

## Psychogenic Needs in Depression

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**Summary.** Thirty-eight depressed in- and outpatients at the Department of Psychiatry, Umeå University, were asked to complete a CMPS form concerning their psychogenic needs. The depression depth of these patients was then rated by a doctor who utilized selected items from the CPRS scale. The 38 patients were matched according to age and sex with 38 former depressed patients who had been investigated after recovery from a depressive syndrome to establish whether there is any correlation between psychogenic needs and severity of a depressive disorder and to determine whether these psychogenic needs depend on depression or are a more stable part of an individual's personality.

No difference between the two groups was found concerning diagnosis and no correlation was found between age and depression depth. We found weak but significant correlations ( $r_s = 0.38$ ) in only two of the twelve variables of psychogenic needs investigated (autonomy and acquiescence). By comparing the two groups of depressive and recovered patients, we found no difference for any of the twelve tested CMPS variables, but in further differentiation by sex the group of recovered women scored higher in variable affiliation than the group of depressive women.

Thus the psychogenic needs experienced by individuals prone to depression seem to be a more stable part of their habitual personality rather than a manifestation of depression.

**Key words:** Depressive disorder – Cesarec-Marke Personality Inventory (CMPS – Comprehensive Psychopathological Rating Scale (CPRS) – Habitual personality.

### Introduction

The characteristics of a personality structure predisposing to depressive breakdown have attracted much interest, and extensive reviews are available both in psychiatric and psychoanalytical literature [7, 25, 26]. Personality diagnosis has been made in several ways and different methods of assessing personality char-

acteristics have been suggested. Standardized methods of the personality inventory type are preferable, especially when the aim is to compare groups of patients; thus these have been used extensively in studies of depressed individuals. However, the results obtained, have not always been consistent. To facilitate consistent analyses of the 'validity,' 'stability,' and 'solidity' variables based on Sjöbring's theories [23], Marke and Nyman [18] constructed an inventory: the Marke-Nyman Temperament Scale (MNT). Using this inventory with groups of previously depressed patients in the recovery phase, Perris [21] found that bipolar depressives (BP) were more substable while unipolar depressives (UP) were more subvalid when compared with each other. Metcalfe et al. [19] compared UP subjects who had recovered from a depressive episode and health controls and found no difference in the stability scale. However, solidity scores were significantly higher and validity scores significantly lower in UP depressives than in the controls. Thus the UP depressives seem to lack self-confidence, energy, and adaptability. In a new investigation by our group [5] significantly lower values in the validity scale were found in UP as opposed to BP depressives. Similar findings have been reported by Beck et al. [3].

Other extensively used standardized inventories in studies of depressed patients are the Maudsley Personality Inventory (MPI) [10], and its later version, the Eysenck Personality Inventory (EPI) [11]. Using the MPI, Kerr et al. [16] found higher extroversion (E) scores in endogenous than in reactive depressed patients. Perris [22], studying patients in the recovery phase, found that BP patients scored lowest and 'reactive' depressed patients scored highest on the N scale of the MPI, whereas UP subjects scored in between.

Psychoanalysts, e.g., Fenichel [13] and Berliner [4], have, since the original work by Abraham [1], attached great importance to concepts of oral character and orality as the main personality characteristics in depressed individuals, i.e., personalities with exaggerated affectional and supportive needs and with traits expressing an excessive dependency.

'Typus melancholicus' as described by Tellenbach [25] and von Zerssen [26] is somewhat related to the concept of subvalidity. In this description the main stress is laid upon obsessional personality characteristics, especially with regard to those individuals who suffer from so-called 'involutional melancholia.'

One of the most common sources of error in nearly all studies concerning the personality of depressed patients, has been that the assessment of personality characteristics has been based on observations made on patients under treatment and during periods of illness. There is no doubt that personality assessment under such conditions is greatly influenced by the degree of illness, especially if the study is based on the patient's own opinion of himself.

Fahy [12] found by using the EPI and comparing the results obtained from patients on admission to the hospital and at discharge that the N score diminished and the E score increased. In investigations carried out with the MPI [8, 22], significant differences were found between the results obtained during the period of illness and those obtained when the patients were retested during recovery.

In a study of 'psychogenic needs' [24] using the inventory constructed by Cesarec and Marke (CMPS) [6] and aimed at a comparison of different diagnostic subgroups of depressed patients, individuals who had recovered from at least one

former depressive episode were investigated. It was found the BP subjects had a less-pronounced need to maintain self-esteem through support and approval from others and a less-pronounced feeling of guilt and superego conflict. Furthermore, they had a stronger need to dominate and lead other people and to expose themselves and be in the center.

