



1979

A Validation Study of Blatt's Concepts of Anaclitic and Introjective Depression

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A VALIDATION STUDY OF
BLATT'S CONCEPTS
OF
ANACLITIC AND INTROJECTIVE DEPRESSION

by

John R. Hoeppe1

A Dissertation Submitted to the Faculty of the Graduate School
of Loyola University of Chicago in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy

May

1979

ACKNOWLEDGMENTS

The author wishes to acknowledge the advice and supervision of Dr. James E. Johnson, who served as director of this dissertation, and Drs. Alan DeWolfe and Eugene Kennedy, who served as readers on this committee. Thanks are also due to George Hartwein for his assistance in the statistical design of the experiment.

In addition, the author wishes to thank his wife Pamela for her love and support throughout this project.

VITA

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INTRODUCTION

Although there is an increasing volume of research on the phenomenon of depression (Secunda, 1973), basic questions about the disorder remain unanswered. These basic questions involve confusion about the fundamental nature of the disorder, its classification, dynamics, and obviously its effective treatment. As in most other areas of psychopathology, there has been no conclusive statement made nor any definitive position accepted in the field of depression (Arieti, 1978a; Becker, 1977).

Depression is defined in this paper as an affect state which can vary in intensity from a relatively mild, subtle emotional experience to an intense and severely disabling clinical disorder. Perhaps the ubiquitous nature of the phenomenon is partially responsible for the lack of definitive, conclusive research in this area.

There have been several attempts to differentiate types of depression so as to better understand the complex disorder. In general however, these distinctions have not been of great use in defining the nature of the disorder, nor in differentiating separate dynamic types of depression. The psychotic-neurotic distinction is often made on the intensity of presenting symptoms rather than on any differentiation of the type of the disturbance. The endogenous-

reactive dimension has been utilized, but this distinction is often more a measure of the diagnostician's ability to pinpoint an external precipitating factor rather than of the characteristic personality functioning present (Blatt, 1974). Likewise, the unipolar-bipolar distinction is often made on the basis of a response to lithium carbonate vs. traditional antidepressive medication. These proposed dimensions have not led to fundamental insight to the etiology or dynamics of the depressive disorder.

In the psychoanalytic literature on depression, there has been a tendency to approach the disorder as a unitary phenomenon. As a result, different manifestations of depression are often interpreted in terms of the same dynamic paradigm. Many traditional psychoanalytic theorists emphasize the personality mechanisms of introjection and internalization and the feelings of anger and guilt to understand depression (Fenichel, 1945; Freud, 1917; Jacobson, 1971). There is another psychoanalytic position on depression which instead focuses on the dependency and helplessness of the depressed individual (Bibring, 1953; Chodoff, 1974). In either approach, most all depressive phenomenon are interpreted in terms of the particular favored dynamic model. These unitary, all-inclusive dynamic models, however, have been seen as inadequate to describe the complexity of the depressive disorder (Grinker, Mille, Sabshin, Nunn & Nunnaly, 1961).

The present study investigates a different theoretical approach which suggests that depression is a multi-dimensional rather than unitary disorder, comprising separate types of depression which originate in different stages of the developmental process. From this point of view, one might view the different manifestations of depression as due to unresolved conflict in different developmental stages. Such dimensions in depression would involve disparate dynamic models, differential symptomatology, and possibly different treatment strategies. Blatt (1974) describes anaclitic and introjective depressive dimensions which are hypothesized to be a function of impairments in the development of object representations in the personality. Anaclitic depression describes a highly dependent, fearful, helpless, and abandoned state which is thought to originate from conflict in the earliest stages of personality development. Introjective depression, in contrast, describes a hostile, angry, and self-critical state characterized by feelings of failure and inferiority, thought to originate at more advanced developmental levels.

In order to explore this model, the Depressive Experiences Questionnaire (DEQ) was developed and its factor analysis (Blatt, D'Afflitti & Quinlan, 1976) generated two independent dimensions in the depressed feelings of normal young adults: a Dependency factor appearing to describe the concerns and conflicts of Blatt's anaclitic depression,

and a Self-criticism factor describing the issues and feelings of the proposed introjective depression. The relation between these DEQ factors and various personality variables lends support to Blatt's model of anaclitic and introjective dimensions in depressive phenomenon.

The purpose of the present study is to further establish the construct validity of Blatt's model of depression by continuing the examination of these DEQ factors. To this end, they are correlated to other measures of nominally similar variables to determine whether they measure the variables that they claim to describe. In addition, the DEQ factors are related to several other psychological constructs to determine whether they react in theoretically predicted fashion. Such confirmation would support Blatt's proposed model.

In this experiment, it is hypothesized that: the Dependency factor of the DEQ is correlated to several dependency measures derived from the Edwards Personal Preference Schedule (EPPS), the Self-criticism factor of the DEQ is correlated to the Abasement scale of the EPPS, and that these two factors are correlated in a predicted manner to the Beck Depression Inventory, the Rotter I-E scale, and a measure of the depressed individual's symptomatic style.

REVIEW OF THE RELATED LITERATURE

Most current psychodynamic theorists of depression understand the disorder as a unitary phenomenon involving a lowering of self-esteem. However, there are differences concerning the dynamics which affect the self-esteem of depressives. The major divergence of opinion is between those theorists (Fenichel, 1945; Freud, 1917; Jacobson, 1971) who emphasize the centrality of the introjective mechanisms of the ego as the primary dynamic in depression, and those who emphasize instead the dependent and helpless feelings of the depressive as its major characteristic (Bibring, 1953; Chodoff, 1974; Seligman, 1974). In the more traditional psychoanalytic approach of Freud and Fenichel, depression is characterized as an angry and guilt-ridden state, while in the view of Bibring, major focus should be placed on the helplessness, powerlessness and frustration which is postulated as central to the nature of the disorder.

These two theoretical positions on the underlying nature of depression have profound differences in terms of etiology, dynamics, and perhaps treatment. In an attempt to integrate these diverse formulations, Blatt (1974) proposed a multi-dimensional rather than unitary model of depression. His approach is based on the hypothesis that

depression is, in part, a function of impairments in the development of object representations. Based on developmental considerations, he describes two types of depression in adults: anaclitic and introjective depression. He further hypothesizes that these two depressive types are distinct dimensions of the depressive disorder which are qualitatively different in development, central dynamics, and symptomatology.

This research project is an attempt to establish the construct validity of Blatt's model through the use of the Depressive Experiences Questionnaire, an instrument previously designed to explore these depressive dimensions. A brief review of the two divergent approaches to depression is offered, followed by the integrative, multi-dimensional approach of Blatt (1974).

Traditional Psychoanalytic Position

The traditional psychoanalytic theory of depression is represented by several related positions, perhaps best illustrated by the work of Fenichel (1945), Freud (1917), and Jacobson (1971). Their views all emphasize the importance and centrality of the introjective mechanisms of the ego as the basis for depression, and characterize the depressive state as angry and guilt-ridden.

Freud (1917) described depressives as orally fixated characters. According to this view, these individuals were

to some extent subjected to extreme stress, frustration, or inconsistent nurturing during the later part of the oral phase of psychosexual development near the end of the first year of life. Depressed individuals are fixated at the late oral phase and are characteristically narcissistic in their dealings with the world. Narcissistic object relations are utilized during the late oral developmental stage, and individuals fixated at that point tend to regress to this primitive personality style when under stress in later life situations. These narcissistic relationships tend to be quite intense, ambivalent, and highly dependent, and the intense dependency facilitates the development of a deep anger at the inevitable frustrations and disappointments in such a primitive and demanding relationship. As a result, depressive characters are highly vulnerable to experiences that they perceive as involving a loss or rejection (Becker, 1977).

Freud postulated that depression is always related to a loss of a significant other, or the loss experienced in rejection. According to this view, the depressive reacts to the experience of loss with feelings of intense anger and rage (at having been frustrated, rejected, or abandoned by the other). The depressive's orally fixated superego then directs this anger not outwardly, but rather inwardly at the representation of the lost object in the ego. In more primitive personalities, such psychic energy (in this case,

anger) tends to be reinvested in the self, rather than invested in external objects (as in a more mature personality); hence the depressive's hostile feelings are easily reabsorbed into the ego. The depressive symptomatology is a manifestation of the effects of this anger redirected at the self.

Freud also explained this turning inward of the depressive's rage as a denial of the experience of loss. By redirecting anger at the internal representation of the "lost" person, the depressive in effect denies the loss by remaining angry at the (representation of the) lost object. "In psychotic depression, the ego identifies with the lost object . . . In part, the regressive identification serves to deny the reality of loss." (Becker, 1977, p. 37)

Freud's interpretation of depression represents a dynamic model in which the internalizing, introjective mechanisms of the ego play the central role. Depression is viewed as a manifestation of anger turned inward against the introjected object-representation in the depressive's ego.

This position has remained one of the major notions of clinical lore about depression, and although many practitioners find it useful, researchers have been unable to systematically evaluate the model (Becker, 1977). This failure is probably due to the vague nature of the mechanisms involved and the associated problem that these

operations are not amenable to direct observation.

Otto Fenichel systematized much of the early psychoanalytic thought in his Psychoanalytic Theory of the Neuroses (1945). He refined and further delineated the analytic theory of depression, taking it beyond the work of Freud, but still relying on many of the same mechanisms. Fenichel conceptualized depression as a unitary phenomenon involving a decrease in self-esteem due to guilt (Blatt, 1974). This loss of self-esteem was considered the major dynamic issue needed to understand the disorder. The inferiority feelings in depression are rooted in the disappointments and humiliation resulting from a failure to resolve the oedipal conflict. His model is based on the assumption of psychoanalytic theory that the original, infantile experiences form the patterns for the development of later styles of perceiving, feeling, and reacting.

Fenichel describes the development of guilt feelings as dependent upon the infant's experiences of having its basic physical and emotional needs met: the needs of food, warmth, touching, etc. As the infant develops, it begins to understand that these basic supplies are controlled by the parents, by whose actions the infant feels satisfied or frustrated. Therefore, he attempts to feel closer to the powerful parents so as to share in some respect their control over his needs and gratifications. He identifies with them and introjects their character styles and values

into his own personality, thereby developing the basis of the superego. According to perceived parental wishes and demands, the superego begins to regulate changes in self-esteem. This process parallels that in which the parents regulated the physical supplies important to the helpless infant, i.e., the superego's internal control over the child's own behavior mirrors the parents' external control. "No longer is the feeling of being loved the sole prerequisite for well being, but the feeling of having done the right thing is now necessary" (Fenichel, 1945, p. 388). By comparison to these introjected standards, the child's feeling of self-esteem is controlled in order to ensure "right" behavior and parental approval. Depression is a result of self-esteem being lowered by the aggression of the superego being directed against the ego for "wrong", potentially wrong, or dangerous behavior. In severe depressions, the individual becomes preoccupied with these internalized reactions to the extent that he deinvests himself from "normal" external object relations and invests his energy only internally, a process termed narcissistic regression.

The depth and severity of the narcissistic regression in depression depends on the extent to which the individual has replaced his object relations with "relations within the personality" (Blatt, 1974, p. 112). Those prone to depression are individuals whose early histories of lonli-

ness, perceived abandonment, or inconsistent nurturing have predisposed them to be especially vulnerable to experiences of failure and guilt. They have introjected unrealistically high standards into a rigid and uncompromising superego. When such an individual inevitably falls short of these expectations, he experiences the hostility of the superego directed against the ego, which is manifested by feelings of inferiority, guilt, and a loss of self-esteem.

When Fenichel's position is compared to that of Freud, one notes that they both place major emphasis on the effects of the introjective mechanisms of the ego. However, Fenichel introduces an important theoretical difference: whereas Freud had seen all depression as closely related to an experience of loss, Fenichel understands it as tied to the notion of self-esteem. He sees the impaired regulation of self-esteem in the personality as the central dynamic in depression, and describes the depressed state as characterized by feelings of inferiority, failure, and guilt. The issues around which the depression is developed are approval and acceptance rather than loss. Failure to experience approval results in guilt and a drop in self-esteem, which is manifested as depressive symptomatology.

Becker (1977) calls Edith Jacobson perhaps the most influential of the contemporary ego-analytic contributors to the psychoanalytic theory of depression. Jacobson (1971) has articulated an ego-analytic position on the origin and

maintenance of depression that stresses the ego's regulation of self-esteem as the central dynamic in the disorder. In this sense, her position resembles that of Fenichel; however, she explains the dynamics somewhat differently.

Generalizing from her work with psychotic depressives, she hypothesizes that depression is a manifestation of aggressive cathexes of the ego's self-representation; that is, the superego is directing aggressive energy toward the ego as a reaction to perceived failures or transgressions. This position is also related to, but different from Freud's (1917) because in Jacobson's model, the target of the internalized hostility is the self-representation, while in Freud's, the target is the object-representation in the ego.

