A Phenomenological Investigation of Women and Depression

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A PHENOMENOLOGICAL INVESTIGATION OF
WOMEN AND DEPRESSION

by

Denise Twohey

A Dissertation
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
Degree of Doctor of Education
Department of Counselor Education
and Counseling Psychology

Western Michigan University
Kalamazoo, Michigan
December 1987
A PHENOMENOLOGICAL INVESTIGATION OF
WOMEN AND DEPRESSION

Denise Twohey, Ed.D.
Western Michigan University, 1987

There is increasing evidence that new conceptualizations of women's development are leading to important revisions in current psychological theories and practices. In this study, these theories were examined to enhance the treatment of depressed women. Toward this end, a phenomenological laboratory was established consisting of an 11-week psychotherapy group for depressed women which was videotaped and observed by six trained evaluators.

The primary outcome was the development of a conceptual framework for understanding women and their experience of depression. The framework was created from the identification of five content themes which emerged as a synthesis of the observations made by the evaluators, the co-therapists, and the group participants themselves. The themes were: (a) relationships and guilt, (b) power and competition, (c) anger and its expression, (d) self-esteem, and (e) ambivalence about terminations.

The conclusions were derived from the observations described above and were based on an integration of psychoanalytic and contemporary feminist theory. The major
conclusion is that women grow and develop within the context of relationships rather than apart from them, and in that sense, the experience of depression for women may be a normal aspect of the developmental process. This idea can be traced to Freud's (1923) original, but admittedly incomplete discussion of women's development, whereby he mentioned the phenomena of simultaneous object cathexis and identification. Suggestions for treatment of depression as well as ideas for further research are also presented.
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A phenomenological investigation of women and depression

Twohey, Denise, Ed.D.
Western Michigan University, 1987

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ACKNOWLEDGMENTS

A special acknowledgement is offered to the 5 members of the therapy group who allowed this investigation to take place. Thanks for opening yourselves to such intensive scrutiny and for your belief in the importance of our work.

Next, thanks to Dennis Vidonni for personal support, and for help in selecting six fine students to work as research assistants on this project. Thanks to those students—to—Lena, Eric, Sol, Dina, Karen, and Michael-Ann. You taught me about research on group therapy, but mostly you taught me about having fun in the process. And to Samira Ritsma, thanks for being a co-therapist and friend, and for our bus rides home.

Thank you to everyone at the Counseling Center at the University of Illinois at Champaign-Urbana, who made this project work. Thanks to John Powell and Paul Joffe who provided initial understanding and support, and to Ralph Trimble who asked important questions. Thanks to Ralph Swarr, who as my group therapy supervisor and co-therapist taught me about doing therapy and about how to trust myself. Thanks to Thom Moore, for great ideas and articles on the research process, and to Tom Seals for mentoring and coffee at the Daily Grind.
Thanks to Buddy Peshkin and the Fat Data Group for both encouragement and challenge.

To Jeanette Munn and Deb Saidla--our "group of three" taught me much about this topic.

To Eileen Stryker and Cynthia Halderson--a true research and womens' support group. You gave me courage. You helped me see myself and my ideas, and to believe in my ability to express them. You taught me about the value of research, and about taking myself and my questions seriously.

And to another special womens' group, I want to acknowledge Barbara Downing, Rene Heider, and Terry Rosander, for all the years of friendship, love, informal group therapy and more. Thanks especially for the strength and continuity of our relationships, the basis of many of the ideas in this study.

I would also like to acknowledge Drevis Hager, one of my best friends and editors, for reading critically and for his ongoing encouragement and support over the last four years.

And thanks to my committee members: to Bob Betz, Ed Trembley, and Mal Roberston. Thanks to Bob for being structured and logical and for surviving my resistances. Thanks also, Bob, for being there when I most needed you emotionally, throughout this process. And a very special thanks to Ed, who for me and many others, made
psychological theory come alive. Thanks also for the professional modelling you've provided—by the subtle passion you let show for your work and for your life. And to Mal, who taught me about teaching group therapy, and who showed me the power of empathy by crying with students when they are sad. To all three of you, thank you very much.

And a grateful acknowledgement to Judy Ellickson, for quiet, often unspoken, yet rarely doubted support, throughout this project, and throughout this last year of my formal training. Thanks for supervision, for being caring and straightforward, and for all you've taught me about women working with women.

And finally thank you to my family, especially to my mother, Peg, and to my two sisters Sean and Sharon. You are the real original womens group in my life, and I think this study has much to say about how important you have been.

And lastly I want to acknowledge my father Ed. Although, our world views have not always been the same, our hearts seem to be.

Denise Twohey

iv
# TABLE OF CONTENTS

ACKNOWLEDGEMENTS .............................................. ii

CHAPTER

I. INTRODUCTION AND REVIEW OF THE LITERATURE...... 1

Statement of the Problem ......................... 1

Definitions of Depression ...................... 2

The Psychoanalytic Theories .................. 7

Object Relations Theory and Depression ....... 9

Women's Psychological Development ......... 19

The Oedipal Configuration in Female Development: Separation/Individuation Revisited? ................. 22

The Process of Identification ........... 24

Gender Issues Relevant to the Treatment of Depression ................. 36

Group Psychotherapy as a Treatment for Depression ...................... 39

Overview of the Study ......................... 43

Limitations of the Study ...................... 47

Overview of Remaining Chapters ................. 49

II. DESIGN AND METHOD ........................................... 51

The Subjects ............................................. 53

The Procedures ........................................ 57

Operational Definition of Depression ....... 61

Operational Hypotheses ......................... 63
# Table of Contents--Continued

**CHAPTER**

### III. FINDINGS ..................................... 65
- The Subjects ....................................... 66
- Demographics ....................................... 66
- Objective Assessment ............................. 67
- Subjective Assessment--Interviews ............ 69
  - Lizette ........................................ 69
  - Kathy ........................................ 70
  - Carla .......................................... 71
  - Sarah .......................................... 72
  - Barbara ........................................ 73
- The Sessions ....................................... 73
  - The First Session .............................. 74
  - Session Five .................................. 75
  - Session Ten .................................... 75
  - The Final Session .............................. 76
- The Themes ......................................... 77
  - Overview and Synthesis of Themes .......... 80
    - Relationships and Guilt .................... 81
    - Anger ........................................ 83
    - Power and Competition ...................... 91
    - Self-Esteem .................................. 94
    - Quitting ..................................... 97

### IV. CONCLUSIONS AND RECOMMENDATIONS .......... 101
- Discussion ....................................... 101

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Table of Contents—Continued

CHAPTER

Women's Groups and Depression.............. 105
Conclusions................................. 113
Suggestions for Future Research............. 119

APPENDICES.............................................. 122

A. Confidentiality Form Signed by Paraprofessionals............................. 123
B. Letter to Paraprofessionals...................... 125
C. Professional Disclosure Statement.............. 127
D. Participant Consent Form.................... 130
E. Process Notes, May 11, 1987.................. 132

BIBLIOGRAPHY............................................ 136
CHAPTER I

INTRODUCTION AND REVIEW OF THE LITERATURE

Statement of the Problem

They are playing a game. They are playing at not playing a game. If I show them I see they are, I shall break the rules and they will punish me. I must play their game, of not seeing I see the game. (Laing, 1970, p. 1)

Feminist psychologists often find themselves positioned within the field of psychology in the manner described above. Rappaport (1986), influenced by the work of Kuhn (1962), suggests that instead of trying to extend or to encompass all known facts in support of a particular theory, scientists working from the outside attempt to create theories more compatible with their own world views. Theories are proposed in an effort to elucidate particular phenomena of interest. One such phenomenon of interest is women's experience of depression.

Gilligan's (1982) work on women and moral development, which relates, albeit indirectly, to women's experience of depression, may be an example of a theory that has developed outside of tradition in psychology. It has profound effects upon psychological theory, however, and has greatly influenced contemporary inquiries particularly in the area of women's psychological development.
Gilligan's thinking is, thus, of concern to researchers interested in women and depression, particularly to those interested in studying depression from a developmental perspective. It is argued here that Gilligan's work constitutes a new paradigm, in the Kuhnian (1962) sense of the word, and that traditional psychological theories, such as theories about depression, may now be reexplored from this new perspective (Sampson, 1977).

Psychological theories of depression—its causes, consequences, and cures—have largely been developed within a knowledge-seeking framework which is built upon the male experience (Kaplan, 1984). Research studies conducted by male investigators frequently involved only male subjects. There is increasing evidence that new approaches to studying the psychology of women are yielding important insights into psychological theories and practices (J. B. Miller, 1976).

Definitions of Depression

Depression is viewed alternatively as a mood, a syndrome, a cognitive set, an interpersonal experience, and/or a biological event (Coyne, 1986). Depression occurs more frequently in women than in men; estimates are that women are 1.6 to 2 times more likely to be depressed as men (Weissman & Klerman, 1977). This ratio is reported consistently in the literature and is judged to be an
accurate representation of its prevalence rather than simply an artifact of reporting (Coyne, 1986). For women, the likelihood of experiencing a major depression at some time in a lifetime is 1 in 4, whereas for men the ratio is 1 in 10 (Holden, 1986). Depression is occurring earlier and earlier, as well. In the general population, the average age of onset has declined from 40 to 20 years of age (Holden, 1986).

Coyne (1986), in the introductory chapter of his edited work entitled *Essential Papers on Depression*, which he appropriately titles "Ambiguity and Controversy," discusses the difficulty not only of identifying the causes of depression but also in reaching a consensus about its very definition. Depression is considered to be the "common cold" of the mental health profession, but is alternately referred to as one of the most serious of mental-health problems. Herein lies an important contradiction. Some practitioners conceive of severe depression as one end of the continuum, with the normal depressed mood of normal persons at the other. Others postulate a clear distinction between clinical depression and depressed mood with obvious differences in symptom patterns. Some conclude that clients manifesting certain symptom patterns respond more favorably to medication while others respond better to various psychotherapeutic interventions. Generally speaking, depression with a high percentage of
vegetative symptoms is thought to respond more favorably to medication. There is also disagreement in the literature about which symptoms are primary, and confusion about definitions and understandings of the various subtypes of depression.

One of the most prevalent distinctions in theory and in practice is the dichotomy of endogenous and reactive depression. According to Coyne

After a long history of debate and controversy, there is a growing consensus that the differentiation of endogenous and reactive depression is useful but that they represent points along a continuum, rather than two distinct forms of disorder. (1986, p. 18)

The distinction appears to be a remnant of a tendency in the literature to conceptualize in terms of mind/body dualism. As clinicians become more holistic in their approaches to treatment, the distinction, although sometimes useful clinically as a means of predicting response to medication, may no longer be as significant.

In reviewing the current research about depression, most notable is the $10-million Treatment of Depression Collaborative Research Program sponsored by the National Institute of Mental Health, which began in 1981. In this study patients were randomly assigned to one of the following three treatment groups, and/or to one of two control groups. The treatment groups received either cognitive behavioral therapy, interpersonal therapy, or tricyclic antidepressant medication. The control groups
received either minimal supportive therapy or a placebo. The results showed that after an average of 16 weeks between 51% and 57% of the patients in the treatment groups had returned to normal, as compared with 29% of those on placebos (Holden, 1986). One way to interpret these findings is to state that psychotherapeutic and/or biological interventions can provide ameliorative effects, regardless of the particular symptom pattern, since endogenous and reactive forms of depression were not distinguished from one another in this particular research design. The decision to disregard stratification based on endogenicity was based on an effort to simplify the design as well as due to the "lack of knowledge in regard to the role of endogenicity in psychotherapeutic treatment" (Elkin, Morris, Parloff, Hadley, & Autry, 1985, p. 310). Preliminary findings, however, do seem to delineate endogenous from reactive depressions in terms of outcomes, with the finding that severely depressed subjects receiving interpersonal psychotherapy and imipramine scored significantly lower on the Hamilton Rating Scale for Depression (Hamilton, 1967) than other groups. With the less seriously depressed patients there were no significant differences in treatment groups. Final conclusions about this study cannot be drawn, however, since outcome for the psychotherapies, especially cognitive behavioral psychotherapy was not consistent across research sites.
Further examination of the data is needed before conclusions can be drawn (Elkin et al., 1986).

Another way to look at different categories of depression is from a developmental perspective. According to Kegan (1982), subtypes of depression can be identified on the basis of the differing developmental stages from which they characteristically emerge, rather than on predisposing personal or biological vulnerability factors. Kegan's research includes empirical data describing three particular subtypes of depression. These types are characterized by the following fundamental concerns: (a) unhappiness at the increasing personal cost of trying to satisfy needs, wishes and desires; (b) loss of or damage to interpersonal relationship(s); and (c) loss of self-esteem. He then links these particular subtypes with various specific developmental tasks and stages.

Many theories of depression integrate these different aspects of depression. In this work, rather than presenting a comprehensive view of traditional theories of depression, a selective, historical overview, culminating in a more extensive focus on object relations and interpersonal theories of depression is presented. This approach is not meant to refute or to deny the importance or validity of other theories. Rather, it is intended to suggest that an interpersonal approach may be a necessary, but not sufficient, theoretical position from which to enhance the...
understanding of women's propensity to experience affective disorders.

The Psychoanalytic Theories

Freud referred to melancholia, a term frequently equated with depression, in a paper written in 1895 (Haynal, 1985). It was Abraham (1911), however, who first developed the concept of depression by contrasting melancholia with more normal grief reaction. For Abraham, the presence of anger, or more specifically, unconscious hostility, in the melancholic, constitutes the differentiation between normal grief and abnormal depression (Haynal, 1985). In his 1911 paper "Notes on the Psycho-Analytical Investigation and Treatment of Manic-Depressive Insanity and Allied Conditions" Abraham explains that depression occurs when the subject must relinquish a sexual aim without having obtained gratification. The subject feels unloved and incapable of loving. The underlying conflict has to do with confusion about who is doing the loving and the hating. The melancholic, believing to have been disappointed in love, is unable to risk caring for another. He or she experiences a deep sense of unworthiness, a sense of being unable to love people. The intensity of this experience results in having to hate these people. The hatred may be so powerful, however, that its acknowledgement through consciousness would prove
threatening to the ego. The hatred therefore becomes repressed, and often projected outward. In other words, instead of experiencing her or his inability to love, the depressive feels unloved and hated. Inborn defects are held to be responsible for being hated, thus, the individual's frequent focus on his/her numerous supposed personal shortcomings. For women, (although Abraham refers only to male patients in his article) this tendency may be similar to the concept of penis envy. It is generally experienced as a profound sense of personal inadequacy.

After consultation with Abraham, Freud published his paper "Mourning and Melancholia" in 1917. The most often quoted phrase, and the most important concept regarding Freud's understanding of the dynamics of depression, is that for the melancholic it is as though "the shadow of the object fell upon the ego" (p. 54). What this means is that Freud distinguishes between normal mourning and melancholia on the basis of what becomes poor and empty. In normal mourning it is the world which is impoverished; in melancholia it is the ego itself. Object cathexis is replaced by identification. This means that rather than investing the libido that has been withdrawn from the lost object in a new object, it is instead withdrawn into the ego. The libido thus establishes an identification of the ego with the abandoned object. The hostile part of the ambivalent feelings toward the object manifest themselves
in hatred directed against the ego and its introjected object—thus the self-reproach and self-depreciation which is so often characteristic of depressive persons. In psychoanalytic theory, depression is conceptualized as a loss, but there often remain questions about the degree to which this loss concerns a loss of self or world. Object relations theory addresses this issue.

Object Relations Theory and Depression

Conflict about the drive model of development in traditional psychoanalytic theory has contributed to the difficulty experienced in understanding the relationship between intrapsychic conflict and "real" life events in depressive disorders. Freudian theory is grounded in the drive model of development. A drive is defined as "an internal condition directing an organism toward a specific goal, usually involving biological rather than psychological motives" (Coleman, Butcher, & Carson, 1980, Glossary VI).

There is no contradiction between object relations theory and drive theory, although many object relations theorists moved away from conceptualizing development from within the drive model. A. Miller (1981, 1983, 1984) is an example of such a theorist. Although working from within an analytic framework, A. Miller questions basic psychoanalytic tenents like infantile sexuality and the
death instinct. She sees the drive theory as blaming the victims, or children, in this case. She thinks these theories portray children unfairly. Her theoretical revisions were made in an effort to help vulnerable children cope with abusive adults. She includes psychotherapists as adults who can, if not unwittingly, perpetrate abuse, through the practice of adhering to rigid dogmatic practices and/or belief systems.

