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Review Article

Depression: A Fast Growing Mental Health Issue

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Abstract

Depression is a fast growing mental health issue in today's world. Every psychiatrist, psychoanalyst and psychotherapist will agree that most of their patients come to their consult with anxiety and depression. When patients suffer from excessive depression they are hospitalized and the psychiatrists put them on psych medications to control their moods or depressive and psychotic behaviors. Although medications help to alleviate the conditions, one needs to understand that there are deeper causes that trigger depression in individuals. This paper attempts to unfold the various causes of depression like: Attachment issue as a cause of depression; Shame and guilt as a cause of depression; Anxiety as a cause of depression; Developmental conflicts in adolescence as a cause of depression; Grieving over a loss as a cause of depression; Lack of well integrated personality as a cause of depression; and Turmoil in the intrapsychic world as a cause of depression.

Introduction

My patient has been diagnosed with Major Depressive Disorder (MDD) and has been suffering from depression for several years. She has been hospitalized and has been into rehab and has been on psych medication for several years together with psychotherapy. Having seen her for a couple of months and listening to the various narratives from her in therapy, I began to see that depression has many nuances and that depression is the manifestation of some other ailment that goes on within an individual. There could be many causes for depression. Mood disorders, feeling of shame and guilt, insecure attachment, feeling of failure, feeling of loneliness, grieving over any kind of loss, meaninglessness or purpose in life, the stage of adolescence etc. can drive one to depression. That is why I felt a greater need to dig deeper to understand what it means for a person to go through depression and investigate the causes that lead one to depression.

Attachment Issue as a Cause of Depression

The psychological theory of attachment was developed byJohn Bowlby a psychoanalyst who researched the effects of separation between infants and their parents [1]. Bowlby suspected that the extreme behaviors infants would engage in to avoid separation or when reconnecting with a physically separated parent, behaviors like crying, screaming, and clinging, were actually evolutionary mechanisms-behaviors that were reinforced through natural selection and enhanced the child's chances of survival. These attachment behaviors are instinctive responses to the perceived threat of losing the survival advantages that accompany being cared for and attended to by the primary caregiver(s). Since the infants who engaged in these behaviors were more likely to survive, the instincts were naturally selected and reinforced over generations. These behaviors make up what Bowlby termed an "attachment behavioral system," the system that guides us in our patterns and habits of forming and maintaining relationships [1]. Research has shown that there are many behaviors in addition to emotion regulation that relates to a child's attachment style. Among other findings, there is evidence of the following connections:

Secure Attachment: These children are generally more likely to see others as supportive and helpful and themselves as competent and worthy of respect; they relate positively to others and display resilience, engage in complex play and are more successful in the classroom and in interactions with other children. They are better at taking the perspectives of others and have more trust in others.

Anxious-Avoidant Attachment: Children with an anxious-avoidant attachment are generally less effective in managing stressful situations; they are likely to withdraw and resist seeking help from others, which inhibits them from forming satisfying relationships with others. They show more aggression and antisocial behavior, like lying and bullying, and they tend to distance themselves from others to reduce emotional stress.

Anxious-Resistant Attachment: Anxious-resistant children are on the opposite end of the spectrum from anxious-avoidant children; they are likely to lack self-confidence and stick close to their primary caregivers. They may display exaggerated emotional reactions and keep their distance from their peers, leading to social isolation.

Disorganized Attachment: Children with a disorganized attachment style usually fail to develop an organized strategy for coping with separation distress, and tend to display aggression, disruptive behaviors, and social isolation. They are more likely to see others as threats than sources of support, and thus may switch between social withdrawal and defensively aggressive behavior [2].

Attachment Theory in Adults

Close Relationships, Parenting, Love, and Divorce. Indeed, it is clear how these types in childhood map on to the attachment types in adulthood. See below for an explanation of the four attachment types in adult relationships.

Examples: The Types, Styles, and Stages (Secure, Avoidant, Ambivalent, and Disorganized)

The adult attachment styles follow the same general pattern described above:

Secure Attachment: These adults are more likely to be satisfied with their relationships, feeling secure and connected to their partner without feeling the need to be (physically) together all the time. Their relationships are likely to feature honesty, support, independence, and deep emotional connections.

Dismissive Avoidant (or Anxious-Avoidant) Attachment: One of the two types of adult avoidant attachments, people with this attachment style generally keep their distance from others. They may feel that they don't need human connection to survive or thrive and insist on maintaining their independence and isolation from others. These individuals are often able to "shut down" emotionally when a potentially hurtful scenario arises, such as a serious argument with their partner or a threat to the continuance of their relationship.