Jacobson hypothesizes that those predisposed to depression acquire a negative or vulnerable perception of the self in early infancy and childhood. She explains that early in life, the ego's boundaries between its representation of the self and of external objects are weak. Often, and especially when under stress, aspects of one affect the perception of the other. Depressives acquire an impaired distinction between the self and external objects, because early and numerous aversive experiences by the infant contaminate its perception of itself. The aversive affect associated with the object-representations becomes associated with the perception of the self. The end result is that the pain and frustration of the external surroundings

becomes applied to the self ("my world is bad and painful" becomes blurred with "I am bad and painful"). Over time, the depressive develops a negative self-image and a tendency to ascribe to the self the qualities of external objects or situations. Such a tendency is a strong disposing factor to depression.

In addition to this, the superego is developing as a function of the introjection of idealized parental images. At first, these images are internalized in exaggerated, one-dimensional form. As the individual matures, the images are thought to be made more realistic (as the child develops more accurate perceptions) so that the resultant ego-ideal is more or less attainable. The superego begins to regulate the displacement of libidinal and aggressive energy within the personality, rewarding what it judges to be acceptable behavior and punishing behavior it perceives as unacceptable. With unfavorable childhood experiences and/or inconsistent parental models, the superego ideals tend to remain rigid and overidealized; hence depressives often have unrealistic ego-ideals against which to compare themselves.

Jacobson claims that self-esteem is regulated by the disparity between the individual's perception of the self and the standards of the superego. In the depressive, the superego includes an unrealistically high and uncompromising ego-ideal. When the individual fails to measure up to these standards (as is bound to happen) the superego directs

aggressive energy (e.g., anger) toward the representation of the self in the ego. The individual experiences guilt, shame, and anxiety; self-esteem is lowered. The depression is determined by this aggressive cathexis of the self in the ego by a rigid and punitive superego.

In sum, Jacobson views depression as a manifestation of anger directed toward the self as a result of the individual's failure to meet exorbitant superego demands. These superego standards are determined by the introjection of unrealistic (and uncorrected) parental images. Depressive symptomatology is seen as the effect of this internalized anger, and depression is characterized primarily by a loss of self-esteem. This position, like that of Freud, places major emphasis on the internalization of aggressive feelings. And, like the position of Fenichel, the regulation of self-esteem is seen as the crucial issue in depression.

Although Freud, Fenichel, and Jacobson describe depressive dynamics in different ways, they all focus on the same basic ego mechanisms as central to the disorder: internalization and introjection. And they all characterize the depressive state similarly as an angry, self-critical, and guilt-ridden condition, with the ego under attack from a hostile and punitive superego.

However, there are other analytic positions on the nature of depression which have received considerable

notice. Bibring's (1953) formulation, which focuses on the helplessness of the depressive state is examined next.

Bibring's Position on Helplessness and Depression

In one of the classic and highly influential ego-analytic papers on depression, Bibring (1953) has espoused a different position on the nature of depression which emphasizes the roles of dependency and helplessness, relegating introjection and hostility to secondary positions. He sees depression as a human way of reacting to frustration and misery whenever the ego finds itself in a state of (real or imagined) helplessness against overwhelming odds (p. 36).

Bibring describes four basic ego stages (ego reactions that cannot be further reduced):

(1) the state of balanced narcissism (normal self-esteem), the secure and self-assured ego; (2) the state of excited or exhilarated self-esteem, the triumphant or elated ego; (3) the state of threatened narcissism, the anxious ego; and (4) the state of broken-down self-regard, the "inhibited" or paralyzed, the depressed ego. (pp. 35-36)

Bibring defines depression as being one of the four basic states or reactions that the ego may assume, depending on its experience attempting to attain its desired goals. Depression is seen on the same psychic level as the ego reaction of anxiety; in fact anxiety and depression are viewed as diametrically opposed ego reactions. The anxious ego is responding to preceived danger and prepares the

individual for fight or flight. It indicates the ego's desire to survive. On the other hand, when depressed, the ego is paralyzed or inhibited because it finds itself incapable of meeting the perceived threat. The depressed ego feels helpless, tired, and disappointed; in severe cases expressing the desire to die.

As can be inferred from the delineation of these four basic ego states, Bibring views the regulation of self-esteem as a major factor in personality functioning. Like Jacobson and Fenichel, he sees the loss of self-esteem as the crucial issue in depression; however, he interprets the central dynamics differently, involving only ego functions whereas Jacobson and Fenichel had hypothesized interaction with the superego. The depressive is interpreted as fixated not to the late oral stage (in general) as in Freud's approach, but specifically to the basic ego reaction of depressed functioning which is characterized by helplessness and inhibition.

Experiences of frustration and helplessness in infancy serve as prototypes for later depressive reactions. Bibring sees the ego's major goal as the successful attainment of its narcissistic aspirations, and the four basic ego states represent its reaction to the success of its attempts to secure these goals. When the ego feels frustrated and incapable of attaining its desired goals, it reacts with feelings of helplessness, inhibition of activity, and a

loss of self-esteem.

Self-esteem is regulated by the accomplishment of an individual's narcissistic aspirations according to Bibring. This differs from Jacobson's interpretation in which self-esteem is seen as regulated by the individual's ability to live up to the excessive superego demands introjected from exaggerated and unrealistic parental models. While Jacobson sees depression as a manifestation of the hostility of the superego directed against the ego for failing to meet these high standards, Bibring views depression as directly related to the feelings of helplessness and failure which accompany the inability to attain one's goals. In this way, Bibring's dynamics are termed intrasystemic (involving only ego reactions) while Jacobson's and Fenichel's are inter-systemic (involving ego-superego conflict). And while Jacobson describes depression as a state characterized by hostility and guilt, Bibring describes the atmosphere as one of helplessness, powerlessness, and inhibition. He postulates no intermediate mechanisms (e.g., introjection or internalized rage) necessary to produce depressive symptoms; rather, depression is portrayed as an irreducible ego state in its own right, a basic emotional reaction triggered by feelings of helplessness and failure.

Aggression and hostility are relegated to secondary roles, seen as efforts of the individual to regain his lost self-esteem. Bibring counters the internalized anger

formulation of depression by pointing out that individuals can feel angry toward themselves but not become depressed, or can be depressed and yet not exhibit any identifiable anger. He suggests that the depressive often fails to externalize any of the hostility that he may feel primarily because he feels powerless to assert himself against the environment. Bibring does agree that depressed individuals often manifest unusually high and rigid ego-ideals, asserting that these increase vulnerability to feelings of helplessness.

In sum, Bibring's position represents a major theoretical digression from the traditional analytic positions of Freud, Fenichel, and Jacobson. He characterizes depression as different in atmosphere (described by feelings of helplessness, weakness, and powerlessness) and dynamics (it is an irreducible reaction to failure to achieve one's own ends). His position has had considerable impact on the psychodynamic thinking about depression (Becker, 1977) but not without criticism by more traditionally minded theoreticians.

Whereas Bibring's hypothesis has received attention and much "clinical" support from within psychoanalytic circles, there has been little empirical research to support it. In fact, his theory receives more indirect research support from other areas within psychology. The current emphasis on the phenomenon of learned helplessness (Miller &

Seligman, 1975; Seligman, 1974, 1975) is one such area, noteworthy because the learned helplessness paradigm is, in effect, a translation of the psychodynamic concepts of Bibring into behavioral, learning theory terminology.

Seligman's learned helplessness model proposes that a lack of contingency between behavior and later reinforcement results in a cognitive set of learned helplessness and passivity (Seligman, 1974). Operationally, subjects exposed to an experimental situation involving an inescapable aversive stimuli "learned" to not respond--no response was effective in controlling the aversive stimuli--and then exhibited this same nonresponsive set in other situations where active responses were appropriate. Crucial to the model is that subjects are thought to have generalized the nonresponsive set from the original noncontingent "training" situation to the different contingent situation. Having learned to act helpless in situations where they could not affect their reinforcements, they continue to act helpless even in different situations where they could affect their reinforcements.

The learned helplessness paradigm was developed by Seligman (1974) using as subjects dogs exposed to inescapable electric shock. The model was then applied to human subjects in laboratory success-failure manipulation experiments (Hiroto & Seligman, 1975), and to depressed subjects in particular (Miller & Seligman, 1973, 1975). The human

subject studies have tended to support, with some reservation (Becker, 1977), the learned helplessness model in that subjects tend to acquire a nonresponding set and distort their perceptions of how they can affect their environment. It is assumed that this experimental phenomenon mirrors the dynamics of depression in clinical practice.

Seligman's learned helplessness model is important here because it represents indirect support for and a parallel formulation to Bibring's psychodynamic hypothesis on depression. Taken from the context of its behavioral terminology, the learned helplessness model supports Bibring's assertion that we can understand depression as involving a direct, automatic link between an inability to achieve desired goals and resultant depressive symptomatology manifested by an inhibition of active response to the environment and feelings of helplessness. In Bibring's model, an individual who has failed to achieve his own desired narcissistic goals experiences feelings of helplessness, lowered self-esteem, and an inhibition of activity; this state, the depressed ego state, is seen as a direct result of failure and frustration. In the learned helplessness model, an individual who has learned that he cannot effect his desired goal (e.g., escape from an aversive situation) acquires a nonresponding set toward other situations; this inhibition of activity and the assumed helpless feelings are seen as a direct result of the perceived lack of con-

tingency between an individual's actions and outcomes.

Both approaches emphasize the subject's felt "helplessness" and the associated lowering of effective responsiveness, one behaviorally, the other psychodynamically. Both explain this depressive mechanism without reference to intermediate dynamics such as hostility or introjected ideals.

Bibring's model has also received indirect support from another investigator. Chodoff (1974) analyzed the extensive literature on the "depressive personality" in an attempt to ascertain whether there are in fact personality characteristics which would predispose individuals to depression. His analysis of the literature tends to support Bibring's description of depressive characteristics and his formulation about the nature of the disorder. Chodoff concludes that there is some degree of consensus about the observation that the personalities of "predepressives" are characterized by excessive and unresolved dependency needs. He describes the core symptoms of depression as lowered self-esteem, and feelings of helplessness and hopelessness.

Such conflict over unresolved dependency issues renders the depressive highly vulnerable to perceived rejection or abandonment, and apt to feel helpless and lost when frustrated. Chodoff interprets guilt and anger as secondary symptoms of the disorder or as effects of the depression on

the personality, and sometimes as attempts to cope with the experience. Hostility is seen as secondary to frustrated dependency needs, rather than as anger redirected at some introjected object within the personality (Chodoff, 1970). In this respect, his analysis strongly supports Bibring's model of depression, emphasizing dependency and helplessness and deemphasizing anger and guilt.

He also calls for a more careful use of the term "dependency" suggesting that interpersonal and task-oriented aspects of dependency be carefully explored and defined. In sum, Chodoff's work (1970, 1974) tends to support the approach of Bibring which characterizes the depressed state as built on the feelings of dependency and helplessness, without resort to the intermediate mechanisms of introjection and internalized anger utilized by Freud, Fenichel, and Jacobson.

The work of Bibring and the supporting implications of Seligman's investigations and Chodoff's analysis stand in contrast to the more traditional psychodynamic approaches to depression. Bibring interprets depression as a basic emotional reaction to experiences of failure and frustration. He relegates the central characteristics of the traditional analytic view of depression (rage, hostility, and guilt) to secondary roles, as reactions of the individual to the ensuing depression, attempts to regain some of the already lost self-esteem.

Blatt's Developmental Approach

In an attempt to integrate these differing observations and formulations, Sidney Blatt (1974) proposed a two-dimensional model of depression which distinguishes between several types of depressive experience. Contrary to previous theories of depression which presume the disorder to be a unitary phenomenon, Blatt suggests that two major dimensions or types of depression be identified: anaclitic and introjective depression. He asserts that these two proposed depressive dimensions are qualitatively different in etiology, central dynamics, and symptomatology. Blatt's model is based on the hypothesis that:

there is an evolving development of object representations and that impairments in the development of this capacity create a particular vulnerability to object loss and depression . . . There are different levels of impairment of object representation in anaclitic and introjective depression. (p. 121)

As a result, anaclitic and introjective depression are characterized by conflict relating to different issues, different central dynamics, and different symptom manifestations.

