated in a positive manner within the personality. It is repressed, internalized, turned against the self and causes the patient to suffer. Aggression

against the self and others is interchangeable and thus depressed persons are able to hurt others as well as themselves.

Dependency factors[5] are seen as being of primary importance and this places the vulnerability for depression in early childhood experiences.[14,15] Storr[7] writes: 'It is only on the basis of secure confidence in love that any child can allow his exploratory aggressive drive to perform its natural function of separating him from his mother'. Dependent persons, hungry for love and vulnerable to rejection experiences, are afraid to assert themselves and tend to become submerged in their loved object (mother, wife, husband, etc.).

Loss and disappointment in love imply rejection which causes resentment and loss of dependency and esteem.[7,16] The hypervulnerable personality responds quickly to feelings of failure, rejection and disappointment. These people cannot tolerate anger from those they are dependent upon,[7,8] and they cannot tolerate their own anger for these loved ones. Threatened or actual loss of love and rejection elicit feelings of hatred which these people cannot show because of their fear of losing even more than they have lost already. Aggression which serves as a drive towards separation and independence cannot operate in dependent personalities.

Depressive symptom formation occurs which one sees as sadness, apathy, retardation of mental and physical processes, sleep disturbances and loss of appetite, sexual feelings and self-esteem.[7] The operative function is one of loss together with its concomitant tendency to constrictive processes. Hence one finds withdrawal of libido,[16] a state of helplessness, and the retardation of elimination and assimilation processes. Analytically these are described as oral and anal features.[5] Dependency is an oral function based on the primary dependence of the baby on its mouth region for food, love and life.[17] The anal region symbolizes control and constriction of eliminatory functions which encompasses compliance as well as aggression.

Constriction accompanies loss of interest in assimilating the outside world; hence apathy, impoverishment and retardation occur. The anality functions aggressively in terms of self-reproach, self-punishment, constriction of hostility, introspection and repression of the hatred. The apathy is a control of the hatred and is the opposite of feeling alive, which would be too hurtful for the depressed personality to experience.[9]

METHOD

In order to examine the above theory, we selected a group of 40 female patients psychiatrically diagnosed as suffering from reactive depression,[11] and examined them on the Thematic Apperception and Szondi tests. The mean age of the patients was 28·7 years (range 20 - 38 years).

We extracted the responses to one card of the TAT (namely card 3BM which deals with themes of aggression, depression, and suicide) and analysed the Szondi profiles obtained upon a first testing. The actual properties, methods and rationale of the tests and their scoring methods, etc., are beyond the scope of this paper.[12,13] Group profiles of the Szondi and TAT card 3BM were extracted and are tabulated in Tables I and II. Emphasis was placed on the extraction of themes from the profiles.

TABLE I. SZONDI GROUP PROFILE FOR 40 FEMALE PATIENTS SUFFERING FROM REACTIVE DEPRESSION

Vector	Interpretation
Sexual vector + +	Need for love, strongly sexual and aggressive
Paroxysmal vector (affect) − −	Repression or suppression, anxiety
Ego vector − +	Asocial, guilt, inhibition
Contact vector { − + / 0	Dependency, unresolved Oedipal problems, passive, apathy

TABLE II. TAT CARD 3BM GROUP PROFILE FOR 40 FEMALE PATIENTS SUFFERING FROM REACTIVE DEPRESSION

	Theme responses	%	*p value*
Aggressive object			
Awareness	24	60	p·2714 > ·01 (not significant—see Siegel[18])
Denial	16	40	
Aggression			
Internalized (depressed)	37	92	p·0006 < ·01 (significant difference)
Externalized (outward anger)	3	8	
Suicidal themes	11	28	p·007 < ·01 (significant difference)
Non-suicidal	29	72	

RESULTS AND DISCUSSION

Szondi Test

Sexuality. There is a need to be the recipient of love which implies a feminine aspect and involves a nongenital need for infantile caressing. Masculine aggression is strong and conflicts with the dependency needs.

Paroxysmal (affect). Violent emotions accumulate in potential readiness for an outburst. The actual discharge of these emotions is barred or delayed. The emotional sphere is tense and anxious and is due to a fear of a socially undesirable breakthrough of sexual and aggressive impulses.