Anxious-Preoccupied (or Anxious-Resistant) Attachment: Those who form less secure bonds with their partners may feel desperate for love or affection and feel that their partner must "complete" them or fix their problems. While they long for safety and security in their romantic relationships, they may also be acting in ways that push their partner away rather than invite them in. The behavioral manifestations of their fears can include being clingy, demanding, jealous, or easily upset by small issues.

Fearful Avoidant (or Disorganized) Attachment: The second type of adult avoidant attachment manifests as ambivalence rather than isolation. People with this attachment style generally try to avoid their feelings because it is easy to get overwhelmed by them. They may suffer from unpredictable or abrupt mood swings and fear getting hurt by a romantic partner. These individuals are simultaneously drawn to a partner or potential partner and fearful of getting too close. Unsurprisingly, this style makes it difficult to form and maintain meaningful, healthy relationships with others [3]. The above research by Bowlby shows that attachment issues can be a deep-rooted cause for depression not only in childhood but can show up even in adulthood. The patient in the author's study has gone through issues with attachment because her father died when she was three years old and could not establish a secured attachment with her mother because she was blind and never experienced the loving gaze of the mother.

Shame and Guilt as a Cause of Depression

The affects of shame and guilt have had an interesting history and a special place in psychoanalytic writing. Guilt involves an internal sense of malevolent power, a feeling of deep personal destructiveness and evil. Shame, by contrast, involves a sense of powerless vulnerability, the chronic risk of exposure to the criticism and contempt of others. As Fossum and Mason (1986) have pithily put it, "Guilt is the inner experience of breaking the moral code. Shame is the inner experience of being looked down upon by the social group" (p. vii). Although the degree of a patient's misery does not distinguish a shame from a guilt reaction, because these affects can be equivalently toxic to someone who suffers them, their qualitative differences mean that effective interventions for guilt and shame differ substantially. Probably because of his own guilt-related dynamics, Freud had little to say about shame but made numerous speculations about guilt. By the middle of the twentieth century, several analytic writers were trying to rectify this imbalance, most notably Helen Merrell Lynd (1958) and Helen Block Lewis (1971), both of whom wrote extensively about shame and its vicissitudes. In the 1970's, Heinz Kohut and Otto Kornberg published books on pathological narcissism that set off a torrent of psychoanalytic literature on shame-related phenomena. By the 1980's the place of shame in our understanding of certain psychological conditions became assured.

Shame is worthy of special attention. Nathanson explains that shame is a critical regulator of human social behavior. Tomkins defines shame as occurring any time that our experience of the positive affects is interrupted (Tomkins, 1987). So, an individual does not have to do something wrong to feel shame. The individual just has to experience something that interrupts interest-excitement or enjoyment-joy (Nathanson, 1997a). Nathanson (1992) [4] has developed the Compass of Shame to illustrate the various ways that human beings react when they feel shame. The four poles of the compass of shame and behaviors associated with them are:

a) Withdrawal-isolating oneself, running and hiding

b) Attack self-self-put-down, masochism

c) Avoidance-denial, abusing drugs, distraction through thrill seeking

d) Attack others-turning the tables, lashing out verbally or physically, blaming others (Nathanson, 1992)[4].

Anxiety as a Cause of Depression

Regarding the manifestations of anxiety in young children, Freud said that anxiety is caused by the child 'missing someone who is loved and longed for' (p. 136). In connection with the girl's most fundamental anxiety, he described the infantile fear of loss of love in terms which in some measure seem to apply to infants of both sexes: 'If a mother is absent or has withdrawn her love from her child, it is no longer sure of the satisfaction of its needs and is perhaps exposed to the most distressing feelings of tension' [5]. Referring to the theory that anxiety arises from a transformation of unsatisfied libido, Freud said that it has 'found support in some quite regularly occurring phobias of small children. Infantile phobias and the expectation of anxiety in anxiety neurosis offer us two examples of one way in which neurotic anxiety originates: by a direct transformation of libido' [5] Two conclusions, to which I shall return later on, can be drawn from these and similar passages:

a. In young children it is unsatisfied libidinal excitation which turns into anxiety.

b. The earliest content of anxiety is the infant's feeling of danger lest his need should not be satisfied because the mother is 'absent'.