Blatt describes anaclitic depression as being relatively free of guilt, but exhibiting intellectual and motor retardation, numerous physical and psychosomatic complaints, and characterized by feelings of

helplessness, weakness, depletion, and being unloved. There are intense wishes to be soothed and cared for, helped, fed, and protected. There are cries for love and of hunger, oral cravings, difficulty tolerating

delay and postponement, and a desperation to find satisfaction and peace. There are fears and apprehensions of being abandoned, and there is a sense of helplessness in being unable to find gratification and comfort. (p. 116)

In anaclitic depression, the object relationships are primarily incorporative, concerned only with taking in and being satisfied. The object is valued only for its capacity to provide immediate need gratification. Delay in this gratification is tolerated only with great difficulty, and often accompanied by feelings of frustration, abandonment, rejection, and helplessness. Because the anaclitic depressive is so dependent on the other for his needs, there is a great vulnerability to object loss either by means of death, rejection, or other separation. This need for constant, direct gratification by the other suggests that there is very little internalization of the object (other person) at this level of functioning; introjection is not a well developed process at this stage. Blatt hypothesizes that anaclitic depression originates with an impairment in object representations in the oral stage of development, possibly as a result of excessive frustration or inconsistent gratification and nurturing. Anaclitic depressive episodes in later life are presumed to be related to conflict about dependency issues, rejection, or separation.

This description of the character and dynamics of anaclitic depression resembles the formulations of Bibring (1953) and Chodoff (1974) who emphasize the dependency and

helplessness of the depressive. It also relates to the work on severe maternal deprivation in early childhood (Blatt, 1974) and to the animal analog studies of mother-deprived monkeys (Harlow, Harlow & Suomi, 1971). Anaclitic depressives are frightened, helpless individuals who depend on others for support and gratification, and who are at the same time excessively vulnerable to any suggestion of rejection or deprivation.

Blatt (1974) also postulates an alternate depressive type, introjective depression, which is developmentally more advanced, and characterized by themes of guilt, shame, atonement, feelings of inferiority, being unworthy ("unlovable rather than unloved", p. 117), and having failed to live up to expectations. Such individuals are highly vulnerable to experiences of failure or criticism and live constantly under self-imposed (introjected) demands for perfection. This emphasis on the development of guilt feelings necessitates the further hypothesis that such individuals have a more highly differentiated sense of the self. Introjective depression, therefore must originate out of conflicts at a later, more advanced stage of personality development than does anaclitic depression. Blatt postulates that introjective depression develops out of phallic-oedipal conflicts and is determined not by issues of abandonment or neglect, but rather by ambivalent, demanding, hostile, and critical parental attitudes about them-

selves and their children.

In introjective depression, there are exceedingly high ideals, a stern and punitive superego, and a strong sense of morality with which the individual is constantly comparing himself. The object is needed:

not so much to provide need gratification, but to offer approval and acceptance . . . The major defense, rather than denial, is introjection or identification with the aggressor, with a proclivity to assume responsibility and blame and to be harsh and critical toward the self. (Blatt, 1974, pp. 118-119)

During the phallic-oedipal stage, the individual introjects the parents' unconscious attitudes about themselves and their children. When these attitudes are ambivalent, hostile and critical, the child manifests similar negative, self-critical, and demanding feelings about himself. Out of these punitive and negative self-attitudes develop later introjective depressive experiences.

Whereas anaclitic depression involves conflict about dependency issues, introjective depression is triggered by concern about the issues of failure, inferiority, and guilt. Acceptance and approval, rather than separation and abandonment, are the critical conflicts in introjective depression.

This description of introjective depression echoes the depressive character formulations of traditional analysts, such as Fenichel (1945) and Jacobson (1971), emphasizing the lowered self-esteem of the affected individual as a result of feelings of shame, guilt, and inferiority. This dimension of the depressive experience also relates to the cog-

nitive approach of Beck (1967) which focuses on the individual's cognitive set of negative and self-defeating attitudes about himself and the environment. The psychological mechanism of introjection plays a major role in the origin and maintenance of this depressive type, as the developing individual internalizes the hostile, demanding and critical attitudes of the parents, and then uses these attitudes to punish the self for perceived transgression and failure.

In sum, Blatt (1974) proposes a pluralistic model of depression which describes two different types of depressive phenomena, anaclitic and introjective depression. These two dimensions of the disorder originate in different developmental periods, involve conflict around different central issues, and result in different feelings and symptoms. Anaclitic depression is rooted in the oral stage of psychosexual development, involves conflict about the issues of dependency, nurturance, and abandonment, and is characterized by feelings of helplessness, weakness, and depletion. Introjective depression, on the other hand, originates in the phallic-oedipal stage of personality development, is determined by conflict about the issues of approval and acceptance, and is characterized by feelings of failure, inferiority, and guilt.

Within such a theoretical framework, it is possible to integrate the work of Bibring (1953) and that of traditional analysts (Fenichel, 1945; Jacobson, 1971) in a

new way. It may be that both approaches are describing depressive dynamics that result from fixation to different developmental periods; Bibring's formulations describing anaclitic depression and Jacobson describing introjective depression. It is of course possible that if these depressive dimensions are not totally separate, that both theorists may be focusing on different dynamic issues present within the same individual. Blatt's model suggests that self-esteem may be vulnerable in several ways at different stages in the developmental process, and that overwhelming conflict at one of these vulnerable stages may result in characteristic depressive dynamics and symptoms.

Support for Blatt's Model

This notion of multiple types of depression, although not addressed in the major theoretical positions previously noted, has received some significant clinical support. Silvano Arieti (1978) perhaps best articulates this support. Based on his extensive clinical experience, he distinguishes depressed patients into two types which he calls claiming depression and self-blaming depression. He asserts that this distinction is not to be confused with the often used endogenous-reactive and psychotic-neurotic dimensions. He further maintains that such a distinction is important because different psychotherapeutic approaches are required for successful treatment in the acute stage of each.

Arieti hypothesizes that claiming depression is the most common form of the disorder seen in clinical practice. This type of patient is anguished, but seems to emphasize his pain.

All the symptoms seem to have a message; "Help me; pity me, It is in your power to relieve me. If I suffer, it is because you don't relieve me of this suffering" . . . Even the suicidal attempt or prospect is an appeal: "Do not abandon me." (Arieti, 1978b, p. 221)

Arieti views this symptomatology as a gigantic claim, usually against the dominant other in the patient's life. The individual, by means of his ineffective, symptomatic behavior, is still claiming the peaceful, completely dependent bliss that he enjoyed during the first years of life. The patient's style is an attempt to regain this satisfied, dependent state by becoming increasingly demanding, a style we might term aggressively dependent. The demands on the dominant other escalate, and yet any unfulfilled demand is experienced as a rejection, a loss, and brings about depression.

This claiming depression seems to parallel Blatt's (1974) anaclitic depression in its emphasis on the excessive dependency of the depressive for all major needs. The individual sees himself as quite powerless and helpless and expects the other to meet all his needs. Unfulfilled demands are perceived as rejections and lead to depressed, helpless, and abandoned feelings. The individual's response to frustration is to increase his "claim" on the other, increasing

the dependency, which renders him even more vulnerable to the next disappointment or frustration.

Arieti also describes a self-blaming depression which is characterized by the themes of duty, sin, guilt, and punishment.

In these cases the message the patient conveys is not "Help me," but "I do not deserve any help, any pity." When suicidal ideas exist, the message is . . . "I deserve to die; I should do to myself what you should do to me, but you are too good to do it." (Arieti, 1978b, p. 223)

He interprets the basic purpose behind the self-blaming depression as an attempt to retrieve the loss of, or recapture the satisfactions of the first years of life by expiation, often by living up to unrealistic, impossible standards. "If I am perfect enough, I will receive what I had" seems to be the underlying assumption. Guilt feelings bring on atonement which promises a possible "redemption".

This second, and often more difficult type of patient to treat, seems closely related to Blatt's (1974) introjective depression. The atmosphere of the depressive symptomatology is one of guilt, expiation, of not being worthy, and of the obvious self-critical attitude toward the self emphasized by both theorists. This patient's response to failure is to feel more guilt and less self-worth which facilitates further failure experiences in the face of impossible, rigid expectations.

Chodoff (1970) proposes a similar differentiation between two major depressive personality types. The crucial issue upon which he bases this differentiation concerns how these depressive types are vulnerable to lowered self-esteem. He describes an extractive-manipulative type and an obsessive-perfectionistic type. The extractive-manipulative depressive personality relies on ingratiating and "aggressive dependency" to procure its needs from others. Such individuals are most vulnerable to experiences of perceived rejection by others. This type seems to parallel Blatt's anaclitic depression with its central focus on being physically close to and accepted by the important other.

Chodoff's second type, the obsessive-perfectionistic personality type, denies and internalizes many of his needs. He tends to seek approval from others by striving to attain unrealistic standards, and is most vulnerable to experiences of perceived failure. This type appears to reflect Blatt's proposed introjective depression with its concern with the issues of approval and failure.

In addition to the observation of clinicians such as Arieti and Chodoff, there has been research support for Blatt's model, D'Afflitti (1973) studied feelings of depression in female college students in order to explore character dimensions associated with acute depressive episodes. He developed the Depressive Style Questionnaire to

measure several proposed aspects of such depressive "styles", such as fear of abandonment, self-blame, guilt, ambivalence, etc. His results tend to support a two dimensional approach to depression. A factor analysis of the questionnaire data from three separate samples yielded two independent dimensions in these dysphoric self-reports that were interpreted in terms of depression: (a) a dependency dimension, reflecting themes of helplessness, urgent needs to be cared for, and fears of separation and loss; (b) a self-evaluation dimension, reflecting themes of high internalized standards, guilt, and concern about failure to live up to expectations.

D'Afflitti's results provide support for Blatt's differentiation of two types of depression. This dependency dimension seems to reflect the concerns and issues involved in anaclitic depression, while the self-evaluation dimension seems to reflect the conflicts and themes of the proposed introjective depression.

Blatt, D'Afflitti, and Quinlan (1976) further developed the work of D'Afflitti (1973) in exploring possible dimensions of depressive experience in normal young adults. They proposed that the normal affect state of depression may be continuous with its clinical manifestation, and that a study of depressed feelings in normal adults should relate to theorized distinctions made with clinical populations. Specifically, they attempted to explore whether correlates

of Blatt's (1974) two dimensions of clinical depression could be identified in the depressed feelings reported by normal college students.

To explore this proposal, they constructed the Depressive Experiences Questionnaire (DEQ) which seems to be a refined version of D'Afflitti's (1973) instrument. The DEQ measures not symptomatic expressions of depression but rather reflected experiences frequently reported by depressed patients, including items suggesting a distorted or depreciated sense of self and others, dependency, helplessness, fear of loss, ambivalence, difficulty dealing with anger, self-blame, and guilt. The DEQ, as well as other depression and personality measures, was administered to 660 subjects (500 female, 160 male). An orthogonal factor analysis of the DEQ items revealed three major factors. They labelled these factors Dependency, Self-criticism, and Efficacy according to the content of the items most highly loading on each. The first two are consistent with the proposed characteristics of anaclitic and introjective depression (Blatt, 1974).

The first factor, Dependency, describes themes of concern about interpersonal relationships, fear of abandonment, loneliness, helplessness, and needs to be close to and dependent upon others. In addition there are perceptions of the self as weak, difficulties in the management of anger, and fears of offending and thereby losing someone.

These themes and concerns reflect the characteristics of the proposed dimension of anaclitic depression.

Self-criticism, the second DEQ factor, consists of items that are more internally oriented and evaluative, including concerns about feeling guilty, empty, hopeless, unsatisfied, and insecure. In addition, there are feelings of having failed to meet expectations and standards, being unable to assume responsibility, threatened by change, ambivalent about self and others, and tending to assume blame and manifest strongly self-critical attitudes. This Self-criticism factor seems to describe the characteristics of the introjective dimension of depression.

The third DEQ factor, Efficacy, includes items which suggest a sense of confidence about the self, independence, satisfaction, and strength. There are high standards, but with a feeling of success or pride in one's accomplishments. It seems to connote a positive, goal-striving image that has a nondepressive or anti-depressive quality to it. Whereas the first two factors are consistent with and explained by Blatt's model of depression, the Efficacy factor seems independent in concept, perhaps reflecting a positive blending of the confident, nondepressive themes included in the DEQ items. Blatt et al. (1976) did not much theorize about this Efficacy factor, nor did they integrate it into the interpretation of their major results, and this must be viewed as a weak aspect of the study.

