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# **Work in Progress**

## **The "Self-in Relation": Implications for Depression in Women**

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# The "Self-in Relation": Implications for Depression in Women

Alexandra G. Kaplan, Ph.D.

## About the Author

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## Abstract

The high incidence of depression in women is related to the overlap between key dynamics of depression and central features of women's psychological development. Specifically, self-in-relation theory illuminates how women's felt responsibility for relationships, when seriously thwarted or deflected, can lead to the development of major depressive features of vulnerability to loss, inhibition of action and assertion, inhibition of anger, and low self-esteem. This position is illustrated by quotations from depressed and nondepressed women, and from published descriptions of depression.

This paper was originally presented at a Stone Center Colloquium on December 7, 1983.

In 1978, Arieti and Bemporad, two distinguished writers on the subject of depression, described a personality pattern commonly found to be associated with depression.

"The necessity to please others and to act in accordance with their expectations . . . makes him unable to get really in touch with himself. He does not listen to his own wishes; he does not know what it means to be himself. . . . When he experiences feelings of unhappiness, futility, and unfulfillment, he . . . tends to believe that he is to be blamed for them." (p. 139)

The authors append this description with a footnote that says, "As is customary in English, I refer to the general patient as he and consider him and his male role. However, women with this type of personality are more numerous than men."

Language aside, the authors suggest, but do not address or elaborate upon, the possibility that there is a reason that the cluster of dynamics they describe is more frequently found in women than in men. Depression, as has been well documented now, is overwhelmingly a women's disorder. Twice as many women as men undergo depressive episodes, and one in ten women can expect to have a serious depression in her lifetime (Weissman & Klerman, 1979). But even beyond the more severe syndrome of depression, depression as a mood or a symptom seems to be a specter that haunts women, a mode of experience with which all women seem able to identify. As I was describing this paper to a woman whom I see in therapy, I explained to her that I would, in part, be contrasting responses of depressed and nondepressed women to an interview protocol. She looked at me with complete sincerity and asked, "So you mean you were really able to find women who were not depressed?" This woman spoke for many women's

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fears, if not felt reality, of the relationship between women and depression.

Indeed, the frequency of depression in women suggests that depression may not be an “illness” superimposed on an alien or indifferent personality structure, but rather may be a distortion — an exaggeration of the normative state of being female in Western society. This paper will develop the position that an understanding of the frequency of depression in women requires a recognition of the fundamental overlap between central dynamics of depression and key dimensions in the nature of *women’s psychological development*. From an examination of this overlap, many points of inquiry follow, only two of which will be pursued here. The first is to illustrate how new perspectives on depression in women, *qua* women extend, expand, and refine key aspects of existing theories of depression. The second purpose, which I will cover much more briefly, will be to examine the extent to which the existing literature on depression supports our speculation that the features of depression we are describing are especially true of depressed women.

Locating our inquiry in the realm of the underlying personality structure of the class of people who are most likely to become depressed places us within one of the current directions advocated for the study of depression. Salzman (1975), for example, suggests that “the underlying personality in which a depressive episode occurs may be the key issue” (p. 44). Similarly, Chodoff (1974) argues that “the task for researchers, then, is to find ways to test hypotheses about predisposing personality factors or to initiate imaginative investigative forays which will provide new hypotheses” (p. 68). We could not have put it any better, except to clarify that while these writers are focusing on *individual* personality structures, we are arguing that the first step is to consider personality structures that may be common to the *group* of people most likely to become depressed, i.e. women.

In looking at the broad sweep of underlying personality structure as it evolves within a social context, we will, by necessity, not review many important specific contributions to the study of depression in women. These include major works on sex differences in depression, such as those by Weissman and Paykel (1974); Hammen and Padesky (1977); and Blatt, D’Afflitti, and Quinlan (1976). In addition, we will not examine important studies of the social conditions that influence women’s relative vulnerability to depression (Belle, 1982; Brown & Harris, 1978; Radloff, 1980). Finally, we will not explore the possible role of biochemical factors.

Rather, as a preliminary inquiry, the focus will be on underlying personality factors as they evolve within a social context. These appear common to women in general, and exacerbated for depressed women.

### **A new model of women’s psychological development: The self-in-relation**

A discussion of depression in women in light of women’s psychological development requires a developmental theory that reflects validly women’s experience. It is generally accepted now that existing theories are rooted strongly in the male experience, with women understood in terms of what they are missing when measured against the male paradigm (Gilligan, 1982; Miller, 1984). An alternative theory constructed to reflect women’s development has been evolving at the Stone Center at Wellesley College. More complete statements of this theory can be found in Surrey (1984) and Miller (1984). I can present here only the basic parameters, and refer the reader to the other articles for a fuller elaboration.