Melanie Klein writes, "At this point I wish to consider more specifically the processes by which depressive anxiety, guilt and the urge to make reparation come about. The basis of depressive anxiety is, as I described, the process by which the ego synthesizes destructive impulses and feelings of love towards one object. The feeling that the harm done to the loved object is caused by the subject's aggressive impulses I take to be the essence of guilt. (The infant's feeling of guilt may extend to every evil befalling the loved object-even the harm done by his persecutory objects.)" (Melanie Klein (1960) Envy & Gratitude, p.241).

The urge to undo or repair this harm results from the feeling that the subject has caused it, i.e. from guilt. The reparative tendency can, therefore, be considered because of the sense of guilt. The question now arises: is guilt an element in depressive anxiety? Are they both aspects of the same process, or is one a result or a manifestation of the other? While I cannot at present give a definite answer to this question, I would suggest that depressive anxiety, guilt and the reparative urge are often experienced simultaneously. It seems probable that depressive anxiety, guilt and the reparative tendency are only experienced when feelings of love for the object predominate over destructive impulses. In other words, we may assume that recurrent experiences of love surmounting hatred-ultimately of the life instinct surmounting the death instinct-are an essential condition for the ego's capacity to integrate itself and to synthesize the contrasting aspects of the object. In such states or moments, the relation to the bad aspects of the object, including persecutory anxiety, has receded. However, during the first three or four months of life, a stage at which (according to my present views) depressive anxiety and guilt arise, splitting processes and persecutory anxiety are at their height. Therefore, persecutory anxiety very quickly interferes with progress in integration, and experiences of depressive anxiety, guilt and reparation can only be of a transitory nature. As a result, the loved injured object may very swiftly change into a persecutor, and the urge to repair or revive the loved object may turn into the need to pacify and propitiate a persecutor.

But even during the next stage, the depressive position, in which the more integrated ego introjects and establishes increasingly the whole person, persecutory anxiety persists. During this period, as I described it, the infant experiences not only grief, depression and guilt, but also persecutory anxiety relating to the bad aspect of the super-ego; and defenses against persecutory anxiety exist side by side with defenses against depressive anxiety (Melanie Klein, 1960).

Developmental Conflicts Lead to Adolescent Depression

While many theories can be used to understand adolescent depression, a psychodynamic framework can provide a useful template for exploring the intrapsychic, developmental and relational aspects of adolescent depression. Ego psychologist Peter Blos (1979) believed that the affects of anxiety, depression and irritability often associated with adolescence are correlates of developmental conflicts which arise in adolescence begging for resolution. He expressed this eloquently by saying, every adolescent child is, so to speak, expectantly waiting to come to terms with the unfinished business of childhood when he enters the widened social stage. It is my contention that adolescent phase-specific regression, should it find no adequate societal support or reasonable opportunity for sustained developmental progression, will lead the adolescent to adopt a raison d'etre by way of polarization with the world that preceded his own budding selfhood [6]. What is this "reasonable opportunity for sustained developmental progression" of which Blos writes? This is the therapeutic environment or "care-taking surround" in which an adolescent can learn the skills needed to cope with and process the affective correlates of unresolved developmental conflicts. This is similar to object relations psychologist D. W. Winnicott's (1965) [7] holding environment and is a necessary factor not only in regulating these affects, but in reworking earlier object relations failures. In this type of environment, the needs of the infant (and the client) are met sequentially and in a way that is developmentally appropriate.

Adolescence is a time of psychic restructuring in which the need for a holding environment is especially critical. Blos (1962) believed that adolescence is a time of a second individuation phase and thought that much like in the infancy stage of individuation, this stage is complete with vulnerabilities to the process of personality organization which can lead to adolescent depression. Blos felt that most adolescents

have a lack of tolerance and a lack of coping skills for managing the painful affects associated with this phase. He pointed out the need for the development of these skills, as well as the need for extra-familial object finding in adolescence. Without these skills or relationships, adolescents may attempt to separate from their families without ever really achieving a sense of ego identity that results from healthy individuation. Blos (1979) referred to this as side-stepping the process by replacing internal objects through polarization, which can lead to isolation and depression. Polarization occurs when an adolescent reject forming identification with the object, in most cases, the parent. This becomes problematic to true separation and individuation because, as Freud believed, one cannot fully let go of the object until he has identified with it [8]. While many of these intrapsychic conflicts are normative, they can become pathological if an adolescent does not possess the coping skills necessary to carry herself forward developmentally. Blos (1979) believed that these skills should be developed during the latency phase, but he recognized that due to developmental fixations, many adolescents have not yet developed them. By exploring wilderness therapy as a treatment for adolescent depression, this case study seeks to address how these skills can be developed in the unique therapeutic setting of the wilderness.