The relation between the first two DEQ factors and other, traditional indices of depression lends more support to the conclusion that these factors reflect Blatt's (1974) model. Blatt et al. (1976) report that Self-criticism correlated highly with the standard depression measures used (Zung Self-rating Depression Scale and Wessman-Ricks Mood Scale) and with the evaluation dimension of the semantic differential scales. Dependency, on the other hand, is reported to have significantly lower correlations with these traditional depression indices. Interpreting these results, it appears that the Dependency factor taps a dimension not usually measured by depression scales; these scales being primarily sensitive to the guilty, self-accusatory aspects of the depressive picture. Further, Blatt et al. (1976) reported the Dependency factor to be "less well differentiated" than the Self-criticism factor. This evidence would tend to support the theoretical assumption that anaclitic depression and its associated conflicts about dependency issues tend to originate at an earlier and less well differentiated developmental level (Blatt, 1974).

To assess whether there are different symptomatic manifestations associated with the Dependency and Self-criticism dimensions, the DEQ factors were related to an item analysis of the Zung SDS. Dependency correlated significantly with five of the SDS items reflecting somatic concerns, irritability and indecisiveness. Self-criticism

correlated significantly with 14 of the 20 SDS items dealing with concerns about personal dissatisfaction, hopelessness, emptiness, and self-devaluation. Blatt et al. (1976) concluded that "the Self-criticism factor was associated with the psychological items of the Zung, while the Dependency factor related primarily to somatic-vegetative concerns and the noncognitive and symptomatic expressions of depression." (p. 387) These findings are consistent with Blatt's (1974) hypothesis that anaclitic depression originates from earlier, less developed periods and hence its symptoms should tend to be more somatic and less cognitive in nature; while in introjective depression there is a more advanced development of the self, and correspondingly more concern with guilt, failure, and higher level cognitive symptoms.

Summarizing, it appears that the study of Blatt et al. (1976) takes a major first step in validating a two dimensional model of depression. The depressive feelings experienced by normal adults seem to be continuous with those observed in clinical populations. In this study of depression reported by normal subjects, two independent depressive dimensions were identified from a factor analysis of the DEQ: a Dependency factor which appears to describe the manifestations of anaclitic depression; and a Self-criticism factor which appears related to the proposed introjective dimension of depression. Further, the relationships between these factors and various other instru-

ments support some of the theoretical predictions implicit in Blatt's (1974) model. There is also a less well interpreted Efficacy factor in the DEQ items, about which there needs to be more research.

Design and Hypotheses

It is the purpose of the present study to further evaluate these DEQ factors and thereby continue the process of construct validation of Blatt's (1974) model of depression. This will involve two parts. In the first, the identified DEQ factors will be related to current personality measures to determine whether the Dependency and Self-criticism factors do indeed represent accepted psychological variables of dependency and self-criticism (at this point, the naming of these factors is arbitrary and merely descriptive of their item content; they are not as yet related to other measures of the same constructs).

As measures of the dependency variable, two dependency scores derived from the work of Levitt, Brady, and Lubin (1963) and Zuckerman, Levitt, and Lubin (1961) are used. They are constructed from the scales of the Edwards Personal Preference Schedule (EPPS). The first, +Dep, is a positive measure of interpersonal dependency, obtained by combining the standard scores for the EPPS scales theoretically assumed to be positively related to dependency (Deference, Affiliation, and Succorance); it is expected

to be positively related to the Dependency factor of the DEQ. The second measure, -Dep, is a negative measure of dependency, obtained by combining the standard scores for the EPPS variables thought to be negatively related to dependency (Autonomy, Dominance, and Aggression); it is expected that -Dep is negatively correlated to the Dependency factor of the DEQ. As the Dependency and Self-criticism factors are theoretically and statistically independent, it is also expected that neither +Dep nor -Dep is correlated to Self-criticism.

The Abasement scale of the EPPS is described in the manual (Edwards, 1959) as reflecting needs to:

feel guilty when one does something wrong, to accept blame . . . to feel the need for punishment for wrong doing . . . to feel the need for confession of errors, to feel depressed by inability to handle situations . . . to feel inferior to others in most respects.
(p. 11)

In other words, the Edwards' Abasement scale appears to measure a variable similar to that defined in the Self-criticism factor of the DEQ, and hence should reflect the atmosphere of introjective depression. Therefore, the Abasement scale (Aba) of the EPPS will be used as a criterion measure for self-criticism; it is expected that Aba is positively correlated to the DEQ's Self-criticism factor and nonrelated to the Dependency factor.

In order to explore the personality correlates of the third and somewhat unrelated DEQ factor, identified by

Blatt et al. (1976), Efficacy will be related to all EPPS scales.

The second part of this experiment to establish construct validity for Blatt's (1974) anaclitic and introjective depression deals with several hypothesized relationship between the DEQ factors and other psychological variables and behavioral self-report data.

Of the psychological constructs presently receiving much attention, Rotter's concept of locus of control (Rotter, 1966) may be differentially related to the two DEQ factors of Dependency and Self-criticism. Locus of control refers to the hypothesized dimension of perceived control over one's reinforcements; external locus of control referring to the predominant perception of one's reinforcements as externally controlled by fate or by powerful others, and internal locus of control referring to the perception of internal, self control over the events and outcomes in one's life. Previous research has indicated a positive relationship between external locus of control (represented by high scores on Rotter's Internal-External (I-E) scale) and severity of depression, suggesting that depression is at least in part related to the perception of one's life as being externally controlled (Emmelkamp & Cohen-Keitenis, 1975; Abramowitz, 1969).

However, if depressive phenomenon can be differentiated along the lines of the anaclitic and introjective

dimensions, then locus of control may be related differentially to these distinct types of depression. From the descriptions of anaclitic depression and Dependency on the DEQ, it can be theoretically expected that Dependency is related to the external pole of the I-E dimension; one's life circumstances perceived as determined by powerful others upon whom the individual is extremely dependent. Inversely, it can also be hypothesized that Self-criticism is related to the internal pole of the I-E dimension; one's life circumstances being perceived as self-determined, albeit unsuccessfully. Mathematically, high scores on the Rotter I-E scale (Rotter, 1966) represent perceived external locus of control while low scores represent the overall perception of internal control. Therefore, it is hypothesized that the Dependency factor of the DEQ is positively correlated to the Rotter I-E scale, while Self-criticism is expected to be negatively correlated to the Rotter.

In addition, the results of Blatt et al. (1976) indicated that the Zung Self-rating Depression Scale (SDS) correlates highly with Self-criticism and less strongly with Dependency. It was suggested that traditional depression measures are sensitive primarily to the emphasis on guilt and self-blame present in introjective depression. In order to test this prediction against a different measure of depression, the Dependency and Self-criticism factors will be correlated with the Beck Depression Inventory. It is

expected that depression on the Beck is positively correlated to Self-criticism and nonsignificantly related to Dependency.

Further, it has been suggested that persons exhibiting anaclitic or introjective depression (or such depressive personality trends) would tend to manifest different depressive symptoms. This prediction is based on Blatt's (1974) hypothesis that the two depressive types originate in different developmental periods where anxiety and frustration are managed in different ways. Originating in the earlier oral stage, anaclitic depression is expected to be manifested by the more somatic and noncognitive symptoms (sleep, eating, and activity disturbances); while introjective depression, originating in the more developmentally advanced phallic-oedipal period is expected to be manifested in the more cognitive, psychological symptoms (self-doubt and blame, ruminations, etc.). The initial research of Blatt et al. (1976) supports this prediction, indicating that Dependency is related to the fewer somatic, vegetative and noncognitive symptoms on the Zung SDS while Self-criticism is related to the majority of SDS items reflecting the cognitive psychological symptoms of depression.

In order to test this prediction of differential symptom manifestations associated with each DEQ factor, the Beck Depression Inventory is used. It is hypothesized that those

individuals exhibiting a highly dependent profile on the DEQ (primary emphasis on the Dependency factor) will also manifest their anxiety and depressive symptoms on the Beck more somatically and noncognitively (eg., sleep, eating and psychomotor disturbances). Further, it is expected that those individuals tending to identify more with the Self-criticism factor of the DEQ will manifest more cognitive, psychological complaints on the Beck (eg., self-doubt, guilt, dissatisfaction, and excessive ruminations).

Summary of Hypotheses

This experiment is an attempt to further establish the construct validity of Blatt's (1974) two dimensional model of depression by means of the Depressive Experiences Questionnaire (Blatt, D'Afflitti, & Quinlan, 1975). The DEQ's three major factors, Dependency, Self-criticism, and Efficacy, will be related to existing psychological variables to determine whether they behave in theoretically expected fashion. Two derived measures of dependency from the EPPS, the EPPS Abasement scale, Rotter's I-E scale, and the Beck Depression Inventory will be utilized to test these predictions. The hypotheses are summarized as follows:

It is hypothesized that the Dependency factor of the DEQ is positively correlated to the positive-dependency measure (+Dep) from the EPPS and negatively correlated to the negative-dependency measure (-Dep). It is further

hypothesized that both +Dep and -Dep are not correlated with the Self-criticism factor.

The Self-criticism factor of the DEQ is hypothesized to be positively correlated to the Abasement scale (Aba) of the EPPS. However, Aba is hypothesized not to be related to the Dependency factor.

The Rotter I-E Locus of Control scale is hypothesized to be positively correlated to the Dependency factor and negatively correlated to the Self-criticism factor.

Depression as measured by the Beck Depression Inventory is hypothesized to be positively correlated to Self-criticism on the DEQ and not related to the Dependency factor. Further, somatic depressive symptoms reported on the Beck are hypothesized to be positively correlated to the Dependency factor of the DEQ, and cognitive-psychological symptoms on the Beck are hypothesized to be positively correlated to the Self-criticism factor.

METHOD

Subjects

Eighty undergraduate students, enrolled in an introductory psychology course at Loyola University participated as subjects in this experiment. Of these 80 subjects, 11 protocols were rejected as a result of unacceptably low EPPS Consistency scores; Edwards' (1959) suggested cutoff point was used and those protocols with Consistency scores below ten were omitted from the analysis. Of the remaining 69 subjects, 37 were male and 32 female.

Materials

Several instruments were administered in the test booklet given to each subject. The Depressive Experiences Questionnaire (DEQ) was used, taken from the original publication by Blatt, D'Afflitti and Quinlan (1975). It is composed of 66 statements to which the subject responds by choosing a numbered response indicating strong agreement (7) to strong disagreement (1). The DEQ is reproduced in Appendix A.

The Edwards Personal Preference Schedule (EPPS) was administered according to the 1953 edition. The Rotter Internal-External Locus of Control scale (Rotter, 1966) was also administered.

Scores for the Beck Depression Inventory were avail-

able for 53 of the 69 subjects. The Beck had been administered to the entire introductory psychology class earlier in the semester as part of a questionnaire-research package. The actual test protocols were obtainable for 23 of the subjects.

Procedure

The measures were obtained in group administrations, the groups ranging in size from six to ten subjects each. The standard instructions for each instrument were briefly reviewed and any questions were referred to the printed instructions on each test.

As subjects finished the questionnaires (approximately 45-70 minutes), each individual was debriefed concerning the purposes and intentions of the study, and feedback and comments were sought about the procedures.

Scoring

Scores for the three DEQ factors (Dependency, Self-criticism, and Efficacy) were derived from certain key items in each factor, key items being those individual statements determined by a factor analysis of the DEQ to be most highly correlated with each particular total factor. The factor analysis used for the determination of key items was supplied with the test materials (Blatt et al., 1975). It was performed on the data from the original test sample of 500 female and 160 male college subjects, and produced

factor coefficients for each item with each total factor score. A factor coefficient represents the square of the correlation between the individual item and the total factor. Separate analyses were performed on male and female samples, because although both samples produced the same major factors, the item content of the factors was different in male and female subsamples.

The statistical stability of a derived factor is related to the sample size involved in the analysis, factors derived from larger samples being more stable. Since the factor analysis performed on the original test data used considerably more subjects than the present study ($n = 660$ vs. $n = 69$) and because the present population of college subjects should be similar to the original sample population, it was decided to use the original factor analysis as the basis for determining key items. The key items for each factor were defined as the 15 individual statements most highly correlated with each separate total factor. The criteria for inclusion as a key item were: correlation with the total factor $\geq .28$ and factor coefficient $\geq .07$. There was no overlap between the key items for Dependency and Self-criticism, and little overlap between the key items for those two factors and Efficacy. Separate lists of key items for male and female subjects were compiled from the separate factor analyses for each sex. The key items statistically chosen to represent each

of the three DEQ dimensions are listed in Appendix B.

A subject's factor score for a particular factor was defined as the sum of the responses for that factor's 15 key items. For those statements which correlated negatively with their DEQ factor, the responses on the 7-point scale were reversed before summing (one to seven, two to six, three to five, etc.), such that a high factor score represents a high amount of that particular depressive dimension. The theoretical range for a factor score is 15 to 105.

