

# Childhood Experiences of Endogenous and Neurotic Depressives

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**Summary.** The parent-child relationship, the relationship between the parents, and the contact of the child with the outside world was investigated on the basis of retrospective interview data concerning the childhood of endogenous and neurotic depressives and a nonclinical control group. A number of significant links between childhood experiences and the various forms of depression emerges.

**Key words:** Depression – Childhood – Family constellation

## Introduction

While the family constellation of schizophrenics has been thoroughly investigated, little or no systematic work has yet been done with depressives in this regard. This is astonishing because Cohen et al. presented findings as early as 1954, concerning the specific family situation in childhood based on intensive psychotherapy of 12 cases of manic-depressive psychoses [7]. Gibson [8] was able to confirm the most important results of this classic study through a systematic investigation with a larger sample and a schizophrenic control group.

But it was only in 1976 that Slipp [23] developed a theory of depression which takes account of the influence of interpersonal experiences in childhood. His deductions were based on observations of interactions in depressive families, although unfortunately they were not presented and evaluated systematically.

More recently, however, a trend toward a notable reduction to single dimensions of parental behavior can be observed, e.g., Parker [20] presented a questionnaire (Parental Bonding Instrument) which covers the dimensions care and overprotection. Other authors [9, 11, 21] have dealt with similar characteristics of parental behavior, and they conclude that depressives remember their parents to be emotionally rejecting on the one hand and firmly controlling on the other. Blatt et al. [5] even found a link in normal adults between their depressive features and their experience of the parents as lacking in nurture, support, and affection. As this result corresponds to the findings with clinical groups, the authors deduce that depression is to be seen as a continuum from normal affect conditions to severe clinical syndromes. If such an approach is used, distinctions between various forms of depression would seem superfluous—as some authors indeed contend (Raskin et al.: “moderate depressives”, Jacobson et al.: “in- and out-patients”).

The hypothesis of a continuum of depression has been partly confirmed and partly modified by the results of the prospective Zurich Study of Angst et al. [3, 4]. According to this study, 2 to 6 weeks of depression a year are not infrequent among the general population of young adults. A differentiation between endogenous and neurotic depression on the basis of the symptomatology cannot be determined until the 21st year of life. It would be interesting to determine whether indicators other than the depressive mood might make a differentiation before this date possible. Parker's [20] findings indicate that neurotic depressives experience both parents as being significantly less caring and the mother as (tendentially) more overprotective than do their controls. Manic-depressives, on the other hand, do not differ from their controls with respect to these above-mentioned dimensions.

It would therefore be desirable to investigate whether not only two but all three depression groups have had different experiences with their parents. This, of course, is not to contest the significance of prospective studies.

Our investigation focuses on the following aspects:

- (1) We compare differential diagnostic groups of depressives and a nonclinical control group.
- (2) We attempt to explore not only single dimensions of parental behavior but, in a more complex fashion, the parent-child relationship, too.
- (3) We view the parents not only as separate specific objects, but we want to investigate the interaction between them as a vital factor in the development of the child.

## Methodology

The present study is part of a larger project exploring 215 former depressive inpatients (endogenous, neurotic, unclassified) and 44 psychiatrically inconspicuous control persons. We investigated all available patients who had been hospitalized in psychiatric clinics in the Munich area once or several times between 1950 and 1975. The majority of patients were treated exclusively with drugs, only 8 received supplementary psychotherapy. Patients with primary addictive illnesses, manifest organic brain diseases and schizophrenic symptoms were excluded from the survey. The controls had never received either in or outpatient treatment for mental disorders.

The subjects were examined by members of our institute using a semistructured interview pattern which inquired into their life history and—in the case of the patients—into their case history. The interviews took place during a depression-free interval. At the time of interview the subjects were be-

tween 48 and 65 years old (average age: 54.1 years), so that an overall picture of their life history and the course of the depressive illness was safeguarded. The interviews lasted an average of 40 h, took place over a period of several months, and were conducted in the home of the subjects, so that intensive contact was established which promoted an atmosphere of trust. At the time of exploration the interviewer was aware of the clinical diagnosis. Our interview model assured the equal and complete exploration of the patient's case and life history, independent of the diagnosis. Only the sequence of questions was left to the interviewer's discretion in order to accommodate the subject as much as possible.

