

The background of the cover is a dark, atmospheric landscape. A large, craggy rock formation is the central focus, set against a sky filled with heavy, dark clouds. The overall color palette is muted, consisting of greys, browns, and dark blues, which contributes to a somber and contemplative mood.

CASE ILLUSTRATION:

**THE PSYCHOTHERAPY
OF MILD DEPRESSION**

JULES BEMPORAD, M.D.

Severe and Mild Depression

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CASE ILLUSTRATION: THE PSYCHOTHERAPY OF MILD DEPRESSION

Jules Bemporad

This chapter presents the history and psychotherapy of a mildly depressed young adult as a way of concretely illustrating the concepts discussed in chapters 7 and 13 on the psychodynamics and treatment of this form of affective disorder. This young man's depression can be categorized as characterological with acute exacerbations. However, at no time was his symptomatology so severe that his powers of reasoning and reality testing were threatened. Also, despite his repeated protestations of despair, medication did not appear indicated; medication might have been detrimental, since the reliance on drugs could have worked against the necessary realization that relief had to result from personality change in the long run.

A further prefatory note may be warranted before presenting the actual case material, concerning the frequent analogy between femininity and weakness. This analogy was presented in therapy by the patient and not by the therapist, who does not adhere to such an equation as universally valid. However, the patient grew up in an Italian-American subculture in which women were devalued, and he utilized the symbol of a woman in dreams and associations in accordance with the unfortunate prejudices of his ethnic roots

at a particular point in time. Obviously individuals from other cultures would select different symbols as well as view heterosexual relationships differently. In therapy one must initially follow the lead of the patient in accepting the specific symbolism which he uses to describe parts of the self, even if one does not agree with these obviously biased productions. It was satisfying to note that as the patient improved, he dropped his male chauvinist attitudes and was able to form a close and mutually respectful relationship with a woman.

Initial Presentation

When first seen in August 1964, Fred was twenty-three years old. He was a good-looking, powerfully built young man neatly dressed in a dark suit and tie. His behavior and mannerisms, however, were a marked contrast to his appearance. Fred was painfully apprehensive and awkward. Perspiration soaked through his suit and he found it difficult to sit still. He had trouble explaining why he was seeking treatment, although he seemed to be making every attempt to be cooperative and agreeable. He said that he felt completely inadequate, he was afraid of people, he felt incapable of doing anything, and he was a pathetic failure. His only regular activity at that time was to work in his father's grocery store for a few hours a day so that his father could rest and have lunch at home. Even this limited amount of work seemed an unbearable ordeal; he had difficulty concentrating, he was distractable, and

he continually feared making mistakes. The rest of the time Fred stayed home and watched TV, occasionally running errands for his mother. During these periods of inactivity, he felt a sense of emptiness and despair, yet he lacked the motivation to fill his time with pleasurable pursuits. About once or twice a week he would go with a friend or a cousin to a local community center dance, where he would stand around trying to work up the courage to ask a girl to dance. As soon as he did ask someone to dance, however, he became terribly anxious and found it difficult to carry on a conversation. As a result, he never really made contact with anyone and would return home depressed, convinced that he would never really be able to have a girl friend.

Fred described having felt anxious and depressed, as well as having had an “inferiority complex” for many years, but in the past few months he had gotten much worse and new symptoms had appeared. He dated their onset to the time his father had suffered a heart attack. There was never any question of mortality and his father quickly came out of any danger, but did have to remain in the hospital for a period of convalescence. Fred had been concerned about his father but was quickly reassured by the latter’s improvement. Rather, Fred felt that with his father convalescing in the hospital, he would have to run the family store. He saw a chance to prove his ability and to take on many responsibilities. Instead, the father rapidly made it clear that he would control the business from his bed and he treated Fred in what Fred felt was a disparaging manner. Fred increased his hours at the store but worked

in a semi-servile capacity with an uncle temporarily running things. This situation was very degrading to Fred and he sensed that his father did not think enough of him to carry on the family business. This confirmed his own negative view of himself and resulted in increased feelings of depression and low self-regard. Fred never openly contested his father's decision, justifying his silence by saying that he had not wanted to upset his father because of the latter's precarious physical condition.

As soon as his father was discharged, he immediately went back to his usual work schedule despite medical advice to the contrary. He used Fred only to relieve him for lunch and a short nap, a period of about two hours, and the rest of the time Fred was essentially free. Since his father's return home, Fred had begun to awake at night in a state of terror, finding it difficult to return to sleep. Although unaware of having been dreaming, he felt that these anxiety attacks might somehow be related to his father, who got up at 5 a.m. daily to go to various fish and meat markets. Another new symptom was what Fred described as freezing, which usually occurred at the store or in social situations. During these episodes Fred felt his surroundings becoming distant and quiet, and he felt himself becoming disengaged from the concrete world. These states of depersonalization, although frightening at first, had become rather peaceful and pleasant—and thus all the more frightening.

The predominant symptomatology was, however, an overwhelming

sense of hopelessness and futility. Everything seemed to have a feeling of doom and pessimism about it, of being unsurmountable or else menacing and frightening.

Two days later Fred returned for his second session. He seemed much less blocked and anxious and better able to communicate. He again talked about his current life situation, describing an excessive dependency on his father whom he idolized. Fred described his few happy moments as those in which his father praised him for doing some chore. He was extremely tied to his family circle and spent almost all his time with his parents, a cousin, or some other relative.

During this session Fred paused to look at me after each statement, as if waiting to get some sort of feedback. He asked repeatedly if he had made himself clear, or if I understood what he meant. He was also polite to the point of obsequiousness.

Following this session Fred had his first dream during treatment. He dreamt that he was in the waiting room of my office. He walked to the door of my office and to his surprise saw himself dressed as a nun whispering to me at the desk. He felt both relieved and disappointed by what he saw and quietly, so as not to be noticed, backed away from the door and left.

Fred reported this dream with some embarrassment. He stated that it

showed him wanting to escape from therapy and he was afraid that I might be angry with him. Throughout the session he continued to be apologetic and placating. The dream was not interpreted, although Fred seemed to comprehend a good part of it without help. In retrospect, the dream was pregnant with multiple meanings and prophetic of the entire analysis. His presentation of himself as a pure, nonthreatening female was to recur often as Fred's defensive social facade; while his true self, full of mistrust and suspicion, silently retreated down the stairs refusing to be acknowledged or exposed.

Clinical History

Fred had spent his entire life in an Italian section of New York. Although both of his parents were American-born, they retained many of the familial and cultural values of their own immigrant parents. The family lived an almost secluded existence, visiting only other Italian Americans who were usually relatives.

Fred's father had grown up in poverty and began contributing to the family income when still a child. Despite his lack of schooling, he showed a good deal of native ability and managed to reach a position of moderate affluence as the owner of a successful grocery store. He had a suspicious, almost paranoid view of society. He described everyone as self-seeking and

dishonest and the world in general as a jungle in which the unsuspecting and the unfit could not survive. He repeatedly gave the family lectures on how, as a result of his labors, they now enjoyed a position of wealth that he had never known in his own youth, adding that, were it not for him, the entire family would quickly revert to a state of helplessness and poverty. His exaggerations of the hostility of the extra-familial world served to enhance his self-proclaimed superiority and heroism.

Although extremely stubborn and unyielding when crossed, Fred's father was generous and even tender when others acquiesced to his demands. When his wishes were carried out—that is, when he was allowed to be in a position of control and authority—he lavished praise and gifts on his relatives. If contradicted, however, on even so trivial a topic as the particular ability of some baseball player, he became argumentative and sullen, often flying into a rage and then keeping a grudge for weeks. Within the immediate family, the father rarely had to go to such measures; a hard look, a mild comment of dissatisfaction, was sufficient to stop any opposition. Actually, he seemed to intimidate his family more through guilt than fear. It was generally believed that they all owed their very existence to him, and to make him upset or unhappy was a sign of disloyalty. During the first few sessions Fred described his father as “wonderful, very intelligent, logical, a real man.”

In contrast, Fred described his mother as “an Italian Gracie Allen,” or as

the “family pet.” He spoke of her as if she were completely scatterbrained although good-natured and nondemanding. She seemed to be completely overshadowed by her husband and never dared to contradict him. Fred remembered her reprimanding him as a child by saying, “what will daddy think”; as though she herself could offer no objections to his behavior, but that his actions were bad because they might offend or disturb his father. After twenty-five years of marriage, she still smoked in secret because her husband thought it improper for a woman to smoke.

In the course of therapy, Fred altered this original estimation of his mother. He confessed that beneath this superficial joviality and simple agreeability, he found her puzzling and distant. He could never “really get hold of her,” or somehow elicit a meaningful response from her. She seemed to flutter from one thing to another, never divulging her true feelings and becoming embarrassed by attempts at genuine closeness or mutuality. She eventually emerged as a somewhat withdrawn and depressed woman with an almost hysterical defense against feelings of closeness.

Fred’s destiny seemed to have been decided prior to his birth. The father greatly desired a son to serve as the final evidence of his worldly success. He took an avid interest in Fred’s upbringing and actually directed his wife in her behavior toward his son. During infancy, however, Fred was completely cared for by his mother. Although unable to cope with a self-

willed, independent toddler, she fortunately could be giving and maternal to a nonthreatening infant. Fred was breast-fed, reached all the developmental milestones at the appropriate age, and seems to have experienced a happy infancy.

When he was eighteen months old, his sister Susan was born. We may speculate that this event was traumatic for a number of reasons. A new pregnancy and a new baby must have removed the mother and reduced the time that she could spend with Fred. The withdrawal of the mother may have been magnified since he soon became his father's boy while Susan became his mother's girl. The father's overbearing concern for Fred, and the mother's relatively greater comfort with a neonate than a young child, may have caused the mother to withdraw more than ordinarily might be expected. The long-term effects of this primary loss of object were influenced by the timing of the sister's birth which corresponded to Fred's initiation into the oppositional-individuation phase. Whether the withdrawal of the mother became correlated in Fred's mind with his rudimentary attempts at self-assertion can only be speculated; however, he rapidly became a compliant model child who rarely rebelled against parental demands. Toilet training, for example, was quickly and effortlessly established.

Fred's sister was hardly considered by his father; as mentioned, she was primarily the mother's concern. Fred, in contrast, was coddled and fussed

over by the father. Soon Fred's favored position was being exploited by his mother, who utilized him as a mediator and go-between with her husband. Fred remembered that at an early age he was told he was the only one who could talk to his father. Thus Fred was further pushed into a dependent relationship with his father by his mother, who misrepresented her husband's power and greatly inflated Fred's sense of self-importance. Fred's earliest memory dates back to this time (age 3 to 4): "I was hiding under the table and everyone was looking at me. I might have been playing at hiding, but I was uncomfortable." At this same time Fred began having recurrent nightmares of being squashed and smothered by a huge tree that was slowly falling upon him. Fred was continuously on display for his father; he was the apple of his eye. Although praised and pampered, he was rarely permitted to express himself directly or openly in being groomed for a sort of crown prince role. As such, he also was discouraged from playing with children in the neighborhood and instead was steered toward cousins of his own age. Since the parents of these children were often financially obligated to his father, they accorded to Fred an inappropriate respect and deference. The major method of punishment for the usual childhood misbehavior was to make Fred feel guilty for worrying his parents, or to make him feel that he had caused them to be ashamed of him and that he had brought dishonor to his father.

In school Fred was an above-average student. He was liked by his teachers for his self-control and precocious politeness. He worked hard and

was very eager to please. Fred remembers feeling that he had to get good grades so as not to let his father down. He made a few friends in school and was a pretty good athlete, spending most of his afternoons playing baseball. He was generally well-liked, although a bit shy and aloof. His years in elementary school stood out in Fred's memory as particularly happy. As long as he made good grades and behaved himself, his parents did not make strenuous demands on him. He felt accepted by others, and even a bit superior to them. He completely dominated his sister and his cousins and, as a result of his father's praises and glorious predictions for the future, Fred was pretty full of himself.

Then at age thirteen, Fred was challenged by another boy at school and got into a scuffle. The other boy pulled a knife and stabbed him. When the bell for the next class rang, the fight broke up and Fred, although aware that he was bleeding, tried to hide his wound and went to class because he was afraid of getting in trouble. When his teacher discovered that he was hurt she rushed him to a nearby hospital. He remembered his parents arriving and making a huge, embarrassing scene in the hospital. Fred developed secondary pneumonia and had to remain in the hospital for two months. The psychic sequelae of his injury were more serious. Upon his return to school, Fred was singled out as "the kid who got stabbed" and he felt himself humiliated and ashamed. He felt he should have somehow beaten the other boy and not allowed himself to be hurt. He also believed that the incident proved his

father's view of society to be correct and he was foolish to have been so trusting, believing the other boy would fight fairly. A drawn-out court case instigated by the father failed to convict the assailant, who merely got a suspended sentence. This so infuriated the father that he created a scene in court, ranting about how his defenseless son had nearly been killed by hoodlums. As far as Fred was concerned, however, the gist of his speech was that Fred had been belittled in public. After the trial, in fact, his father angrily told him, "If anybody tried to stab me, I'd tear them up alive." Fred felt himself to be a weakling and a coward, and a failure in his father's eyes.

The most damaging result of the incident was that the father decided Fred should come to help in the store after school and on Saturdays. Ostensibly, the reasons given were that he was old enough to learn the business and his father needed him, but it was an open secret that the father wanted to keep an eye on Fred and did not trust him to play with other youngsters after school. Fred did little more at the store than sit around and deliver a few packages, but he was cut off from contact with people his own age and was forced to be continually with his father. Fred did put up a short-lived resistance to this arrangement but eventually was won over by promises and intimidations. He was told that this was merely a temporary situation and he was destined for greater things. Ten years later when Fred entered therapy, he was still his father's helper in the family store.

From this point on, Fred was never really outside the family circle. He made no real friends and his only true peer relationships were with his cousins. He gave up trying to rebel against any parental demands and he accepted the role that was created for him, asserting himself exclusively in fantasy. His daydreams fell into two categories: seeing himself as powerful and successful, with other men looking up to him; or picturing himself having relations with beautiful women who threw themselves on him, with this type of fantasy frequently accompanied by masturbation. Fred's attempts at self-stimulation were not always successful and were often accompanied by shame and guilt. The family attitudes toward sexuality were quite prudish and the subject was never discussed. The only times that Fred remembered any mention of sexuality were when his father refused to let Susan go out at night, or demanded to know where she had been. In the course of therapy, Fred recalled having been caught at some time when he was very young doing something with his sister. The memory was vague and he was not sure of what had really happened, except that he had felt very ashamed and embarrassed.