The EPPS was hand scored in standard fashion. Scores for the two dependency measures, +Dep and -Dep, were derived by the following procedure. A subject's +Dep score is the arithmetic sum of the t-scores for his Deference, Affiliation, and Succorance scales on the EPPS. A subject's -Dep score is the sum of the t-scores for the Dominance, Autonomy, and Aggression scales from the EPPS. The standardized t-scores were used so as to weight each component scale equally in the derived measure.

In order to examine the hypothesis that individuals with a tendency toward one of the two depressive factors would manifest characteristic symptomatology, two additional measures were derived; one attempted to measure the preponderance of anaclitic vs. introjective trends as suggested by the DEQ (termed DEQ-ratio); the other measured

the predominant type of depressive complaint, somatic vs. cognitive symptoms (termed Symptom-ratio). The variable DEQ-ratio is a measure of the degree to which an individual shows either a predominantly dependent, mixed, or predominantly self-critical orientation on the DEQ. It is defined as the ratio of the Dependency score to the sum of both the Dependency and Self-criticism scores ($\text{Dependency} / [\text{Dependency} + \text{Self-criticism}]$). Its range runs from 0 to 1.0; a score nearing 0 would suggest a higher emphasis on Self-criticism on the DEQ; a score nearing 1.0 would suggest a predominantly Dependent profile, while a score near the midpoint of 0.5 would suggest a tendency toward neither of the two depressive dimensions.

The second variable, Symptom-ratio, uses the self-reported complaints on the Beck to ascertain an individual's tendency to manifest depressive symptoms either somatically or cognitively. The Beck protocols were examined for 23 of the subjects. From the inventory, separate subscores were calculated for those seven items reflecting clearly somatic depressive symptoms (items 15 through 21) and those seven items representing clearly cognitive depressive symptoms (items 2 through 8). Symptom-ratio is defined as the ratio of the somatic items subscore to the sum of the somatic and cognitive subscores ($\text{somatic} / [\text{somatic} + \text{cognitive}]$). Scores nearing 0 represent a preponderance of cognitively or psychologically expressed symp-

toms; scores nearing 1.0 represent a preponderance of somatically expressed symptoms, and scores near the midpoint of 0.5 represent no demonstrated tendency toward either type of complaint.

The DEQ-ratio and Symptom-ratio variables were constructed such that a positive correlation is hypothesized between them. A significant positive correlation would mean that those persons with tendencies toward anaclitic depression were expressing primarily somatic and noncognitive symptoms, while those persons with more self-critical, introjective tendencies were manifesting primarily cognitive, psychological depressive complaints.

RESULTS

Factor Scores

The three DEQ factors defined by Blatt et al. (1976) were constructed as statistically independent variables. In order to monitor whether the factor scores in the present study conform to this requirement, the DEQ factors were correlated with themselves. These intercorrelations are presented in Table 1. As can be seen, there are no statistically significant correlations between any of the measures of DEQ factors in this study. The factor scores are acting as independent variables as predicted from previous research.

Correlations Between DEQ Factors and EPPS Criteria

Table 2 lists the correlations between the three DEQ factors and the various criterion measures employed in this study. It was hypothesized that the Dependency factor of the DEQ is positively correlated to the positive-dependency (+Dep) measure derived from EPPS scales and negatively correlated to the negative-dependency (-Dep) measure. Results confirm these hypotheses, indicating a significant positive correlation between the DEQ Dependency factor and +Dep ($r(67) = 0.3772, p = .001$) and a significant negative correlation between the Dependency factor and -Dep ($r(67) =$

TABLE 1

INTERCORRELATIONS BETWEEN
THE THREE DEQ FACTORS

| | Dependency | | Self-criticism | | Efficacy | |
|----------------|------------|--------|----------------|--------|----------|-----|
| | <u>r</u> | (p) | <u>r</u> | (p) | <u>r</u> | (p) |
| Dependency | 1.000 | | --- | | --- | |
| Self-criticism | 0.1459 | (.116) | 1.000 | | --- | |
| Efficacy | -0.1599 | (.095) | 0.0615 | (.308) | 1.000 | |

n = 69 for all correlations

TABLE 2

CORRELATIONS BETWEEN THE THREE
DEQ FACTORS AND CRITERION
MEASURES

| | Dependency | | Self-criticism | | Efficacy | |
|----------------------------------|------------|--------|----------------|--------|----------|--------|
| | <u>r</u> | (p) | <u>r</u> | (p) | <u>r</u> | (p) |
| +Dep (from EPPS) ^a | 0.3772 | (.001) | -0.0208 | (.433) | -0.1592 | (.096) |
| -Dep (from EPPS) ^a | -0.3392 | (.002) | 0.0498 | (.342) | 0.1373 | (.130) |
| Aba (from EPPS) ^a | 0.2678 | (.013) | 0.2045 | (.046) | -0.1117 | (.180) |
| Rotter I-E _b Scale | 0.0137 | (.456) | 0.4146 | (.001) | -0.0418 | (.368) |
| Beck (total) ^c | 0.1090 | (.219) | 0.4106 | (.001) | -0.3406 | (.006) |
| Beck Subscores ^d | | | | | | |
| Somatic | 0.1023 | (.321) | 0.2579 | (.117) | -0.3904 | (.033) |
| Cognitive | 0.3042 | (.079) | 0.4961 | (.008) | -0.2777 | (.100) |

^a n = 69

^b n = 68

^c n = 53

^d n = 23

-0.3392, $p = .002$). In addition, the hypotheses that both +Dep and -Dep are not related to the Self-criticism factor were also supported (Self-criticism with +Dep, $r(67) = -0.0208$, $p = .433$; Self-criticism with -Dep, $r(67) = 0.0498$, $p = .342$).

It was hypothesized that the Self-criticism factor of the DEQ is positively correlated with the Abasement scale of the EPPS; this was supported by the present results ($r(67) = 0.2045$, $p = .046$). The prediction that EPPS Abasement is not related to the Dependency factor, however, was not supported as the results indicate a significant positive correlation with the Dependency factor ($r(67) = 0.2678$, $p = .013$).

The correlations between the three DEQ factors and all EPPS scales are presented in Table 3. It can be seen that Efficacy is correlated significantly only with the Endurance scale ($r(67) = 0.2365$, $p = .025$).

Correlations with the Rotter I-E Scale

It was hypothesized that the Rotter I-E Scale is positively correlated with Dependency and negatively correlated with Self-criticism on the DEQ. Neither of these hypotheses was supported; in fact, the results suggest almost the inverse relationship. The Rotter is not related to the Dependency factor ($r(66) = 0.0137$, $p = .456$) and positively correlated to Self-criticism ($r(66) =$

TABLE 3

CORRELATIONS BETWEEN DEQ FACTORS AND
INDIVIDUAL EPPS SCALES

| EPPS Scales | Dependency | | Self-criticism | | Efficacy | |
|----------------|------------|--------|----------------|--------|----------|--------|
| | <u>r</u> | (p) | <u>r</u> | (p) | <u>r</u> | (p) |
| ACH | -0.2392 | (.024) | 0.1504 | (.109) | -0.0212 | (.431) |
| DEF | -0.1259 | (.151) | -0.3517 | (.002) | 0.0459 | (.354) |
| ORD | -0.1831 | (.066) | -0.1843 | (.065) | 0.0923 | (.225) |
| EXH | 0.0074 | (.476) | -0.0073 | (.476) | 0.0579 | (.318) |
| AUT | -0.4256 | (.001) | 0.0225 | (.427) | 0.0095 | (.469) |
| AFF | 0.4432 | (.001) | -0.0318 | (.398) | -0.1907 | (.058) |
| INT | -0.2559 | (.017) | -0.1011 | (.204) | 0.1770 | (.073) |
| SUC | 0.3170 | (.004) | 0.3295 | (.003) | -0.1225 | (.158) |
| DOM | -0.2339 | (.027) | -0.1737 | (.077) | 0.1521 | (.106) |
| ABA | 0.2678 | (.013) | 0.2045 | (.046) | -0.1117 | (.180) |
| NUR | 0.4214 | (.001) | 0.0017 | (.495) | -0.1905 | (.058) |
| CHG | -0.1549 | (.102) | 0.0255 | (.418) | -0.0392 | (.375) |
| END | -0.0500 | (.342) | -0.1856 | (.063) | 0.2365 | (.025) |
| HET | 0.0551 | (.326) | -0.0090 | (.471) | -0.0396 | (.373) |
| AGG | -0.0435 | (.361) | 0.2346 | (.026) | 0.1163 | (.171) |

n = 69 for all correlations

0.4146, $p = .001$). In addition, the Rotter is not related to the Efficacy factor of the DEQ ($r(66) = -0.0418$, $p = .368$).

Correlations with the Beck Depression Inventory

It was hypothesized that depression as measured by the Beck Depression Inventory is positively correlated to the Self-criticism factor and not related to the Dependency factor of the DEQ. The present data support both of these hypotheses (Beck with Self-criticism, $r(51) = 0.4106$, $p = .001$; Beck with Dependency, $r(51) = 0.1090$, $p = .219$). In addition, the Beck was negatively correlated with the Efficacy factor ($r(51) = -0.3406$, $p = .006$).

Relationship Between DEQ Factors and Type of Depressive Symptom

It was hypothesized that those individuals with analytic depressive trends as evidenced by high DEQ Dependency scores manifest depressive symptoms of a more somatic nature on the Beck, and that those persons with introjective depressive tendencies as measured by high Self-criticism scores on the DEQ report more cognitive, psychological symptoms on the Beck. To test these hypotheses, two ratios were constructed to reflect the predominance of either Dependency or Self-criticism on the DEQ (termed DEQ-ratio), and a predominance of either somatic or cognitive depressive symptomatology reported on the Beck

(termed Symptom-ratio). These two measures were designed such that a positive correlation was predicted between them. Results fail to support this hypothesis (\underline{r} (21) = -0.0236, \underline{p} = .457). An examination of the correlations between the two DEQ factors and the somatic and cognitive subscores from the Beck (see Table 2) indicate that while Self-criticism was positively correlated to cognitive symptoms on the Beck (\underline{r} (21) = 0.4961, \underline{p} = .008), Dependency was not related to the strength of reported somatic symptoms on the Beck (\underline{r} (21) = 0.1023, \underline{p} = .321).

DISCUSSION

As a primary consideration, it is important to note that the DEQ factor scores as constructed for this study were statistically independent (see Table 1). This confirmation is necessary for two reasons: (a) the original depressive dimensions were presumed to be theoretically independent (Blatt, 1974) and (b) the present factor scores were based on an analysis of a different but similar population (Blatt et al., 1975) in which the DEQ factors were derived as statistically independent variables. In light of the independence of the present factor scores, it seems reasonable to conclude that these measures of Dependency, Self-criticism, and Efficacy on the DEQ are in fact similar to those variables examined in previous research (Blatt et al., 1976).

Dependency and Self-Criticism Factors

In general the Dependency and Self-criticism factors correlated to the various EPPS criterion measures in theoretically predicted directions. This finding lends support to the interpretations of these DEQ dimensions by Blatt et al. (1976) and indirectly to Blatt's (1974) models of analytic and introjective depression.

The Dependency factor of the DEQ was positively cor-

related to the +Dep measure, this latter measure reflecting the Deference, Affiliation, and Succorance scales of the EPPS. Dependency was also negatively correlated to the -Dep measure, which is a combination of the EPPS Autonomy, Dominance, and Aggression scales. The confirmation of these hypotheses supports the interpretation of this DEQ factor as describing high interpersonal dependency needs, concerns about being cared for, feeling lonely and helpless and wanting to be close to and dependent upon others. It also seems theoretically opposite to needs to be independent, to be in control, alone, and needs to be hostile or aggressive. The label "Dependency" chosen by Blatt et al. (1976) does seem appropriate in light of these results. In addition, neither dependency measure from the EPPS (+Dep and -Dep) was related to Self-criticism, further supporting the conclusion that the DEQ factors are statistically independent.

Examining Table 3, it can be seen that the Dependency factor is positively correlated to the Affiliation, Succorance, Abasement, and Nurturance scales. Interestingly, although positively related to the total +Dep measure (Def + Aff + Suc), Dependency was not related to the individual Deference scale. It was however, negatively correlated to Achievement, Autonomy, Intraception, and Dominance. The picture that is suggested by this complex of relationships is one of strong needs to be with others, concerns with

receiving and giving care and help, giving in rather than fighting, and giving up to the independent, dominant other. There is little need for achievement or independence, and little introspection of either one's own motives or the perceptions and feelings of others. It is reasonably consistent with the highly dependent, helpless, and externally-oriented description of anaclitic depression (Blatt, 1974) as well as the basic character structure described by Bibring (1953) as underlying the helpless and dependent depressed ego.