### Sample

Two criteria were used for the selection of the sample for the present investigation: (1) definite diagnosis. In case of doubt, i.e., as regards the relatively seldom discrepancy between clinical and interview diagnosis, the diagnosis was carried out on the basis of RDC [24]. (2) The subject living until his 11th year in an externally intact home, i.e., there was no separation of the parents, no death of a parent, no upbringing in an institution. The cases of subjects who grew up in an institution or with only one parent will be described in a special study.

### Item List and Ratings

The raw material for the items was the chapter "childhood" in the transcriptions of the interviews. The principle behind the formulation of the items was to distinguish between the various depressive subgroups. Theoretical considerations, empirical results to date, and our own clinical experiences all went into this effort. The entire pool of items was independently rated twice for half the cases ( $n = 67$ ). For each item we computed Cohen's [6] unweighted Kappa with the lower confidence belt. The coefficient is corrected for random effects and only provides good results with sufficient item variance. The essentially high Kappas (about 0.70) suggested that it was sufficient to rate the rest of the cases only once. Items with too many omissions, too little variance, or insufficient interrater reliability were excluded. In this way, the list of items was reduced to 94, which finally went into the computation.

### Statistical Proceedings

We examined the frequencies of the items in the diagnostic subgroups, which we divided according to sex. Differentiations of diagnosis and sex were made only in those cases where the results for women/men or for the various forms of depression were different.

**Table 1.** Sample according to psychiatric diagnosis and sex

Psychiatric diagnosis	Women	Men	Total
Endogenous bipolar depressive	11	6	17
Endogenous monopolar depressive	39	17	56
Neurotic depressive	20	10	30
Control group	19	12	31
Total	89	45	134

We carried out the following partitions of contingency:

- (1) Diagnosis  $\times$  sex  $\times$  childhood item,  
diagnosis  $\times$  childhood item  
in each case with all the depressives grouped together (Table 2).
- (2) Same as (1), but divided up according to differential diagnosis (Table 3).

For each cell of the two-way and three-way contingency tables, we computed an expectation value and  $\chi^2$ . In this way we checked overpopulation or underpopulation of the cells [22]. We tested the total significance of the tables by partition of information components [10]. This test is adequate for small expectations as well; the  $\chi^2$  statistic was computed by the information measure 2I. For the three-way division we used the method of Lancaster [12]. We verified interaction between the effects diagnosis and sex, e.g., when unipolar depressive men showed different results from unipolar depressive women [14].

The simultaneous partition according to diagnosis and sex proved to be necessary, however, it resulted in relatively small cells. In order to interpret the results accurately, we checked overpopulation and underpopulation of each cell. These individual tests are, of course, much more conservative than the test of the total significance of the whole table, which is normally used. For this reason and because we consider our investigation to be more exploratory in nature rather than testing hypotheses, it seems justified to interpret the results up to the 10% level.

## Results

### Comparison of the Depressive Group as a Whole with the Control Group (Table 2)

In contrast to the controls, the parent-child relationship of depressives was characterized by deprivations. They reported that the mother frequently had no time for them when they needed her (item 2). Depressives rarely described the mother as loving and tender, more often as cool and rejecting; this fact was not noted once in the control group (item 4).

Depressives experienced both parents as having little understanding for their worries, feelings of helplessness or fears (items 10, 11). They experienced the father as showing too little tolerance or response with regard to their spontaneous childlike utterances (item 13). They described themselves as very withdrawn (item 14), and they showed signs of irritation and anxiety when entering school (item 37) or when first being separated from home at school age (item 21).

As for the controls, it was characteristic of the marriage of the parents that the roles and duties were divided fairly between the partners, while among the depressives it was more common for either father or mother to dominate (item 28).