One evening when Fred was sixteen, he went to visit one of his cousins, and to his horror found him hanging dead from the ceiling. Despite his initial shock Fred managed to cut down the body and attempted artificial respiration. When this failed he called his father to come over. In recalling this incident at various times during therapy, Fred expressed different attitudes:

he was genuinely horrified at his cousin's suicide, yet at times this reaction became obscured by more egocentric motives. His ability to act in a situation of tragedy gave him a sense of heroism and excitement. However, when the police arrived his father took over and sent him away, thus depriving him of his glory and belittling him. The family seemed to have settled its own guilt by repeating to Fred that he could have saved his cousin by going to see him earlier that evening. They also felt that since he was Fred's friend, Fred should have been able to detect signs of unhappiness and thus avert the suicide. Fred accepted their interpretations partially because they made him feel important in that he could have prevented the tragedy. In later years the tragic death of his cousin became a painful reminder of the transitory nature of existence and the finality of death, adding to his own feeling of futility and hopelessness. Finally Fred identified with his cousin, equating the latter's extreme act as an outgrowth of their similar backgrounds and resulting unhappiness.

One year later Fred's father underwent a hernia repair and spent a prolonged convalescence at home. To his surprise, Fred found his father to be cowardly toward pain and surgery, and to behave in a demanding and infantile manner. He had trouble integrating the experience of his father crying and moaning with the former view of him as a stoic hero. Fred finally rationalized that his father was delirious or simply not himself and promptly forgot these events until the memory was revived in therapy.

Fred completed high school at age eighteen and went to a New York City college, primarily because his father wanted him to go. Fred had little desire to get a college education and had no special interests in scholarship. From the first day at the university, he felt terribly afraid and apprehensive but could not share his feelings at home for fear of ridicule. He had trouble concentrating and studying, and had to reread his assignments many times. In class he feared being called upon and facing ridicule. Even when he knew the correct answers, he never volunteered them for fear of blurting out something he did not mean to say. He also became afraid of his teachers, who were predominantly male and did not approach the class in the solicitous way his high school teachers had done; they were more businesslike and detached, and Fred simply could not win them over with good behavior.

He made no friends in college, nor did he try to. After classes Fred returned home immediately, feeling anxious and exhausted. Usually he slept through the day and at night struggled with his homework. University life was a terrible ordeal from which he retreated at every opportunity.

His one outlet during these years was that he began dating the daughter of family friends. It was significant that Fred did not especially like her or even attempt to get close to her, but she did go out with him weekly for about two years. The fact of having a girl friend for social appearances at least, and the security of having a date each weekend, were an important boost to his

self-esteem. It became apparent in therapy that Fred actually knew very little about this girl and had never tried to see her as an autonomous person. Their dates consisted of going to the movies where there could be little communication, or going out in a group which also prevented any real contact. In retrospect Fred described her as being equally cold and uninterested. Very possibly she had used Fred for similar social reasons. She eventually stopped going out with him.

Other attempts at social life consisted of going to local dances with his cousins and friends in an effort to pick up some girls. They never did, and merely spent the evening standing around making comments to each other, winding up criticizing the dance and the girls over a soda. One night they were accosted by a prostitute who offered to perform fellatio on them for payment. Fred went along with his friends and was able to reach orgasm. However, he was so worried about his performance that he felt almost nothing and was relieved when it was over. The prostitute seemed to take a liking to Fred; she asked him to return by himself and she would offer her services gratis. After a great deal of deliberation, Fred did return but was impotent. This time he talked to her for a while, and the more he got to know her, the less aroused he felt. He also wished that his friends were there, suddenly feeling shy and withdrawn being alone with a sexual partner. The previous time he had seen himself as proving his masculinity and simply being one of the boys. The idea of an individual relationship seemed to

prevent sexual performance. Although greatly embarrassed by his failure, Fred rationalized it by alternately telling himself that he had felt sorry for the poor woman, or that she was “just a dirty whore” who for that reason had turned him off.

In his senior year at school, Fred went to see the university clinic psychiatrist. He could no longer rationalize his limitations: classes were more and more terrifying, his grades were barely average, his girl friend had stopped seeing him, he was continuously paralyzed by anxiety, and he suffered periods of depression and hopelessness. Fred was very disappointed by this first therapeutic encounter. He found the therapist to be cold and aloof, and either bored or eager to get rid of him; Fred was convinced that the therapist didn't like him. In any event, the therapist did not treat Fred the way he wanted to be treated and after two months Fred discontinued therapy.

The final year of college was one of the worst times of Fred's life. He did very poorly scholastically and barely graduated with a C average. He had selected psychology as his major in the hope of getting some insight into himself but actually found himself developing the symptoms he read about, eventually deciding that he was schizophrenic. This diagnosis was certified by his failure in therapy: he believed that the therapist had brushed him aside because he was incurably sick and beyond help.

Although there was much family fanfare when Fred graduated, he felt little elation and realized that he had no idea about what he wanted to do with his life. His father suggested that he try for junior executive training in a department store and Fred did manage to get through an interview for the job. The actual work proved too anxiety-provoking and he quit after a few weeks. He found work to be a repetition of his college experience; he was frightened of his boss, rarely spoke to anyone, and had difficulty concentrating. He tried another store and resolved to stick it out, but he was so incompetent because of his anxiety that they had to let him go. Fred then decided to join the Marines as a solution to all his problems. He felt that they would make a man of him and teach him how to be tough. His family of course refused to let him enlist and suggested that he wait and try another job. It was significant that the father seemed content to let his son do very little and merely play the college graduate. It may have been that Fred had fulfilled his role as far as the father was concerned; or that the father, who was far from stupid, realized his son's problems and did not want to push him.

Fred was relieved of making his decision to join the Marines when his father suffered his heart attack and Fred had to work full-time in the store. As stated previously, he was allowed no true responsibility and neither did he ask for any. When the father returned to work, Fred found himself performing the identical duties as he had when he was thirteen years old.

This was the current situation when Fred presented himself for treatment five months later. In that time, he had become increasingly depressed and anxious, feeling himself trapped and helpless. Fred resentfully spent his few hours a day in the store and then retreated to his room where he lost himself either in fantasies or in watching TV.

Treatment

With the exception of specific interruptions which will be noted, Fred was seen two to three times weekly for three years. During the three years of therapy, Fred never missed an appointment without giving advance notice and a good excuse. Lateness or financial arrangements never were a problem. He was seen sitting up rather than on the couch. The first few sessions consisted of obtaining a detailed history, following which the basic analytic rules were explained.

The initial history taking in itself proved difficult, because Fred would take every opportunity to dwell on his numerous complaints. He obsessively ruminated on every area of his functioning which was slightly impaired—his memory blocks, his poor concentration, his insomnia, and his minor physical symptoms. Following each mention of his suffering, he regularly apologized for complaining and stated that he detested himself for being such an “old woman.” These barrages of self-centered misery were communicated with an

air of urgency and despair, as if to elicit immediate reassurances. He asked if I had seen other patients with similar symptoms and whether they had recovered. He seemed upset by my failure to be impressed with his symptomatology and for the next few sessions he went into long explanations of his feelings of helplessness and inadequacy. He described his pitiful social condition—lack of friends, lack of dates, lack of a career—with the same urgent and pleading quality, often pausing as if waiting for me to say something. However, I made no comment other than to ask what he was thinking of during silences and showing him customary politeness. My attitude was friendly and respectful but neither indulgent nor reassuring. During this time Fred also would stare at my face, perhaps attempting to get a clue from my reactions as to what to say. He was overly polite and considerate, saying that he must be boring and depressing me; and he often commented on how I must be feeling or what I must be thinking about him.

At this time Fred reported a dream in which he was on a cold, barren road which offered no protection and where he felt himself to be on exhibition. I interpreted the dream as symbolic of the therapy, that he felt exposed and without support. However, I also indicated that the dream appeared to indicate he could not utilize his usual manipulations, which was fine, since all that was asked of him in therapy at this time was that he be open and honest and not resort to his usual subterfuges. Furthermore, the dream seemed to indicate that he saw himself as helpless in a cold, barren

world, a view which was a distortion of both his own abilities and the nature of society. This distorted view coincided with his father's own perspective which Fred had learned to duplicate for himself. I also mentioned that being without his usual machinations allowed him a rare opportunity to be truly free and genuine. Fred countered that I was cold and indifferent and he had trouble expressing himself to someone who was so unsympathetic. I got the feeling that he wanted me to react in the same manner as his overprotective father. When I refused to comply with this request, he reported a series of dreams whose manifest symbols were taken from TV programs and consisted of being pursued by Gestapo officers or Mafia gangsters. I interpreted these dreams to have reference to me as the pursuer and asked why he felt I was after him when in reality I had simply kept silent. He then complained that I must dislike him because I had not shown him the concern he expected from a doctor. He made associations to his father and continued talking about his involvement with his father, a theme which recurred again and again. He essentially blamed his father for his present state. Fred believed that his father had not kept his promise of giving him a pleasant life. At other times he stated that if his father had not gotten sick and he had been allowed to join the Marine Corps, he would have been all right. His condemnation of his father had a demanding, expectant quality as if to enlist my support against the father. It became obvious that Fred could in no way conceive of himself as actively changing his life situation and he somehow expected his fate to be

altered by someone else. It seemed as though he had no conception of himself as capable of assertive action; rather, he hoped that by passive cajoling he could induce someone who would take over control of his life by replacing the father.

In the third month of therapy, Fred reported a surprising experience: on the way to a dance where he hoped to meet some girls, he inadvertently got into an accident and slightly damaged his father's car. He suddenly felt jubilant and managed to ask a girl to dance without the usual anxiety. In the subsequent session he related his euphoria to damaging something of his father's with bewilderment, but then he remembered an incident in which he had gone to park with his old girl friend one night, determined to try and neck with her. Unexpectedly his father came by in his truck and ordered the patient to take the girl home and then return home himself immediately. Apparently Fred's parents had become worried when he didn't return at a customary hour and his father had gone out looking for him. Fred felt furious and embarrassed, but obediently took the girl home. His rage turned into guilt, however, when his parents reproached him with having worried them and the girl's parents by staying out so late. In the session his anger returned and was freely expressed when he saw the incident in a more realistic perspective. I suggested that damaging the car in some way made him feel he was striking back at his father and thus made him feel vindicated and assertive. Unfortunately, Fred utilized this interpretation in the service of

submitting to what he felt were my wishes rather than toward any real attempt at autonomy. He began to praise me and the analysis for “freeing” him, and in future sessions he continued to compare me favorably with his father. He reported feeling better and became even more courteous, but in an inappropriately chummy way. I then interpreted that he was angry with me for not being able to establish the type of relationship that he desired. Fred disagreed, stating that he was perfectly happy with therapy and that he could “take” any sort of treatment. He felt that even by rejecting him, I was merely testing him.

I then began interpreting bits of behavior as they appeared in the sessions as his attempt to gain reassurance from me. This tactic produced the following dream, which unfortunately I did not properly appreciate at the time. Fred dreamt that he was standing on the street with another man who was known to be a ladies’ man. An attractive girl walked by and Fred pleasantly anticipated that the man would say something admiring and clever. Instead the man ignored the girl, causing Fred to feel letdown and depressed.

In retrospect this dream indicates Fred’s wish to attract the therapist by posing as a seductive woman, and his anticipation of some pleasing comment from me. Thus in the dream Fred has the girl pass by, but I do not take the bait and he feels letdown, much as his waking reaction during the sessions.

The dream also shows the deceptive aspect of the passive-feminine persona, in that the real Fred is standing aside waiting to see what happens. A probable confirmation of this interpretation, also appreciated only in retrospect, was that Fred's associations to the dream centered on his father's ideas of women, thus suggesting the origin of the passive-feminine facade. In the dream he may have been saying, "This is the way my father likes me; how would Dr. Bemporad like me to be? I see I cannot please him by being feminine (passive)."

Instead of pursuing this line of inquiry, however, I asked Fred how he felt about girls. This question provoked visible anxiety and caught him off-guard. He offered a standard reply that he liked girls, and blamed his symptoms for preventing him from having an adequate sexual life. He spoke of his symptoms as if they were completely alien and not related to him in any way. This led to a discussion of the nature of his symptoms, stressing the following points: his symptoms were a part of his personality and thus an essential aspect of himself, and they often occurred when he was about to do something on his own or when he was close to someone of the opposite sex. Thus, despite his assurances that he desired autonomy and sexuality, part of him found such enterprises unpleasant or dangerous. This interchange was geared to impress on Fred that he had a role in the development of his problems and the solution for them resided within himself. These interpretations provoked the following dream:

I am in a house. There is a monster threatening everyone and everyone is afraid. The monster looks like a blob in a science fiction movie. I am running away but feel there is no defense against it. Then the monster comes up to the window and I see it is a huge bed mattress that is ripping apart and growing enormously. I feel I have to sew it up. I get a needle and thread and start sewing it up. My family looks at me proudly.

On the day of the dream Fred had seen an ad for the movie, *The Conjugal Bed*, which was probably the stimulus for the mattress symbol. Another association was “sew up your fly,” which he remembered from childhood. The dream was interpreted as Fred’s fear of his own sexuality which he saw as a monster, and which he kept in control to the applause of his family by somewhat feminine behavior (that is, sewing brought to mind “women’s work”). It was during this session that Fred related the incident when he was impotent with the prostitute. This gave me the opportunity to stress further that his restraint and inhibition were within him, and could not be blamed on his situation or environment. Fred confirmed his understanding of this by confessing that he often became anxious even while masturbating, when obviously there was no one else involved.

I believe that this session was pivotal in the analysis because Fred finally begin to realize that he had something to do with his symptoms and the responsibility for improvement was his own. He realized that his sexual problems could be resolved only by a change within himself rather than by altering his relationship with his father or pleasing me. He was beginning to be “engaged” in therapy.