A small group of 'unclassified' depressives who participated in the above-mentioned investigation showed very low values in the need for dominance, exhibition, and in the wish to be cared for. (The results of this study are quite similar to those obtained by Jacobsson et al. [15], whose study compared a group of depressed females from the same department.)

The previous investigation was carried out on former depressed patients in the recover phase. However we are interested in finding out whether there is a correlation between psychogenic needs as measured by the CMPS and severity of the depressive disorder, and whether these psychogenic needs depend on the depression or are a more stable characteristic of an individual's personality. The present investigation was designed to give some preliminary answers to these questions.

## Methods

In compliance with the first question, patients in a depressive phase were asked to participate in the study. To answer the second question, we could choose between at least two different procedures. The first was to ask the same group of patients to complete the CMPS both during depression and later on when recovered; another approach was to study a series of depressed patients in a depressive phase and compare their results with a matched group of former depressed patients from the previous pool studied during recovery. Both procedures have advantages and disadvantages. The first procedure allows a comparison of findings with the same subject, but any possible influence upon these results due to treatment during the phase of illness, for example, psychotherapy, cannot be measured, nor can memory effects be evaluated. The second procedure is disadvantageous in that it compares different individuals who may have different needs; however it gives an opportunity for verifying the hypothesis that some peculiar psychogenic needs are common to depressive-prone individuals. A test retest procedure must also take into account that a depressive condition can last a very long time in some individuals, and that maintenance treatment may be necessary after improvement, sometimes for a long time. All these factors introduce a source of uncertainty, which we wanted to avoid at least at this stage of the study. Thus we preferred to study depressed patients and to compare their results with a matched group.

### *a) The Series*

During the autumn and winter of 1976—1977, forty consecutive in- and outpatients at the Department of Psychiatry, Umeå University, with a current depressive symptomatology, and independent of any diagnostic subgrouping, participated in the study. Due to incomplete forms, two patients had to be excluded from the comparison. The diagnostic subgrouping of the patients in the study was made at the end of the investigation by two trained psychiatrists who were unaware of the results of the personality study and of the clinical ratings. The diagnoses were established only after common agreement according to the criteria given below.

The 38 depressed patients available for comparison were matched according to sex and age ( $\pm 5$  years) with 38 former depressed patients who had been investigated after recovery from a depressive syndrome (each patient was working and not sick-listed, and was not considered to be depressed by a trained psychiatrist. However, a few former patients were still on medication

such as low doses of anxiolytics or hypnotics) [24]. The matching of the patients was made without any knowledge of the results obtained from the personality inventory.

Healthy controls have not been included in this study, since none are as yet available. The only normative data existing are shown in the CMPS manual [6]. However, a study by Jacobson et al. [15] included healthy women of childbearing age, and, for purposes of comparison, we have included their corps profile in our discussion (Fig. 2).

#### *b) Diagnostic Criteria*

Diagnostic subgrouping was made according to the criteria already given elsewhere [17]. These may be summarized as follows:

*Unipolar Depressive Psychosis (UP).* This group comprised patients who had had at least three episodes of a depressive syndrome of a psychotic dimension, i.e., with a disturbed evaluation of reality and with free intervals of at least 6 months between episodes [21].

*Bipolar Affective Psychosis (BP).* This group comprised patients who, at the time of the investigation, had had a depressive syndrome of the global type and of a psychotic dimension and whose histories involved manic episodes.

A hypomanic episode has been considered to be an expression of bipolarity when (a) it occurred between episodes of depression and warranted medical care, (b) it occurred at the beginning of an episode which later became depressive, or (c) it occurred at the end of a depressive phase and lasted long enough to warrant a change of treatment from antidepressives to sedatives [21].

*Reactio-Neurotic Depressiva (RND).* This group comprised patients with a clear-cut depressive symptomatology of a neurotic, nonpsychotic dimension, i.e., with an unimpaired evaluation of reality during the whole course of the depressive episode. Furthermore, the condition must have arisen as a reaction to external events or must have represented an acute breakdown in persons with gross personality disorders of a neurotic nature (patients with unstable personalities and a tendency to react with depressive, anxious, or psychosomatic symptoms under the influence of stress in relatively normal life situations [9]).

*Depression NUD.* This group comprised all patients who could not be included in any other diagnostic group. Thus this group must be thought of as heterogeneous and no strict criteria for inclusion can be sought.