The debate about the very use of the term object itself, is evidence of the confusion surrounding object relations and drive theory. Object sometimes refers to another person, or to something external to the individual, while at other times it refers to an intrapsychic representation. Sometimes the definition of the term "object" is compatible with traditional drive theory. For example, use of the term "libidinal object" implies reference to both an entity existing in time and space, but also to an abstract target of a sexual or aggressive drive. In other words, it is both an internal and an external event.

Most of the debate about whether objects are internal or external to the individual could be extended to the philosophical, phenomenological, or to the physiological domain. The conflict could be explored in terms of theories of perception, memory, and cognition, but such discussion would be outside of the scope of the present
inquiry. For the purposes of this study, the term object will be used in the manner defined by Greenberg and Mitchell (1983). They use the word object to refer to the "individuals' interactions with external and internal (real and imagined) other people, and to the relationship between their internal and external object worlds" (p. 13-14).

Ironically, Freud might be considered to be the first object relations theorist even though initially he focused almost entirely on drives and their transformations. Freud's focus is mentioned here in contrast to object relations theorists such as Fairbairn (1952), Guntrip (1969), Klein (1984), Sullivan (1953), and Winnicott (1965), whose emphasis shifted to interpersonal experience.

In Freud's early works, objects were understood only in their capacity to affect the discharge of drives. For Freud the term object referred to a person, a part of a person (thumb, breast) or a thing (blanket, bottle) (Pine, 1985). Other people were thought to exist solely as inhibitors, facilitators, or targets of drives (Greenberg & Mitchell, 1983). Later, Freud more thoroughly addressed the problem of the ego and its relationship to the external world, although there appears to be a great deal of confusion about how well his earlier and later theories can be integrated. Specifically, the impact of external
reality on the child's development is somewhat unclear in Freud's later works. According to Slipp (1984), it is Freud's earlier theories (which were more interpersonally oriented) in which the relationship between internal and external reality was most adequately addressed.

A popular manifestation of this confusion between internal and external reality is the debate about the seduction theory (Masson, 1984). Whether or not Freud's hysterical patients could attribute their symptoms to actual sexual abuse or to their fantasies thereof, has been a widely disputed issue. Its relevance to the practice of psychotherapy with women is important to explore. Cognitive theories of depression, which are based upon the view that depression causes a distortion in one's ability to think and to perceive, may be based upon this earlier confusion.

Continued questions about the relationship between life events and depressive symptoms are addressed by numerous researchers (Bellack, Herson, Himmelhock, & Monroe, 1983; Haussman, 1981; Monroe, Bronet, Connell, & Steiner, 1986). Haussman (1981) explores the relationship between life events and distress in women. Most studies, she reports, show a relationship between stress and psychological symptoms. Her conclusion supports Paykel (1974) who found that the occurrence of undesirable life changes and psychiatric disorders were related. Whether a
disorder developed however, appeared to depend on inter­actions of life events, with predisposing personal vulner­ability factors. For women, the most significant predis­posing personal vulnerability factor may be the normal process of development (Bernardez, 1986). Radloff (1986) states:

It is suggested that depression is a special problem for women not because they are biologi­cally female nor only because they are exposed to greater numbers of stress-inducing situ­ations, but because they have learned to be more susceptible to depression . . . the implications for treatment and prevention are obvious. (p. 418)

What exactly are these implications for treatment and prevention? Returning to what is considered by this writer to be the basic and underlying question in terms of understanding depression in women, the relationship be­tween life events and depression, or between internal and external reality, Bellack et al. (1983) concluded that life events preceding entry into treatment significantly predict certain forms of depressive symptomatology and influence follow up at a six month period. In contrast, concurrent events (those occurring during and after the treatment program) were not found to be related to symptom pattern or outcome measures. As Bellack et al. (1983) suggest, it may be that once a depressive syndrome de­velops, life events have little effect on its course. Therefore, providing increased social support to depres­sives, in and of itself, may be ineffective as a treatment
goal.

It could be argued, however, that working with typical interpersonal behavior patterns as a major focus in a group therapy setting could improve depressed women's social skills, which might ultimately influence their actual and perceived social support in a positive manner, thereby decreasing depressive symptoms and preventing recurrence. With preliminary results of the NIMH study (1981-1986) this issue was not addressed (Mervis, 1986). It is an issue that is open to investigation. According to Kupnis, of the Western Psychiatric Institute in Pittsburgh "If we were looking at heart disease or diabetes we'd automatically want to know about recurrent episodes. There's no reason to treat mental health disorders any differently" (Mervis, 1986, p. 13).

The issue of the recurrence of depressive symptoms is quite complex. Frank (1974) points out the importance of distinguishing conceptually between treatment influences which produce therapeutic benefit and those which maintain the benefit. Considering that depression tends to recur, treatment influences designed to maintain benefit are essential. According to Frank (1984):

Individual therapy helps the patient to develop more harmonious relations with his fellows by resolving his internal tensions. Group therapy offers an opportunity to reduce inner tension by working through their externalized manifestations. Although this may sound like a reversal of cause and effect, it need not be so, because the feelings of anger and frustration produced

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by chronic unresolved conflicts with others may be the chief impediments to resolving the corresponding internal ones. (p. 281)

It may be that group therapy does more than to allow the client to work through only the externalized manifestations of inner tension. A basic goal of both individual and group therapy is the reconciliation of internal and external reality (Frank, 1973; Havens, 1983). Reconciliation is characterized by Winnicott (1960) as personal integration. He states that integration means that

the person takes full responsibility for all feelings and ideas that belong to being alive. By contrast, it is a failure of integration when we need to find the things we disapprove of outside ourselves and do so at a price—this price being the loss of the destructiveness which really belongs to ourselves. (p. 82)

Addressing the issue of how change occurs in therapy (i.e., internal change versus external change, and their sequence) Carotenuto (1981) states that the process is basically a circular one. It is a measuring oneself against external reality that brings the inner psychological dimension into focus. But a new relationship with the internal world does not necessarily preclude new relationships with the external world as well. In fact, the process usually occurs simultaneously.

One cannot speak of simple coincidence. We meet the right persons only when we deserve them, that is when we are capable not only of making ourselves heard, but also of being aware of those around us. For instance, it may happen that we feel a sudden interest in someone we have known for years, and this is generally due to an inner change that makes the relationship
with that person significant. (p. 82)

The reconciliation of internal and external reality is the special domain of object relations theorists (Greenberg & Mitchell, 1983). Understanding the dynamics of depression from an object relations, interpersonal or cultural perspective is particularly helpful in conceptualizing how group treatment may be used by women who are prone to depressive difficulties.

According to Bemporad (1978), culturalist and interpersonal schools emphasize depression as "part of the fabric of socio-cultural intercourse and not as an isolated phenomena" (p. 43). This theory is consistent with that presented by Kaplan in her work on women and depression. According to Kaplan (1984)

The high incidence of depression in women is related to the overlap between key dynamics of depression and central features of women's psychological development. Specifically, . . . women's felt responsibility for relationships, when seriously thwarted or deflected, can lead to the development of major depressive features of vulnerability to loss, inhibition of action and assertion, inhibition of anger and low self-esteem. (p. 1)

Bonime (1962) contends that depression is not a group of symptoms, but a practice or a typical mode of interacting. Both the observations of Bonime (1962) and Kaplan (1984) are consistent with Kegan's (1982) understanding of depression from a constructive developmental framework.

Kegan's (1982) description of the psychosocial context of depression supercedes the analysis of
psychological or social support which may or may not aid an individual. Rather, he suggests that the psychosocial context is the individual. Kegan describes the experience of depression as "radical doubt" which concerns the coherence of the individual and the environment. Consistent with other understandings of depression, Kegan emphasizes the importance of loss in the experience of depression. But, instead of engaging in debate about whether this loss involves the self, the world, or the meanings one ascribes to self or world, he explains that this loss has to do with all three. The emphasis may be different depending on the developmental perspective from which it emerges. He talks about this doubt or loss as the inability to hold simultaneously the possibility of validity and invalidity of a proposition.

One important proposition in women's development which is not addressed specifically in Kegan's theory concerns identification with the maternal object. Women simultaneously identify with as well as differentiate from their mothers in the course of their development. This process may be similar to the ability to hold simultaneously the possibility of validity and invalidity of a proposition as described by Kegan, for example: "I and my mother are one; and I and my mother are separate, or not one."

Kegan's (1982) conceptualization is reminiscent of
Abraham's (1960) discussion of ambivalence as a central component of depression. A. Miller (1981) also addresses ambivalence and object loss as key components of depression. A. Miller defines depression as a defense against the deep pain over a loss which occurred sometime in the past. This loss involved a self-object which the infant experienced as having been unable to survive its own destruction during the symbiotic phase of development. The depressed person has difficulty accepting the truth that this loss or unavailability has already happened in the past and that absolutely no effort can change this fact. In analysis, she states, the fear of object loss becomes intolerable as soon as ambivalent feelings develop. Loss becomes intolerable because ambivalence could destroy the self through destruction of the object since self and object are not differentiated during the symbiotic phase of development. She claims that it is necessary to separate the "mother as environment" from the "mother as object." She is speaking here about a "holding environment" along the lines of Winnicott's terminology (1965) as opposed to a primary object in classical analytic thought, since she doesn't conceptualize from within the drive model. This distinction is related to the familiar difficulty in defining the term object as discussed previously.

To explain this premise more concretely, the client
has learned early that dissatisfaction or disappointment with the parents could lead to the withdrawal of their love (primary object loss). It is her belief that in analysis a stage must be reached when this risk can be endured and survived.

The clinical literature often describes depressed women as having problems with separation and self-esteem by virtue of their overdependence on relationships (Jack, 1984). A reexamination of developmental theory from a contemporary feminist perspective (Chodorow, 1878; J. B. Miller, 1986) challenges this conceptualization.

A. Miller's (1981) thinking is presented in contrast to that of J. B. Miller (1986), Kaplan (1984) and Jordan (1984) since Jordan, Kaplan and J. B. Miller don't allow for the concept of symbiosis as relevant to their understanding of women's psychological development. Jordan explains:

The old lines of movement from fusion to separateness, domination by drive to secondary process and undifferentiation to differentiation are presently being questioned. A major flaw in existing theory has been the lack of elaboration of the developmental lines of connection and relationship. . . . We have juxtaposed connection versus separateness as if they were mutually incompatible, and failed to trace the complicated evolution of autonomous functioning in the context of self in relationship. (p. 10-11)

**Women's Psychological Development**

According to Wetzel (1984), "Object relations
theorists have coined the dualistic term 'separation/individuation' but their emphasis to date has been on separation" (p. 280). With increased attention to women's potentially differing developmental tasks and histories, the emphasis is shifting to individuation. Individuation doesn't necessarily imply separation (Twohey, 1986). For clinicians involved in conducting psychotherapy with women these theoretical reformulations may have important consequences. For example, different understandings about the etiology of depression may influence the kinds of questions asked in assessment procedures. Further, traditional therapeutic goals, contingent upon male models of development, which emphasize increasing a woman's sense of autonomy and independence, must be re-examined.

The values of autonomy and independence pervade the psychological literature. Challenging these values, in light of the emerging literature on women's development, requires a re-examination of both the therapeutic process as well as the traditional goals of therapy. Kaplan (1983) comments:

The devaluing of relational qualities (e.g. when connection is interpreted as "dependency" on the one hand or "smothering" on the other hand---Stiver, 1984) can lead women to doubt or fail to even recognize the value of their own endeavors. . . . This can leave women in a constant state of felt loss. Moreover, this is more than "object loss" as is usually discussed. It is, instead, the loss of confirmation of their core self-structure as one which can facilitate reciprocity and affective connection in relationships. (p. 5)
Traditional developmental theories emphasize a series of painful differentiations (Erikson, 1950; Freud, 1905/1953; Levinson, 1978) as a basis for growth and development. Difficulty in adjusting to the experience of loss that accompanies this differentiation process is considered basic to the psychological experience of depression. Developmental theories emphasize the fact that difficulties experienced during specific developmental phases tend to contribute to later psychological disturbance. A predisposition to depression is often conceptualized as a replay of developmental difficulties which occurred initially during the separation and individuation phase of development, age 6 to 36 months (Mahler, Pine, & Bergmen, 1975; Slipp, 1984).

It is suggested that these developmental theories as currently described are incompatible with the female experience (J. B. Miller, 1984). The girl's experience of object loss throughout the course of her development does not necessarily parallel the boy's. In traditional psychoanalytic theory it is the successful resolution of the oedipal conflict, through identification with the same sex parent, which finally completes the developmental process of separation/individuation. But closer examination of the female oedipal configuration has been undertaken by contemporary feminist theorists. In fact, according to J. B. Miller (1986), the young girl may not experience an
electra or an oedipal phase at all. "It [the Oedipal stage] may not exist [for girls]. There is no big crisis or 'cutting off' of anything, and especially relationships" (1984, p. 7). Thus, theories about depression which relate its symptoms to an inability to adjust psychologically to this, or to any other developmental loss (including differentiation from the mother), may not adequately address the girl's experience. Theories based instead upon a revised model of female development suggest that separation and differentiation may be overrated concepts (Clinchy & Zimmerman, 1985; J. B. Miller, 1986; Stiver, 1984; Surrey, 1985).

The Oedipal Configuration in Female Development: Separation/Individuation Revisited?

The differences in development for men and women have been the subject of inquiry for many years. In Freud's 1931 essay on female sexuality he states "we have, after all, long given up any expectation of a neat parallelism between male and female sexual development" (p. 195). So granting that female development may differ from the male experience, a clear understanding of the oedipal phase is important to this inquiry in that it is generally considered to be the culmination of the separation/individuation process. Although most writers agree that this process differs significantly for women and men, there is little agreement on how it differs (Bergman, 1982).
focus here is on the process of identification. Traditional understanding of the Oedipus Complex maintains that the young boy learns to relinquish his sexual desires for his mother because of the fear that his father will castrate him should he act upon these desires. He resolves his oedipal conflict by forming a healthy identification with his father (also known as identification with the aggressor, which addresses the less healthy aspect of this process; this distinction will be elaborated further below). Through this identification with father, the boy is able to partake in the joy and strength of masculinity which compensates for his loss of relationship with his mother.

Clearly the process can't work in just the same way for the little girl, since she perceives herself to be already castrated. Why then should she identify with mother? Identification can serve no compensatory purpose as it can for boys since the mother, also, is thought to be already castrated.

Freud, who was not oblivious to this theoretical difficulty, concluded that the girl was less inclined to establish a superego (1933). This view makes sense in that without the fear of castration she is less likely to experience an equivalent degree of guilt regarding her oedipal desires as does her male counterpart. It is inconsistent, however, with theories of depression which
relate depression to the activity of an overly harsh superego, or to identification with the aggressor. Since the literature portrays depression as a particularly feminine disorder (Coyne, 1986), the contrast between the hypothesized overly harsh superego and/or a less developed one, is quite glaring. Perhaps it would be useful to explore the distinctions between guilt and shame in the depressive experience (Anthony, 1981). Shame, with its pre-oedipal and pre-verbal qualities, may be more relevant to the woman's experience of depression, whereas guilt may predominate for the male. Pre-oedipal developmental tasks may be more important for women than they are for men, in light of the difficulty posed by the paradox inherent in the need to both identify with and differentiate from the maternal object in the maturational process. Galenson (1985) reports that

When the affects of shame and embarrassment emerged in the fifteen or sixteen-month-old girls in our research sample, they seemed to immediately contribute to a sense of lowered self-esteem and, inevitably, to an excessive tendency to self-blame at a somewhat later period of life. This early experience of shame and embarrassment is a basic component in the genesis of the psychopathology in many of my adult women patients, interfering substantially with the development of a satisfactory sense of self. (p. 79)

The Process of Identification

The development of a sense of self, as described above, can be understood as the process of identity
formation. Although identity formation and the process of identification are not usually used synonymously, they are related concepts. Schecter (1968) defines identification as "the means by which part of the psychic structure of one person tends to become like that of another to whom he is emotionally related in a significant way" (p. 50).

The question posed here is does identification, in the process of women's development, require the renunciation of attachment? It is another way of looking at the question, does individuation require separation?

Freud (1923) states "it may well be that identification is the general condition under which the id will relinquish its objects" (p. 19). But in 1933 Freud speaks of identification in terms of attachment to the object. The distinction here may be between the concepts of primary and secondary identification.

Horner (1985), in the process of explicating her theory of object relations, mentions the double function of identification, it's defensive as well as it's positive developmental value. It is precisely this distinction—one which is often not made (Meisner, 1981)—that results in confusion in the understanding of female development from a traditional psychoanalytic perspective. Horner (1984) almost notes this difficulty although she fails to follow through on her observations with comments specifically regarding women's development. She states "primary
identifications are those resulting from the separation/individuation process in which identification with the primary attachment object leads to the intrapsychic autonomy of a fully differentiated self" (p. 348). Her point is that these identifications which mark the end of the separation/individuation process differ from introjection or incorporation in that the object of identification is both differentiated from the self as well as preserved emotionally and cognitively.

