



An existential conceptualization of depression as an escape from responsibility
by Marilyn Kirkwood Murray

A thesis submitted in partial fulfillment of the requirements for the degree of DOCTOR OF
EDUCATION

Montana State University

© Copyright by Marilyn Kirkwood Murray (1974)

Abstract:

Although some literature exists on the existential view of neurosis, very little has been written on depression. The purpose of this paper is to offer a conceptualization of depression based on existential philosophy. A description of psychoanalytic and behavioristic theories of depression as well as relevant aspects of existential philosophy and specific existential statements on neurosis are included in the review portion of this paper. An explanation of the author's theory of depression is then offered.

The psychoanalytic view states that depression occurs in persons predisposed to the condition because of fixation in infancy at the oral aggressive stage of development. The major precipitating factor is a severe blow to the person's self-esteem as a result of a loss of loved object or the equivalent. The depressed person introjects the lost object for the purpose of working through unfinished business and attempts to resolve a love/hate conflict with the lost object. The dynamics of this process of introjection are based on past infantile attempts to cope with contradictory aspects of the original loved object, usually the infant's mother.

Behaviorists view depression as due to a lack of social reinforcement. The depressed person either failed to learn or forgot through an extinction process how to elicit positive, reinforcing responses from others. His behavior repertoire is deficient, and it is likely to remain deficient because his ineffective and maladaptive behavior is reinforced and sustained by the pity and concern of others. Behaviorists agree with psychoanalysts that depression is a response to a loss of loved object or the equivalent, resulting in lowered self-esteem. They explain it, however, in terms of the loss of a significant source of reinforcement.

Existentialists view emotional disorder as a response to the difficulties of coping with freedom. This freedom necessitates that a person is responsible for the choices that he makes which govern the quality of his life. Man can obstruct an awareness of his freedom and his resultant responsibility only through a process of self-denial that results in personal alienation and loss of self.

The writer views depression as the culmination point of a chain of actions which are taken to avoid the recognition that one has choice and is therefore responsible for the quality of his life. Depression occurs at the point in this chain where one can no longer avoid the realization that his life is without significance. It is an attempt to obstruct from awareness the fact that he is responsible for this lack of significance.

AN EXISTENTIAL CONCEPTUALIZATION OF DEPRESSION /
AS AN ESCAPE FROM RESPONSIBILITY

by

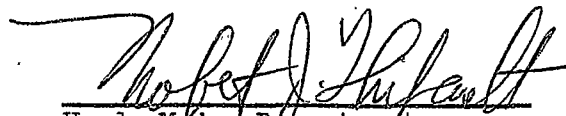
MARILYN KIRKWOOD MURRAY


A thesis submitted in partial fulfillment
of the requirements for the degree


of

DOCTOR OF EDUCATION

Approved:


Head, Major Department


Chairman, Examining Committee


Graduate Dean

MONTANA STATE UNIVERSITY
Bozeman, Montana

August, 1974

ACKNOWLEDGMENT

The completion of this paper was made possible by the support and suggestions of several individuals. The author especially wishes to extend her gratitude to Dr. Frank Seitz and Dr. George Hossack for their time, encouragement, guidance, and suggestions. The author also wishes to extend her appreciation to Dr. Richard Horswill for his suggestions, support, and encouragement; to Dr. Eldon Dodge, Dr. Douglas Herbster, and Dr. George Rice for their suggestions; and a very special thanks to her husband, Ted Murray, for his patience, support, and faith which have made not only this paper but many other things possible.

TABLE OF CONTENTS

	Page
LIST OF FIGURES	vii
ABSTRACT.	viii
CHAPTER	
I. Introduction	1.
Statement of the Problem	7
Need or Purpose of This Study.	7
General Questions To Be Considered	8
General Procedures	10
Limitations and Delimitations.	11
Definition of Terms.	12
Summary.	12
II. Psychoanalytic View of Depression.	13
Description of Depression.	13
Precipitating Factors.	15
Predisposition to Depression	18
Dynamics of Adult Depression	24
Conclusion	30
III. The Behavioristic View of Depression	32
Behavior Therapy and Psychoanalysis.	33
Behavioral Description of Depression	34
Anxiety and Depression	40
Additional Techniques and Their Effect on Depression	45

Chapter	Page
Conclusion	48
IV. The Human Situation.	50
Man's Basic Predicament.	53
Existence Versus Essence	53
Freedom-Choice-Responsibility.	56
Meaning.	62
Denial of the Predicament.	64
Bad Faith.	64
Self-Denial.	66
Lack of Awareness.	69
Consequences of Denial	72
Self-Alienation or Estrangement.	72
Encounter with Nothingness	75
Guilt.	80
Anxiety.	82
Escape-Depression.	83
Conclusion	84
V. The Existential View of Neurosis	86
Maslow's View of Neurosis.	87
Frankl's Noogenic Neurosis	89
Thorne's Existential Disorders	93
Maddi's Existential Neurosis	95

Chapter	Page
Scher's Existential Model for Clinical Depression. . .	99
Other Existential Views of Neurosis.	101
Summary.	106
Psychoanalytic View of Man	107
Behavioristic View of Man.	109
Existential View of Man.	111
VI. An Existential Conceptualization of Depression as an Avoidance of Responsibility.	114
Existential Anxiety.	117
Existential Frustration.	121
Existential Guilt.	124
Dynamics of Depression	128
Perceptual Distortions	132
Cognitive Distortions.	133
Affective Distortions.	136
Dynamics of Depressive's Transactions with Others. . .	139
Antecedent Conditions to a Depressed Reaction.	141
Stress Factors Which Are Likely to Precipitate Depression	147
Conclusion	151
VII. Summary and Recommendations.	153
Summary.	153
Recommendations for Further Research	157
LITERATURE CITED	160

LIST OF FIGURES

Figure	Page
1. Rage-Guilt Cycle.	29

ABSTRACT

Although some literature exists on the existential view of neurosis, very little has been written on depression. The purpose of this paper is to offer a conceptualization of depression based on existential philosophy. A description of psychoanalytic and behavioristic theories of depression as well as relevant aspects of existential philosophy and specific existential statements on neurosis are included in the review portion of this paper. An explanation of the author's theory of depression is then offered.

The psychoanalytic view states that depression occurs in persons predisposed to the condition because of fixation in infancy at the oral aggressive stage of development. The major precipitating factor is a severe blow to the person's self-esteem as a result of a loss of loved object or the equivalent. The depressed person introjects the lost object for the purpose of working through unfinished business and attempts to resolve a love/hate conflict with the lost object. The dynamics of this process of introjection are based on past infantile attempts to cope with contradictory aspects of the original loved object, usually the infant's mother.

Behaviorists view depression as due to a lack of social reinforcement. The depressed person either failed to learn or forgot through an extinction process how to elicit positive, reinforcing responses from others. His behavior repertoire is deficient, and it is likely to remain deficient because his ineffective and maladaptive behavior is reinforced and sustained by the pity and concern of others. Behaviorists agree with psychoanalysts that depression is a response to a loss of loved object or the equivalent, resulting in lowered self-esteem. They explain it, however, in terms of the loss of a significant source of reinforcement.

Existentialists view emotional disorder as a response to the difficulties of coping with freedom. This freedom necessitates that a person is responsible for the choices that he makes which govern the quality of his life. Man can obstruct an awareness of his freedom and his resultant responsibility only through a process of self-denial that results in personal alienation and loss of self.

The writer views depression as the culmination point of a chain of actions which are taken to avoid the recognition that one has choice and is therefore responsible for the quality of his life. Depression occurs at the point in this chain where one can no longer avoid the realization that his life is without significance. It is an attempt to obstruct from awareness the fact that he is responsible for this lack of significance.

CHAPTER I

Introduction

Beck (1967) pointed out that a number of unanswered questions exist regarding depression even though it has been recognized as a clinical syndrome for over 2,000 years. Is depression an organically based disease or is it a psychological reaction to stress; a "well defined clinical entity with specific etiology and predictable onset, cause and outcome" or a "wastebasket category of diverse disorders (Beck, 1967, p. 3)?" Is depression an exaggeration of a mood experienced by all, or is the difference between blue moods and clinical depression more than simply that of degree? Supporters exist for all of these views.

Agreement does exist, however, on the symptomatic manifestation of depression. These symptoms include:

1. specific alteration in mood: sadness, loneliness, apathy
2. negative self concept associated with self reproaches and self-blame
3. regressive and self punitive wishes: desire to escape, hide, die
4. vegetative changes: anorexia, insomnia, loss of libido
5. change in activity level: retardation or agitation (Beck, 1967, p. 6).

In order to have a clear conception of what is meant by depression, it will be helpful to take a closer look at the controversies.

Two major views of depression exist. The "gradualist" view is that depression is a unitary category. Although depression may be manifested in a variety of ways, gradualists insist that the only

difference between normal, neurotic, and psychotic depressions is in degree of severity.

The "separatist" view is that depression is not a singular category but that a number of differing types of depression exist which differ not only in degree of severity but also in kind. Diagnosis of these types is based on supposed etiological factors. One such category is endogenous depression, which is equated with psychotic depression. This category includes those depressions which are due to physiological factors within the organism, including hormonal or metabolic disturbances and toxic chemical factors. Exogenous or reactive depression is another category determined by etiological factors. These depressions include those cases which are reactions to observable external factors (Beck, 1967; 1973).

Endogenous depressions, according to Crammer (1968) "result when the brain and nervous system . . . become disorganized in some way and can no longer function normally (p. 37)." This type of depression is presumed to be biologically determined although research has failed to offer conclusive proof of this theory. Included in this category are manic-depressive psychosis, involuntional melancholy, post-partum depression, depression with psychosis (in Schizophrenia, although frequently depression is reactive to psychosis and hence not endogenous), depression due to senility, infections, glandular disorders, injuries, and fatigue (Beck, 1967; Crammer, 1968). Most of these examples (post-

partum depression and depressions due to senility, infections, glandular disorders, injuries, and fatigue) have a conspicuous physiological basis. Reasons for including manic-depressions are less obvious. Crammer (1968) stated, "In my opinion, the manic depressive cycle represents, primarily, a physical and metabolic disturbance of the nervous system (p. 45)." Although a good deal of research supports Crammer's opinion that manic depressive psychoses are physiologically based, it has not yet been conclusively validated.

Crammer justified the inclusion of involuntional depression in the endogenous category by stating that it is a reaction to "changes in body hormones that trigger an imbalance in the nervous system (1968, p. 39)." Beck, however, reviewed a number of studies on involuntional depression and concluded that there is "no evidence that hormonal changes during the climacterium are responsible (1967, p. 107)." The separatist theory assumes that since endogenous depressions occur simultaneously with bodily changes, and since one cannot determine an external cause, these changes are therefore the causative factor. Although a reasonable assumption, research has failed to support it definitely. It is possible that cause is being confused with relationship.

Exogenous depressions originally were seen as due to external physiological factors such as bacterial agents. Today exogenous depression is seen as synonymous with reactive depression and includes those cases in which an external psychological cause is apparent.

Exogenous depressions are sometimes diagnosed on the basis of responsiveness to external factors such as psychotherapy or the efforts of friends and relatives to help the patient (Beck, 1967). However, basing a distinction between psychotic and reactive depressions on whether or not a patient responds to psychotherapy or the efforts of others seems less than rigorous. Too many other factors can cause this lack of responsiveness such as: ineffectual psychotherapy, the patient's perceptions of the efforts made by family and friends, and the fact that it might be more advantageous to the patient to remain depressed. This last point is discussed in detail in Chapter III.

The endogenous/exogenous distinction is also questionable because it can be argued that involuntional depression as well as other types is an emotional reaction to getting old, losing attractiveness or discouragement at being physically ill. If this is the case, then causative factors are not due to physiological malfunctioning as supposed, but to a lowered self-concept and loss of self-esteem because of the patient's changed position in the world. The confusion spawned by the exogenous/endogenous conceptualization of depression was described by Beck:

The endogenous-exogenous view of psychiatric disorders was a completely organic dichotomy that left no room for a different order of causative agents, namely the social or psychogenic. The exclusiveness of this doctrine caused semantic difficulties when the concept later had to be adapted to include social determinants of abnormal behavior (1973, p. 60).

The exogenous/endogenous distinction is based on a medical model. In

fact, as mentioned previously, causes of exogenous depression originally were described as external physiological factors such as bacteria rather than devastating events, disappointments, etc. Present-day difficulties result from efforts to adapt an exclusively physiological model to include non-physiological factors.

Another point of confusion and disagreement is the present-day tendency to equate reactive depression with neurotic depression. Both are defined according to apparent precipitating factors generally within the environment. However, according to Jacobsen (1971), reactive depressions refer to psychotic depressions which are precipitated by an obvious event. This definition is in apparent disagreement with the distinction between neurotic and psychotic depressions made by the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (1968). In psychotic depression, "The onset of mood does not seem to be related directly to a precipitating life experience . . .," while neurotic depression "is manifested by an excessive reaction of depression due to an internal conflict or to an identifiable event such as loss of a loved object or cherished possession (pp. 35-36, 40)." This distinction is based on the obviousness of precipitating factors and the degree of reality contact of the patient with his environment.

As mentioned previously, disagreement also exists concerning the issue of whether the difference between neurotic and psychotic depression is a matter of degree (gradualist view) or quality (separatist view).

Beck stated that, "There are no specific signs or symptoms, aside from delusions, that distinguish psychotic from neurotic depressives; and the more severe the symptoms, the more likely a patient is to be diagnosed as a psychotic depressive (1973, p. 77)." Although the gradualist/separatist controversy has not been resolved, diagnosis is based primarily on qualitative factors. Although some writers favor abandoning the neurosis/psychosis distinction altogether, the distinction between the two has usefulness and validity descriptively and as Beck pointed out, "The preponderant opinion in contemporary literature . . . favors the separation (1973, p. 67)."

A final distinction between depressions is based on the activity level of the patient. Agitated depressions include those cases which are hyperactive while those with a lowered activity level are referred to as retarded depressions. Beck stated that:

The thought content of the retarded patient appears to revolve around passive resignation of his fate. The agitated patient . . . cannot accept or tolerate the torture he envisions. The agitated behavior appears to represent desperate attempts to fight off his impending doom (1967, pp. 42-43).

This distinction is important because one misconception about depression is that the person's activity level and thought processes are always retarded.

The review of literature in Chapters II through V does not focus on the controversies discussed in this section. The purpose of this brief description of some of the controversies and confusion surrounding

the depressed condition is to illustrate a need for efforts to conceptually clarify depression.

Statement of the Problem

The problem of this study is (a) to survey two major psychotherapeutic conceptualizations of depression: psychoanalytic and behavioristic; (b) to survey relevant aspects of the philosophy of existentialism and the existential description of neurosis; (c) to propose a conceptualization of depression based primarily on an existential viewpoint but also utilizing relevant psychoanalytic and behavioristic concepts; (d) to relate this theory to existing conceptualizations of depression; and (e) to suggest a treatment approach for depression.

Need or Purpose of This Study

The primary point of agreement regarding depression, besides the frequency and seriousness of the problem, is a description of its symptoms (behavioral, affective, and cognitive). The moment a discussion of depression extends into other areas, such as etiology, dynamics, treatment, etc., disagreement and confusion result. A need exists to eliminate some of this confusion. Too often depression results in considerable mental anguish, marked emotional stress, disrupted interpersonal relationships, an inability to handle daily responsibilities and sometimes in suicide.

The purpose of this study is to attempt to take a step towards conceptually clarifying depression--to offer a view of depression in terms meaningful enough to dispel some of the confusion.

The writer proposes that an inability to deal with the existential frustration, anxiety, and guilt that result from an awareness of one's responsibility for his life, is at the basis of depression, and that various conventional categories of depression are offshoots of differing manifestations of this more encompassing category.

There are many unanswered questions regarding depression, as seen in the discussion in the introduction to this chapter. Frankl (1968) spoke of the confusion that results when there is no fusion of knowledge regarding a subject. There has been limited fusion of knowledge about depression and confusion has indeed been the all too frequent result. It is the contention of this writer that if a conceptual key such as the one suggested here can be provided for depression, it might serve as a framework for existing concepts and some confusion might be dispelled.

General Questions To Be
Considered

1. How does the psychoanalytic school of psychology view depression?
2. In what way has the psychoanalytic view developed and changed since the original conceptualizations of Freud and Abraham?

3. How do the behaviorists view depression?
4. In what ways does the behavioristic conceptualization of depression add to an understanding of the condition?
5. In what ways do psychoanalytic and behavioristic views differ?
6. Are there any similarities or points of agreement between the two theories?
7. How does existential philosophy view emotional health versus maladaptive functioning?
8. How does this view relate to the depressed reaction?
9. What do existential writers say specifically on neurosis and depression?
10. How does the existential view of man, neurosis and depression relate to the psychoanalytic and behavioristic views?
11. Is depression a response to the inability to cope with the existential anxiety, frustration, and guilt that result from the awareness of one's responsibility for his life?
12. Is there a new type of depression based on existential concerns which is a product of the present era or could conventional forms of depression be existentially based?
13. Does the conceptualization of depression presented in this paper suggest any specific approach to its treatment?

General Procedures

The author, through a review of the literature, presents a description of the psychoanalytic (Chapter II) and behavioristic (Chapter III) views of depression. An overview of these two approaches is given so that an understanding of the basic concepts and development of these theories can be provided. An attempt was made to "translate" some of the more confusing concepts so that understanding will be possible for those who do not have an extensive background knowledge of psychoanalytic and behavioristic theory. Questions one through six are considered in these two chapters.

Chapters IV and V include a relatively comprehensive description of relevant aspects of existential philosophy and specific statements of existential philosophers and psychologists on neurosis and depression. The purpose of Chapter IV was to establish a background for the conceptualization of depression presented in Chapter VI. Questions seven and eight, on page 9, are considered in this chapter. Chapter V illustrates how various writers have applied existential philosophy to neurosis and depression. The purpose of this chapter was to illustrate the need for an application of the existential view, specifically to depression. A summary analysis of the three schools of psychology is included. Questions nine and ten are considered in this chapter.

Finally, in Chapter VI, the writer presents her own contribution to a view of depression as an escape from the existential anxiety,

frustration, and guilt that result from the awareness that one is responsible for the personal satisfaction he gleans from his life. Included in this chapter are: (a) interpretive clarifications of relevant aspects of existential philosophy and the concept of existential neurosis; (b) an explanation of the dynamics of depression and antecedent conditions and precipitating factors leading to depression; and (c) brief suggestions for a treatment approach to depression. Questions 11 through 13 are considered in this chapter. A final chapter includes a summary of this paper and recommendations for further research.

Limitations and Delimitations

This study was limited to the formulation of a theory of depression. Rigorous attempts were made to justify the theory conceptually. The results could have more significance if they could have been empirically tested; however, it was not within the scope of this paper to do so. A number of suggestions for further research are included in the final chapter.

The literature review was limited to psychoanalytic, behavioristic, and existential writings and research available in English, because these approaches seemed to be representative of the main thrusts of psychological investigation in the area of depression.

Definition of Terms

Terms were defined when used. The nature of this study necessitated consistent attempts at clarity, which could be more successfully achieved if definitions were given when needed.

Summary

A considerable amount of ambiguity surrounds the concept of depression. Writers cannot come to an agreement on whether depression is a symptom or a clinical entity; whether it is organically or psychologically based, whether the difference between clinical depression and a blue mood is one of degree or if they are unrelated conditions. The writer hoped to eliminate some of the conceptual confusion surrounding depression, not by solving the existing points of controversy, but by offering an alternate view which may lend some conceptual clarity to the confusing clinical phenomena of depression. The author decided that this paper would have more clarity and relevance if some of the questions outlined in this chapter were considered as part of the review of literature. Therefore, no portion of the initial chapters is strictly a reporting of the literature reviewed.

CHAPTER II

Psychoanalytic View of Depression

The focus of this chapter is on the psychoanalytic view of the etiology and dynamics of depression. The original psychoanalytic statement on depression was formulated by Abraham (1966a; 1966b) and Freud (1933; 1962a; 1962b; 1962c). Most deviations from the original theory are either clarifications and expansions of the original formulation or a change of emphasis, rather than a radical departure from or modification of the original. Some apparent deviations are solely in terminology, while others are actual modifications of the theory based on clinical observation and increased knowledge.

A comprehensive treatise on the psychoanalytic contribution to the literature on depression is beyond the scope of this paper. A sample of a few representative writers was included to give an overview of psychoanalytic thought and some of the trends toward expansion and change from the original statements of Abraham and Freud. Please note that in early literature, depression and melancholia were synonymous and were meant to signify serious cases of clinical depression. The word depression is used in this sense in this chapter.

Description of Depression

Abraham (1966a) stated that depression typically includes feelings of inferiority, inadequacy, an incapacity to love, and most significant to his theory, hatred. Freud (1962c) described the

symptomatic feeling state that accompanies depression by comparing it to a normal grief reaction. In both depression and grief, "a profoundly painful dejection, abrogation of interest in the outside world, loss of capacity to love, inhibition of all activity (Freud, 1962c, p. 244)" is present. In melancholia, however, is the added factor of self-rejection, or "a lowering of the self regarding feelings to a degree that finds utterance in self reproaches and self-revilings, and culminates in a delusional expectation of punishment (Freud, 1962c, p. 244)."

Bibring stated that depression is an affective state that is "an expression of a state of helplessness and powerlessness of the ego (1968, p. 163)," due to a falling apart of the ego's self-esteem. Gaylin (1968b) pointed out that Bibring was the first psychoanalytic writer to conceptualize depression as an inter-ego phenomenon. Gaylin cited Bibring's lack of acknowledgment of the significance of the environment to both ego development and depression itself as a drawback to his theory.

More recent psychoanalytic writers discuss depressive symptoms in more descriptive terms. Mortimer Ostow described depression as a "complex condition . . . including psychic pain, anxiety, guilt, worry and agitation (1970, p. 6)." It is a reaction to the "threat of emptiness, of loss of vitality, of loss of energy and vigor (1970, p. 17)." McCranie (1971) defined depression as a response to an avoidance of pain, experienced as feelings of worthlessness, helplessness, and

hopelessness. While Ostow and McCranie's views were basically in agreement with traditional psychoanalytic theory, Salzman (1962) broke with tradition with his view that depression is not a clinical entity but a symptom in reaction to the hopelessness of achieving impossible goals.

Ostow, Salzman, McCranie, and others (Fenichel, 1945; Gaylin, 1968a) tended to move towards less technical and more descriptive semantics in their descriptions of depression. This trend, however, is not present in the work of all modern psychoanalytic writers. Some (Jacobsen, 1974; Klein, 1968; Rado, 1956) described the dynamics of depression exclusively within Freudian terminology.

Precipitating Factors

Precipitating factors were seen as a crucial part of the depressive process by traditional psychoanalytic writers. Abraham and Freud stressed their importance in their definitions of melancholia based on its similarity to grief or mourning. According to both of them, grief is the primarily conscious response to an actual loss of a loved object. Melancholia occurs when it is necessary to repress or block from awareness ambivalent feelings, including anger and resentment as well as love that are felt toward the lost loved object. The depressed person is in most cases aware of the loss, but he is unaware of his ambivalent feelings.

In normal mourning, the individual is aware of his feelings

towards the lost object as well as its effect on his feelings toward himself. In melancholia, however, the individual is unaware of his feelings toward the lost object and also how the loss relates to his view of himself. In fact, in some cases the depressed person is not even aware of the loss. This situation is described in detail in the section on predisposition to depression.

A loss of a loved object may lower a person's self-regard. Depression can be seen as a non-adaptive, faulty attempt at coping with this sometimes severe loss of self-esteem. Gaylin (1968b) clarified what is meant by self-esteem. It is not self-love "but rather the trust one has in one's own ego, in its ability to meet and solve problems essential to survival (1968b, p. 389)." Depression as a reaction to threatened self-esteem is thus due to a lack of trust in oneself (or lack of self-confidence) which leaves one in a dependent and vulnerable state. Freud (1962c) stated that grief is a reaction to a world that has suddenly become empty, whereas in depression any sense of emptiness is with the self.

Gaylin (1968) questioned the overemphasis made by most psychoanalytic writers on the loss of a loved object as the precipitating factor in depression. Through his observation of male patients, Gaylin found that depression resulted from a variety of factors which threatened self-esteem as seriously as a loss of object. Social or personal failure, humiliation, and other factors leading to a feeling of

hopelessness, powerlessness, and impotence are no less devastating to self-esteem than a loss of object. The loss of a loved object is only one of many factors which can threaten a dependent person's self-esteem. It is interesting that Gaylin quoted an existential writer, Kirkegaard, to illustrate this point. "Despair is never ultimately over the external object but always over ourselves . . . what we cannot bear is in being stripped of the external object. We stand denuded and see the intolerable abyss of ourselves (1968a, p. 15)."