Fred had a mixed reaction to this feeling of self-determination. He was elated that he actually could do something to help himself, but he was equally frightened of the possibility of acting on his own or of asserting himself merely for himself. The latter feeling went beyond a simple fear of action; Fred had trouble conceptualizing himself as a separate entity that existed for himself and not for someone else. His entire life had been directed at obtaining gratification and meaning from others; and the fact that he could be self-sufficient was frightening, especially since he was totally unable to achieve satisfaction autonomously. He believed it safer to remain passive and lead a reactive life to some dominant father figure who would guarantee gratification. To my suggestions that he begin to see himself as a separate person, which in retrospect were probably premature, Fred responded with dreams in which a car got demolished (loss of control) or of being on a beach and wanting to go swimming, but fearing the presence of sharks in the water (fear of retaliation for pleasure). As a result of my prodding, he became anxious during and before the sessions. Again he began complaining of his numerous symptoms, and he accused me of not understanding his terrible position in life as well as of making him upset by being unsympathetic and cold. I countered that I was making him anxious by confronting him with the possibility for change and action; I suggested that we examine the reasons why change was so fearful to him. He replied that he was too helpless and inadequate. He told me that he recently had gone back to his university

campus and while there had become depressed because he realized he had wasted his college years and now it was too late to do anything. I countered this pessimism with my feeling that he almost enjoyed a romanticized fatalism because it was a most convenient facade for hiding other wishes which he did not want to acknowledge, and I used his elation at damaging his father's car as a concrete example. I interpreted his self-imposed abstinence as a defense to sexual strivings, and his innocence and passivity as a reaction formation to powerful and unpleasant desires for vindictive behavior. Fred denied any underlying motives beyond his feeling of having been cheated by life.

In the ensuing sessions, however, he began to degrade his father brutally for having crippled him and prevented his individuation. This hostility, however, was expressed with vehemence and pressure of speech, and it seemed more genuine than manipulative. I agreed that he had developed a hostile-dependent relationship with his father but also confronted him with his wanting to reestablish the same sort of relationship with me and most probably with others, again in an effort to point out his own role in his neurosis. Although sympathetic with his past helplessness as a child, I could not encourage the perpetuation of this infantile relationship in a mature individual. I again suggested that he had learned to present himself in a harmlessly passive manner in order to hide his true feelings from others which, if expressed, could have resulted in punishment. Fred then recounted

his worries about his father which perhaps were motivated by an inadmissible wish for the father's destruction. Some of his concern seemed reasonable in that his father had suffered a heart attack, but some of it was clearly irrational. The dynamics at the time seemed to be:

- I. a wish to destroy the father as a means to freedom and gratification,
- II. a simultaneous fear that the wish might be realized and thus leave Fred helpless and alone, leading to
- III. overconcern as well as resentment toward the father.

The hated figure was also the needed figure, which gave rise to the ambivalent relationship with his father and all subsequent authorities. He needed their support and yet felt suffocated by them. Intertwined with these dynamics was his overestimation of individual assertion, believing that any action on his part would result in the destruction of himself and others.

This last point was clearly illustrated in a dream reported at this stage of the analysis. Fred dreamt that he was in an airplane that was about to take off. Fred felt terrified and wanted the plane to remain on the ground, but it took off anyway. He then feared that the plane would crash into his father's store; but he discovered that if he concentrated with great effort, he could keep the plane floating in mid-air. This work of concentrating was terribly exhausting but he had to keep it up in order to avert the crash. He awoke

feeling depressed and exhausted. The dream revived many childhood memories centering on Fred's fear of upsetting his father or of somehow doing something which his father would disparage and thus make him feel ashamed. He related how his every move as a child seemed to be crucial to his father. Fred complained that even now he could not look sad or unhappy at home without his father's immediately asking him what the matter was, and Fred having to assure his father that everything was all right. As a result of his father's overconcern, to which his mother also contributed by reprimanding him with "That will break your father's heart," he developed a greatly exaggerated picture of his own power to affect others and a fear of acting spontaneously lest he destroy them with alleged inflated aggression. The hostility in the dream could not be ignored. Fred wished to destroy the suffocating father but was equally terrified of doing so. I further interpreted the dream as expressing his anger at the father's dictates within him, rather than at the flesh-and-blood father. I stressed that it was the introjected values of the father, and thus Fred himself, which was the true cause of his present inhibitions. To blame his father at this time would be simply another denial of his own responsibility for change.

This was the status of the analysis in February 1965, when Fred called me unexpectedly and told me that his father had suffered a second myocardial infarction and had been taken to the hospital. I expected the worst and feared that Fred might break down upon seeing his hostile wishes

fulfilled in reality. However, Fred took his father's illness rather well, probably as a result of two factors: his father was soon out of any real danger; and Fred was forced by circumstances to take complete charge of the store, which necessitated working ten to twelve hours a day. In this time of emergency he felt himself useful and equal to his father for the first time in his life. This schedule continued for about three months because his father suffered the complication of a pulmonary embolus which prolonged his hospital stay. During this time Fred was unable to come for regular sessions and I saw him infrequently. No real analytic work was attempted, and we talked predominantly about reality problems.

Fred at first felt very proud of being able to take over the business, but rapidly began complaining of being overworked and exploited. There was little chance of his quitting, however, in that he quite realistically was keeping the business going with the help of his uncles. During this period of real need his symptoms diminished, and he did not complain of decreased concentration or confusion. As his father recovered, the old status quo resumed: the father once again ran the store from his bedside and Fred followed orders. This time Fred was allowed to wait on customers but his father refused to let him take any responsibility regarding the financial aspects of the business. Fred found himself being a ten-hour-a day unpaid clerk, and his burst of enthusiasm at his initial responsibility turned to resentment and depression. An important change in Fred's attitude at this

time was his realization that being a clerk was as far as his father was willing to allow him to go, and that his father, despite his earlier promises, would never tolerate a competitive, egalitarian relationship.

It was during the absence of his father that Fred reported his first manifestly sexual dream: "My sister fell into the water from some high place. I dove in after her and gave her artificial respiration. But I found myself overdoing it." The day of the dream he had walked in on his sister while she was changing clothes. He realized the sexual overtones of the dream and equated resuscitation with intercourse. I suggested that he had taken advantage of his father's absence to allow himself to experience some sexual feelings and perhaps also some revived sexual wishes toward his sister which had been repressed for fear of being punished by the father. This was the extent of the interpretation at the time, except to point out again that he had numerous feelings and wishes which he did not like to acknowledge but which were part of him nonetheless.

The father returned home in April and in a month's time was able to work part-time. Regular twice-weekly sessions were resumed in May 1965. At the first session, Fred came in openly angry. He had gotten into an argument with a customer and during the argument his father came into the store and sent Fred away. He felt humiliated, especially since his father was not supposed to get excited due to his cardiac status. Nevertheless Fred left

and quietly went home. Later he pouted around his father, who sort of apologized but told Fred that he simply didn't know customers as well as he did, implying that Fred could not hold his own in the store. I utilized this episode and Fred's current mode to revive the whole discussion of his self-inhibition and his fear of his father, as well as of his desire to compete and assert himself against his father. Fred confessed that a few years previously he would have decided that his father was correct, and in fact would have been secretly relieved to get out of an unpleasant situation. Now Fred vowed with much dramatic bravado never again to be submissive. He reported the following dream in the next session: "I am with a girl and we are looking for a place to have intercourse. We find a room in a hospital and I draw a curtain so that we can be alone. I feel that someone is watching us and I become frightened. It all seems very new to me. Then the fear changes to pleasure and I feel aroused." The hospital brought to mind his fathers' hospitalization. Fred remembered being momentarily aroused by seeing some semiclad female patients when he went to visit his father. The fear of being observed revived the memory of some sort of sexual play with his sister, mentioned earlier. He further associated to this memory the crystallization of his present attitudes toward sex as something shameful and repugnant. He felt that his father would be more disappointed than angry if he caught Fred having relations with a woman. Sex was somehow related to exploitation of women and was repugnant with someone for whom one cared. Fred realized that his beliefs

were irrational, but he believed them nonetheless.

I tentatively suggested that his views of sexuality might be colored by incest wishes, noting the dream in which he was giving artificial respiration to his sister and the recent memory of childhood sex play; but Fred felt that even if his experience with his sister was the genesis of his feelings, it was his father's prudish attitude which had been really decisive. He then related his father's tirades against his sister when she wanted to go out and his almost paranoid suspicion that someone would take advantage of her. The session ended with a discussion of the following themes: sibling sexual wishes are not uncommon; especially in view of his past and present restrictions in terms of extra-familial contact, he would be more prone to be aroused by family members since he didn't really know anyone else; and the dream represented his wish to show his father that he could have sexual relations as well as his fear that his father would discover Fred as a "genital" male.

The theme of sexuality was continued to the next session in which Fred reported the following dream: "A woman came into the store. I tried to sell her apples but she walked out. I said to my helper that I was going to sell her apples anyway and I go out after her. I catch up to her on the street and she coldly tells me she doesn't want any apples. I get furious and explode. I say, 'What kind of gratitude is this.'" Fred's associations were concerned with his fear of sexuality, and his terror of being ridiculed by a woman if he

approached her sexually. He related that on dates he would try to blot out sexual feelings, and when he did kiss a girl he would find his mind wandering and thinking about something else. On the day of the dream a woman had come into the store and flirted with Fred. The helper started teasing him after she left, saying that he had missed a golden opportunity. That night Fred fantasied having sexual relations with the woman and became depressed because he felt that in real life he was too cowardly ever to attempt anything. The apples reminded him of opportunity, but also of “Adam and Eve, the snake with the apple, something deceptive and sexy, feminine deception.” He then talked about how some women were coy and flirtatious and that “you never know where you stand with them.”

At this point I believed that the woman in the dream represented Fred’s feminine facade, especially since apples brought feminine deception to mind. The dream thus would mean that his passive-feminine role was not paying off, despite all he had sacrificed in becoming that facade. However, Fred then began talking about how many older women who were widowed or divorced came to the store, and how his helper would joke about their having “hot pants” and that Fred should “set himself up with one,” because older women were “grateful.”

I remarked that in his dream the woman was not grateful, that somehow she should have appreciated his deception (apples). I asked Fred

what woman in his life he felt should be grateful to him. He uneasily replied that no one should be grateful to him since he had done everything for his father. Then he reflected, and said that possibly his mother had used him against his father and he had often protected her by mollifying his father. He immediately retracted this suspicion, saying that his mother was completely innocent and really too simple to be of any significance. He said she was the family pet and said that her nickname was “cutie” although he never called her that. I asked why he never did and Fred self-righteously added, “Because she’s my mother ... it wouldn’t be right . . . especially when other people are around.” I asked if there was something about his feelings regarding his mother that he didn’t want other people to know. Fred replied again self-righteously that he had no feelings to be ashamed of and he always had felt very positively toward her. He seemed to imply that by insinuating he had mixed feeling about his mother, I was guilty of some sort of sacrilege. Nevertheless I interpreted his dream as representing anger at his mother for not having appreciated his “sacrifice” of assertiveness in order to protect her from his father. He had in the dream expected some sort of quasi-sexual reward from the woman, but instead she wants no part of the apples. Thus the dream, stimulated by his frustration over his supposed inferiority with women as well as by the sexual content of the previous sessions, may be interpreted as follows: Fred originally adopted a feminine facade in an attempt to please and obtain love from his mother, but this adaptation

backfired and Fred found that his mother—and women in general— wanted no part of his passive-feminine personality. The dream ends with the assertion that older women, like his mother, are not really grateful.

The dream may also be interpreted along more classical themes, and be seen as Fred's attempt to tell the therapist that he was really not capable of attracting women and so should not be punished by the therapist father. Flirting with his customer and the teasing of his helper may have revived Oedipal fears against which Fred needed to reassure himself by proving his unattractiveness.

According to either interpretation, the moment seemed opportune to explore Fred's feelings toward his mother. I tried to do just that and met implacable resistance. In the next series of sessions Fred again began complaining about his work at the store and even brought up his symptoms again. I repeatedly tried to discuss his feelings about his mother but he dismissed them by giving the usual noncommittal response that he had already told me all there was to say about her.

The therapeutic relationship at this time could be described as my insistence that he was resisting and refusing to acknowledge feelings, with Fred sensing that he was disappointing me and becoming anxious about displeasing me. For example, he attempted to "please me" during this time by

making some realistic gains, such as insisting that his father give him a regular salary after he had procrastinated about this for months. Although this action was a decided step forward, it was done in the spirit of placating me rather than for healthy motives. He also began criticizing his father again with the definite implication that he preferred me to him.

Having encountered stubborn resistance, I decided to try and examine the transference again in the hope of stimulating new material. Therefore I brought up the subject of his feelings about therapy. He responded enthusiastically, saying that therapy was helping him and he felt he had made great strides. I frankly pointed out that aside from some symptomatic relief, his problems had changed little after a year of therapy and possibly he was obtaining some gratification by keeping things at the status quo. Fred responded by telling me his troubles were so severe that treatment would take a long time and he was very content with his progress. He added that he looked forward to his sessions and they were the high points of his week. Rather than responding with gratitude, I commented that the purpose of therapy was to improve his life outside the office, and I bluntly suggested that he liked therapy not because he was getting any better, but because he had found someone who could replace his father in directing his life and offer him the feeling that he was loved and significant.

During the next few weeks, I continued to examine the therapeutic

relationship and to attack the transference directly. The picture that evolved can be characterized as a bargain relationship in which Fred agreed to do whatever he felt I wanted him to do, if in return I would praise him and offer him nurturance, or at any rate continue the relationship. What impressed me at this time was Fred's pathetic dependence on others for gratification and meaning. As mentioned, he was totally unable to achieve satisfaction from his own actions but had to rely on someone else whom he clothed with unrealistic importance to supply his life with significance. He was terrified of any type of autonomous pleasure or assertion and only knew how to put himself passively in a situation in which he could win the praise of a significant other. I carefully interpreted this to Fred and told him that in reality he did not want to change but merely to perpetuate in therapy the dependent relationship he had formed with his father.

Following this interpretation, Fred had a dream in which I was giving and supportive, and in which I repeated almost verbatim what I had said during the session. Although supposedly a confirmation of my interpretation, I felt that the dream was a gift; that is, further evidence of his submissive acceptance rather than any real conviction for change on his part. I believed that the dream was a smoke screen intended to reassure me and to prevent him from doing anything for himself.