The final composition of the series (17 male, and 21 female pairs) is given in Table 1.

#### *c) Assessment of Psychogenic Needs*

To study psychogenic needs, the CMPS [6] was used. This scale is intended to measure 11 of the psychogenic needs suggested by Murray [20] and is based upon 165 questions to be answered

Diagnosis	Clinical state	
	Depressed	Recovered
UP	7	7
BP	2	6
RND	22	21
NUD	7	4
Total	38	38

**Table 1.** Diagnosis (and clinical state) of the two series (17 male pairs, 21 female pairs)<sup>a</sup>

<sup>a</sup>  $\chi^2 = 1.48$ ,  $df = 3$ , ns

'yes' or 'no.' Details about the CMPS are available elsewhere [6] and here it may be relevant to mention which needs are taken into account:

1. *Achievement*. The need to accomplish something difficult and to rival and surpass others.
2. *Affiliation*. The need to please and win affection of cathected objects and to adhere and remain loyal to friends.
3. *Aggression*. The need to revenge an injury, impulsive aggression, and irritability.
4. *Defense of Status*. The need to maintain self-esteem by support and approval from others.
5. *Guilt Feelings*. Guilt feelings and superego conflicts.
6. *Dominance*. The need to dominate and lead others.
7. *Exhibition*. The need to expose oneself, to be in the center, and be noticed.
8. *Autonomy*. The need for autonomy and independence.
9. *Nurturance*. The need to help, nurse, and take care of others.
10. *Order*. The need for order, cleanliness, and planning.
11. *Succorance*. The need to be helped, nursed, supported, and consoled.

**Table 2.** Selected items from the CPRS

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*Items*

- |          |   |
|----------|---|
| Reported | 1. Sadness<br>3. Inner tension<br>4. Hostile feelings<br>5. Inability to feel<br>6. Pessimistic thoughts<br>7. Suicidal thoughts<br>8. Hypochondriasis<br>9. Worrying over trifles<br>13. Indecision<br>14. Inertia<br>15. Fatigueability<br>16. Concentration difficulties<br>17. Failing memory<br>18. Reduced appetite<br>19. Reduced sleep<br>21. Reduced sexual interest<br>23. Autonomic disturbances<br>24. Aches and pains<br>25. Muscular tension<br>26. Loss of sensation or movement |
|----------|---|
- 

- |          |  |
|----------|--|
| Observed | 41. Apparent sadness<br>43. Hostility<br>44. Labile emotional response<br>46. Autonomic disturbances<br>54. Reduced speech<br>60. Slowness of movement<br>63. Muscular tension |
|----------|--|
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In addition to these need factors there is also an acquiescence scale measuring a tendency to answer 'yes' no matter what the question is. A five-factor index based on factor analysis can also be calculated. The factors are: I, Neurotic self assertion; II, Dominance, or a non-neurotic need to dominate; III, Aggressive nonconformity; IV, Passive dependence; and V, Sociability. However, these factors have not been taken into account in the present study.

#### *d) Rating of the Psychopathological State*

To assess the severity of the depressive syndrome, selected items from the Comprehensive Psychopathological Rating Scale (CPRS) [2] have been used. The scale is comprised of 67 items aimed at an assessment of both reported symptoms and observed signs. For the purpose of this research, we decided that the items most relevant for the psychopathological condition should be studied. The items selected for this investigation are presented in Table 2.

#### *e) Procedure*

Patients in the wards were approached either by the doctor or by the psychologist, who explained the nature of the study and asked them to participate. None of the patients who were asked refused to collaborate. The personality questionnaire was administered individually to each patient by the psychologist during the first week of admission to the hospital and before any treatment was given. On the same day, the severity of the depressive syndrome was rated by the doctor, who was unaware of the CMPS results. Patients at the outpatient unit were asked to complete the CMPS and were rated with the CPRS upon their first contact with the unit.

For the purpose of the present study only a total score, i.e., the sum of scores for each item, has been taken into account as a comprehensive measure of the severity of the depressive syndrome.

#### *f) Statistical Analysis*

The relationship between CMPS variables and the total score on the CPRS have been calculated as Spearman's coefficients of rank correlation with ties. Possible intergroup differences have been tested by a chisquare test with a Yates correction or (when applicable) using Student's *t*-test independent samples [14].

