

GUILT AND HOSTILITY IN DEPRESSION

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The presence and absence of the feelings of guilt and hostility in depression had been a matter of controversy in the cross-cultural literature. In the psychopathology of depression, these feelings have been considered playing a significant role. Redlich and Freedman (1966) reported that the feelings of guilt in depressive patients were found to be associated with shame as well as unworthiness over the past sins and failures. Murphy *et al.* (1967) related the guilt feelings in the European depressives to the Judo Christian emphasis on sin and guilt and to the internalized ideals of behaviour.

Psychoanalytically oriented researchers have held that guilt is uncommon in non-western cultures and hence depression is also uncommon. The paucity of guilt feeling in depression of African countries has been noticed by various workers (Lambo, 1956; Yap, 1958; Amara, 1967). Lambo (1956) thought that this variety of guilt feelings in depressives could be due to erroneous diagnosis. Commenting on the findings of various workers in African countries Yap (1965) remarked that there was a paucity and mildness of guilt and unworthiness expressed in such patients.

In our country, there are only few reports on the symptoms of depressive patients. Ansari (1969) reported guilt feelings in 67.5% of his 40 depressed patients. Similarly, Venkoba Rao (1966) found these feelings in 26.7%, Bagadia, *et al.* (1973) in 5.3%, Teja *et al.* (1971)

in 48% and Sethi *et al.* (1973) in 11.7% of depressive patients. Teja *et al.* (1971) compared 100 Indian depressive with depressed patients studied by Venkoba Rao (1966) and in two British studies and showed that the occurrence of guilt was statistically the same in all four studies. The nature of feelings of guilt observed in Indian patients was of impersonal character. Their feeling of unworthiness, self abasement, shame and guilt are handled by the mechanism of projection. Contrary to the earlier findings, Venkoba Rao (1978) found guilt feelings only in 8% of depressions.

Regarding the other aspect, that is, hostility in depressives, the earlier classical formulation presented by Freud (1916) and Abraham (1911) pointed out that these feelings are reverted towards the self rather than object world in depressive illness. In such patients, the ability to express their hostile feelings outwardly has not been observed. In another formulation Rubinfine (1968) stated that the warding off of the feelings of hostility in depressives helped them to preserve their original love object. Blaine (1952) considered the importance of depressives' feelings of bitterness and resentment, though these were not considered as the essential elements of depression.

On the contrary, Buss (1961) had observed depressives readily expressing their resentment. Similar findings were reported by Weisman *et al.* (1960) in his study of females with the help of Rosenweig's PF Test.

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A more recent study (Friedman, 1970) also reported lesser expression of "hostile feelings" in depressed patients than in normal subjects. In this as well as in other studies, expression of hostility was found to be associated with recovery (Klerman and Gershon, 1970).

The present investigation intended to explore the feelings of guilt and hostility in primary depressive patients.

METHOD

Sample : The sample consisted of 35 primary depressive subjects. Twenty of them were males and 15 were females. Except one, all the subjects were married.

Materials: All the subjects were administered the short form of Beck Depression Inventory (Beck and Beck, 1972). They were also administered 6 cards of Thematic Apperception Test (Indian adaptation by Uma Chaudhary 1967). These cards were 1, 3FG, 3MB, 4FG, 4MB, 5, 7, & 8.

Procedure : Each patient diagnosed by the consultant as primary depressives (on the basis of Feighner's criteria, 1972) was administered Beck's Depression Inventory (Beck and Beck, 1972) to assess the severity of depression. The patients were classified into three categories-mild, moderate, and severe (Mild=Upto 7, Moderate=8-16 Severe=Above 16). Following this, each patient took TAT (Uma Chaudhary, 1967). For evaluating guilt and hostility following scoring method of Saltz and Epstein (1963) was employed :

Guilt :

0=The hero does not experience injury, physically or psychologically or there is no evidence of anger on the part of some one other than hero.

1=Hero is mildly injured, physically or psychologically or some one other than hero is slightly angry.

3=Hero is moderately injured physically or psychologically or some one other than hero is moderately angry.

5=Hero is severely injured physically or psychologically or some one other than hero is very angry.

Hostility :

0=There is no indication that the hero is angry nor does any one other than the hero experiences injury either physically or psychologically.

1=The hero is slightly angry or someone other than the hero is mildly injured physically or psychologically.

3=The hero is moderately angry or some one other than hero is moderately injured physically or psychologically.

5=The hero is very angry or someone other than hero is severely injured physically or psychologically.