A few sessions later Fred confessed to having had the fantasy that I

would secretly call his father and arrange things with him so he would change in regard to Fred, and together we would help Fred start on a career and even get him a girl friend. Fred had hoped to make this wish a reality by his constant complaints about his father, feeling that this would provoke me to action. With this fantasy, Fred's resistance to change and his fear of responsibility and activity were fully out in the open and became the central theme of many subsequent sessions.

During this examination of the transference and resistance, Fred admitted that he actively sought out clues at the beginning of each session as to what he should talk about so that I would be satisfied with the session. He said that he felt depressed and frustrated when he was unable to get me to respond in a happy, reassuring manner. The genesis of the transference was again related to his relationship with his father. I tried to impress upon him that he was now independent and responsible only to himself. At this point Fred bought himself a tape recorder. This was actually a notable event, being the first thing he had ever purchased for himself.

The next few months of therapy were spent on working through aspects of Fred's self-inhibitions and restrictions. Fred would attempt some change in his everyday life which then aroused feelings which in turn were discussed in therapy, resulting in further motivation for change and more material for analysis. For example, Fred tried to get dates through his sister and friends

and even attended a party or two. He found himself becoming very anxious at social occasions and brought this up in therapy, where his feelings of competition and his desires to dominate others were explored. He then attended another party and sensed that he wanted to be the center of attention and at the same time he was afraid to be noticed. At another time he found himself trying to copy his father's authoritarian manner with others, and in therapy realized that this was one way of reassuring himself against feelings of inferiority and inadequacy. Out of these interchanges evolved Fred's secret ideal of being a replica of his father, which he had hidden beneath his passive-submissive facade. I tried to show him that either role—superman or infant—was bound to result in frustration and illness.

Eventually Fred started dating sporadically. He went through a period of deconditioning and had to withstand much anxiety before finally feeling somewhat comfortable with women. Around January 1966, he reported having met a girl, Frances, whom he "really liked." He was hesitant about asking her out, however, because he feared that she would reject him or that if she began to like him he would dominate her the way his father had dominated his mother. Despite his hesitations Fred did ask the girl out and continued to date her, although he often felt apprehensive. During this same time Fred continued to complain about the store and his irritation with his father. In the midst of a tirade against the father, he blurted out, "I resent my mother too. Why the hell doesn't she stand up to him for once. Why do I

always have to be in the middle.” I felt that this was an opportunity to revive the whole theme of his feelings toward his mother which he had resisted the summer before, and I mentioned that this was the first time I had ever heard him say anything derogatory about his mother. Fred replied that recently he had noticed that whenever he was about to go out on a date his mother would pull him aside and begin complaining to him about her life with her husband. This did not occur every time but frequently enough to make him suspicious that somehow his mother wanted to ruin his evening out by making him feel guilty. Her complaining had been so successful that on a few occasions Fred was tempted to return home, feeling he should be there in order to protect her from his father or at least to make her happy. When I asked why his mother should suddenly start acting in such a manner, Fred speculated that in recent weeks, between the store and going out at night, he was rarely home and his mother missed talking and confiding in him. He then commented, as if it were a sudden realization, that over the years he had spent most of his time at home with his mother and she had confided in him and somehow used him to “get things off her chest.” I reminded Fred of the “gratitude” dream and his reluctance to talk about his mother, suggesting that he must have many feelings about her that he did not wish to acknowledge. I hoped that the therapeutic relationship had been sufficiently clarified and that his recent social improvement might encourage him to start exploring his feelings about his mother, but Fred still felt empty and uncommunicative about her.

A few weeks later Fred double-dated with friends and was sitting in the back seat of their car necking with Frances, when he became very anxious and felt himself depersonalizing. He returned home depressed and angry with himself and had the following dream: "I am in the back seat of a car driven by a chauffeur with a very made-up and pretty girl. We are looking for a place to park but every place is crowded. In the dream I am also a girl and we are anxious to touch each other. She touches my breasts and I enjoy it very much, but feel it's wrong." He reluctantly admitted that the girl reminded him of his mother when she got dressed up. He also felt embarrassed that he was a girl in the dream. The chauffeur seemed surprisingly silent but knew where he was going and Fred felt he trusted him. The dream seemed to take place at night and everything was lit up as in Times Square. This reminded Fred of lurid, forbidden sex. The most vivid aspects of the dream were the pleasure he felt and his confusion: "I was anxious for her to touch me but knew it was wrong: I kept saying to myself, 'How come I'm a woman?' but felt good while she was touching me but confused because I wasn't supposed to be a woman. I felt like how did I get this body, how come I have breasts?" Fred continued, saying that he often felt like a woman in real life, being unmanly and passive. In the dream it seemed important for him to be that way in order to get the woman to fondle him. I interpreted this to mean Fred had accepted a passive, castrated role in order to get love from his mother, and that perhaps she had seduced him into being daddy's little boy. I reiterated the earlier session in

which he had talked about having to stay home to protect his mother from his father. His passivity was evident in that he would protect her not by standing up to his father, but by pleading her case, offering himself to his father and thereby renewing the neurotic bargain relationship. Fred responded by remembering episodes in which he wished he could have been a girl like his sister so that he also could have been left alone the way she was: “She never had to do anything, she could just be herself.”

The interpretation of this dream continued over to the next session and the additional themes may be summarized here. The chauffeur stimulated a memory from age six or seven. Fred was in the back seat of the family car with his mother, and his father was driving. They were going to some family gathering and Fred had some schoolwork to do which he had brought along. He was trying to study but his father kept singing or shouting and he couldn't concentrate. Fred appealed to his mother to ask him to be quiet but she told him to study later and not to disturb his father. She gave him a hug as if to show him that she understood his frustration but she had resigned herself to submitting to her husband. In the dream the chauffeur was “strangely silent,” meaning that as long as Fred kept up his feminine facade, his father would not interfere: Fred could form an alliance with the mother and enjoy forbidden gratification. On the other hand, the chauffeur also may have been the analyst who was guiding Fred through therapy. This interpretation of the dream allowed for a reexamination of the transference. Fred still was in the back

seat, pretending to be a woman and not accepting an active role in his own treatment.

The stimulus for the dream appeared to be in my reviving his feeling about his mother and the experience with Frances, when he found himself confronted by a woman whom he liked and who was eager to have him take the initiative sexually. His inability to perform without depersonalizing aroused the whole Oedipal conflict, as well as his particular solution.

This dream is presented in detail because it illustrates some of the dynamics behind Fred's problems and indicates how his present personality evolved. A good part of the spring of 1966 was spent applying the general themes revealed in this dream to Fred's everyday behavior. For example, his reluctance to expose his Oedipal wishes in therapy the previous summer may have indicated that he saw me as possibly adopting the role of the punitive father who had to be constantly mollified by submission and dependence. Similarly, Fred's fear of assertion and exposure could be traced to being forced by both parents into a role which best suited their interests rather than his welfare.

Here is an apt example of the depressive's self-imposed anhedonia. He will forego pleasure, sexual or otherwise, in the hope of winning the love of the all-important other. Fred not only feared sexual gratification; he lived an

all-encompassing ascetic life. He rarely bought anything for himself, had no hobbies or interests, and took no notice of national events. His curiosity and talents, as well as his ability to derive autonomous gratification, had been severely thwarted in the quest for parental approval. It is just this childhood blockage of all those things that make life interesting and worthwhile that so often leads to the truly barren existence of the adult depressive, and his justified lack of meaning and pleasure in that existence.

Another trait that was examined was Fred's extreme passivity which prevented him from seeing himself as self-determined and capable of actively changing his life. He continued to be guarded and to keep his feelings to himself, afraid to offend others. I attempted to encourage his expression of anger or annoyance in treatment and he eventually managed to verbalize some criticism of me and the analysis. This was utilized to work through his great fear of retaliation and his overinflated concept of his effect on others. His continuing relationship with Frances produced a great deal of material for therapy. He still felt himself closing up, he demanded certain reactions from her, he felt he was just playing a role with her. As a result of his experiences with Frances, Fred acknowledged feelings of futility and frustration that he remembered having felt toward his mother, in that he had never really been able to relate to her. Although she was sweet and maternal, she seemed shallow and self-involved. In the course of therapy it became apparent that although she was affectionate, the mother appeared to be threatened by true

close involvements and often denied her own feelings towards others. She would confide in Fred and appear to want to get close but when he began to mention his own feelings, she either got silly or suddenly found something else to do.

It took a tremendous effort on Fred's part to establish an honest relationship with Frances. He was afraid that she would respond much as his mother had done and so he resisted showing any weakness or dependence. Gradually Fred did tell her about his problems at the store, about his difficulties in college, and eventually about being in therapy. Frances reacted in a supportive yet matter-of-fact manner, as if she understood that people generally have problems and try to overcome them. Her pragmatic attitude, in contrast to Fred's extreme shame and self-pity, was definitely salutary and helped Fred gain some perspective with reference to his past orientation.

Throughout the session, the theme of the father reappeared in various forms. At first Fred had been afraid to do anything lest it displease his father; now with each gain in his everyday life, he experienced not fear but guilt. Once when he was out with Frances and having a good time, he suddenly got the feeling that his father had suffered another heart attack and he should call home immediately. The more Fred asserted or enjoyed himself, the more he believed that something was going to happen to his father: thus he prevented himself from finding gratification in his own activities. The idea of Fred's

destroying his father by doing something on his own was illustrated by our discussions about Fred's career choice and future plans. Fred still could not conceive of doing things apart from his father, and he wanted him to share in his eventual success. Any achievement without his father's participation was seen as a betrayal and provoked feelings of guilt and selfishness.

Originally Fred had no idea of what he wanted to do with his life. He knew that he did not want to remain in the store, but the anxiety which was aroused when he thought of leaving caused him to put the whole issue out of his mind. In his fantasies he had often thought of being a policeman, but he knew that this was a neurotic choice which would allow him to express his retaliatory and domineering impulses under the guise of respectability and self-righteousness. He eventually expressed a desire to go into social work or probation work. This choice might have evolved out of an identification with the therapist, but it was also stimulated by a discussion about his having been stabbed in grade school. He rightly felt that if he and his family had been able to get counseling at that time, much of his present dilemma could have been averted. In the summer of 1966 he took the civil service examination without too much anxiety, and received a passing mark. Shortly after receiving notification of his eligibility for social-service training, he began having fantasies that his father was dying. On one occasion he awoke at night in terror, having dreamt of seeing his father dead in a coffin. Fred realized the irrationality of his feelings but he suffered their impact nonetheless. Some

clues as to the underlying causes of this behavior was given in a dream reported at the time.

In the dream, Fred was walking between two women on a beach. They approached a virile-looking man. Fred wanted very much to be admired by the man and was afraid that the man would ignore him and concentrate on the women. Fred felt ashamed of wanting to attract the man but felt equally lost and depressed at not being able to attract him. The man probably represented Fred's father, and the two women were his mother and sister. The conflict in the dream seemed to be whether or not to relinquish the father as a source of gratification. As Fred became more and more independent in his behavior, he felt that he would lose his privileged place in his father's affections, and this revived his old rivalry with his mother and sister. Fred's fantasies of his father's death could be interpreted as the giving up of his father—not as a real person, but as the fulfillment of neurotic desires. The father had become so important in Fred's life as a means to pleasure and satisfaction that he found it difficult to outgrow this avenue of gratification. Fred wanted to be both assertive and independent while still being able to enjoy his father's support and coddling. To give up the father meant to give up a whole approach to pleasure that had taken years to formulate. Thus the psychic death of the father was terrifying.

The fantasy of his father's death had other causes to which I have

alluded, such as his overestimation of his effect on others and the growing awareness of his competition with his father. However, the major dynamic at this time seemed to be his reluctance to break off the bargain relationship. Over the course of the next few months, this general theme recurred again and again. Here Fred experienced the deprivation depression discussed in chapter 13. By being forced to relinquish his mode of being for others, Fred felt lost and unhappy. He experienced a revival of his depression although he knew he had to extricate himself from his pathological ties, whatever the emotional cost. He was truly miserable, unable to find a meaning for his activities or a purpose in his life. This transitional period reflected the abandonment of the dominant other before the self could begin to take over the functions formerly fulfilled by the dominant other. He felt that he alone was responsible for his father's well-being and happiness, and this feeling paralyzed his efforts to do anything for himself. Fred actually experienced a sort of mourning process for the loss of his psychic relationship with his father. He complained of feeling isolated and alone, that there was no purpose in life and nothing to look forward to. The following quotes from various sessions at this time illustrate his depression over giving up the father as a source of gratification and meaning:

I have to keep trying to keep it in my head that he's gone. I get the feeling of being all alone but I don't feel afraid, just very sad.

I know that it won't be so terrible and I'll survive. I'll manage. I know we have to split, that I have to leave him but it's upsetting ... a large part of me

doesn't want to.

I must leave him emotionally. I must change. One day I'll really be without him. I don't like the idea of it.

I actually see him dead in the funeral parlor. It's like in order for me to get well he has to die. I have to lose him. I have to give him up. Not do everything his way.

I keep feeling like I'll never see him again, like when he was on the critical list. I feel like I'm leaving a wounded man in the street. I keep feeling I'm betraying him.

I interpreted quite plainly that he wished to have both his freedom and his dependence but in reality had to choose between them. I interpreted his new depression as due to the loss of dependent gratification and stressed that he had to give up this source of pleasure if he were ever to achieve a sense of emotional freedom.

Fred renewed his efforts to do things despite a good deal of guilt and anxiety. At first he was not too successful, and he was frequently frightened and apprehensive although apparently determined to follow through. His frustration was revealed in a dream about a cat, a type of animal that he considered to be parasitic and lazy. In the dream, he found the cat in his house and gave it some milk, but the cat was not satisfied and demanded more and more. The cat became affectionate in a sneaky and manipulative manner (which reminded him of his old self), but Fred didn't trust him and threw him out of the house. Fred then went back into the house, proud of his

accomplishment, only to find the cat there as before. This dream epitomizes the struggle that the patient must go through in order to change. Fred realizes in the dream that he must alter his prior personality patterns. Yet these patterns are so ingrained, so imprinted, that it appears a hopeless task. The patient requires the full support of the therapist at this stage, for a sense that he is not alone in the battle against pathological modes of being.