A problem evident here is that what Horner (1984) describes as primary identification may be what other authors would construe as secondary. Her confusion may be because she fails to account for gender difference. She does discuss refusal to identify with the primary attachment object as especially relevant to the issue of gender identity for the male.

But what about the female? Her comment about the male is that conflict about identification with the primary attachment object can lead to a defensive refusal to identify. It is contended here that a far more frequent clinical concern is the woman's refusal to identify with her primary attachment object. Female clients often verbalize one of their greatest fears as becoming like their mothers as they mature. Thus, if developmental identifications are important in terms of achieving object constancy and completing the separation/individuation
process, attention to the identification process in women's development is most important.

Fenichel (1972) discussed identification and perception, and saw perception as a major factor in the separation/individuation process. Horner (1984) also alluded to the importance of perception in her definition of primary identification. Horner’s definition differs from Fenichel, however, in that she stresses the distinction between introjection, incorporation and identification. By contrast, Fenichel equates primary identification with incorporation. He states that actually "putting into the mouth" and imitation for perceptions' sake "are one and the same and represent the very first relation to objects" (p. 37). He adds that the imitation of the external world by oral incorporation is the basis for the primitive mode of thinking.

Schecter (1968) agrees with Fenichel. He questions whether identification and object love can coexist. This question is analogous to the question of the coexistence of primary and secondary identification, and also parallels the same question regarding primary and secondary process thinking, which will be explored shortly. It is proposed in this work that in the woman's developmental process the two can, do and must co-exist for maximum development to occur. Schecter cites numerous examples of simultaneous object-cathexis and identification, examples
wherein character alteration occurs before the object has been relinquished. He concludes that it was actually Freud who paved the way for consideration of identification as separate from object loss. According to Schecter

Identification may then be conceived, at least in part, as growing out of primarily active, relatively conflict-free individuation processes, and as contributing to the ego structure ("strength") required for the gradual relinquishing of the more primitive object ties. (p. 63)

These ideas are consistent with what Freud presents in *The Ego and The Id* (1923). Here he states that at the very beginning, in the individual's primitive oral stage, object-cathexis and identification are indistinguishable. This early object cathexis is called primary identification. He talks then about the need to give up the object (i.e. a primitive sexual object) as precipitating a substitution or introjection of the object into the ego. Then, however, (and here he refers specifically to women) he mentions simultaneous object cathexis and identification.

Highlighting the process of simultaneous object cathexis and identification for women is the major thesis of the present study. The process of development for women may be different than for men, and this difference may have important ramifications for the treatment of depression in women. Freud describes the process of simultaneous object cathexis and identification as
resulting in a character alteration that survives object loss. In a sense it conserves the relation with the object.

Freud also claims that "whatever the character's later capacity for resisting the influences of abandoned object-cathexis may turn out to be, the effects of the first identifications made in earliest childhood will be general and lasting" (1923, p. 21).

He then gives an example of the boy's early identification with his father. In a footnote he states that perhaps he should have said identification with "parents" rather than father, for prior to a certain stage of development the gender distinction has not been acknowledged. The implication is that identification with mother, for a male child, could only be assumed to have occurred before the infant consciously perceived gender differences. Much of the confusion in the literature, then, probably has to do with the failure to account for gender difference in discussing the process of identification.

In summary, although Freud described identification in terms of attachment to the object, he distinguished it from object choice. He talks about the difference between narcissistic and anaclitic object choices. Individuals who experience a loss of a narcissistic object develop depression (regression to identification). It is as though they lose a part of themselves (Haynal, 1985).
Depression, thus, reveals the importance of the introjects that the subject carries. Women, in particular, must move beyond the ambivalence they experience in their need both to identify with and to differentiate themselves from a devalued object.

The most important thing to notice here is that Freud (1923), Horner (1985) and Schecter (1968) all note the double function of identification; it's developmental (or supposedly conflict free) as well as its defensive function. The assumption that defensive identifications fail to lead to structural change, whereas developmental identifications promote growth and development must be considered in light of theories of women's development. The difference between these two forms of identification may not hold for women.

As mentioned above, the concepts of primary and secondary identification appear to be related to the concepts of primary and secondary process thinking. Indeed a familiarity with constructs relating to cognitive development is necessary to understand the separation/individuation process since separation, in particular, is portrayed in the literature as the beginning of secondary process thought (i.e., "the intrapsychic achievement of a sense of separateness") (Mahler et al., 1975, p. 8).

Fast (1985) outlines the difficulties in Freud's portrayal of the differences between primary and secondary
cognition. The areas of difficulty she identifies are, first, a conceptualization of primary process thinking as an archaic residue of an infantile narcissistic period where cognition bears no relationship to reality. Next she asks about the distinction between primary and secondary thinking: are they two modes of thought, like two separate languages or is secondary process thinking just a more sophisticated version of its primary counterpart? And lastly, is primary process the only cognitive mode available in infancy, or do the precursors of secondary process thought exist from birth? All of these questions may also be applied directly to the process of early identification.

In discussing the process of identification Fast (1984) suggests that before awareness of gender difference children have established many identifications with their same-sex parents. Both boys and girls experience these same sex identifications as dangerous in that they evoke fears of fusion with that parent. To be like someone is similar to becoming that person. She is referring to early forms of identification that according to Freud (1923) are indistinguishable from object cathexis. It may be that these fears of fusion may actually more often involve a fear of fusion with the mother for both genders, and thus they may be cross-sexual for the male but not for the female. The difference profoundly affects the process
of primary identification for the female. Fast suggests that rather than repudiation (and here she is referring to the repudiation of the mother and the turn toward the father), secondary identification is the goal. Her theory, called Differentiation Theory states that repudiation of the mother and the turn to father actually makes appropriate gender identity and development for the girl impossible. In referring to repudiation she states, "Its apparent function is to avoid the threat of fusion with the mother. Its less apparent function is to avoid the separation that occurs when secondary identifications replace more primitive ones" (p. 107).

But Fast (1984) also may be ignoring gender difference in her discussion of primary identification. The preferred mode of secondary identification may indeed be the goal for the male child, but not for the female. Secondary identification could, in fact, make appropriate gender identity impossible, just as she states above regarding repudiation.

Returning to a discussion of the preoedipal phase of development for women, in *New Introductory Lectures on Psychoanalysis* (1933) Freud states that with the discovery that her mother is castrated it becomes possible to drop her as an object, and, thus, the motives for hostility which had been accumulating gain the upper hand. He draws this conclusion after stating that "unless we can find
something that is specific for girls and is not present or not in the same way present in boys, we shall not have explained the termination of the attachment of girls to their mother" (p. 110). Perhaps, as is suggested by the "self-in-relation" theorists, the attachment to the mother is not actually given up. This would be consistent with Freudian thinking as he states that the maternal object cathexis is transferred to the father during the oedipal phase.

The conclusion that emerges is that although the oedipal resolution requires renunciation or repudiation of the mother as a love object for the boy, a parallel process is not required in feminine development. Identification, then, for women, maintains a more primitive cast. Thus, as Chodorow (1978) describes, because the little girl is the same gender as her primary care giver, she experiences a greater sense of attachment or less of a sense of separateness than would the little boy at a comparable developmental stage. Jordan and Surrey (1986) point out that Chodorow fails to develop this observation in terms of denoting its positive developmental feature.

The mother's easier emotional openness with her daughter and her sense of identification probably leave the girl feeling more emotionally understood and recognized than would a boy ... girls then develop the expectation that they can facilitate and enhance their sense of self through psychological connection and grow to expect that the mutual sharing of experience leads to mutual empathy. (p. 90)
The self-in-relation theorists highlight an important shift in emphasis from separation to relationship as a basis for development. This emphasis contrasts directly with Mahler et al. extensive work on the separation/individuation process. But recall that Mahler et al. postulate an innate drive toward individuation, rather than separation (1975). Here, as in most of traditional developmental theory, perhaps it is the distinction between separation and individuation which is confused.

According to Jung (1921) individuation is

the process by which individual beings are formed and differentiated; in particular, it is the development of the psychological individual as being distinct from the general, collective psychology. Individuation, therefore, is a process of differentiation, having for its goal the development of the individual personality.

(p. 448)

Guntrip (1971) states that it is Jung who is responsible for transcending the biological for the personal, developing an ego psychology, and a theory of individuation. And one of Jung's followers, Neuman in his 1959 work on the Stages of Feminine Development describes individuation as practically the same as the development of consciousness out of the original state of identity. It is thus an extension of the sphere of consciousness, an enriching of conscious life, he claims.

This is a most contemporary point of view, but upon closer examination, again the issue of gender distinction must be considered. Perhaps for males the process of
individuation can be conceptualized as a movement out of the original state of identity, or primary maternal identification. But for women, individuation may actually mean movement back to this original form of identification. It is probably not an accident that in Jungian psychology the feminine is often equated with the unconscious and the masculine with the more conscious ego functions.

Perhaps as Freud (1923) states, the process of development for women is complicated by the fact that women are expected to become both masculine and feminine through the process of individuation. Primary identification, with its primitive and unconscious connotations does not adequately assist women in their quest for psychological maturity. But secondary, or selective identifications, noted by most theorists as the kind that are more healthy or ego enhancing, can also be conceived as ego dystonic to women in their attempt to solidify a sense of feminine identity. What are the consequences?

According to Kubie (1974) one of the deepest tendencies in human nature is to identify with and to want to become both parents. He talks about the wish to identify with the stronger parent to acquire strength and with the weaker out of sympathy and to provide consolation. It is perhaps this identification with the mother, often perceived as the weaker parent (Jack, 1984) and the continual
attempts to provide solace for her both intrapsychically as well as behaviorally, which results in affective disorders for women. The intrapsychic effort is bound to fail, and this continual struggle that women reenact may constitute their proclivity toward ongoing difficulty in the tasks of separation and individuation throughout the lifespan. In the words of Bassin (1982):

Woman as the holder, the container and the receiver for the other must use her metaphoric womb to contain and hold herself. Her reliance on phallocentric symbols will keep her constantly seeking, distorting and accommodating herself in many areas. (p. 200)

The developmental task of individuation for women is about increasing connections with others through the process of identification. Positive identifications with women are especially important in this activity. Positive identifications with women may or may not be related to the gender of the therapist, but some of the literature suggests that gender is a consideration.

Gender Issues Relevant to the Treatment of Depression

In a study involving 118 psychotherapy patients, Orlinsky and Howard (1976) conclude that

Finally, we might observe that while for many patients the sex of the therapist made little difference, our analyses do strongly suggest that patients who are single and depressive will feel more support and satisfaction in treatment with a woman therapist. (p. 88)

Persons, Persons, and Newmark (1974) showed similar
results with a different population and a different method. While one might be cautious in drawing final conclusions from as few as two studies, these research findings do suggest that perhaps the gender of the therapist is significant.

Studies concerning group therapy and the gender of the therapist were perhaps even more relevant to the current inquiry. Walker (1981) reports on several distinctions between traditional mixed gender groups and women's groups. Some of the differences she notes include:

1. In male lead groups, the orientation is more competitive, compared to more cooperative and affiliative efforts in female lead groups.

2. In female lead groups greater emphasis is placed on social determinants of behavior as opposed to interpersonal or intrapsychic determinants.

3. "In female groups women talk more freely, more frequently and more intimately" (p. 244).

4. The trust building stage evolves more quickly in female lead groups.

5. Although acknowledgement and expression of anger for females is difficult in both groups, women's groups "are more supportive of forceful, descriptive, dynamic, open expression of these feelings" (p. 244).

Kahn (1984) in a study involving eight same-sex
groups with either male or female leadership found greater expression of hostility in female led groups. Beauvais (1977) reports that low disclosing, task-oriented women in authority are more negatively perceived than men in authority, and that their groups express more hostility than male led groups. Kahn explains that, "Since women in authority may more often find themselves the object of or stimulus for negativity and hostility in work groups, it is critical that they understand the non-personal source of their stress" (p. 275). Gould (1977) finds that women psychotherapists, more than their male counterparts, may find themselves feeling de-skilled, incompetent, isolated, ignored, or valued only for their supposed maternal and nurturant qualities rather than for their analytic competence.

Bernardez (1984) also comments on the dynamics of women's groups.

In all female groups . . . the female members move back and forth from idealization of the leader with expectations for nurturance, acceptance and empowerment to rejection and anger because the leader does not provide for them. The competition with the powerful female, the wish to separate and differentiate from, and the desire to fuse with her, and regain a presumed state of power and bliss, are powerful forces in the female-female dyad. Unlike men, women have had to contend with their second-class status. They usually blame mother for it and unless they have had the opportunity to work through experiences of disappointment and loss with their mothers or later substitutes, feelings of anger at the injustice and betrayal they have experienced are expressed in situations that evoke the original one. (p. 45)
Group Psychotherapy as a Treatment for Depression

Corazzini (1980) calls group therapy a treatment model with a checkered past. Use of group therapy as a primary treatment model has fluctuated greatly since its inception. Group therapy was on the upsurge following World War II, as a response to limited psychological treatment facilities and providers (Seligman, 1982). And further, a sense of wonderment about the events of World War II intrigued social and political scientists and stimulated questions about group behavior leading to increased research interest in its process (Kellerman, 1979). In the 1960s group treatment reached its zenith, but it was then followed by a decline (Corazzini, 1980). Currently, the renewed interest in group work may be related not only to economic considerations but also to the added available knowledge about group therapy (Budman & Stone, 1983). Magoon (1980) reports that in college counseling centers one-to-one interviewing has decreased, and group work has increased. Although, there may or may not be economic advantages in group treatment, it is hypothesized in this study that, economic considerations aside, group psychotherapy may be the treatment of choice for certain diagnostic categories such as depression in women. According to Bernardez (1983), in her research on women's groups: "The most conspicuous outcomes in the members of these groups are disappearance of the
depressive state that so many women live in and the gains in work and educational goals" (p. 137).

There is even earlier precedent for the treatment of depression in groups. In 1909, Joseph Pratt, a physician, initiated a group treatment model that proved to be effective in his work with depressed tubercular patients (Seligman, 1982). The treatment reduced depression which was attributed to the support Pratt provided in a small group format.

Following Pratt's experimental work, little interest ensued in group treatment for depression. Depressed patients were considered poor candidates for group therapy (Christie, 1970). As late as 1975, Yalom included depressives in a list of diagnostic categories thought to be undesirable candidates for group psychotherapy. Objections included statements like those by LeVine (1979) who said "these people cannot be placed in groups with nondepressed people since their intense needs for and impenetrability to the help of other people often draws nondepressed members in and then frustrates them to the point of destroying the group" (p. 28).

But, recent interest in group psychotherapy for depression and reexamination of the appropriateness of this treatment modality is emerging. As early as 1974, Weissman and Paykel, in a comprehensive study of 40 depressed women concluded that depression produces lingering
impairments, particularly in the area of social adjust-
ment, even after symptom relief has been achieved. Be-
cause depression tends to recur, and since impaired social 
functioning may contribute to its recurrence, group treat-
ment with its inherent psychosocial emphasis is suggested 
as an especially useful approach.

Flaherty, Aviria, Black, Altman, and Mitchell (1983) 
presented the results of a study aimed at determining the 
association between social support systems, life events, 
social adjustment and depressive symptoms. They concluded 
that depressed individuals with high social support exper-
ience fewer symptoms than those with low support. Unfor-
tunately, from the results of this study one may not 
conclude that providing increased social support to de-
pressed individuals will necessarily have a positive 
effect on their social adjustment, or decrease their 
depressive symptoms. One can't be certain that an indivi-
dual experiencing an acute depressive episode will per-
ceive or utilize increased social support, since according 
to Beck (1967), depressed people screen out experiences 
that are inconsistent with their negative self views.

However, a study conducted by Hoehn-Hyde, Rush, and 
Schlottmann (1982) questioned this portion of Beck's 
theory. Their findings could be interpreted to demon-
strate that depressed individuals actually see themselves 
more realistically than do people who are not depressed.
These findings are consistent with psychoanalytic theory, since Freud suggested that depressed persons may actually have "keener eyes for truth" than those who are not depressed (Coyne, 1986). The Hoehn-Hyde et al. study (1982) shows that the "truth" of interpersonal relationships and depression is that subjects evaluate only self-directed interactions involving criticism more negatively than controls. Ambiguous or neutral interactions, and interactions involving praise were not differentially evaluated by depressed and control subjects. The authors conclude that their study provides little support for Beck's theory. Consistent with the theory that depressives actually see the world in a realistic manner, is a study by Lewinsohn, Mischel, Chaplin, and Barton (1980) who also report that depressed people see themselves more realistically than do their nondepressed counterparts.