Ostow (1970) also acknowledged that events other than the loss of a loved object may threaten self-esteem sufficiently to result in depression. He remained faithful to Freud by stating that loss of possessions, position, etc. are substitutes for a prior loss of a loved object. The accumulation of wealth or fame may postpone a depressed reaction by substituting for a loss, but the depressed reaction to the loss of these substitutes is due to the original loss.

Further disagreement with the mourning/melancholia distinctions offered by Abraham and Freud is seen in the writings of Bibring (1968) and Fenichel (1945). The distinction based on a loss of self-esteem and the presence of hatred is contaminated, Bibring stated, because both of these factors have been found to exist in grief as well as melancholia. What is significant is whether the ambivalent feelings are dealt with on a conscious level or repressed.

Fenichel (1945) questioned the supposition that unconscious

causative factors such as unconscious anger, resentment, and guilt are the valid distinction between mourning and melancholia. Although because of repression, patient and therapist may both be unaware of a cause, this fact does not rule out the existence of causative factors based on actual events rather than factors wholly within the unconscious.

Thus, Gaylin, Bibring, and Fenichel all questioned the accuracy of a differential diagnosis between clinical and "normal" depression based on precipitating factors and repressed negative emotions. The proper distinction lies in the dynamics of coping with the threat to self-esteem and in a predisposition to depression. A clarification of this distinction is withheld until later sections.

Predisposition to Depression

Early psychoanalytic thought defined the dynamics of neurosis in terms of developmental fixation points. An adult may be predisposed to certain types of neurotic reactions to stress based on fixation at specific stages during his early development as an infant. Freud defined infant development in terms of these stages. Briefly these include an oral stage, which occurs when the infant's primary source of satisfaction is obtained through nursing; an anal stage, which occurs when the infant becomes aware of his feces and experiences pleasure from its retention and elimination; and a genital stage, when the infant becomes aware of his genitals and is capable of receiving pleasure from them. If the infant fails to have his needs met or is overindulged,

his development may become arrested or fixated at the point of this occurrence.

Abraham felt that melancholia was due to fixation at or regression to the anal stage because of the apparent presence of hostility and anger in depression. According to both he and Freud, hostility and anger were characteristic of this stage of development. However, oral aspects including dependency and caring for the loved object were also apparent, so Abraham originally envisioned melancholia as a two-stage process including both oral and anal fixation. In his terminology, a process of anal expulsion or sadistic hostility aimed at destroying or eliminating the object was followed by oral reincorporation or the re-establishment and salvaging of the loved object within the psyche. Abraham later described melancholy as fixation at the oral cannibalistic stage, after his discovery that sadistic tendencies, evidenced by biting and chewing at the breast, existed at the oral stage of development as well as the later anal stage (1968a, 1968b).

Infantile fixation at developmental stages causing a predisposition towards depression in later life was most extensively discussed in the writings of Melanie Klein (1968). She stated that the basis of the depressive reaction is seen in the infant from six to twelve months of age. At this stage the infant is aware of both positive and negative aspects of the mother (loved object). The mother, including positive and negative qualities, is incorporated within the developing ego. Any

frustration such as removal of the breast results in sadistic rage and a desire to destroy the incorporated, frustrating object. Anxiety develops at this stage at the fear of destroying good characteristics of the incorporated mother as well as bad.

Although the ego attempts to separate good and bad aspects of the introjected object, it is difficult to do so. Further insecurity and frustration develop because good and bad aspects of the object seem to overlap and blend. The child fears he may destroy loved as well as hated aspects of the object. Attempts at restoration, similar to Abraham's reincorporation stage, result. But a feeling of despair exists because the ego lacks faith in its ability to achieve restoration. How the infant ego works through this depressive position, which Klein saw as the central position in child development, determines the child's later development and his capacity for mature love. Faulty coping resulting from a lack of good relationship with the mother or original love object predisposes the child in later life to psychosis and neurosis. This coping consists, according to Klein, of learning how to salvage self-esteem in spite of periodic disappointment from the original loved object.

The difficulty of coping with a threat to self-esteem on an adult level lies in the fact that for the person fixated at the oral aggressive stage, the means of coping are neurotic, inefficient, and self-defeating. These neurotic coping mechanisms are what constitute,

according to Bibring (1968), the proper distinction between mourning and melancholia. Although oral aggressive defense mechanisms, including a cycle of rage followed by remorse and guilt, are an attempt at readjustment to the loss of self-esteem, they are ineffective and only serve to perpetuate depression.

One of the reasons that oral aggressive defenses are inefficient is that the capacity to love maturely, according to Psychoanalytic thought, does not develop until the genital stage. Persons fixated at an earlier stage do not have this capacity. Love is basically narcissistic and selfish rather than other-directed. There is no capacity to give, nor is there a capacity to care for the welfare of another. Thus, mature two-way love relationships do not develop. Such persons are predisposed to a depressed reaction when love objects bring disappointment. Depression as a response to disappointment in love follows a pattern established in early life when a "primal depression" occurred as a response to oral frustration (Mendelson, 1960). McCranie (1971) specified early trauma resulting in two types of neurotic patterns of personality: neurotic defensiveness and inadequate coping techniques. Both of these patterns interfere with the development of mature relationships. Abraham (1968b) added that the hatred present in the adult depressed person destroys whatever meagre capacity to love that has developed in spite of fixation.

In order to understand a depressed reaction when no object loss

is apparent, it must be remembered that the patient may have felt an attachment towards an object and a rejection by the object without ever making known his feelings. Guilt about his feelings may cause the patient to repress his feelings of attraction. Abraham (1966b) stated that instincts needing gratification are denied and repressed, resulting in the abandoning of the loved object without ever having made attempts at receiving satisfaction. Thus, the depressed person is mourning a loss without being aware of its occurrence.

In modern terminology, the person who becomes depressed because of the process described in the preceding paragraph, cannot cope with his sexual feelings because of guilt. He, therefore, denies them. Denying them does not make them disappear. They merely become hidden from consciousness. This repression process results in frustration and the feeling of being cheated and rejected. Hatred towards the lost loved object results. This hatred, however, is also repressed and distorted. The hatred is turned inward and takes the form of self-rejection, resulting in self-depreciation and an expectation of punishment. When depression results from a conscious loss, guilt is also a factor. In this situation, guilt stems from the anger and resentment that is felt toward the lost object.

It has been stated that the depressed person utilizes oral aggressive mechanisms to cope with depression. Rado (1968) stated that fixation at the oral aggressive or oral cannabilistic stage manifests

itself behaviorally in the adult in an inability to tolerate frustration or anything that even slightly damages self-esteem, and in a dependence upon others for self-esteem. The feeling state of depressed persons according to Fenichel is one of personal "annihilation" due to the "cessation of narcissistic supplies which were initially derived from the affection of some external persons and later from the superego (1945, p. 135)." Fenichel was referring to those persons in infancy who supply affection and who serve as models for the development of the superego and its ability to become an internal resource for self-esteem. Fixation at the oral aggressive level interferes with the development of this ability. Hence, the patient is overwhelmingly dependent upon others.

Thus, for persons predisposed to depression there is a constant threat to self-esteem. Fenichel described this type of person as a love addict. This aggravated need for love is self-defeating because it is impossible to fulfill. Incapable of loving in an adult mature manner, the person predisposed to depression makes tremendous demands on others for love and understanding because his self-esteem is dependent upon it.

While healthy individuals relate to each other on the basis of mutual respect and give and take, chronically depressed persons can only take. Their behavior which fails to elicit healthy caring in others is manipulative, eliciting counterfeit displays of caring from

others in the form of pity and guilt at their inability to lessen the depressed person's misery. The patient's ability to manipulate others to feel concern and his need to depend on others stems from his loss of self-esteem and his inability to rebuild it. McCranie proposed the presence of a "depressive core" in the person predisposed to depression, ". . . an intrapsychic matrix consisting of feelings of worthlessness and helplessness together with an oversensitivity to stimuli that impinge upon these feelings (1971, p. 119)."

Dynamics of Adult Depression

Depressive behavior and the overwhelming need for support from others can be better understood in the light of a closer examination of the dynamics that govern this behavior in the depressed person. It may seem to the experiencing individual that depression is a mysterious condition that strikes innocent persons with no justification--like a flu virus. Psychoanalytic writers, as shown above, state that depression has very definite precipitating factors and is a response that is established and rehearsed in infancy. In this section the dynamics of depression in the adult are described.

An understanding of the process of introjection is central to a conceptualization of the psychoanalytic view of depression. In order to understand this process it is helpful to compare it to identification which also occurs in depression and normal grief. In normal grief identification is a constructive process (Abraham, 1966a; Freud, 1962c;

Jacobsen, 1974). In modern terms the depressed or grieving person attempts to become like its loved object and assumes parts of the loved object as part of himself. Identification is an attempt to keep from losing the object completely. The grieving person may adopt certain characteristics of the lost object. He may make decisions based on the opinions of the object rather than his own. He may become involved in projects that previously were important only to the lost object. This occurs to a greater degree in melancholia. Jacobsen stated that the depressed patient "treats himself as if he were the loved object (1974, p. 243)."

Introjection in contrast to identification is a setting up of the lost object within the psyche. While identification is a refusal to relinquish the loved object--an attempt to keep the object alive--introjection occurs for the purpose of working through the enormous amount of unfinished business that is left when a sudden loss occurs. By establishing the loved object within the ego, the person has the opportunity to work through this unfinished business.

In their later writings both Freud and Abraham suggested that this process of introjection was necessary in grief as well as in melancholia--that only through introjection could the id give up its object. A great deal of libido is attached to the object. The grieving person cannot free his libido from this attachment until unfinished business--including regret for hurts and feelings of love

that had not been expressed, and the assurance of love from the lost object--is completed.

In melancholia, however, feelings of hatred as well as love need to be dealt with. Guilt over these feelings of hatred and perhaps some relief over the loss may make repression of negative feelings necessary. Repression is also necessary in instances where the identity of the loved/hated object is not apparent to the conscious mind because of the inability to admit sexual feelings or in situations of unrequited love where a long term grieving process is socially unacceptable. This repression of negative feelings or of the fact that any loss had occurred is what makes depression so baffling to both the patient and to those around him. The dynamics of working through unfinished business are concealed and because of this concealment, depression has the appearance of a strange affliction with no apparent cause.

Working through negative feelings and resentments by means of introjecting the loved/hated object manifests itself behaviorially in self-reproaches. Freud (1962a; 1962c) conceptualized this self-rejection as the result of an inner turmoil where the superego or conscience stands in critical judgment of the ego. He also made the observation that actual shame is absent because these self-judgments are realized on an unconscious level to be against the introjected object.

Thus, the working through of unfinished business in the

melancholiac takes place essentially on an unconscious level. What the depressed person is aware of in the working through process is greatly distorted and disguised. Freud stated that:

The most remarkable characteristic is the way in which the superego . . . treats the ego . . . his superego becomes over-severe, abuses, humiliates and ill-treats his unfortunate ego, threatens it with the severest punishments The superego has the ego at its mercy and applies the most severe moral standards to it (1933, pp. 87-88).

According to Abraham (1966a) introjection occurs in melancholy as a means of venting feelings of hostility and hatred without ever having to confront the real source of disappointment and loss of self-esteem--the loved object. Ostow (1970) agreed that anger must be expressed by turning it inward in cases where some degree of relationship still exists. Fear of causing a total loss of the relationship prevents its overt expression. Fenichel (1945) added that in mourning, introjection occurs for the purpose of loosening ties to the loved object. In depression, however, introjection is an attempt to cope with and prevent further loss of threatened self-esteem.

Rado (1968) explained this apparently self-punitive behavior in melancholy as an unconscious attempt at expiation with the lost loved object which has become identified with the superego. This attempt at expiation occurs because the patient unconsciously feels responsible for the loss. He feels that his aggressive and demanding behavior towards the real object caused rejection of the patient. Rado is referring to situations where some degree of a relationship with a

loved object was established. It should be remembered that depression can occur when no relationship existed. In such cases the patient becomes depressed because he imagined or expected rejection, if an attempt at a relationship were made. The behavior Rado is describing is like that of an angry child who went too far in his rebellious demands on his mother. He seeks to put himself back in her good graces through repentant and self-punitive behavior. The superego sadistically punishes the ego while the ego willingly accepts it because early childhood learning taught him that a humble acceptance of abuse was the only way to obtain relief and his mother's forgiveness and favor.

Rado (1968) saw this circular process of rage and revenge followed by guilt and expiation as based on early learning discussed most extensively by Melanie Klein (1968). As described earlier, a great deal of tension and anxiety is felt by the infant, because of his attempts to destroy bad aspects of the introjected object while protecting good aspects which he cannot bear to lose. Because of the inability to reconcile good and bad aspects of the introjected object, the adult patient tends to be sadistically destructive towards bad or frustrating aspects of the introjected loved object which he wishes to destroy, and repentant toward the good or self-enhancing aspects which he hopes to retain.

A cycle, represented by Figure 1, page 29, exists in that feelings of rage which on an infant level were a response to frustrations

caused by disappointments in the mother figure, bring about guilt and fear of punishment and rejection. These feelings of guilt and fear bring about expiation attempts, because, according to Abraham (1966a), Rado (1968), and Klein (1968), depression is an attempt at reparation and adaptation. However, the regression to the use of oral aggressive methods of reparation, patterned after infantile attempts to reconcile good and bad aspects of the mother, sets the rage-guilt cycle into action and merely serves to deepen the depression. Frustration leads to rage which results in guilt which leads to further attempts at expiation or more severe abuse from the superego. More rage and guilt follow. Guntrip stated that the "unconscious sense of guilt . . . forces the patient to go on suffering as a punishment (1962, p. 174)." The cycle must perpetuate itself.

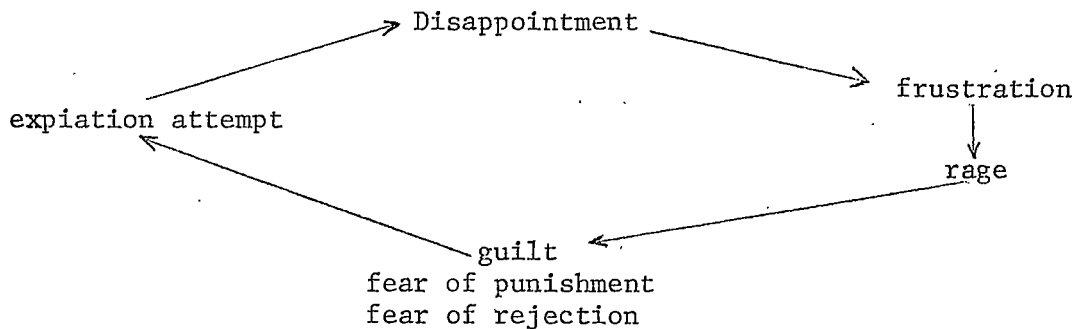


Figure 1: Rage-Guilt Cycle

Bibring (1968) added that since the ego's self-esteem has been devastated, the self is constantly having to prove itself. However, "certain strivings of the person become meaningless since the ego

appears incapable of ever gratifying them (1968, pp. 170-171)." The cycle is perpetuated because the ego is helpless to do anything to stop it. The person becomes passive and inactive--he is paralyzed. Depression can lessen only when ambivalent feelings toward the lost object become conscious so they can be dealt with on an adult level. However, the surfacing of these unconscious feelings is unlikely. Freud would say that the ego is doomed to continue to be the victim of the superego.

Gaylin (1968a), in discussing his own theory of depression, interprets the patient's dependency in depression as his last defense--a cry for help (Freeman, 1969). The patient has given up hope in coping with or escaping his situation of inner turmoil and suffering so he turns his plight over to others. Fenichel (1945), in discussing the dependency of depressed persons, stated that their ingratiating, submissive, dependent behavior is extremely and often successfully manipulative. One pictures a desperate individual whose survival depends on constant proof that he is loved. He is desperate because if proof is not evident, he is threatened with deeper depression that might lead to suicide because of the loss of hope in regaining his self-esteem.

Conclusion

The trend in psychoanalytic literature has been from a narrow and specific interpretation of melancholia as an attempt at reparation of threatened self-esteem caused by the loss of a real or imagined loved object, to a broader, more encompassing view of futile attempts

of a dependent person at coping with a number of factors that threaten an already deficient self-esteem. Perhaps the greatest change in the literature is in its language. The trend with some exceptions is to explain the dynamics of depression in terms comprehensible to more than just students of Freud.

The relevancy of this discussion of the psychoanalytic view of depression to the present study is in its contribution to the existential view of depression. Many existential psychologists received their early training in the psychoanalytic school, and its influence though not obvious has had an impact. The psychoanalytic view of depression is also relevant to this paper because the writer plans to utilize some psychoanalytic concepts in her conceptualization of depression. In the following chapter, the behavioristic view of depression is described.

CHAPTER III

The Behavioristic View of Depression

John B. Watson initiated the development of behaviorism in the early 1900's. He based his theory on objective and scientific observation of events, in contrast to the more subjective intuitive approach of psychoanalysis. Watson stated in Behaviorism that:

Personality is the sum of activities that can be discovered by critical observation of behavior over a long enough time to give reliable information In other words, personality is but the end product of our habit systems (Goble, 1973, p. 7).

Behaviorism today includes not only the work of Watson but also theories developed by Thorndike (1932), Hull (1951), Dollard and Miller (1950) and the work of the developers of behavior therapy. Behavior therapy as a technique in the treatment of maladaptive behavior was developed in the 1950's by M. B. Shapiro in England; Wolpe, Lazarus and Richman in South Africa; and Skinner, Goldiamond, Ferster, Azrin, and Krasner in the United States (Yates, 1970).

Writers disagree on whether behavior therapy is an application of learning principles to behavior, such as those principles developed by Thorndike, Hull, Dollard, and Miller (Ullman and Krasner, 1975; Seitz, 1969; Lawrence and Sundel, 1972) or if it is an application of the principles of experimental psychology (Yates, 1970). It is not within the scope of this paper to examine closely the historical development of behaviorism. The above information was included to provide a foundation for the discussion of the behavioristic view of

depression and to illustrate that behavior therapy covers a much broader scope than that of the operant principles developed by B. F. Skinner in this country.

Behavior Therapy and
Psychoanalysis

Goble (1973) labeled behaviorism the "'second' force in behavioral science (p. 6)." The growing popularity of the behavioristic movement is partially in reaction against prior theories. This reaction is primarily due to the subjective nature of approaches to therapy based on or related to psychoanalytic theories, and because of the difficulties in applying experimental procedures in a laboratory setting.

Lazarus (1968) and Beck (1971) both described the difficulties inherent in the many confusing categories of depression described in psychoanalytic literature. Lazarus agreed with Beck's statement that because of the overlap between categories and because these categories are based on a medical model, diagnosis is difficult. The lack of clear definition frustrates efforts to statistically validate these categories. Lazarus proposed that a learning theory approach to both the conceptualization and treatment of depression is the answer to the problem.

Lazarus (1968, 1972) suggested a separation of depression into two diagnostic categories. Depression should be diagnosed as organic if no discernible antecedents to the depressed reaction are apparent.

All other cases fit the behavioristic model that is described in this chapter. The problem with this suggestion is that the lack of apparent antecedents may be due to lack of insight in the diagnostician rather than organicity.

The major difference between the psychoanalytic and behavioristic views of depression is in emphasis. Freudians focus on the inner subconscious forces which they claim govern behavior, while behaviorists focus on the behavior itself. Their explanation of depression is in terms of forces within the environment which can be observed and experimentally proven to mold and shape behavior.

For example, Ferster (1973) defined depression as a reduction in the frequency of positively reinforced behaviors. Psychic dynamics have no relevancy to behavioristic theory. The causality of the depressed reaction is sought exclusively within the patient's environment. ". . . learned responses do not mysteriously well-up from unconscious depths. They have a discernable history . . . (Lazarus, 1968)." The behavioristic view operates from the supposition that all behavior, both adaptive and maladaptive, is ". . . acquired, maintained or reduced by conditioning (Lawrence et al., 1972, p. 34)."

Behavioral Description of Depression

Behaviorists thus diagnose and define depression in terms of the behavior of the depressed person rather than psychodynamic

functioning of the personality. They explain its dynamics in terms of the interactions or lack of interactions between the patient and those around him. According to Skinner (1956), the depressed person has a behavior repertoire that has been weakened. By weakened, Skinner means that the frequency of adaptive behaviors which are apt to elicit reinforcing responses from others is lessened. Adaptive behaviors become a part of a person's behavior repertoire because they are positively reinforced by significant others in his environment. If they do not continue to be reinforced, they cease to be part of the behavior repertoire. In operant or Skinnerian terms, the depressed person is on a prolonged extinction schedule (Lewisohn, Weinstein, & Shaw, 1968; Lewinsohn & Shaeffer, 1971; Lazarus, 1968; Seitz, 1971b). To be on an extinction schedule simply means that a learned behavior decreases in frequency due to lack of positive reinforcement (Whaley and Malott, 1971).

Depression, then, results when a person's environment ceases to provide the positive reinforcement that is required to sustain adaptive behavior. For example, loss of love, employment, prestige, money, security, youth, bodily functioning or fear of loss can result in a deprivation of opportunities for positive reinforcement and culminate in depression.

The behavioristic view of depression can be best understood as a process or sequence of events. Some event occurs which reduces the

frequency of positive reinforcement. This reduction in the frequency of positive reinforcement lessens the frequency of the occurrence of adaptive behavior, which in turn further lessens the amount of positive reinforcement the depressed person is likely to receive. He now has a meager amount of adaptive behaviors in his repertoire and seems locked into the depressive cycle (Lewinsohn et al., 1968; Ferster, 1973).

This lowered rate of positive reinforcement plus a desire to escape demanding or aversive situations results in an increase of maladaptive behaviors such as weeping, statements of dejection, self-depreciation, guilt, and a hopeless and apathetic attitude toward the future. Somatic complaints of fatigue, loss of appetite, insomnia and headaches, difficulties in concentration, and a lack of responsiveness to outside stimuli are also part of the depressive syndrome (Grinker, Miller, Sabshen, Nunn, & Nunally, 1961; Ferster, 1973; Lazarus, 1968; Seitz, 1971a; Lewinsohn & Shaeffer, 1971).

These depressive behaviors are reinforced by family and others who initially react to the depressed person with sympathy and concern. The maladaptive behavior is sustained and replaces more adaptive behavior until even family and others close to the person tend to avoid him (Lewinsohn & Shaeffer, 1971; Lewinsohn & Atwood, 1969).

Lazarus (1972) described the initial reaction to loss as a grieving process which does not become alleviated until the patient becomes aware of alternative sources of reinforcement which he can

utilize if he chooses. However, if this grief is prolonged and is reinforced by the sympathy and concern of others, adaptive behaviors are extinguished. The depressed person develops a passive repertoire. Most of his behavior is in reaction to his environment. He is still potentially capable of actively influencing his environment in such a way that he can increase the frequency of positive reinforcement that he receives. This capacity, however, becomes atrophied through lack of use and because there is nothing in the present environment of the depressed individual to stimulate this potential.

The presence of adaptive behaviors in a person's behavior repertoire is referred to as social skill. Social skill is defined as the "emission of behavior which are positively reinforced by others (Lewinsohn et al., 1968; Lewinsohn & Shaeffer, 1971)." Social skill may be decreased by extinction of adaptive behaviors or it may fail to develop because of faulty learning or lack of learning. When a lack of learning or a developmental arrest in Ferster's terms is present, the person's perceptual development is also deficient (Ferster, 1973). The person never learns to realistically assess possibilities for reinforcement in his environment. Whatever the reason for this lack of social skill, it is an "important antecedent condition for depression (Lewinsohn et al., 1970, p. 532; Libet & Lewinsohn, 1973; Martin, Weinstein, & Lewinsohn, 1968)."

Libet and Lewinsohn (1973) attempted to test the hypothesis that

depressed persons have less social skill than non-depressed persons, utilizing two depressed groups and one non-depressed control group. The depressed groups were found consistently to exhibit less social skill than the non-depressed group on certain measures of social skill. Results showed that the depressed persons as a group initiated far less verbal exchanges and hence received far less positively reinforcing behaviors than the non-depressed group. The depressed group also averaged a longer action latency than the non-depressed group. In other words members were sluggish in their responses which further lessened opportunities to receive positive reinforcement.

The results of a number of treatment group studies also seem to confirm the hypothesis that depressed persons possess an impoverished degree of social skill. In each of these treatment groups the focus was on behavior. Feedback was given to participants to teach them that the lack of positive reinforcement from others was due to their own behavior or lack of it. These groups served as a learning environment where the emphasis was on the acquisition of behaviors that would increase social skill. Results of the treatment groups were promising in that behavior change and a lessening of or elimination of depressive symptoms occurred (Lewinsohn et al., 1968; Lewinsohn, Weinstein, & Alper, 1970; Lawrence et al., 1972). The use of groups has been found to be especially helpful in the treatment of depression because groups present a controlled environment where depressed symptoms are

not reinforced and more adaptive behavior is taught and reinforced.