Over a period of many months, with my encouragement and with support from Frances, Fred did manage to free himself from the image of his father and to find satisfaction in his own efforts. In retrospect, Fred described this time as “having to convince myself that it was all right to be free.” Part of his change derived from remembering that his father had exploited the family into feeling responsible for his behavior. The father seems to have blamed the family if anything went wrong, saying that they made him do it. In this manner Fred’s whole area of initiative became tinged with doubt and guilt so that it was safer to be rewarded passively and be directed by someone else than to attempt something independently.

Another part of Fred’s progress came from his realization that he was not as helpless as he made out, and his supposed inadequacy was a good defense against risk as well as a consequence of his great ambition and expectations. Compared to his secret aspirations, any actual accomplishment was meager and inconsequential. This competitive view of human relations

was crystallized in a fragmentary dream of a terrifying totem pole. He could only conceive of society as a hierarchical pecking order in which one was either a master or slave. This vision of the competitive strivings within himself was so horrifying that he preferred to attempt nothing and remain daddy's boy. These tendencies were interpreted in regard to his father, society in general, and the therapeutic situation in which Fred had hoped to reestablish a dependent relationship that would satisfy him and thus relieve him of having to accept responsibility for himself. I was supposed to assure him that he was sick; thus he would not have to do anything.

Fred did not always accept these interpretations gracefully and often accused me of being too rough with him, and of not appreciating his delicate state of mind and unpreparedness for life. However, as he moved out of his secluded family environment and was confronted with people his own age, his competitive strivings as well as his defense against them could no longer be denied. The whole area of social relationships was reviewed again with emphasis on his competitiveness and hostility. This time I related these feelings to the treatment situation, and eventually he was able to verbalize his competitive feelings toward me. In a sense, he no longer needed me as a gratifying father and so was free to express negative feelings.

The factor of experiencing, in the session, feelings that previously he had only been able to describe objectively as happening outside the office was

beneficial, especially since I did not retaliate but rather simply tried to clarify his motives and confront him with his behavior. He proudly reported a short time later that when his sister had started getting into a disagreement with their father, Fred had believed she was right and to his own surprise took her side against the father. Fred slowly was able to experience his feelings of anger without anxiety over losing control, or the fear of massive retaliation. In the sessions he became more assertive and less concerned with my reactions. He occasionally was able to free-associate and to give vent to his feelings regardless of their content. This newly developed ability to express anger and disapproval openly was partially due to his realization that he had a right to such feelings, as well as to a lessening of his need to gain constant approval from others. At the same time, this ability reflected that he perceived and evaluated situations more realistically so he no longer had to distort situations in such a way as to minimize the need for anger. Therefore the appearance of anger at this time appears to have resulted from a gradual cognitive restructuring rather than from the redirection of an unconscious affect.

He seemed to be motivated for change and was eager to explore his reactions as they arose. He discussed with his father the possibility of leaving the store, and they agreed that if Fred would work until the summer of 1967, the father could either find a partner or replace him. Fred then made arrangements to be employed by the city at that time. He seemed quite happy

and proud about these accomplishments.

Intertwined with the exploration of Fred's competitiveness was the theme of his relationship with Frances which, for the sake of simplification, is presented separately. Frances was a few years Fred's junior and also of Italian descent. She was the third of six siblings and thus, in contrast to Fred's pampered childhood, she grew up as one of several children. She graduated high school and then took a secretarial job.

Fred's relationship with Frances initially was characterized by his attempt to validate himself through her, seeing how she would respond to him, if he could be attractive to her, and so on. At this point he appeared almost unaware of her individuality and she might have represented women in general. Later, Fred continued to have only a narcissistic interest in her. He wanted to see if he could manipulate her into giving him the nurturance and adulation that he desired. At this stage he wanted Frances to be happy not for her own sake, but in order to prove his adequacy: he wanted to give her the pleasure that he felt unable to give his mother and then enjoy her feedback. Throughout this time I never got a real feeling for Frances as a person from Fred. She may well have been simply a mother transference object, or a transitional object in Winnicott's sense (1953).

Once Frances responded warmly to him, his feelings toward her slowly

changed. It was as if he had proved himself and now she was no longer a challenge or threat. Fred began talking about her with tenderness and sensitivity as a unique human being. As mentioned previously, she was pragmatic and not excitable. She encouraged Fred to loosen up and she was not frightened of expressing herself. Eventually Fred began comparing her with his sister, Susan, and he expressed guilt over his preferential treatment in childhood. He felt his father had driven Susan out of the house by his lack of consideration and that he himself had totally ignored her. He felt that somehow he wanted to make things up to Susan. The significant factor in this comparison of Frances with his sister was that Fred finally saw women as people with feelings and rights. He opened up to Frances and tried to be as genuine and honest with her as he could, being very careful not to repeat his father's manipulations, which included degrading and dominating women as a way of denying his own dependency needs.

Sexuality presented special problems. In addition to Oedipal fears, Fred had trouble unifying sexuality with tenderness. Much of this conflict was a result of strong cultural attitudes, but much also seemed to have developed as a defense against sexual feelings toward his sister. As this theme was being discussed in therapy, Fred mentioned many of his father's attitudes about sex which the father considered dirty and wicked, representing the typical madonna-prostitute dichotomy of women. Much of this material had been covered previously in therapy but this time Fred was actively involved in a

relationship and his experiences were immediate and confirmatory.

In the spring of 1967 they made plans to marry when Fred achieved some financial security, but then they decided not to wait and set a date in June. By then Fred possibly would have a job and they both had put money away. The whole idea of being on his own with responsibilities caused Fred to be both proud and apprehensive. We discussed at length his going with Frances to look at furniture and apartments from the point of view of sharing and mutuality.

At this time he spoke little about his parents and seemed to be free from his family, although he still lived at home and worked in the store. His resentment toward both his parents gradually diminished. When he talked about them, it was with resignation that they would remain the way they were, but they no longer had a great affect on him. At times the father would try and engage Fred in long conversations and Fred would go along with him out of consideration rather than fear. Fred looked forward to the day he would be on his own and with this goal in mind he tried to make his remaining days with his family as smooth as possible.

As his wedding date approached, we talked about separation and responsibility. Fred was interviewed and accepted for training in a career that he desired and he was very pleased that he felt no anxiety during the

interview.

He was married in June and when I saw him after his honeymoon, he seemed quite satisfied with his life. After returning home to a small family reception he had the following dream. “The whole family was at a party. We were talking about this big watchdog that died. I felt relieved and felt like who needed him anyway.”

The remainder of Fred’s therapy concerned itself with discussions of career choice, his ability to decide what he wanted to do with his life, and the responsibility of marriage. Fred became much more determined, self-motivated, and conscientious. He continued his job but also took graduate courses leading to a professional degree. Toward the end of therapy he was more confident and yet open and honest about his limitations. He continued a cordial and undemanding relationship with his parents. To my knowledge, he has not had another depressive episode since his therapy ended over ten years ago.

Discussion

In considering Fred’s psychopathology, initial consideration should be given to the social milieu in which his family participated and formed its particular values and distortions. As will be more fully explored in chapter 16, cultural mores influence family values which in turn affect child rearing.

Fred's father was a reaction to his own early poverty and inferiority, and, in time, Fred became a reaction to him. The father needed to have his son succeed as a proof of his own adequacy yet never to allow his son to reach that point of success which could engender independence and open competition. In a sense Fred was to be his father's vindication on what he considered to be a hostile culture. Fred was predestined to become the evidence of his father's worldly success.

Fortunately there is not much in the way of worldly success that can be demanded from a vegetating neonate, and thus Fred's early infancy appears to have been non-traumatic. The mother, who saw herself predominantly as a nurturing mother and dutiful wife, seems to have been able to give generously to a non-threatening infant. She resembled the mothers of depressives described by Cohen et al. (1954) as having "found the child more acceptable and lovable as infants than as children, when the manifold problems of training and acculturation became important."

It was during the emergence from the stage of baby to child, when the organism acquires human rather than animal qualities, that troubles began. The withdrawal of the mother, which might have occurred simply as a result of her own personal vulnerability, was greatly enhanced by the birth of Susan. As alluded to above, the neonate seemed to have elicited greater response from the mother than a semi-autonomous toddler, but the fact that the

second-born was a girl caused a family rift that was never really healed: Fred became his father's son and Susan became her mother's daughter. The father's interest was in his heir, while his wife appears to have been willing to relinquish her son but not her daughter. It may be assumed that much of Fred's later pathology was the result of his being "deserted" by his mother and his being taken over by the father. The "car dream" previously described in which Fred is coddled by the mother while playing the role of a woman may indicate his solution to his feeling of deprivation. He may have believed that if he succumbed to his father's wishes and willingly denied himself, he would regain the mother's love. On another level, the dream may represent his envy of his sister who was able to get the mother's affections by simply being a girl. Some of Fred's later resentment may have arisen from a sort of Silverberg's "pattern of the broken promise" (1952), in that despite his sacrifices Fred never really felt reunited with the mother. These early experiences may have accounted, as well, for his later distrust of women and his fear that he could not really satisfy them.

In any event, Fred, at that time, entered into his chronically dependent relationship with his father. He was both pushed by the mother, and drawn by the father who felt that Fred had reached the age when he could begin to fulfill his potential. From that time on Fred was given the role of the family "crown prince" and his every move and behavior carefully scrutinized. It is significant that Fred's autonomy was undermined not by force but by shame

and guilt. He was made to feel ashamed of his attempts at gratification rather than simply afraid. In contrast to severely depressed individuals, however, Fred was never told by his parents that he was evil or the cause of their misfortunes. While he required the father's approval for feeling worthwhile, he did not need it to absolve himself of a basic sense of inner badness. Throughout Fred's mild depressions, he felt weak, lazy, hopeless but never vile or malicious, which is usually a manifestation of more severe pathology. In addition, the parents, while misguided and limited, appeared well-meaning and tried to do what they felt was best for their children. They did not openly reject them or degrade them. While inhibiting Fred's sense of effectiveness in the extra familial world, the parents bestowed affection and care (even if in stifling doses) on him. Again, in contrast to severe depressives, Fred never felt himself a burden to his parents in childhood. He was even placed in the role of a favorite although maintenance of this role meant a sacrifice of vital aspects of the self and was also exploited by the mother.

In treatment Fred immediately tried to re-establish passive bargain relationship which rather than allowing him to get well would have afforded him the security of being passively gratified by the therapist. The working through of this transference relationship and the clarifying of the misconceptions which had originally given rise to it were the major tasks of therapy. Related to this relationship were Fred's fears of self-gratification and his refusal to see himself as self-determined and capable of change. Until he

could free himself from his dependency relationship, he could really make little gain toward a more satisfactory way of life. I refused to see him as “someone special,” nor did I consider his symptoms or past experiences sufficient to excuse him from responsibility and choice. This process of deconditioning was accompanied, as much as possible, by confrontations of his behavior so that Fred could appreciate his impact on others as well as understand the causes of his present problems as perpetuations of earlier reaction patterns. His life history was utilized in illustrating the origin of his misconceptions as well as defining the genesis of his transference reactions.

In view of the length of this report, I will only briefly mention one additional theme which I have purposely omitted before: the question of Fred’s homosexuality. Fred’s dreams and his relationship with his father suggest a homosexual identification. Similarly, I have described him as adopting a passive-feminine facade. Despite these data and my terminology, Fred at no time appeared overtly homosexual nor did he ever express an erotic attraction for someone of his sex. He considered women as the only possible object choice and his masturbation fantasies were exclusively heterosexual. Fred *was* extremely passive and dependent on his father. However, passivity and dependence may be insufficient to create homosexuality on any level. It is difficult to determine where passive gratification ends and actual homosexuality begins.

Fred's history illustrates how, through specific childhood experiences, selected unconscious cognitive structures are crystallized and later give rise to psychopathology. Fred's early rejection by the mother, his bargain relationship with the father, his punishment for autonomous gratification, all set the stage for the need of a dominant other and the self-inhibition that predisposes to depression. His ideas of himself, of others, and of the way life should be led caused him to become stagnant in an unhappy circumstance which he felt himself unable to alter. Through psychotherapy these structures were somewhat modified with resultant change in Fred's values and behavior, ultimately leading to an overcoming of his depression and, hopefully, some protection from later depressive episodes in the future.

REFERENCES

- Abraham, K. 1960 (orig. 1911). Notes on the psychoanalytic treatment of manic-depressive insanity and allied conditions. In *Selected papers on psychoanalysis*. New York: Basic Books. Pp. 137-156.
- _____. 1960 (orig. 1916). The first pregenital stage of the libido. In *Selected papers on psychoanalysis*. New York: Basic Books. Pp. 248-279.
- _____. 1960 (orig. 1924). A short study of the development of libido, viewed in the light of mental disorders. In *Selected papers on psychoanalysis*. New York: Basic Books. Pp. 418-501.
- Adler, K. A. 1961. Depression in the light of individual psychology. *Journal of Individual Psychology* 17:56-67.
- Akiskal, H. S., and McKinney, W. T. 1975. Overview of recent research in depression. Integration of ten conceptual models into a comprehensive clinical frame. *Archives of General Psychiatry* 32:285-305.
- Annell, A. L. 1969. Lithium in the treatment of children and adolescents. *Acta Psychiatrica Scandinavia* Suppl. 207:19-30.
- Annell, A. L., ed. 1971. *Depressive states in childhood and adolescence*. New York: Halsted Press.
- Ansbacher, II. L., and Ansbacher, R. R. 1956. *The Individual psychology of Alfred Adler*. New York: Harper.
- Anthony, E. J. 1967. Psychoneurotic disorders. In A. M. Friedman and H. I. Kaplan, eds. *Comprehensive textbook of psychiatry*. Baltimore: Williams & Wellsing.
- _____. 1975a. Childhood depression. In E. J. Anthony and T. Benedek, eds. *Depression and human existence*. Boston: Little, Brown.
- _____. 1975b. Two contrasting types of adolescent depression and their treatment. In E. J. Anthony and T. Benedek, eds. *Depression and human existence*. Boston: Little, Brown.