The Self-criticism factor of the DEQ was positively correlated to the Abasement scale (Aba) of the EPPS as hypothesized. Edwards' (1959) description of the Abasement variable seems to describe the guilty, inferior, self-critical, and angry character of this second DEQ variable. Contrary to expectations however, Aba was also positively related to the Dependency factor. This unexpected finding may be related to some of the additional characteristics of the Aba variable not identified with the Self-criticism dimension. Edwards (1959) describes some of these non-self-critical characteristics as tending

. . . to feel better when giving in and avoiding a fight than when having one's own way . . . to feel depressed by inability to handle situations . . . (and) to feel timid in the presence of superiors.
(p. 11)

These qualities strongly suggest some of the characteristics of anaclitic depression, and by association, the

Dependency factor of the DEQ. The present data suggests that EPPS Abasement measures a variable positively related to both depressive DEQ dimensions. It may be composed of several concerns that were not differentiated in this study, or it may simply describe a variable that ties together the concerns of both depressive trends.

An examination of the correlations in Table 3 indicates that Self-criticism was positively related to Abasement, Succorance, and Aggression and negatively related to the Deference scale. These correlates of Self-criticism suggest a picture of an individual with tendencies to feel guilty and responsible, accept blame, insult others and express hostility toward others, to not conform to what is expected, and yet to desire help from and gain some encouragement from others. It is consistent with the description of the Self-criticism factor as related by Blatt et al., (1976): internally-directed, concerned with feeling guilty, hopeless, insecure, ambivalent about others, being unable to assume responsibility, and being highly self-evaluative. The correlational pattern associated with self-criticism in the present study is also consistent with Blatt's (1974) description of the character structure underlying introjective depression (i.e., determined by the incorporation of unrealistic ideals, expectations, and ambivalent, often hostile parental attitudes), and the formulations of traditional psychoanalysts (who emphasize the

self-critical, hostile and internalizing depressive).

Neither hypothesis concerning correlations between the Rotter I-E scale and the two depressive DEQ factors was supported by the present data. It was predicted that Dependency on the DEQ is related to external locus of control and thus positively correlated with Rotter scores, while Self-criticism is related to internal perception of control and thus negatively correlated to Rotter scores. The results of this study indicate almost an inverse relationship. Dependency is not significantly related to the locus of control dimension, while Self-criticism was positively correlated to the Rotter signifying that it is related to perceived external locus of control.

Although these results are not in the predicted directions, they are consistent with previous research examining the connection between depression and locus of control. Abramowitz (1969) and Emmelkamp and Cohen-Keitens (1975) both found a positive linear relationship between the Rotter I-E scale and measures of depression, indicating that persons reporting greater depressive symptoms perceived an external locus of control on the Rotter. Additionally, in the present study as well as in the work of Blatt et al. (1976) strength of depression as reported on traditional diagnostic indices was related to the DEQ's Self-criticism factor. Combining these findings, the positive correlation between Self-criticism and the Rotter

may be understood as perhaps related to the strong relationship between Self-criticism and traditional diagnoses of depression. Those individuals with high Self-criticism scores on the DEQ tend to report more depression and indicate an external orientation on the Rotter; they perceive their life situations as controlled by others or by fate, in general, not under their own control.

Abramowitz (1969) however, suggested the possibility that the locus of control dimension might be related to depression (and maladjustment in general) in a U-shaped fashion, with greater maladjustment associated with both high internality and high externality (satisfactory personal adjustment presumably being represented by a balanced perception of control). A similar line of reasoning was the basis for the present hypotheses which linked high internal perception of control to the introjective dimension and high external locus of control to the anaclitic dimension of depression. Results failed to confirm these hypotheses, supporting instead the findings of previous research and indicating a positive linear relationship between depression on the Beck and the Rotter I-E scale. It appears that traditionally measured depression and Self-criticism on the DEQ are both related to external locus of control.

Another issue that may be related to these negative findings concerns uncertainty about the nature of the locus

of control dimension. Rotter (1966) introduced the Internal-External scale to measure individual differences in the generalized expectancy of internal vs. external control over reinforcement in one's life. The I-E scale yields a single score to represent this internal vs. external dimension, and the instrument was thought to measure a unidimensional trait. Indeed, Rotter reported that his own factor analysis of the scale ($n = 400$) produced one general factor which accounted for most of the variance (1966).

However, there has recently been question about this aspect of the locus of control dimension, as "correlations between I-E scores and other variables have often been disappointingly low" (Mirels, 1970, p. 226; Lefcourt, 1966). Mirels (1970) attempted to clarify the factor structure of the I-E scale with the anticipation that separate factors emerging from the scale might enhance its usefulness in correlations with other psychological variables. His orthogonal factor analysis ($n = 316$) of the I-E items yielded two factors with quite different emphases. One factor reflected the belief that one could control one's personal life circumstances by hard work and persistence, i.e., a personal factor with the focus on the individual as the target of control. In contrast, the other factor concerned beliefs about a citizen's control over political and world affairs, a political dimension emphasizing instead the

social system as the target of control.

However, other factor analyses of the same scale have produced different component factors. Collins (1974) identified four such factors on the I-E scale. Instead of using Rotter's original forced-choice format, Collins administered each of the internal and external alternatives of the 23 item pairs as 46 separate Likert-style statements. His analysis yielded four principal factors labelled: belief in a difficult world, belief in a just world, belief in a predictable world, and belief in a politically responsive world. In contrast to Mirels (1970), all of Collins' factors reflect political or philosophical beliefs; there seems to be no "personal" control dimension identified from Collins' analysis. The effects of his Likert-style administration on the resultant factor structure is presently unaddressed.

A more recent study by Kaemmerer and Schwebel (1976) identified five factors in the I-E scale. Like Collins, Kaemmerer and Schwebel also utilized a Likert-style approach in administering the Rotter items. The resultant analysis ($n = 217$) produced five factors, four of which appear to be closely related to Collins' four political/philosophical factors. The additional fifth dimension was described as measuring belief in "personal effort" as instrumental in determining one's life circumstances. It appears that Kaemmerer and Schwebel's analysis resulting

in four political/philosophical and one personal factor may simply be a refinement of Mirels' (1970) earlier work, which subdivides Mirels' political/world events factor into four subcomponents.

At this point, the factor structure of Rotter's I-E scale is unclear. There is sizable, but inconsistent evidence using two different methodologies suggesting that the I-E scale measures not a unidimensional perceptual variable as originally presumed, but rather at least two (and possibly more) perceptual and cognitive-set variables. Among the identified factors in this locus of control instrument, there appears to be some measurement of perceived personal control over life events and at least one measurement of political or philosophical beliefs about the nature of cause and effect in the world. Although there is still question about the number and nature of its component dimensions, it does seem certain that Rotter's I-E scale measures more than the unidimensional variable originally assumed. As a result, correlations between other traits and the I-E scale may be diluted (when the correlated variable related differently to the component factors within the scale). In the present study, the different depressive dimensions associated with the two DEQ factors were hypothesized to be related to differences in the perception of a personal locus of control. It may be that other factors also represented in the Rotter

I-E score confounded the test of this hypothesis.

Both hypotheses concerning the relationship between the DEQ factors and the Beck Depression Inventory were supported by the present data. Depression as measured by the Beck is positively correlated to Self-criticism and unrelated to Dependency. This evidence is consistent with that from a previous study which employed the Zung Self-rating Depression Scale (SDS) as the measure of depression (Blatt et al., 1976). It appears that traditional depression indices (e.g., SDS or Beck) are sensitive primarily to the depressive concerns associated with the Self-criticism factor of the DEQ: guilt, self-evaluation, blame, and anxiety over unmet expectations. It may be that the DEQ Dependency factor assesses an aspect of depression not usually emphasized in traditional diagnosis. If such was the case, there would be added reason to reevaluate the existing theoretical and diagnostic approaches to depression.

Another aspect of the Dependency factor that may contribute to this situation was discussed by Blatt et al. (1976). They found that the Dependency factor was less well differentiated (statistically) than Self-criticism, and this might be related to its reduced correlations with the often highly specific depression indices. They also suggested that "denial may be a common defense in more dependent individuals, and this may be a particular issue

in the study of the dependency dimension of depression" (p. 387). This would be in line with the theoretical assumptions behind Blatt's (1974) model. Anaclitic depression, associated with the Dependency dimension of the DEQ, is presumed to originate from conflict at an earlier and less advanced (less well differentiated) developmental stage, and therefore the more primitive defenses such as denial are expected to be utilized in anaclitic depression. Conversely, it is expected that introjective depression and the DEQ Self-criticism factor are related to the use of more advanced defense mechanisms, perhaps intellectualization, isolation, and obsessiveness. If this hypothesis about the utilization of denial by dependent individuals is accurate, one might expect lower depression scores by persons with high Dependency scores on the DEQ, as they attempt to deny their dysphoric feelings. In any event, results from the present study support the differential prediction that the DEQ's Self-criticism factor is correlated to traditional measures of depression, while Dependency on the DEQ is not.

The hypotheses concerning the relationship between the two depressive dimensions of the DEQ and predominant type of symptomatic manifestation were not supported. It was expected that those persons with a primarily dependent orientation on the DEQ (assumed to represent anaclitic depressive trends) would express their depressed feelings

by endorsing the more somatic, noncognitive items on the Beck, while those individuals indicating a primarily self-critical orientation on the DEQ (assumed to represent introjective depressive trends) would express their depressive symptoms in the more cognitive, psychological Beck items. The mathematical relationship constructed to test this prediction failed to support the hypothesis, indicating no relationship between type of symptom and DEQ orientation.

An examination of the component parts of this mathematical relationship sheds some light on this result. One of the hypotheses about type of depressive symptom was confirmed by the data, the other was not. In Table 2, it can be seen that the DEQ Self-criticism factor is positively correlated to the cognitive symptoms subscore of the Beck. However, the Dependency factor is not related to the somatic symptoms subscore of the Beck. Interestingly, the correlations involving the somatic subscore are the weakest of all four correlations between type of symptom and DEQ depressive factor. This is somewhat surprising as somatic and vegetative symptoms are often thought to be signs of more serious, sometimes psychotic disorders.

There are several possible reasons for this finding. One concerns the degree of pathology represented in the sample. The Mean Beck score of the sample was 7.9, well below Beck's suggested cut-off score of 13 for diagnosing

depression (Beck and Beamesderfer, 1974). Since the present sample was composed largely of "normal" subjects, it may be that the measure of symptom type did not contain an adequate number of reported somatic symptoms. This would especially be the case if somatic symptomatology is related to more severe depressive disorders. This phenomenon would have the effect of confounding the test of the immediate hypothesis (that differences on the DEQ are related to characteristic symptomatology) in that the Beck profiles may not have included adequate numbers of both types of depressive complaints.

Another possible factor contributing to these results concerns the sample size. Factor scores for the DEQ dimensions were calculated for the present sample of 69 subjects. Beck scores were obtained from a questionnaire administration earlier in the academic term, and were unavailable for 16 of the sample subjects; therefore, the total number of Beck scores available for this analysis was 53. In addition, there were only 23 actual Beck protocols obtained for computation of the somatic and cognitive subscores. As a result, the test of the hypothesis concerning predominant symptom type and DEQ orientation was performed on a small subgroup of the original sample ($n = 23$). Therefore relatively high correlation coefficients were required for statistical significance; coefficients of 0.30 were nonsignificant with this sample

size ($p > .05$; see Table 2). It may be that a retest with a larger population would produce different findings.

A third possible explanation involves the adequacy of the measures of symptom-tendency. The calculated subscores of somatic and cognitive symptoms from the Beck may not adequately measure the intended variables of predominant symptomatic manifestation of depressive affect. More sensitive instruments may very well be needed to test this hypothesis.

In conclusion, the hypotheses suggesting that different depressive dimensions would be linked to different types of depressive symptoms were not confirmed in this study. It is unclear whether this was due to methodological difficulties in the present experiment, or due to faulty hypotheses. Further research will be needed to satisfactorily answer this question.

Summary

The Dependency and Self-criticism dimensions of the DEQ were correlated to the chosen criterion measures from the EPPS in generally predicted fashion. They produced correlational patterns on the EPPS which were consistent with previous descriptions of the proposed anaclitic and introjective depressions, respectively (Blatt et al., 1976; D'Afflitti, 1973). The relationship between these two depressive factors and the EPPS criterion variables support

the interpretation of these two separate dimensions of depression within the DEQ and the related assumption that depressive trends identifiable in normal populations are consistent with those derived from clinical experience. In addition, the confirmation of these hypotheses also lends support to the theoretical work of Blatt (1974) which proposed the differentiation of these anaclitic and introjective dimensions of depression.