The use of home observations, which is another method frequently used in treating depression, has been found to be useful and to offer support for the behavioristic view of depression. This method is reported by a number of researchers (Lewinsohn et al., 1968; Lewinsohn & Atwood, 1969; Lewinsohn et al., 1971; Martin et al., 1968; Lewinsohn & Shaw, 1969). In each of the case studies cited, an attempt was made to alter the subject's home environment so that depressed behaviors would not be positively reinforced while adaptive behaviors would be reinforced. The procedure was to establish a base line of behavioral interaction between the various subjects and their families through home visits, and to re-educate the subjects to show them that their depressions were not due to any kind of mental disease but to a lack in their behavior repertoires. By showing that depression was due to ineffectual behavior, the subjects learned that they could exert an active positive influence on their environments and, as a consequence, themselves. They learned to be more than passive reactors. The focus was shifted from emotional and somatic complaints to behavior. Wolpe (1970) described an initial interview with a depressed person in which the therapist's responses focused on behavior rather than psychodynamics. The statement was made to the patient that "The depression is not a thing inside of you which has to be accepted. It is pretty clear that it comes from specified things that can be changed (Wolpe, 1970, pp. 77-78)."

The results of both the treatment group studies and the home observation studies illustrate the emphasis on behavior employed by behaviorists. However, contaminating variables prevent any absolute conclusions regarding the validity of the behavioral principles used to describe depression. For instance, in one of the home observation studies (Martin et al., 1968) the importance of establishing a relationship involving openness and trust was emphasized. In any therapeutic relationship or treatment group, no matter what the emphasis, the degree of trust and rapport cannot help but effect the outcome. Rapport is just one example of a number of variables that are difficult to control outside the laboratory. Nevertheless, the studies cited do seem to support the efficacy of behavior therapy in the treatment of depression.

Anxiety and Depression

Anxiety is another factor which contributes to a lack of social skill. A feeling of anxiety in social situations results in avoidance of these situations. In behavioristic terms anxiety operates as a punishment for attempts at interaction and decreases the frequency of further movement towards interaction.

Behavioristic writers disagreed about the relation of anxiety to depression. Wolpe (1966) stated that depression is a consequence of "anxiety that is unusually intense or prolonged (p. 162)." A lack of social skill would make many normal daily situations that most people

take for granted extremely anxiety producing. As stated previously, the individual's lack of social skill prevents him from emitting behaviors which elicit positive reinforcement from others. Being in social situations and perceiving that others receive a much more favorable response from others than he, would make these situations highly aversive. Depression is not inevitable, but it is highly probable if means to cope with anxiety-producing situations are not found. Depression provides a useful escape from aversive situations.

Lazarus (1968) objected to relating anxiety to depression. He saw them as having differing antecedents and requiring different treatment procedures. Anxiety is a response to aversive stimuli, while depression is a result of insufficient reinforcement. Although anxiety and depression may differ in antecedent conditions, resultant behavior and treatment, the two conditions nevertheless seem to be related in the manner described by Wolpe. Some of the following studies offer support for this hypothesis.

Lewinsohn, Lobitz, and Wilson (1973) found that depressed females did not act to elicit positive reinforcement in aversive, anxiety producing situations. They suggested that in the treatment of depression it may be useful to include treatment of anxiety towards aversive situations by a desensitization process as part of the treatment program. They also suggested that depressed persons are generally more susceptible to aversive stimuli than non-depressed persons. Yates

(1970) stated that this sensitivity is true in neurosis in general. In fact, situations which produce no threat to the normal individual are likely to be perceived as threatening by the neurotic.

Encouraging results have been obtained in alleviating the anxiety of depressed persons by means of two techniques developed by Wolpe. The first of these, or systematic desensitization, is based on the classical conditioning model of Pavlov. Anxiety is seen as a conditioned response. The strength of this conditioning is reduced and eventually eliminated by pairing in with an incompatible response such as relaxation. The procedure followed is to construct an anxiety hierarchy or list of anxiety producing stimuli; to teach a method of inducing relaxation; and the experiencing in actuality or in one's imagination of each item on the anxiety hierarchy starting with the lowest intensity stimuli while in the relaxed state (Yates, 1970; Wanderer, 1972; Nawas, 1971).

Another technique initiated by Wolpe for the treatment of anxiety is assertive training. With this technique the patient is taught to emit behaviors which elicit positive reinforcement and increased social interaction. The patient agrees to practice assertive behaviors that he would not normally perform. Taking action and receiving reinforcement for these actions serves to break the depressive cycle and to increase the likelihood of these behaviors becoming a permanent part of his repertoire (Lazarus, 1968; Seitz, 1971a). For

instance, the patient might be told to make phone calls or visits to casual acquaintances or to smile and greet three persons he would normally avoid or to be more assertive with salespeople. The assertive training is geared to the needs of the patient and designed to increase his interactions with others.

Critics of behaviorism label Wolpe's techniques as mere symptom removal. They question their effectiveness except in simple cases such as phobias. Wanderer (1972) illustrated through a description of the treatment program for a person suffering from chronic severe depression how the elimination of phobias by systematic desensitization was not merely symptom removal, but was a crucial adjunct to the successful amelioration of the depression itself. The rationale behind the focus on symptoms was that by eliminating the phobias, the patient's behavior repertoire was increased. This made possible a number of situations which greatly increased opportunities for positive reinforcement, which in turn alleviated the depression.

Another example of symptom focus was found in a study in which the rate of speaking of a chronically depressed man was increased by strict operant principles. He was punished by an aversive buzzer whenever his speech dropped below a specified rate. The lessening of a strictly symptomatic aspect of depression lessened but did not cure the man's depression (Robinson & Lewinsohn, 1973). Ferster (1973) stressed the necessity of ample and efficient verbal behavior to the

capacity to receive positive reinforcement and in the reality testing of one's perceptions. One who cannot initiate or sustain a conversation tends to be ignored by others. Symptoms are not attacked in isolation, "all measures are planned within a broad conspectus of the patient's major life functions and life situation (Wolpe, 1970, p. 71)."

Another desensitization study illustrated how the desensitization of anxiety in response to specific situations was successful in eliminating both existential anxiety and depression (Nawa, 1971). What is most significant about this study is the fact that desensitization alleviated a condition which critics claim is too complex for behavioral principles to apply. The procedure was to isolate anxiety producing situations through a factor analysis of the patient's responses on the Purpose in Life Test, an instrument designed to measure existential meaning. These situations were then treated effectively by systematic desensitization. The author suggested that existential type anxiety that does not appear to be in reaction to any specific stimuli may have had its origin in a specific conditioned anxiety reaction to a specific stimulus. This initial reaction than generalized to other objects and situations until practically all of life seemed to be the stimulus. ". . . one incident could start a chain of events with effects spreading, as time lapses, into an ever-widening ripple until all the waters are muddied (Nawas, 1971, p. 295)."

The significance of the effectiveness of the treatment in this study is that it suggests that behavior therapy can be effective in complicated cases of depression and anxiety. If future studies support Nawas' theory, the behavioristic view of depression will be shown to have more validity than its critics claim.

Additional Techniques and Their Effect on Depression

It was mentioned earlier that depressed persons are more sensitive to aversive stimuli than non-depressed persons. Paradoxically, they seem less sensitive to favorable reinforcing stimuli. This characteristic has been described as a seeming numbness and aggravates the patient's difficulties in receiving positive reinforcement. A technique designed to circumvent this numbness is stimulus deprivation. The patient is placed in a situation where stimulation is kept to a minimum. Frequently this is achieved by having the patient spend a period of time in bed. The result is an increased sensitivity to stimuli after the deprivation period is over. Positive reinforcement is therefore likely to be more effective (Lazarus, 1968; Seitz, 1971a, 1971b).

Other techniques are used to break the barrier of numbness. One technique, called Affective Expression, is to deliberately stimulate the expression of a strong emotion such as anger, excitement, or affection (Lazarus, 1968; Seitz, 1971a, 1971b). A variation of this

technique was used at the Tuscaloosa VA hospital (Patterson, Taulbie, Folsom, Horner, & Wilkes, 1968). One group of depressed patients were placed on a program of "active friendliness" and received attention and friendliness and the assignment of ego-building tasks. Members of another group referred to as anti-depression milieu therapy group were given meaningless, menial, boring tasks and received non-constructive and critical criticism for their efforts. This continued for the anti-depression group until members expressed anger towards the staff. They were then given more meaningful tasks through which they received positive reinforcement. Although both groups improved, post-testing six months after the beginning of treatment showed that the active-friendliness group members had tended to regress, while the anti-depression group continued to improve. These findings support Lazarus' contention that affective expression is a useful technique in breaking the depressive cycle and increasing a person's sensitivity to positive reinforcement.

Not all behavioristic techniques are limited by a strict behavioral focus. Both time projection and variations of the Premack principle use behavioral principles to alter attitude. As mentioned previously, a pessimistic attitude towards the future is symptomatic of depression. Ferster (1973) described this view as a "limited, lousy, unchanging view of the world." Lazarus (1968) offers a specific technique--time projection--for the treatment of this attitude. The

patient imagines in a hypnotic state that he is in some future point in time in a situation which presents a great deal of positive reinforcement. Six out of eleven patients improved greatly after one session with Lazarus, while two improved moderately and three remained as depressed as prior to treatment.

A number of other writers reported attempts to change behavior by attacking the patient's self-attitudes. The techniques in these studies were based on an adaptation of Premack's Differential Probability Hypothesis which stated that given a list of behaviors of differing frequencies, any behavior with a higher frequency will be reinforcing and hence increase the likelihood of lower frequency behaviors (Premack, 1959).

Homme (1965) took this basic behavioral principle and attempted to determine if its application could control "coverants" or "operants of the mind." He attempted to replace negative, self-defeating thoughts with self-confident thoughts. This technique is especially useful because it enables a patient to regulate his own behavior and thought processes by making a highly reinforcing event, such as smoking a cigarette, contingent upon reading positive statements about oneself. A number of studies (Todd, 1972; Mahoney, 1971; & Jackson, 1972) showed that when this procedure was followed, positive self-statements increased and were sufficiently reinforcing in themselves to make reinforcement with a high frequency behavior such as cigarette smoking

unnecessary.

Susskind (1970) utilized principles of positive reinforcement and a modification of Lazarus' time projection for increasing self-confidence. He explained the dynamics of his approach as a utilization of the principle of the self-fulfilling prophesy. Dim expectations of the future often result in dim circumstances when future becomes present. This explanation is not a behavioristic one but some of the principles utilized are.

A description of some of the research in behavior therapy was discussed in order to clarify the theoretical position of behaviorists on depression. Much of the research was less than rigorous. However, the purpose of including this discussion was not to prove or disprove the behavioristic view, but to clarify their viewpoint.

Conclusion

The major difference between psychoanalytic and behavioristic views is best illustrated by the focus of behavior therapy. Basically, behavior therapy focuses on the learning of adaptive behaviors. In Lewinsohn's terms (Lewinsohn et al., 1968), the major goal of treatment is:

. . . to restore an adequate schedule of positive reinforcement for the individual by training him to emit behaviors which are likely to be positively reinforced by others and to engage in activities which are intrinsically rewarding for him (p. 2).

The major drawback to behaviorism is its limited focus and its

insistence on ignoring factors which cannot be duplicated in a laboratory. Breland and Breland (1961), in discussing this limited focus, concluded that, ". . . the behavior of any species cannot be adequately understood, predicted, or controlled without knowledge of its instinctive patterns, evolutionary history, and ecological niche (p. 684)." Behaviorists seem accurate in their description of behavioral manifestations of depression and in their statement that depressed persons are lacking in social skill. However, for a more complete understanding of the condition it is necessary to examine more than behavior. Although limited when taken alone, behaviorism makes a significant contribution to an understanding of the depressed reaction when added to existing knowledge because of its detailed description of behavioral facets of the syndrome.

A philosophical description of the existential view of man is the subject of the following chapter. Existential philosophy is partially in reaction to the lack of acknowledgment by both psychoanalysis and behaviorism of man's inner creative nature.

CHAPTER IV

The Human Situation

According to Goble (1973) three major movements or forces exist in psychology today. The first two movements, psychoanalysis and behaviorism, were the focal points of Chapters II and III. Third Force Psychology is a term coined by Abraham Maslow to distinguish the work of existential and humanistic writers, including himself, from those writers who belong to the first two movements.

An emphasis on mental health rather than pathology is the major factor which distinguishes Third Force Psychology from the two earlier movements. Third Force psychologists stress man's potentialities--his need to grow and fulfill his inner nature, which is the center of his dignity and creativity. Thus, instead of dwelling on the dynamics of mental illness or behavioral malfunctioning, Third Force psychologists tend to develop models for health (e.g., Roger's (1961) fully functioning model and Maslow's (1968) self-actualization model).

Because of this stress on health, Third Force psychologists hesitate to speak in conventional clinical terms. Although a relatively few do make reference to neurosis, a reluctance exists towards acknowledging clinical conditions based on a medical model. As a result, no definitive statement on depression has been compiled by Third Force psychologists. A handful of writers, however, have proposed that a new type of neurosis is being seen in increasing numbers of people, due to

the frustration of man's need to grow and fulfill himself (Boss, 1963; Frankl, 1967; Maddi, 1967; Thorne, 1970). Frankl, Maddi, and Thorne are the only authors whose writings are available in English that have made any attempt to describe a theoretical model for this new neurosis. Scher (1971) is the only writer reviewed who proposed an existential model for clinical depression. Other writers (Bugental, 1965; Maslow, 1972; May, 1967, 1969) described how frustration of the growth potential may lead to conventional manifestations of neurosis. Only Frankl (1967) and two of his followers (Crumbaugh, 1968, 1972; Crumbaugh & Maholick, 1967) made any attempt to empirically validate their theories. "The primary source of existential data is introspective with subjective reporting of existential concerns (Thorne, 1970, p. 410)."

A need exists for a conceptual model of clinical depression that acknowledges not only biological and environmental limitations but also man's creative potential. Any model of depression which fails to include an acknowledgment of this creative potential is incomplete. The writer hoped to take a step towards fulfilling this need by proposing a conceptualization of clinical depression based primarily on existential views but incorporating relevant aspects of psychoanalysis and behaviorism.

It is the writer's view that the major points of divergence between the three schools are due to the philosophical differences of the proponents of these schools. For this reason it was necessary to

include this chapter which serves as a philosophical framework for the writer's conceptualization of depression presented in Chapter VI. This is the only chapter with a strictly philosophical orientation. It is a description of the condition of man, based on relevant existential writings available in English, which leads either to healthy functioning or emotional dysfunction including depression. This chapter also differs from the preceding chapters in that editorial comments are included, relating the research to depression. These comments were included for the sake of clarity and to increase the immediate relevance of the chapter.

The existential view of the condition of man, which is here termed the human situation, can be described by deliniating it into the following categories.

- I. Man's Basic Predicament
 - A. Existence Versus Essence
 - B. Freedom-Choice-Responsibility
 - C. Meaning

- II. Denial of the Predicament
 - A. Bad Faith
 - B. Self Denial
 - C. Lack of Awareness

- III. Consequences of Denial
 - A. Self Alienation or Estrangement
 - B. Encounter with Nothingness
 - C. Guilt
 - D. Anxiety
 - E. Escape-Depression

Depression is not the inevitable result of the human predicament. A healthy response exists to each of the conditions in the above outline.

All persons experience 'self-alienation, a sense of nothingness, and existential anxiety and guilt. It is the type of reaction to these conditions, specifically a habitual reaction of bad faith, self-denial, and a blockage of awareness through distortions of reality, that determines whether a person is neurotic or healthy.

While this chapter is basically a philosophical statement on man's situation, Chapter V is an application of the philosophy of existentialism to psychology. It is a survey of the specific statements of existential writers on depression and neurosis.

Man's Basic Predicament

Existence Versus Essence

Philosophy seeks to answer questions regarding the nature of man and of life. According to existential philosophy, the basic question is not concerned with existence itself (Do I exist?) which is taken as a given--a fact, but with the quality or essence of each man's individual existence (Barrett, 1962; Bugental, 1965). The word quality is here used to signify the fulfillment of man's inner subjective creative self-actualizing potential rather than more superficial facets of life such as physical comfort, success, status, or prestige. In stressing the uniqueness of each man and the importance of his subjective experience, man is seen to be responsible for the quality of his life--of his moment to moment living. The quality of this living depends on

man's commitment to and involvement in life (Bigelow, 1963). Man is judged and judges himself not according to abstract theoretical constructs, but by the quality and significance of his individual experience (Barrett, 1962).

If a person's subjective evaluation of his experience shows it to lack personal meaning and quality, depression may result. A lack of personal satisfaction with the quality of one's life constitutes a threat to self-esteem that is as serious as the loss of a loved object. This view of depression is not totally incompatible with psychoanalytic and behavioristic conceptualizations of depression. However, existentialists emphasize the loss of self-esteem as a loss of self that results in a sense of personal alienation. They recognize and emphasize man's need to sense a relationship with himself. Part of his sense of personal meaning comes from this relationship. In contrast, psychoanalytic and behavioristic writers emphasize man's relationship to his environment and his physiological needs.

The most significant point of divergence between existentialism and earlier theories is in the existential focus on man's responsibility for his condition. No matter how extensive his limitations, each man is individually responsible for his moment to moment responding to his life situation.

The existential position that man makes himself significant by continually re-creating his essence was expressed in the writings of

Marill-Alberes (1961, p. 54). "Because man is nothing, he has to be, to make himself." The fact of man's existence and his environmental and biological situation do not give him identity. An awareness of the fact that individual man creates his identity or essence by the choices he cannot avoid making results in an inability to be satisfied with merely existing. This burden of awareness is part of man's consciousness of self. Existence (the fact of life including physical limitations such as heredity, etc.) and essence (that aspect of man which is creating itself continually) taken together form the important existential concept of being (Barrett, 1962; Heidegger, 1949; Maretain, 1966; Minkowski, 1969).

Clarity regarding the concepts of essence and existence can be achieved by an examination of Heidegger's (1949) separation of human experience into three areas: Umwelt, Mitwelt and Eigenwelt. Man shares the first area of Umwelt with all other forms of life. It is the deterministic, biological world of drives, instincts, and cycles. Binswanger (1967) referred to Umwelt as man in relation to his environment. Freud based his theory on this aspect of man's existence. The second, or Mitwelt, is the world of relationships to others as described by Buber (1958). This is the world of significant encounter with others, including caring, commitment, and responsibility. On this level man is still reactive but less so than in Umwelt because of the addition of responsibility that man has in how he effects others. The

behavioristic view concentrates on this aspect of existence. The third area of Eigenwelt is the spiritual, personal aspect of man. This is the world of vitality and creativity--the world of man's inner self, his personal center--out of which he makes himself unique, able to love, to choose, to value. It is the source of his essence which makes his existence worthwhile. The concept of Eigenwelt takes man out of the position of being a reactor and into the uniquely human realm of creator. In describing his objection to psychoanalysis and behaviorism, Allport (1961) criticized their customary description of man as reactor:

. . . while human beings are busy living their lives into the future, much psychological theory is busy tracing these lives backward into the past. And while it seems to each of us that we are spontaneously active, many psychologists are telling us that we are only reactive (p. 206).

Existentialists, while acknowledging the limitations of Umwelt and Mitwelt, focus primarily on Eigenwelt or the realm of proaction rather than reaction, to explain man's behavior, needs, and values. An existential view of depression would thus be more complete than other approaches reviewed, because it would include all three aspects of man's existence. It provides a "basis for conceiving psychology as a human science rather than a natural science (Giorgi, 1968, p. 115)."

Freedom-Choice-Responsibility

Man is responsible for the quality or essence of his existing because he possesses what Tillich (1952, p. 52) described as a "finite freedom." No matter how constricting his limitations, man still has the

burden of total responsibility for his actions and decisions within these limitations. Barnes (1959) equated freedom with possibility. At any given moment man has a range of alternatives for action. Even if his environment or Umwelt is exceedingly restricted, such as that described by Frankl (1963) in his description of his experience in a Nazi prison camp, he still has a range of attitudes that he can take (Marill-Alberes, 1961).

Thus, no matter how limited, the quality not only of man's life but also of his self depends on the choices he makes. He is accountable not only for his actions but also for what he is (Frankl, 1967). The burden of choice is further intensified because man is responsible for choices made on the basis of incomplete understanding, not only of a given situation but also of himself and his world (Bugental, 1965).

Besides environment, heredity, and limited knowledge, Thorne (1970) specified the law of probability and luck as additional limitations to man's freedom. Man's responsibility is to be aware of and grounded in what is necessary and unchangeable, and to explore the range of what is possible for him within these boundaries. A refusal to explore possibilities and make choices results in vacillation and indecision, which Sontag (1967) described as a symptom of inner emptiness, an avoidance of responsibility which results in a loss of self. The responsible utilization of freedom is to recognize both its limits

and its most far reaching possibilities and act with both in mind. "No self is realized until a synthesis is made between possibility and necessity, infinity and limitedness, freedom and determinism (Sontag, 1967, p. 444)."

One of the greatest limitations on man is the fact that there is a time limit to his existence. This time limit adds a sense of urgency to man's choices. How he deals with this limitation of time is dependent upon his willingness to accept responsibility. Because of the crucial nature of this limitation, it is important to understand the existential view of time. Past, present, and future are viewed in terms of the individual's experiencing. The past is important only in how the individual chooses to focus on his attitude towards it to form his present view of himself and future capabilities. A person may escape into the past or use it as an excuse for present failings, thus avoiding responsibility for the present, and future demands for choice. Any attempt to deny responsibility, however, may lead to a depressed reaction, as shown in a later chapter.

The present is where man dynamically exists. According to Kemp (1971a, p. 16), "Existing is the continual emerging, a transcending of one's past and present in terms of the future." It is the realm in which man makes his choices. The last statement and Kemp's illustrate the ultimate importance of the future to existentialists. One cannot speak of the present without bringing in the future; for man's present

actions are in terms of future possibilities (Feifel, 1960). Man's entire existence is future-oriented because of the basic view that man is constantly moving forward in time, becoming, continuously changing with every moment's choice (Kemp, 1971a; Meissner, 1966/1967; Rogers, 1961). Stack (1966/1967) further elucidated the existential view of time. He spoke of the value that man's finitude has for man ". . . because it is grounded in the infinite (p. 121)." Eternity is made up of an infinite number of finite moments--each of which holds a number of possibilities for man.

The future, like the past, can also be a vehicle for escape. One can live in the future forgetting his responsibility for present decision. The existentialists state that the only healthy and authentic view of time is to be centered in the present, aware of future possibilities, and accepting responsibility for both past actions and future decisions.

Because of man's freedom, no matter how limited, the human situation in existential terms is that man is nothing; the mere fact of his existence or so-called favored position in the universe gives him no inherent significance or meaning. If existence alone offered meaning, freedom in the existential sense of the term would be irrelevant. Sartre (1956) stated, "Human reality is free because it is not enough (p. 440)." Man creates his significance and dignity by the choices he makes within his limited freedom.

Man expresses himself by the way he exists, by the manner he lives his life. The stress is placed on the active, concrete aspect of human existence. Man is understood through his capacity to make decisions, that is, through the use of his freedom . . . man is free to choose what he wants to be. He is free to make himself a human being (Nucho, 1966, p. 2).

Man makes himself inauthentic--he loses himself by pretending that he has no responsibility for his life, that he is significant merely because he is, ". . . that his environment is a Serious World and submerging himself within it (Barnes, 1959, p. 371)." Sartre (1956) added that man is responsible not only for himself but also for his world. The inauthentic man attempts to avoid responsibility by blaming his plight on society or the universal scapegoat, the unidentified "they." Actually, according to Sartre, man is responsible for society.

A seeming paradox exists in existential writings in that on one side, it is stated that man has to choose--that living is a series of choices. ". . . we are not free to choose to choose (Kostenbaum, 1969, p. 324)." To not choose is an impossibility because the refusal to act is a choice in itself. In seeming contradiction and confusion to this statement, much is written on the state of man who refuses to choose. Marill-Alberes (1961) quoted Sartre as describing the man who refuses to choose as having to endure an existence full of anguish. The impossibility of merely existing has been discussed earlier. Man is incapable of escaping completely the burden of choice---but he can refuse to admit to the responsibility that is his for his actions. According to Kostenbaum (1969) this refusal constitutes treason to

one's human nature. One of the premises of this paper is that the depressed person, although responsible for his choices, blames his situation on someone or something outside of himself.

May (1972) refers to this refusal to admit to one's power (freedom) as pseudo-innocence. This innocence serves as an armour against awareness and, therefore, responsibility. Pseudo-innocence and refusal to acknowledge responsibility carries with it the agony of feeling powerless, of being a helpless pawn where one's life is determined by one's Umwelt (Maddi, 1967). These feelings of powerlessness and helplessness often lead to and are a part of depression.

Most existentialists do not attempt to prove that man is free but merely accept it as a premise. Arbuckle (1971) insisted that whether or not man is actually free and hence responsible, is irrelevant. What is significant is man's belief in his ultimate responsibility. This belief, whether it is based on truth or illusion, gives man significance and dignity.

