Psychodynamic and attachment perspectives on depression

Jeremy Holmes
University of Exeter UK
What does neuroimaging tell us about depression? (Carhart-Harris et al)

- ‘Hypofrontality’ esp DLPFC
- Increased activity in Cg25 (subgenual cingulate). Cg25 as a ‘dam’ holding back impulses from the PFC
- Deep stimulation of Cg25 alleviates depression
Implications

• Default Mode Network = turning away from the world/attachments (decreased Object Cathexis)

• Activation of DMN – ‘damming up’ leading to self-cathexis

• Deactivation of normal mediating/affect regulatory role of PFC – intrusion of unmodulated affects/impulses
Genes & childhood adversity as vulnerability factors

- **Developmental:** poor-parent child relationship, marital discord/divorce, childhood bereavement, neglect, physical and sexual abuse
  --- all tend to *detach from relationship*

- **Personality:** ‘neuroticism’ (+ stress/loss); ‘short’ serotonin transporter alleles
Situational and social vulnerability factors

- lack of close confiding relationship,
- poverty;
- housing difficulties;
- unemployment; >3 children < 15
- chronic physical illness

-- i.e. stress/threat + lack of secure base
Evolutionary perspectives

• Depression adaptive to status deflation: temporary withdrawal from competition, conflict
• Depression as a necessary retreat v the depressive prison
• ? ‘Healthy Depression’: acknowledgement of guilt, reconciliation of splitting:
• ‘where there’s depression there’s hope’
Social origins of depression
### ‘Provoking Agents’ (Brown & Harris)

<table>
<thead>
<tr>
<th></th>
<th>Psychiatric patients (depression) (n = 114)</th>
<th>Onset cases (depression) (n = 37)</th>
<th>‘Normal’ and ‘borderline’ women (n = 382)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Severe event alone</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td>30</td>
<td>41</td>
<td>13</td>
</tr>
<tr>
<td>• Severe event and major difficulty</td>
<td>32 &gt; 75</td>
<td>24 &gt; 89</td>
<td>6 &gt; 30</td>
</tr>
<tr>
<td>• Major difficulty alone</td>
<td>14</td>
<td>24</td>
<td>11</td>
</tr>
<tr>
<td>• No severe event or major difficulty</td>
<td>25</td>
<td>11</td>
<td>70</td>
</tr>
</tbody>
</table>
Depression and attachment

- Depression obverse of attachment (c.f. asthma/immune response; anxiety/arousal):
  - With attachment goes the possibility/inevitability of loss
  - Depression as stress: activates attachment behaviours, inhibits exploration (= ‘self-preoccupation’)
  - Hence unrewarding clinging
Insecure attachment and depression

• Insecure attachment: depression vulnerability as trade-off -- misery trumps insecurity

• Hypoactivation/dismissive/avoidant: dampening aggression means abnegation of self-assertion

• Hyperactivation/ambivalent: eliciting care means abnegating autonomy
Attachment & depression continued

- (For an infant) cessation of attachment = death
- Hence murder/suicide phantasies in affairs, divorce, unremitting stress
- Depression as withdrawal into oneself when external attachment figure/secure base disappears (from ‘object-oriented network’ ON, to ‘default mode network’ DMN)
CBT: the dominant psychotherapy paradigm

• Diathesis-stress model
• Maladaptive beliefs about the self originating in childhood
• Activated by resonant situations
• Selective attention and inference leads to negative mood reactions (?DMN v ON)
(n.b. all compatible with a psychodynamic model)
Recent developments in CBT

• Negative/maladaptive beliefs activated by dysphoric mood – i.e. two way traffic between affect and cognition

• Role of rumination & unpleasant bodily sensations (self-preoccupation)

• ‘Core modes’: loss, defeat, worthlessness, failure, unloveability

• Compensatory but maintaining strategies
Psychodynamic riposte to CBT hegemony

- Heterogeneity of depression – e.g. no + ive evidence on bipolar or schizophrenia v befriending
- Allegiance effects
- Continuing uncertainty about mode of action of psychotherapy
- Efficacy and effectiveness
- Absence of evidence does not = evidence of absence
- Accumulating evidence for psychodynamic
- But -- *is all this special pleading?*
Phenomenology of Depression

- Low self-esteem
- Guilt
- Feeling sad, weepy, miserable
- Sense of futility and meaninglessness
- Irritability and intolerance
- Wishing to be dead
- Mental torment and anguish
- Anhedonia
Meaning-themes for psychotherapy of depression

• DD as covert grief
• Low self-esteem v healthy narcissism
• Oedipal aspect
• Guilt and the damaged object
• Aggression and assertion
• In each case a) linking precipitant with developmental issue (Axis 1 + Axis 11) b) from DMN to ON via therapeutic relationship
Depression as covert grief

• The p. locked into one or all of phases of grief: denial, protest and/or despair
• The hidden/past trauma-schema that is re-awakened by current loss or difficulty: ‘the dreadful has already happened’
Therapeutic implications