- Anthony, E. J., and Scott, P. 1960. Manic-depressive psychosis in childhood. *Child Psychology and Psychiatry* 1:53-72.
- Arieti, S. 1950. New views on the psychology and psychopathology of wit and of the comic. *Psychiatry* 13:43-62.
- _____. 1959. Manic-depressive psychosis. In S. Arieti, ed. *American handbook of psychiatry*, First ed., Vol. I. New York: Basic Books. Pp. 419-454.
- _____. 1960. The experiences of inner states. In B. Kaplan and S. Wapner, eds. *Perspectives in psychological theory*. New York: International Universities Press. Pp. 20-46.
- _____. 1962. The psychotherapeutic approach to depression. *American Journal of Psychotherapy* 16:397-406.
- _____. 1967. *The intrapsychic self*. New York: Basic Books.
- _____. 1970a. Cognition and feeling. In A. Magda, *Feelings and emotions*. New York: Academic Press.
- _____. 1970b. The structural and psychodynamic role of cognition in the human psyche. In S. Arieti, ed. *The world biennial of psychiatry and psychotherapy*, Vol. I. New York: Basic Books, Pp. 3-33.
- _____. 1972. *The will to be human*. New York: Quadrangle. (Available also in paperback edition. New York: Delta Book, Dell Publishing Co., 1975.)
- _____. 1974a. *Interpretation of schizophrenia*, Second ed. New York: Basic Books.
- _____. 1974b. The cognitive-volitional school. In S. Arieti, ed. *American handbook of psychiatry*, Second ed., Vol. I. New York: Basic Books. Pp. 877-903.
- _____. 1974c. Manic-depressive psychosis and psychotic depression. In S. Arieti, ed. *American handbook of psychiatry*, Vol. III. New York: Basic Books.
- _____. 1976. *Creativity: the magic synthesis*. New York: Basic Books.

- _____. 1977. Psychotherapy of severe depression. *American Journal of Psychiatry* 134:864-868.
- Aronoff, M., Evans, R., and Durell, J. 1971. Effect of lithium salts on electrolyte metabolism. *Journal of Psychiatric Research* 8:139-159.
- Baastrop, P. C., and Schou, M. 1967. Lithium as a prophylactic agent against recurrent depressions and manic-depressive psychosis. *Archives of General Psychiatry* 16:162-172.
- Baldessarini, R. J. 1975. The basis for the amine hypothesis in affective disorders. *Archives of General Psychiatry* 32:1087.
- Beck, A. 1967. *Depression: clinical, experimental, and theoretical aspects*. New York: Paul B. Hoeber.
- _____. 1970. The core problem in depression: the cognitive triad. In J. Masekman, ed. *Science and Psychoanalysis* 17. New York: Grune & Stratton.
- _____. 1976. *Cognitive therapy and the emotional disorders*. New York: International Universities Press.
- Becker, E. 1964. *The revolution in psychiatry*. New York: Free Press.
- _____. 1969. Kafka and the Oedipal complex. In *Angel in armor*. New York: Braziller.
- Beckett, S. 1959. *Waiting for godot*. London: Faber & Faber.
- Beliak, L. 1952. *Manic-depressive psychosis and allied conditions*. New York: Grune & Stratton.
- Bemporad, J. R. 1970. New views on the psychodynamics of the depressive character. In S. Arieti, ed. *The world biennial of psychiatry and psychotherapy*, vol. I. New York: Basic Books.
- _____. 1973. The role of the other in some forms of psychopathology. *Journal of the American Academy of Psychoanalysis* 1:367-379.

- _____. 1976. Psychotherapy of the depressive character. *Journal of the American Academy of Psychoanalysis* 4:347-372.
- Bender, L., and Schilder, P. 1937. Suicidal preoccupations and attempts in children. *American Journal of Orthopsychiatry* 7:225-243.
- Beres, D. 1966. Superego and depression. In R. M. Lowenstein, L. M. Newman, M. Scherr, and A. J. Solnit, eds. *Psychoanalysis—a general psychology*. New York: International Universities Press.
- Berg, J., Hullin, R., and Allsopp, M. 1974. Bipolar manic-depressive psychosis in early adolescence. *British Journal of Psychiatry* 125:416-418.
- Berman, H. H. 1933. Order of birth in manic-depressive reactions. *Psychiatric Quarterly* 12:43.
- Berner, P., Katschnig, H., and Poldinger, W. 1973. What does the term “masked depression” mean? In Kielholz, P., ed. *Masked depression*. Bern:Huber.
- Bertalanffy, L. von. 1956. General system theory. In Bertalanffy, L. von, and Rapaport, A., eds. *General system yearbook of the society for the advancement of general system theory*. Ann Arbor: University of Michigan Press.
- Bibring, E. 1953. The mechanism of depression. In P. Greenacre, ed. *Affective disorders*. New York: International Universities Press.
- Bieber, I., and Bieber, T. B. (In press.) Postpartum reactions in men and women. *Journal of the American Academy of Psychoanalysis* 6 (1978).
- Bierman, J. S., Silverstein, A. B., and Finesinger, J. E. 1958. A depression in a six-year-old boy with poliomyelitis. *Psychoanalytic Study of the Child* 13:430-450.
- Bigelow, N. 1959. The involuntional psychosis. In S. Arieti, ed. *American handbook of psychiatry*, First ed., Vol. I. New York: Basic Books. Pp. 540-545.
- Binswanger, L. 1933. *Über ideenflucht*. Orrele-Fusseler.

- _____. 1963. Heidegger's analytic of existence and its meaning for psychiatry. In *Being-in-the-world*. New York: Basic Books.
- Bonhoeffer, K. 1910. *Die symptomatischen psychosen im gefolge von akuten infektionem und inneren erkrankungen*. Leipzig: Deutieke.
- Bonime, W. 1960. Depression as a practice. *Comparative Psychiatry* 1:194-198.
- _____. 1962. *The clinical use of dreams*. New York: Basic Books.
- _____. 1962. Dynamics and psychotherapy of depression. In J. Masserman, ed. *Current psychiatric therapies*. New York: Grune & Stratton.
- _____. 1976. The psychodynamics of neurotic depression. *Journal of the American Academy of Psychoanalysis* 4:301-326.
- Bonime, W., and Bonime, E. (In press.) Depressive personality and affect reflected in dreams: a basis for psychotherapy. In J. M. Natterson, ed. *The dream in clinical practice*. New York: Aronson.
- Bowlby, J. 1958. The nature of the child's tie to his mother. *International Journal of Psycho-Analysis* 39:350-373.
- _____. 1960a. Grief and mourning in infancy and early childhood. *The Psychoanalytic Study of the child* 15:9-52. New York: International Universities Press.
- _____. 1960b. Separation anxiety. *International Journal of Psycho-Analysis* 41: 89-113.
- Boyd, D. A. 1942. Mental disorders associated with child-bearing. *American Journal of Obstetrics and Gynecology* 43:148-163; 335-349.
- Braceland, F. J. 1957. Kraepelin, his system and his influence. *American Journal of Psychiatry* 114:871.
- _____. 1966. Depressions and their treatment. In J. J. Lopez Ibor, ed. *Proceedings IV, Part 1*. Madrid: World Conference on Psychiatry. p. 467.

- Brand, H. 1976. Kafka's creative crisis. *Journal of the American Academy of Psychoanalysis* 4:249-260.
- Brenner, B. 1975. Enjoyment as a preventative of depressive affect. *Journal of Comparative Psychology* 3:346-357.
- Brill, H. 1975. Postencephalitic states or conditions. In S. Arieti, ed. *American handbook of psychiatry*, Second ed., Vol. IV. Pp. 152-165.
- Brod, M. 1973. *Franz Kafka: a biography*. New York: Schocken Books. (Paperback.)
- Brown, F. 1968. Bereavement and lack of a parent in childhood. In E. Miller, ed. *Foundations of child psychiatry*. London: Pergamon.
- Buber, M. 1937. *I and thou*. Edinburgh: Clark.
- Bunney, W. E., Carpenter, W. T., and Engelmann, K. 1972. Brain serotonin and depressive illness. In T. A. Williams, M. M. Katz, and J. A. Shield, Jr., eds. *Recent advances in the psychobiology of the depressive illnesses*. Department of Health, Education, and Welfare: Publication No. (HSM) 70—9053.
- Burton, R. 1927. *The anatomy of melancholy*. New York: Tudor.
- Cade, J. F. 1949. Lithium salts in the treatment of psychotic excitement. *Medical Journal of Australia* 2:349-352.
- Cadore, R. J., and Tanna, V. L. 1977. Genetics of affective disorders. In G. Usdin, ed. *Depression*. New York: Brunner/Mazel. Pp. 104-121.
- Cameron, N. 1944. The functional psychoses. In J. Mev. Hunt, ed. *Personality and behavior disorders*, Vol. 2. New York: Ronald Press.
- Camus, A. 1942. *Le myth de sisyphé*. Paris: Gallimard. (Quoted in Esslin, 1969).
- Carver, A. 1921. Notes on the analysis of a case of melancholia. *Journal of Neurology and Psychopathology* 1:320-324.

- Cerletti, V., and Bini, L. 1938. L'elettroshock. *Archivi generali di neurologia, psichiatria e psicoanalisi* 19:266.
- Charatan, F. B. 1975. Depression in old age. *New York State Journal of Medicine* 75:2505-2509.
- Chertok, L. 1969. *Motherhood and personality, psychosomatic aspects of childbirth*. London: Tavistock.
- Chodoff, P. 1970. The core problem in depression. In J. Masserman, ed. *Science and Psychoanalysis*, Vol. 17. New York: Grune & Stratton.
- _____. 1972. The depressive personality. *Archives of General Psychiatry* 27:666-677.
- Choron, J. 1972. *Suicide*. New York: Scribner's.
- Cohen, M. B., Blake, G., Cohen, R. A., Fromm-Reichmann, F., and Weigert, E. V. 1954. An intensive study of twelve cases of manic-depressive psychosis. *Psychiatry* 17:103-38.
- Committee on Nomenclature and Statistics of the American Psychiatric Association. 1968. *DSM—II: diagnostic and statistical manual of mental disorders*, Second ed. Washington: American Psychiatric Association.
- Cooperman, S. 1966. Kafka's "A Country Doctor"—microcosm of symbolism. In Manheim, L. and Manheim, E., eds. *Hidden Patterns*. New York: Macmillan.
- Coppen, A., Shaw, D. M., and Farrell, J. P. 1963. Potentiation of the antidepressing effect of a monoamine oxidase inhibition by tryptophan. *Lancet* 11:79-81.
- Covi, L., Lipman, R. S., Derogatis, L. R., et al. 1974. Drugs and group psychotherapy in neurotic depression. *American Journal of Psychiatry* 131:191-198.
- Coyne, J. C. 1976. Toward an interactional description of depression. *Psychiatry* 39: 28-40.
- Cytryn, L., and McKnew, D. H., Jr. 1972. Proposed classification of childhood depression. *American Journal of Psychiatry* 129:149.

- Davidson, G. M. 1936. Concerning schizophrenia and manic-depressive psychosis associated with pregnancy and childbirth. *American Journal of Psychiatry* 92:1331.
- Da Vinci, M. N. 1976. Women on women: the looking-glass novel. *Denver Quarterly* 11:1-13.
- Dennis, W., and Najarian, P. 1957. Infant development under environmental handicap. *Psychology Monographs* 71:1-13.
- Despert, L. 1952. Suicide and depression in children. *Nervous Child* 9:378-389.
- Dublin, L. I. 1963. *Suicide: a sociological and statistical study*. New York: Ronald Press.
- Durand-Fardel, M. 1855. Etude sur le suicide chez les enfants. *Annals of Medicine* 1:61—79.
- Durell, J., and Schildkraut, J. J. 1966. Biochemical studies of the schizophrenic and affective disorders. In S. Arieti, ed. *American handbook of psychiatry*, First ed., Vol. III. New York: Basic Books.
- Easson, W. II. 1977. Depression in adolescence. In S. C. Feinstein and P. Giovacchini, eds. *Adolescent psychiatry*, Vol. 5. New York: Aronson.
- Eaton, J. W., and Weil, R. J. 19550. *Culture and mental disorders*. Glencoe: Free Press.
- _____. 1955b. The Mental health of the Hutterites. In A. M. Rose, ed. *Mental health and mental disorders*. New York: Norton.
- Engel, G., and Reichsman, F. 1956. Spontaneous and experimentally induced depressions in an infant with gastric fistula. *Journal of the American Psychoanalytic Association* 4:428-456.
- English, II. B., and English, A. C. 1958. *A comprehensive dictionary of psychological and psychoanalytic terms*. New York, London, Toronto: Longmans, Green and Co.
- English, O. S. 1949. Observations of trends in manic-depressive psychosis. *Psychiatry* 12:125.
- Erikson, E. H. 1959. *Identity and the life cycle*. *Psychological Issues*, Vol. 1. New York: International

Universities Press.

_____. 1963. *Childhood and society*. New York: Norton.

Esslin, M. 1969. *The theatre of the absurd*, rev. ed. Garden City: Anchor Books, Doubleday.

Faris, R. E. L., and Dunham, H. W. 1939. *Mental disorders in urban areas*. Chicago: Univ. of Chicago Press.

Feinstein, S. G., and Wolpert, E. A. 1973. Juvenile manic-depressive illness. *Journal of the American Academy of Child Psychiatry* 12:123-136.

Fenichel, O. 1945. *The psychoanalytic theory of neurosis*. New York: Norton.

Fieve, R. R., Platman, S., and Plutehik, R. 1968. The use of lithium in affective disorders. *American Journal of Psychiatry* 125:487-491.

Forrest, T. 1969. The combined use of marital and individual therapy in depression. *Contemporary Psychoanalysis* 6:76-83.

Frazier, S. H. 1976. Changing patterns in the management of depression. *Diseases of the Nervous System* 37:25-29.

Freud, A. 1953. Some remarks on infant observation. *The Psychoanalytic Study of the Child* 8:9-19.

_____. 1960. Discussion of Dr. J. Bowlby's paper. *The Psychoanalytic Study of the Child* 15:53-62.

_____. 1970. The symptomatology of childhood. *The Psychoanalytic Study of the Child* 25:19-41.

Freud, S. 1957 (orig. 1900). The interpretation of dreams. *Standard Edition* 4, 5. London: Hogarth Press.