Man's ultimate choice is whether or not to acknowledge and accept his freedom (or believe in it, according to Arbuckle). All other choices are subordinate to this greater choice, which greatly influences a person's style of living. Along with the awareness of one's freedom, however, comes a feeling of dread because of the responsibility involved. This is a difficult choice, full of risk and threat. This ultimate choice dictates whether a man is to live authentically, realizing his

power in determining not only his actions but also his attitudes and "emotional tenor" (O'Connor, 1967, p. 383); or if he is to live in a state of bad faith, running from responsibility from living, and from himself (Barnes, 1959). The major risk involved is the possibility of depression. The depressed person not only lives a painful existence, his behavior is minimally effective even on a superficial level. For the depressed person, living in a state of bad faith is habitual.

Meaning

Meaning, as it is here used, can be defined descriptively as a sense of personal worth, value, and dignity. Man loses his meaning and himself when he refuses to admit responsibility and chooses to live in bad faith. It was stated earlier that the authentic person, or one who functions effectively and creatively, though firmly rooted in the present, is future oriented. According to the existential view, living means moving responsibly forward. Action and movement never cease. Homeostasis is not the goal. Frankl (1967) stated, "What man needs is not a tensionless state, but the striving and struggling for something worth longing and groping for" He needs ". . . the challenge of the concrete meaning of his personal existence that must be fulfilled by him and cannot be fulfilled but by him alone (p. 68)." This striving is not in the sense of a search for universal meaning. It is meant strictly in a personal sense. Each man actively creates his own private meaning daily. It is a process which might be better understood in the

plural, "meanings." A man's life has Meaning only if he succeeds in being involved in the process of daily finding new and fresh "meanings" for himself. There is ". . . no such thing as universal meaning of life, but only the unique meaning of individual situations (Frankl, 1966, p. 22)."

Frankl went so far as to say that his striving for meaning is man's basic motivation (Frankl, 1963, 1966, 1967, 1968). Happiness as a goal is self defeating; for only through meaning can man find happiness. Carlton Beck (1971) described life without meanings as "hollow, desparate, plodding or fraught with unfulfilled potential screaming to be released (p. 49)." It should be noted that this description also is applicable to the depressed state.

In disagreement with Arbuckle's statement that freedom can be no more than a matter of belief, Frankl specified that meaning exists, and it is up to man to discover the right meanings. However, man can never know for certain if he is right. The threat of man's life eventually being realized as nothing, in spite of his commitments, his acknowledgment of responsibility, and his discovery of meaning is a terrible fact that man must endure. The authentic person (one who functions effectively and accepts both limitations and possibilities) faces this fact--and chooses to go on living with courage in spite of uncertainty.

The existentialist description of the uncertainty of life may

appear pessimistic and even depressing. The writer feels that in spite of the oppressive semantics, they are merely stating that as a person progresses from childhood to maturity, he realizes, if he has the courage, that there are no absolute answers outside of himself. No person can settle the question "does life have meaning?" for mankind any more than man can prove the continuance of life after death. We simply do not know. No one can prove any grand design for man. Each man must decide within himself between a "feeling" that life has meaning for him or that it is a bad joke--empty, meaningless, and futile.

Meaning, therefore, is not to be found in the world. It is through the discovery or creation of inner meanings that we discover ourselves. Boss (1963) stated that the essence of living is the awareness of "being-ness-as-such (p. 36)." To find meaning is to find being (Binswanger, 1967).. What these apparently obscure phrases mean is that man finds significance not by being assured of any grand design, but by deciding to make his life personally meaningful by taking the responsibility to create his own meaning and not relying on confirmation from others to validate his reality.

Denial of the Predicament

Bad Faith

If man pleads innocence of his freedom and responsibility--if his decision is to ignore his possibilities to create a meaningful

existence for himself, he is in trouble. He loses himself. Although, as it has been pointed out earlier, man cannot merely exist, if he chooses by default to live inauthentically, to him it feels as though he were merely existing. "Consciousness is barren and empty if we lack the courage to make it live, to commit it to a project (Marill-Alberes, 1961, p. 54)." Sontag (1967) pointed out that existential philosophy depicts man as not having difficulty being true to himself but as having difficulty in finding a self to be true to. But, there is at least one advantage to inauthenticity--no one can put demands on a man who has not committed himself to being (Barnes, 1959; Sontag, 1967). Sartre's term for living inauthentically is "bad faith." He described the purpose of living in bad faith as the attempt to escape responsibility, to "put oneself out of reach (1956, p. 49)." Actually, one is putting himself out of touch with himself.

The awareness that man has no significance, unless he takes the responsibility to act--to create his essence--indicates that if man is to be conscious and aware of himself, the first fact that he must face is that he cannot blame others for his unhappiness. This realization is, for some, too dreadful and threatening to allow into consciousness. Man, therefore, deceives himself and lives in bad faith. One of the dynamics of depression is to blame one's situation on fate, luck, other persons or other external factors. This dynamic is due to and possible because the person is living in bad faith. This fact makes it possible

for him to sincerely believe that he does not have responsibility.

Self Denial

A person can deny his freedom to choose and his responsibility for his life only by blocking his awareness of self. This obstruction of awareness constitutes self-denial and results in a loss of self manifested by a feeling of inner emptiness. To confront this feeling of emptiness or sense of non-being and the threat of meaninglessness can result in increased vitality and meaning in life and in positive growth (Kemp, 1971a). However, there are no guarantees. "Consciousness itself," which includes awareness and acceptance of responsibility, "implies always the possibility of turning against one's self, denying one's self (May, 1967, p. 82)." Sontag (1967) stated that we experience dread when "looking down into all the possibilities before us, we realize that the self could easily slip into nothingness rather than emerge as a concrete synthesis (p. 448)." ...

In attempting to give a philosophical framework for the existential view of man's situation which leads him to choose to be authentic or to live in bad faith, it is necessary to make concrete that which can seem very vague and difficult to understand. Existential writers--philosophers and psychologists both--are speaking of a very real human situation. The language, however, is sometimes so abstract and theoretical, it is easy to lose sight of the fact that they are referring to day-to-day living for real persons. For this reason the

author will digress a moment to describe what is happening when a person acts in such a manner that he loses himself or experiences self-denial. Children sometimes seem to be more authentic than adults. Their worlds are small but they seem to be aware of themselves and accept what they see. However, in the maturation process, especially if they have parents who live in bad faith, they may learn unauthentic ways of handling difficult feelings. Anger, embarrassment, and hurt may be distorted or denied rather than expressed in a constructive manner. Dishonesty with self and others is learned. As an adult or earlier, the dishonest person senses that life is stagnant and determined by past experiences. He may look inside himself and run from what he finds. He may continue to run from himself the rest of his life.

However, part of the self wants emergence, wants to be acknowledged. Bad faith inhibits "one's own inner timing." It obstructs "the urge to become (Scher, 1971, p. 375)." Therefore, it is a struggle to remain in bad faith. Somatically, this struggle is manifested in ulcers and other digestive problems, headaches, tics, etc. In order to live in bad faith, man must go through intricate mental gymnastics to perpetuate the charade. Freud recognized this and cited a number of defense mechanisms (e.g., repression, sublimation, projection, rationalization, reaction formation, etc.) that man employs to deceive himself (Hall, 1954).

If man is sufficiently uncomfortable living with a stranger

within himself, he might choose to reverse the process and come to terms with his neglected self. It is likely that he cannot conceive of what he finds within himself to be worth claiming. Also, in confronting himself he must also confront his finitude or the inevitability of his death. Heuscher (1966) pointed out a paradox in the process:

. . . he becomes inauthentic because of the dread of death. This inauthenticity then can find expression in "silent despair" when the person--as a complete conformist or a fraud--runs through a meaningless life, or in "overt despair" where symptoms of depression and anxiety hide the real dread. Yet if the human being becomes capable of facing courageously the absolute certainty of his death, he grows more authentic and begins to imbue his life with new meaning (p. 46).

Man can attempt to escape himself, his finiteness, and his responsibility by losing himself in the crowd, but the price is great (Stack, 1967).

Kemp (1971b) questioned whether man can actually completely reverse the process of self-denial as he feels some existential writers propose. The writer feels this is a misinterpretation of existential literature. It would be easy to interpret the literature as saying that a total reversal is possible and is the goal of therapy. However, as mentioned previously, the overall feeling in existential writings is that of purposeful movement. By coming to terms with himself, man does not reach total authenticity or self-actualization. He can only initiate and perpetuate a process because man--especially if he is authentic--changes, transcends himself, and develops throughout life.

Becoming authentic is just what the expression implies--becoming, a process. Daily choices to continue the process are necessary to perpetuate authenticity. For every man there are daily opportunities to react to situations in bad faith and self-denial.

Lack of Awareness

It is probably apparent to the reader that bad faith, self-denial, inauthenticity, and lack of awareness are interrelated concepts. Each concept, except inauthenticity, is given a separate section in this chapter because each constitutes a slightly different avenue to the all important larger concept of inauthenticity. Inauthenticity is a particularly significant concept to this paper because of its relation to depression which is discussed in detail in Chapter VI.

Bad faith and self-denial, leading to inauthenticity, occur as a result of an obstruction of awareness. Burton (1969) stated that "Authenticity calls for the clearest and widest form of consciousness, so that neither a part of the world nor a part of the self is hidden from experience (p. 26)." May (1960b) stated that "the subjective side of centeredness," which is living in harmony with the self, "is awareness (p. 77)." It is a feeling state of being conscious of being the actor rather than reactor in a situation, a "heightened experience of I-ness, . . . it is I, the acting one, who is the subject of what is occurring (May, 1967, p. 100)."

Bugental (1965) described awareness by breaking it into four

areas: awareness of one's finiteness; of one's potential for action and responsibility for action; of one's position of having choice; and of one's separateness. What is interesting about Bugental's model is that each area contains a two-fold threat. With awareness of one's finitude comes the ultimate threat of death and the ever present sense of fate. With an awareness of potential for action comes the threat of condemnation and feeling of guilt. With awareness of choice comes the threat of meaninglessness and feeling of emptiness. And, finally, with the awareness of separateness comes the threat of complete isolation and the feeling of loneliness. Feeling controlled by fate, a sense of guilt, meaninglessness, emptiness, and loneliness are symptomatic of depression. Depression is not the inevitable result of these threats. It is the inability to cope with meaninglessness, etc. that elicits a depression.

Bugental (1965) spoke of the first of each two-part threat as ultimate existential anxiety, and the second as continuing anxiety. A later section will be devoted to the subject of anxiety. However, it is necessary to mention and define it here because it is man's inability to cope with existential anxiety that causes him to block awareness.

Normal anxiety is defined as a state of tension, a fear of future happenings rather than present danger. Anxiety becomes neurotic when it cripples a person's ability to function effectively, affecting both his behavior and his self-concept. Existential anxiety is a

specific form of normal anxiety based on the four types of awareness described by Bugental in the preceding two paragraphs. An interesting hypothesis offered by Thorne (1970) is that "all anxiety has existential roots, since failure in any role or important activity may contribute to existential failure (p. 410)."

Existential anxiety is the price to be paid for living authentically. What man feels when he examines himself is anxiety, because he knows he will die and because there is no way to fulfill his potential within a lifetime. He feels anxiety because the fact of his existence gives him nothing, and because he knows it is up to him and only him if he is to have any significance as a human being. And, he feels a tremendous anxiety because of the potential within him and the possibilities before him, the full potential of which can never be realized. How can he choose? How can he face the responsibility for his choices when they are so crucial? For this reason, the ultimate choice of living authentically or in bad faith, blocking awareness, is so critical. But, man can live with anxiety if he chooses to face the human situation. "Existential awareness enables a person to accept and live with anxiety and guilt (Tyler, 1971, p. 32)."

Consequences of DenialSelf-Alienation or Estrangement

For purposes of clarity, the writer uses the word separateness to describe the normal situation in which man is apart from others, feeling that no human being can fully understand him. Alienation is used to connote the situation described in the section on self-denial where man, incapable of facing his separateness, denies himself and feels cut off and disassociated from himself. Estrangement is the result of alienation and is here used to signify being alienated from others. Being alienated from oneself negates the possibility of making contact with others (Polster, 1973). Scher (1971) added that being alienated from others also results in self-alienation. Man is incomplete without relationships to others and to his God.

Bugental (1965) described the situation of separateness as "separate-but-related-ness (p. 39)." Man is by nature apart from and a-part-of others. Meaningful relationships are needed and can be achieved by the authentic person. In spite of this fact, however, even the authentic person must face a certain degree of loneliness because man can know and be known only to a degree. "We are always in relation and yet always separate. Authentic being confronts and incorporates this paradox (Bugental, 1965, p. 309)." Lindenauer (1970) suggested that man can profit from separateness--that accepting existential loneliness can increase "one's ability to feel with greater

depth and intensity (p. 93)." In fact, according to Lindenauer (1970, p. 94), "To sense one's separateness is a prerequisite for establishing deep and meaningful relationships (Buhler, 1969; Moustakas, 1961)."

However, if man does not have the courage to face his separateness experienced as aloneness, or if he is incapable of the honesty and awareness needed to establish meaningful relationships, this situation of separateness will only increase his alienation from himself. Lindenauer (1970, p. 88-89) specified five alienating neurotic defense mechanisms against loneliness that in actuality lead to a condition of neurotic loneliness: emotional removal, escape into fantasy, distrust, dependence, and aggressiveness.

Another form of alienation occurs which some existential writers focus on in their writings--alienation from God or a sense of meaning to life. Alienation from God increases man's sense of aloneness and lack of meaning. This type of alienation is discussed in a later section, but it needs to be mentioned here because when experienced, it adds a dimension of terrible despair to man's aloneness. Nucho (1966) stated, "Alienation from God always leads to alienation from self and from one's fellow men (p. 140)." Man begins to measure his worth according to his possessions, his job, the number of superficial relationships he has, instead of by his potentially creative inner being. He becomes depersonalized and dehumanized. He is to others an object, just as they are to him (Buber, 1958; Minkowski, 1969; Nucho,

1966; Scher, 1971). He has become estranged.

Being incapable of facing his separateness, man cuts himself off from awareness and chooses to flee from the dynamic and vital process of living. All energy is spent in defending his stagnant position, fending off awareness and proving that responsibility is not his but belongs to fate. The feelings are anxiety and emptiness. Anxiety at the possibility of always being alone and without meaning makes life a living hell. Emptiness fills man with despair. May (1967) described this emptiness as an ignorance not only of what one wants but also of what he feels. His awareness of his internal state is obscured to the point of numbness. This emptiness springs from and contributes to a feeling of powerlessness. When man is told he chose not to use the power (freedom) he had, he pleads innocent (May, 1972). He frantically attempts to reinject meaning into his life through work or social contacts while fighting against the awareness that in order to find meaning, he will have to look within himself and face his responsibility to fulfill his potential (Bugental, 1965).

When these attempts fail, the person becomes depressed--aware that he is lonely, empty, and powerless. Both present and future are filled with despair because by blocking awareness he has lost himself--or his basic resource for coping with separateness.

Encounter with Nothingness

Another aspect of the human situation that might lead to depression if not authentically dealt with is the awareness that one is finite, limited, and incomplete. Even though he has a degree of freedom of choice, man knows that he can neither foresee nor control the outcomes of his choices. Yet, he remains responsible. Any choice is a choice for something and against something (Kostenbaum, 1969; Weisskopf-Joelson, 1970). Tyler (1971) accurately described the situation:

Only a fraction of one's possibilities for development ever come to fruition. The person lives in the shadow of what might have been and now will never be For anyone at any one given point in his development many possibilities for future growth have already been eliminated (p. 31).

The essential absurdity of his world is another aspect of man's encounter with nothingness, illustrated by Camus' (1955) treatment of the tragic hero Sisyphus. Sisyphus greatly angered the gods who responded with what they thought was a terrible punishment. Sisyphus was condemned by the gods to spend eternity pushing a huge rock up a mountain, only to watch it roll back to the bottom. An eternity of repetitious hard labor which accomplished nothing was deemed fit punishment for Sisyphus' misdeeds. And, Sisyphus is aware of the futility of his efforts. One wonders how many people today feel that their life's work is just as futile and meaningless as that of Sisyphus. But, Sisyphus had a surprise for the gods. If they had given him hope

for accomplishing his task, he would have been a fool--perhaps not unlike the man living in bad faith, expecting to feel significance by working hard and throwing cocktail parties. But Sisyphus is no fool. He is at peace with himself and, therefore, above his gods. The gods could condemn Sisyphus to a miserable task, but they could not control his attitude towards the task. Instead of being overcome by its absurdity and fighting himself, the rock and his plight, Sisyphus willingly and enthusiastically performs his task. His freedom and dignity remain intact.

He . . . concludes that all is well. The universe henceforth without a master seems to him neither sterile nor futile. Each atom of the stone, each mineral flake of that night-fallen mountain, in itself forms a world. The struggle itself towards the heights is enough to fill a man's heart. One must imagine Sisyphus happy (Camus, 1955, p. 91).

In what way is Sisyphus' tragedy relevant to modern man? The myth has significance in that modern man must also face the absurdity of his existence if he is to have any hope for dignity. Too often, he looks in the wrong place for meaning. "Man desperately seeks a meaning in the world, a signifying relationship between himself and the rest of nature; what he finds is a non-rational, indifferent environment . . . (Barnes, 1959, pp. 367-8)." He can react by blaming his meaningless existence on his environment or Mitwelt, or he can choose to creatively go on living, placing himself by this choice into the realm of Eigenwelt. This act puts him into the position of being a creative, proactive actor, rather than a robot-like reactor. It should be noted that part

of the depressive syndrome is to play the part of a reactor, feeling powerless to effect any change in one's life.

Man also looks to his God for meaning. But, as has been mentioned previously, part of modern man's aloneness is his alienation from God. This sense of alienation is part of the feeling of the total absurdity of existence. Harper (1972) made the distinction between "the absence of the experience of God" and "the experience of the absence of God." The same distinction can be made with nothingness. There is a great difference between feeling nothing and experiencing a sense of nothingness. Feeling nothing is numbness, a manifestation of some depressions, an avoidance of hurt which makes man no greater than an animal. Experiencing a sense of nothingness, on the other hand, is uniquely man's. Bugental (1965) made a similar differentiation between a recognition of meaninglessness and a denial of meaning. The former is part of authentic awareness, while the latter is a defensive stance taken in bad faith. Denial of meaning is an act of bitter disillusionment; a defensive choice to prevent an experiential coping with the feeling of nothingness.

A descriptive account of man's experiential encounter with nothingness, meaninglessness, the absence of God and the absurdity of existence was given by Joseph Conrad (1969) in his story "Heart of Darkness." His character, Kurtz, at the moment of his death quietly cried out "The Horror! The Horror!" Kurtz saw something, but only

the narrator knows what. He gave the reader a hint. "It was as though a veil had been rent. I saw on that ivory face the expression of sombre pride, of ruthless power, of craven terror--of an intense and hopeless despair (Conrad, 1969, p. 118)." Perhaps Kurtz, at this "supreme moment of complete knowledge," saw the absurdity of life. At that moment, however, he experienced not only terror and despair but also power and pride. Existential philosophy is full of paradoxes, and this is an example of just one of them. Knowledge of the absolute futility of existence carries with it not only anguish and despair, but also dignity and power. Man cannot depend on God for his meaning. Whether or not his life is to have any significance is his responsibility. Perhaps the "experience of the absence of God" is similar to but greater than the experience of a young person who realizes that his identity is separate from that of his mother. There is terror and aloneness, but also excitement at the thought of being independent.

For the person who reacts in bad faith and refuses to accept his independence and the burden of creating his own meaning, there is no sense of dignity at the glimpse of nothingness. He is more likely to react with feeling nothing, with feeling empty and hollow, sensing that he has no more dignity than a vegetable. In fact, man who has become alienated from himself, from others, and from his God, has nothing to look forward to but non-being, nothingness--the void. He is not willing to take the responsibility to fill the void except with

senseless, meaningless activity which only increases his sense of futility.

In "The Waste Land," T. S. Eliot (1934) stated, "I will show you fear in a handful of dust (p. 30)." How many people have felt terror at the words "from dust to dust"? Is it because there is nothingness in between?

This encounter with nothingness is what makes the question of quality or essence of existence so crucial. The time limitation on existence poses a special threat to those who choose to stick their heads in the sand and turn their backs on awareness and authentic being. The threat is that when time runs out they will have to face the meaninglessness of their existence and their responsibility for it.

The word "encounter" in encounter with nothingness has significance. The inauthentic person does not encounter nothingness, he runs from it. As a result he misses out on living. "Life" according to Fisher (1966/1967) "becomes poignant when one senses in the marrow of his being, that there is no second journey (p. 227)."

That one is going to die need not be viewed with frozen fascination. Rather than swamping us with despair and futility, it gives to experience immediacy and verve. Living in sight of the final end affords quite opposite effects--stimulation and tranquility (Fisher, 1966/1967, p. 232).

The honest experiential encounter with nothingness and the fact of the inevitability of one's death can give living meaning and vitality (Feifel, 1960; Heuscher, 1966). This encounter brings about an ultra-heightened

awareness of the precious quality of each moment of living. Maddi (1967) did not completely agree. He stated that only for the inauthentic person is the shock of the realization of the threat of death necessary to meaningful living. The author feels that Feifel's point that life becomes meaningful when one's finiteness is realized is that at some point in every man's life, the threat of death and nothingness is felt. The quality of life following that experience depends on whether the threat is dealt with or run from. Tillich (1952) offered a terse summation, "The courage to be is rooted in the God who appears when God has disappeared in the anxiety of doubt (p. 190)."

Guilt

As has been previously mentioned, one of the components of awareness as described by Bugental is the feeling of a potential for action which carries with it the responsibility to fulfill this potential. If ignored or unfulfilled, there is a threat of condemnation and existential or ontological guilt (Kemp, 1971a). Bugental (1965) defined this guilt as "the sense of the incompleteness of our realization of our potential. Guilt is the awareness that the actions we take express so much less than our full being (p. 37)." It is an awareness that we are responsible to ourselves for the fulfillment of our potential in spite of the fact that even a lifetime gives insufficient opportunity to fulfill this potential. It is the recognition that we are inadequate (Stack, 1966/1967). Boss (1963) pointed out that

existentialists not only recognize man's guilt feelings, but also that man is guilty (Tillich, 1972). Boss (1963) stated that "As long as man lives he is essentially and inevitably in debt All actual concrete feelings of guilt and pangs of conscious are grounded in this existential being-in-debt (p. 48)." One might ask, being in debt to whom and for what? Religious existentialists would say man is in debt to God for the gift of life full of potential. Man pays off the debt by doing his best to live authentically and take responsibility for honestly attempting to fulfill his potential. Non-religious existentialists would say that man is in debt to himself to fulfill himself.

Existential guilt is extremely difficult to deal with both as a concept and as part of living. It carries with it the threat that it "can drive us toward complete self-rejection, to the feeling of being condemned--not to an external punishment but the despair of having lost our identity (Tillich, 1952, pp. 52-3)."

Existential guilt is replaced with neurotic guilt where man pleads guilty to a myriad of wrong-doings, "in order to get a substitute sense of worth (May, 1967, p. 85)." The reader is reminded of Freud's definition of depression where he stated that it includes self-rejection and a sometimes delusional feeling that one is being and will continue to be punished for wrongdoings. The essential difference between existential and neurotic guilt is that the former is grounded in awareness and acceptance of self and the human situation; while the latter

is grounded in self-deception and alienation and is used to manipulate others and to avoid awareness. Neurotic guilt will be more completely described in the following chapters.

Anxiety

May (1967) stated that man is anxious because he does not know what to believe in or what to do with his life--that he has difficulty tolerating the uncertainty of his future. Perhaps anxiety more accurately stems from the fear that he is going nowhere or becoming nothing as each day brings him closer to ultimate nothingness or death. Kemp (1971b) quoted Freud as saying that repression (or self-denial) does not create anxiety; but that because of the intolerable nature of anxiety, repression occurs. With self-awareness comes a degree of existential anxiety. If an individual cannot tolerate anxiety, self-alienation and repression occur. With this self-deception come neurotic guilt and neurotic anxiety.

Brammer (1971) described anxiety as the choice between independence or relying on oneself and the continuation of dependency on others including environment, religion, etc. for support. This is basically the ultimate choice described earlier. Man decides to take the responsibility that is inherently part of his being, or he tries to escape it by putting it on fate, or his past and his upbringing, or society--anywhere but where it belongs. Kemp (1971a) described anxiety as the "conflict between being and nonbeing (p. 12)." It occurs every

time man faces any new possibility.

. . . something must die in order that something is born. The very possibility of the new involves the destroying of present security . . . anxiety is prerequisite to the possibility of becoming of developing the new (Kemp, 1971a, p. 12)

Maddi (1967) added that anxiety is necessary to identity, because one cannot have change and growth without uncertainty. And, change always includes the possibility of the threat of non-being (May, 1967; Tillich, 1952).

