

## Aspects of Aggression in Formerly Depressed Patients and in Healthy Controls\*

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**Summary.** Thirty former inpatients (14 male and 16 female) who had suffered from a nonpsychotic depressive syndrome were investigated by means of a new personality inventory—the KSP—when they had recovered from the depressive disorder, and their results were contrasted to those obtained from 53 healthy controls (19 male, 34 female). Attention was focused on the sub-scales of the KSP which refer to aspects of aggression. Former patients scored significantly higher than controls in the variables ‘irritability,’ ‘suspicion,’ ‘guilt,’ and ‘inhibition of aggression.’ The findings suggest a particular personality makeup for at least one subgroup of depression-prone subjects and closely resemble classical concepts of hostility and depression.

**Key words:** Aggression – Hostility and depression – Inhibition of aggression – Guilt – Nonpsychotic depression – Neurotic-reactive depression – KSP.

### Introduction

Based upon the classical psychoanalytic theories of Abraham (1911) and Freud (1917), the concept of inner-directed hostility has for many decades played a prominent role as a key explanation in the psychodynamics of depressive disorders. Only recently, however, has this problem been investigated in a comprehensive way (Gershon et al., 1968; Zuckerman et al., 1967; Klerman and Gershon, 1970; Friedman, 1970; Weissman et al., 1971; Pilowsky and Spence, 1975; Blackburn, 1974). The results of these investigations, and of other studies referred to by the authors just quoted, proved to be conflicting and suggested a need for a revision of the assumptions concerning aggression and depression. On the other hand, in more modern psychodynamic views of depression—for example in the ego-psychology approach by Bibring (1953)—the focus of atten-

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tion has been moved from aspects of aggression to aspects of self-esteem in explaining the origin of depressive disorders.

In a previous paper (Perris et al., 1979) we reported our findings from a series of nonpsychotic, depressed patients who had been investigated both during the depressive phase and after recovery by means of the KSP (Schalling, 1978). Comprised of 15 subscales, the KSP is a personality inventory assumed to assess quite stable personality traits. Six subscales are concerned with different aspects of outer-directed or inner-directed aggression inspired by the work of Buss (1961). In our previous study we were unable to find any difference between patients investigated when depressed or when recovered in any of the subscales measuring aggression, despite the fact that a significant change in psychopathology, as measured by means of the CPRS (Åsberg et al., 1978), had occurred. Since our previous study did not include controls, we were unable to discover whether subjects who had suffered or had just recovered from a depressive syndrome differed from healthy individuals in the components of aggression.

The present study is an expansion of the previous investigation and is concerned with a comparison of the KSP scores for the aggression subscales in former depressed patients and in controls. In accordance with classical theories we expected depressed patients to score higher in the dimensions of inner-directed aggression.

## Patients and Methods

The study was carried out at the Department of Psychiatry at Umeå University where a comprehensive, multiple-factor project concerned with depressive disorders is in progress. Patients, admitted consecutively, suffering from depressive disorders of any kind, enter the study under the assumption that they are willing to participate, that they are between 18 and 65 years old, and that they do not have a past history of alcoholism, drug abuse, or verified brain damage. Included in the research project is a follow-up study three to six months after discharge from the hospital when the patients have returned to their customary situations. In this follow-up session the patients complete a KSP form to assess their personality makeup.

### *a) Patients*

The present series is comprised of thirty patients, 14 male and 16 female (mean age  $47.1 \pm 2.7$  years), who had completed the follow-up investigation. These patients had suffered from moderately severe or severe depressive syndromes which had necessitated admission to the hospital. From a clinical point of view they could be described as having suffered from a non-psychotic, depressive syndrome (recurrent or not) where characterogenic and sociogenic factors were assumed to have played a relevant etiopathogenetic role. In traditional terminology, these patients would be described as 'neurotic-reactive.'

### *b) Controls*

We are collecting healthy controls to contrast with the patients for a larger research project. These controls are drawn partly from the partners of the depressed patients when available, partly from layman acquaintances of the research workers engaged in the project and, to a smaller extent, from personnel within the department. Obviously, to be acceptable these controls must not have suffered from manifest psychopathology. For the purpose of the present comparison, a group comprised of 19 male and 34 female subjects (mean age  $40.9 \pm 1.5$ ) was used for comparison.