In understanding the process of separation and individuation in adolescent development, not only are coping skills important, but so is the adolescent's ability to develop his or her true self. The development of the true self is related to Winnicott's (1965) ideas about illusion and disillusion. Winnicott believed that if a child has only been given an illusion of omnipotence, without the corresponding disillusion of real limitations, the child will become frustrated and even depressed upon encountering the responsibilities of adolescence. Blos (1979) reaffirmed this when he wrote: Tension, failure, and disappointment, which no child can be spared, become readily neutralized by a constant flow of stimulation and encouragement. Often, at adolescence this illusory self, nurtured by the parents up through the latency years, is finally rejected in the efforts at more adequate self-definition. (p. 18) In rejecting the illusory self, the adolescent experiences a loss and an uncertainty, both of which may give rise to feelings of depression. As Winnicott (1965) believed, the false self may take over, and although the true self is hidden within, adolescents can develop a sense of futility and feel that life is not worth living. When adolescents have not developed coping skills in the latency stage for dealing with these issues, they must find a way to develop them in adolescence or risk adaptive failures. As Blos (1962) [9] said, "without having passed through the latency period, the child will be defeated by puberty".

Grieving Over a Loss as a Cause of Depression

Sigmund Freud in his paper Mourning and Melancholia says that a correlation of melancholia and mourning seems justified by the general picture of the two conditions. Moreover, wherever it is possible to discern the external influences in life which have brought each of them about, this exciting cause proves to be the same in both.Mourning is regularly the reaction to the loss of a loved person or to the loss of some abstraction which has taken the place of one, such as a fatherland, liberty, an ideal and so on.As an effect of the same influences, melancholia instead of a state of grief develops in some people, whom we consequently suspect of a morbid pathological disposition.It is also well worth notice that, although grief involves grave departures from the normal attitude to life, it never occurs to us to regard it as a morbid condition and hand the mourner over to medical treatment.We rest assured that after a lapse of time it will be overcome, and we look upon any interference with it as inadvisable or even harmful [10]. Freud further says that the distinguishing mental features of melancholia are a profoundly painful dejection, abrogation of interest in the outside world, loss of the capacity to love, inhibition of all activity, and a lowering of the self-regarding feelings to a degree that finds utterance in self-reproaches and self-reviling and culminates in a delusional expectation of punishment. This picture becomes a little more intelligible when we consider that with one exception, the same traits are met with in grief. The fall in self-esteem is absent in grief; but otherwise the features are the same.Profound mourning, the reaction to the loss of a loved person, contains the same feeling of pain, loss of interest in the outside world-in so far as it does not recall the dead one – loss of capacity to adopt any new object of love, which would mean a replacing of the one mourned, the same turning from every active effort that is not connected with thoughts of the dead.

It is easy to see that this inhibition and circumscription in the ego is the expression of an exclusive devotion to its mourning, which leaves nothing over for other purposes or other interests.It is really only because we know so well how to explain it that this attitude does not seem to us pathological [10]. Freud continues to stress that in grief we found that the ego's inhibited condition and loss of interest was fully accounted for by the absorbing work of mourning.The unknown loss in the melancholia would also result in an inner labor of the same kind and hence would be responsible for the melancholic inhibition. Only the inhibition of the melancholia seems puzzling to us because we cannot see what it is that absorbs him so entirely. Now the melancholia displays something else which is lacking in grief - an extraordinary fall in his self-esteem and impoverishment of his ego on a grand scale.In grief the world becomes poor and empty; in melancholia it is the ego itself. The patient represents his ego to us as worthless, incapable of any effort and morally despicable; he reproaches himself, vilifies himself and expects to be cast out and chastised. He abases himself before everyone and commiserates his own relatives for being connected with someone so unworthy. He does not realize that any change has taken place in him but extends his self-criticism back over the past and declares that he was never any better. This picture of delusional belittling – which is predominantly moral – is completed by sleeplessness and refusal of nourishment, and by an overthrow, psychologically very remarkable, of that instinct which constrains every living thing to cling to life [10]. My patient had lost her father when she was three years old and still continues to grieve and one can note the extraordinary fall in her self-esteem and the impoverishment of her ego.