Frankl (1967) spoke of the "tragic triad" of guilt, death, and pain. Tillich (1952) agreed with Frankl on guilt and death but specified the threat of meaninglessness as his third form of anxiety. Bugental (1965) added a fourth dimension or aspect of man's life that results in existential anxiety--loneliness and isolation. He described two alternative methods for dealing with existential anxiety. One can face it with courage, accept it as part of his being and determine his needs, and set out to fulfill them. Or he can react with dread, deny his responsibility, and erect defense mechanisms against what is now neurotic anxiety. One of the more likely defenses is to become depressed.

Escape-Depression

Frankl (1967) cited neurotic depression as an escape from the human situation. Bugental (1965) referred to it as the "suppression of the tragic (p. 163)." Thorne (1970) saw depression as an avoidance

of hurt. May (1967) described apathy, a symptom of depression, as a defense against anxiety, which is the outward manifestation of an inner struggle. Depression can be seen as an unconscious decision that living with anxiety and responsibility is simply not worth the effort and pain. Meaningfulness and a sense of purpose are nonexistent in the depressed patient. "Mental illness is losing contact with your vital reserves, and then getting into a vicious circle of fatigue and depression (Wilson, 1972, pp. 32, 241)." Fatigue results because of being in a position of indecisiveness and ambiguity which "leads us to stamp on the brake and the accelerator at the same time (Wilson, 1972, p. 258)."

Conclusion

The quality of authentic or healthy man's living is dependent upon responsible choices made on the basis of a realistic assessment of both his limitations and his creative potential and an acknowledgment and acceptance of his responsibility for the outcome of these choices. If a man is to have a meaningful existence, it is his responsibility to instill meanings into his living on a daily basis.

Meanings can be created and responsible choices can be made only by the person who courageously resists the temptation to obstruct the anxiety producing awareness of his separateness, his finitude, and his responsibility. An obstruction of awareness results in self-denial, personal alienation, neurotic anxiety and guilt, and despair.

If an individual is unsuccessful in escaping a realization of this despair, depression may result. A more detailed account of the existential view of neurosis and depression follows.

CHAPTER V

The Existential View of Neurosis

In the preceding chapter a philosophical framework for a conceptualization of the existential view of neurosis was described in detail. In this chapter the focus is on how the philosophy relates to psychology and emotional dysfunction according to a representative sampling of published work on the subject. Maslow's (1972) view of neurosis is presented first because he is most representative of Third Force psychology. Following this presentation of Maslow's views are Frankl's (1967) concept of noogenic neurosis, Thorne's (1970) expansion of Frankl's model, Maddi's (1967) model for existential neurosis, and Scher's (1971) existential model for clinical depression. Noogenic neurosis, existential neurosis and Thorne's existential disorders were conceived of as new manifestations of neurosis or disorders resulting from the inability to cope with the existential situation described in the preceding chapter. Frankl, Maddi, and Thorne are each proposing that the era we live in and its pressures have left man alienated and lost. The result for some is mental illness. Scher is the only author reviewed who proposed an existential model for conventional types of depression.

These five models of existential neuroses are important to the theme of this paper because of the writer's presentation of a model for depression as a response to and escape from "existential" anxiety in

Chapter VI. Following the discussion of the theories outlined above is a compilation of the thought of other selected existential writers on the neurotic response to existential anxiety and the author's summary interpretation of the three schools of psychology discussed in this paper.

Maslow's View of Neurosis

Maslow (1972) criticized the utilization of the medical model in psychology and, in fact, stated that "neurosis is a totally obsolete word (pp. 30-1)." He suggested that it be replaced with "human diminution." Psychological health is also misleading as a term and should be replaced with "full humanness." Maslow described neurosis or "diminished humanness" in terms of the frustration of man's inner striving toward health. He defined health or "full humanness" as the realization of one's potential, termed self-actualization. Neurosis in Maslow's (1972) terms is "a kind of moving towards health and towards fullest humanness, in a kind of timid and weak way, under the aegis of fear rather than courage (p. 25)."

Basically, Maslow conceptualized neurosis exclusively in terms of the human situation described in the preceding chapter. Neurosis is due to being out of touch with oneself:

. . . in most neuroses . . . the inner signals become weak or even disappear entirely . . . and/or are not "heard" or cannot be heard. At the extreme we have the experientially empty person, the zombie, the one with empty insides (Maslow, 1972, p. 32).

The key to the development of full humanness or mental health is self-awareness, both of one's highest potentialities and one's limitations. Maslow (1972) specified awareness of "what one is biologically, temperamentally, constitutionally, as a member of a species, of one's capacities, desires, needs, and also of one's vocation, what one is fitted for, what one's destiny is (p. 32)."

Maslow's theory of the "Jonah Complex" expanded the concept that one blocks his awareness because of difficulty in facing the responsibility to fulfill his potential. Man is fearful of his inadequacy, but he also fears his potential--that he might be successful and become great. Greatness is a burden because of the responsibility to continue to be great. Also, an awareness of one's potentiality, if it is not grounded in an equivalent awareness of one's fallibility can result in the arrogance of the paranoiac's delusions of grandeur. To avoid this, according to Maslow (1972), "You must be aware not only of godlike possibilities within, but also of the existential human limitations. You must be able to simultaneously laugh at yourself and at all human pretentiousness (p. 39)." Thus, according to Maslow and his Jonah complex, awareness carries a two-part threat. Neurosis may either result from an inability to cope with a sense of personal failings or from an exaggerated sense of one's importance.

Frankl's Noogenic Neurosis

Frankl's (1967) staff conducted a survey of outpatients, nursing, and medical staff in the neurological and psychotherapeutic wards of the Vienna Poliklinik Hospital and found that 55% of those surveyed were plagued with the feeling that life had ceased to seem meaningful. Frankl termed this feeling "existential frustration and/or vacuum."

Such a state can result in noogenic neurosis (Frankl's term for a new type of neurosis which is due to a feeling of emptiness or lack of meaning in one's life) which stems from a conflict between values because of frustration of the "will to meaning," which Frankl cited as man's basic motivation. Noogenic neuroses "derive from spiritual problems, from moral conflicts, . . . and lastly, from existential frustration, from the apparent meaninglessness of life (Frankl, 1968, p. 56)."

The presence of this existential frustration or frustration of the will to meaning does not in itself indicate neurosis. However, faulty coping with the despair that results is in the neurotic category (Crumbaugh, 1968, 1972; Crumbaugh & Maholick, 1967; Frankl, 1967, 1968). Existential frustration is the primary dynamic in noogenic neurosis. The major symptom is apparent boredom, expressed in withdrawal and lethargy.

Frankl, Crumbaugh, and Maholick did not attempt to redefine

neurosis or suggest that they had found the key to all neurosis. They merely suggested that some present-day cases of neurosis might be due to existential frustration and might be misdiagnosed and improperly treated as more standard, conventional forms.

In order to determine whether or not existential frustration could be quantitatively measured, Crumbaugh and Maholick (1967) designed an instrument to measure what they termed "purpose in life." They defined purpose in life as the "ontological significance of life from the point of view of the experiencing individual (p. 185)." With the use of this instrument, they conducted a study to determine if they could differentiate between normal subjects, those who suffered from noogenic neurosis, and conventional neurotics. Subjects, divided into five groups, ranged from "high purpose" non-patients to hospitalized patients. The Purpose in Life Test, the Frankl Questionnaire, the Allport-Vernon-Lindzey Scale of Values, and the Minnesota Multiphasic Personality Inventory (MMPI) were administered as part of the study. A limitation of the study was that only the Purpose in Life Test was administered to all subjects. The authors did not state the reason for this limitation.

The Purpose in Life Test differentiated not only between patient and non-patient groups; but also between clinically and existentially neurotic groups--supporting the theory that noogenic neurosis differs from more conventional types of neurosis. In further confirmation of

this hypothesis, a high correlation existed between the Purpose in Life Test and the Frankl Questionnaire which purports to measure existential frustration. Low correlations were found between scales on the Purpose in Life Test and on the Allport-Vernon-Lindzey Scale of Values, and between the Purpose in Life Test and all scales of the MMPI except the depression scale. These low relationships indicated, according to the authors: (a) that the Purpose in Life Test is not merely another measure of values in the standard sense; and that (b) the Purpose in Life Test is measuring something different from pathology in the conventional sense.

Negative correlations of results between the Purpose in Life Test and the Depression Scale of the MMPI were higher than with other scales. In a similar study (Crumbaugh, 1968), a negative correlation significant at the .01 confidence level was obtained. In a discussion of the results, Crumbaugh and Maholick (1967) stated that lack of purpose in life or existential frustration may lead to faulty coping just as depression does; but that depression is just one possible response to existential frustration. Noogenic neurosis is a larger category.

This attempt to account for results that seem to contradict the authors' hypotheses that their instrument measures something different from conventional neurosis is not convincing. Also unconvincing is the following quote. In attempting to answer the question,

"Is the Purpose in Life Test an indirect measure of depression,"

Crumbaugh and Maholick (1967) stated:

It is likely that lack of meaning can be both a cause and an effect of depression, and that both . . . result from other causes. Depression, for example, could be due to an abundance of meaning but a deficiency in techniques of acquiring meaningful ends, while lack of meaning and purpose may be present in a . . . personality who drifts aimlessly because of lack of organization in life experience (p. 193).

Noogenic neurosis, according to the authors, is a relatively new form of neurosis. It is a product of our times which, although similar to clinical depression, differs from more conventional forms in that it is due to the inability to cope with existential frustration. If one is not aware of the possibility of noogenic neurosis, it is very possible to confuse the complaint with clinical depression or other types of conventional neurosis. Frankl claimed that a number of people in the field in a variety of countries agreed that about "20% of neurosis today are noogenic by nature and origin (Crumbaugh, 1972; Frankl, 1968, p. 53)."

In a follow up study with 1,151 subjects (Crumbaugh, 1968), the Purpose in Life Test differentiated between normal and psychiatric populations and between four normal groups which differed in degree of sense of meaning in life. Crumbaugh concluded that the instrument is a valid and reliable measure of purpose in life, but he did not attempt to generalize this conclusion to his earlier claim that the instrument was a measure of noogenic neuroses. He also conceded that lack of

purpose in life may be identifiable with clinical depression.

Further studies are needed to determine whether noogenic neurosis is in fact a new form of neurosis or if Crumbaugh and Maholick attempted to explain away results which suggested that noogenic neurosis is in fact clinical depression. Another weakness in the earlier study (Crumbaugh & Maholick, 1967) is the fact that the Purpose in Life Test is not a measure of noogenic neurosis but of existential frustration and value conflicts. The results of the study quoted could be interpreted as suggesting that an inability to cope with existential frustration could lead to a conventional depressed reaction. In support of this interpretation is the fact that some of the facets of existential frustration (e.g., meaninglessness, despair, emptiness) are also accepted as part of the depressive syndrome (Beck, 1967, 1973; Gaylin, 1968).

Thorne's Existential Disorders

Frederick Thorne (1970) compiled a model for a diagnostic classification of twelve specific areas of existential disorders on the basis of an expansion of Frankl's model of noogenic neurosis including existential: vacuum, satiation, fatigue, frustration, demoralization, inversion, disintegration, alienation, crisis, double bind conflict, and self-transcendence states.

Thorne's classification system includes non-neurotic existential disorders--with acute but normal existential anxiety, guilt, and

frustration. He offered a meaningful distinction between existential disorders and noogenic neurosis:

The difference between an existential disorder and a noogenic neurosis is that the former exists primarily on conscious levels and is dealt with more or less voluntarily, while the neurotic reaction is determined by inner process factors on unconscious levels. The noogenic neuroses differ from classical patterns only in developing from conflicts of existential factors (Thorne, 1970, p. 409).

The major point where Thorne deviates from other existential authors is in regard to the concept of the role of awareness in existential concerns. Previously it has been stated that blockage of awareness sets the stage for problems developing from existential concerns. Thorne attributes existential disorders to an over-preoccupation with self which he refers to as acute awareness:

The crux of all existential disorders is conscious awareness of the Self concerning its own predicament Pathologically, the Self becomes preoccupied excessively with itself, developing acute awareness . . . consciousness is flooded with Self concerns to the point where nothing else matters . . . the Self does not like itself, becoming excessively self-critical and self-rejecting Progressively unpleasant and intolerable contents of consciousness may become so oppressive that the Self may destroy itself . . . the person becomes ego-competitively involved with comparing the status of the Self with Others . . . (Thorne, 1970, p. 407).

The difference between the above description of awareness and the healthy awareness of the authentic person is that the latter includes an acceptance of the human situation--of one's limitations and potentialities with a focus on responsible action with both in focus. The former includes an almost obsessive preoccupation and frustration

over one's limitations. It is introspection in the most self-defeating sense. Thorne actually is not in disagreement with other writers. He offered a description of the counterfeit show of awareness manifested in the inauthentic person as neurotic introspection masquerading as honest awareness.

Maddi's Existential Neurosis

Salvatore Maddi (1967) also noted the increase in numbers of people who were coming to psychotherapists complaining of emptiness, loneliness, and lack of satisfaction. He, like Frankl, differentiated between conventional forms of neurosis and this newer type which he called existential neurosis. In describing his model he stated that all forms of neurosis, including existential neurosis, are reactions to stress. Whether a person responds to stress with neurosis, as well as which form of neurosis he manifests, depends on his premorbid or pre-pathological personality. The type of stress which is apt to precipitate an existential neurosis is the stress of feeling alienated, worthless, and helpless. It should be noted, however, that the increasing number of complaints over existential problems may in fact be due to the increasing popularity of the existential movement. The writer feels that feelings of emptiness, meaninglessness, and personal alienation have always been a part of man's experience, but were verbalized in a different, more masked manner.

Maddi (1967) claimed that the existentially neurotic feels like he is in a state of non-being; alienated from himself and others. He feels bland, apathetic, and bored. His activity level is low to moderate. More significant, however, is that activities seem to be aimless and mechanical--not by choice. Nothing seems to have any meaning or value. Maddi also made the weak distinction that the condition differs from clinical depression in that there is an absence of strong emotion. Neither anger nor anguish are present to remind the person that he is alive.

Maddi described the premorbid or pre-neurotic personality susceptible to existential neurosis as being fragmented and overly concrete, pragmatic, and materialistic. He is a "player of social roles and an embodiment of biological needs (Maddi, 1967, p. 315)." He seeks his meaning and identity through biological satisfaction and through the roles he finds himself in as part of the social system. There is not much in his identity (what he considers himself to be) to make him feel any in-depth uniqueness as a human being. And, because of his biological and social orientation (or involvement primarily in the realms of Umwelt and Mitwelt), he is quite limited in the sense of being capable of exercising any choice or free will. He would be apt to cynically blame his fate on society and inheritance rather than take responsibility for his actions and his identity. Relationships and goals are both apt to be coldblooded, short range, and limited, though

not to the extent seen in the sociopathic personality.

As a result, even in the premorbid state, the individual is lonely, frustrated and disappointed, as if he were missing out on something. Where others feel an inner strength, he senses a void. Because of seeing himself as governed by external factors, the premorbid person must live with a great deal of fear and anxiety. He put himself in this position of unfreedom to avoid doubt and uncertainty. As pointed out previously, to live existentially, in the realm of Eigenwelt (creative aspect of man), is to live with doubt, existential anxiety, and guilt. The premorbid person trades the awareness of existential anxiety for the neurotic anxiety that comes with a feeling of a total lack of power. No man can completely cut himself off from awareness of the fact that he is finite, and that he is not fulfilling his potential. But he tries to do so by living a stereotyped, unchanging existence. Neurosis results because his defenses against this awareness of his guilt are not strong enough.

The premorbid person can be hurled into actual neurosis by any precipitating stress such as the threat of death, or threat to the social system or his role in it, or the awareness that he does not have the capacity to experience deeply. When the precipitating stress is sufficiently severe to lead the person to examine his values and his overly concrete identity, he may become neurotic. Maddi (1967) stated that if one's identity is questioned and seen as no identity, "in an

adult this is virtually the same as psychological death (p. 317)."

The development of the premorbid personality prone to existential neurosis was described by Maddi (1967) in terms of the development of his beliefs, attitudes, and values. These beliefs, attitudes, and values develop from the attitudes of significant others toward him in early life. If an individual's parents value only those aspects of a child which conform to society and set roles, if parents instill values of superficial conformity and make the child aware of his limitations and the pressures of society and biological needs, but not his potentialities for development as a unique human being, it is likely that his personality will develop with a predisposition toward existential neurosis. However, neurosis is not inevitable. Whether or not the premorbid personality develops depends on the choices the individual makes to either confront and accept doubt and question his upbringing, or to hide in the security of the values instilled upon him by blindly accepting them.

Gestaltists (Fagan & Shephard, 1970; Perls, Hefferline, & Goodman, 1951; Polster, 1973) make clear the distinction between blind acceptance or the questioning of values imposed by others. They make the descriptive comparison of swallowing values whole with no attempt to integrate them into the self instead of chewing them thoroughly (examining them for personal relevance) so that meaningful portions can be digested and incorporated while meaningless ones are eliminated.

The latter process is necessary if a person is to become authentic.

Scher's Existential Model for
Clinical Depression

Jordan Scher (1971) offered an existential model for clinical depression. He is the only author reviewed who suggested that all clinical disorders may have a basis in existential concerns.

Scher, like Thorne, differentiated between neurotic introspection or morbid preoccupation with a distorted image of the self which he termed "all self conscious nonparticipation" in the process of living, and authentic awareness. He also clarified through his model, the existential concepts of time and purposeful movement.

Scher (1971) suggested that "human responsiveness entails a tripolar vectorial system balancing affect, action (or behavior) and cognition (p. 371)." Stress on any of the three areas disrupts the balance between the three. This disruption in itself is part of normal living. If the balance is not reestablished, however, neurosis may result.

Unselfconscious man . . . moves through the space of his world or worlds, pulled upon, or altered, by this tripolar press, tug, or balance. He is deeply involved in a future oriented apprehending of the particulars of his existence. He participates, he takes in, he gives out, and, in all of this, he maintains a certain flow. There is a flow to life, a movement to it, which interrupted in its timing or in its direction, may jar . . . man from unselfconscious participation to all-selfconscious nonparticipation (Scher, 1971, pp. 371-2).

A system of balance and flow also exists among what Scher has specified as three dimensions of interaction: (a) the expression of self through fulfillment of the self--of one's inner creative potential; (b) an expression of self through interaction with others; and (c) the "transcendental" dimension of interaction with "one's concept of God and/or his array of belief systems as well as his sense of his own meaning (Scher, 1971, p. 372)." Man is incomplete unless there is a balanced experiencing within all three dimensions.

In the process of becoming inauthentic, man attempts to narrow the boundaries of his world. Scher (1971) stated that the depressive "by degrees . . . reduces his participation in the world of social, personal and even family contacts. His future consolidates, his present constricts (p. 377)." The problem for the depressive is not uncertainty, as it is for ordinary man attempting to cope with existential concerns, but too much certainty.

. . . the future for the depressive has become dead by virtue of being too predictable, prescribed, too precisely anticipable Thus it is hopeless, since that which is overdetermined or overdefined allows of no new possibilities, no uncertainties, no enlivening contingencies (p. 376).

The depressive's life has become too predictable because the balance and flow of interaction on all three dimensions specified by Scher has become disrupted. This occurs because the depressive person's "contingency, spontaneity and openness" have been blocked (Scher, 1971, p. 376). The writer contends that they have been blocked because the

depressed person chose to live in bad faith, blocked healthy awareness and became alienated from himself. The depressive desires desperately to break out of his "hyperstructured" existence, but has lost the ability to do so because he has lost himself.

Scher saw depression as the central mental illness. He used the analogy of the hub of a wheel. Other manifestations of mental illness are spokes stemming from depression. The writer agrees with this hypothesis and sees other expressions of mental disorder as defenses against depressive symptoms.

Other Existential Views of Neurosis

Other writers in the field also speak of existentially based neuroses. Boss (1963) spoke of "a modern neurosis of dullness or boredom" as "the most specific and most frequent illness of our time (p. 271)." Boredom can signify a variety of conditions. To be human includes occasional struggles with tedium and frustration over a low energy level and lack of stimulation. The condition that Boss and others spoke of is a chronic sense of tedium pervading all aspects of one's life. O'Connor (1967) stated, "In the extreme case boredom throws a pall of twilight over every aspect of consciousness, reducing all phenomena to the same level of indifference (p. 385)." He described the feeling as that of being trapped and suffocated where one's possibilities seem extremely restricted.

Although one feels indifference towards everything around him, he is not as totally without affect as he seems. He feels a great sense of irritation and frustration over his apparent numbness. Boredom is a feeling state that may be accompanied by any degree of activity. Some confuse boredom with idleness, but activity may be used as a cover up for, or an escape from, boredom. The presence or absence of chronic boredom depends on the attitude toward activity--whether or not there is any interest in or sense of satisfaction from one's pursuits (O'Connor, 1967).

Colin Wilson (1972) offered an interesting explanation for the prevalence of boredom in our time. He attributed it to spoiltness. By spoiltness Wilson meant the "refusal to make any mental effort without the reward of an external stimulus (pp. 104-5)." Boredom is the result of being "stuck in the present," and it puts man in the position of reactor to immediate stimuli. When man is in the position of being a reactor, fixed in the present, only every increasing rewards or crises can prevent boredom. Frankl (1967) agreed that neurosis does not result solely as a reaction to stress, but also from lack of stress--too little of which results in emptiness and boredom.

Wilson (1972) stated that "When a man is bored, his mind is three quarters eclipsed . . . (p. 243)." To prevent boredom, man needs a sense of purpose, of meaning, and an awareness of future possibilities. Without them, in Wilson's terms, the robot in man takes over,

efficiently getting man through the day in a passive state. The robot is that part of man that enables him to perform routine tasks with a minimum of conscious effort. Without it, he would have to put conscious thought into that which he does by past learning and habit-- walking would be a phenomenal and exhausting task if man had to think to make all the muscles involved contract at just the right moment.

The robot in man frees his mind for more creative effort. But for man to be capable of creative effort a certain energy level must be maintained or "its capacity to receive meaning drops abruptly (Wilson, 1972, p. 251)." The mind needs exercise just as much as the body. Without mental exercise the mind becomes sluggish. "Vital energy is supposed to be glowing into activity, and instead it is dammed up inside." "Neurosis is the feeling of being cut off from your own powers (Wilson, 1972, pp. 174, 217)." Being unable to tap one's creative energy source thwarts the capacity to inject vitalizing meaning into existence. Meaning results from what one energetically puts into his experience. If efforts are not made to inject meaning into existence, man becomes bored and allows the robot within him to do his living for him. By permitting the robot to rule, however, man loses the capacity to experience the realm of Eigenwelt or creative living.

Man feels impotent. He loses any sense of hope or trust in himself and becomes indecisive. This indecisiveness which is a symptom of alienation and inner emptiness further undermines man's sense of

responsibility and freedom. He loses what May (1969) referred to as his "will." Without will, man has no power to take the necessary action to pull himself out of his neurotic state. Any residue of hope and will may be repressed to prevent further recognition of the loss of self. The individual may need to develop further emotional insensitivity to prevent an awareness of his alienation which he feels powerless to change (Maruyama, 1967; Sontag, 1967).

Most of the writers surveyed agreed that the blockage of awareness may occur as a defense against existential anxiety. Neurosis occurs when the person's defense mechanisms are not sufficiently strong to prevent the breakthrough of anxiety. The neurotic individual continues to refuse to confront this anxiety with courage. Instead, he blocks awareness of existential concerns with neurotic anxiety, guilt, and dread (Bugental, 1965).

May (1960b) described neurosis as an adjustment, a way of accepting non-being. Neurosis is an attempt to narrow the boundaries of existence, to reduce threat so that what is left of a feeling of "centeredness" can be protected. As a result potentialities are blocked. A vicious circle of anxiety leading to the constriction of one's world and awareness in order to avoid further anxiety occurs. This in turn leads to further frustration, anxiety, and guilt.

Happenings of the past are most relevant. They serve to set in action patterns of behavior that make the neurotic's behavior predictable

in contrast to the healthy person's behavior which is governed more by present and future possibilities which lure him forward (May, 1967, 1969). Binswanger (1967) agreed that in neurosis there is a narrowing or flattening of one's world. He described it as a self-chosen unfreedom, which is designed to lessen anxiety but instead increases it.

In describing the dynamics of melancholia, Boss (1963) depicted a state of stagnation, with the person rooted in the past with a feeling state of dread and doom. ". . . the melancholic is a person who has never unfolded into being himself, in the sense of taking responsibly upon himself the possibilities of living (p. 209)." This leads to neurotic guilt which in turn results in self-recriminations and self-pity. Frankl (1967) also saw guilt as resulting from the depressed person's inability to cope with existential frustration.