Implications of these studies are: (a) that rather than attending to the supposed distorted thinking of depressives, perhaps increased social support provided through group therapy could ameliorate the effects of depression; (b) it may be that depressed people do experience a lack of social support which contributes to their symptoms; and (c) depressed persons may not know how to perceive or use the support that may actually be available to them. Again, the underlying theoretical issue to be resolved has to do with the relationship of real life
events to depression.

Overview of the Study

Failure to develop feminist theories, for women, may be like borrowing someone else's glasses. Rappaport (1986) further explains this metaphor. Putting on the borrowed glasses is at first disorienting. But soon, the person adjusts to them, and although the world is rearranged, the one wearing the borrowed glasses no longer knows it.

In this study, it was conjectured that a woman's experience of depression has something in common with "borrowing someone else's glasses." Theories of depression, based on models of development written by, for, and about men, have been unconsciously adopted by the social sciences as gender neutral. This practice may both contribute to and confuse our understandings of women's experience of depression. According to Gilligan, "theories formerly considered to be sexually neutral in their scientific objectivity are found instead to reflect a consistent observational bias. We begin to notice how accustomed we have become to seeing life through men's eyes" (1982, p. 6). In this work, theoretical information about the nature of depressive disorders in women was described phenomenologically. The data were collected through the process of careful observation of an 11-week psychotherapy
group. The treatment was conducted from a theoretical foundation emphasizing object relations and interpersonal theory. The study was first descriptive and second exploratory.

The purpose of the study was to generate questions about depression in women with an anticipated outcome of enhancing the conceptual framework for understanding these five women and their experience of depression. Although it is recognized that the findings of this study cannot be generalized beyond this sample, the identification of common themes occurring in this psychotherapy group allowed ideas to be generated about women, and about their frequent experiences of depression.

Understandings of feminine psychology have traditionally been based on theories guided by the male experience, and built upon male models of development (Gilligan, 1982; Jack, 1984). Because of this inherent, and often invisible bias, researchers studying depression in women may not know what questions can be asked to advance our understandings. It was the purpose of this study to find these questions.

In selecting the research design used in the study, it was recommended that the literature review be conducted following the empirical analysis (Stanley & Wise, 1983). This is to insure that the findings of the study will be well grounded in the experiences and world-views of those...
who typically encounter the difficulties to be explored. In the study at hand, the literature review was conducted prior to the empirical analysis, but it was also enlarged and modified in concert with the empirical findings. It has been a simultaneous rather than a sequential process.

In this study, the researcher functioned as a participant/observer as well as a co-therapist for the therapy group. The strategy was meant to enhance the generation of theory by "immersion in the empirical data without lapsing into the false empiricist claim of objective or neutral appraisal of that data" (Seals, 1985, referring to the work of John, 1980, p. 45). According to John (1980) "the phenomenologist explicitly attempts to avoid pre-conceptions, while at the same time realizing that pre-conceptions are inevitable (p. 23).

The focus for research has traditionally been on objectivity. However, as more women become researchers, an increased emphasis on the value of subjectivity in research has emerged. Stake (1981) proclaims

A more "objective" emphasis in research requires a focus on constructs that we can be objective about. A more "subjective" emphasis would allow the retention of many social science constructs but increasingly permit subjective experience and subjective knowing to be a part of the representation of education. For people whose understandings are informal and experiential more than formal and propositional, the latter representation would surely be more valid. (p. 7)

Women often resonate with this subjective kind of
knowledge (Belenky, Clinchy, Goldberger, & Tarule, 1986; Clinchy & Zimmerman, 1985).

According to Salner (1985)

if we take seriously the experience of women as the authors of the meaning structures of their existence, we gain a fresh critical perspective on the implicit assumptions that are current in the academic disciplines (Bleier, 1984; Jaeger, 1983; Weisstein, 1971). Facts and interpretations of facts vary systematically when viewed through a "feminist lens" as opposed to a "masculinist lens". Where one stands as an inquirer, i.e., what particular set of conceptual assumptions one utilizes, determines to a great extent what and how one "sees" and "knows." (Salner, p. 47)

The purpose in seeking to refine understandings about women and depression was ultimately to provide better psychotherapeutic treatment. Improved theories are assumed to result in enhanced effectiveness of treatment. And, since treatment also influences theory, theory and practice were considered in this study to be mutually interactive. It was the process rather than the outcome that became the subject of the study.

The subjects in this study were considered to be collaborators and the researcher was a participant, actively involved with the people she was studying. "Because our research and our interventions require us to interact with other human beings, and because we are also human beings, there is an acknowledged mutual influence process" (Rappaport, 1986, p. 36). The mutual influence process was considered to be a strength rather than a limitation.
of this research design. It is particularly important in this study, given the unconscious manner in which the values of autonomy and independence have permeated women's thought processes.

A strength of this study is its ability to portray the experience of depression in these five women, in their words, with their metaphors, and as characterized by their specific concerns. As Nouwen (cited by Sarton, 1980) states, "It is remarkable how much consolation and hope we can receive from authors who, while offering no answers to life's questions, have the courage to articulate the situation of their lives in all honesty and directness" (p. 195).

Limitations of the Study

In many ways the strength of this particular study was also its major limitation. Specifically, the subjectivity required of the method employed threatens the objectivity, and from some perspectives, the validity of the study. Findings about group treatment for depression as well as theoretical inferences about women and depression are tentative and may be subjected to further investigation, to establish their empirical validity.

Additional constraints of the study include diagnostic considerations. Disagreement about what constitutes a depressive syndrome is prevalent in the literature.
Depression is sometimes considered to be a group of symptoms, a coping mechanism, a personality style, a developmental difficulty, a biological disorder, a normal reaction to certain life circumstances, etc. Potential disagreement about what constitutes depression in women limits the ability to generalize from the findings of this study. Useful ideas about what constitutes depression in women, however, have been identified.

Lastly, although, generalizability is a concept more relevant to quantitative research designs than to the qualitative methods employed here, a few comments about the generalizability of this study must be included. The small sample size limits the ability of the study to make definitive statements about theory or treatment although, many useful ideas about women and depression have emerged. And since the study involved only women, the conclusions drawn here were not necessarily applicable to men, although they may be of interest to men who experience depression, as well as to researchers and clinicians involved in the treatment of male depression-prone individuals. This study does not treat the issue of the potential differences and/or similarities between depression in women and men. Finally, the ages of the participants ranged from 23 to 37. Thus, the findings of this study may be most relevant to women of this age group, although the theoretical statements which emerged are not limited
to this age group.

Although it would be interesting to know if the same themes would emerge in other groups conducted for treating depressed women and men, the fact that this study involved only one group detracts little from its impact. The research design was selected to expand upon, rather than to confirm or to refute existing theories. Further research conducted in this manner would be expected to enlarge the arena for future investigation rather than to confirm or to deny the findings of this particular study.

Overview of Remaining Chapters

In Chapter II, an explanation is offered of the design and method that was employed for this investigation. It also includes a discussion about the procedures for client selection, as well as information about how depression was diagnosed and defined for the purposes of this study.

In Chapter III the findings of the study are summarized. They are presented first in terms of objective information about the participants, including demographic and assessment information. Next, a brief, and more subjective description of each of the participants was presented. Finally, the themes which emerged over the course of the therapy group are described. This presentation integrates the observations of the co-therapists,
the participants, the paraprofessional observers who assisted with this study, and the literature review. Lastly, Chapter IV includes a discussion and summary of the findings, questions that have emerged over the course of the study, and suggestions for further research.
CHAPTER II

DESIGN AND METHOD

A problem with the current emphasis on experimentation in psychological research is its limitations in perspective. Freyberg (1975) noted that traditional scientific method tends to preserve the intellectual status quo. Jennings (1986) in a discussion of how phenomenology can enhance psychological research comments that "psychology fails to see how its scientific investigations are based on unrecognized preconceptions of that which is being studied" (p. 1235). Within the boundaries of the present study, exploring depression in women from within the framework of traditional theoretical assumptions would limit the findings to either a confirmation or a refutation of current concepts. As stated by Bronfenbrenner in his recent address to APA

Researchers should pay more attention to the formulation and creation of their research concepts. . . . In the early stages of research, investigators could also benefit from . . . using a research tool called the 'process-person context model not to test the hypothesis but to find out what the phenomenon is. (DeAngelis, 1987, p. 19)

Addressing this issue, Reynolds (1971) described two different processes of scientific inquiry. There is the "theory-then-research" approach as contrasted with the
"research-then-theory" method. A problem with the former is that it becomes difficult to arrive at new ideas in this manner. To reconcile this difficulty Reynolds described a composite approach. The image of the scientist he described is:

An intelligent individual who knows what useful ideas are, who is well acquainted with the existing theories . . . who is not committed to any of the existing theories, and who is working closely with both the theories and the phenomenon. Perhaps as these individuals attempt to organize, integrate and explain certain empirical data with existing theories, constantly evaluating their own confidence in these theories, they find themselves dissatisfied with the 'fit' between existing theory and data and develop new ways of perceiving and explaining the phenomenon. The result is a new idea that the individual must translate into existing scientific language and sell to his colleagues. (p. 153)

Such is the task of the present inquiry. According to Rappaport "while we remain committed to the rules concerning confirmation, the rules for discovery are different" (1986, p. 8). What this means in terms of conducting research about psychotherapy with women, is that subjectivity becomes a strength rather than something to be managed and accounted for at all costs. According to Gelso (1979) researchers must be trained to look within for research questions. This study emphasized an integration of the data which included participant statements, therapist responses, interpretation of these statements, and observational data obtained by six observers of the therapeutic process. The observers were undergraduates.
rather than experienced clinicians, since the researcher sought to lessen the effects of bias based upon familiarity with contemporary psychological theory. Although these undergraduates had some exposure to the literature, their exposure is far less than practicing clinicians, doctoral students, or many other populations that were considered. This design provided a rich and thorough manner of integrating empirical data and theoretical assumptions.

The Subjects

Subjects for this study were selected from a population of women who presented for treatment at the University Counseling Center, University of Illinois at Urbana-Champaign. Approval by the Human Subjects Institutional Review Board at Western Michigan University was received on August 19, 1985. Approval for research involving human subjects was obtained by the Institutional Review Board at the University of Illinois at Urbana-Champaign on March 25, 1987.

To be included in the study the women were required, at the time of their intake evaluations, to have identified depression as a difficulty in their lives. Depression was noted as a concern for these subjects either through their written comments on an intake form, or through verbal statements in their initial meeting with an
intake counselor.

Special care in this study was taken to guard against potential, subtle, experimental, artifactual findings resulting from the client selection process. Schacht (1983) identifies and discusses such potential difficulties generated by typical procedures for the selection of patient-subjects in psychotherapy research. He makes several important suggestions that have been heeded in this study. He cautions investigators to eschew avoidable intrusions upon the naturalistic help-seeking and help-giving activities of patients and therapists. He also suggests avoiding recruitment of subjects where a normally-referred or walk-in population is available. In this study, rather than soliciting for participants, the investigator relied upon the normal intake procedure of the agency.

Schacht also recommends minimizing perceptible differences between ordinary clinical intake and research pre-therapy screening and measurement. The only difference in this study between the normal intake procedure and the customary screening interview required for participation in any other group at the Counseling Center, was the administration of the Beck Depression Inventory (BDI) (Beck, 1978). The BDI was administered at the screening interview, and therefore did not disrupt or change, in any way, the intake procedure at the Counseling Center.
The third caveat stressed by Schacht is the importance of stressing to the patient-subjects that the clinical services they receive are "real" and for their benefit, and are not simply to "help the researchers." This recommendation was followed in both written and verbal communications with the client-subjects.

Referrals for the screening interview, then, were made on the basis of presenting concerns established through:

1. Intake assessment by counseling center staff;
2. Paper and pencil assessment: (a) an intake form that listed depression as a presenting concern; (b) the Beck Depression Inventory, with a minimum cut-off score of 15, indicating at least moderate disturbance; (c) exclusion of potential participants who presented in crisis, demonstrating acute, depressive symptoms or severe suicidal tendencies; and (d) the use of medication concurrent with participation in this study, while not encouraged, was also not be discouraged; one of the participants required the use of medication throughout the course of treatment, and this information was considered in terms of the interpretation of the data.

3. Clinical interview: (a) therapist and client agreement on appropriateness of depression as a diagnostic category concerning the nature of the presenting complaints, (b) verbal and written consent of the
participants regarding their willingness to participate in a research project.

All counselors at the University Counseling Center were notified of the study, and asked to refer any eligible subjects. They were informed that the study was designed to study depression in women. They were given a professional disclosure statement (see Appendix C) to present to interested subjects. They were instructed in selection criteria, as described above. Referred subjects were screened in one-hour interviews conducted jointly by the co-therapists. These interviews included verbal administration of the Beck Depression Inventory (BDI) (Beck, 1978). The co-therapists were also given access to the wait list as a potential source of client referrals, although no suitable candidates emerged from that pool.

Prior to beginning the screening interviews it was determined that the co-therapists would accept specifically six candidates for the study. Six subjects were selected on the basis of the screening interviews, their interest in the study and participation in the group, and the selection criteria described above. One eligible subject withdrew. The other five candidates were consulted about the possibility of adding a sixth member to the then existing group. They decided against adding a sixth member, because they felt that after the first meeting too much had occurred to make it therapeutically advantageous
to add another member. The co-therapists agreed with this conclusion, particularly in view of the time-limited nature of the group.

The Procedures

The group began on February 16, 1987. It was composed of five women and two female co-therapists. Meetings were held weekly, on Mondays from 4-5:30 p.m., for a total of 11 sessions. The first, fourth, fifth, and sixth sessions were videotaped. The tenth session was audiotaped. Selected sessions (the first, a middle, and the tenth session) were observed and analyzed by this writer, and by six independent evaluators. The decision about which "middle" session to be viewed was made by the evaluators without the prior knowledge of the co-therapists. They selected the fifth session.

The independent evaluators were selected from a population of undergraduate students working as paraprofessionals at the Counseling Center. The paraprofessionals were undergraduate students, primarily psychology majors, employed by the counseling center to work in a supportive capacity for the Counseling Center staff. They were trained in counseling techniques through participation in coursework offered by the Counseling Center for academic credit. They were also trained and employed as workshop facilitators for the Counseling Center. They
worked in many capacities, including this study, to learn about the various roles of professional psychologists.

The six particular paraprofessionals employed in this study were selected on the basis of interest in the project as well as through predicted ability to perform the observational tasks required by the research design. The recommendation of the coordinator of the paraprofessional program was the major component of the selection criteria. Additionally, the primary investigator met with the paraprofessionals to assess for interpersonal compatibility. Paraprofessionals were excluded from participation in the project if they had any personal acquaintances who were participants in the therapy group. Initially, the researcher sought a balance of gender (three males and three females) for the observational team. One student was eliminated, however, because of his personal acquaintance with one of the group participants. He was replaced by a female observer rendering a total of four women and two men to function as observers, or research assistants with this study. All of the observers were instructed in the importance of confidentiality, as it relates to research and were required to read the American Psychological Association guidelines on this topic.

Additionally, the paraprofessionals were instructed in observational techniques according to the methods of naturalistic inquiry (Guba, 1978) and grounded theory
generation through the constant comparative method of qualitative analysis (Glaser & Strauss, 1967). They were asked to observe three video-tapes of preselected sessions (the first, a middle, and the tenth). They were asked to observe for recurring themes in their observations. Their focus was on themes rather than individual dynamics and they were asked to be specific and concrete. As a pilot, they observed a portion of a video-tape of another ongoing therapy group at the counseling center so that their specific questions about the observational technique could be addressed before the study began. They were asked to stay away from inferences or from making causal statements. They were asked to accept at face value what they observed and to present their observations in terms of behavioral statements.

It was determined that the six paraprofessionals would view the video-tapes together rather than individually. This decision was made with them jointly and is congruent with the emphasis on the positive value of the interactive effects of groups on the generation of knowledge which was presupposed by the primary investigator. An alternative method was suggested whereby they would work in teams of two, but this method was discarded in favor of working together as a group of six. The primary investigator also met with them for the purpose of ongoing consultation in the observational methods employed.
The task of the paraprofessional evaluators was to identify recurring themes that emerged through the therapy process. The co-therapists engaged in a similar process as well. This information was then compiled by the primary researcher and returned, to the participants for further comment. The participants were asked, first to identify what they considered to be the dominant themes of the therapy group. They were then apprised of findings of the paraprofessional observers and of the thoughts of the co-therapists. The comments of the subjects are integrated in the final discussion of the findings.