Lack of Well-Integrated Personality as a Cause of Depression

Melanie Klein in her book Envy and Gratitude in Chapter 14 speaks about mental health. She says, "A well-integrated personality is the foundation for mental health. I shall begin by enumerating a few elements of an integrated personality: emotional maturity, strength of character, capacity to deal with conflicting emotions, a balance between internal life and adaptation to reality, and a successful welding into a whole of the different parts of the personality. To some extent infantile phantasies and desires persist even in an emotionally mature person. If phantasies and desires have been freely experienced and successfully worked through-first of all in the play of the child-they are a source of interests and activities and thereby enrich the personality. But if grievance about unfulfilled desires has remained too potent and their working-through is therefore impeded, personal relations and enjoyment from various sources are disturbed, it becomes difficult to accept those substitutes which would be more appropriate to later stages of development, and the sense of reality is impaired. Even if development is satisfactory and leads to enjoyment from various sources, some feeling of mourning for irretrievably lost pleasures and unfulfilled possibilities can still be found in the deeper layers of the mind [11]." While regret that childhood and youth will never return is often consciously experienced by people near to middle age, in psycho-analysis we find that even infancy and its pleasures are still unconsciously longed for. Emotional maturity means that these feelings of loss can up to a point be counteracted by the ability to accept substitutes, and infantile phantasies do not disturb adult emotional life. Being able to enjoy pleasures which are available is bound up at any age with a relative freedom from envy and grievances. One way in which contentment at a later stage in life can therefore be found is to enjoy vicariously the pleasures of young people, particularly of our children and grand children. Another source of gratification, even before old age, is the richness of memories which keep the past alive. Strength of character is based on some very early processes. The first and fundamental relation in which the child experiences feelings of love as well as of hate is the relation to the mother.

Not only does she figure as an external object, but the infant also takes into himself (introjects, according to Freud) aspects of her personality. If the good aspects of the introjected mother are felt to dominate over the frustrating ones-this internalized mother becomes a foundation for strength of character, because the ego can develop its potentialities on that basis. For, if she can be felt to be guiding and protecting but not dominating, the identification with her makes possible inner peace. The success of this first relation extends to relations with other members of the family, first of all to the father, and is reflected in adult attitudes, both in the family circle and towards people in general. The internalization of the good parents and the identification with them underlie loyalty towards people and causes and the ability to make sacrifices for one's convictions. Loyalty towards what is loved or felt to be right implies that hostile impulses bound up with anxieties (which are never entirely eliminated) are turned towards those objects which endanger what is felt to be good. This process never fully succeeds, and the anxiety remains that destructiveness may also endanger the good internalized object as well as the external one [12]. Envy and Gratitude, pp. My patient had gone through life with lack of internalization of the good parents and so was unable to attain emotional maturity and strength of character. As a result, it drove her into depression [13].

Turmoil in the Intrapsychic as a Cause of Depression

When the intrapsychic world of the individual is in chaos the psyche is fractured. The drives are not gratified. Relationships are not built with positive internalized objects. The sense of self has not developed to adapt to the inner and outer reality. And this causes the emotional disturbance, anxiety and depression. Fred Pine says "Each of the four psychologies has a somewhat different conception of humankind and our essential tasks. Drive psychology emphasizes the taming, socialization, and gratification of drives. Ego psychology emphasizes the development of defense with respect to the internal world, adaptation with respect to the external world, and reality testing with respect to both. Object relations theory focuses on the task of simultaneously carrying within us (through identification and internalized object relations) the record of the history of our significant

relationships-which is essential to our humanness and is a basis for social living-and, on the other hand, of freeing ourselves from the absolute constraints of those relationships so that new experiences can be greeted, within limits, as new and responded to on their own, contemporary, terms. And psychologies of the self- focus on the diverse tasks of forming a differentiated and whole sense of self (both in contradistinction to and in relation to the other), of establishing the self as a center of initiative and as the owner of one's inner life, and of developing an ongoing sense of subjective worth. Evenly hovering attention will be most evenhanded when attention allows for the organization of the session content in these diverse ways." (Fred Pine, 1970) Fred Pine continues to say, "Let me start with just one example of the conceptual slanting that can come from a view of development in the terms of only one of the psychologies. The concept of latency is one that has a firm place within psychoanalytic developmental theory. It gives name to that period of childhood when the individual is in school, away from the intensity of bodily and relational linkage to the primary love objects of childhood (in contrast to the preschooler at home with mother), and not yet subject to the biologically induced storms triggered by puberty.