In brief, we are arguing that while existing theories posit some form of autonomy or separation as the developmental path, women’s core self-structure, or their primary motivational thrust, concerns growth within relationship, or what we call the “self-in-relation.” By relation we mean much more than is indicated in interpersonal or object-relations theories such as those of Sullivan (1953) or Fairbairn (1962). What we are emphasizing, in contrast to these theories, are the key aspects of attaining a capacity to be attuned to the affect of others, understanding and being understood by the other and thus participating in the development of others. Thus, relationship is a two-way interaction, at its best a mutual process wherein both parties feel enhanced and empowered through their empathic connection with the other.

Connection with others, then, is a key component of action and growth, not a detraction from or a means to one’s self-enhancement, as is implied in other theories. Further, what is important is women’s sense of taking an active role in the *process* of facilitating and enhancing connectedness with others. Engagement in this process in turn fosters the gradual evolution of a differentiated self, a self with its own clear properties, wishes, impulses, etc. — but a self which achieves articulation through participation in, and attention to, the relational process. Thus, the growth of the differentiated self is commensurate with the growth of one’s relational capacities and relational network, from the earliest parent-child dyad to an increasingly complex, multifaceted web of being with others which can ebb and flow in response to social conditions.

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In reality, the extent to which women can act and feel empowered by their relational capacities is highly dependent on the extent of societal and individual valuing of these strengths. As Miller (1976) and others have argued, our society not only does not value these attributes, but tends to interpret them as weaknesses. This powerful denigrating of relational qualities has restricted the vast majority of women to less than the full use of their own resources, too often limiting their actions — at home or in the work force.

We will now attempt to demonstrate that when women are severely constricted in the full development of their relational capacities, and when women are strongly discouraged from, or punished for, self-expression, the conditions are set up which can lead to depression. To illustrate this point, we will document first some of the key features in depression across varying perspectives, and then show how extreme forms of curtailment of women's normative developmental patterns create the very intra-psychic conditions that are recognized as the hallmarks of depression.

### Key elements of depression

1. *The experience of loss.* The experience of emotional loss, whether due to the actual disappearance of a significant person through death or desertion, or through the experience of emotional disconnection, is at the heart of many accounts of the origin of depression, especially psychoanalytic ones. It was introduced by Freud in his early writings (1917), and then elaborated upon as psychoanalysis moved on to develop its structural theory and then its ego psychology. More recent cognitive and behavioral theories and some research studies also cite the experience of emotional loss as a common precursor of depression (Beck, 1972; Seligman, 1975).

2. *The inhibition of anger and aggression.* This concept, again, figures prominently in psychoanalytic accounts of depression. As first described by Freud, early relational losses cause the person to turn both her/his love for, and anger at, the failed love object back against the self. That is, the disappointing other is not rejected from one's emotional life, but rather is "internalized" so that feelings directed toward the other become directed toward the self. Thus, the angry reactions caused by the behavior of the other are now experienced not as anger at the other, but as an attack on the self.

3. *Inhibition of action or assertiveness.* The inability to act, immobility, is a characteristic diagnostic sign of depression (Spitzer, 1980). Inhibition of action and movement is noted in psychoanalytic accounts of

depression (e.g., Bibring, 1953), in which it is explained as a powerless ego state. Beck's (1972) cognitive theory identifies such inhibitions as the behavioral result of negative cognitions about the self, the world, and the future, while Seligman (1975) links a decreased motivation to act with the condition he labels "learned helplessness" which comes from not having control over the consequences of one's behavior.

4. *Low self-esteem.* This concept, also, is at the heart of all major theories of depression. It is, in effect, the end result of the above three conditions, and in turn contributes further to them. Feelings of grave injury to the self through emotional loss, suppressing anger, or turning it against the self are all said to contribute to the pervasive feelings of worthlessness and extreme inadequacy that comprise what we think of as low self-esteem.

Each of these aspects of depression is discussed in the literature without consideration of how their development and/or manifestation may be influenced by gender-based, normative developmental prescriptions. It is as though the way one handles anger, the capacity to act in the world, one's sense of being validated by societal norms and expectations have nothing to do with whether one is a woman or a man. And yet we know from many bodies of research that this is not at all the case. More specifically, there are even times when descriptions of the depressive syndrome are difficult to distinguish from the female experience. Listen again to the quotation with which I began this paper, but replace, now, the author's "he" with "she."