To develop a scientific paradigm, Batista (1978) outlines a five step process. Although this study is primarily an attempt to describe the experiences of the five particular women participating in the study, the results are gathered toward the purpose of generating further theoretical information about women and depression. Batista's five step process is therefore applicable to the investigation and is outlined below:

1. A definition of the phenomenon to be explained.
2. Collect all of the available data about the phenomenon.
3. Evaluate the ability of the existing theories to explain the phenomenon.
4. Develop new constructs of a theory to explain the data, if no existing theory could do this.
5. Test these constructs in previously untested situations.

In the previous chapter steps one and two have been completed. Definitions of depression in women have been explored. The method of collecting data was described above. Further, operational definitions of depression are presented in the next section of this chapter. Given the immensity of available data, as well as the preponderance of available theories, "all the data about the phenomenon" would be beyond the scope of the present study. Nevertheless, an attempt to explore relevant available data has been made. Steps three and four are addressed in Chapter IV, and comments about step five are addressed in the section on recommendations for future research.

Operational Definition of Depression

The term depression has many meanings. Neurophysiologists, pharmacologists, psychologists and psychiatrists may all emphasize different aspects of this disorder. The distinction between normal mood and abnormal depression is not always clear (Klerman, 1984). For the purposes of this study, depression was defined as an affect (Bibring, 1953). An affect, according to later Freudian theory is differentiated from instinctual drives, and is considered to be a consciously perceived expression of the underlying instinctual process. Affect, is thus one part of the
drive representation (Jacobson, 1971). Some theorists differentiate between affects and feelings (Reid, 1950), using feelings to denote only the subjectively felt experiences, and affects to include both the neurophysiological and endocrinological aspects of the drive functions.

In this study, particular attention was paid to the phenomenological aspects of the depressive experience for women. In accordance with Persons (1986), it is suggested that research efforts to understand the nature of the psychological processes underlying a disorder, which in this case is depression, may be more successful if an attempt is made to study the phenomena themselves, as opposed to studying the diagnostic categories. There is a paradoxical difficulty, here, however, in determining if indeed the researcher is studying depression at all, if what constitutes depression is uncertain at the outset of the study. This is a paradox that must be endured, throughout the course of this investigation since the goal of the research was the generation rather than the confirmation or verification of knowledge.

In the interest of research, such that comparisons with other studies can be made, an objective measure, the Beck Depression Inventory (BDI) (Beck, 1978), was also used. In addition to clinical interview information and the data of participant self-report. However, the reader
is asked to maintain conceptually the hypothesis that these particular methods may measure something other than depression in women. In addition to the objective measure (BDI), extensive interview information was obtained, audio-taped, and analyzed at the conclusion of the study.

Operational Hypotheses

Depression can be understood theoretically as a normal developmental process, although its effects often precipitate requests for psychological treatment. Depression is thus also considered to be a diagnostic category. It was hypothesized that it is particularly useful to understand depression in women from an interpersonal, phenomenological, and/or object relations perspective, since according to Gilligan (1982) and other contemporary feminist theorists (Boegman, 1986; Chodorow, 1978; Ellickson & Seals, 1986; Kaplan, 1983; J. B. Miller 1986; Stiver, 1984; Surrey, 1985) women are more relationally oriented than men. This relational orientation may contribute to a predisposition in women to depressive difficulties, since interpersonal vulnerability may be related to depressive symptoms.

An anticipated outcome of the study was the development of ideas toward a substantive theory about depression (as contrasted with formal theory as described by Glaser & Strauss, 1967), empirically based through observational
data. The data generated through the interactions of the group members and the observational team, was then integrated with theoretical understandings of depression in the existing literature. Rather than attempting to generate a formal theory about depression in women, it was the purpose of this study to search for data that stimulated new ways of thinking about depression, and to begin to integrate this information with the ultimate goal enhancement of psychotherapeutic treatment.
CHAPTER III

FINDINGS

The results of this study are presented first as a picture of the participants in the group. The picture is presented with both subjective and objective data, including information obtained at intake evaluations, initial screening interviews, Beck Depression Inventory (BDI) results, and the initial clinical impressions of the co-therapists. Next, the results are presented as they were analyzed by the research assistants through their observations of three specific therapy sessions. Finally, their observations were integrated with the perspectives of the co-therapists, and with the final statements of the participants. Lastly, a return to the literature was made with the ultimate goal of enhancing theoretical conceptualizations about depression, based upon experiences with this particular therapy group. According to Peshkin (1987)

Given the unprespecified or vaguely prespecified nature of the qualitative inquirer's scholarly intentions, and given the immensity of the means we bring to data collection—no less than the fullness of ourselves, I suggest that qualitative inquiry resists standardization. It is therefore idiosyncratic in regard to our ends, our means, and the forms we adopt to present our findings. Such idiosyncrasy is in keeping with the complexity of the social world we choose to study. (p. 13-14)

Peshkin's (1987) comments are similar to those of one
of the subjects of this study. In the interviews which occurred as a follow-up to this study, rather than being coerced into making a reductionist statement about her depressive difficulties, she replied: "I think it's [the theory of anger turned inward] one of many possible explanations. I think it's like a lot of things in the field of social psych, some explanations work for some people . . . ."

Peshkin concludes that qualitative inquiry "fastens on the ordinary, inexhaustible, awful and enormous complexity of the circumstances of the social phenomena we investigate" (1987, p. 4). He contrasts this approach with quantitative inquiry and concludes that the prespecified intent of quantitative inquiry precludes consideration of "the gray, the murky, the ragged and the amorphous" (1987, p. 4). In this effort to remove the lenses of previous theoretical presuppositions, what might otherwise be recognized as "gray" since it is not clearly black or white, has a better chance of being perceived for exactly what it is rather than as what it is not quite.

The Subjects

Demographics

The clients ranged in age from 23 to 37. In terms of academic standing there were three undergraduates (one sophomore, two seniors) and two graduate students. Four
were single and one was married.

**Objective Assessment**

Scores on the Beck Depression Inventory (BDI) ranged from 15 to 37. The average score was 23; the mode was also 23. According to Hatzenbuehler, Parpal, and Mathews (1983) in a study addressing the classification of college students as depressed or nondepressed, the consistency of classification criteria is variable. Beck's original system for categorizing individuals' depression level based on their scores was as follows:

- 0-9 not depressed
- 10-15 mildly depressed
- 16-23 moderately depressed
- 24-63 severely depressed

In this study, the score of 15 was predetermined as a cut-off point. Additionally, subjects were asked to report symptoms they had felt over the past week (Beck, Rush, Shaw, & Emery, 1979) in an effort to mitigate the instability of scores often reported in the literature.

Items most strongly endorsed as areas of difficulty by these subjects prior to their participation in the group included numbers 4, 1, 3, 13, and 15. These statements are, in the order presented above:

4. I get as much satisfaction out of things as I used to.
   I don't enjoy things the way I used to.
   I don't get real satisfaction out of anything
anymore.  
I am dissatisfied or bored with everything.

1. I do not feel sad.  
I feel sad.  
I am sad all the time and I can't snap out of it.  
I am so sad or unhappy that I can't stand it.

3. I do not feel like a failure.  
I feel I have failed more than the average person.  
As I look back on my life, all I can see is a lot of failures.  
I feel I am a complete failure as a person.

13. I make decisions about as well as I ever could.  
I put off making decisions more than I used to.  
I have greater difficulty in making decisions than before.  
I can't make decisions at all anymore.

15. I can work about as well as before  
It takes an extra effort to get started at doing something.  
I have to push myself very hard to do anything.  
I can't do any work at all.

In summary, the impressionistic image of a participant in this group is someone who lacked enjoyment, felt sad, thought that she had failed, must push herself very hard to do anything, and experiences difficulty with decision making. The items on which participants noted the greatest amount of improvement included those referring to decreased feelings of guilt and self-blame, improved personal appearance, less difficulty with sleep patterns, and less concern about physical problems.
Subjective Assessment

What follows is a description of the group participants based upon information obtained during the intake assessments and screening interviews. The names of the participants and some of the personal data has been changed to protect their anonymity.

Lizette

Lizette has been in therapy for the majority of the last two academic years. The investigator was her second therapist and worked with Lizette for the fall semester 1986-1987, prior to her participation in the group. Lizette's presenting concern at intake had to do with an irrational sense of anger she experienced. By her account, this anger was often misdirected. Just prior to scheduling an evaluation session with the investigator she had become incensed with two little boys who had called her some unpleasant names. She found herself ready to strike them with her umbrella, felt frightened by her rage, and called to schedule an appointment to recommence therapy in an effort to understand this anger.

By the time the screening for the group had begun, Lizette had identified depression as a significant and chronic difficulty in her life. The oldest girl of two siblings, she often found herself responsible for the care of the family, since her mother worked outside of the
home. Lizette spoke with some resentment about doing all of the cooking and the cleaning for the family. "I was the wife" she says, "or at least the mother. My mother was just the 'workhorse'." Nevertheless, she also spoke with pride about her ability to have managed well, with so little emotional support. This pattern became a significant theme in her therapeutic work.

One of Lizette's fears about joining a therapy group was that she would become the care giver for the group. She was afraid that she would repeat this well-learned pattern of behavior of caring for others instead of herself, by assuming the role of co-therapist in the group. She would thereby fail to have her own issues addressed and explored. Another fear that she expressed was that if she did manage to talk about her own problems to the group, that she would become too vocal, too needy and too dominant. She felt that she would either talk too much or not at all, and would therefore forfeit the opportunity to learn an appropriate balance, which ideally could be transferred to her outside relationships.

Kathy

Kathy presented on intake speaking of her somewhat grandiose career ambitions and her continual difficulty in setting appropriate and reasonable goals. She talked about her fear that the only way to find meaning in life
would be to serve humanity by making a large scientific discovery or through some sort of comparable achievement. Kathy described herself as wanting to do things well. She was a doctoral student at the time of the intake evaluation. She was ambivalent about leaving her academic program because of her depression, and yet she also felt emotionally unable to continue. She had earlier maintained hopes of pursuing a career in medicine, which she had also given up, and about which she still felt some remorse. Just prior to the group's beginning she dropped out of her doctoral program. With this decision she reported improved spirits but ongoing concerns about her continued tendencies to become depressed.

Carla complained of recurrent depression which she held responsible for her troubled relationships. She felt as though she was a burden, particularly to her boyfriend, because of her extreme moodiness. She talked as though she felt guilty about being depressed, but also acknowledged that she felt no power to control it. She called it "the depression." In Carla's words, the depression comes and goes, but lately because of a number of specific situational factors, the depression seemed like it was chronic.

Over the course of the therapy group Carla identified
several powerful metaphors which dramatically illustrated her sense of her life circumstances. Carla said that she felt as though she was locked inside a mirror, and could only reflect back to people what they wanted. She had no feeling of a sense of herself as anything but a reflection of others. She talked about the group as a way to help her crack the mirror, and to get a look at the self that is hidden therein.

In another session Carla described herself as a hermit crab: a crab that uses a cast-off shell to protect its softer inner self. Over the course of the group, the observers, participants and co-therapists agreed that she seemed gradually able to show some of that softer self.

Sarah

Sarah came for an intake evaluation because of problems with her boyfriend. She felt that his drinking was excessive and that he was depressed. She was looking for ways to help him. At the time of the initial intake she acknowledged no particular difficulty with depression, herself, although she said that she was very unsatisfied and unhappy in this relationship. She was asked to consider participating in the group. It was suggested that she may, herself, have been feeling some depression. She was offered the Beck Depression Inventory as an aid to assessment. She expressed mild interest and said she would call
back if she were interested. She did return, again to discuss her boyfriend's difficulties, repeatedly minimizing emotional difficulties of her own.

When the group began to coalesce, she was called to assess her current interest in treatment. She came in for a screening interview and decided to participate.

Barbara

Barbara had been in treatment at the Counseling Center for almost two years. She said that her depressions came from no place and are very intense. When the group began she was also on a trial of anti-depressant medication. Her case notes revealed numerous therapeutic issues, including family and relationship concerns. Most outstanding was a distant and unacceptable relationship with her father. At the screening interview, however, Barbara was reticent to discuss any particular life events other than the persistent negative effects of her ongoing depressive difficulties.

The Sessions

What follows is a brief description of the therapy sessions that were observed by the paraprofessionals, including their analysis of the themes which emerged in the course of these particular sessions. The themes were selected as a synthesis of the paraprofessionals' written
observational material and discussed with them, as a group, following their observation of the video-tapes.

The First Session

Six dominant themes were identified by the observers as emerging in the first session. The themes were relationships, feelings about self-efficacy, negative self-fulfilling prophecies, family and gender roles, too much or too little power in relationships, and anger with self or other.

Relationship issues in this session dealt primarily with the significant others of the participants. Every participant but one mentioned her significant other as at least a part of the reason she was seeking treatment. The specific reasons varied. Two participants spoke about how depression negatively impacted their relationships. And both feared the potential loss of their relationships, should their depressions persist. A third participant spoke about how the depression of her significant other brought problems to her relationship and caused her dissatisfaction.

No participant mentioned a possibility that her depression could function as a means of keeping her significant relationships intact, although this idea did emerge some time later in the group.
Session Five

Themes identified in this session included issues of power and control in relationships. This time the power and control issues focused on the immediate relationships in the group rather than on the significant others outside of the group. When asked, after viewing this session, if they would delete any particular themes the observers decided to delete the theme of relationships with significant others.

A stimulus for the working phase of this session may have been the fact that a participant was absent. Much of the work of the group this session concerned the affect of her absence on the group. This resulted in significant interpersonal processing and insight for some members about typical relational styles, including competition for attention in the group, seeing one's own issues in the stories of someone else, negative views of the future, and using depression as a means of controlling others.

Session Ten

In this session the participants spoke predominantly about their feelings of hopelessness regarding solutions to their difficulties with depression. They began to view it as a chronic condition and as something with which they would have to learn to live. They also made statements like "nobody can help me with this" and "I must learn to
cope with this myself." They also talked about the change process as being very slow.

The working phase of this session concerned predominantly one member. Her focus was on the way her depression seemed to influence her relationship with her parents. Her conflicts about achievement were explored from this perspective. The interpretations offered were considered by the client only tentatively. But they also seemed to have some meaning for several other group members. In the follow-up meeting this participant identified this meeting as particularly helpful to her.

The Final Session

"The food in this place is terrible and they serve such small portions" (Woody Allen, taken from a scene in Annie Hall). This quote seems to capture the spirit of the final session. Most participants reported no change in their symptoms, or else stated that they had worsened over the course of therapy. Most expressed disappointment in what had been accomplished in the group, but also disappointment that the group was ending. The process notes that were compiled after the final session are included below. The notes were written after it was learned that the videotape equipment had malfunctioned, thereby leaving the investigator without a final session to evaluate. The tenth session had been audio-taped, so
the audio-tape was used instead, but the final session of this meeting was also important to consider for the purposes of the research; the final session was considered to be important because issues of termination and loss were thought to be of major significance to those suffering from depression.

The Themes

The themes identified as most significant in this study understandably and predictably varied according to the perspective of the observer. Prior to beginning the investigation, the co-therapists identified three particular themes which were anticipated to emerge throughout the course of the psychotherapy group. The themes were identified in a meeting designed to engage in a discussion about depression in women. The co-therapists each presented their current understandings and perspectives. The discussion was summarized by the identification of the following three themes:

1. The habit of assuming responsibility for nurture in relationships at a persistent cost to the self.

2. Moral issues and feelings of guilt about various relationships.

3. The tendency to doubt the accuracy of ones perceptions, as for example by assuming that seeing the world through a "depressive screen" is distorting.
After viewing the first session of the therapy group, the paraprofessionals identified six different themes. These themes were:

1. Relationship concerns
2. Feelings about and beliefs in a limited sense of self-efficacy
3. Feelings of hopelessness and self-fulfilling prophesies
4. Unsatisfactory family and gender roles
5. Too much or too little power in relationships
6. Anger with self or other

Over the course of the group, the paraprofessionals deleted one theme, relationship concerns. What this might mean, in terms of the study will be explored shortly. They also added two more themes which were:

7. Inability to communicate directly, or seeing one's own issues only through the "stories" of someone else.
8. Using depression as a means to control the behaviors of others.

The subjects, at follow-up meetings held two weeks, and two months after the group ended, identified five dominant themes. The subjects were given the same instructions as were the paraprofessional observers. They were asked to think of themselves as observers of the group process, and to consider, retrospectively, what had been the dominant themes in the group.
Only three of the five subjects were available for the follow-up meetings. There were two separate meetings to accommodate scheduling conflicts. The first meeting included Sarah and Kathy and the two co-therapists. The second meeting was between Lizette and the two co-therapists. Of the two subjects who weren't included in the follow-up, one moved away for the summer and one began a full-time job precluding attendance at the prescheduled meeting times.