The Dependency and Self-criticism factors are not related to the Rotter locus of control dimension in the expected directions, however. Dependency is not significantly related to perceived locus of control, while Self-criticism is related to perceived external control of reinforcement. Although this finding is consistent with previous research about depression and locus of control, there is still question about the nature of the I-E scale which may account for the present nonsupportive findings.

The two DEQ dimensions of depression are related to a traditional measure of depression in the hypothesized directions. The Beck index is positively correlated to Self-criticism, but unrelated to Dependency. Understood in the light of previous findings, it seems clear that the traditional diagnosis of depression relies heavily on the concerns associated only with introjective depression. The measurement of anaclitic depression has not as yet been included as a major component in diagnosis, hence

the identification of Dependency on the DEQ seems a first step in this process.

The related hypothesis that persons with an orientation toward one of the two depressive styles (as evidenced on the DEQ) manifest certain types of theoretically-consistent symptomatology when depressed was not supported. It is unclear whether this finding was due to an untenable hypothesis, or to methodological difficulties with the small size of the subsample tested or with the measure of symptom-style.

Efficacy on the DEQ

The third dimension of the DEQ identified by Blatt et al. (1976) was labelled Efficacy. It appears to describe a positive, goal-striving, nondepressive factor in the questionnaire items. Based on an examination of the item content of this factor, Blatt et al. described the Efficacy dimension as representing themes of high standards, personal responsibility, inner strength, and feelings of satisfaction and pride in one's accomplishments. The correlations between the DEQ factors and various criterion measures in their study tended to support this picture. Efficacy is negatively related to depression on the Wessman-Ricks Mood Scale. Whereas the Dependency and Self-criticism factors produce divergent (but theoretically consistent) correlations with the three dimensions of a

semantic differential, there are no significant differences in the correlations between the Efficacy factor and the evaluation, potency, and activity dimensions of the semantic differential (i.e., Efficacy is positively correlated with all three). This initial information about the Efficacy factor shed some light on the nature of this third DEQ dimension.

Efficacy however, was still a relatively unknown quantity from the description emerging from the Blatt et al. (1976) study. The correlates of Efficacy in the present experiment were examined in an attempt to further delineate this non-depressive DEQ factor. From a review of Tables 2 and 3 it can be concluded that Efficacy is related to very few of the personality variables utilized as criteria in this study. Efficacy is not related to the +Dep, -Dep, and Abasement measures chosen to examine the depressive Dependency and Self-criticism dimensions. This finding further supports the conclusion that Efficacy is independent of the other two DEQ factors.

Efficacy was correlated to all EPPS scales in an attempt to determine its relationship to accepted personality variables. However, it is not related to any EPPS scales save one--it is positively correlated to the Endurance scale. This positive relationship between Efficacy and EPPS Endurance is consistent with the picture of the DEQ dimension that emerged from the Blatt et al. (1976)

study; Endurance supports the goal-oriented, confident description of Efficacy. However, it was not related to other EPPS variables to which one might have expected that it would be positively correlated, such as Achievement or Autonomy.

Efficacy was also unrelated to perceived locus of control on the Rotter. It was suggested that this result may be consistent with the previously explored hypothesis of Abramowitz (1969) that maladjustment is related to both extremes of the locus of control dimension. If Abramowitz is accurate, then "healthy" personal adjustment, seemingly represented by the Efficacy factor might be related to the center of the locus of control dimension. This hypothesis was tested by means of an analysis of variance. Rotter scores were separated into three groups: low (internal control), middle, and high scores (external control). Efficacy scores were considered as the dependent variable. The analysis indicated that there were no differences in Efficacy scores between the three locus of control groups ($F(2) = 0.175, p = .84$, see Table 4). As with the relationship between Beck scores and the Rotter I-E scale, Abramowitz's (1969) hypothesis of a U-shaped relationship of locus of control to personal adjustment was not supported by the present data.

Efficacy is significantly related to depression as

TABLE 4

ANALYSIS OF VARIANCE OF EFFICACY
SCORES BY THREE GROUPS OF ROTTER I-E SCORES

| Source | <u>SS</u> | <u>df</u> | <u>MS</u> | <u>F</u> | <u>p</u> |
|----------------|-----------|-----------|-----------|----------|----------|
| Between Groups | 27.5046 | 2 | 13.7523 | 0.175 | 0.8399 |
| Within Groups | 5108.4115 | 65 | 78.5909 | | |
| Total | 5135.9141 | 67 | | | |

measured by the Beck Depression Inventory. It is negatively correlated to both the total Beck score and the somatic symptoms subscore of the Beck. It appears that Efficacy measures a nondepressive or antidepressive dimension; the confidence and self-satisfaction represented by the Efficacy factor does not lend itself to depressive character styles. Or it may be that the Efficacy dimension is a result of the response patterns of those persons whom Seligman (1974) described as "immunized" against depression (interpreted as learned helplessness) by previous successful life experiences.

Seligman (1974) noticed that certain laboratory dogs seemed quite resistant to learned helplessness training and would not respond with the expected passivity in the experimental situation. Many of these experimental subjects were originally wild animals, rather than being hand-raised laboratory specimens. He postulated that the freedom and occasional success experiences derived from such a "wild" past history may have immunized these subjects to the effects of learned helplessness training; the self-contingent positive outcomes of their past history had strengthened their resistance to the laboratory induced depression analog. He also makes several suggestions concerning attempts to maximize the immunizing effect of such positive experiences in human development. In the DEQ, the Efficacy factor may reflect the response

styles of those persons who are less susceptible to depressive episodes, those persons with the necessary experiences of successful positive outcomes which enable them to resist depressive tendencies.

Summary

The correlates of Efficacy in the present study are consistent with the previous description (Blatt et al., 1976) of this third DEQ factor. Efficacy is negatively correlated to depressive symptomatology (especially somatic symptoms) on the Beck, positively correlated to Endurance on the EPPS, and unrelated to all other EPPS personality variables and to locus of control. This correlational pattern supports and somewhat expands the emerging picture of Efficacy as a successful, nondepressive and confident dimension in the DEQ items.

Suggestions for Further Research

The results from the present study are generally consistent with data from previous research and with the theoretically based predictions about the identified DEQ factors. There are however, issues which require further study and clarification.

A major issue which remains unresolved is that involving the theoretical prediction that there are differential symptom patterns associated with each depressive dimension in the DEQ. This hypothesis was not supported

by the present data, although it is strongly suggested by previous theoretical, clinical, and experimental evidence. Blatt (1974) delineated case studies of persons exhibiting anaclitic and introjective depressions, each type being characterized by individual symptom patterns. In fact, the psychodynamic and symptomatic styles which he described as being associated with each depressive type were quite disparate. Arieti (1978b) also described two types of clinical depression in his patients, claiming and self-blaming depressions, which were differentiated by separate dynamics and symptomatic presentations. He strongly suggests that each type presents itself in a qualitatively different manner and requires different treatment approaches in their acute phases. Finally, Blatt et al. (1976) reported that in an item analysis of the relationship between the DEQ factors and Zung's Self-rating Depression Scale (SDS), the Dependency factor was correlated with those SDS items representing somatic, non-cognitive complaints, while Self-criticism was related to the cognitive, psychological items on the test.

These three lines of evidence all appear to suggest that the different personality styles underlying anaclitic and introjective depression are associated with individually characteristic symptomatic behavior. The test constructed to examine this hypothesis in the present study failed, however, to confirm this prediction. One of the

two component hypotheses in the prediction was supported; the other was not. It is currently unclear whether this negative finding was due to an untenable hypothesis, inadequate measures, small sample size, or a lack of reported somatic symptoms.

Further research is necessary to clarify this situation. Are the separate DEQ dimensions associated with different, characteristic symptomatology? Several methodological changes might aid in answering this question. First, larger samples are needed to adequately measure any correlation between symptomatic style and DEQ factor. With the small subsample in the present study, correlation coefficients of 0.30 were statistically nonsignificant. A larger sample would allow a more statistically sensitive examination of the hypothesis.

Secondly, it would be beneficial to assess populations with a more varied range of depressive symptoms, from the less through the more severe. It is possible that in this experiment, scores on the measure of symptomatic style were skewed toward the less serious depressive complaints. If this was the case, it would have confounded the test of the hypothesis. A more clinically varied population would increase the possibility of a normal distribution of scores on the symptomatic style measure.

And finally, several measures of symptomatic style should be employed. Blatt et al. (1976) utilized the Zung

SDS; the Beck Depression Inventory was used in the present study. In addition to these instruments, there are several others which might be employed to measure this variable; the MMPI-D and the Depressive Adjectives Check List, for instance. In addition, ratings of subjective impression or behavioral reports might be used to measure this pervasive and yet subtle variable of symptomatic style. They should be constructed from the clinical observations of Arieti (1978b) and Blatt (1974).

Subsequent research is also necessary to explore whether the Dependency and Self-criticism factors (and the formulations of anaclitic and introjective depression) are related to differences in other areas of personality functioning. It is not known, for instance, whether there are any differences in the proportion of anaclitic vs. introjective depressions (or depressive trends) associated with differences in age, sex, or cultural styles. It is known that three presumably equivalent factors emerged from the DEQ protocols of separate male and female groups. Although the dimensions included the same general themes, the item content of male and female-derived factors was slightly different (Blatt et al., 1975). Whether these represent distinct differences in depressive styles between men and women, or whether these differences in factor composition were minor statistical variations is unclear. Separate factor analyses were originally performed on male

and female samples, and these separate analyses were used to derive factor scores for the present study. One possible goal of an increased understanding of the relationship between sex and DEQ dimension could be a common scoring key for the DEQ which accounts for these variations.

It is also possible that the personality structures associated with Dependency and Self-criticism on the DEQ may be related to differences in cognitive style and affective or intellectual functioning. The correlations between DEQ dimensions and personality needs as manifested on the EPPS were an initial step in this process. This examination should continue so as to obtain a clear picture of the relationship between personality development, cognitive and personality functioning, and depressive style.

A specific hypothesis along these lines concerns the relationship between depressive type (vis-à-vis the DEQ) and defensive style. Based on the assumption that anaclitic and introjective depressive dimensions originate in different developmental periods characterized by different levels of personality organization, it can be hypothesized that the two depressive DEQ factors are related to differences in the defensive styles of depressed persons. Individuals of different depressive types (anaclitic or introjective) may tend to utilize characteristic defense mechanisms which are consistent with the personality organization prevalent at the period of the developmental

conflict. Anaclitic depression (operationalized as Dependency on the DEQ), originating from early conflicts during the oral developmental period, may be associated with the use of the more primitive defense mechanisms (e.g., denial, fantasy, and narcissism), while introjective depression (DEQ Self-criticism), originating from conflict at a more advanced developmental period, may be associated with the use of defenses based on higher levels of personality organization (e.g., obsessiveness, intellectualization, and rationalization).

There is already some initial speculation that the use of denial is more prevalent in highly dependent individuals (Blatt, Quinlan, & D'Afflitti, 1972; D'Afflitti, 1973). The case descriptions of Arieti (1978b) and Blatt (1974) tend to support this hypothesis, but there needs to be hard experimental evidence concerning the link between depressive type and preferred defensive style. Such confirmation would strongly support the theoretical basis for the differentiation of anaclitic and introjective depression. Characteristic defense mechanisms might be assessed from clinician's ratings of client behavior or taped material, analyses of projective testing, or perhaps by the use of an instrument such as the Defense Mechanism Inventory (Gleser & Ihilevich, 1969).

Another major issue which must be addressed in the process of establishing construct validity for the DEQ

concerns the applicability of the depressive dimensions identified in normal populations to clinical populations. The use of nonclinical subjects seems to be a valid method for studying depression based on the assumption that personality trends and phenomenon in normal subjects are continuous with those in clinical samples. The Blatt et al. (1976) and D'Afflitti (1973) studies and the current project support this assumption, as clinically derived variables seem to adequately describe the experiences of normal subjects. In fact, the point has been advanced that one of the major advantages in using relatively normal populations is that severe symptomatology may serve to mask the subtle psychodynamics of depression (Blatt et al., 1976).

However, the assumption of continuity between normal and clinical populations should be examined. Does the two dimensional model of anaclitic and introjective depression adequately describe clinical samples? Another factor analysis of the DEQ should be performed on the protocols of clinically depressed individuals with an eye to answering the following questions: (a) do similar DEQ factors emerge in the clinical sample, reflecting the dependency of anaclitic depression and the guilt of introjective depression? (b) are these depressive dimensions independent? (c) can particular depressed individuals be described as exhibiting primarily one or the other type of depression? (d) is

there a "mixed type" represented in the clinical sample?

(e) are the DEQ dimensions associated with different symptomatic presentations, past histories, responses to different treatments, or prognoses?