### Comparison of the Depressive Subgroups (Table 3)

The findings on endogenous bipolar depressives apply mainly to women, because the male group is relatively small. They felt insufficiently appreciated by the mother (item 7) and had a better relationship with the father (item 6). In some features of the parent-child relationship the bipolar depressives resembled the controls: seldom did they complain about a lack of understanding by the mother for their worries (item 10); quite often they described themselves as not at all withdrawn

**Table 2.** Relative frequencies of the childhood items with a summary of all depressive subgroups and according to sex<sup>a</sup>

		Proportion in % to whom the item applies					
		Total group		Women		Men	
		0%	100%	0%	100%	0%	100%
2 Subject experiences that the mother frequently has no time when she/he needs her	Dep Con						
4 Sub describes the mother as cool and rejecting	Dep Con						
10 Sub experiences that the mother has little interest/understanding for her/his worries, feelings of helplessness or fear	Dep Con						
11 Sub experiences that the father has little interest/understanding for her/his worries, feelings of helplessness or fear	Dep Con						
13 Sub experiences too little tolerance/response by the father for her/his spontaneous childlike utterances	Dep Con						
14 As a child sub is very withdrawn, hardly tells anything spontaneously	Dep Con						
21 Sub is very disturbed by temporary separations from home at school age	Dep Con						
28 Neither father nor mother dominate in the family, the duties are fairly divided between the partners	Dep Con						
37 Sub is afraid and anxious on first going to school	Dep Con						

<sup>a</sup> The relative frequency is indicated for both groups: Dep = all depressive subgroups, Con = control group

+++ = overrepresented on the 2% level of significance;

++ = overrepresented on the 5% level of significance;

+ = overrepresented on the 10% level of significance;

○ = the item does not occur in the respective group

--- = underrepresented on the 2% level of significance;

--- = underrepresented on the 5% level of significance;

-- = underrepresented on the 10% level of significance;

**Table 3.** Relative frequencies of the childhood items divided according to the depressive subgroups and sex<sup>a</sup>

		Proportion in % to whom the item applies					
		Total group		Women		Men	
		0%	100%	0%	100%	0%	100%
<i>Parent-child relationship</i>							
1 Subject assumes that she/he was not wanted by her/his mother	Bip Uni Neu Con						
2 Sub experiences that the mother frequently has no time when she/he needs her	Bip Uni Neu Con						
3 Sub describes the mother as loving and tender	Bip Uni Neu Con						
4 Sub describes the mother as cool and rejecting	Bip Uni Neu Con						
5 Sub experiences the father as being frequently unavailable	Bip Uni Neu Con						
6 Sub has a better relationship with the father than with the mother	Bip Uni Neu Con						

Table 3 (continued)

		Proportion in % to whom the item applies					
		Total group		Women		Men	
		0%	100%	0%	100%	0%	100%
7 Sub does not feel sufficiently appreciated by the mother	Bip						
	Uni						
	Neu						
	Con						
8 Sub does not feel sufficiently appreciated by the father	Bip						
	Uni						
	Neu						
	Con						
9 The mother appeals at an early stage to sub's understanding for her worries/needs	Bip						
	Uni						
	Neu						
	Con						
10 Sub experiences that the mother has little interest/understanding for her/his worries, feelings of helplessness or fear	Bip						
	Uni						
	Neu						
	Con						
11 Sub experiences that the father has little interest/understanding for her/his worries, feelings of helplessness or fear	Bip						
	Uni						
	Neu						
	Con						
12 Sub experiences too little tolerance/response by the mother for her/his spontaneous childlike utterances	Bip						
	Uni						
	Neu						
	Con						
13 Sub experiences too little tolerance/response by the father for her/his spontaneous childlike utterances	Bip						
	Uni						
	Neu						
	Con						
14 As a child sub is very withdrawn, hardly tells anything spontaneously	Bip						
	Uni						
	Neu						
	Con						
15 As a child sub is not at all withdrawn	Bip						
	Uni						
	Neu						
	Con						
16 Sub keeps secrets from mother or daydreams	Bip						
	Uni						
	Neu						
	Con						
17 Sub has a lively, wild, and impetuous temperament	Bip						
	Uni						
	Neu						
	Con						
18 Sub has a quiet, calm temperament	Bip						
	Uni						
	Neu						
	Con						
19 At night sub has anxiety, nightmares, and/or disturbed sleep	Bip						
	Uni						
	Neu						
	Con						
<i>Parents' childrearing practices</i>							
22 Sub feels that both parents have specific expectations of her/him, definite ideas for her/his development	Bip						
	Uni						
	Neu						
	Con						
23 Sub senses no particular expectations by her/his parents, apart from the "usual" obedience	Bip						
	Uni						
	Neu						
	Con						

