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the inclusion or exclusion of training in the problem-orientation component.

ARTHUR M. NEZU AND CHRISTINE MAGUTH NEZU

See also

Cognitive Behavioral Therapy

References

- Cuijpers, P., van Straten, A., & Warmerdam, L. (2007). Problem solving therapies for depression: A meta-analysis. *European Psychiatry, 22*, 9–15.
- D'Zurilla, T. J., & Goldfried, M. R. (1971). Problem solving and behavior modification. *Journal of Abnormal Psychology, 78*, 107–126.
- D'Zurilla, T. J., & Nezu, A. M. (2007). *Problem-solving therapy: A positive approach to clinical intervention* (3rd ed.). New York: Springer Publishing.
- Malouff, J. M., Thorsteinsson, E. B., & Schutte, N. S. (2007). The efficacy of problem solving therapy in reducing mental and physical health problems: A meta-analysis. *Clinical Psychology Review, 27*, 46–57.
- Nezu, A. M. (1987). A problem-solving formulation of depression: A literature review and proposal of a pluralistic model. *Clinical Psychology Review, 7*, 122–144.
- Nezu, A. M., Nezu, C. M., & Clark, M. A. (2008). Social problem solving as a risk factor for depression. In K. S. Dobson & D. Dozois (Eds.), *Risk factors for depression* (pp. 263–286). New York: Elsevier Science.
- Nezu, A. M., Nezu, C. M., & Perri, M. G. (1989). *Problem-solving therapy for depression: Therapy, research, and clinical guidelines*. New York: Wiley.
- Nezu, A. M., & Perri, M. G. (1989). Social problem solving therapy for unipolar depression: An initial dismantling investigation. *Journal of Consulting and Clinical Psychology, 57*, 408–413.

Psychodynamic Model of Depression

Writing about a psychodynamic model of depression is difficult because psychodynamic theory is not a unified approach. In fact, it is often said that the term *psychodynamic*, although frequently used singularly, is in actuality a plural noun representing an array of theoretical ideas and technical applications. There is enormous diversity among the many schools of psychodynamic thought. These schools include, but are not limited to, ego psychology, object relations

theory, self-psychology, and attachment theory. Compounding this issue is that the term *depression* can be conceptualized at multiple levels. Depression is an affect state that can range in intensity from mild, transient, intermittent, and even appropriate dysphoria to severe, sustained, and disabling clinical disorders that involve profound dysphoric affect, distorted cognition, and neuron-vegetative disturbances such as difficulty sleeping, loss of appetite and weight, psychomotor retardation and/or agitation, and physical and social anhedonia.

Thus, when discussing a psychodynamic theory of depression, one needs to ask, which psychodynamic theory for what experience of depression? This entry does not attempt to represent the breadth of these ideas, but rather describe central principles about which most psychodynamic theorists could agree. Several themes run throughout the various psychodynamic formulations. First, almost all psychoanalytic formulations stress the development of poor self-esteem. Most psychoanalytic theories note anger and aggression, albeit in different ways, particularly in producing guilt and self-denigration. Many of the theories acknowledge the role of both the overly dependent longings toward others and demanding and/or perfectionist attitude toward the self. In order to be psychodynamic, mental processes are conceived as in interaction with each other. For example, an interaction may develop between dependent longings, feelings of disappointment or even anger regarding unmet longings, and the guilt or self-condemnation that these feelings engender.

The initial psychodynamic formulation of depression was presented in Sigmund Freud's "Mourning and Melancholia" (1953). This paper was a monumental contribution to psychology's conceptualization and understanding of depression. In it, Freud presents a developmental model of depression suggesting that early loss in childhood leads to increased vulnerability to depression in adulthood—a view that has been generally confirmed by both animal and human research (Nemeroff,

1999). In this paper, Freud was also beginning to elaborate a universal model of the mind in which a psychopathological state was linked to a normal one. Freud carefully compared and contrasted mourning and melancholy. In distinguishing mourning from melancholia, Freud proposed that while mourning occurs with a real loss, depression can sometimes occur without an actual loss, and most importantly that depression is characterized by a loss in self-esteem, while in mourning self-esteem is maintained. He hypothesized that the marked self-deprecation so common in depressed patients was the result of anger turned inward. Freud felt this was likely when there were unresolved ambivalences toward the lost person. He proposed that the unacknowledged anger is directed at the self through the patient's identification with aspects of the lost person. He further postulated that those with a particularly strong sense of right and wrong might be prone toward depression because of guilt over having experienced aggression toward lost loved ones. Consistent with Freud's hypothesis regarding the role of anger and hostility in depression, recent research in a large sample by John Mann found that hostility more than hopelessness predicted suicidality across age groups.