"The necessity to please others and to act in accordance with their expectations . . . makes her unable really to get in touch with herself. She does not listen to her own wishes; she does not know what it means to be herself. . . . When she experiences feelings of unhappiness, futility, and unfulfillment, she. . . tends to believe that she is to be blamed for them."

Is this just a description of depression, or could this be a description of one aspect of the modal experience of being a woman in society?

### Depression and women's psychological development

We can now re-examine the four parameters of depression outlined above to explore how they relate to women's development, and to examine how they can be distorted in ways that then characterize the

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depressive experience. Our own theoretical position will be illustrated by vignettes from women with whom I have worked in therapy, and women who responded to an open-ended interview format which we have developed to explore more precisely some of our hunches. The interviews have been held with both women who were identified by their therapists as depressed, and with women who had not been so identified. These vignettes are presented as anecdotal illustrations of the points we are making, not yet as confirmation of our speculations. As a group, the women quoted are all white, single, heterosexual women ranging in age from their mid-twenties to their fifties, college educated, and currently in pursuit of additional education or engaged in a professional career, although for the depressed women not nearly in the manner nor to the extent that they would like.

1. *Vulnerability to loss.* Self-in-relation theory suggests new understandings of the term “loss” as it is used in the depression literature, which highlight its applicability to women. From our perspective, women, if not deflected, seek to maintain connection with others in an empathic mode which validates their own capacities as a relational being. Yet social values, as embedded in the construction of work and family roles, all serve to make this a difficult quest at best. The devaluing of relational qualities (e.g., when connection is interpreted as “dependency” on the one hand or “smothering” on the other hand) (Stiver, 1984) can lead women to doubt or fail even to recognize the value of their own endeavors. But more, to the extent that women seek mutuality of understanding with others, they are often disappointed, especially but not only in relationships with men. This can leave women in a constant state of felt loss. Moreover, this is more than “object loss” as is usually discussed. It is, instead, the loss of confirmation of their core self-structure as one which can facilitate reciprocity and affective connection in relationships.

For women who become depressed this pattern is greatly exacerbated. In the case of loss through death of a parent there is, of course, the ending of an important avenue for relational connection. There may be also the possibility of prolonged grief or even depression of the surviving parent, which could severely limit the availability of that parent to serve as a new or additional source of affective relatedness.

More typical, however, would be the loss the depressed woman can experience throughout her lifetime from the sustained state of profound disconnection from a parent who is affectively not available to her, or who responds to her impulses and

attempts at contact with disdain, ridicule, or outright hostility. Such experiences, accumulated over the years, can generate in the child a pervasive sense of her utter inability to sustain relationship or please the other, which is tantamount to a major disconfirmation of her core sense of self-worth. Further, such rejection conveys to the child the sense that her basic wishes and impulses are inherently harmful to others. Thus, the ultimate loss in many depressed women’s history is not so much the loss of gratification from another, but the major loss of confirmation of their core self-structure.

This cycle is illustrated by the words of one of the women I interviewed. Much of her childhood was dominated by her attempts to forestall the loss of her father, who was constantly threatening to leave the family. “The thought of his leaving would devastate me — so I kept trying so hard to be responsible and mature and smart, and to anticipate what he was going to want. I think this happened at the expense of being a child. Everything went into that. When I was growing up, my father was my life line. The fear of him leaving was constant. I invested tremendous energy into pleasing — so that he would *love* me and not leave. He *had* to love me.”

2. *Inhibition of action and assertion.* As women in general experience failure or frustration in their attempts at affective connection with others, they, themselves, take responsibility for the relational failure, assuming that if they were “better” they would not have such problems. In a somewhat paradoxical mode, then, failure at relationship stimulates further attempts at connection in the hope that renewed efforts will succeed where past attempts have failed, and thus confirm the core self-structure. But the residue of self-doubt is played out in the inhibition of other forms of action. This leads them to curtail endeavors which, under more affirming relational conditions, they would be apt to pursue. Such inhibition of action directly embedded in a relational context is beautifully expressed by Emily Dickinson (1861-1960):

Why do they shut me out of heaven?  
Did I sing — too loud?  
But — I can say a little “Minor”  
Timid as a bird!  
Wouldn’t the angels try me  
Just — once — more?  
Just — see if I troubled them  
But don’t — shut the door.  
Oh if I were the Gentleman

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In the "White Robe"  
And they — were the little hand —  
That knocked  
Could I forbid?