Table 3 (continued)

		Proportion in % to whom the item applies					
		Total group		Women		Men	
		0%	100%	0%	100%	0%	100%
24	Sub criticizes the parents for not preparing her/him for life sufficiently	Bip		Bip		Bip	
		Uni		Uni		Uni	
		Neu		Neu		Neu	
		Con		Con		Con	
25	Sub experiences that the parents disagree about her/his upbringing	Bip		Bip		Bip	
		Uni		Uni		Uni	
		Neu		Neu		Neu	
		Con		Con		Con	
26	Sub experiences most of the mother's punishments as unjust	Bip		Bip		Bip	
		Uni		Uni		Uni	
		Neu		Neu		Neu	
		Con		Con		Con	
27	Sub experiences most of the father's punishments as unjust	Bip		Bip		Bip	
		Uni		Uni		Uni	
		Neu		Neu		Neu	
		Con		Con		Con	
<i>Relationship between the parents, triad</i>							
28	Neither father nor mother dominate in the family, the duties are fairly divided between the partners	Bip		Bip		Bip	
		Uni		Uni		Uni	
		Neu		Neu		Neu	
		Con		Con		Con	
29	Sub experiences family undertakings as unpleasant, not as genuine togetherness	Bip		Bip		Bip	
		Uni		Uni		Uni	
		Neu		Neu		Neu	
		Con		Con		Con	
30	The parents never quarrel, there is "perfect harmony"	Bip		Bip		Bip	
		Uni		Uni		Uni	
		Neu		Neu		Neu	
		Con		Con		Con	
31	The parents have no/hardly any separate interests, they do everything together	Bip		Bip		Bip	
		Uni		Uni		Uni	
		Neu		Neu		Neu	
		Con		Con		Con	
32	Sub feels that the mother is dissatisfied with the father	Bip		Bip		Bip	
		Uni		Uni		Uni	
		Neu		Neu		Neu	
		Con		Con		Con	
33	The father indulges in no pleasures, pursues only his duties	Bip		Bip		Bip	
		Uni		Uni		Uni	
		Neu		Neu		Neu	
		Con		Con		Con	
34	The father has no special personal interests or hobbies	Bip		Bip		Bip	
		Uni		Uni		Uni	
		Neu		Neu		Neu	
		Con		Con		Con	
35	The father pursues his interests only at home	Bip		Bip		Bip	
		Uni		Uni		Uni	
		Neu		Neu		Neu	
		Con		Con		Con	
36	The father leads a life of his own outside the home, whereas the mother dedicates herself fully to domestic life	Bip		Bip		Bip	
		Uni		Uni		Uni	
		Neu		Neu		Neu	
		Con		Con		Con	
<i>Relationship to the outside world</i>							
37	Sub is afraid and anxious on first going to school	Bip		Bip		Bip	
		Uni		Uni		Uni	
		Neu		Neu		Neu	
		Con		Con		Con	

Table 3 (continued)

		Proportion in % to whom the item applies					
		Total group		Women		Men	
		0%	100%	0%	100%	0%	100%
38	Sub has difficulties in her/his first term at school; problems of concentration and learning, fear of failure	Bip Uni Neu Con		Bip Uni Neu Con		Bip Uni Neu Con	
39	Mother does not allow/like sub to go away (holidays, etc.) and/or reacts strongly to separation	Bip Uni Neu Con		Bip Uni Neu Con		Bip Uni Neu Con	
40	Sub may only play in or around the home, mother wants her/him to be within reach	Bip Uni Neu Con		Bip Uni Neu Con		Bip Uni Neu Con	
41	Sub prefers to play with other children	Bip Uni Neu Con		Bip Uni Neu Con		Bip Uni Neu Con	
42	Sub prefers to play by her/himself	Bip Uni Neu Con		Bip Uni Neu Con		Bip Uni Neu Con	
43	Sub is shy and inhibited about making contact with other children	Bip Uni Neu Con		Bip Uni Neu Con		Bip Uni Neu Con	
44	Sub has no inhibitions about making contact with other children	Bip Uni Neu Con		Bip Uni Neu Con		Bip Uni Neu Con	

<sup>a</sup> The relative frequency is indicated for each group: Bip = endogenous bipolar, Uni = endogenous unipolar, Neu = neurotic depressive, Con = control group.