The general picture of the existential view of neurosis and depression is that of a circular process. Existential anxiety, which can be seen as a call to responsibility, can be either faced or avoided. The only way to avoid it is to play games with oneself--to narrow one's world to the point where one sees himself as a reactor to circumstances which he cannot control. One cannot completely hide from the fact, however, that he has responsibility for the status of his life. Nor can he completely shut off an awareness of his Eigenwelt--the realm of those qualities that give man his uniqueness as a creator instead of a mere reactor. Anxiety increases as well as guilt over

unused potentialities. If his defenses are strong enough, an individual may cope reasonably well within his constricted world. But he is in a vulnerable position because any occurrence that causes him to question his narrow existence can also hurl him into further self-denial and alienation. The process can result in an apparent state of numbness and gloom--depression, or other forms of neurosis which may in actuality be masked forms of depression.

Summary

In Chapters II and III, the psychoanalytic and behavioristic views of depression were presented. This was followed by a detailed description of the existential view of man presented in Chapter IV. The present chapter reviewed writings on the application of existential philosophy to man's psychological functioning. In the following chapter, the author's conceptualization of depression from a primarily existential viewpoint is presented. An analysis of some of the similarities and points of divergence among the three psychological approaches is here presented as a summary to the preceding chapters.

It has been stated previously that according to the author of this paper, the major point of divergence between existentialism and the two earlier schools is in the philosophical orientation behind the psychological theories. Each of the three views includes assumptions about man that fall more within the realm of philosophy than psychology. (For instance, man is an evil, good, or neutral being; he has freedom or

lives a determined existence, etc.). A complete philosophical analysis of the three schools is not within the scope of this paper. However, an acknowledgment of the philosophical differences among the schools contributes to an understanding of the different approaches. Hopefully, this focus on philosophical orientation can also contribute to an awareness in both students and professionals of some of their beliefs and biases which influence their affiliation to specific schools of psychology. The following includes a summary of the three views reviewed in this paper including some reference to each approach's view of man.

Psychoanalytic View of Man

All schools of psychology recognize that man's behavior is basically goal oriented. The author feels that one point of divergence among the schools reviewed for this paper is in their interpretation of the goals which motivate man. The psychoanalytic school of psychology conceptualizes man as motivated by instincts for personal survival and survival of the species. Because of the mores of civilization a conflict exists between man's strong sexual drive and restrictions on its expression. These restrictions can lead to guilt over sexual feelings. This guilt results in the erection of various defense mechanisms against an awareness of sexual impulses. These defenses (sublimation, repression, reaction formation, projection, etc.) are seen as normal, efficient, and necessary means of coping with primitive

drives. However, when they become so strong that they interfere with one's functioning, mental illness may result. What form mental illness takes depends on the person's infantile development discussed in Chapter II.

Central to the psychoanalytic view is the concept that man's libido (or sexual energy) motivates behavior, and that any achieving of non-sexual goals is a substitute for direct expression and fulfillment of these goals. The existential goal of self-actualization is not seen as a basic drive in man but as a substitute expression of libido in socially acceptable ways.

As mentioned previously, the author feels that this view of man is based on what Heidegger (1949) referred to as man's Umwelt or the deterministic biological world of drives and instincts. It is a view that fails to acknowledge that man has any needs or drives not present in lower species of animals. Man's uniqueness, according to this view, is that self-consciousness has made man feel guilt for his drives. His sense of self-esteem depends on how well he sublimates his drives in socially acceptable ways. Any loss of self-esteem may result in a depressed reaction in an individual whose early development predisposed him to this reaction.

It is the author's opinion that psychoanalysis has much to offer towards an understanding of psychological man, but that it is incomplete because of its limitation to the world of Umwelt. What the psychoanalytic

view has to offer to the present study is the statement that within the unconscious portion of man's mind is a great deal of energy (libido) that propels him toward the fulfillment of goals, and that man erects defenses against a conscious awareness of feelings and perceptions that pose a threat to his self-esteem.

Behavioristic View of Man

While the psychoanalytic school of psychology deals within the framework of Umwelt, the behavioristic school operates almost exclusively within the framework of Mitwelt or the world of man's environment. Pure behaviorism focuses exclusively on observable behavior attributing any discussion of unconscious drives to mere speculation because it cannot be measured or observed.

The behavioristic view defines the human situation in terms of man's interaction with his environment. It states that for man to be healthy and function efficiently he must learn effective modes of interacting with his fellow man. He must adjust to society and its mores for behavior. Behaviorists define the maturation process as learning effective or ineffective behavior. This learning is based solely on how others respond to his actions. The healthy person is healthy because his parents and other significant persons have reinforced adaptive behavior. The unhealthy person is unhealthy because he never learned efficient behavior, which is rewarded in our society. One's sense of self-esteem develops and is sustained by positive responses

by significant others to our actions. For the person who never learned adaptive behavior, his self-esteem is limited and constantly threatened.

For this person any loss of a loved object, prestige, status, possessions, etc. greatly threatens his self-esteem because he does not know how to behave to attain substitute sources of reinforcement. His lack of social interest and limited behavior repertoire make him dependent on whatever limited sources he has for reinforcement. A loss of one of these sources of self-esteem can result in depression. Depression is defined by the behaviorists as the utilization of maladaptive and manipulative behavior to receive support. The depressive manipulates others to feel guilt for his condition and their inability to help him. He also manipulates them to feel counterfeit concern in the form of pity.

The author feels that behaviorism is limited because it ignores unconscious factors that partially determine behavior. It also ignores the fact that man needs others not only for the positive reinforcement they provide but also because he has a need to belong and make meaningful contact with significant others. What behaviorism has to offer to the present study is an acknowledgment of the great need man has for approval from others and that one's self-esteem is partially dependent upon positive reinforcement from others. Much of man's behavior is based on learning and the responses of others toward him. Psychoanalysts and existentialists both need to place more emphasis on this fact.

Existential View of Man

It is the author's opinion that existentialism offers a more complete view of man than either of the other two schools of psychology being discussed. As mentioned previously, existentialists deal primarily from a framework of man's Eigenwelt or the world of his unique creative inner potential. However, they also acknowledge Umwelt and Mitwelt, to portray man as possessing a degree of creative potential which is grounded in biological limitations and a need for acceptance and approval from others.

Because of this centering in the realm of Eigenwelt, certain expansions of the psychoanalytic conceptualization of Umwelt and the behavioristic interpretation of Mitwelt can be made. Existential philosophy does not deny that man is motivated by basic drives including an instinct for survival. This view is expanded, however, by their conceptualization of another drive which is unique to man. This drive is the drive towards self-fulfillment, which causes man to move towards behaving in such a way as to sense that his life has significance to himself and to others. This view is compatible with the behavioristic view but includes a facet of man's living that is unrecognized by both psychoanalytic and behavioristic psychologies--man's freedom.

Existentialism is the only school of the three being discussed that acknowledges that man has any freedom or dignity. Psychoanalysis and behaviorism both depict man as largely determined by factors over

which he has little control. Psychoanalysis sees man as being primarily determined by his heredity and by unconscious drives. The manner in which man responds to these drives is based on the development of the psyche in infancy, early childhood, and his present predicament.

Behaviorism views man's behavior as determined essentially not by unconscious factors but by past learning and by the present manner in which others respond to him.

Existentialists agree that man is limited by his heredity, biological and environmental factors, and early learning. They propose, however, that within these limits man possesses a degree of freedom and responsibility. He is propelled by an inner drive to fulfill his potentials. However, he is free to either face this responsibility or to avoid it and deny his freedom. Man's evolving self-consciousness has developed into a unique awareness of self which includes not only the often referred to knowledge that one exists in time and that one day he will die. It also includes an awareness of others and an ability to at least partially share others' inner worlds. And, finally, this awareness includes a view of self--a self-concept--a sense of how others view him and an "awareness of his awareness." Thus, man is unique because he can choose to seek a feeling of significance within himself that is beyond the realm of reinforcement principles. Man's awareness that he will some day die adds pressure and a sense of urgency to this choice. He has limited time to fulfill himself.

Avoided opportunities and possibilities are lost and cannot be retrieved. And, only he is responsible for their loss.

Because of man's finitude, anxiety, frustration, and guilt are an unavoidable part of man's awareness. Because of these feeling states man sometimes attempts to obstruct awareness. By this obstruction, however, man forfeits his unique capacity to instill meaning into his life and his ability to at least partially remove himself from his stimulus-response existence. If he attempts to erect greater defenses against the resultant feeling of emptiness, then depression or other forms of emotional dysfunction may result.

In the following chapter, the author presents her conceptualization of depression as a final attempt to avoid an acceptance of the responsibility that one has for the quality of his life.

CHAPTER VI

An Existential Conceptualization of Depression As An Avoidance of Responsibility

At this time, the writer will discuss her view of depression. Basically she sees it as the end result of a series of actions taken to avoid an awareness of responsibility. Existential anxiety, frustration, and guilt are an inevitable concomitant of an awareness that one is responsible for the condition of his life. If one is unwilling or feels incapable of coping with these discomforting or stressful feeling states, he might attempt to avoid them by obstructing from awareness the fact that he is responsible. The initial actions in the chain of events leading to a depressed reaction are designed to avoid the normal existential anxiety, frustration, and guilt that result from the following existential concerns:

1. responsibility for a realistic assessment of one's limitations and possibilities
2. responsibility for one's choices
3. responsibility for the realization of one's potential
4. responsibility for the presence or absence of meaning in one's life.

Authentic man re-creates his identity daily through facing these responsibilities. Inauthentic man loses his identity by avoiding them. A person cannot deny his responsibility without denying a part of himself. Any act of self-denial results in an increase of existential

anxiety, frustration, and guilt. The writer envisions this triad as a warning system--a signal to re-evaluate self to determine if one is behaving in an authentic or healthy manner. Inauthentic man reacts to this warning by erecting greater defenses against awareness. As will be seen in a later section, he risks depression by distorting his assessment of self in order to deny his potential, to demonstrate that he lacks choice, and the power or freedom to instill meaning into his life. To be without potential, choice, or freedom is to be without responsibility.

By choosing to react in bad faith to existential concerns or to ignore and obstruct from awareness his responsibility for the quality of his living, man thus denies his potential and forfeits his freedom. He becomes alienated from himself. This self-denial leading to a state of self-alienation results in a feeling of aloneness and emptiness--or estrangement from self, others, and from any sense of personal meaning. This estrangement, although accepted as symptomatic of depression, at this point indicates a movement towards a future depressed reaction rather than an actual depressed state. Like the existential triad, feelings of alienation and estrangement and other symptoms of depression can be seen as warning signals that, unless re-evaluation is attempted, one's emotional well-being is in danger.

If a person's ability to deceive himself is sufficiently strong, however, he might succeed in shielding from awareness any

sense of isolation and stagnation. However, because of the strength of the inner motivation towards self-fulfillment and because of the difficulties in sustaining a barrier against awareness, inauthentic man is constantly threatened with a breakthrough of a sense of his personal alienation and emptiness. If this breakthrough occurs, depression is possible though not inevitable. Man still has the opportunity to choose to confront himself and initiate a process towards re-achieving authenticity. If, however, he avoids this choice--if he chooses to erect more elaborate defenses, he may become seriously depressed. The final actions in the chain of events leading to a depressed reaction are no longer simply to avoid normal existential concerns. Instead they are designed to avoid an awareness of one's habitual dishonesty and of his resultant alienated state. If this awareness cannot be totally blocked, depression becomes necessary unless the person chooses to reverse the process and confront himself. Depression is a maneuver designed to prove to oneself and to other persons that people or circumstances outside of self are responsible for the depressive's miserable alienated condition.

This view of depression as an escape from an awareness of one's responsibility is expanded and clarified throughout this chapter. The author's interpretation of authentic and neurotic responses to existential concerns and an explanation of what determines whether a feeling state is normal or neurotic is followed by a more specific

analysis of depression. This analysis includes a description of the dynamics of depression, of antecedent conditions contributing to a tendency to a depressed reaction, and a discussion of factors which are likely to precipitate depression. A brief statement of therapeutic considerations concludes this chapter.

Existential Anxiety

In order to clarify the process leading to a depressed reaction, the writer will now describe the existential triad (anxiety, frustration, and guilt) in more detail. It was stated in the previous section that the triad acts as a warning that action needs to be taken to determine if one is reacting in bad faith rather than acting in an authentic or healthy manner. Facing the triad can lead to increased authenticity, while actions taken to avoid the triad initiate the process which leads to depression. Both choices are difficult.

As stated previously, man's urge to grow and enhance himself and his drive towards fulfilling his potential, make stagnation and alienation difficult to tolerate. The fact that this potential is grounded in certain basic limitations including various physiological and environmental factors, a time limit on most opportunities for self-enhancement, and the larger time limit to each man's existence, makes it equally difficult for him to accept responsibility for the fulfillment of his potential. If his background and self-view lead him to be more aware of his personal limitations than of his possibilities, he

may not have the courage to attempt to utilize his potential. Rarely is any man capable of assessing his personal condition in a completely realistic manner. Because of being overwhelmed by the seeming enormity of his limitations, the awareness of his potential may be very faint. The result is existential anxiety--or the first of the three feeling states in the existential triad. Existential anxiety is a normal human response--a feeling of tension and uneasiness that one will not in the future be able to continue to make his life meaningful for himself, and that only he will have any responsibility for this failure. It is a fear of becoming incapable of sustaining his will to live--his enthusiastic participation in and involvement with living.

For purposes of clarity and concreteness, existential anxiety is described in relation to responsibility (a) to oneself; (b) to others; and (c) to one's God or sense of meaning. The first of these areas, man's relationship to himself, generates a great deal of anxiety because of the difficulty of remaining true to oneself in spite of the disappointment and discouragement that result from an awareness of self. Discouragement stems from an inability to accept one's innumerable imperfections. Disappointment stems from an awareness of one's failure to realize his potential. (Although discouragement and disappointment can be symptomatic of depression, they are normal reactions at this stage of the process which can serve as stimuli for self-denial or for honest self-examination.) Existential anxiety is

experienced because man is tempted to react to feelings of disappointment and discouragement in bad faith. To never react in bad faith is an ideal that is impossible to achieve. Self-denial and complete honesty with self can be seen as two absolutes placed on a continuum. Neither absolute is applicable to any individual man. Nor is any man at a stationary point between the two extremes. Every person fluctuates daily on this continuum, and his degree of authenticity or inauthenticity depends on which extreme he is moving towards. Any act of bad faith results in anxiety because it carries with it the risk of initiating movement towards the self-denial end of the continuum. The threat of losing oneself therefore becomes greater with each choice to act in bad faith.

The second area of existential anxiety is in man's relationship to others. Man has a responsibility to fulfill his need for meaningful encounter with others and to help others to fulfill their needs. Denial of this responsibility is a temptation because of the risk involved in any attempt at contact. This risk is the threat of rejection. The process of making contact necessitates at least a degree of self-disclosure which leaves man vulnerable to hurt. Being hurt can result in self-rejection and a reluctance to expose oneself in the future. If this reluctance is sufficiently strong, the individual might lose his courage to accept responsibility for establishing relationships and instead either withdraw socially or settle for

superficial contacts and the anguish of perpetual aloneness. This anguish carries with it the threat of the creation of defenses against awareness causing movement towards depression. Although self-rejection, withdrawal from others, and feelings of aloneness are symptomatic of depression, at this point in the depression process they serve as warnings that one is moving towards a depressed reaction rather than as indicators of an actual depressed state.

The third area of existential anxiety is in man's relationship to his God. Man has a need to sense some kind of purpose beyond himself. Authentic man chooses to face the existential anxiety that results from a realization of the fact that if there is any grand design or infinite purpose to existence, it is beyond man's knowledge. The only way to deal with his uncertainty is through a choice of faith in one's decision to be satisfied with creating his own personal meaning daily. However, this act is not as simple as it may seem.

An individual cannot obscure his need for a larger meaning beyond himself except his self-denial. The choice of faith is a decision to live with anxiety over the fact that this need cannot be met, and to have the courage to live what one's limited perceptions dictate is a meaningful life in spite of the fact that life itself may be without meaning.

However, one cannot arbitrarily make this choice. The choice of faith, as well as all major choices, cannot be forced. Most significant

decisions are not based merely on realistic intellectual assessment of alternatives. Choices, when authentically made, are the result of an honest blending of intellectual assessment and emotional feelings about the desired alternative. When intellectual and emotional responses to a situation are not congruent, any choice decided upon is made in bad faith and further anxiety as well as frustration and guilt are the result.

If existential anxiety is great enough to be overwhelming, the person has a choice to decide to react in bad faith and attempt to block the anxiety from his awareness. Or he can decide that living with anxiety is preferable to self-denial. If man chooses to experience and encounter his anxiety, he can lessen it by realistically assessing his situation and making some decisions to take action to change some aspects of it. For instance, if he feels anxious that he is not fulfilling his potential, he can assess his possibilities and his limitations and either decide to take steps to do more, or he can conclude that he is doing all that he can do at the moment.

Existential Frustration

Existential frustration or the second feeling state in the existential triad is seen behaviorally as anger and discouragement over the fact that personal objectives are thwarted or that in spite of one's efforts his achievements are not up to the level of his expectations. While anxiety occurs in response to a possibility, frustration

is a response to an assessment of something that has already occurred. It is a response to disappointment over personal failure. This frustration is a natural response. It becomes a warning that one might be involved in a process toward depression if it is followed by attempts to fabricate excuses for personal failure or to blame one's failures on persons or circumstances outside of self. As with anxiety, a clear view of existential frustration can be best achieved by examining how it applies to man in relation to himself, to others, and to his God.

Existential frustration is the emotional response that occurs when authentic man realizes that he has acted in bad faith and denied his feelings. A very concrete example is the person who avoids a growth producing situation because of laziness or fear and tells himself and others that he did not have the time or desire to become involved. Bad faith is basically lying to oneself. When authentic man becomes aware of the lie and of the opportunities he missed, he feels existential frustration or extreme disappointment in himself. He then faces the choice to either accept responsibility for his failure to be honest or to erect defenses against this awareness of his responsibility and risk becoming habitually inauthentic which is likely to result in depression.

Authenticity, however, is not achieved by constantly sitting in critical and unrealistic judgment of oneself. Critical awareness that is not tempered by acceptance is a neurotic overpreoccupation with self.

Authentic awareness is a non-judgmental acceptance of one's limitations and potentials and of one's responsibility for himself. Inauthenticity is dishonesty or lying to oneself about one's responsibility. As mentioned previously, this dishonesty initiates the chain of events that culminates in depression.

An example of frustration in response to one's relationship with others is the disappointment and anger that results when one realizes that he has missed an opportunity to make contact with another (and thereby reduce his own loneliness) because of fear or indifference. (This anger at self is another warning that one needs to re-establish his authenticity or risk depression.) Man also has responsibility for easing the loneliness of others. He feels frustration when he senses that his behavior has either hurt or failed to ease the loneliness of another.

Man's relationship to his God or personal meaning can also be a great source of existential frustration. When authentic man experiences a sense of meaninglessness, which everyone sometimes feels, frustration occurs at his limited capability to sustain a sense that life is worthwhile. Frustration also occurs when man realizes that his laziness or lack of resourcefulness has caused a sense of meaninglessness. Existential frustration also occurs in all three "relationship" areas (to oneself, to others, and to one's God) because of indecision and the difficulty of choosing among equally desirable goals.

It should be apparent that much of what is considered symptomatic of depression is also part of the experience of authentic persons. It is the response to feelings of unworthiness, frustration, anxiety, meaninglessness, etc., that determines whether a person is to remain healthy or become depressed. In depression these symptomatic feeling states are constant. In authentic man they are experienced occasionally but are less frequent than feelings of worth, purpose, personal satisfaction and, most important, a feeling that one has the power to effect change in his life.

Existential Guilt

Existential guilt, or the third feeling state in the existential triad, is a feeling of anguish over what a person could or should have done but failed to do. This anguish stems from an awareness of one's responsibility for his actions and for the quality of his living.

Man experiences existential guilt when he realizes that he has been less than truthful about his feelings, attitudes, or beliefs. Examples of how man lies to himself about his feelings have already been offered. Because of lack of faith in the validity of one's beliefs, the popularity of conflicting beliefs or insufficient awareness, man sometimes behaves in accordance with beliefs and attitudes that are not his own. Man needs approval from others, and it is not uncommon for a person to act or even think in contradiction to his own inner belief system to gain this approval.

In fact, man's behavior often conforms to a great extent to the expectations of others or what he feels others expect of him. When man is behaving in this manner, he experiences existential anxiety. He senses that something is wrong but he may be unaware of what. When he realizes that he has been behaving in bad faith, true to his view of others rather than himself, he feels frustration and guilt.

The existential statement that man is guilty applies to this situation. No one is responsible for whether or not a man behaves in accordance with his own belief system except that man. Although the situation may sound simple, it is in fact difficult not only to behave congruently with one's own belief system, but also to be fully aware of the nature of one's beliefs. The latter is true because of the enormous influence of others and because of the difficulty man has in sustaining full awareness.

In behavioristic terms, others have the power to react to us favorably or in a reinforcing manner, or they can react to us unfavorably. The power of others' responses to a man's behavior has been described in Chapter III. The behavioristic view is oversimplified, however, because by its focus on the external, objective and observable, it fails to take into account man's inner subjective experiencing of himself. Reinforcement of effective behavior and the increasing of a person's behavior repertoire is a necessary and helpful maneuver for a patient who has never learned effective ways of relating to others.

But, this approach tends to ignore man's relationship to himself. Adjustment to social and environmental factors is not sufficient when adjustment to oneself is ignored.

If man sufficiently obscures awareness of his beliefs, adjustment to society without regard for this inner belief system will not lead to depression. But, if an awareness of the fact that one is lying to himself cannot be blocked, existential anxiety, frustration, and guilt result. Man can respond to this awareness by becoming more authentic, or he can erect greater defenses and risk depression.

Existential guilt also accompanies the anxiety and frustration that man feels when he realizes that he is responsible for missed opportunities to make contact with others. Meaningful contact or encounter with others differs greatly from reinforcing, casual social contact. The word encounter signifies maximum communication between persons. The result of this communication is mutual understanding of great depth that temporarily eases one's sense of aloneness.

Situations where man fails to face opportunities to fulfill his need for meaning also result in existential guilt. This is the agony of the missed opportunity! This facet of existential guilt is an inevitable part of authentic man's existence. All men are bound to have moments of unproductivity or seemingly useless periods of time when nothing of significance occurs and a sense of meaninglessness prevails. Man's awareness that he is responsible for creating meaning

in his life invokes a sense of guilt over his unproductivity. This awareness can lead to greater authenticity or to the erection of defenses that might result in depression.

The authentic response to this existential guilt is to resist the temptation to blame the sense of meaninglessness on factors outside of self, and hence accept responsibility for the quality of one's life. To accept responsibility is not a passive resignation to the fact that one is to blame. It includes an active examination of one's situation to determine if the sense of meaninglessness is due to failure to live in an authentic manner. Positive action is then taken to alter the situation.

It should be noted that part of authentic living is to accept the fact that one cannot always experience a vigorous and enthusiastic participation in life. Some seemingly stagnant moments are necessary as a resting period when continued stimulation and full use of one's energy would constitute an overload. During these periods, if existential anxiety, frustration, and guilt are experienced, one needs to examine himself to determine if the lack of meaning is due to laziness and failure to take responsibility, or if it is merely a necessary period of rest.

Authentic man is fully capable of coping with existential anxiety, frustration, and guilt if he remains true to himself. This triad of emotional responses to existential concerns is viewed by the

writer as basically "neutral," a part of every person's experience. They can be positive influences, motivating a person to re-evaluate himself and his behavior. However, if a person lacks trust in himself and his ability to cope with stress, they can serve as stimuli for self-denial and initiate the process leading to a depressed reaction.

Every person sometimes reacts to existential concerns in bad faith by ignoring them rather than dealing with them. But when bad faith becomes the automatic response to negative feelings and man looks for persons and situations outside of himself to blame for his condition, then he becomes inauthentic. Reacting in bad faith becomes the habitual response to existential concerns and man has lost himself or his basic resource for coping with responsibility. Although overtly he may seem to blame himself, covertly he attempts to blame others for his condition. At this point, depression becomes a highly probable threat.

Dynamics of Depression

The author views awareness as the key factor to an understanding of the dynamics of depression. It is a two-edged sword--a precious gift as man's most valuable resource and a curse because it makes man responsible. Because of this responsibility, man must unavoidably become aware of his experiences of existential anxiety, frustration, and guilt. Authentic man is able to accept responsibility and deal effectively with stress or threats to his self-esteem because of this

resource of awareness. It enables him to deal with whatever problems that he must face. Because of this basic resource, authentic man does not need to distort reality to reduce its threat.