For women who become depressed, the profound fear of major disruption of relational ties and the concomitant basic threat to the integrity and authenticity of the core self-structure can constrict seriously a large range of activities and modes of expression. But, as in the normative model described above, the constriction is not total. That is, there is a distinct *selective* inhibition which applies strongly to actions which further one's own goals, and not nearly as strongly, if at all, to actions which support or enhance someone else.

This pattern of women severely inhibiting their own strivings and actions so as to preserve relational ties emerges over and over again in clinical work with depressed women. One woman, for example, currently is working in a mundane job headed by a kindly boss who is, however, relentless in urging the workers to devote much more time than necessary to their work. This woman is grieved by the fear of letting her boss down, and struggles to meet the boss's demands. Yet this commitment deprives her of any time to pursue her considerable talent in her chosen but nonlucrative field. Knowing that she is wasting her most productive years, she still sees disappointing her boss as a weakness in herself in that she would see it as putting the pursuit of her own interests over the needs of another.

Another woman who put tremendous effort into supporting her husband's career aspirations was paralyzed in doing the same for herself. On a few occasions she finally gathered up the courage to approach someone who might help her. If the initial response was negative, she would meekly reply, "OK, thank you," and leave. In retrospect she is appalled at her lack of "courage," and full of ideas of things she could have said to try to change that person's mind. This same woman, a vibrant and lively talker in most instances, described to me a recent important career accomplishment in words so soft I had no idea what she was saying. I drew her attention to this, and she noted that "there I go again" as we both had a good, confirming laugh. In contrast to these examples is the experience of one of the nondepressed women who, while describing herself as "very introspective," knows that she "likes to be in control of what's going on around me." She states that "I'm very aware of how people respond to me, and I can adapt to that, but I feel that I still have a definite personality that comes across regardless of my adapting to people's needs.

I'm still very much me."

3. *Inhibition of anger and aggression.* Miller (1976, 1983) argued that women inhibit their expression of anger out of fear — often confirmed — that such expression will disrupt important relationships. But, she added, holding back anger is disempowering and leaves one feeling constricted, ineffective, and perhaps wrong for even feeling angry. Thus, women's goal of mutually empathic relationships is felt to be thwarted by their anger, even though anger — directly and validly expressed — can lead to an affirming and bonding experience between two people if it occurs in a context of mutuality. Feelings of powerlessness in turn generate more anger, but this anger also is constricted, leading to further feelings of ineffectiveness until the anger may explode in ways that may be greatly exaggerated or "off target."

For women who become depressed, this pattern, again, is greatly exaggerated. Similar to their feelings about action on their own behalf, anger is associated with "destructiveness." That is, their inner sense of "badness" generates the fear that expressed anger would be explosive, out of control, and devastating to the receiver. Depressed women are sometimes aware of and in touch with their feelings of anger. And yet the fears of the consequences of this anger are severe because these women experience their anger not as a valid sign of strength, but rather as a confirmation of their bad and worthless selves. The struggle to contain their anger, however, further contributes to the inhibition of action as described above.

Fears of the destructive consequences of their anger were expressed by many of the women. For one woman, this fear arose regarding her feelings of intense anger at her mother and sister. Having fought with them, she would then feel "devastated" and go off alone to her room to cry. "My fear," she reported, "was that if I really let them know how angry I was, I would kill them." Another woman spoke about her inability to act on her rage at her husband. This woman, less able to act on her immediate anger than the woman just described, projected her feelings and fears onto her husband. She could not leave this difficult marriage or even present her grievances, she recalled, because she was convinced that if she did so, her husband would kill himself, and she would hold herself fully responsible.

Another woman, who had a difficult and conflictful relationship with her mother, had for years struggled to please and care for her, efforts which were consistently rejected. She had, by adolescence, long linked her angry feelings toward her mother with strong feelings of responsibility for their difficulties

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because of her “badness.” This was illustrated poignantly in adolescence, beginning with her mother’s insistence on giving her a fancy birthday party, something that she didn’t want because she was “so undeserving.” Yet the party occurred, after which the mother suffered a serious heart attack. The young woman was devastated, feeling herself responsible for her mother’s infirmity and seeing the illness as direct confirmation of her inherent “destructiveness.”

These situations can be contrasted to the account given by one of the nondepressed women. She recalled being with two male friends riding in a small car and driving too fast on a dark and poorly paved road. She was furious because it was a new car and they were not used to it. She had begged them not to make the trip at all in that car, let alone recklessly. She knew that if she became angry and asked them to slow down, they wouldn’t. Instead, she found another strategy. She said something like, “Well, this isn’t fair. I haven’t had my turn to drive yet.” In response, the driver did pull the car over.