Some of these themes identified by the subjects overlapped with those identified by the observers. These themes were:

1. Unstable self-esteem
2. Feelings of helplessness
3. Boredom
4. Frustration
5. Quitting

Two year follow-up interviews could have yielded entirely different information. These comparisons and contrasts yield fertile ground for theory generation. They also point to specific directions for further exploration.

In the following section the comparisons and contrasts are presented. The work of the observers, the participants and the co-therapists has been condensed to encompass five particular themes which are addressed.
below. These five themes were chosen as a synthesis of the work of the paraprofessionals, the co-therapists and the clients. There is a subjective flavor to the choices, as necessitated by the research design. Again, this subjectivity is regarded as a strength, as well as a limitation of the study. The themes identified at the various stages of this project were outlined on the following page. Then a discussion of the five themes chosen as a synthesis was presented.

Overview and Synthesis of Themes

Co-Therapists

Assuming too much responsibility in relationships
Guilt
Doubting the accuracy of one’s perceptions

Observers

Phase 1:

Relationship concerns
Limited sense of self-efficacy
Hopelessness
Power, too little or too much
Family and gender roles
Anger

Phase 2:

Limited self-efficacy
Hopelessness
Power, too little or too much
Family and gender roles
Anger
Projection
Manipulation

Phase 3:
Hopelessness
Power, too little or too much
Family and gender roles

Participants
Unstable self-esteem
Helplessness
Boredom
Quitting

Synthesis
Relationships and Guilt (Co-therapists, Observers)
Power and Competition (Observers)
Anger (Observers)
Self-Esteem (Participants)
Quitting (Participants)

Relationships and Guilt

Relationship issues were clearly addressed through all phases of the study, from the assessment interviews through the follow-up interviews. The paraprofessional observers, however, saw relationship issues as less
significant as the therapy group progressed. In other words, in the initial meeting the participants all commented on their primary relationships in describing their feelings of depression. They talked about how these relationships related to or were affected by their depression, although not necessarily in a causal manner. Many studies about depression refer to the importance of a primary significant relationship as a protection against depression. (Belle, 1982; Brown & Harris, 1978).

In Weissman and Paykel's classic study of the depressed woman (1974) it is reported that when the relationships were disturbed by depression, the depressed women withdrew, decreasing communication. They also felt resentment and guilt about this process (Klerman, Weissman, Rounsaville, & Chevron, 1984).

According to Klerman and colleagues:

Marital relationships became the arena for friction, poor communication, and dependency, as well as diminished sexual satisfaction. Typically, the depressed woman feels a loss of affection toward her husband, mixed with guilt and resentment. Communication is poor and hostility overt. Although she is submissive and dependent, and overly domineering behavior is absent, the depressed woman may exercise covert control through her symptoms and decrease in sexual activity. (p. 65)

They also distinguish between good and bad relationships by the way the depression is managed in the relationship.

In good marriages the women withdraw from the spouse in an effort to protect him from the
effects of depression, and the husbands in turn are more protective toward them. On the other hand, depressed patients with poor marriages blame the spouse for their depression, and the marital conflict is intimately involved with the patient's symptoms. (p. 66)

In this study, although only one participant was married, all were involved in significant relationships, and talked about those relationships and how they related to their depression. One participant saw her depression as caused by her poor relationship. The four other participants expressed guilt and concern about how their depressive symptoms were negatively impacting their primary relationships. They spoke about their fears of eventually driving their significant others away due to the persistence of their symptoms. During the course of the group, two participants actually did experience the terminations of their primary relationships.

Anger

Anger was identified as a significant theme by both the observers and the participants. Lizette spoke of anger in her initial interview. Many theories of depression address anger as related to depression (Abraham, 1911; Freud, 1917). In a sample of 2,616 female students from 1983-1986, with depression as a primary presenting concern, at the Counseling Center of the University of Illinois at Champaign-Urbana (Okowa & Twohey, 1987) anger was one of the four most significant correlates of
depression. The other three were anxiety, loneliness, and low self esteem. The correlations were as follows:

- Anxiety: .5025
- Loneliness: .4670
- Low self-esteem: .4577
- Anger: .4008

In follow-up interviews with the participants of the present study, the investigator asked specifically about how the participants understood the role of anger in their depression.

Sometimes it's just kind of an ongoing problem, it's almost like I would imagine Carla feels around her parents, as some kind of a kid having to deal with these rules put on, or laid on by somebody else, that sometimes are, but sometimes are not very helpful, and sometimes are, and sometimes aren't very rational, and sometimes are, and sometimes are not followed by the very people who put them on. So there is anger like that, and depression, too.

At another time she said, "it's kind of the way I've been relating to things for a long time".

Another participant said

Well, just relating to the most recent depression, I was feeling a lot of anger at times, too... just a concomitant to depression was the anger. I don't know what kind of a causal relationship there may or may not have been. For the reasons that you're saying, being directed at the school, about things that I was being asked to do and didn't want to do, and things like that.

Weissman and Paykel (1974) found that hostility increased during the acute depressive episode. But they reported only a small decrease after recovery, so that the
recovered depressed woman still seemed to display more hostility than her non-depressed counterpart.

This finding supports the theoretical concepts of Fairbairn (1941) who talks about the difference between basically schizoid and depressive states, and their relationship to loving and hating relationships. According to Fairbairn, traumas in object relations occurring in the early oral phase result in schizoid tendencies which are characterized by reactions to the idea that the child is not loved because his/her own love is bad and destructive. Depressive reactions, on the other hand, are about not being loved because of one's hate being bad and destructive. These traumas are thought to occur during the late oral phase of development. According to Fairbairn, "In the last instance the degree of regression must depend upon whether the chief problem of the individual lies in the disposal of his love or in the disposal of his hate" (p. 101). Klerman et al. (1984) contended that

Clearly, formulations which relate depression to an internalization of hostility and an inability to externalize must be revised. Of course, the classical psychoanalytic formulations suggest something more complex than simply "depression equals anger turned inward": they do not point to a direct inhibition of external hostility but to an increase of hostility directed inward on an introjected object. (p. 69)

Weissman and Paykel (1974) note two areas of impairment for recovering depressives. These are the inability to communicate freely, directly and appropriately with the
family and friends, often combined with pathological communication of hostility and resentment. They suggest that persistent inability to communicate directly may contribute to hostility and friction, ultimately creating interpersonal distress that frequently precedes a depressive episode.

The most pronounced evidence of this pattern occurred at Session 5 of this study. One of the participants was late for the meeting, and the others took this opportunity to explore the effects of her absence on the functioning of the group. A positive effect was noted, and subsequent feelings of anger, competitiveness and frustration with the absent participant were discussed. Although the participants wished to discuss this information with the tardy participant, and even suggested asking her to review the video-tape of the session, when she did arrive, no effort was made to communicate the situation to her. From the perspective of the investigator, this example illustrates the dynamics discussed by Klerman and colleagues, above. And, according to Fairbairn (1941),

the depressive individual readily establishes libidinal contacts with others; [as indicated in this study by the manifest good will between participants] and, if his libidinal contacts are satisfactory to him, his progress through life may appear fairly smooth. Nevertheless the inner situation is always present; and it is readily reactivated if his libidinal relationships become disturbed [as when the participant was absent]. Any such disturbance immediately calls into operating the hating element in his ambivalent attitude; and when his hate becomes

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directed towards the internalized object, a depressive reaction supervenes. (p. 96)

The question remains, however, as to what precipitates the turning inward of the hatred. Why would a woman hate herself rather than directing this anger toward an external stimulus? Perhaps the answers are idiosyncratic, but in this group several possibilities emerged.

One answer, highly theoretical, but for which limited empirical support has been found in this study, is described below. These comments are made bearing in mind the limitations of the research. Empirical statements about the findings of this study are made tentatively. In other words, these statements are about these five women, and cannot be generalized to all women.

The comments illustrate the concept of poor self/other differentiation. It may be that persons who are depression prone become confused about the sources and the targets of their aggressive and/or other drive related impulses. This is an explanation that would be consistent with object relations theory, and in the same manner as one might understand the origins of sexual impulses. As is more easily imagined with sexual impulses, both anger and aggression might also be conceptualized as interactive phenomena.

Consider an example which emerged in the group regarding sexual impulses. Two of the group participants,
in particular, spoke about their past sexual relationships. They described these relationships in terms of deep feelings of guilt and shame. In both instances these women experienced guilt about their behavior, shame about their sexual impulses, but also anger about their partners' behaviors and demands. Often times it was confusing to sort out the origins of the affects. Was it his desires or hers that precipitated the relationships? And what maintained them? If maintaining the relationships engendered anger, toward whom should it be directed if the desire to maintain the relationships were mutual? Sorting out such issues became the focus of the group, for some of the participants.

Sexual and aggressive impulses may be equally confusing to explain in terms of their origins and aims. It is possible to explain the same behavioral manifestations described above, difficulties with self/other differentiation, as a relational style occurring initially during the separation/individuation phase of development. Some theories maintain that the way to resolve these later difficulties, i.e. a tendency toward depression, would be to regress to the earliest trauma and then to rework it. Reworking means uncovering the unconscious motives for hostility, frustration, and/or aggression, and relating them to earlier developmental losses. In A. Miller's words (1981) it's a matter of accepting the fact that the
most significant loss has already occurred and cannot be replaced.

Others would look for contemporary manifestations of the problem to resolve. They focus on contemporary loss, or as Jack (1984) describes, contemporary friction in relationships. Jack points out that epidemiological studies show that it is men who experience depression as a response to loss. She posits that women may be more prone to depression as a result of stresses within a relationship.

How one conceptualizes the difficulty, thus, has a significant effect, on approach to treatment. This issue will be explored further in the conclusion of this work.

The issue addressed here has to do with the hypothesized propensity of the depressed woman to turn her anger inward. One consequence of this pattern could be the chronic stress in relationships. Inability to distinguish between self and other is one possible explanation for the phenomena. Slipp (1981) elaborates this theory. He talks about the depressives' inability to openly express rage for fear of being abandoned. Abandonment is perceived to threaten the individual's survival. This is because self and other are indistinguishable, so loss of other also necessitates a loss of self. If the anger is not perceived, however, it can be intrapsychically released through the process of self-punishment.
Another technique, referred to by Slipp (1981) for the disposal of anger, is described from an interpersonal perspective. The individual can induce others to act out an oppositional type of symbiosis, what Slipp calls an "alloplastic manoeuvre" (p. 376) involving projective identification. Either way, the experience of anger is not perceived, but possibly for different reasons than developmental failure during the separation/individuation phase of development.

A related explanation of women's inability to experience anger is offered by J. B. Miller. J. B. Miller (1976) addresses the issue of dominance and subordinance in relationships. She states that a frequent consequence of inequality in relationships is that people in positions of subordinance know more about the experience of dominants, than vice versa. Subordinates who are more astutely aware of others than themselves, often question the accuracy of their own self-perceptions, especially if they differ repeatedly from the norm. Further, subordinates tend to avoid open conflict with dominants both because of this lack of confidence about their perceptions, and also for purposes of survival. For depressed women it may be that poor self/other differentiation, or not knowing one's own feelings, is an important survival tactic, rather than a manifestation of an earlier developmental failure.
**Power and Competition**

The role of anger in depression is often related to conflict about power. In this study, the working phase of the fifth session involved issues of power and competition in the group. The absent subject was accused of holding all of the power in the group. Her absence was thus in some ways enjoyed by those who most resented the attention she had received. A discussion about competing for time and attention in the group ensued. This discussion could be related to a concept developed by Modell (1971).

Modell (1971) introduced the concept of pre-oedipal guilt and described what it means for a psychoanalytic theory of affect. Because this guilt occurs pre-oedipally, it differs from traditional psychoanalytic theory which bases understanding of depression on concepts relating to identifications made with same gendered parents as a resolution to the oedipal conflict. Although Modell doesn't question developmental theory from the perspective of contemporary feminism, his conclusions are consistent with feminist reconceptualizations because of his focus on pre-oedipal material.

Modell (1971) thinks this early form of guilt may serve the survival needs of groups or societies rather than individuals. He traces the development of this guilt to primitive societies. He talks about the altruistic impulse to share food in times of limited food supply, and

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relates it to the promotion of the survival of the group. According to his theory, the impulse to share food contributes to the survival of the species rather than to the survival of the stronger and greedier individuals. Evolution, thus, may favor the "guilty" instead of the strong, owing to the greater survival value of maintaining a group. Groups weather challenge better than strong but isolated individuals. According to Modell, this pre-oedipal, unconscious, inherited form of guilt, is something like a belief that says "if one has something good, it is at the expense of somebody else who is deprived" (p. 342).

This discussion concerns the survival of the group versus the individual and its psychological consequences. Modell believes that disruptions in group ties lead to a deep sense of guilt, such that guilt then functions as a guard against the dissolution of groups.

These ideas can be productively applied to considerations about the survival of a psychotherapy group. The survival of this therapy group was an issue that emerged over the 11 week course of the investigation. Survival of the group could be conceptualized as the survival of the self for these five women, through their identification with the group. In the fifth meeting several individuals spoke of wanting more time and attention from the group, but these desires were often pushed aside, toward the
greater perceived good of maintaining the group's existence. In fact, failure to confront the participants who seemed to take more than their share of time and attention in the group could be conceptualized as an effort to keep these members in the group, thereby assuring its continued existence, rather than as a failure to perceive and communicate anger directly and assertively.

Modell (1971) talks about the unconscious belief that often becomes uncovered throughout the course of analytic work. It is the belief that if one person achieves something, i.e. love or attention from the group, it must be at a cost to someone else. Modell traces this belief to the concept of pre-oedipal guilt as described above. Perhaps when the belief originated (i.e., is it oedipal or pre-oedipal) is not as important, as uncovering it, although his focus on the pre-oedipal period lends support to the idea that superego development could occur before resolution of the oedipal complex. According to Modell (1971), guilt develops prior to the formation of the superego.

The development of the superego may differ for men and women in terms of timing. Women's superegos may develop more often pre-oedipally. This process may be related to times of limited food supply, when one person's nurturance actually was at a cost to another. "In fact, women may have a susceptibility to survivor guilt owing to
greater identification with mother, who, traditionally, is
the supplier of food . . . the regulator of the nourish-
ment. The little girl watches her mother prepare and
serve food, and by identifying with her, develops a (rela-
tively) precocious sense of responsibility for the welfare
of others (superego)." (Hager, personal communication).
Uncovering such a belief in therapy can have therapeutic
benefit.

A related theme may have emerged around the termina-
tion period of this group. Several participants wished to
continue therapy, but all had different ways of approach-
ing the group leaders about this request. Some assumed
that their perceived position of favor with one or the
other of the leaders put someone else at disadvantage.
Others assumed that their position of disfavor would
automatically exclude them from receiving further ser-
vices. Exposing these belief systems and working through
their individual decisions about termination proved to be
therapeutically productive.

Self-Esteem

I always have this image. It's like a pyramid
or something. This is like my image of myself.
It's a positive thing. I'm all the way at the
top and then you just do the slightest thing and
the whole foundation comes out from under, and
I'm way at the bottom. And I have to kind of
build it up again . . . I don't have low self-
esteeem, I simply have very unstable self-esteem
(quote from group participant, taken from trans-
cription of the follow-up meeting held on
Many theorists discuss the relationship of low self-esteem to depression (Beck, 1967; Bibring, 1953; Freud, 1917). But, the concept of unstable self-esteem is a novel conceptualization that opens new territory in terms of understanding depression.

Bibring's ideas on self esteem (1953) provide a context for discussion, of Kathy's concept of "unstable self-esteem". The implications of his theory are that:

1. The development of the ego requires the presence of adequate stimuli, in this case love of objects; when such stimuli are consistently absent a primitive ego state comes into existence, the later reactivation of which is the state of depression.

2. Normal development lowers the intensity of this ego state and its potentiality for reactivation, and limits its reactivation to those reality situations to which grief and sadness are appropriate reactions.

3. Recurrent absence of adequate stimuli in the course of development works against the lowering of the intensity of this ego state and increases the likelihood of its being reactivated, that is to say, establishes a predisposition to depression. (Rappaport, 1985, p. 79)

What Bibring has done, here, per Rappaport (1985) is modified traditional understandings of depression in a manner similar to Freud's reformulation of his theory of anxiety (1926). According to Freud's initial theory, anxiety was thought to be caused by repression (1921). But in Freud's later works anxiety signaled the ego to initiate the process of repression. In other words the
sequence was reversed from repression then anxiety to anxiety then repression.