The author views emotional dysfunction as a response to varying degrees of reality distortion including distortion of one's potential, one's limitations and life situation. Clinical depression is one form of emotional dysfunction seen by the author as due to a chain of self-defensive maneuvers designed to further distort reality. The initial precipitating stress which makes depression possible comes with an awareness that one is responsible for the quality of his life. This leads to the normal experiencing of existential anxiety, frustration, and guilt. At this point the choice to erect defenses against an awareness of one's responsibility for the purpose of attempting to escape the existential triad initiates the process or chain of events leading to depression. This process consists of ever-increasing attempts to erect more elaborate defenses against awareness. Depression, therefore, is the end result of a long process of self-denial. This self-denial process is made up of a myriad number of conscious and unconscious decisions to react to stress situations in bad faith. Every instance of bad faith is for the purpose of avoiding responsibility. However, every failure to face responsibility corrodes a person's self-esteem and increases the likelihood that responsible action will continue to be avoided. Actions of self-denial are like a gradual

process of selling one's soul. Each act decreases awareness and increases the probability that self-denial will become a habitual mode of reacting to difficulty. Once self-denial becomes habit, reversing the process is difficult because of the loss of self-esteem that occurs when one denies and therefore relinquishes his freedom. Ironically, depression brings more pain than the original existential concerns that self-denial was used to avoid.

The writer views the depressed person as incapable of functioning effectively unless he allows an awareness of his responsibility into consciousness. It may seem that the depressive's condition is hopeless--that the process of self-denial leading to a depressed reaction is irreversible. Reversing the process is extremely difficult though not impossible. The difficulty lies in the depressive's deficient sense of self-esteem. It takes a certain amount of courage for anyone to accept responsibility for his failures. It takes a great deal of courage for the depressive to accept responsibility. He sincerely feels that he lacks the capacity to function responsibly and effectively.

Behaviorally, the depressive does seem to admit, however, that he is to blame for his condition. The acts of admitting blame and accepting responsibility, however, are two different but related processes that are often confused. Admitting that one is to blame or is guilty for his condition can be no more than self-pity--a kind of

self-flagellation. The writer sees the acceptance of responsibility as an active recognition that one has choice--that one's state need not remain stagnant--that one has the power or freedom to take positive action to change. For authentic man, admitting blame is naturally followed by an acceptance of responsibility. For the person lacking in self-esteem, the realization that his life lacks meaning coupled with even an inkling of responsibility is likely to trigger a depressed reaction. The depression is an extreme maneuver to absolve himself of any sense of responsibility for this sense of meaninglessness and a seeming inability to function effectively. It is a maneuver to prevent an inkling of responsibility from developing into a recognition of choice which would necessitate action. The purpose behind the depressed reaction is to avoid this recognition of choice.

The dynamics of depression are primarily unconscious. For this reason, depression seems like a strange malady that just happens to a person. In order to prevent a recognition of choice and an awareness of responsibility from entering consciousness, the depressive needs to distort reality. As a result, he seems to have lost the capacity to realistically assess himself, others, and his situation. His sense of reality is based on an intricate network of distortions on three levels: (a) perceptual; (b) cognitive; and (c) affective. In depression a balance exists among these three levels which provides a three-way barrier against awareness, increasing the difficulty of decreasing distortions. In fact, distortions become increased.

Perceptual Distortions

The perceptual, cognitive, and affective levels of human functioning can be seen as three phases or levels of awareness. The operation of the first two phases (perceptual and cognitive) can be likened to the functioning of a computer. The perceptual level is in charge of collecting data while the cognitive level translates, interprets, and evaluates this data. The perceptual level is the receiving dock for the infinite number of stimuli that bombard and daily seek admittance to man's awareness. It acts as a filter allowing into consciousness only those stimuli that conform to the data which it seeks. The type of data that is sought is determined by both cognition and affect. It may be necessary for the perceptual filter system to deny or distort certain stimuli. What passes through the perceptual filter are therefore impressions of reality rather than a totally accurate picture. These impressions lead to cognitive distortions which in turn govern man's affective responses. Perceptual distortions occur in three areas in the depressive: (a) in his impressions of self; (b) in his impressions of others; and (c) in his impressions of others' attitudes and expectations of himself.

The perceptual filter allows entrance to impressions of those aspects of reality which are in accordance with the depressive's cognitive evaluation of himself and his affective state. As the depressive observes himself--his behavior, his reactions, and his

physical being--he tends to focus on the negative. For instance, when a depressed person looks in the mirror he is apt to focus on flaws--on his physical limitations rather than assets. The perceptual filter tends to ignore the depressive's potential while it exaggerates any evidence of his limitations. Although selective and distorted perceptions of self aggravate the depression, they serve to confirm to the depressive that he is not responsible for his condition. The depressive's perceptions of others also need to be distorted. In order to avoid a sense of responsibility, he must minimize his own capabilities and maximize those of others to provide a reason for their greater success in functioning effectively.

The depressive must also distort how others' view his condition to add support for his view of himself. Depressives have a heightened sensitivity to negative feedback and an apparent lack of receptivity to positive feedback. If any positive actions or statements are made to him, his suspicious nature and expectations of only negative reactions from others prevent their being accepted at face value. His perceptual system searches for any evidence of others' insincerity. If unsuccessful, the positive feedback might be accepted by the perceptual filter only to be distorted when evaluated on the cognitive level.

Cognitive Distortions

The perceptual filter determines what stimuli to allow into consciousness, but as mentioned above, it is incapable of evaluation

or interpretation. Judgment of perceptual impressions of reality takes place on the cognitive level of functioning. All three levels of functioning are interrelated. How the perceptual filter operates is governed partially by cognitive expectations and judgments of self and others and one's affective state. A person's cognitive functioning is dependent upon and limited by the degree of reality of his perceptions. It is because of man's ability to selectively perceive and color incoming stimuli that he is able to distort his cognitive evaluation of himself and his situation. If man did not have the capacity to distort his awareness of reality, he would not have the ability to obstruct an awareness of his responsibility. The depressive's judgment of his cognitive self-perceptions includes statements of unworthiness, helplessness, vulnerability, and apathy. He finds himself lacking in the personal resources necessary to improve his condition. In other words, he has no responsibility, he feels, for his present state, nor is he responsible for improving his hopeless condition. His distorted view of others as being much more capable than he further proves his luckless, inferior and, therefore, blameless state.

Four areas of responsibility were listed at the beginning of this chapter.

1. responsibility for a realistic assessment of one's limitations and possibilities
2. responsibility for one's choices

3. responsibility for the realization of one's potential
4. responsibility for the presence or absence of meaning in

one's life.

The difficulty of the depressive's accepting these responsibilities is apparent. It is difficult to even conceive of the above list of responsibilities applying to one whose awareness is so obscured. And, in order to move towards being capable of accepting these responsibilities, the depressive must increase his awareness by correcting his perceptions and his evaluation of them. To do this he usually needs help from others. However, his expectation that others will be critical and incapable of understanding adds to the difficulty of penetrating his self-defense barrier of distortions.

It cannot be overemphasized that the depressive needs his distortions and his limited and negative view of self. With them he can avoid an awareness of responsibility. His need explains the reason behind the intricate and seemingly impenetrable nature of his distortions--why perceptions, cognition, and affect must all agree and reinforce each other in the view that the depressive is not capable of being different--that he has no control over his situation.

He must fight a battle with himself, however, to maintain this barrier against awareness because of his need to grow, enhance himself, and not be stagnant. The difficulty in sustaining this barrier is usually manifested symptomatically on a cognitive level by retarded

thought process. His thinking is sluggish, inefficient, circular, and indecisive, described verbally as confusion or an inability to think.

The depressive's thought processes are also greatly influenced by his affective state. In spite of his need to be depressed, on an affective level he experiences a great deal of misery over his condition. He feels disgust, anguish, grief over his loss of self-esteem, and loneliness. These affective states inhibit his power to think in a coherent or constructive manner. They also feed his expectations of further gloom and thereby control and lead to a distortion of his perceptions of reality. These affective reactions are not greatly distorted though they may be aggravated. They are a natural response to the depressive's perceptions and cognitive evaluation of self. They strengthen his barrier against awareness because of their effect on his perceptions and his cognition. However, the depressive needs to distort some aspects of his affective responses.

Affective Distortions

Because of his excessive need for and dependency upon others, and because of his need to sabotage his ability to think constructively, the depressive aggravates his natural feelings of unworthiness and distorts other affective responses such as a feeling that he might be capable of constructive action. For instance, when positive perceptions manage to penetrate the perceptual filter, the depressive may experience a sense of hope. Through cognitive manipulation and distortion of this

perception (an internal manipulation of "yes, but . . ."), the depressive will ultimately feel worse, and experience more anguish and self-disappointment than before he experienced a fleeting sense of hope. On one level, a sense of hope is experienced as dangerous for the depressive, for it might serve to break through his network of distortions and make possible an inkling of a sense of responsibility for change.

The depressive also distorts certain affective reactions toward others. Anger, particularly, needs to be turned towards the self and masked as another emotion such as self-pity or hurt, because its expression towards others is likely to provoke reciprocal anger which the depressive feels he cannot handle. A typical reaction of the depressive to feeling anger towards another is to fabricate excuses for the other's behavior. This practice serves to defuse the urge to openly express the anger for it makes it unjustifiable. Instead, the depressive blames himself for the hurt.

Existential anxiety, frustration, and guilt are also distorted by the depressive, because of their link with a sense of responsibility. This distortion is possible by replacing them with neurotic manifestations of the triad. Normal anxiety, frustration, and guilt become neurotic when they interfere with a person's functioning and when they are based on a lack of self-acceptance, an unrealistic expectation that he should be perfect, or a distorted assessment of self because of

self-denial. While the existential triad is due to awareness of possible or actual failures for which he is responsible, the neurotic triad is a maneuver to avoid awareness. It is due to a kind of forced tunnel vision. The depressive blocks existential concerns and responsibilities from awareness. He exaggerates concern over his inferiority, his lack of self-esteem, and his luckless state. Because of this distortion of reality the depressive cannot cope with daily stress and, therefore, experiences neurotic anxiety, frustration, and guilt. This focus of attention on daily stresses is to avoid attending to the stirrings of the existential triad which the depressive has failed to completely block from awareness.

The relationship between these three levels of awareness (perceptual, cognitive, and affective) is especially important in the dynamics of depression. A balance between the three that is relatively free from distortions is typical in the authentic or healthy person. A balance also exists in the depressive. However, this balance is manipulated and based on the intricate network of distortions described above. The balance in authentic man makes possible maximum awareness, while the manipulated balance in the depressive is for the purpose of defending against awareness so that he can escape any sense of responsibility.

Dynamics of Depressive's Transactions with Others

The depressive needs to enlist the help and support of others to escape any sense of responsibility. Most of his transactions with others are motivated by this need. Someone or something must be blamed for the depressive's condition, and the depressive needs to place this blame on an external someone or something. Part of the depressive's success in deceiving himself depends on his ability to prove to himself and others that other persons are responsible for him. Therefore, the dynamics of depression are essentially designed to obstruct awareness and to manipulate others into shouldering the blame for the purpose of escaping any sense of responsibility for his condition.

Behaviorally the depressive appears to be accepting more responsibility than any human being should be expected to face. Actually negative statements about self are attempts to manipulate others into admitting their responsibility for the depression and for their inability to alleviate it. This manipulation, however, is not usually conscious and is based on a genuine feeling that he is not responsible, and that others and only others have the power to "cure" the depression. The depressed person sees himself as powerless or helpless and his situation hopeless unless someone with greater power than himself is willing to take over his life and "fix it" for him.

However, as with any such martyr-like behavior, the person is

making non-verbal statements that are almost opposite to his verbalizations. Verbally he is saying that his life is miserable because he is such a terrible, lazy, unresourceful person. What he communicates nonverbally is, "It's all your fault. I depended upon you and you let me down. I am really a good, warm, sensitive person. I could be happy if you weren't so cold, insensitive and selfish. And, my sensitivity, though it brings me pain, makes me superior to you." The depressive's verbal statements mask these unconscious feelings of superiority and persecution.

This condescending attitude of superiority may seem contradictory to the depressive's obvious overwhelming sense of inferiority. The core of the depressive's self-view is inferiority but in order to cope with his lack of self-esteem, he must see others as inferior to him in some way. He interprets his hypersensitivity as moral superiority. He also convinces himself that if others were more sensitive to him, his needs would be met and his problems solved. He does not admit this attitude, even to himself. For in order to achieve success in manipulating others to feel guilt for his condition and take responsibility for it, he needs to give the appearance of being a sufferer. This suffering taps a need in others to help.

Another factor operating in this inferiority/superiority dynamic is anger that only can be expressed passively. The depressive is a hoarder of resentments over imagined slights. His need to

accumulate anger is due to his need to place blame on others for his condition. His need to distort anger and express it passively is due to the fact that open expression would enable others to feel justified in abandoning him. Also, if he were to admit his hostile feelings to himself, he would not be able to continue to suppress an awareness of his manipulative behavior. He could no longer claim moral superiority.

How does the tendency to distort reality which results in intricate maneuvers to manipulate others to take responsibility for one's life develop? Factors which result in a tendency to distort reality and the resultant approach to life are discussed in the following section.

Antecedent Conditions to a Depressed Reaction

Most models of depression include an explanation of those factors in early learning and personality development which are likely to predispose a person to a depressed reaction. Two problems can occur as a result of this practice: (a) an overemphasis on early experiences that gives the impression that a predisposition to depression is one of those limitations a person cannot change--a dangerous view because it reinforces the depressive's attitude that he is not responsible; and (b) a lack of emphasis on the fact that depression is the culmination of a long process of distorting reality in order to escape a sense of responsibility. These two factors should be kept in mind for the

following discussion.

Certain antecedent conditions can contribute to a tendency to distort rather than confront reality which might result in depression. These include (a) a deficiency in self-esteem resulting in (b) an exaggerated dependency on others. It should be noted that self-esteem is not a blind trust in self. It is an awareness and acceptance of one's limitations and potential which results in the feeling that one can trust or depend on himself. A lack of self-esteem is therefore a loss of self. We do not trust or have confidence in the dependability of strangers. The person lacking in self-esteem is a stranger to himself. This puts him in the tenuous position of being dependent upon others. Tenuous because a person who cannot trust himself cannot fully trust others. These two conditions (deficient self-esteem and exaggerated dependency) lead to a tendency to distort reality which results in difficulties in decision making, a fear of emotion (especially anger), and a tendency to deny rather than confront problems.

The dependent person's habitual response to problems and decision making is to solicit help from others. This practice undermines any opportunities to develop his already deficient self-esteem. Self-esteem develops with the awareness that one can cope with the responsibility that is his for the choices he makes. The authentic person might discuss alternatives with others in order to clarify his own ideas and obtain valuable input. The dependent person, however,

discusses alternatives with others hoping that they can tell him what to do and make up his mind for him. The authentic person accepts responsibility for his decisions, while the dependent person blames the consequences of his choices on others' suggestions. His need to blame others contributes to a lack of trust in those persons the dependent person feels he must depend upon.

A tendency toward a dependent nature is fostered early in a person's development in three ways: (a) disapproval by significant others of movement towards independence; (b) trauma or neglect resulting in an exaggerated need for approval; and (c) the valuing by significant others of external measures of worth. Dependency is sometimes fostered in the child because significant others encouraged this dependency and discouraged his attempts to take responsibility. An overprotective mother who does everything for her child, including making excuses for him when he gets into trouble, is apt to make attempts at independence unlikely. He learns that responsible behavior elicits either disapproval or indifference, while dependent behavior elicits approval. Dependency can be fostered in less obvious ways, but it can be assumed that the dependent adult received more approval or attention for dependent behavior as a child than for movement towards independence.

Another possible factor leading to a child's failure to move towards independence is an aggravated need for approval because of

trauma or neglect in infancy. This factor may increase the child's need to conform and decrease the likelihood of rebellious behavior. Part of the developmental process is at least a degree of rebellion due to a need to establish one's own identity. The risk may be too great, however, for one whose need for approval is exaggerated. Or, for the child who has learned too well how to elicit approval through conformity, there may be no reason to rebel and establish his own sense of identity.

Another factor contributing to dependency, an inability to make decisions, and a lack of self-esteem is the valuing by significant others in a person's early environment of external measures of worth. The developing child learns to trust the opinions of others over his own. He also learns to satisfy his need for approval through conformity. Even attitudes, values, and beliefs are made to conform to those of others. This practice, however, prevents the development of any sense of identity and the cognitive capacity to assess one's perceptions of reality.

The result of this early learning process is that in adulthood the dependent person reacts to stress and relates to others as he did as a child. Stress tends to overwhelm him. He, therefore, immediately reacts to it by seeking help from others. The dependent person tends to be selfish and self-centered. He, like a small spoiled child, is oblivious to the needs of others and thinks of them only in terms of

what he can gain from them. He solicits their help or attempts to manipulate them to take responsibility through displays of weakness and self-pity or through petulant and demanding behavior. If he is successful in his manipulations of others, his dependent behavior is apt to be sustained and reinforced. It is not difficult for a dependent person to find others who are happy to solve his problems for him and to react to his weakness with sympathy. Such persons see themselves as helpful to the dependent person. Actually they only serve to perpetuate the dependency and increase the person's feeling of helplessness, which gives him justification for his lack of responsible action.

Since dependency is more acceptable in women than it is in men, men are more likely to attempt to fake responsibility and independence by living a life that others say is meaningful. For instance, a person may become over-involved in his work, in amassing a fortune, in his church, in social event, in prestigious activities, or in obtaining a graduate degree. The authentic person may also become involved in similar behavior, but when he does it is because of a sincere interest in and enjoyment of the activity or because of the fulfillment he obtains through the utilization of his potential. The dependent person, however, becomes involved to impress others and to avoid an awareness of his lack of self-esteem. It is a position of "I'm not happy now, but if I obtain this success or these possessions,

then I will be happy, feel successful and maybe even like myself." On another level, he is in fact motivated by his dependency on others for praise which temporarily provides a crutch to his crippled sense of self-esteem. Where the authentic person is happy at his successes, the pre-depressed, dependent person feels discouragement and may even become depressed. There is nothing outside of himself that will improve the depressed person's self-confidence to any significant degree.

The author has specified certain factors in a person's maturation process which increase the likelihood that a person will choose to live in bad faith by distorting his sense of reality in order to avoid any awareness of his responsibility for his life. These included:

(a) disapproval by significant others of movement towards independence; (b) trauma or neglect resulting in an exaggerated need for approval; and (c) the valuing by significant others of external measures of worth. These factors tend to result in (a) a deficiency in self-esteem resulting in (b) an exaggerated dependency on others.

Whether or not the dependent person actually becomes depressed depends on three factors: (a) does he habitually choose to cope with life through self-denial and distortion of reality; (b) does he fail to choose to become involved in a sometimes painful process of self-examination which would enable him to discover himself, increase his self-esteem, and decrease his dependency; and (c) does he fail to

completely block from awareness a feeling that he might be responsible for his sense of lack of worth and meaning in his life? For the person who copes with life with self-denial and avoidance of self-awareness and who has weak defenses against an awareness of his responsibility, depression is highly probable. For this person any significant form of stress has the potential to trigger a depressed state. These stress situations are described in the following section.

Stress Factors Which Are Likely
to Precipitate Depression

Certain stress situations exist which can either precipitate a depression or increase the probability of the occurrence of depression in the future. In agreement with both psychoanalytic and behavioristic theory, any severe blow to the dependent person's already crippled self-esteem tends to trigger a depression. The author cites three major stress situations that are likely to result in depression. These include: (a) a loss of a significant other; (b) an awareness of the loss of self and lack of meaning in life; (c) disappointment in the attainment of goals designed to bring satisfaction.

As stated previously the author envisions depression, its antecedent conditions, and events leading to a depression as a process. The author feels that depression cannot be understood unless seen as the culminating point of a style of life. Reactions to stress situations that either precipitate or increase the probability of a

depression in the future are not isolated events but a part of the process described in this chapter. These reactions are a continuation of the dependent person's choice to cope with life by self-denial, distortions of reality, and abdication of his responsibility. In speaking of precipitating factors, it is too easy to interpret these factors as causing depression when in actuality the choice to live inauthentically is the causative factor. Hopefully this statement will make clear that the burden of love and responsibility is on the depressive.

One form of stress that occurs in relation to oneself is the internal tension that results when a person senses his self-denial and utilizes a great deal of energy to prevent this self-denial from becoming a part of consciousness. He is basically fighting that part of consciousness. He is basically fighting that part of himself which motivates him towards personal enhancement. This motivation or "urge to grow" can result in another source of stress that is part of man's relationship with himself: the dependent person's lack of self-esteem coupled with this motivation toward growth results in the generation of a constant sense of tension and insecurity. Instead of assessing himself and taking steps to increase his self-esteem, it is likely that the dependent person will spend his energy in manipulative efforts to assure that he will not be abandoned and he will engage in non-productive self-criticism and self-pity to prevent others' criticism.

These stress situations rarely actually precipitate a serious depression as long as significant others do not abandon their support. They result in "blue moods" and generally weaken the individual's already limited capacity to cope with major stress situations. They also can cause him to erect greater defenses against awareness.

A great deal of stress is generated through the dependent person's relations with others. His circle of close friends and significant others is limited because he is not in sufficient contact with himself to be capable of letting himself be known to any significant depth. As mentioned previously, the dependent person tends to be self-centered in relationships. He is also likely to lack social skill so even casual relationships are difficult to establish. His self-esteem is partially dependent on the support of others. Any loss of friendship will tend, therefore, to result in depression because his self-esteem crumbles without their support.

Casual acquaintances, superficial involvement with various activities, and strivings for professional success can serve the purpose of helping the dependent person to suppress feelings of worthlessness that stem from his lack of self-esteem. In fact it is probable that the person chose to become involved in the pursuit of success, status, or prestige to avoid an awareness of his internal emptiness and feelings of worthlessness. The feelings of worthlessness pose a great threat in themselves. However, they also pose the larger threat of making it

difficult for the person to avoid a questioning of the meaning of his existence.

The success seeker interprets the existential anxiety and frustration that stem from his self-denial and feelings of worthlessness as due to unavoidable tensions that he sees as an inevitable part of his job. He chooses to sacrifice himself and his family because of the success it will bring to him and the security it will bring to them in the future. He convinces himself that as a result of this sacrifice, at some point in the future he will be happy and feel a sense of worth. He does not admit to himself that he is in fact choosing to avoid confronting himself. Instead he runs from himself. By this choice to avoid the only means he has to develop a genuine sense of self-esteem, he puts himself in a highly tenuous position. By pouring his energies into and concentrating on some long range goal, he can temporarily avoid depression. However, the attainment of these goals brings severe disappointment when he realizes that he still lacks satisfaction and feels unworthy. Consciously he was involved in the "I'll be happy when" syndrome mentioned earlier. Actually he was involved in a "I'll be depressed when" process. He put off an awareness of a sense of meaninglessness only to have to choose either to face it along with a feeling that he wasted his life at a later date, or to become depressed.

It is the awareness that one's life has no significance either

to oneself or others that is the most crucial and stressful precipitating event to depression. The most basic motivation or purpose behind the dynamics of depression is the suppression of the full realization of one's lack of meaning and his responsibility for this lack. For, if one becomes fully convinced that his life is totally without meaning and that he is responsible, unless he chooses to take responsible action, there is no longer any reason to continue to live.

Conclusion

Whether or not any individual is likely to experience a severe depression depends on: (a) his self-esteem; (b) the degree of his dependency; (c) the degree of his authenticity which determines if he is apt to face or attempt to escape responsibility; (d) precipitating factors or stress situations which necessitate facing existential anxiety, frustration, and guilt; and (e) whether he chooses to face these concerns or attempts to block awareness through the perceptual, cognitive, and affective distortions described earlier.

A detailed examination of the therapeutic implications of the author's model of depression is not within the scope of this paper, but some obvious conclusions can be made. The therapist must first of all avoid being manipulated by the depressive. In order to do this he must be aware of the fact that the depressive is likely to attempt to manipulate the therapist into taking responsibility for his state and for the course of therapy. Once rapport is established and the

therapist has a clear conception of how the depressive dynamics are operating in his patient, he needs to work towards: (a) the development of the patient's self-esteem; (b) the development of his awareness of himself; (c) the recognition of the fact that he has choice; and (d) acceptance of his responsibility for his condition and for taking action to alter his condition.

In order to do this the therapist must break through the depressive's network of distortions and help him to confront reality rather than escape it. He must realize that the only way to develop a sense of self-esteem is to confront and come to terms with himself--to choose to live with reality rather than distort it, and to take responsibility for his life. It is suggested that this can be achieved best by working with him cognitively--helping him to see the fallacies in his distortions and teaching him to take responsible action.

In the following chapter a brief summary will be followed by suggestions for further research on depression from an existential viewpoint.

CHAPTER VII

Summary and Recommendations

Summary

The purpose of this paper is to offer a conceptualization of depression based on existential philosophy. Although some literature exists on the existential view of neurosis, very little has been written on depression specifically. The author felt that since both psychoanalysis and behaviorism are based on what she feels is a limited and incomplete view of man, a need existed for a conceptualization of depression based on the more expanded view of existential philosophy.