+++ = overrepresented on the 2% level of significance;  
 ++ = overrepresented on the 5% level of significance;  
 + = overrepresented on the 10% level of significance;  
 b = percentage figure not indicated due to small case numbers  
 ○ = the item does not occur in the respective group

--- = underrepresented on the 2% level of significance;  
 -- = underrepresented on the 5% level of significance;  
 - = underrepresented on the 10% level of significance

(item 15) and beyond that even as lively and impetuous in temperament (item 17).

Bipolar depressive women felt that both parents had specific expectations and definite ideas for their development (item 22). This distinguishes them from all other groups (see also item 23). At the same time, they criticized their parents for not preparing them adequately for life (item 24).

The relationship between the parents was characterized by the fact that the father never pursued his interests at home (item 35); he even lived—so the female patients in particular reported—his own life outside the home, while the mother dedicated herself fully to domestic life (item 36). As regards their contact with the outside world, the bipolar depressives stand out because in no single case did they prefer to play alone rather than with other children (item 42).

The relationship of endogenous unipolar depressives to their mother was characterized in childhood by the mother's demand on the child to understand her worries and needs; this was reported especially by female patients (item 9). The unipolar group tended to remember nightmares and bad dreams most frequently (item 19); male patients were seldom not withdrawn (item 15).

The relationship between the parents of unipolar depressives appeared to be, in strong contrast to the bipolar depressives, very narrow: relatively often the parents did everything together (item 31). The father had no personal interests (item 34); this was particularly true of women whose fathers, if these had any interests at all, pursued them only at home (item 35). In the case of the male patients, on the other hand, the father was entirely duty-oriented, he knew no pleasure (item 33), and the parents never quarreled openly (item 30). Mothers who suffered from separation-anxiety or found it difficult to let go the child for any reason (items 39, 40) were encountered most frequently among unipolar depressives. The male patients also reported frequently that they preferred to play alone rather than with other children (item 42).

The neurotic depressives experienced disappointments in their relationship with their parents more often than any others. The female patients felt unwanted by the mother (item 1) and not sufficiently appreciated by the father (item 8). They also described the mother least often as loving (item 3) and complained most frequently about too little response from the mother to their spontaneous childlike utterances (item 12). The fathers of neurotic depressive men were frequently not

available (item 5), and consequently, none of these had a better relationship with the father than the mother (item 6). They were of a quiet and calm temperament (item 18). The entire neurotic group had a tendency to keep secrets from their mother, or to daydream (item 16).

Neurotic depressives experienced their parents as being in conflict over childrearing practices (item 25). Also, women in particular felt unjustly punished by both parents (items 26, 27). It appeared that family life is full of conflicts for the neurotics, and in particular the women, experienced joint family undertakings as unpleasant (item 29); while men sensed that the mother was dissatisfied with the father (item 32). In the first term at school neurotic depressives experienced difficulties, women especially reported learning problems or fears of failure (item 38).

## Discussion

We can confirm the results from depression research that depressives, when compared to a nonclinical control group, had a deprivation-rich childhood.<sup>1</sup> This deprivation is not reflected in early loss experiences as such, as already shown by Jacobson et al. [9], but in a lack of loving attention and encouragement by the parents. In a previous work [19] we discovered no difference in the frequency of loss events between endogenous and neurotic depressives when compared to a control group. In the present study we were therefore concerned with the reactions of the subjects to separations. We found that depressives, unlike the controls, were disturbed by temporary separations from home and when entering school, this also being viewed as a separation.

The differential diagnostic discrimination provided us with a number of additional interesting results which will be discussed in the following.

### *Endogenous Bipolar Depressives*

The significance of the parent's high expectations of the child has already been established by Cohen et al. [7] as an important factor in the psychodynamics of manic-depressives. In the cases described, the mother used the child as an instrument of her own ambitious efforts to raise the family's prestige. Slipp [23] also found in the families he examined that the dominant parent urged the child towards achievement and social success, while the other parent who was considered a failure covertly conveyed a contradictory message to the child.