Following Freud, Karl Abraham suggested that those who suffered from low self-esteem in childhood were more likely to become depressed as adults when triggered by a new loss or disappointment. Elaborating on Freud's writings, Melanie Klein increasingly emphasized the role of the internal mental processes as influenced by the process of internalization (representing in one's own mind experiences of people or events) and the defensive need to project onto other people intolerable mental states. The interplay between these two processes of internalization and projection leads to increased levels of integration of previously unintegrated or "part" representations of others. Integration of these part representation leads to a greater awareness or realization of ambivalences toward loved ones. Klein called this developmental achievement the *depressive position*, a concept that is

similar to the social psychological concept of depressive realism.

In the 1950s, Edward Bibring (1953) saw depression as arising from the tension between ideals and reality and as not necessarily related to loss or dependence. Predating, Martin Seligman's learned helplessness theory of depression, both Bibring and Sandler (Sandler & Joffe, 1965) stressed that depression developed from feelings of helplessness in the face of loss or other uncontrollable events and traumas. The British psychiatrist and psychoanalyst John Bowlby developed a variant of object relations theory called attachment theory in which he posited that children who experience neglectful or inconsistent care come to view caregivers as undependable and rejecting and develop a complementary view of the self as unlovable and unworthy of dependable care, and hence are vulnerable to depression.

Focusing on the phenomenological aspects of depression, Sidney Blatt distinguished between relational and self-definitional forms of depression (Blatt, 1974) as a function of personality development. Blatt posited that psychological development involves two primary maturational tasks: (a) the establishment of stable, enduring, mutually satisfying interpersonal relationships and (b) the achievement of a differentiated, stable, and cohesive identity. Normal maturation involves a complex reciprocal transaction between these two developmental lines throughout the life cycle. For instance, meaningful and satisfying relationships contribute to the evolving concept of the self, and a new sense of self leads, in turn, to more mature levels of interpersonal relatedness. Blatt proposed that disruptions in interpersonal relations and feelings of self-worth as corresponding to two types of depression: (a) dependent and (b) self-critical. The dependent type (anaclitic) is an interpersonally oriented depression characterized by dependency, fears of abandonment, feelings of helplessness, concerns with loss, separation, and abandonment, and the need for emotional contact. The self-critical type (introjective) is a self-evaluative depression characterized by self-criticism, guilt, failure, the need for

achievement, and feelings of unworthiness. This distinction was made years before the cognitive-behavioral theorist Aaron Beck (1983) proposed the similar distinction of sociotropic versus autonomous depressions.

Otto Kernberg (1992) described characterological depression or a depressive personality as having an extremely punitive set of internal values, which leads to self-defeating behavior that is unconsciously motivated to result in suffering in order to relieve feelings of guilt. In addition to excessive guilt, he describes these individuals as being characterized by having excessive dependency and difficulties expressing anger. These individuals are likely to feel depressed in response to feeling or behaving in an angry manner because of intense guilt about expressing anger. In fact, Kernberg has noted that one often sees a vicious cycle develop between extreme dependent longings and the inevitable feelings of disappointment and anger that arise from idealizing significant others, and the guilt that the anger engenders. The guilt combined with overdependency often leads to an inability to express appropriate disappointment. Over time these disappointments build up and may eventually be expressed in an angry outburst, leading to guilt, depression, and inhibition. Overdependency leaves these individuals inhibited about expressing their needs for fear that the other will be upset with them or even abandon them. As a result, a typically excessively aggressive response to the frustration of dependency needs may rapidly turn into a renewed depressive response, as a consequence of excessive guilt feelings over aggression.

A common misperception of the psychodynamic model of depression is that it fails to recognize the importance of biological contributions to development—while stressing the intrapsychic and interpersonal contributions, it is recognized there are certainly biological and temperamental underpinnings that either facilitate or complicate one's experience and ultimate vulnerability to depression. It is also worth noting that psychoanalytic theory does not make a linear relationship between early experience and later development. Consistent

with a developmental psychopathology perspective, the influence of early experiences is thought to be probabilistic rather than deterministic and dependent on later experiences. In a psychodynamic perspective, it is not just the occurrence of a negative life event, but rather the person's interpretation of the meaning of the event and its significance in the context of its occurrence.