A description of psychoanalytic and behavioristic theories of depression was followed by a thorough analysis of relevant aspects of existential philosophy and specific statements by existential writers on neurosis and depression. This was followed by a summary analysis of the three points of view with special emphasis on the philosophical differences between the three schools of psychology. This emphasis was due to the author's view that the most crucial differences between the three schools are philosophical rather than psychological. A thorough explanation of the author's theory of depression was then presented. Attempts were made throughout this study to make comparisons and point out differences among the three theories. Suggestions for expansion of the theory conceptually conclude this study.

The psychoanalytic view of depression states that depression

occurs in persons predisposed to the condition because of fixation in infancy at the oral aggressive stage of development. The major precipitating factor is a severe blow to the person's self-esteem as a result of a loss of a loved object or some other factor such as prestige, status, or health that might damage self-esteem. The depressed person introjects the lost object for the purpose of working through unfinished business and to attempt to resolve a love-hate conflict that is felt toward the lost object. The dynamics of this process of introjection are based on past infantile attempts to cope with the contradictory aspects of the original loved object, usually the infant's mother.

Behaviorists view depression as due to a lack of social reinforcement. The depressed person either failed to learn or forgot through an extinction process how to elicit positive, reinforcing responses from others. His behavior repertoire is deficient, and it is likely to remain deficient because the depressed person's ineffective and maladaptive behavior is reinforced by pity and concern from others. The behaviorists agree with the psychoanalytic statement that depression is a response to a loss of loved object or the equivalent, resulting in lowered self-esteem. They explain it, however, in terms of the loss of a significant source of positive reinforcement. Included in this discussion was a description of the research on the behavioristic treatment of depression.

Existentialists view emotional disorder as a response to the difficulties of coping with freedom. This freedom necessitates that a person is responsible for the choices that he makes and for the quality of his life. Not only must man live with this burden, he must also cope with considerable guilt because the very act of choosing among alternatives necessitates neglecting some alternatives for growth and satisfaction. Man can avoid an awareness of his freedom and the resultant responsibility for the quality of his life only by refusing to recognize that he has choice. This recognition can only be avoided, however, by obstructing self-awareness--by a process of self-denial that results in a loss of self or a state of alienation from oneself, from others and from one's God or sense of personal meaning.

It is the author's opinion that the most crucial point of divergence among the three theories is philosophical or in their basic views of man. Psychoanalysis views man as determined essentially by genetic and physiological factors, instincts, and psychic development. Behaviorism explains man's needs and behavior in terms of early learning and environmental influences. Existentialism, although acknowledging the limitations of physiological and environmental factors, views man as the possessor of a degree of freedom within these limitations. This view has the all-important ramification of seeing man as responsible for the quality of his life.

The author described depression as the culmination point of a

long process. This process consists of a chain of events or decisions made in order to avoid an awareness of the following responsibilities:

1. responsibility for a realistic assessment of one's limitations and possibilities
2. responsibility for one's choices
3. responsibility for the realization of one's potential
4. responsibility for the presence or absence of meaning in one's life.

In order to obstruct awareness, distortions take place on three levels of human functioning: the perceptual level, the cognitive level, and the affective level. During the initial stages of the process, these events or decisions to distort reality and one's assessment of self are designed to avoid the normal existential anxiety, frustration, and guilt that accompany a recognition that one has the freedom to choose and that one's choices determine the quality of existence. This recognition is avoided because of the burden of responsibility that accompanies it.

During the latter stages of the process, distortions of reality occur to prevent a realization that one's life lacks meaning. If unsuccessful, the person faces the choice of confronting himself and re-establishing an honest awareness of himself and reality or to erect greater defenses against awareness. At this point if he continues to avoid the reality of his situation--that his life lacks meaning and

that only he is responsible for this lack--depression may occur. Depression is a manipulative maneuver to avoid the awareness that one is responsible for his lack of self-esteem and for the lack of a sense of meaning in his life. The depressive can no longer avoid a sense of his inner emptiness. To avoid the recognition that he has had and still has choice and therefore responsibility which would require positive action to ameliorate his situation, he attempts to manipulate others into taking responsibility for his life.

It was suggested that the best therapeutic approach to depression would be to approach the depressive through a cognitive level and to attempt to help him see the distorted nature of his perceptions and his evaluation of himself and his situation. The therapist would thereby help the depressive to recognize that he has choice and is therefore capable of responsible action.

Recommendations for Further Research

Suggestions for further research fall into two categories: (a) empirical validation of the conceptualization of depression presented in this paper; and (b) conceptual expansion of the theory.

A series of studies would be necessary to validate the conceptualization of depression presented in this paper. First of all it would be necessary to design an instrument to determine if a significant number of persons diagnosed as depressed do in fact lack self-esteem and experience personal alienation and a sense of meaninglessness and

feel that other people or circumstances are responsible for their condition. For such a study and the others outlined in this section, it would be necessary to have at least two large groups, one of which would include reasonably authentic persons which would serve as a control for the studies.

It is suggested that other instrument(s) be designed to measure the accuracy of subjects' perceptions of self (including assets and possibilities, perceptions of past possibilities, reasons for failure, and comparison to others). Some means to test the subjects' tendencies to deny or distort affect is also needed. It is also suggested that persons who are capable of assessing subjects' limitations, possibilities, reasons for failure, comparison to others, and honesty of affect also utilize the instrument(s) and that their responses be compared to those of the subjects. Statistical analysis should then be applied to the results attempting to determine the validity of the theory.

Another possible approach to an attempt to validate the theory presented in this paper would be to design a more detailed treatment program than that presented in the preceding chapter, based on the author's conceptualization of depression. Three groups of depressives could be formed with one group receiving no treatment, the second group receiving a conventional form of treatment, and the third or experimental group being the object of the new treatment plan. A means of measuring improvement could be designed and statistical analysis

made of the relative improvement or lack of improvement achieved by the three groups.

The author also suggests that a study be conducted to determine whether existential concerns are an upper-middle class phenomenon or if they are a part of every man's existence. It is the author's opinion that although statements of a sense of meaninglessness are more likely to be found among those persons who have attained a certain degree of economic success and education, these concerns are present in all persons. This hypothesis would need to be validated before the accuracy of the author's conceptualization of depression could be determined.

Finally, it is suggested that the theory presented in this paper be expanded conceptually to include all manifestations of emotional dysfunction--to determine the development and dynamics of all forms of neurosis and psychosis based on an existential view of man.

The conceptualization of depression presented in this paper represents only a step towards a better understanding of emotional dysfunction, specifically depression. It is hoped that it will serve to stimulate others to take further steps to clarify, synthesize, validate, and expand existing knowledge and theory of human behavior and personality development

LITERATURE CITED

LITERATURE CITED

- Abraham, K. A short study of the development of the libido viewed in the light of mental disorders. in On character and libido development: Six essays. New York: Basic Books, 1966. (a)
- _____. Notes on the psycho-analytical investigation and treatment of manic-depressive insanity and allied conditions. In On character and libido development: Six essays. New York: Basic Books, 1966. (b)
- Abramovitz, A., and Abramovitz, C. Existential counseling: Values and integration. The Counseling Psychologist, 1971, 2 (3), 44-47.
- Allport, G. W. Comments on earlier chapters. In R. May (Ed.) Existential psychotherapy. New York: Random House, 1960.
- Allport, G. W. Pattern and growth in personality. New York: Holt, Rinehart and Winston, 1961.
- Arbuckle, D. S. Reaction to Kemp. The Counseling Psychologist, 1971, 2 (3), 32-36.
- Barnes, H. E. Humanistic existentialism: The literature of possibility. Lincoln: University of Nebraska Press, 1959.
- Barrett, W. Irrational man: A study in existential philosophy. Anchor Books, Garden City: Doubleday & Co., 1962.
- Beck, A. T. Depression, clinical, experimental and theoretical aspects. New York: Harper and Row, 1967.
- _____. The diagnosis and management of depression. Philadelphia: University of Pennsylvania Press, 1973.
- Beck, C. E. Existential counseling: Some observations. The Counseling Psychologist, 1971, 2 (3), 48-50.
- Berdyayev, N. Dostoevsky. Trans. by D. Attwater. Meridan Books, Cleveland: World Publishing Co., 1966.
- Bibring, E. The mechanism of depression. in W. Gaylin (ed.), The meaning of despair: Psycho-analytic contributions to the understanding of depression. New York: Science House, 1968.
- Bigelow, G. E. A primer of existentialism. College English, 1963, 23 (3), 171-179.

- Binswanger, L. Being-in-the-world: Selected papers of . . . Trans. with intro by J. Needleman. Harper Torchbooks, New York: Harper and Row, 1967.
- Boss, M. Psychoanalysis and daesanalysis. Trans. by L. Lefebvre. New York: Basic Books, Inc., 1963.
- Brammer, L. M. Existential views: Counseling supplement or substitute. The Counseling Psychologists, 1971, 2 (3), 37-41
- Breland, K. and Breland, M. The misbehavior of organisms. American Psychologist, 1961, 16 (11), 681-684.
- Bugental, J. F. T. The search for authenticity: An existential-analytic approach to psychotherapy. New York: Holt, Rinehart and Winston, 1965.
- Buber, M. I and thou. New York: Charles Scribner's Sons, 1958.
- Buhler, C. Loneliness in maturity. Journal of Humanistic Psychology, 1969, 9 (2), 167-181
- Burton, A. The authentic person in existential psychology. Pastoral Psychology, 1969, 20 (192), 17-26.
- Camus, A. The myth of Sisyphus and other essays. Trans. by J. O'Brien. Vintage Books, New York: Random House, 1955.
- Coleman, J. C. Abnormal psychology and modern life. (3rd Ed.) Glenview, Ill.: Scott, Foresman and Co., 1964.
- Combs, C. The treatise on existential counseling by C. G. Kemp. The Counseling Psychologist, 1971, 2 (3), 42-44.
- Conrad, J. Heart of darkness and the secret sharer. Bantam Books, New York: Doubleday and Co., 1969.
- Crammer, L. Up from depression. New York: Simon and Schuster, 1969.
- Crumbaugh, J. C. Aging and adjustment: The application of logotherapy and the purpose in life test. Gerontologist, 1972, 12 (4), 418-420.
- Crumbaugh, J. C. and Maholick, L. T. An experimental study in existentialism: The psychometric approach to Frankl's concept of noogenic neurosis. in Psychotherapy and existentialism. New York: Washington Square Press, 1967.

Diagnostic and statistical manual of mental disorders. Washington: American Psychiatric Association, 1968.

Dollard, J., and Miller, N. E. Personality and psychotherapy: An analysis in terms of learning, thinking, and culture. New York: McGraw-Hill, 1950.

Eliot, T. S. The waste land and other poems. Harvest Books, New York: Harcourt Brace and World, 1934.

Fagan, J., and Shepherd, I. L. Gestalt therapy now: Theory techniques applications. Harper Calophon Books, New York: Harper and Row, 1970.

Feifel, H. Death-relevant variable in psychology. in R. May (ed.) Existential psychology. New York: Random House, 1960.

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

Ferster, C. B. A functional analysis of depression. American Psychologist, 1973, 28 (10), 257-270.

Fisher, K. A. Ultimate goals in therapy. Journal of Existentialism. 1966/67, 7 (26), 215-232.

Frankl, V. E. Man's search for meaning. New York: Washington Square Press, 1963.

_____ What is meant by meaning? Journal of Existentialism, 1966, 7 (25), 21-28.

_____ Psychotherapy and existentialism: Selected papers on logotherapy. New York: Washington Square Press, 1967.

_____ 'Nothing but' - Beyond reductionism and nihilism. in A. Koestler and J. Smithies (eds.) The Alpbach Symposium, 1968. New York: MacMillan and Co., 1968.

Freeman, L. The cry for love: Understanding and overcoming human depression. Toronto: MacMillan and Co., 1933.

Freud, S. New introductory lectures on psycho-analysis. trans. by W. J. H. Sprott. New York: W. W. Norton and Co., 1933.

- _____ The ego and the id. In The complete psychological words of . . ., Vol. XIX, London: Hogarth Press, 1962. (a)
- _____ Group psychology and the analysis of the ego. in The complete psychological workds of . . ., Vol. XVIII, London: Hogarth Press, 1962. (b)
- _____ Mourning and melancholia. in The complete psychological works of . . ., Vol. XIV, London: Hogarth Press, 1962. (c)
- Gaylin, W. Epilogue: The Meaning of despair. in W. Gaylin (Ed.) The meaning of despair: Psychoanalytic contributions to the understanding of depression. New York: Science House, 1968. (a)
- _____ The meaning of despair. in W. Gaylin (Ed.) The meaning of despair: Psychoanalytic contributions to the understanding of depression. New York: Science House, 1968. (b)
- Giorgi, A. Existential phenomenology and the psychology of the human person. Review of Existential Psychology and Psychiatry, 1968, 8 (2), 102-116.
- Goble, F. The third force: The psychology of Abraham Maslow. New York: Pocket Books, 1973.
- Grinker, R. R., Miller, I., Sabshen, M., Nunn, R. J., and Nunally, I. C. The phenomena of depression. New York: Harper and Row, 1961.
- Gunthrip, B. Object relations and ego theory. in L. Salzman and J. Masserman (Eds.) Modern concepts of psychoanalysis. New York: Citadel Press, 1962.
- Hall, C. S. A primer of freudian psychology. A Mentor Book, New York: New American Library, 1954.
- Harper, R. The existential experience. Baltimore: John Hopkins University Press, 1972.
- Heidegger, M. Existence and being. Chicago: Henry Regnery, 1949.
- Heuscher, J. E. Existential crisis, death and changing world designs in myths and fair tales. Journal of Existentialism, 1966, 7 (25), 45-62.

- Homme, L. E. Perspectives in psychology: XXIV--control of coverants, the operants of the mind. The Psychological Record, 1965, 15, 501-511.
- Hull, C. L. Essentials of behavior. New Haven: Yale University Press, 1951.
- Izard, C. E. Patterns of emotion: A new analysis of anxiety and depression. New York: Academic Press, 1972.
- Jackson, B. Treatment of depression by self-reinforcement. Behavior Therapy, 1972, 3 (2), 298-307.
- Jacobson, E. Depression: Comparative studies of normal, neurotic and psychotic conditions. New York: International Universities Press, 1974.
- Kelman, H. Psychoanalysis and existentialism. in L. Salzman and J. Masserman (Eds.) Modern concepts of psychoanalysis. New York: Citadel Press, 1962.
- Kemp, C. G. Major contribution: Existential counseling. The Counseling Psychologist, 1971, 2 (3), 2-29. (a)
- _____ Rejoinder. The Counseling Psychologist, 1971, 2 (3), 47-60. (b)
- Kierkegaard, S. Sickness unto death. Princeton: Princeton University Press, 1944.
- Klein, M. A contribution to the psychogenesis of manic-depressive states. in W. Gaylin (Ed.) The meaning of despair: Psychoanalytic contributions to the understanding of depression. New York: Science House, 1968.
- Koestenbaum, P. The power of freedom (part II). Existential Psychiatry, 1966, 1 (3), 323-337.
- Lazarus, A. A. Learning theory and the treatment of depression. Behavior Research and Therapy, 1968, 6, 83-89.
- Lazarus, A. A. Some reactions to Costello's paper on depression. Behavior Therapy, 1972, 3, 248-250.
- Lawrence, H. and Sundel, M. Behavior modification in adult groups. Social Work, 1972, 17 (2), 34-43.

- Lewinsohn, P. M., and Atwood, G. E. Depression: A clinical research approach. Psychotherapy: Theory, Research and Practice, 1969, 6 (3), 166-171.
- Lewinsohn, P. M., Lobitz, W. C., and Wilson, S. 'Sensitivity' of depressed individuals to aversive stimuli. Journal of Abnormal Psychology, 1973, 81 (3), 259-263.
- Lewinsohn, P. M., and Shaffer, M. Use of home observations as an integral part of the treatment of depression: Preliminary report and case studies. Journal of Consulting and Clinical Psychology, 1971, 37 (1), 87-94.
- Lewinsohn, P. M., and Shaw, D. A. Feedback about interpersonal behavior as an agent of behavior change: A case study in the treatment of depression. Psychotherapy and Psychosomatics, 1969, 17 (2), 82-88.
- Lewinsohn, P. M., Weinstein, M. S., and Alper, T. A behavioral approach to the group treatment of depressed persons: A methodological contribution. Journal of Clinical Psychology, 1970, 26 (4), 525-532.
- Lewinsohn, P. M., Weinstein, M. S., and Shaw, D. A. Depression: A clinical research approach. Proceedings of the AABT. In press, 1968.
- Libet, J. M., and Lewinsohn, P. M. Concept of social skill with special reference to the behavior of depressed persons. Journal of Consulting and Clinical Psychology, 1973, 40 (2), 302-312.
- Lindenauer, G. G. Loneliness. Journal of Emotional Education, 1970, 10 (3), 87-94.
- Lorand, S. Dynamics and therapy of depressive states. in W. Gaylin (Ed.) The meaning of despair: Psychoanalytic contributions to the understanding of depression. New York: Science House, 1968.
- Maddi, S. R. The existential neurosis. Journal of Abnormal Psychology, 1967, 4 (72), 311-325.
- Mahoney, M. J. The self management of covert behavior: A case study. Behavior Therapy, 1971, 2 (4), 575-578.
- Marettain, J. Existence and the existent. trans. by L. Galantiere and G. Phelan. New York: Vintage Books, 1966.

- Marill-Alberes, R. Jean-Paul Sartre: Philosopher without faith. New York: The Philosophical Library, 1961.
- Martin, M. L., Weinstein, M. S. & Lewinsohn, P. M. The use of home observations as an integral part of the treatment of depression: The case of Mrs. B. unpublished manuscript, 1968.
- Maruyama, M. The effect of oscillating future perspective. Journal of Existentialism, 1967, 7 (27), 351-357.
- Maslow, A. Neurosis as a failure of personal growth. in The farther reaches of human nature. New York: The Viking Press, 1972.
- _____. Toward a psychology of being. (2nd ed.) New York: Van Nostrand Reinhold Co., 1968.
- May, R. The emergence of existential psychology. in R. May (Ed.) Existential psychology. New York: Random House, 1960. (a)
- _____. Existential basis of psychotherapy. in R. May (Ed.) Existential psychotherapy. New York: Random House, 1960. (b)
- _____. Man's search for himself. Signet Book, New York: New American Library, 1967.
- _____. Love and will. New York: W. W. Norton and Co., 1969.
- _____. Power and innocence: A search for the sources of violence. New York: W. W. Norton and Co., 1972.
- McCranie, E. James. Depression, anxiety and hostility. Psychiatric Quarterly, 1971, 45 (1), 117-133.
- Meisner, W. W. The temporal dimension in understanding the human experience. Journal of Existentialism, 1966/1967, 7 (26), 129-160.
- Mendelson, M. Psychoanalytic concepts of depression. Springfield, Ill.: Charles C. Thomas, 1960.
- Minkowski, E. Existence and psychology. Existential Psychiatry, 1969, 7, 8-17.
- Moustakas, C. E. Loneliness. A Spectrum Book, New York: Prentice Hall, 1961.

- Nawas, M. M. Existential anxiety treated by systematic desensitization: A case study. Journal of Behavior Therapy and Experimental Psychology., 1961, 2 (4), 291-295.
- Nucho, F. Berdyaev's philosophy: The existential paradox of freedom and necessity. with intro. by R. Kroner. Anchor Books, Garden City: Doubleday and Co., 1966.
- O'Connor, D. The phenomena of boredom. Journal of Existentialism, 1967, 7 (27), 381-399.
- Ostow, M. The psychology of melancholy. New York: Harper and Row, 1970.
- Patterson, W. E., Taulbie, E. S., Folsom, J. C., Horner, R. F., & Wilkes, W. H. Preliminary report: Comparison of two forms of milieu therapy in the treatment of depression. Unpublished paper, VA Hospital, Tuscaloosa, Alabama, 1968.
- Pearce, J. C. The crack in the cosmic egg: Challenging constructs of mind and reality. Pocket Books, New York: Simon and Schuster, 1971.
- Polster, I., and Polster, M. Gestalt therapy integrated. New York: Brunner and Mazel, 1973.
- Perls, F., Hepperline, R., and Goodman, P. Gestalt Therapy. New York: Delta Publishing, 1951.
- Premack, D. Towards empirical behavior laws: I. positive reinforcement. Psychological Review, 1959, 66 (4), 219-233.
- Rado, S. The problem of melancholia. in Psychoanalysis of behavior. New York: Grune and Stratton, 1956.
- Robinson, J. C., and Lewinsohn, P. M. Behavior modification of speech characteristics in a chronically depressed man. Behavior Therapy, 1973, 4 (1), 150-152.
- Rogers, C. R. On becoming a person: A therapist's view of psychotherapy. Boston: Houghton Mifflin Co., 1961.
- Salzman, L. Modern concepts of psychoanalysis. in L. Salzman and J. Masserman (Eds.) Modern concepts of psychoanalysis. New York: Citadel Press, 1962.

- Sartre, Jean-Paul. Being and nothingness: An essay on phenomenological ontology. Trans. with intro. by H. E. Barnes, New York: Philosophical Library, 1956.
- Scher, J. M. The depressions and structure: An existential approach to their understanding and treatment. American Journal of Psychotherapy, 1971, 25 (3), 369-384.
- Seitz, F. C. A behavior modification approach to depression: A case study. Psychology, 1971, 8 (1), 58-63. (a)
- _____ Behavior modification techniques for treating depressions. Psychotherapy: Theory, Research and Practise, 1971, 8 (2), 181-184. (b)
- Skinner, B. F. Science and human behavior. New York: MacMillan Co., 1956.
- Sontag, F. Kierkegaard and the search for a self. Journal of Existentialism, 1967, 7 (28), 443-457.
- Spiegelberg, H. Phenomenology in psychology and psychiatry: A historical introduction. Evanston: Northwestern University Press, 1972.
- Stack, G. J. Kierkegaard and the phenomenology of repetition. Journal of Existentialism, 1966/1967, 7 (26), 111-125.
- Susskind, D. J. The idealized self-image (ISI): A new technique in confidence training. Behavior Therapy, 1970, 1, 538-541.
- Thorndike, E. L. The fundamentals of learning. New York: Teachers College, 1932.
- Thorne, F. D. Diagnostic classification and nomenclature for existential state reactions. Journal of Clinical Psychology, 1970, 26 (4), 403-420.
- Tillich, P. The courage to be. New Haven: Yale University Press, 1952.
- _____ Paul Tillich converses with psychotherapists. Journal of Religion and Health, 1972, 11 (1), 40-72.
- Todd, F. J. Coverant control of self-evaluative responses in the treatment of depression: A new use for an old principle. Behavior Therapy, 1972, 3 (1), 91-94.

- Tyler, L. Responses: Existentialism in counseling. The Counseling Psychologist, 1971, 2 (3), 30-32.
- Ullman, L. P. and Krasner, L. Case studies in behavior modification. New York: Holt, Rinehart and Winston, 1965.
- Wanderer, Z. W. Existential depression treated by desensitization of phobias: Strategy and transcript. Journal of Behavior Therapy and Experimental Psychiatry, 1972, 3 (2), 111-116.
- Weisskopf-Joelson, E. Some suggestions concerning the concept of awareness. Psychotherapy: Theory, Research and Practice, 1971, 8 (1), 2-7.
- Whaley, D. L. and Malott, R. W. Elementary principles of Behavior. New York: Appleton-Century-Crofts, 1971.
- Wilkins, W. Psychoanalytic and behavioristic approaches toward depression: A synthesis? American Journal of Psychiatry, 1971, 128 (3), 358-359.
- Wilson, C. New pathways in psychology: Maslow and the post freudian revolution. New York: Taplinger Publishing Co., 1972.
- Wolpe, J. Transcript of initial interview in a case of depression. Journal of Behavior Therapy and Experimental Psychiatry, 1970, 1, 71-78.
- Wolpe, J., and Lazarus, A. A. Behavior Therapy Techniques. Oxford: Pergamon Press, 1966.
- Yates, A. J. Misconceptions about behavior therapy: A point of view. Behavior Therapy, 1970, 1, 92-107.

MONTANA STATE UNIVERSITY LIBRARIES

 3 1762 10011084 8

[REDACTED]
 D378 Murray, Marilyn Kirkwood
 M965 An existential concep-
 cop.2 tualization of depression
 as an escape from respon-
 sibility

DATE	ISSUED TO
6-30-75	Jean S. Durinck ^{Ch}
8:45 P.M.	Ret. to Carl Smith ^{Ch}
OCT 20	Verla Dingeson Gen Studies 4371 ^{Ch}
KUN	VERLA DINGESON GEN ST
OCT 19 1978	APOLW TREFTS
R NOV 8 1978	
MAR 9 1979	Bill W. ^{Ch} 140 F
AUG 9 1979	Jon R. ²³
MAR 20 1980	Kay Wil ^{Ch}
2 WEEKS USE	
R	
MAR 14 1980	

D378
 M965
 Cop 2