The concept of latency signifies that no new major drive aims (such as orality, anality, oedipal wishes, and, later, adolescent sexuality) emerge during this period; that considerable repression and aim inhibition take place vis-a-vis the urges of the period of infantile sexuality; that residual toned-down sexual interests can be displaced, outside the home, to teachers and peers; and that the major new learnings that take place are less involved with the body than they were in the earliest years (feeding, toileting, self-care) or will be in adolescence (with the "learnings" regarding the sexual body). And latency is a concept that has its meaning primarily within the drive psychology. There is nothing "latent" in the period, say, ages six or seven to eleven or twelve, with regard to developments in the spheres of ego, self, or object relations. It is well known that this period is a major time of ego development, both with respect to the consolidation of intrapsychic defense and with respect to the mastery of reality and expansion of adaptation that is seen in school learning and the extension of relations beyond the home to the peer group. Similarly, while there are of course forerunners, highly significant developments in self-esteem, in the sense of personal worth vis-a-vis others, take shape in this period around experiences with peers and with success or failure in school learning. The glories and humiliations dating from this childhood period, and affecting self-esteem, are much represented in the memories and affect life of patients in psychoanalysis. The fact that such memories may derive some of their meaning from yet earlier ones already carried in memory in no way eliminates the shaping potential of new tasks, opportunities, and failures. And, last, object relations: here, too, this is not a period of latency. Rather, many of the internalized object relations that are repetitively reenacted later in life appear to date from this mid-childhood period-from the way one experienced oneself as treated by either parent (or siblings) and the way one experienced the parents as treating each other. Thus latency, a concept within the drive psychology, should not be mistaken as a time of latency in respect to ego, self, and object relations developments. As in this example, we will get our fullest picture of clinically relevant developmental events by looking at phenomena in terms of each of the four psychologies (Fred Pine 1970) [14-21].

Core early developments in the domain of self-experience have also been addressed by numerous writers. At their center is the differentiation of the "I-you" boundary to begin with. Ideas in this domain are prominently connected with the work of Mahler (Mahler et al., 1975) and, earlier, of Spitz (1957); Mahler (1968), additionally, has written of gross failures of self-other differentiation in what she refers to as "symbiotic psychosis." The emergence of a self, both out of the affectively compelling moments of merger as the infant melts into the mother's breast after nursing (see chapter 11), and via the expansion of motility and affect which creates a sense of a self (through movement and affective fullness), is a central development of early childhood, strikingly notable when it is absent (Mahler, 1968; Pine, 1979b). Beyond this, another centerpiece of the self-experience is what Winnicott (1960a) reaches for in his description of true self-false self-experience. He writes of the infant's "spontaneous gesture" that, when met adequately by the world's response (in the form of the primary caretaker), can lead to a confirmation for the infant of the safety and fittedness of expressing his or her inner processes to and in that world-the beginnings of a "true self." It is, actually, a simple conditioning process, reward and punishment (or absence of reward), that is being proposed here (Fred Pine 1982).

When spontaneous expression is "rewarded" (met adequately by maternal response), it (either the specific act or the fact of spontaneous expression itself) will tend to be repeated. The reverse-corresponding to failure in this early core development-entails repeated inadequate response to the child's spontaneous expression, such that these expressions become less likely to be emitted. Winnicott proposes that they are then replaced by actions of the child that are meant to accommodate to the world, at the expense of inner expression-the beginnings of a "false self." In this intrapsychic system, "ownership" of one's urges enhances the sense of "true self," giving it an additional fullness and force, widening the sense of "me" and "mine." The phenomenon that Modell (1984) discusses in terms of a patient's "having his own life," and the difficulties therein for some individuals, may well have some of its roots in such early true self-false self-developments. And a third, early, core development in the domain of self is that set of experiences having to do with the sense of well-being, of what will evolve into self-esteem when the sense of self, the "I," is more fully evolved (see Pine, 1982, for a fuller discussion of this). Kohut (1977) emphasizes in this the role of the parental inputs-the caretakers' smiling, rewarding responsiveness to the child's initiatives. The warmth and welcome of that response, by contrast, say, to a flat and depressed or a chiding and forbidding one, fills the child with a sense of goodness and worth. And, in terms of yet earlier phenomena, White (1963) and Broucek (1979) show how efficacy, competence, the ability to do, to make things happen, is early bedrock of a sense of worth, of self-esteem (Fred Pine, 1982).

My patient has gone through turmoil in her inner psychic world lacking the warm welcome from the parents, and with continuous losses in her life with relationships [22-24]. The above mentioned causes of depression can provide better knowledge and guide the therapists to uncover the various layers which can bring greater healing to the patients in treatment.

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