## **Results**

For the 38 matched pairs, we found no statistically significant difference concerning diagnosis of the depressed and recovered group ( $\chi^2 = 1.48$ ,  $df = 3$ , ns) (Table 1), nor is there any significant difference with regard to age ( $t = -0.04$ ,  $df = 36$ , ns) (Table 3).

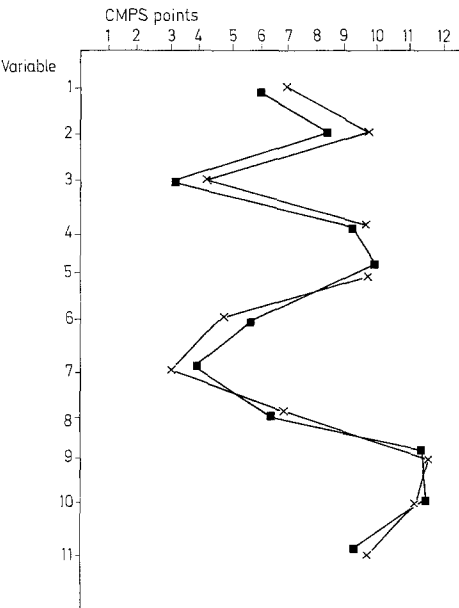
The results showed no correlation between age and depression depth (correlation coefficient = 0.09) for the depressed group (age range 22—76 years). The age factor has not been taken into account in the following calculations or discussions. Concerning the relation between the severity of depression and

**Table 3.** Age distribution

Age	<i>m</i>	<i>s</i>	<i>t</i>	<i>df</i>	<i>P</i>
Depressed	44.28	12.02	-0.04	36	ns
Recovered	44.39	11.74			

**Table 4.** Spearman’s coefficient of rank correlation for different CMPS variables and depression depth

Variable	$r_s$ ( $n = 38$ )	$P$
1	0.12	ns
2	0.10	ns
3	− 0.15	ns
4	0.08	ns
5	0.22	ns
6	− 0.11	ns
7	0.02	ns
8	− 0.38	< 0.01
9	0.09	ns
10	− 0.08	ns
11	0.06	ns
12	0.38	< 0.01



**Fig. 1.** CMPS scores for depressed and recovered patients. Depressed = (x—x), recovered = (■—■)

psychogenic needs, we found a statistically significant correlation ( $r_s = 0.38$ ,  $P < 0.01$ ) in variable ‘autonomy,’ where the more depressed patients scored lower, and in the variable ‘acquiescence’ ( $r_s = 0.38$ ), where the more depressed patients scored higher. No significant correlations were found for the other ten variables (Table 4).

When we compared the two groups of depressed and recovered patients, we did not find any differences in any of the 12 tested CMPS variables (Fig. 1). However, on dividing the subjects according to sex, the group of recovered women showed a higher score in the variable ‘affiliation,’ with weak statistical

Table 5. CMPS stanine scores for different patient groups

CMPS score (stanine)	♂ depressed			♂ recovered			t-test		♀ depressed			♀ recovered			t-test	
	m	s	P	m	s	P	t		m	s	P	m	s	P	t	
Variable 1	4.00	1.63		3.53	2.56		0.60	ns	3.58	1.75		3.83	2.21		-0.59	ns
2	4.76	2.41		4.77	2.49		-0.01	ns	4.00	0.47		5.67	0.51		-2.40	0.05
3	4.42	2.25		4.91	2.41		-1.60	ns	4.22	2.25		4.63	2.38		-1.45	ns
4	9.69	13.91		7.38	2.01		0.93	ns	6.75	1.48		6.33	1.82		0.80	ns
5	7.19	1.28		7.53	1.92		-0.59	ns	6.48	1.40		6.57	1.57		-0.21	ns
6	2.81	2.26		3.13	1.60		-0.45	ns	2.90	1.76		3.52	2.16		-1.02	ns
7	2.25	1.34		3.00	1.89		-1.28	ns	2.14	1.49		2.43	1.43		-0.63	ns
8	3.75	1.69		3.47	2.00		0.43	ns	4.05	1.43		3.14	1.77		1.82	ns
9	6.07	1.58		6.40	1.85		-0.53	ns	5.90	2.76		4.71	1.87		1.64	ns
10	7.00	2.00		5.93	1.53		1.68	ns	6.75	1.48		7.57	1.60		-1.70	ns
11	6.88	2.45		6.60	2.35		0.31	ns	5.10	1.97		4.15	1.77		0.19	ns
12	5.88	0.31		5.13	1.85		1.30	ns	5.71	1.55		5.10	1.55		1.29	ns