4. *Low self-esteem.* Women’s general sense of low self-esteem is both the end result of and a contributing factor to the conditions described above. The felt responsibility for failures in evolving mutually affirming relationships can leave women doubting the value of their own relational worth. To re-emphasize this point, we have suggested that women’s sense of self-worth rests heavily on their sense of their ability to make and build relationships. Further, women are limited in the gains to self-worth which could come from the free expression and confirmation of their own wishes, a freedom which they fear — or know — will threaten connectedness. Yet it is precisely this freedom of expression in pursuit of one’s own desires which receives the strongest cultural support, especially when it is exhibited by men. Thus, for women in general, there lingers a certain sense of inadequacy (especially when they measure themselves against culturally valued masculine norms) which is directly translated into lowered self-esteem.

Again, the pattern is much the same for depressed women, only more extreme. Early and continuing emotional disconnection from others, marked often by punishment or withdrawal in response to their attempts at sustaining relationships, contributes to a basic sense of personal worthlessness and futility of action. The profound sense of responsibility which depressed women take for these failures creates a core sense of their own “destructiveness.” This inner sense in turn severely inhibits those actions which are not directly in the service of facilitating the growth of others. This inhibition of action further fuels the sense of

worthlessness, and so the cycle continues.

These themes of one’s inherent “badness,” the fear of harming others even as one is reaching out, and the sense of personal inauthenticity appear repeatedly in therapy with depressed women. This is reflected in even relatively minor areas of everyday life. One woman felt terrible because she had failed to look up at me when I had entered the waiting room to get her, feeling that she had seriously insulted me. Another woman described her intense fear, even when she dials a wrong number, that she might say the wrong thing. At such times she would have a true anxiety reaction with sweaty palms, heart palpitations, and a sense of being frozen. Her only recourse was to become able to predict what the other person would say, and to prepare a proper response. What is striking about these examples is that these women not only feel diminished in self-esteem by relatively minor actions, but come in time not to trust, or even be able to recognize, their own impulses, leading to the inhibition of action discussed above.

Another situation reflects a more extreme instance of fear of harm to others contributing to a devastation of self-esteem. In this instance, a woman cried at length about something she had done which was so terrible that she couldn’t tell me, but that left her feeling grievously destructive and damaging to another. This action finally was discussed, and turned out to be her failure to submit my bill to her insurance company at the proper time.

By contrast, one of the nondepressed women, who did feel bad about herself when relationships with others were not going well, was then able to act so as to better the situation. “When I’m not feeling good about myself and keeping up with my friendships, I’ll force myself to go out with a person and lend them my time and understanding, and then I’ll definitely feel better about them, and about myself.”

### **Critique of existing theories of depression**

These new formulations about women’s experience of depression can be used now to refine and extend the concepts of vulnerability to loss, inhibition of action, inhibition of anger, and low self-esteem as they are constructed in the more traditional models of depression. In general, our formulations provide major new interpretations of dynamics described in existing theory by illuminating more clearly women’s experience of depression. Even our basic starting point, although in line with psychoanalytic concepts of depression, differs from them in important ways. That is, in the psychoanalytic

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literature, relational (i.e., interpersonal) factors are seen to play a key role in the developing personality of depressed people. As Salzman puts it, "Depression is something that is happening to a person in reaction to others." But the traditional analytic construction of these relational factors is different from the use suggested by our model. Both our theory and analytic theory link relational precursors of depression with some form of emotional loss or the vulnerability to loss. But psychoanalytic theory locates the impact of this loss on the loss of something that would be given to the individual — in their terminology, "narcissistic supplies." Included in that idea are both the absence of gratification of oral needs, and also relational disappointment in terms of rejection or disappointment from others. Note that within analytic theory, the loss occurs in one interpersonal direction — from the "external supply giver" to the self. Gratification is being withheld, needs remain unmet. Analytic theory, then, posits that this loss of gratification has a devastating effect on one's self-esteem. Again, this effect is put in relational terms, but not as we would. The emphasis remains unidirectional; low self-esteem is seen as coming directly from feelings of being wounded, hurt, or neglected in a relationship with another. In general, Kohut (1971) continues in this line of thought.