In the case of endogenous bipolar depressive women we found that both parents, not just one, had specific expectations of the child. We cannot yet say anything definite about the contents of these expectations, but we must acknowledge that the child is in a serious emotional dilemma: it experiences the parents as being at odds. The father leads a life of his own outside the home, while the mother dedicates herself fully to domestic life. But the child feels more attracted to the father and not sufficiently appreciated by the mother. How can the child internalize let alone meet the expectations of parents thus divided? Bipolar depressive women criticized their parents for not preparing them sufficiently for life, with the con-

sequence that they felt handicapped as adults. This becomes understandable in the light of the emotional incompatibility of the two most important persons in their early life.

On the basis of painstaking studies of infants, Mahler [15, 16, 17] and Abelin [1, 2] have proved the important role of the father in the individuation of the child. The father is important as the first and most familiar representative of the external reality as opposed to the symbiotic dyad mother-child. A simultaneous relationship to the father enables the child to differentiate and separate from the mother. When it turns to the father, it sometimes comes into a strong conflict of loyalty which is normally mitigated by the close bonds between the parents.

Indeed, the father of bipolar depressive women represents the external reality and thus an alternative to the mother (in contrast to the father of unipolar depressives, as we will see). But this father is too little anchored in the domestic sphere, and is not bound closely enough to the mother. Hence, the relationship to the mother and to the father pose alternatives involving an either or decision for the child.

The relevant literature repeatedly dwells on the "normality" of psychotic depressives, on their alleged well-functioning in the depression-free interval. With respect to childhood memories of parental characteristics such as care and overprotection, Parker [20] likewise found no difference between manic-depressives and their controls. Using assessments by teachers of childhood behavior, Lewine et al. [13] discovered that "psychotic depressives" were judged to be more independent than their control group.

At first glance bipolar depressives did not appear disturbed in their relationship with the outside world. Like the controls, they were uninhibited in making contact with other children, they were lively, impetuous, and hardly withdrawn. Nevertheless, we remain sceptical. Their active approach to the outside world appears rather forced. It is remarkable that as children none of the bipolar depressives preferred to play alone rather than with others. Thus some traits seem to be emerging in childhood which Cohen et al. [7] have so persuasively described with regard to adult manic-depressives: busyness and social ease, but an inability to withdraw and to rely on inner resources as well.

### *Endogenous Unipolar Depressives*

The findings which apply to the endogenous bipolar depressive group are also applicable to the unipolar depressives. We are able to comprehend the childhood situation of the patients better and more specifically if we include the relationship of the parents in our investigation. We found a strong binding of the child by the mother, with the mother making early demands on the female child's understanding of her worries and needs, thus allowing little scope for the child's expansion (the daughters must stay within reach when playing, the sons were not allowed to travel, and if they did the mother reacted strongly to separation). How the patients experienced these restrictions was not covered directly in the items. But we can interpret nightmares and bad sleep as symptomatic reactions to the strong binding by the mother, namely as a reflection of a conflict between the impulse of the child to separate from the mother as it matures, on the one hand, and the prohibition of such efforts on the other. The male patients displayed a withdrawal from the outside world as if they did not want to be tempted by separation (they were very with-

<sup>1</sup> We would like to point out again that our data consists of the subject's childhood memories. These memories might be influenced by a variety of factors. Our main interest centered precisely on the group differentials of these subjective childhood experiences

drawn and frequently preferred to play on their own). The marriage of the parents was characterized by their close ties to each other, their lack of individual interests, and their living in "absolute harmony", as the child sees it.

An investigation into the personality of depressives carried out with the help of questionnaires within the framework of the whole project revealed that the unipolar depressive group suffered from a deficiency of autonomy, reflected in a lack of opinions and interests as well as overadaptiveness [18]. These personality traits may be seen already arising in childhood. The mother needs the child as an emotional support and tends to bind it to her. For the child this means little encouragement and support in its individual expansive impulses. Beyond that, the parents set no example of individuality in their own lives.