_____. 1957 (orig. 1917). Mourning and melancholia. *Standard Edition* 14:243-58. London: Hogarth Press.

_____. 1957- (orig. 1921). Group psychology and the analysis of the ego. *Standard Edition* 18.

London: Hogarth Press.

_____. 1957 (orig. 1923). The ego and the id. *Standard Edition* 19. London: Hogarth Press.

_____. 1957 (orig. 1927). Fetishism. *Standard Edition* 21. London: Hogarth Press.

_____. 1969. (orig. 1933). *New introductory lectures on psycho-analysis. Standard Edition* 22. London: Hogarth Press.

_____. 1957 (orig. 1938). Splitting of the ego in the defensive process. *Standard Edition* 23. London: Hogarth Press.

Fromm E. 1941. *Escape from freedom*. New York: Rinehart.

_____. 1947. *Man for himself*. New York: Rinehart.

Frommer, E. A. 1968. Depressive illness in childhood. In A. Coppen and A. Walk, eds. Recent developments in affective disorders. *British Journal of Psychiatry*, special publication no. 2. Pp. 117-136.

Fromm-Reiehmman, F. 1949. Discussion of a paper by O. S. English. *Psychiatry* 12: 133.

Gardner, J. 1977. Death by art. some men kill you with a six-gun, some men with a pen. *Critical Inquiry* 3(5).

Geisler, L. S. 1973. Masked depression in patients suspected of suffering from internal diseases. In Kielholz, 1973.

Gero, G. 1936. The construction of depression. *International Journal of Psycho- Analysis* 17:423-461.

Gibbons, J. L. 1967. Cortisol secretion rate in depressive illness. *Archives of General Psychiatry* 10:572.

Gibson, R. W. 1958. The family background and early life experience of the manic- depressive patient: a comparison with the schizophrenic patient. *Psychiatry* 21: 71-90.

Goethe, W. 1827. *Nacldeze zu Aristotcles Poetik*.

Gold, H. R. 1951. Observations on cultural psychiatry during a world tour of mental hospitals. *American Journal of Psychiatry* 108:462.

Goodwin, F. K., and Bunney, W. E. 1973. A psychobiological approach to affective illness. *Psychiatric Annals* 3:19.

Gove, W. R. 1972. The relationship between sex roles, marital status, and mental illness. *Social Focus* 51:36-66.

_____. 1973. Sex, marital status, and mortality. *American Journal of Sociology* 79: 45-67.

Green, A. W. 1946. The middle-class male child and neurosis. *American Sociological Review* 11:31-41.

Greenspan, K., Aronoff, M., and Bogdansky, D. 1970. Effect of lithium carbonate on turnover and metabolism of norepinephrine. *Pharmacology* 3:129-136.

Group for the Advancement of Psychiatry. 1975. *Pharmacotherapy and psychotherapy: paradoxes, problems and progress*, Vol. IX. New York.

Cutheil, E. A. 1959. Reactive depressions. In Arieti, S., ed. *American handbook of psychiatry*, First ed. Vol. I. New York: Basic Books. Pp. 345-352.

Guyton, A. C. 1972. *Structure and function of the nervous system*. Philadelphia: W. B. Saunders.

Hall, C. S., and Lind, R. E. 1970. *Dreams, life, and literature: a study of Franz Kafka*. Chapel Hill: University of North Carolina Press.

Hauri, P. 1976. Dreams in patients remitted from reactive depression. *Journal of Abnormal Psychology* 85:1-10.

Helgason, T. 1964. Epidemiology of mental disorders in Iceland. *Acta Psychiatrica Scandinavia* 40.

- Hempel, J. 1937. Die "vegetativ-dystone depression." *Nervenarzt* 10:22.
- Hendin, M. 1975. Growing up dead: student suicide. *American Journal of Psychotherapy* 29:327-338.
- Herzog, A., and Detre, T. 1976. Psychotic reactions associated with childbirth. *Diseases of the Nervous System* 37:229-235.
- Hinsie, L. E., and Campbell, R. J. 1960. *Psychiatric dictionary*. New York: Oxford University Press.
- Horney, K. 1945. *Our inner conflicts*. New York: Norton.
- _____. 1950. *Neurosis and human growth*. New York: Norton.
- Jacobson, E. 1946. The effect of disappointment on ego and superego formation in normal and depressive development. *Psychoanalytic Review* 33:129-147.
- _____. 1954. The self and the object world. *Psychoanalytic Study of the Child* 9:75.
- _____. 1961. Adolescent moods and the remodeling of psychic structures in adolescence. *Psychoanalytic Study of the Child* 16:164-183.
- _____. 1971. *Depression*. New York: International Universities Press.
- _____. 1975- The psychoanalytic treatment of depressive patients. In E. J. Anthony and T. Benedek, eds. *Depression and human existence*. Boston: Little, Brown.
- Janouch, G. 1953. *Conversations with Kafka*. London: Derek Verschoyle.
- Jaspers, K. 1964. *General psychopathology*. Chicago: University of Chicago Press.
- Jelliffe, S. E. 1931. Some historical phases of the manic-depressive synthesis. In *Manic-depressive psychosis*, Applied research in nervous and mental disease, Vol. XI. Baltimore: Williams & Wilkins.
- Joffe, W. G., and Sandler, J. 1965. Notes on pain, depression, and individualism. *Psychoanalytic*

Study of the Child 20:394-424.

Jones, E. 1955. *Sigmund Freud: life and work*, Vol II. New York: Basic Books.

Kafka, F. 1949. *Diaries*. Vol. 1: 1910-1913. Vol. 2: 1914-1923. New York: Schocken.

_____. 1971. *The complete stories*. New York: Schocken.

_____. 1973. (orig. 1919) *Letter to his father*. New York: Schocken.

Kasanin, J., and Kaufman, M. R. 1929. A study of the functional psychoses in childhood. *American Journal of Psychiatry* 9:307-384.

Katz, S. E. 1934. The family constellation as a predisposing factor in psychosis. *Psychiatric Quarterly* 8:121.

Kennedy, F. 1944. Neuroses related to manic-depressive constitutions. *Medical Clinics of North America* 28:452.

Kielholz, P., ed. 1972. *Depressive illness*. Bern: Huber.

_____. ed. 1973. *Masked depression*. Bern: Huber.

Kierkegaard, S. 1954. (orig. 1843 and 1849). *Fear and trembling* and *The sickness unto death*. New York: Doubleday (Anchor).

Klaus, M. II., and Kennell, J. H. 1976. *Maternal-infant bonding*. St. Louis: Mosby.

Klein, D. F. 1974. Endogenomorphic depression. *Archives of General Psychiatry* 31: 447-454.

Klein, M. 1948 (orig. 1940). Mourning and its relation to manic-depressive states. In M. Klein, ed. *Contributions to psychoanalysis, 1.921-1945*. London: Hogarth Press.

Klerman, G. L., Dimaseio, A., Weissman, M. et al. 1974. Treatment of depression by drugs and psychotherapy. *American Journal of Psychiatry* 131:186-191.

- Koerner, O. 1929. *Die aerztliche Kenntnisse in Ilias und Odysse*. (Quoted in Jelliffe, 1931)
- Kohlberg, L. 1969. Stage and sequence: the cognitive-developmental approach to socialization. In D. A. Goslin, ed. *Handbook of socialization theory and research*. Chicago: Rand McNally.
- Kolb, L. C. 1956. Psychotherapeutic evolution and its implications. *Psychiatric Quarterly* 30:1-19.
- _____. 1959. Personal communication
- Kovacs, M. 1976. Presentation in working conference to critically examine DMS-111 in midstream. St. Louis: June 10-12.
- Kraepelin, E. 1921. *Manic-depressive insanity and paranoia*. Edinburgh: Livingstone.
- Kuhn, T. S. 1962. *The structure of scientific revolutions*, 2d ed. Chicago: University of Chicago Press.
- Kurland, H. D. 1964. Steroid excretion in depressive disorders. *Archives of General Psychiatry* 10:554.
- Kurland, M. L. 1976. Neurotic depression: an empirical guide to two specific drug treatments. *Diseases of the Nervous System* 37:424-431.
- Landis, C., and Page, J. D. 1938. *Society and mental disease*. New York: Rinehart.
- Laplaneche, J., and Pontalis, J. B. 1973. *The language of psychoanalysis*. New York: Norton.
- Leeper, R. W. 1948. A motivational theory of emotion to replace "emotion as disorganized response." *Psychiatric Review* 55:5-21.
- Lemke, R. 1949. Uber die vegetativ Depression. *Psychiat. Neurol, Und Psychol.* 1:161.
- Lesse, S., ed. 1974a. *Masked depression*. New York: Aronson.
- _____. 1974b. Psychotherapy in combination with antidepressant drugs in patients with severe

- masked depression. *American Journal of Psychotherapy* 31:185-203.
- Levine, S. 1965. Some suggestions for treating the depressed patient. *Psychoanalytic Quarterly* 34-37-45.
- Levy, D. 1937. Primary affect hunger. *American Journal of Psychiatry* 94:643-652.
- Lewinsohn, P. M. 1969. Depression: a clinical research approach. (Unpublished manuscript, cited in Coyne, 1976.)
- Lewis, A. 1934. Melancholia: a historical review. *Journal of Mental Science* 80:1.
- Lindemann, E. 1944. The symptomatology and management of acute grief. *American Journal of Psychiatry* 101:141.
- Loevinger, J. 1976. *Ego development*. San Francisco: Jossey-Bass.
- Lopes Ibor, J. J. 1966. *Las neurosis como enfermedades del animo*. Madrid: Gedos.
- _____. Masked depression and depressive equivalents. (Cited in Kielholz, P. *Masked Depression* Bern: Huber 1972.)
- Lorand, S. 1937. Dynamics and therapy of depressive states. *Psychoanalytic Review* 24:337-349-
- Lorenz, M. 1953. Language behavior in manic patients. A qualitative study. *Archives of Neurology and Psychiatry* 69:14.
- Lorenz, M., and Cobb, S. 1952. Language behavior in manic patients. *Archives of Neurology and Psychiatry* 67:763.
- Luria, A. R. 1966. *Higher cortical functions in man*. New York: Basic Books.
- _____. 1973. *The working brain. An introduction to neuropsychology*. New York: Basic Books.
- McCabe, M. S. 1975. Demographic differences in functional psychosis. *British Journal of Psychiatry* 127:320-323.

- McConville, B. J., Boag, L. C., and Purohit, A. P. 1973. Three types of childhood depression. *Canadian Psychiatric Association Journal* 18:133-138.
- MacLean, P. D. 1959. The limbic system with respect to two basic life principles. In M. A. B. Brazier, ed. *The central nervous system and behavior*. New York: Macy.
- Magny, C. E. 1946. The objective depiction of absurdity. In A. Flores, ed. *The Kafka problem*. New York: New Directions.
- Mahler, M. 1961. Sadness and grief in childhood. *Psychoanalytical study of the child* 16:332-351.
- _____. 1966. Notes on the development of basic moods: the depressive affect. In R. M. Lowenstein, L. M. Newman, M. Schur, and A. J. Solnit, eds. *Psychoanalysis— a general psychology*. New York: International Universities Press. Pp. 152-160.
- _____. 1968. *On human symbiosis and the vicissitudes of individuation*. New York: International Universities Press.
- Malmquist, C. 1971. Depression in childhood and adolescence. *New England Journal of Medicine* 284:887-893; 955-961.
- Malzberg, B. 1937. Is birth order related to incidence of mental disease? *American Journal of Physical Anthropology* 24:91.
- _____. 1940. *Social and biological aspects of mental disease*. Utica, New York: State Hospital Press.
- Mandell, A. J., and Segal, D. S. 1975. Neurochemical aspects of adaptive regulation in depression: failure and treatment. In E. J. Anthony and T. Benedek, eds. *Depression and human existence*. Boston: Little, Brown.
- Maranon, C. 1954. Climacteric: the critical age in the male. In A. M. Krich, ed. *Men: the variety and meaning of their sexual experiences*. New York: Dell.
- Mattson, A., Sesse, L. R., and Hawkins, J. W. 1969. Suicidal behavior as a child psychiatric emergency. *Archives of General Psychiatry* 20:100-109.

- Mendels, J. 1974. Biological aspects of affective illness. In S. Arieti, ed. *American handbook of psychiatry*, Second ed., Vol. III. New York: Basic Books. Pp. 491-523.
- Mendels, J., Stern, S., and Frazer, A. 1976. Biological concepts of depression. In D. M. Gallant and G. M. Simpson, eds. *Depression*. New York: Spectrum Publications. 15P. 19-76.
- Mendelson, M. 1974. *Psychoanalytic concepts of depression*. New York: Spectrum Publications.
- Messina, F., Agallianos, D., and Clower, C. 1970. Dopamine excretion in affective states and following LijCo3 therapy. *Nature* 225:868-869.
- Meyer, A. 1908a. The role of the mental factors in psychiatry. *American Journal of Insanity* 65:39.
- _____. 1908b. The problems of mental reaction—types, mental causes and diseases. *Psychological Bulletin* 5:265.
- Miller, J. B. 1976. *Toward a new psychology of women*. Boston: Beacon Press.
- Miller, W. R., and Seligman, M. E. P. 1976. Learned helplessness, depression, and the perception of reinforcement. *Behavioral Research and Therapy* 14:7-17.
- Minkowski, E. 1958. Findings in a case of schizophrenic depression. In R. May, ed. *Existence*. New York: Basic Books.
- Mitscherlich, A., and Mitscherlich, M. 1975. *The inability to mourn*. Translated by B. R. Placzek. New York: Grove Press.
- Moulton, R. 1973. Sexual conflicts of contemporary women. In E. G. Wittenberg, ed. *Interpersonal explorations in psychoanalysis*. New York: Basic Books.
- Munn, N. L. 1946. *Psychology: the fundamentals of human adjustment*. New York: Houghton-Mifflin.
- Murphy, H. B. M., Wittkower, E. D., and Chance, N. A. 1967. Cross-cultural inquiry into the symptomatology of depression: a preliminary report. *International Journal of Psychiatry* 3:6-15.