Self-in-relation theory provides important refinements in the understanding of this process. Rather than putting our emphasis on the one-way loss from the so-called giver to the so-called receiver, we would emphasize much more of a two-way mutual process. As our theory stresses, psychological development, especially for girls, is based on mutual understandings and reciprocity of affect. It is the flow of empathic communication and mutual attentiveness from one to the other that not only permits the child to feel cared for, but begins to develop in the child a sense of herself as a caring being, as one who derives strength and competence from her own relational capacities. Thus, in our theory, what is ultimately lost is not just something that should be provided by another but, importantly, the chance to take part in a mutually affirming relationship — to be affectively connected with another and thereby confirmed in the validity of your own self as a person-in-relationship. And it is the absence of this capacity for connecting with others — the denial of the opportunity for full development of one's relational goals — that would be the hallmark of the effect of loss.

Findings from recent research studies also point to the general importance of relational factors for depressed women. Relationship loss figures

prominently, according to some studies, in the childhood experiences of women who become depressed as compared to women who do not become depressed (Brown & Harris, 1978). Relatedly, the presence of an intimate confidante has been found to be a major barrier against depression under stressful life circumstances (Belle, 1982). Other studies found that the majority of women who sought therapy for depression had experienced a relational loss within the six months just preceding the onset of their depression (Weissman & Klerman, 1979; Schwartz & Juroff, 1979). Similarly, depressed women more than depressed men sought help from others as a means for countering their depressive states (Padesky & Hammen, 1981). In all of these research studies the point is usually made implicitly or explicitly that the loss of gratification from another is responsible for the connection between loss of an important relationship and depression. We would not disagree that this sort of loss does have an impact on the development of depression. But, again, we would add that women, in addition, suffer the loss of confirmation of their relational self-structure; the opportunity for contributing to the relational process. The absence of intimacy is experienced more centrally as a *failure of the self* even if along with failure of support or love from another.

Self-in-relation theory also enriches understanding of the process of inhibition of action and assertion as described by others. Seligman (1975), for example, offers an explanation for such inhibitions under the rubric of "learned helplessness." He argues that depression results from the loss of control over the modes of reinforcement for one's behavior. That is, depression can result if one feels unable to anticipate or predict the consequences of one's behavior, prediction which is necessary for one to feel able to act so as to produce change. In the absence of such control, one in a sense "gives up" with concomitant feelings of helplessness and futility. This framework is consistent with what we are saying, but only to a point. For one, Seligman does not speak to the impact of this "loss of control" on one's core self-structure; it is not only helplessness, but self-blame and responsibility that we would posit as the key issues here. For another, Seligman does not distinguish between relative degrees of "helplessness," depending on the kind of action involved. We would argue, as described above, that depressed women are not equally inhibited in all modes of action. Rather, this inhibition would be especially marked in actions felt to be selfish or

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destructive in a relational context, and much less marked in actions felt by the woman to be especially facilitative of others. In fact, as Miller (1976) has pointed out, depressed women can be very active if they see their action as occurring within the “proper context.”

### On the comparison of depression in women and men

Having demonstrated some key dynamic links between major features of women’s psychological development and central aspects of depression, it now behooves us to consider whether the qualities we are describing are indeed more true of depressed women than of depressed men. Are they qualities that are linked generally to depression or more specifically to depressed women? In either case, the link we have demonstrated would be instructive. Indeed, even if depressed women and men followed essentially the same dynamic pattern, the greater fit between this pattern and women’s, more than men’s normative developmental trajectories, would provide one important explanation for the greater incidence of depression in women than in men.

However, the depression literature does provide some clues to the possibility that there may be differential patterns of depression in women and men. These are merely hints, and they come from two sources. The first source are those instances in which researchers note, but do not elaborate on, an empirical finding that specific patterns of depression are more common in one sex than in the other. The second comes from identification of several different patterns of depression within a research population, one of which conforms closely to women’s developmental characteristics and the other to men’s (this is, however, typically not pointed out). A few examples will illustrate these tendencies.

Arieti and Bemporad (1978) provide one such distinction. They describe, for one, the “placating personality,” which I have excerpted in earlier quotations. Briefly, you will remember, this description focuses on elements of inability to listen to one’s own wishes, the need to please others, and feelings of self-blame if things go wrong. This description is very similar to some of the key elements we have highlighted about women and depression. These writers could have “gotten it,” but they stopped short of exploring the *implications* of their findings that this pattern does indeed occur more often in women than in men.