Here we must leave open the question of whether an older sibling or another specific object could replace the ineffectual father, something that according to Abelin [2] is basically possible. We are nevertheless left with the phenomenon of a restricted relationship between the parents, and it will be interesting to investigate whether this pattern persists in the relationships of unipolar depressives with their partners.

### *Neurotic Depressives*

The findings on neurotic depressives were more varied and differed according to sex. Women complained about a lack of loving attention from the mother and insufficient appreciation by the father. This result corresponds to the findings of Parker [20] with regard to the dimension care. The men in our sample showed a distant relationship with the father, however. Women and men have in common the intrapsychic separation in the form of keeping secrets from the mother or daydreams.

Depressive women reacted with irritation to the beginning of school, and this was reflected in poor performance. They also experienced punishment by both parents as often unjust. Thus they exhibit a decisive step in their development which we did not find with unipolar depressives in that they have evolved concepts and norms of their own.

By comparison, the men seemed more inhibited, they were quiet and calm in temperament, and shy and restrained in contact with other children. What women and men had in common again, however, was the perception of the mother's dissatisfaction with the father. The men were particularly sensitive on this point, for they had to identify with the father, thus risking a conflict with the mother.

Whereas the bipolars experienced a split between the parents and the unipolars, to exaggerate somewhat, a fusion between them, the neurotics stressed the conflict between the parents. They disagreed about the child's education; the mother, furthermore, was dissatisfied with the father. The women, moreover, experienced joint family ventures as unpleasant and not as something bringing them together. Also bipolar women observed that their parents did not have much in common. This requires, however, a somewhat differentiating interpretation. The bipolars were confronted with a separation accepted by both parents who merely live side by side, for the mother is not dissatisfied with the father's aloofness, she finds full satisfaction in the domestic sphere. In the case of the parents of neurotics, however, a lively conflict was detectable, with disunity only becoming visible when both parents speak out and express contrary opinions. Dissatisfaction is likewise a reflection of differing though mutually related ideas or needs.

What matters is that the child experienced an alive relationship between parents who were of a different sort while unipolar depressives were hardly able to view their parents as separate individuals. Accordingly, adult unipolar depressives were marked by a lack of autonomy. In the afore-mentioned questionnaire survey [18] adult neurotics were characterized with such attributes as "overcompensated, defiant autonomy" since that stood in stark contrast to the lack of autonomy on the part of the unipolar depressives. This attribute is probably mainly valid for women, as at least in childhood, men show a less defiant, rebellious image. But neurotic depressive men, too, displayed first signs of autonomy in the form of separation from the mother through keeping secrets or daydreaming. In the case of unipolar depressive men, however, reservedness may signal withdrawal but not (necessarily) an individual, imaginative inner life.

With the help of the childhood findings we arrive at yet another understanding of the lack of autonomy among unipolars on the one side and the overcompensated autonomy among neurotics on the other. Unipolar depressives have the moulding experience that the mother needs them, meaning that they must put aside their own needs, and must not yield to individual impulses on their part. Neurotic depressives, or rather neurotic depressive women, undergo the painful experience of being rejected by the mother and disappointed in her. Their complaints evidence the existence of an inner concept, the imagining of a good object and a yearning for it. This yearning is often hidden behind their plaintive pretension. Autonomy may seem impressive, in our view, however, it is not genuine independence but an expression of a desperate struggle against feelings of need and dependence.

In summary we can characterize the depressive groups as follows: the split between the parents causes bipolars to be torn between the specific objects. Their active, seemingly unproblematical approach to the outside world appears to be a forced individuation; it probably rests on identification with the father who is fleeing the domestic environment.

Among unipolar depressives we find a fusion between the parents and simultaneously a strong binding of the child by the mother. In this fashion, the separation and individuation of the child is being made more difficult if not outright prevented.

Neurotic depressives, by contrast, have advanced further in their individuation: they are able to perceive a relationship between the parents which is full of life and conflict and they experience themselves as ambivalent in relation to their specific objects.

It is self-evident that this characterization does not reflect the objective reality of childhood, reported here are remembered impressions. For our approach it is important that the recollections show variations in the three different depression groups. This should be sufficient to make this finding and further differentiations worthy of consideration.

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