There are a number of contemporary psychodynamic and nonpsychodynamic treatments for depression that have evolved out of the psychodynamic model of depression. Lester Luborsky's supportive-expressive psychotherapy is an explicitly psychodynamic model. Although not necessarily psychodynamic in terms of technique, both Robert Klerman's interpersonal psychotherapy—based on the psychoanalytic writings of Harry Stack Sullivan's interpersonal theory and Bowlby's attachment theory—and Beck's cognitive behavioral therapy were derived out of psychodynamic models.

Conclusions

The psychodynamic model of depression represents a diverse set of models and has evolved over time to incorporate the multiplicity of influences on the experience of both normal and pathological depressive affect. Contemporary psychodynamic models acknowledge the enormous advances in our knowledge about genetic influences on certain neurotransmitters such as dopamine, neuroepinephrine, and serotonin that play a role in the activation of the limbic system and the frontal cerebral cortex involved in generating depressive affect. However, the focus across these diverse models is on the role of personality and psychological processes, their interaction with one another, and the resulting phenomenological experience of depression. Central to a psychodynamic theory of depression are the experience of a real or imagined loss, changes in self-worth or self-esteem consequent of an internal experience of ambivalence, and the absence of certain aspects of this core conflict from awareness (likely due to the fact that it is

incongruent with conscious ideas about the self and would therefore be seen as unacceptable). Similar to other contemporary approaches to depression, a psychodynamic theory views depression as an interpersonally oriented problem and as resulting largely from cognitive-affective representations formed in the very earliest years of childhood and elaborated over a multitude of subsequent experiences. What is unique about a psychodynamic approach is that key aspects of these representations are believed to be out of one's immediate awareness and not easily accessible for consideration or introspection. Moreover, ambivalent feelings lead to an unconscious defensive push of thoughts or feelings from awareness. These out-of-awareness experiences, thoughts, and feelings are seen as important not only in the generation of pathological depressive affect, but also in its treatment.

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See also

Anaclitic and Introjective Depression
Psychodynamic Therapy

References

- Beck, A. T. (1983). Cognitive therapy of depression: New perspectives. In P. Clayton & J. Barnett (Eds.), *Treatment of depression: Old controversies and new approaches* (pp. 265-290). New York: Raven Press.
- Bibring, E. (1953). The mechanism of depression. In P. Greenacre (Ed.), *Affective disorders* (pp. 13-48). New York: International Universities Press.
- Blatt, S. J. (1974). Levels of object representation in anaclitic and introjective depression. *Psychoanalytic Study of the Child*, 29, 7-157.
- Freud, S. (1953). Mourning and melancholia. In J. E. Strachey (Ed. and Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 14, pp. 237-258). London: Hogarth Press. (Original work published 1917)
- Kernberg, O. F. (1992). Psychopathic, paranoid, and depressive transferences. *International Journal of Psychoanalysis*, 73, 13-28.
- Nemeroff, C. B. (1999). The pre-eminent role of early un-toward experience on vulnerability to major psychiatry disorders: The nature-nurture controversy revisited and soon to be resolved. *Molecular Psychiatry*, 4, 106-108.
- Sandler, J., and Joffe, W. G. (1965). Notes on childhood depression. *International Journal of Psychoanalysis*, 45, 66-96.

Psychodynamic Therapy

Whereas systematic reflection on the treatment of depression dates back at least to the time of Hippocrates and Galen, psychodynamic approaches could be considered a watershed of modern psychological thought. The family of treatments known as the psychodynamic (also termed dynamic or psychoanalytic) therapies all share a common lineage, with Sigmund Freud (1856-1939) as their intellectual forebear.

Psychoanalysis, as both a psychological system and treatment approach, is remarkable for its scope, originality, ability to generate controversy, and also for the sheer number of its ideas that have become popular parlance (e.g., defense mechanisms, "slips" of the tongue). Most important for contemporary psychological thought, however, were Freud's discussions of the unconscious and, specifically, his insistence that unconscious motivations were ubiquitous in normal and pathological human life. Although systematic thinking about the unconscious certainly predates Freud (e.g., Schopenhauer and Nietzsche), his major contribution to the history of ideas was to systematize its study, thus making seemingly random events (e.g., dreams and forgetting) both meaningful and potentially comprehensible. Since their genesis, Freud's methods and ideas have been widely utilized, applied to other disciplines (e.g., philosophy and literary theory), and migrated far beyond their Viennese origins to take root in many parts of North America, Latin America, and Europe.

In spite of the fact that Freud's conception of human nature involved strong hedonistic elements (namely, it was based on the so-called pleasure principle), a large portion of his voluminous body of work was devoted to charting human misery in all of its many shades and variations. Not surprisingly, the seemingly common human vicissitude of depression was an object of great interest to



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