- Nagy, M. II. 1959. The child's view of death. In H. Feifel, ed. *The meaning of death*. New York: McGraw-Hill.
- Neal, J. B., ed. 1942. *Encephalitis: a clinical study*. New York: Grune & Stratton.
- Neider, C. 1948. *The frozen sea: a study of Franz Kafka*. New York: Oxford University Press.
- Odegard, O. 1963. The psychiatric disease entitites in the light of genetic investigation. *Acta Psychiatrica Scandanavia* (Suppl.) 169:94-104.
- Olds, J., and Milner, P. 1954. Positive reinforcement produced by electrical stimulation of septal area and other regions of rat brain. *Journal of Comparative Physiology and Psychology* 47:419-427.
- Oswald, I., Brezinova, J., and Dunleavy, D. L. F. 1972. On the slowness of action of tricyclic antidepressant drugs. *British Journal of Psychiatry* 120:673.
- Palmer, II. D., and Sherman, S. H. 1938. The involuntional melancholic process. *Archives of Neurology and Psychiatry* 40:762-788.
- Papez, J. W. 1937. A proposed mechanism of emotion. *Archives of Neurology and Psychiatry* 38:725-743.
- Parkes, C. M. 1964. The effects of bereavement on physical and mental health: a study of the case records of widows. *British Medical Journal* 2:276.
- _____. 1965. Bereavement and mental illness. *British Journal of Medical Psychology* 38:1-25.
- _____. 1972. *Bereavement: studies of grief in adult life*. New York: International Universities Press.
- _____. 1973. Separation anxiety: an aspect of the search for the lost object. In R. J. Weiss, ed. *Loneliness. The experience of emotional and social isolation*. Cambridge: MIT Press.
- Parker, S. 1962. Eskimo psychopathology in the context of eskimo personality and culture. *American Anthropologist* 64:76-96.

- Perris, C. 1966. A study of bipolar (manic-depressive) and unipolar recurrent depressive psychosis. *Acta Psychiatrica Scandinavia* (Suppl.) 194:42.
- _____. 1976. Frequency and hereditary aspects of depression. In D. M. Gallant and G. M. Simpson, eds. *Depression*. New York: Spectrum Publications.
- Piaget, J. 1932. *The moral judgment of the child*. New York: Free Press.
- _____. 1951. *Play, dreams, and imitation in childhood*. New York: Norton.
- _____. 1952. *The origins of intelligence in children*. New York: International Universities Press.
- Politzer, H. 1966. *Franz Kafka: parable and paradox*, Second ed. Ithaca: Cornell University Press.
- Pollock, H. M., Malzberg, B., and Fuller, R. G. 1939. *Hereditary and environmental factors in the causation of manic-depressive psychosis and dementia praecox*. Utica, New York: State Hospital Press.
- Poznanski, E., and Zrull, J. P. 1970. Childhood depression: clinical characteristics of overtly depressed children. *Archives of General Psychiatry* 23:8-15.
- Poznanski, E. O., Krahenbuhl, V., and Zrull, P. 1976. Childhood depression: a longitudinal perspective. *Journal of the American Academy of Child Psychiatry* 15:491-501.
- Prange, A. J., Jr., Wilson, I. C., and Rabon, A. M. 1969. Enhancement of imipramine antidepressant activity by thyroid hormone. *American Journal of Psychiatry* 126:457.
- Prange, A. J., Jr., and Wilson, I. C. 1972. Thyrotropin Releasing Hormone (TRH) for the immediate relief of depression: a preliminary report. *Psychopharmacology* 26 (Suppl.).
- Prange, A. J. Jr. 1973. The use of drugs in depression: its theoretical and practical basis. *Psychiatric Annals* 3:56.
- Protheroe, C. 1969. Puerperal psychoses: a long-term study 1927-1961. *British Journal of Psychiatry* 115:9-30.

- Rado, S. 1956. (orig. 1927). The problem of melancholia. In Rado S. *Collected papers*, Vol. I. New York: Grune & Stratton.
- _____. 1951. Psychodynamics of depression from the etiologic point of view. *Psychosomatic Medicine* 13:51-55.
- Raskin, A. 1974. A guide for drug use in depressive disorders. *American Journal of Psychiatry* 131:181-185.
- Redmond, D. E., Mass, J. W., and King, A. 1971. Social behavior of monkeys selectively depleted of monoamines. *Science* 174:428-431.
- Rennie, T. A. L. 1942. Prognosis in manic-depressive psychosis. *American Journal of Psychiatry* 98:801.
- Rie, M. E. 1966. Depression in childhood: a survey of some pertinent contributions. *Journal of the American Academy of Child Psychiatry* 5:653-685.
- Riesman, D., Glazer, N., and Denney, R. 1950. *The lonely crowd*. New Haven: Yale University Press.
- Roehlin, G. 1959. The loss complex. *Journal of the American Psychoanalytic Association* 7:299-316.
- Rosenthal, S. II. 1968. The involuntional depressive syndrome. *American Journal of Psychiatry* (Suppl.) 124:21-35.
- _____. 1974. Involuntional depression. In S. Arieti, ed. *American handbook of psychiatry*, Second ed. Vol. III. New York: Basic Books. Pp. 694-709.
- Russell, B. 1967. *The autobiography of Bertrand Russell: the early years*. New York: Bantam.
- Sachar, E., Heilman, L., and Gallagher, T. F. 1972. Cortisol production in depression. In T. A. Williams, M. M. Katz, and J. A. Shield, Jr., eds. *Recent advances in the psychobiology of the depressive illnesses*. Department of Health, Education, and Welfare: Publication No. (HSM) 70-9053.
- Sapirstein, S. L., and Kaufman, M. R. 1966. The higher they climb, the lower they fall. *Journal of the*

Canadian Psychiatric Association 11:229-304.

Salzman, L., and Masserman, J. H. 1962. *Modern concepts of psychoanalysis*. New York: Philosophical Library.

Sandler, J., and Joffe, W. G. 1965. Notes on childhood depression. *International Journal of Psychoanalysis* 46:88-96.

Schilder, P., and Weschler, D. 1934. The attitudes of children toward death. *Journal of Genetic Psychology* 45:406-451.

Schildkraut, J. J. 1965. The catecholamine hypothesis of affective disorders: a review of supporting evidence. *American Journal of Psychiatry* 122:509-522.

_____. 1975. Depression and biogenic amines. In D. Hamburg and H. K. H. Brodie, eds. *American handbook of psychiatry*, Vol. 6. New York: Basic Books.

Schlegel, F. 1818. *Lectures on the history of literature, ancient and modern*. Edinburgh.

Schoenberg, B., Gerber, I., Wiener, A., Kutscher, A. H., Peretz, D., and Carrac, eds. 1975. *Bereavement: its psychological aspects*. New York: Columbia University Press.

Schopenhauer, A. 1961. *The world as will and idea*. Translated by R. B. Haldane and J. Keint. New York: AMS Press.

Segal, Hannah. 1964. *Introduction to the work of Melanie Klein*. London: Heinemann.

Seiden, R. H. 1969. *Suicide among youth*. *Bulletin of Suicidology*. (Suppl.).

Seligman, M. E. P. 1975. *Helplessness*. San Francisco: W. H. Freeman.

Seligman, M., and Maier, S. 1967. Failure to escape traumatic shock. *Journal of Experimental Psychology* 74:1-9.

Shaffer, D. 1974. Suicide in childhood and early adolescence. *Journal of Child Psychology and Psychiatry* 15:275-291.

- Shambaugh, B. 1961. A study of loss reactions in a seven-year-old. *Psychoanalytic Study of the Child* 16:510-522.
- Shimoda, M. 1961. Über den fraaruorbideu karakter des manish-depressiven irreseius. *Psychiatria et Neurologia Japonica* 45:101.
- Silverberg, W. 1952. *Childhood experience and personal destiny*. New York: Springer.
- Slipp, S. 1976. An intrapsychic-interpersonal theory of depression. *Journal of the American Academy of Psychoanalysis* 4:389-410.
- Smith, A., Troganza, E., and Harrison, G. 1969. Studies on the effectiveness of antidepressant drugs. *Psychopharmacology Bulletin* (Special issue).
- Smythies, J. 1973. Psychiatry and neurosciences. *Psychological Medicine* 3:267-269.
- Sperling, M. 1959. Equivalentents of depression in children. *Journal of Hillside Hospital* 8:138-148.
- Spiegel, R. 1959. Specific problems of communication in psychiatric conditions. In S. Arieti, ed. *American handbook of psychiatry*, First ed. Vol. I. New York: Basic Books. Pp. 909-949.
- _____. 1960. Communication in the psychoanalysis of depression. In J. Massemian, ed. *Psychoanalysis and human values*. New York: Grune & Stratton.
- _____. 1965. Communication with depressive patients. *Contemporary Psychoanalysis* 2:30-35.
- Spitz, R. 1946. Anaclitic depression. *Psychoanalytic Study of the Child* 5:113-117.
- Strecker, E. A., and Ebaugh, F. 1926. Psychoses occurring during the puerperium. *Archives of Neurology and Psychiatry* 15:239.
- Strongin, E. I., and Hinsie, L. E. 1938. Parotid gland secretions in manic-depressive patients. *American Journal of Psychiatry* 96:14-59.
- Sullivan, H. S. 1940. *Conceptions of modern psychiatry*. New York: Norton.

- _____. 1953. *The interpersonal theory of psychiatry*. New York: Norton.
- Szalita, A. B. 1966. Psychodynamics of disorders of the involuntional age. In S. Arieti, ed. *American handbook of psychiatry*, First ed., Vol. III. New York: Basic Books. Pp. 66-87.
- _____. 1974. Grief and bereavement. In S. Arieti, ed. *American handbook of psychiatry*, Second ed., Vol. I. Pp. 673-684.
- Taulbee, E. S., and Wright, II. W. 1971. A psychosocial-behavioral model for therapeutic intervention. In C. D. Spielberger, ed. *Current topics in clinical and community psychology*, Vol. 3. New York: Academic Press.
- Tellenbach, II. 1974. *Melancholic problemgeschichte-endogenitat-typologie-putho- genese-klinik*. Berlin: Springer-Verlag.
- Thomas, A., Chess, S., and Birch, H. G. 1968. *Temperament and behavior disorders in children*. New York: New York University Press.
- Thompson, C. M. 1930. Analytic observations during the course of a manic-depressive psychosis. *Psychoanalytic Review* 17:240.
- Thompson, R. j., and Schindler, F. H. 1976. Embryonic mania. *Child Psychiatry and Human Development* 7:149-154.
- Titley, W. B. 1936. Prepsychotic personality of involuntional melancholia. *Archives of Neurology and Psychiatry* 36:19-33.
- Toolan, J. M. 1962. Depression in children and adolescents. *American Journal of Orthopsychiatry* 32:404-15.
- Tupin, J. P. 1972. Effect of lithium and sodium and body weight in manic-depressives and normals. In T. A. Williams, M. M. Katz, and J. A. Shield, Jr., eds. *Recent advances in the psychobiology of the depressive illnesses*. Department of Health, Education, and Welfare: Publication No. (HSM) 70-9053.
- Veith, Ilza. 1970. Elizabethans on melancholia. *Journal of the American Medical Association*

212:127.

- Wainwright, W. H. 1966. Fatherhood as a precipitant of mental illness. *American Journal of Psychiatry* 123:40-44.
- Warneke, L. 1975. A case of manic-depressive illness in childhood. *Canadian Psychiatric Association Journal* 20:195-200.
- Weinberg, W. A., Rutman, J., and Sullivan, L. 1973. Depression in children referred to an educational diagnostic center: diagnosis and treatment. *Journal of Pediatrics* 83:1065-1072.
- Weiner, I. B. 1970. *Psychological disturbance in adolescence*. New York: Wiley.
- Weiss, J. M. A. 1957. The gamble with death in attempted suicide. *Psychiatry* 20:17.
- _____. 1974. Suicide. In S. Arieti, ed. *American handbook of psychiatry*, Second ed., Vol. III. Pp. 763-765.
- Weissman, M. M., and Klerman, L. 1977. Sex differences and the epidemiology of depression. *Archives of General Psychiatry* 34:98-111.
- Weissman, M. M., Klerman, G. L., Payhel, E. S., et al. 1974. Treatment effects on the social adjustment of depressed patients. *Archives of General Psychiatry* 30:771-778.
- Weissman, M. M., Prusoff, B. A., and Klerman, G. 1975. Drugs and psychotherapy in depression revisited. *Psychopharmacology Bulletin* 11:39-41.
- Werner, H. 1948. *The comparative psychology of mental development*. New York: International Universities Press.
- Whittier, J. R. 1975. Mental disorders with Huntington's chorea. Clinical aspects. In S. Arieti, ed. *American handbook of psychiatry*, Second ed., Vol. IV. New York: Basic Books. Pp. 412-417.
- Wilson, E. 1962. A dissenting opinion on Kafka. In D. Gray, ed. *Kafka*. Englewood Cliffs: Prentice-

Hall.

Winnicott, D. W. 1953. Transitional objects and transitional phenomena. *International Journal of Psycho-Analysis* 34.

Winokur, G. 1973. Depression in the menopause. *American Journal of Psychiatry* 130: 92-93.

Winokur, G., Cadoret, R., Dorzab, J., and Baker, M. 1971. Depressive disease. A genetic study. *Archives of General Psychiatry* 25:135-144.

Wolfgang, M. E. 1959. Suicide by means of victim-precipitated homicide: *Journal of Clinical and Experimental Psychology* 20:335-349.

Wolman, B. B. 1973. *Dictionary of behavioral science*. New York: Van Nostrand.

Woodworth, B. S. 1940. *Psychology*. New York: Holt.

Zetzel, E. R. 1965. Depression and its incapacity to bear it. In M. Schur, ed. *Drives, affects, behavior*. Vol. 2. New York: International Universities Press.

Zilboorg, G. 1928. Malignant psychoses related to childbirth. *American Journal of Obstetrics and Gynecology* 15:145-158.

_____. 1929. The dynamics of schizophrenic reactions related to pregnancy and childbirth. *American Journal of Psychiatry* 8:733-767.

_____. 1931. Depressive reactions related to parenthood. *American Journal of Psychiatry* 87:927-962.

_____. 1941. *A history of medical psychology*. New York: Norton.

_____. 1944. Manic-depressive psychoses. In S. Lorand, cd. *Psychoanalysis today*. New York: International Universities Press.