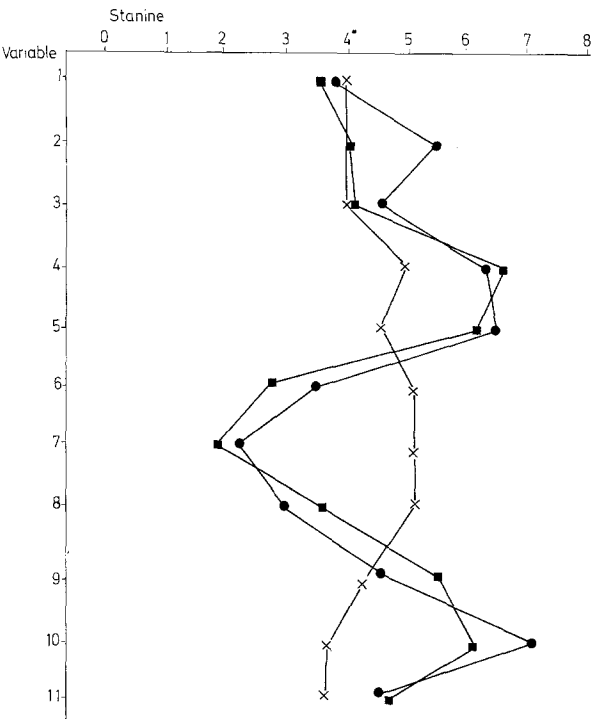


Fig. 2. CMPS scores for depression-prone and fertile healthy females. ●—● Depressed patients recovered,  $n = 21$ . ■—■ Depressed patients depressed,  $n = 21$ . ×—× Fertile healthy females,  $n = 39$  (from Jacobsson et al. [15])

significance ( $P < 0.05$ ), than did the group of depressed women (Table 5, Fig. 2). In Figure 2 the profile obtained by Jacobsson et al. [15] in a study of healthy females in the fertile age has been added for comparison. This group was chosen as a contrast group, since the healthy individuals tested by Jacobsson et al. were collected at the same department and consisted of people from the same catchment area as the patients in the present series.

Discussion

a) Sources of Error

A possible source of error due to our method of investigation has been discussed above. Although very few of the patients in both groups were receiving small dosages of psychopharmacological drugs at the time of the studies, we do not know what influence this small amount of drugs may have had on their answers to the CMPS or on their CPRS ratings. However, since occasional medication was a factor in both groups, we do not believe that this systematically influenced our comparison.

*b) Comments*

We also found that subjects prone to depressive disorders expressed the same psychogenic needs regardless of the severity of their current depressive syndrome. The only correlations which have been found are a negative one concerning 'autonomy,' and a positive one concerning 'acquiescence.' The correlations are significant, but as low as 0.38. Depressives are known to be less autonomous and have a greater tendency to be pleasing.

In comparing recovered patients and patients with current depressive symptomatology, we did not find any difference in any of the psychogenic needs measured by CMPS. However, when the series was divided according to sex, the group of recovered women showed a weak, statistically significant, higher score in the 'affiliation' variable (i.e., the need to please and to win affection) than the group of depressed women. However, this difference might be due to chance if the large number of statistical analyses which were performed, are taken into account.

Our results are surprisingly different from those obtained by other authors who used other standard methods of personality assessment [8, 12, 21, 22], and suggest that the psychogenic needs experienced by individuals prone to depression are a stable component of their habitual personality make-up rather than a consequence of the depressive condition.

On the other hand, our results verify the findings of von Zerssen [27] who found that the characteristics of 'Typus melancholicus' according to Tellenbach [25] are relatively stable and not influenced by the phase in which the patients are investigated.

The similarity of the findings in depressed and recovered subjects might to a certain extent be regarded as a verification of the results obtained in a previous study [24].

From the comparison shown in Figure 2, it appears that depression prone females have higher scores in the defense of status, guilt feelings, order, and succorance variables, but score lower in the dominance, exhibition, and autonomy variables. That is to say these are persons who need to maintain self-esteem through support and approval from others, and who have guilt feelings but also need order and planning and need to be helped and cared for. Such persons experience no desire to dominate, to be noticed, or to be independent. This personality seems to be rather stable and not dependent on moodswing.

The profile concerning psychogenic needs in our series of depressed patients is consistent with Tellenbach's description of 'Typus melancholicus' and adds further support to it.