- Find & work through the *unmourned loss*
- Using ‘Malan’s triangles’:
  - T, O, P; A, D, H
- The impingement re-enters the ‘arena of omnipotence’ in the transference: p begins to gain some sense of control over what previously was felt to be overwhelming.
Cows...
Case History

• 45 yr old m, co-hab 2 children, farm injury: depression, somatisation
• No father, stigma; odd depressed mother
• ‘loved his cows’; bereavement reaction
• Obsessed with insurance claim
• I challenge +++: ‘sorry for self’, ‘life goes on’ etc.
• Justifying to myself that I am being ‘father-like’ in place of his missing father
Case History continued

• End of session: “So you’re saying I am a useless, worthless person”
• I worry about suicide, letter to GP etc
• Epiphany: ‘re-traumatising’ – insurance co, me, cow’s = mother’s milk
• Next session: tries to hug me, (?worried his damaging anger); “I loved those cows and their milk”.
• Improved relationship with his son; fighting insurance co
Low self-esteem and healthy narcissism

- Conditional love/never having felt special, makes one vulnerable to depression:
- Every loss = not ‘good enough’ to prevent it
- Help the person redress self-fulfilling prophesy of low self-esteem:
  - i.e. ‘he really does appear to love me despite my failings’ (including the depression itself)
- Modifying the harsh superego via impact of reality
Oedipal aspect

- I can never out-do father, mother – not strong, clever, attractive, thin, enough etc
- Every competition or setback feels like a confirmation of one’s inadequacy
- ‘envy never takes a holiday’
- *Seeing this as a childish residue of anachronistic feelings.* Helping p. to value strengths rather than dwell on failures
Guilt and the damaged object

• Depression as the awful and guilty realisation that one hates/attacks/envies the very object (secure base) which one loves and upon which one depends

• Therefore the attack turned inwards in order to protect the object and retain a degree of security from it

• Approach/avoidance dilemma

• Learn in the transference that the object survives and continues to love you in spite of the attacks
Depression, aggression & assertion

- Inhibition of assertiveness as attachment strategy with mildly rebuffing attachment figure
- Enhancement of helplessness and use of ‘down-power’ in inconsistent parenting
- Enactment of abuse or abandonment in self-attack
- Encourage ‘healthy protest’ and assertiveness
Therapy as instillation of hope
NIMH study: % recovering and remaining well

- 30% (14/46) in CBT group
- 26% (14/53) in IPT group
- 19% (9/48) Imiprimine plus CM
- 20% (10/51) placebo plus CM

- No grounds for complacency
RECOVERY/IMPROVEMENT BY BEFRIENDING AND EXPERIENCE OF FRESH START/DIFFICULTY REDUCTION (FS/DR)

% Recovering

- Befriended with FS/DR: 78%
- Befriended w/o FS/DR: 45%
- Controls with FS/DR: 81%
- Controls w/o FS/DR: 20%
Attachment theory: mechanism of action for therapy...

- Secure base of therapy/therapist + ('befriending')
- 'Exploration'
- P acquires an inner 'third' with which
- challenge DMN with ON ('fresh start')
- i.e. to mentalise
Non-psychoanalytic adjuvants

• The *benign therapist*: does not ignore, blame or condone
• *Activity-scheduling* as a framework for containing the pain
• *Social rhythm therapy* in bipolar disorder
• *Distancing* the pain from the self – visualisation techniques, mindfulness exercises
• Antidepressants as *psychic analgesia*
Therapeutic implications -- integrative

- Explicit focus on overcoming humiliation, entrapment and loss
- Reduce self-blame by emphasis on contextual origins of depression – physical and emotional circumstances
- Building up supportive relationships and networks, a) directly: marital and family therapy b) indirectly: role play and reinforcement
Lear on depression

‘...the point of the anti-depressant is not simply to relieve the pain and lift the depression; it is to help put the p. back in the position where she can again take up the task of developing herself as a subject...there is no drug, now or ever, that can perform that task’

‘even if the meanings did not fundamentally cause the depression, the depression will be causing meanings...’
Lear continued

• ‘...psychoanalysis forgot that it was science of the subject, and advertised itself as a medical cure for a specific disease...’
• ‘...we can learn much about the brain that is of value in alleviating human suffering...but none of this can answer the subjective question: what is it for me to become a person?...Psychoanalysis is a process by which I come to take responsibility for hitherto unconscious aspects of myself. I thereby deepen myself as a subject.’
New beginnings
Conclusions

• Are we on thin ice here?
• Might NICE say – by all means ‘become a person’, but don’t expect the taxpayer to fund you?
• Neuropsychoanalysis as capitulation or new beginning?
• Is there an irreducible radical edge to psa which is the *fundamental value, but also the hazard, of trying to practice psychiatry psychodynamically*?
What do you think?

- Answers/slide requests to

- j.a.holmes@btinternet.com