Ego. A strong conformity and accentuated self-control are present. Tension between internal inhibition and the desire for self-expansion is great. There is a feeling of inhibition and frustration. Insufficiency feelings predominate and these are conformity desires which conflict with the impulse drives. The formation of anxiety, psychosomatic difficulties and sexual disturbance occurs.

Contact. Apathy and depression occur due to threatened loss of the love object. There is no desire to invest the libido in new objects and passivity increases. This contrasts an aggressive goal-directed movement which appears to have been lost. The oral dependency persists with anxiety about possible rejection. There is an inability to exert physical effort to possess the loved object, hence the vulnerability of the person remains. The mother remains the prime object of fixation and this has not been resolved due to possible rejection in this sphere.

TAT (Table II)

Aggression. The tendency to an awareness of aggression is quite strong and can be elicited (60% of responses). Where aggression is denied or repressed (40%) one would expect the depressive difficulties to be more severe. These two aspects do not differ significantly from each other. Aggression is mostly internalized and expressed as feelings

of depression (92%). This is statistically significant. The few cases expressing anger (8%) would be expected to be not severely depressed. Suicidal themes occur in 28% of the cases and remain part of the internalization process. The stronger trend is, however, non-suicidal (72%), which is statistically significant.

General Observations

The need for passivity, caressing and infantile affection remains and this is coupled with the fixation to the mother-figure which has never been relinquished. Contrasting this is the build-up of masculine aggression which cannot be expressed and which is basically unfeminine. One would thus expect marital and heterosexual difficulties to be operative in these cases and it is suggested that resentments arise because of the dependency needs for affection. Guilt feelings would emerge due to this and also because of the desire to express the masculine aspects of the personality. Being maternally fixated could make libidal investment in a husband or male lover more difficult.

Violent emotions accumulate and are suppressed or repressed. This leads to anxieties and general tension states. The desire to conformity and the control of feelings is strong, and because inhibitions are so powerfully operative they limit the smooth expansive aspects of the personality. Hence one finds constriction and closure instead of expansion. One also finds inferiority and inadequacy feelings present. The threatened loss of the love object socially, emotionally or physically due to the patient's own desire, which could be real or imaginary, or due to the wishes of the lover, creates a state of apathy and depression. There is no active searching for new love objects and no outbursts of anger can occur.

A comparison between the theoretical discussion and the actual test findings obtained has been made and tabulated (Table III). The consistency between these features appears to be interesting.

Two main features which are statistically meaningful are the internalization of aggression which features prominently, and the preoccupation with the aggressive object which is denied as much as this is expressed. This would suggest the ambivalence about dealing with aggression. The non-suicidal preoccupation also suggests that the conflict is being dealt with and experienced rather than being escaped. The strength of the dependency needs could act as a barrier against suicide.

TABLE III. COMPARATIVE FEATURES BETWEEN THEORY AND OBTAINED RESULTS

Psychodynamic theory	*Test results*
1. Aggression is present	Strong aggression conflict
Inability to come to terms with aggression	Repression, suppression, awareness and denial
Repression, anality	Control, conformity
2. Dependency problems from early childhood	Mother fixation (Oedipal)
Orality	Oral dependency
Needs for security and love	Need for love
Inability to separate from love object	Libido investment
Vulnerability to rejection	Threatened rejection
3. Loss	Anxiety to loss (real or imaginary
Resentment	Fear of anger
Loss of dependency	Threatened loss of dependency
Diminished self-esteem	Inferiority
Symptoms	
Apathy	Apathy
Depression	Internalized aggression
Constriction	Guilt
	Inhibition
Immobility	Immobility
Loss	Marital disharmony

SUMMARY

Forty female patients psychiatrically diagnosed as suffering from reactive depression were examined on two measures of personality. A group profile obtained showed features which tend to highlight certain psychodynamic theories. Comparison between theory and obtained results tend to establish a better understanding of this condition. One finds that there is a conflict between the aggression and dependency needs which precludes satisfactory expression of these feelings. Anxiety features result because of this and depressive symptoms are formed which are an indication of constriction which suggests that the anger is controlled.

The internalization of aggression was found to be statistically significant and the preponderance of non-suicidal themes suggested that dependency needs could act as a barrier against suicide. The ambivalence between awareness and denial of the aggression tends to indicate the patients' preoccupation with their aggressive difficulties.

This could be seen as a prognostically healthy sign and indications for psychotherapy appear to be favourable.

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