Bibring does the same thing with his concepts of helplessness, aggression and self-esteem. Rather than first assuming that there is an over-abundance of aggression which is turned upon the self, resulting in lowered self-esteem and subsequent helplessness, he considers the opposite of this sequence. According to Bibring, it is the ego's awareness of it's own helplessness which triggers feelings of lowered self-esteem. Actually, the terminology Bibring employs highlights the ego's awareness of it's decrease in self reliance. All of this about decrease in self-reliance points to the importance of love objects and/or narcissistic supplies in the development of the individual.

Bibring is also one of the few theorists to discuss the role of boredom in the ontogenesis of depression. Kathy, one of the subjects of this study, also spoke about boredom as it relates to her feelings of depression. When asked to identify the two most important aspects of her depressive difficulties she pointed to unstable self-esteem (described in quote above). A few minutes later she added, "Something else that I think leads to mild depressions in me is boredom. I don't think that came up at all in our discussions."

Bibring (1953) also compares depression and boredom.
The link that he finds is the lack of external supplies. Lack of narcissistic supplies is responsible for the structuralization of that primitive state of helplessness, and according to Bibring (cited by Rappaport, 1986) the reactivation of this state constitutes the essence of depression.

This theory corresponds well to Kathy's presenting concerns. Initially, she spoke about wanting to be a physician or a scientist such that she could make a great discovery and/or contribution to the world. Bibring (1953) talks about the conflicts in a patients' ego between excessively high aspirations and the awareness of its helplessness to live up to these standards. This sounds exactly like the description Kathy gives of finding herself "feeling backed against the wall." According to Bibring, the depressive's typical reaction to frustration is helplessness stemming from repeated experiences of helplessness in childhood.

Quitting

Therapist: If you had to look back and identify what you thought were the most significant themes of the group, what would you say?

Client: It's hard to say now. (pause) Probably the thing about quitting.

Therapist: Well, how would you phrase that? We've talked about it already today, so I kind of know what you mean, but as a theme . . .

Client: Well, we talked a lot about the quitting we
had to do. Three or four of us, over the course of our life and how we had looked at it as a failure, but through the group process we looked at it as a way of still being able to fight, gaining strength.

Quitting can be related to the theme of loss. Loss has been repeatedly discussed in relationship to depression. Loss may have different meanings, developmentally, for women than for men. According to the self-in-relation theorists, women grow and develop within the context of relationships rather than apart from them (Surrey, 1985).

This growth in and through relationship, is related to the process of identification. Identification has been explored as a developmental achievement for women, reflecting this tendency of women to mature within the context of relationships.

In a study addressing depression, psychological separation, college adjustment, and gender differences, Lopez, Campbell, and Watkins (1986) found that college aged men were significantly more independent of parents than were women. They also discovered that significant negative correlations between psychological separation and both depression and college adjustment existed only for women. "Perhaps a key to understanding the observed male-female differences lies in greater clarification of the nature and role of conflictual independence" (Lopez et al., 1986, p. 55).

"Conflictual independence" is a subscale of the
Psychological Separation Inventory (PSI) (Hoffman, 1984). It measures the degree to which subjects report freedom from excessive guilt, mistrust, resentment, and anger in relation to parents.

But Lopez et al. (1986) further report that separation from the same-sex parent may be more closely related to satisfactory adjustment than is separation from the opposite-sex parent. Adjustment, however, was not used synonymously with lack of depression in this study. The findings also indicate that more depressed women reported angry and conflictual relationships with their fathers, although it could be argued that this, in fact, denotes less separation (Hager, personal communication, September, 1987). In summary, they expected to find that increased separation from parents would result in increased adjustment and decreased depression. Although their anticipated findings were true for male subjects, they were not for women. This study supports the thinking of the 'self-in-relation' theorists, and the hypothesis that women may grow up differently than men. At any rate, it is the way that women deal with separation, ending or quitting that constitutes the difference. This theme emerged repeatedly in the group.

Therapist: The group seemed to give permission for you to quit things. I'm not sure where the idea that you couldn't quit things came from, society or in your head, or somewhere, but it seems not OK to quit things...
Client: But that's the hard part. How do you survive without that? How do you recreate that in your daily living? That's the limitation of the group. You can't take them home with you for the rest of your life. Unless you somehow can. I don't know. Maybe they are still in there with me.
CHAPTER IV

CONCLUSIONS AND RECOMMENDATIONS

Discussion

The purpose of this study was to generate questions about women and depression. The questions that emerged had to do with psychoanalytic theory (which underlies much of the subsequent thinking about depression) and women's psychological development. Depression, according to these theories, implies "turning unmastered aggression against the self after identifying with devalued and aggressed objects" (Haynal, 1985. p. 16). Depression, according to traditional psychoanalytic theory, results from the activity of an extra harsh superego, or from over-identification with a lost, but highly cathexed person. In order to make up for the loss, the individual experiences a lasting need to become like that person (Brenner, 1955).

Such theories may explain depression in men more adequately than they explain depression in women. It is also this process of identification, which for males, forms the basis of the superego, and which leads ultimately to healthy psychological functioning. If the loss, for which the process of identification is working to recover, has to do with the mother, for example, the

101
process probably works very differently for males and females.

The most puzzling issue regarding women and depression is that according to traditional theory, the development of the superego is less clearly defined for women than it is for men. Some of the confusion in theory occurs, then, because of the contradiction between understanding depression as the result of an overly harsh superego or excessive guilt, but yet as experienced also most frequently by women, whose superego's are supposedly less developed. Women's superegos are presumably less developed because the resolution of the oedipal conflict, for women, involves less guilt. According to the theory, it involves less guilt because women don't fear castration. Freud assumed that women think of themselves as already castrated. Women, don't need, then, to "identify with the aggressor" to absolve themselves of guilt regarding their oedipal desires. Thus, from a developmental perspective, women are generally less likely to identify with their like-gendered parent.

According to Freud's (1931) original structural/drive model of development, the superego is thought to be formed through the process of identification as a result of the resolution of the oedipal conflict. It was the loss of mother as a love object that was resolved. This is only one in a series of separations from the mother which the
male child has experienced and survived. His pre-oedipal separation was the first.

But women resolve their oedipal dilemmas differently. If the process were parallel, women would identify with mother to ward off sexual feelings toward their fathers. But to do so also evokes fears of regressing to an earlier developmental level, since for women the object of identification is the same as the object with whom they have differentiated, pre-oedipally. It may be that it is the mother who Haynal (1985) described above as the "devalued and aggressed object." Identification with this object understandably sets the stage for depressive difficulties.

Theorists like Klein (1926) and Modell (1971), who think that superego development occurs earlier developmentally than traditional theory maintains, resolve the apparent contradiction between women's proclivity toward affective disorder and their weaker superegos. Modell's (1971) concept of pre-oedipal guilt allows for the concept of guilt to maintain relevance for theories of women and depression. Given the female's longer and more important pre-oedipal phase of development (Freud 1931), if guilt could conceptually occur pre-oedipally, then there is no necessary contradiction.

The difference in the identification process for men and for women may explain something about the difference males and females experience in terms of the fluidity of
their ego boundaries. More fluid ego boundaries are characteristic of women in general (Chodorow, 1978) and particularly of women who are depressed (Slipp, 1981). Revised theories of women's development may also explain women's tendency to experience affective disorders (Kaplan, 1984).

Women, then, theoretically would experience more ambivalence in close relationships. It has to do with their need to both identify with as well as to differentiate from their object of earliest attachment. The fact that this object is devalued increases the ambivalence about identification. Ambivalence is a hallmark of depression (Abraham, 1911; Klein, 1921). Many of the symptoms of depression are related to this phenomenon. The Beck Depression Inventory, for example, asks a question about decision making and inability to decide constitutes a symptom of depression.

These issues are all related to, or could be conceptualized as related to, the fluidity of ego boundaries experienced by women. Is it him or is it me? Is it anger with self or other? If firm ego boundaries are the hallmark of maturation, and act as guards against depression, then women, according to traditional theory, are very much at risk, for ongoing difficulties with this disorder.

Treatment, for depressed women, thus, may focus more often than for men on pre-oedipal as opposed to oedipal
concerns. Such a focus doesn't necessarily imply greater pathology, as is traditionally understood, given the earlier nature of the trauma. This is because the trauma, for women, is actually the normal process of development.

Womens' Groups and Depression

In this study, many of the issues discussed above were observed through the process of group therapy. Before going further, however, an explanation is provided about the decision to investigate a womans group, in particular, as a treatment for depression.

If depression is understood as the consequence of difficulties with identification and superego formation, then group therapy is the most direct way to resolve this dilemma for the reasons described below.

It was Freud's (1972) opinion that identification is the basic mechanism operating in the formation of groups. Members identify with the leader who they view as a parental surrogate, and they relate to one another through their common ties to this leader. In a therapy group, the necessity of sharing the leader leads to inevitable frustration of unconscious wishes (wishes like meeting all of ones dependency needs, sexual needs, and needs for protection, etc.). Tension, due to the persistence of these unconscious or vaguely pre-conscious wishes, and their continual frustration, is what motivates the members of
the group to form ties with each other (Anthony, 1972). Rather than regressive, however, this mutual identification process can be considered to be in the service of the ego (Stein, 1982). It is less ambivalent than the regression that is experienced in analytically oriented individual therapy. The mutual identifications immediately serve constructive purposes for the group members by "protecting them" in a sense, from their ultimately frustrating experience with the leaders. The group, according to Scheidlinger (1968) offers a "non-conflictual need gratifying relationship with a mother-type figure", which is especially important considering the understanding of depressive difficulties that has been discussed in this work. Modell (1971) states "It would seem probable that the formation of the superego that serves to bind guilt may require that there has been 'good enough' identification with the pre-oedipal mother" (p. 344).

In this study it was the group, rather than the co-therapists, that was conceptualized, transferentially, as the pre-oedipal mother. It was the participants' process of forming identifications with each other, rather than with the group leaders, that was observed over the course of the therapy group. It is best described in the words of one of the participants in the portion of a transcript described below. The participant is noted as "L," whereas "Th 1" and "Th 2" are the co-therapists. The
primary investigator had just suggested to "L" that perhaps the videotaping and the fact that this group was conducted as a dissertation study may have negatively impacted her therapy experience.

L: Yeah.

Th 1: So that was always there. And did you feel others felt that way? That the five of you kind of communicated that?

L: Yeah, definitely.

Th 1: So there was a part accepting it fine, but there was a part in us that was subjecting the group, using the group, and you were collaborating in that. . . . I don't know if you were very aware of that during the group, did that distance you from us in some way?

L: Hmm. I don't know.

Th 1: It brought you closer to the rest of the group members in some way.

L: Yes, I think probably it did. I think I learned really to focus on the people who were in the group rather than on Denise.

Th 1: So we were out of the group.

L: Yes, definitely. I never considered you two as part of the group.

Later, in the same interview . . .

Th 2: Well, maybe in some ways you joined the group more for me than for you.

L: What do you mean by that?

Th 2: Well, that you kind of did me a favor to participate in this group, in a way. Yeah, you wanted or you were curious, you were depressed and you wanted help, you thought it might help you, but those weren't the major factors. Maybe our relationship was the more significant . . .
L: Yeah, and it became really insignificant in the group.

Th 1: I'm wondering, did that feel . . .

L: Well, it's a theme that I have in my life right now. It's like having friends, or having relationships and then somehow socially they get turned around to where I am no longer friends with a particular individual, anymore.

Th 1: So in a way, it never became the same again, after the group, your relationship.

L: Well, I don't think so, no.

Th 1: So you gained something, but you lost that part of the relationship with Denise.

L: But I keep, well, yeah, I think I've been trying to get some of that back. Like I come in here and I say that I've lost these friends because of social reasons or whatever, so I have come back here to ask for help.

To summarize, revised views of women's psychological development have important consequences for theories about and treatment of women who experience depression. According to Boegman (1986)

relatedness is a crucial issue in depression from the intra-psychic arena to the socio-political. Loss of relationship has most often been named as the precipitant of depression from Freud's "Mourning and Melancholia" to the present. . . . People who grieve over or rebel against their losses, personal or social, have been labeled excessively dependent, manipulative, coercive, enraged, etc. as if such losses should be accepted with equanimity. . . . Independence, autonomy and self-reliance are the expected outcomes of normative development, regardless of which etiological theory of depression one examines. And in each of these theories, the individual is considered either in isolation or only tenuously connected to a limited and fixed social context. (p. 30)
Jacobson (1971) comments that even in normal individuals, the stability of the self image remains dependent upon one's environment, and being able to identify with a current group or individual, not just past objects. Slipp (1981) refers to Jacobson's description of female inmates arriving at a Nazi jail. The dehumanizing circumstances they encountered there undermined their former identifications upon which their self images were based. This lead to a sense of depersonalization which was finally resolved by the establishment of a group by inmates. The group prevented degradation of their self images by providing another reference group for identification.

Many writers comment on the difference between Jacobson's clinical and theoretical works. Her theories are often described as complex and difficult to understand (Tuttman, Kaye, & Zimmerman, 1981). As a clinician, however, she is reputed to be sensitive, caring and highly skilled (Greenberg & Mitchell, 1983; Slipp, 1981). In her clinical presentations Jacobson fully recognized the importance of current, ongoing object relations or the importance of the effect of one individual upon another. But in her theoretical work, she emphasized intrapsychic factors, affects and fantasies. Her strength is that she views the intra-psychic and the interpersonal determinants as interactive and interdependent (Slipp, 1981).

Greenberg and Mitchell (1983) describe this same
paradox regarding Jacobson’s work. They point to her loyalty to analytic theory regarding her understanding that interpretation is the primary curative factor in analysis. Her case presentations, however, often include unanalyzed positive transference material which she used to help the patient grow without interpreting. An example given is about a client who used writing a book as a way to identify with Jacobson during her vacation. Rather than interpreting this activity as a defense against feelings of loss and/or abandonment Jacobson actively encouraged the activity and “won him back through participation in the project” (cited by Greeberg & Mitchell, p. 324).

Jacobson’s understanding of aggression is that it always occurs in relation to a significant object. The ego’s way of handling aggression in depression is aimed at preserving object relations (Slipp, 1981). She does believe that

if disappointments are harsh and early, occurring before the consolidation, differentiation, and instinctual investment of the self and object representation, the aggressive devaluation of the object will include a corresponding devaluation of the as yet undifferentiated self. (Greenberg & Mitchell, 1984, p. 310)

Per Slipp (1981), Jacobson (1946) differs from Klein in understanding these disappointments to be based on actual experience.

To summarize, this therapy group, if conceptualized
transferentially as a pre-oedipal mother, unintentionally frustrated its participants. The frustration may have been related to unconscious wishes, but may also have been reality based. Addressing of this gentle paradox is demonstrated nicely in the following excerpt taken from a follow-up meeting with one of the participants, held on July 9, 1987. She was speaking with a group participant about the perceived level of safety in the group. The therapist responds to "L:"

Therapist: Well, my sense is that you are not to be blamed, that it was a process and you just didn't feel safe at that time. I can understand that. And I'm sure that some of that came from messages that you got from us that may be difficult for you to identify. You perceived us doing something. I'm not sure which way it was, but that's not . . . that's how it felt to you.

During this interview the co-therapists were addressing the movement from the perceived lack of safety to the gradual trust that developed in the group. This is different than the movement some group therapists describe from mutual identification to differentiation (Stein, 1982). It may be based on a different developmental theory (J. B. Miller, 1984, 1986; Stern, 1985). Alternatively, the ambivalence about the identification process experienced in this group may be a reflection of the differences in development between men and women.

The point is that the participant's ability to use the therapy group increased very gradually over time.
This experience was different than a pattern of mutual identification (or symbiosis) followed by differentiation and integration, which is more often described as a pattern of group development. Winnicott's (1969) concept of object usage is elucidating in relationship to this particular group experience. He talks about the sequence from relating to use (which may be similar to symbiosis, differentiation, and integration, but which nevertheless more adequately reflects the experience of this group).

Winnicott says that in the process of learning to use the object the object is destroyed. It is this destruction that phenomenologically creates the object.

In the sequence one can say that first there is object-relating, then in the end there is object-use; in between, however, is the most difficult thing, perhaps, in human development; or, the most irksome of all the early failures that come for mending. This thing that there is in between relating and use is the subject's placing of the object outside the area of the subject's perception of the object as an external phenomenon, not as a projective entity, in fact recognition of it as an entity in its own right. (Winnicott, 1969, p. 713)

Winnicott, thus, offered one explanation of what happened in this psychotherapy group. The participants often complained about the failure of the group experience. Their statements could be conceptualized as an attempt to destroy the leaders or the group. According to Winnicott, it is the survival of the object (represented in analytic treatment by a consistent, non-retaliative or non-interpretive stance toward the client) that
actually, phenomenologically, places the object outside of the omnipotent control of the client—and thus, psychologically creates the object.