It may be that one depressive dimension is associated with more severe depressive disorders, or that one can identify mixed types which are more resistant to treatment. However, it is likely that similar depressive dimensions will emerge from the clinical population, reflecting qualitative differences between the dependency and helplessness of anaclitic depression and the guilt and intropunitiveness of introjective depression; Blatt's (1974) formulations were originally developed from the application of psychodynamic theory to clinical experience. Such confirmation of the applicability of anaclitic and introjective depression to both normal and clinical groups will help in large part to establish the construct validity of the two dimensional, developmentally based model of depression.

SUMMARY

This study explores the construct validity of the Depressive Experiences Questionnaire (DEQ). The DEQ was developed to examine the applicability of a two dimensional model of depression proposed by Blatt (1974). Blatt's model suggests that depression might be understood as a multidimensional rather than unitary phenomenon which can include the formulations of previously divergent psychodynamic theoreticians. He postulates that there are different types of depressive phenomenon related to conflict at different periods in the developmental process. As a result, these separate dimensions of depression are characterized by differences in underlying dynamics, presenting symptomatology, and perhaps effective treatment. Blatt's model differentiates two depressive types, analytic and introjective depression, which describe, developmentally link, and thereby integrate the previous disparate formulations of the nature and dynamics of the disorder.

In traditional psychoanalytic theory, depression is interpreted in terms of the introjection of unrealistic standards from inconsistent, ambivalent parental models, the internalization of hostility and rage toward the self, and the expression of intense feelings of guilt associated

with failure to live up to expected standards of perfection (Fenichel, 1945; Freud, 1917; Jacobson, 1971). Blatt incorporates this traditionally emphasized aspect of depression as introjective depression, reflecting feelings of inferiority, failure, punishment, and guilt. According to Blatt, it originates in conflict during the phallic-oedipal stage of personality development and its dynamics and central conflicts can be understood as related to that level of personality organization.

There is another psychoanalytic position on depression originally articulated by Bibring (1953) which emphasizes instead the dependent, helpless nature of the depressed state of the ego; hostility is relegated to a secondary role. Bibring views depression as one of the four basic postures of the ego in relation to its experiences in the world (along with the ego states of security, elation, and anxiety). Blatt incorporates this view of the dependent, helpless depressive into his model as analytic depression. It is thought to develop from conflict in the earlier oral period of personality development, and reflects concerns about abandonment, separation, loneliness, and feelings of weakness and helplessness in the face of difficult situations.

The DEQ was designed to explore these depressive dimensions in the experience of normal adults; it consists of statements of reflected experiences often reported by

depressed persons (not merely symptoms). A factor analysis of the DEQ (Blatt et al., 1976) identified three major independent factors in the questionnaire items, two of which closely correspond to Blatt's proposed model; a Dependency factor which appears to reflect the concerns of the proposed anaclitic depression; a Self-criticism factor which appears to describe the conflicts and feelings of introjective depression; and an Efficacy factor which seems to represent a distinctly nondepressive, positive dimension in the DEQ items.

The present experiment extends the exploration and validation of these DEQ dimensions initiated by Blatt et al. (1976). Factor scores for the three previously delineated DEQ factors were correlated to several criterion measures of dependency and self-criticism, as well as to other personality variables theoretically presumed to be related to these DEQ dimensions (specifically, the Rotter I-E scale, the Beck Depression Inventory, and a derived measure of the "symptomatic style" of the depressed individual).

It was found that the two depressive DEQ factors (Dependency and Self-criticism) are related to the criterion measures in generally predicted fashion, supporting previous assertions about the DEQ.

The Dependency factor of the DEQ is correlated in the hypothesized directions to the two compound measures

of interpersonal dependency constructed from the EPPS. It is also positively related to the EPPS criterion measure for self-criticism, which was not predicted; several possible explanations are discussed. Dependency is not related to the Rotter I-E scale, although a positive correlation had been hypothesized. However, it is related in predicted fashion to depression as reported on the Beck Depression Inventory. The correlational description of the Dependency factor suggested by this experiment is consistent with previous characterizations of this depressive dimension.

Self-criticism on the DEQ is positively correlated to its criterion measure from the EPPS as hypothesized, and is not related to the dependency criteria, also as hypothesized. It is positively related to external locus of control on the Rotter, contrary to expectations. Self-criticism is also positively correlated to depression as measured by the Beck, and the correlates of the Self-criticism dimension are consistent with previous theorizations and descriptions of the depressive factor.

An individual's predominant orientation toward either Dependency or Self-criticism on the DEQ (a measure of the predominant depressive "type") was found to be unrelated to "symptomatic style" reported on the Beck, symptomatic style defined as the predominance of somatically vs. cognitively expressed depressive symptoms.

In general, most of the criterion measures produced expected correlations with the DEQ factor scores, with the exception of the Rotter I-E scale. Locus of control on the Rotter was found to be related in an almost opposite way than expected; several explanations for this finding are discussed.

The correlates of the Efficacy factor were explored to extend its description from what had been previously reported (Blatt et al., 1976). However, it was found to be unrelated to most of the criterion measures utilized in this study. Efficacy is positively related to the Endurance scale on the EPPS and negatively related to depression on the Beck. Other than that, little seems clear about this third, nondepressive DEQ factor. Several interpretations of what is known about Efficacy are discussed.

The relevance of these findings to the process of establishing the construct validity of the DEQ is discussed. In sum, the results of this study tend to confirm the assumptions, interpretations, and predictions associated with these depressive DEQ dimensions. Hence, they also indirectly support the two dimensional theoretical model proposed by Blatt (1974) which distinguishes between anaclitic and introjective depression on the basis of internal dynamics, developmental considerations, and characteristic symptomatology.

This study when combined with previous work (Blatt

et al., 1976; D'Afflitti, 1973) strongly supports the contention that the depressive experience of normal adults can be described by a two dimensional model of depression which measures the relative importance of the factors of dependency (anaclitic depression) and guilt (introjective depression) as major characteristics of the disorder. Further research is needed to extend this model to clinical populations. With such samples, it should be determined whether there are differences in prognosis or treatment associated with these different dimensions of depression.

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APPENDIX

DEPRESSIVE EXPERIENCES QUESTIONNAIRE*

Listed below are a number of statements concerning personal characteristics and traits. Read each item and decide whether you agree or disagree and to what extent. If you strongly agree, circle 7; if you strongly disagree, circle 1; if you feel somewhere in between, circle any one of the numbers between 1 and 7. The midpoint, if you are neutral or undecided, is 4.

| | Strongly Agree | | | | | | Strongly Disagree |
|---|-------------------|---|---|---|---|---|----------------------|
| 1. I set my personal goals and standards as high as possible. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 2. Without support from others who are close to me, I would be helpless. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 3. I tend to be satisfied with my current plans and goals, rather than striving for higher goals. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 4. Sometimes I feel very big, and other times I feel very small. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 5. When I am closely involved with someone, I never feel jealous. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 6. I urgently need things that only other people can provide. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 7. I often find that I don't live up to my own standards or ideals. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 8. I feel I am always making full use of my potential abilities. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 9. The lack of permanence in human relationships doesn't bother me. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 10. If I fail to live up to expectations, I feel unworthy. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 11. Many times I feel helpless. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 12. I seldom worry about being criticized for things I have said or done. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 13. There is a considerable difference between how I am now and how I would like to be. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 14. I enjoy sharp competition with others. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 15. I feel I have many responsibilities that I must meet. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

| | Strongly Agree | | | | | | Strong Disagr |
|---|-------------------|---|---|---|---|---|------------------|
| 16. There are times when I feel "empty" inside. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 17. I tend not to be satisfied with what I have. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 18. I don't care whether or not I live up to what other people expect of me. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 19. I become frightened when I feel alone. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 20. I would feel like I'd be losing an important part of myself if I lost a very close friend. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 21. People will accept me no matter how many mistakes I have made. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 22. I have difficulty breaking off a relationship that is making me unhappy. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 23. I often think about the danger of losing someone who is close to me. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 24. Other people have high expectations of me. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 25. When I am with others, I tend to devalue or "undersell" myself. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 26. I am not very concerned with how other people respond to me. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 27. No matter how close a relationship between two people is, there is always a large amount of uncertainty and conflict. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 28. I am very sensitive to others for signs of rejection. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 29. It's important for my family that I succeed. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 30. Often, I feel I have disappointed others. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 31. If someone makes me angry, I let him (her) know how I feel. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 32. I constantly try, and very often go out of my way, to please or help people I am close to. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 33. I have many inner resources (abilities, strengths). | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 34. I find it very difficult to say "No" to the requests of friends. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 35. I never really feel secure in a close relationship. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

| | Strongly Agree | | | | | | Strongly Disagree |
|---|-------------------|---|---|---|---|---|----------------------|
| 36. The way I feel about myself frequently varies: there are times when I feel extremely good about myself and other times when I see only the bad in me and feel like a total failure. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 37. Often, I feel threatened by change. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 38. Even if the person who is closest to me were to leave, I could still "go it alone." | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 39. One must continually work to gain love from another person: that is, love has to be earned. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 40. I am very sensitive to the effects my words or actions have on the feelings of other people. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 41. I often blame myself for things I have done or said to someone. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 42. I am a very independent person. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 43. I often feel guilty. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 44. I think of myself as a very complex person, one who has "many sides." | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 45. I worry a lot about offending or hurting someone who is close to me. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 46. Anger frightens me. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 47. It is not "who you are," but "what you have accomplished" that counts. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 48. I feel good about myself whether I succeed or fail. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 49. I can easily put my own feelings and problems aside, and devote my complete attention to the feelings and problems of someone else. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 50. If someone I cared about became angry with me, I would feel threatened that he (she) might leave me. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 51. I feel uncomfortable when I am given important responsibilities. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 52. After a fight with a friend, I must make amends as soon as possible. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 53. I have a difficult time accepting weaknesses in myself. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

| | Strongly Agree | | | | | | Strongly Disagree |
|--|-------------------|---|---|---|---|---|----------------------|
| 54. It is more important that I enjoy my work than it is for me to have my work approved. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 55. After an argument, I feel very lonely. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 56. In my relationships with others, I am very concerned about what they can give to me. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 57. I rarely think about my family. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 58. Very frequently, my feelings toward someone close to me vary: there are times when I feel completely angry and other times when I feel all-loving towards that person. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 59. What I do and say has a very strong impact on those around me. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 60. I sometimes feel that I am "special." | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 61. I grew up in an extremely close family. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 62. I am very satisfied with myself and my accomplishments. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 63. I want many things from someone I am close to. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 64. I tend to be very critical of myself. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 65. Being alone doesn't bother me at all. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |
| 66. I very frequently compare myself to standards or goals. | 7 | 6 | 5 | 4 | 3 | 2 | 1 |

KEY ITEMS REPRESENTING
DEPENDENCY, SELF-CRITICISM, AND EFFICACY
ON THE DEQ
FOR MALE AND FEMALE PROTOCOLS

| <u>Dependency</u> | | <u>Self-criticism</u> | | <u>Efficacy</u> | |
|-------------------|---------------|-----------------------|---------------|-----------------|---------------|
| <u>Male</u> | <u>Female</u> | <u>Male</u> | <u>Female</u> | <u>Male</u> | <u>Female</u> |
| 9r | 2 | 4 | 3r | 1 | 1 |
| 12r | 9r | 11 | 7 | 14 | 15 |
| 18 | 12r | 14 | 13 | 15 | 24 |
| 20 | 19 | 16 | 17 | 24 | 32 |
| 23 | 23 | 17 | 30 | 29 | 33 |
| 26r | 26r | 19 | 35 | 33 | 38 |
| 32 | 32 | 27 | 36 | 38 | 40 |
| 34 | 34 | 32r | 43 | 39 | 42 |
| 35r | 38r | 35 | 44 | 40 | 44 |
| 38r | 42r | 36 | 53 | 42 | 59 |
| 44r | 45 | 44 | 56 | 59 | 60 |
| 45 | 46 | 46 | 58 | 60 | 61 |
| 56r | 52 | 51 | 62r | 62 | 62 |
| 57r | 55 | 56 | 64 | 65 | 64 |
| 65r | 65r | 58 | 66 | 66 | 66 |

Note: r denotes a negative correlation between the particular item and the total factor. In scoring, the response for such an item is reversed on the seven-point scale before being added to the factor total.

APPROVAL SHEET

The dissertation submitted by John R. Hoepfel has been read and approved by the following committee:

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The final copies have been examined by the director of the dissertation and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the dissertation is now given final approval by the Committee with reference to content and form.

The dissertation is therefore accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy.

April 18, 1979
Date

James E. Johnson
Director's Signature