**References**

1. Abraham, K.: The first pregenital stage of the libido. In: Selected papers on psychoanalysis, chapt. 12, p. 248. London: Hogarth 1916
2. Åsberg, M., Montgomery, S. A., Perris, C., Schalling, D., Sedvall, G.: A comprehensive psychopathological rating scale. *Acta Psychiatr. Scand. Suppl.* **271**, 5—9 (1978)
3. Beck, P., Vendsborg, P. B., Rafaelsen, O. J.: Lithium maintenance treatment: Its role in the daily routine. *Acta Psychiatr. Scand.* **53**, 70—81 (1976)

4. Berliner, B.: Psychodynamics of the depressive character. *Psychoanal. Forum* **1**, 244—251 (1966)
5. Bonetti, U., Johansson, F., von Knorring, L., Perris, C., Strandman, E.: Prophylactic lithium and personality variables: An international collaborative study. *Int. Pharmacopsychiatry* **12**, 14—19 (1977)
6. Cesarec, Z., Marke, S.: Mätning av psykogena behov med frågeformulärsteknik. Stockholm: Skandinaviska Testförlaget 1968
7. Chodoff, P.: The depressive personality. A critical review. *Arch. Gen. Psychiatry* **27**, 666—673 (1972)
8. Coppen, A., Metcalfe, M.: Effects of a depressive illness on MPI-scores. *Br. J. Psychiatry* **11**, 236—239 (1965)
9. d'Elia, G., Knorring, L. von, Perris, C.: Non-psychotic depressive disorders: A ten year follow-up. *Acta Psychiatr. Scand. [Suppl.]* **225**, 173—186 (1974)
10. Eysenck, H. J.: *Manual of the Maudsley personality inventory*. London: University of London Press 1959
11. Eysenck, H. J., Eysenck, S. B. C.: *Eysenck personality inventory*. San Diego: 1964
12. Fahy, T.: Some problems in the assessment of current mental status of depressed patients. In: *Das depressive Syndrom*, H. Hippus, H. Selbach (Eds.), pp. 305—316. München: Urban and Schwarzenberg 1969
13. Fenichel, O.: *Psychoanalytic theory of neurosis*, 2nd ed. New York: W. W. Norton 1972
14. Ferguson, G. A.: *Statistical analysis in psychology and education*, 4th ed. New York: McGraw Hill 1976
15. Jacobsson, L., Perris, C., Espvall, M.: Personality patterns in induced abortion. In: "Therapeutic abortion" on demand. Umeå University Medical Dissertation. New Series No.5 (1975)
16. Kerr, T. A., Schapira, K., Roth, M., Garside, R. F.: The relationship between the Maudsley personality inventory and the cause of affective disorders. *Br. J. Psychiatr.* **116**, 11—19 (1970)
17. Knorring, L. von, Perris, C., Strandman, E.: Diurnal variations in intensity of symptoms in patients of different diagnostic groups. *Arch. Psychiatr. Nervenkr.* **224**, 295—312 (1977)
18. Marke, S., Nyman, G. E.: *Sjöbrings differentiella psykologi*. Lund: 1962
19. Metcalfe, M., Johansson, A., Coppen, A.: The Marke-Nyman Temperament Scale in depression. *Br. J. Psychol.* **126**, 41—48 (1975)
20. Murray, H. A.: *Exploration in personality*. New York: Oxford University Press 1938
21. Perris, C.: A study of bipolar (manic-depressive) and unipolar recurrent depressive psychoses. *Acta Psychiatr. Scand. [Suppl.]* **194** (1966)
22. Perris, C.: Personality patterns in patients with affective disorders. *Acta Psychiatr. Scand. [Suppl.]* **221**, 43—51 (1971)
23. Sjöbring, H.: *Förstämningar och förstämningspsykos*. Uppsala Läkarförbunds förhandlingar 1920
24. Strandman, E.: "Psychogenic needs" in patients with affective disorders. *Acta Psychiatr. Scand.* **58**, 16 (1978)
25. Tellenbach, H.: *Melancholie*. Berlin-Heidelberg-New York: Springer 1971
26. Zerssen, D. von: Der „Typus melancholicus" in psychometrischer Sicht (Teil 1 und 2). *Z. Klin. Psychol. Psychother.* **24**, 200—220, 305—316 (1976)
27. Zerssen, D. von: Premorbid personality and affective psychoses. In: *Handbook of studies on depression*, Burrows (Ed.), pp. 79—103. Amsterdam: Excerpta Medica 1977