Arieti and Bemporad contrast this portrayal to a

second type of pre-depressed personality which may be prototypical of men’s experience. It is consistent not with a core self-in-relation, but with a self-in-advancement, a “performing self.” In the words of Arieti and Bemporad, this type of person is characterized by:

“the pursuit of a significant goal and gradually becomes haunted by this dominant goal. The dominant goal is omnipresent — and as a rule is grandiose, like winning the Nobel prize or becoming the chief of the firm, and the actions of the patient can be interpreted as being motivated by the attempt to attain what his grandiose self-image demands — the attainment of the dominant goal seems motivated by a thirst for glory. Unconsciously, the patient feels that he will be worthy of love from others or from himself only if he succeeds in achieving the dominant goal.” (p. 141)

While both of these personalities are oriented to a search for love, the paths they take are diametrically opposed. For the first, the search occurs within a relational process with the feelings and self of the person altered and shaped so as to preserve connectedness for which the person holds herself responsible. For the second, the search occurs via the path of self-aggrandizement which secondarily may promote connection with others. Others should love the person for what he has *done for himself*, while his own actions reflect no contribution to building connection; nor does his self-esteem lie in his capacities to forge this connection.

A similar dichotomy can be found in the writings of Grinker, Miller, Sabshin, Nunn, and Nunnally (1961). Based on an intensive interview study, they identified several major factors in depression, two of which are of interest here. The first, which is consistent with our portrayal of depression in women, is characterized by feelings of sadness, shame, and guilt which derive from a basic feeling of unworthiness. This bad self in turn leads to self-punishment and a pervasive feeling of low self-esteem. The second factor, which they found to be significantly higher in men, is characterized by an almost complete concern with external problems, most notably material loss and a sense that their inner state could be changed only by the outside world providing something for them. While this portrayal is more delimited, it still suggests a basic dichotomy between failings as being either internal or external, and responsibility (and blame) as being located in the self

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in the first instance and in the external world in the second.

## Conclusion

We are arguing that the field of psychology needs to make fundamental revisions in its thinking about the dynamics of depression in women, and indeed about women's psychology in general. Such thinking would center on a developmentally grounded understanding of women's core self-structure as it is enhanced and as it evolves through growth-in-relationship, and as this growth is thwarted by social denigration of relational capacities. This line of thought would permit an understanding of many women's sense of inadequacy in the face of barriers to the kind of relational goals that they seek. Such validation would be an important counter to women's current tendency to place responsibility for their failures on themselves. A lessened sense of self-blame could, in turn, free women for more effective action which would be consistent with their relational goals.

Some of this work can be done in psychotherapy, although individual solutions cannot be an adequate response to a pervasive social problem. But therapy under the proper conditions can provide a corrective experience to the downward spiral of worthlessness and immobility that is so often described in women. But "proper conditions" are crucial. Most importantly, women's inner state needs to be understood in terms of its relational meanings and relational goals. Without this, there is a too-easy link between women's self-reports and clinicians' labels of "dependency" or "neediness," terms which highlight women's "weaknesses" and belie the active relational strivings behind their situation. Without a relational frame, women may hear in therapy that they are trying to do "too much," that they should lower their aspirations and look more to others for assistance. Indeed, this is a direct derivation of the depressive condition that we suggested might be consistent with the male, but not the female, experience of depression — where depression was linked with failure to achieve a "dominant (performance) goal." This, in turn, suggests that while many clinicians have made observations which tend to show different types of depression, their therapeutic actions are often those which fit the more "male" kind of depression, despite the fact that the majority of depressed patients are women.

The quality of relationship between client and therapist would also be a central component of the proper conditions for therapy. In essence, an empathic bond between client and therapist is essential for the

therapist to hear and validate the client's own experience as she, not the therapist, constructs it. In the absence of an empathic mode of communication, women's fears or feelings of realistic sadness or inadequacy may be brushed off or "pathologized" by the therapist, especially as these feelings fit a therapist's expectations of women, again, as over emotional, dependent, or the like. Therapy can be a place for a mutually empathic relationship to thrive. I experienced this anew as I prepared this paper and sought permission from my clients to include parts of their stories. They were pleased that their experiences contributed to my understanding of depression, just as I was gratified that my understanding could be of benefit to them.

Beyond psychotherapy, there is of course the ultimate "corrective experience" in terms of changed life conditions. But there is also an important intermediate step, which is sharing these new ways of knowing and thinking with other women. Knowledge is indeed empowering. A lot of the work that is currently done in therapy with women probably could be done as well, or better, by women being with other women, especially when given access to appropriate models for understanding and validating their experience. Women have not had such access to date and, worse, what models they did have served often to invalidate their own experience. We hope that recent writings on women and relationship are providing a contribution in this direction.