Winnicott used the metaphor of the breast and talked about an infant feeding on his own projections versus feeding on the mother's milk. One is nourishing, the other isn't. It is the infant's ability to create the object, in a sense, to put it outside of it's own omnipotent control that allows for nourishment. As the leaders survived the attacks, and as the research was completed, in spite of the groups' "destructiveness," the members were finally, then, able to take nourishment from their experience. To refer again to the words of a participant

How do you recreate that in your daily living? That's the limitation of the group. You can't take them home with you for the rest of your life. Unless you somehow can. I don't know. Maybe they are still in there with me.

Conclusions

The conclusions drawn, as a result of this investigation, can be summarized in the following three statements:

1. Women tend to grow and to develop within the context of relationships rather than apart from them.

2. Depression prone individuals see the world quite accurately.

3. Treatment efforts designed to encourage women to trust their own perceptions are useful in working with
depression.

The major thesis of this work is based upon the first statement made above. As Gilligan (1982) and Miller (1976) suggest, women maintain strong attachments to relationships throughout the course of their development. This idea can be traced to Freud's original but admittedly incomplete ideas about women's development, whereby he discussed the phenomena of simultaneous object cathexis and identification (1923). In other words, growth and development for women, doesn't necessarily imply separation. Depression is sometimes conceptualized as an internal revolt against the pain of loss, generally understood developmentally as the loss of the maternal object. Revised understandings of women's psychological development (i.e. in accord with J. B. Miller's statements that women do not experience the "cutting off of anything, especially relationships," [1984, p. 7]) throughout the course of their development allows depression in women to be reinterpreted. Rather than a revolt against the pain of loss, depression may be reconceptualized as an attempt to restore relationship, a healthy phenomena (Jack, 1984).

The second conclusion about women and depression developed in this study is related to the first. The importance of relationships in the lives of women has traditionally been conceptualized as a failure in the separation/individuation phase of development. This theory
leads to psychotherapeutic interventions designed to convince women of their confusion about the nature of reality because of inadequate or incomplete development. The theory maintains that inadequate early differentiation from the mother leads to later difficulty with self/other differentiation. Treatment that attempts to uncover such confusion is counterproductive with women. Rather than telling a woman she is mistaken about her thoughts, her feelings or her perceptions, greater therapeutic benefit may accrue from direct validation and support.

In this study several participants feared that their depression would negatively impact their primary relationships. Their fears were confirmed and two of the five participants actually experienced the end of these relationships during the course of the investigation. The participants were accurate in their perceptions of their life circumstances.

Depression prone individuals probably see the world more accurately, more often, than those who are not depressed. According to Coyne (1986) they have "a keener eye for truth" (p. 25). Treatment that focuses on helping depressed women face many of the realistic challenges and fears they have, rather than on trying to change their minds about the nature of reality, may prove to be especially effective. Immediate therapeutic gains based on such a treatment model, however, may not be quickly evident.
There is a certain comfort in coming to believe that one's negative thoughts and feelings about the self, the world, and the future are in error. Nevertheless, therapeutic benefit may be observed between a woman and her therapist, as she experiences being trusted and acknowledged in the accuracy of her perceptions, however discouraging these actual thoughts and feelings may be.

Another issue relating to theories which describe depression as a failure in the separation/individuation phase of development is ambivalence. Ambivalence was observed in this investigation in the participants' simultaneous need to both identify with yet separate from the co-therapists and each other. Most theories about group psychotherapy suggest that therapy groups move through predictable and sequential stages of development. These stages are usually described as mutual identification, followed by some type of conflict which leads finally to differentiation. In contrast to these theories, this investigator observed that the issue of mutual identification by the participants was an ongoing and conflictual concern. One of the participants commented after the seventh session of the group:

Well probably the thing that really made me see the group that way [finally, as a potential object of identification] was when I was not feeling well and I tried to get some help from a stranger. I was trying to talk to this nurse and she was telling me all of these things ... that had never come up in the group, except ... and then I realized that I should be at the
group, so I came running over, and I knew that these were the people who could help me through this particular situation best. I couldn't do it alone and I couldn't do it with a stranger, even if they were caring.

In other words, the initial stage of sharing symptoms and rejoicing in the curative factor of universality (Yalom, 1975) wasn't particularly evident in this group. Further, the co-therapists were seemingly never considered a part of the group.

Th 1: So we were out of the group?

L: Yes, definitely. I never considered you two as part of the group.

The co-therapists, therefore, did not become available as potential objects of identification to the participants over the course of the treatment group.

A possible explanation of the hesitancy observed in the formation and trust building stages of this group may have had to do with the ambivalence women experience about identification with other women. In support of this theory, one of the participants presented the investigator with a gift after the conclusion of the therapy group. The gift was a calendar called "Remarkable Women" and it may represent a belated awareness on her part regarding her former difficulty in valuing women and their potential for achievement.

The second, and perhaps more significant issue regarding ambivalence observed in the course of this investigation concerned the termination process. Difficultly
with termination is often related to depression and, again, with the separation/individuation phase of development. In this study, as mentioned earlier, different subjects had different expectations about what termination would mean. Would the therapy relationships be completely terminated at the conclusion of the group? Many short-term treatment models suggest that exploration of the termination process is the central work of therapy (Rubens, 1983). According to Rubens: "Any attempt to deny the finite character of life and relationships is anti-therapeutic. The prolongation of a therapy relationship becomes a denial of finiteness when it continues beyond the reason for its existence (p. 179).

Traditionally such ideas are based on models of development which imply that separation, independance and autonomy are the final goals of therapy. Efforts to maintain relationships, in contrast, have often been labelled pathological or representative of an inability to "let go." But according to Surrey (1985):

It is not through separation, but through more highly articulated and expanded relational experience that individual development takes place. For example, the adolescent does not necessarily want to 'separate' from her parents, but to change the form and content of the relationship in a way that affirms her own developmental changes and allows new relationships to develop and take priority. (p. 8)

It is noteworthy that three of the five participants of this group elected to continue in individual therapy at
the conclusion of the group. Their requests to maintain contact with the therapist after ending their therapeutic work was interpreted as a positive outcome of the therapy rather than as an inability to "say goodbye." Although Rubens (1983), in his discussion of time-limited psychotherapy asserts that "relationships can only be real when the possibility is acknowledged that they can and do end" (p. 179), he also states later that

The end that does come eventually is no less powerful for its having evolved naturally rather than as an artifactual imposition. There is no psychotherapeutic benefit inherent in brevity. None. (p. 179)

A common fear experienced by clinicians is that actual validation, support, or nurturance (engulfment, as it is called at worst) will encourage a woman to become increasingly dependant. The possibility that such support could foster her growth and development is rarely mentioned. The fear that validation and support would make women more dependant was not supported in this study.

Suggestions for Future Research

Questions that this study only began to explore include the relationship of the specific themes identified to the experience of depression. Most of these themes have been related to depression in the existing literature. Anger, for example, is often associated with depression. Per Coyne (1986) "depressed persons are often
intensely angry persons" (p. 5). In the correlational inquiry conducted as an adjunct to this investigation anger was found to be a high correlate of depression (.4008). But loneliness (.4670) was correlated even more closely, which corresponds with the relational emphasis of the theories about depression presented in this work.

An advantage to phenomenological research is its ability to focus so specifically on the constructs and concepts which are under investigation. But qualitative and quantitative research methods need not be exclusive or exclusionary. The richest results ensue from multi-dimensional investigations which integrate qualitative and quantitative data.

A problem with many studies about depression, as has been discussed earlier in this work, is the very definition of the term. Future studies might continue to address the phenomenology of depression, since a better understanding of psychological difficulties leads ultimately to enhanced treatment efforts. Future research considering the revised understandings of women's psychological development discussed in this study might also compare depression with other symptom patterns experienced most frequently by women such as eating disorders, agoraphobia, anxiety disorders and related concerns. Phenomenological studies designed to describe these difficulties in terms of recurring themes and patterns may be
particulary interesting in comparison and contrast with patterns presented by depressive clients.

Another area of interest for research stimulated by this study would involve gender issues involved in the process of identification, role modeling and/or mentoring relationships. The ambivalence many women experience about identifying with women has significant ramifications for psychotherapists and educators. Further research into the prevalence of such a phenomena could be useful to women. To repeat the words of Bassin (1982) quoted earlier in this study:

Woman as the holder, the container and the receiver for the other must use her metaphoric womb to contain and hold herself. Her reliance on phallocentric symbols will keep her constantly seeking, distorting and accommodating herself in many areas. (p. 200)
APPENDICES
Appendix A

Confidentiality Form Signed by Paraprofessionals
As a paraprofessional working on the dissertation project of Ms. Denise Twohey beginning spring semester of 1987 I, __________________________ hereby state that I have reviewed the Ethical Principles of Psychologists (see enclosure) and agree to abide by these principles in as much as they apply to my work on this project. Further, I agree, among other things to limit discussions of this project to team members involved in the research. Any notes, tapes, or other materials used for observational purposes will not leave the Counseling Center, the second floor of the Student Services Building.

Additionally, if it should happen that I would be acquainted with any of the subjects who are participating in the therapy group, as a part of this project, I hereby agree to withdraw as a paraprofessional research assistant.

Lastly, I hereby acknowledge full responsibility for maintaining confidentiality regarding any aspect of this project.

Signed____________________________________________________

Date ________________
Appendix B

Letter to Paraprofessionals
March 4, 1987

Dear,

I am pleased that you have been selected to assist me in my dissertation research involving women and depression. I look forward to our mutual efforts to gather information about the phenomenology of this disorder, and I eagerly anticipate the enrichment I expect that you will provide to the experience of conducting therapy with the six participants.

Please look over the enclosed information about confidentiality. If you have any questions about it let me know.

Also, if you should have any other questions about this project either now or in the future, please don't hesitate to contact me. I can be reached at the counseling center at 333-3701 or at home at 356-5036. Again, I am looking forward to working with you and hope you will enjoy your chance to help me to complete my doctorate as well as to make a contribution to the field.

Yours,

Denise
Professional Disclosure Statement
Group Psychotherapy for Depressed Women

In an effort to assist you to make an informed decision about participation in group psychotherapy through the Counseling Center, please consider the following information.

The group will begin on Monday, February 16, 1987. The group will be composed of 6 participants and two co-therapists. We will meet once weekly from 4-5:30 p.m., for a ten week period. A commitment to participate for the full 10 weeks is essential to insure a positive experience for you and other group members. In addition to providing for a therapeutic experience for the participants, this group is also designed as part of a research project to explore depression in women. Thus, your commitment is also important from a research perspective.

The goals of the group are first to assist you in dealing with symptoms of depression, and secondly to explore general notions about depression in women. We hope that through your participation you will gain insight, support, improved interpersonal skills, greater understanding of how you impact others, and most importantly a decrease in your feelings of depression.

There are some risks of which you should be aware. Interpersonal vulnerability, which may be increased through your group participation, can lead to greater feelings of depression for a temporary period. Also sometimes participants experience disappointment when the group fails to meet all of their expectations. Should your difficulties become extreme, an individual session with one of the co-therapists can be arranged by mutual agreement. You are encouraged to deal with these issues in the group, however, to enhance the therapeutic benefit of your group experience.

The role of the co-therapists will be to facilitate therapeutic interaction among group members. It is your responsibility to decide which issues to bring into the group and to what level you would like to participate. It is the responsibility of each member to insure confidentiality. The importance of confidentiality will be stressed again when the group begins. You are asked to be as honest and open as possible in your work with the group.

For purposes of research, the therapy sessions will be videotaped and shared with several observers. Please review and sign the accompanying consent form. The use
of the information obtained will be consistent with ethical and professional standards of the profession of counseling psychology.

Please do not hesitate to seek clarification on any of the above issues. Denise Twohey can be reached at 356-5036, evenings, or 333-3701, daytime.
Appendix D

Participant Consent Form
Participant Consent Form

I, ______________ voluntarily choose to participate in the research project of Denise Twohey beginning ________________________ 1987.

I understand that the first, fourth, fifth, sixth and tenth sessions of the ten week therapy group will be videotaped. Three of the video-tapes will be observed by six undergraduate paraprofessional research assistants. I also understand that my records at the Counseling Center may be made available to the researcher.

I understand that at any time I may withdraw as a participant. I also understand that the information gathered will be kept strictly confidential, and that although the results of this study could be used for publication, any identifying data will be withheld, thereby assuring confidentiality. The use of the information obtained will be consistent with ethical and professional standards of the counseling profession * and designed to safeguard the confidentiality of such information.

Signed ____________________________________________

Witness _____________________________________________

Date _______________________________________________

* American Psychological Association, Ethical Standards of Psychologists
  American Association of Counseling and Development, Code of Ethics

Note: The second session was also videotaped, but the tape has been erased. Also, the session of April 13 will be videotaped for a group participant who will be absent that day.

Session #10 was audio-taped as opposed to video.
May 11, 1987

What I remember about the final group session.

Carla was the first to enter the room. I was playing with the video-equipment and asked her to help me test for sound. I think it was Barbara who entered next. It seems like the others (except Lizette who was late) entered at about the same time. I felt panic about the possibility that Lizette would miss the session, but could think of no reason why she might. She eventually came in and apologized, claiming that the clocks at Coslow's were ten minutes different than ours, here.

Before Lizette arrived we had begun to work. We were talking about the ending of the group, but I can't remember exactly what we were discussing. It seems like we were trying to push people to talk about their feelings regarding the ending of the group. I do remember that I wanted to recap for Lizette, and did so.

I remember Carla saying that the week before had been so productive because Samira had pushed her in a way in which she had not been pushed before. We discussed timing and I felt defensive. I think I asked her if she felt that I hadn't pushed enough. She backed down on this but I still thought that is what she had meant. In my defensiveness, I reminded her that Samira had all along been asking about the function of depression in their lives, but it took until the tenth session for Carla to hear the question in a way that helped her. All agreed that it was a matter of timing and that it takes a while to build trust enough to work together.

Then there was the incident with Sarah. This event predominates my memory of the session and probably clouds out other significant occurrences. Sarah talked about how she never felt comfortable in the group, and it had to do with her feeling of being attacked by me the second session. She pleaded that she had entered the group with the hope of finding help around the area of her relationship, but that she felt after Week 2 that it was inappropriate for her to discuss that here. I made some comment about how I was understanding her request differently now. At first it seemed to me she wanted help in "curing" her friend's depression. Now, it seemed, finally, that she was asking for help for herself in coping with her "addiction" (although she didn't use that word) to the relationship. At any rate, Sarah left the group feeling disappointed and victimized.

Barbara said that she was more depressed than ever. A
change she noted, however, was that this depression, was related to real life events—i.e. breaking up with her boyfriend and losing all of her friends next fall because they will be graduating. Although she didn't really say so, I think Barbara felt that the group was somehow help­ful. Probably the most important moment for her was when she talked about wanting to quit but was implored by the group to hang in there. It seems that she didn't feel very necessary in the group, most of her efforts to either self-disclose or to help others had been thwarted, and thus, the group's assurance that they wanted her to con­tinue was a positive moment. I wished we could have processed this, but we didn't.

Note: As I reread these notes on 11/14/87, it occurs to me that perhaps these assurances by the group were not so positive. Their actual frustration with Barbara was not expressed, and she may have perceived this frustration with her on some level. These pleas for her continuation in the group, then may have felt incongruent or inauthentic to her. They probably had more to do with the participants wishes that the group would survive rather than with concern about Barbara, per se.

Carla continues to state that the group was helpful to her because of the support that she received.

Lizette also maintains that the group helped her to make important life changes.

The issue of ending versus seeking continued therapy emerged. Sarah seemed to think that she wouldn't be allowed to seek individual therapy. Lizette didn't know and tentatively asked about it. Kathy assumed that it would be an option and had already asked Samira about it. It's interesting the different ideas people had about this.

After the group there was some hugging. I hugged Barbara in a strong and caring way. I felt a sense of connection with her. Sarah stood around with a hurt little girl look in her eyes and when Samira tried to embrace her, it looked like she used her purse as a barricade. I also hugged one or two other people, but I can't remember who. Some of these hugs were more perfunctory. Afterward Samira and I noticed some people standing outside exchanging phone numbers. Lizette told me, in the hallway, that she was getting married.
Post Script

Three of the five participants continued in individual therapy after the group, two with the primary investigator and one with Samira. One moved away for the summer and one began a full time job.


Belenky, M., Clinchy, B., Goldberger, N., & Tarule, J.


Psychotherapy, 34(4), 587-603.


Fenichel, O. (1945). *The psychoanalytic theory of...*


Psychology, 31, 170-178.


Dohrenwend & B. P. Dohrenwend (Eds.), Stressful life events: Their nature and effects. New York: John Wiley.