### c) *The Personality Inventory*

The KSP contains 15 subscales covering various dimensions of personality. Among them are six subscales concerned with aggression as follows:

- |                         |                               |
|-------------------------|-------------------------------|
| 10. Indirect aggression | 13. Suspicion                 |
| 11. Verbal aggression   | 14. Guilt                     |
| 12. Irritability        | 15. Inhibition of aggression. |

Variables 10, 11, and 12 are then combined in an aggression factor; 13 and 14, in an hostility factor; and 15, inhibition of aggression. Since we were particularly interested in the aspects of aggression in this study only the six subscales mentioned above and the factors have been taken into account for comparison.

### d) *Psychopathologic Condition of the Patients*

At the time of the KSP investigation all the patients were rated by the Comprehensive Psychopathological Rating Scale (CPRS). The results showed that they had significantly changed from the time when they were depressed (from a mean total score of  $32.9 \pm 2.7$  to a mean total score of  $16.1 \pm 2.7$ ). Moreover, it was ascertained at the interview that they did not exhibit any manifest depressive symptomatology.

### e) *Statistical Analysis*

Mean values and SEM were calculated for each subscale and for age. Further analysis was made by means of chi-square and *t*-test analyses.

## Results

The distribution according to sex was comparable in the two groups (chi-square (*df* 1) 0.94). On the average the controls were younger than the patients.

The results of the mean scores of the subscales, of the factors, and those of the *t*-test are presented in Table 1 which shows that several significant differences between depressed patients and controls did emerge.

## Comments

The results of the present investigation have shown significant differences between depressed patients and healthy controls in several dimensions of aggres-

**Table 1.** KSP—aggression subscales. Mean scores and SEM in formerly depressed patients and in controls and statistical analysis

KSP subscales	Patients <i>N</i> = 30	Controls <i>N</i> = 53	<i>t</i> ( <i>df</i> 81)	<i>P</i>
10. Indirect aggression	11.50 $\pm$ 0.60	11.26 $\pm$ 0.41	0.33	n.s.
11. Verbal aggression	11.93 $\pm$ 0.57	12.08 $\pm$ 0.38	-0.21	n.s.
12. Irritability	11.90 $\pm$ 0.36	10.55 $\pm$ 0.30	2.81	<.005
13. Suspicion	11.17 $\pm$ 0.49	9.43 $\pm$ 0.32	3.06	<.005
14. Guilt	12.17 $\pm$ 0.39	10.94 $\pm$ 0.38	2.08	<.025
15. Inhibition of aggression	26.47 $\pm$ 0.80	22.15 $\pm$ 0.77	3.63	<.001
Aggression (10 + 11 + 12)	35.00 $\pm$ 1.10	33.89 $\pm$ 0.85	0.79	n.s.
Hostility (13 + 14)	23.33 $\pm$ 0.76	20.38 $\pm$ 0.54	3.21	<.001
Age (years)	47.1 $\pm$ 2.7	40.9 $\pm$ 1.5	2.21	<.025

sion. In particular, the variables 'irritability,' 'suspension,' 'guilt,' and 'inhibition of aggression' had significantly higher values for the depressed patients than for the control subjects. Although our investigation is not quite comparable with previous ones reported in the literature, due mainly to differences in the methodology for assessing aggression, some points in our results resemble those obtained by Friedman, the variable suspicion, for example, which showed in Friedman's study a trend toward higher values in depressed patients than in controls. Whereas the significantly higher values for suspicion suggest more projection of hostility onto the world and appear to be less consistent with traditional concepts, the higher values for guilt and inhibition of aggression seem to be more in line with classical formulations. However, if we take all the findings into account, we come a little closer to understanding the depression-prone individual who is trapped in a psychological condition characterized both by a need to inhibit his aggressive feelings and an urge to project them onto the world, and who at the same time feels guilty.

Since none of the variables which differ in patients when compared with controls showed any significant change when the same patients were depressed (Perris et al., in press, 1979), it seems fair to assume that peculiar aspects of aggression are part of the more stable personality makeup of certain depression-prone individuals rather than a mere consequence of the depressive state.

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