RESULTS

Findings revealed that there were no significant differences in the guilt scores of moderate and severe depressives. Table-1

TABLE 1—Guilt Scores and Intensity of Depression

Guilt Scores	Intensity of Depression		Total (N=33)
	Moderate (N=16)	Severe (N=17)	
0-5	10	6	16
6-10	5	5	10
11-15	1	5	6
16-25	0	1	1
Median	8.5	4.0	6.0
Mean	7.94	4.31	
S.D.	2.99	5.65	
Median Test :	$X^2=2.59, d.f.=1, N.S.$		

presents the distribution of guilt scores according to the intensity of depression. Similarly Table-2 shows that when hostility scores of moderate and severe primary depressives were compared, the two groups did not differ significantly ($X^2=(d.f.1) .20$).

TABLE 2—*Hostility Scores and Intensity of Depression*

Hostility Scores	Intensity of Depression		Total (N=33)
	Moderate (N=16)	Severe (N=17)	
0-5		9	10
6-10		7	7
11-16		0	0
16-25		0	0
Median	4.5	3.5	4.0
Mean	4.70	4.36	
S.D.	3.26	2.54	
Median Test :	$X^2=0.28$, d.f.=1, N.S.		

Table-3 shows the distribution of the guilt scores among males and females.

TABLE 3—*Guilt Scores and Sex Variable*

Guilt Scores	Sex		Total (N=35)
	Male (N=17)	Female (N=18)	
0-5	13	2	15
6-10	2	10	12
11-16	2	4	6
16-25	0	2	2
Median	4.0	8.5	6.0
Mean	4.65	9.80	
S.D.	4.34	3.48	
Median Test :	$X^2=4.94$, d.f. 1, $p < .05$		

Analysis of the results revealed that females had more guilt than males. On the second-parameter, it was observed that the comparison of hostility scores between male and female depressives again reached the level of significance. (Table-4). This distribution and analysis of hostility scores revealed that male depressives tended to

demonstrate their hostility more than female depressives.

TABLE 4—*Hostility Scores and Sex Variable*

Hostility scores	Sex		Total (N=35)
	Male (N=17)	Female (N=18)	
0-5		6	16
6-10		11	2
11-15		0	0
16-25		0	0
Median	7.5	2.0	4.0
Mean	6.18	2.30	
S.D.	2.98	2.22	
Median Test :	$X^2=4.97$, d.f.=1, $p < .05$		

DISCUSSION

Earlier few dynamically oriented psychiatrists have envisaged guilt as the core symptom of depression but its paucity in non-occidental cultures has led them to conclude that depression is quite infrequent in these parts of the world. Our statement regarding the scarcity of guilt in Indian depressives largely rests on the general information and clinical observations made earlier. Though barring a few (Venkoba Rao, 1973), in most Indian studies depth techniques were usually not employed to define guilt in depressives. This study contended to elicit guilt in depression with the help of depth technique rather having its assessment in terms of clinical presentation. Findings of the earlier studies conducted in our culture depicted that Indian depression differs from what is described in the conventional literature (Sethi & Gupta, 1970 ; Sethi & Sinha, 1977, Sethi, 1971). Nevertheless, employing Thematic Apperception test (Hindi adaptation—Chowdhary, 1967), when guilt scores were examined for intensity of depression in the present study, we did not find guilt as having

any distinctive significance. Thus, once again these findings very well corroborate with previous studies (Bagadia *et al.*, 1973 (Venkoba Rao, 1973). Another interesting finding, which emerged from the data, was that the females were found to be more guiltier than male depressives. These results clarified the trend indicated in Harrow and Amdur's (1971) investigation, that females are more guiltier than males.

Regarding the other aspect, earlier findings had reported that depressives could readily express their anger (Rado, 1928 ; Buss, 1961). Some other recent studies have also suggested that depressed patients show more hostile behaviour (Gershon *et al.*, 1968 ; Paykel *et al.*, 1971 ; and Weisman and Klerman, 1971). Our findings did not support these trends because no significant difference was observed between the intensity of illness and feelings of hostility. These findings seem to fall in the line of psychoanalytic model which suggested that the expression of hostility is either denied, suppressed or repressed (Abraham, 1911; Rubinfine, 1968 and Friedman, 1970) in depression.

An opposite trend was observed i.e. that males gave outlet to their hostile feelings more frequently than females. As from conventional point of view males are expected to be dominant, aggressive and assertive whereas females are timid and submissive. These findings can very well be examined on the basis of our cultural sex role standards and sex stereotype in general.

Lastly it is suggested that for the purpose of further clarification in these areas, comparative studies are needed to be carried out on the larger sample using more and more sophisticated techniques, with sufficient amount of controlled measures to reach to the definite conclusions.

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