## Discussion Summary

*After each colloquium lecture, a discussion is held. Selected portions are summarized here. In this session, Drs. Jean Baker Miller and Janet Surrey joined Dr. Kaplan in leading the discussion.*

**Comment:** Thank you for your paper. I am grateful to you because as I was listening, I was thinking of a women's therapy group that I have been running for the last four years. The issues you raise pertain to it. Many of the women had difficulties with relationships either being "hyper-attentive" to others or having difficulty in making connections to others. We worked within a mutually empathic process which I see as a process in which pieces of the other are taken into the self. I can see that this looks almost like temporary symbiotic merging or fusion. But the end result for a number of members was the development of a clearer differentiated sense of self out of a deep connection with one another.

**Kaplan:** That's an exact example. I think that even without a theory, from the beginning of the women's movement, women met together; they

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formed consciousness raising groups. These women were acting on the recognition that they would grow *in relation*. It is through these groups that women also learned how to relabel and reinterpret their experience. In one sense, we are offering a reason why that worked.

**Question:** Many women are living alone now, for example, as displaced homemakers, single women, and they are feeling isolated. They seem to feel terrible, more so than men. They know they have the *right* to feel terrible, which is part of being a relational being. However, people tell women that they should enjoy living alone, but they say, "I hate it, I want to live in relationship with people." What can we say to women who live alone other than "learn to like it," which is like saying "don't have your feelings"?

**Surrey:** Your question raises an important issue. It is true that many women who live alone feel terrible, yet research has shown that married women have a higher rate of mental distress than nonmarried women. However, we tend to focus more on the problems of single women. One major reason for this, of course, is that women are so prepared by society to become "happily married" that many women tend to think that they can't be happy any other way. Nonetheless, loneliness is a real issue. But sometimes after a period of distress following a loss, a woman can go on to more conscious exploration of what is best for her. It's important not to impose a "right way" on all women. Some women may come to value living alone; others may seek new and "creative" forms of sharing living space. An important point is that women are seeking new relationships which are more mutual. It's a hard struggle because society has not institutionalized forms of relationship other than marriage. I think we should all pay attention to this issue because the probabilities are high that almost all women will be single for a large portion of their lives through divorce, widowhood, or the decision not to marry.

**Question:** I was divorced when my son was three years old. I was very depressed at the time and very involved with him emotionally. He learned to do the things most women do, but he has had a hard time. It's difficult to be a "new man" in our society because things haven't changed very much, really. Do you know of any examples of men or boys who have suffered depression because they are different from other men? They can become very self-deprecating.

**Miller:** I've seen boys with similar experiences. It's important to note that a person can be self-deprecating and not be depressed. In our society, there can be negative reactions to boys who show that

they are more in touch with their feelings. The task is to help them to recognize that this is very valuable and that it can make them truly stronger, more effective people. I've also seen more "stereotypic" boys who are really suffering from a great need to be in touch with their feelings and to be connected to other people, but who have a hard time doing so.

**Kaplan:** I want to add that the last part of my paper is highly speculative. We don't know clearly at all that women have one form of depression and men have another. I just wanted to point out that the distinctly different descriptions of depression in the literature are consistent with female and male developmental paradigms. Now, whether or not we can make clear connections between gender and forms of depression remains to be seen. But I do think that there is some meaning, especially in Grinker's work, that men seek achievement via their own accomplishments, which is psychologically very different from seeking growth via connection. Men definitely want relationships, but they want "support." Jean has written that there has been a whole bevy of women who are supporting this "autonomous man." Relationship, then, does not have the same meaning as it does for women. In women it means facilitating the growth of others such that it enhances one's core relational self. But we need to know much more about this whole issue.

**Question:** In listening to the paper, I felt you were describing my eleven and twelve-year-old sons who, even though they are boys, are very much like me. My sons are afraid to express anger at their father. Even though they're not female, they have the same fear of loss and the same low self-esteem; they experience depression just like women do. Are they better or worse off for this?

**Kaplan:** It's a very important question, and I can only begin to answer it. It's possible that some men who become depressed are more similar to women in personality structure than are other men. That's a question that needs further exploration. But I wouldn't at all say that your sons are worse off for having these feelings and being able to express them as openly. Keep in mind that many men who do not experience depression may "mask it" in forms ranging from criminal behavior to alcohol abuse. Maybe your sons seem somewhat depressed, but then they may not be delinquent. I have a son, too, and I've thought a lot about that. I do think they're better off, but that's just one perspective.

**Miller:** I would say that they're at least *potentially* better off if they're in touch with sad and

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difficult feelings at a time when a sad or difficult thing is happening.

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