Psychological Correlates of Depression

1. Frequency of "Masochistic" Dream Content in a Private Practice Sample

AARON T. BECK, M.D., and MARVIN S. HURVICH, M.A.

DEPRESSION HAS been regarded by many writers as a psychosomatic disorder.[10] On the basis of an extensive review of the literature on manic-depressive psychoses and allied states, Bellak[3] posits a multifactor psychosomatic theory. He holds that there are several differing syndromes and etiologic factors grouped under the depressive heading and that any combination of physiological and psychological factors may be operative in a given case.

The present report is derived from an attempt to test some observations on the psychological aspects of neurotic-depressive conditions. This study is part of a broad investigation of the psychological and physiological correlates of depression.

The psychological aspects of depression have engaged the attention of psychoanalytic writers since Abraham's first paper on manic-depressive psychosis published in 1911.[1] The mechanisms of inverted hostility and self-punishment were underscored by Freud in his classic paper "Mourning and Melancholia"[6] and many subsequent psychoanalytic papers have reiterated the importance of these mechanisms in the psychodynamics of depressed patients.[7, 9, 10]

Since these clinical studies failed to include control groups, it is not possible to establish with a high degree of certainty the *specificity* of these mechanisms for depression. A recent systematic study of depressives by Gibson[8] included a comparison with a control group of schizophrenics. This study supported certain formulations made by Fromm-Reichmann and her coworkers[4] regarding the family background and early life history of the manic-depressive patient; the mechanisms of inverted hostility and self-punitiveness, however, were not investigated.

The senior author, who has concentrated on the psychoanalytic therapy of depressive conditions for the past 5 years, made an observation that appeared to be consistent with the formulation of inverted hostility and self-punitive wishes. The dreams of his neurotic-depressive patients showed a relatively high frequency of unpleasant content or affect. Previous work has revealed that unpleasant dreams outnumber pleasant ones in both psychopathological and nonpsychopathological groups.[5] However, the content of the unpleasantness in the dreams of these neurotic-depressive patients appeared to be of a particular kind; namely, the dreamer was rejected, disappointed, thwarted, or criticized in the dream action. The affect, when reported, was frequently described as a feeling of sadness, guilt, or humiliation. These unpleas-

From the Department of Psychiatry, University of Pennsylvania School of Medicine, Philadelphia, Pa.

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ant occurrences seemed related to the self-abasement and self-reproaches that Freud described in "Mourning and Melancholia."

The term "masochistic" has been selected to designate the characteristic unpleasantness of these dreams, since in the manifest content the dreamer "makes" himself the recipient of criticism, rejection, or other types of discomfort. As currently used, the word masochism has the meaning of a *need to suffer,* and it is in this sense that we have applied the term to the dreams that we are describing. It should be emphasized, however, that the term is used here for purposes of identification. Whether or not the "masochistic" dream content is related to masochism as observed in clinical behavior remains to be demonstrated.

The data for this investigation have been limited to the manifest content of the dreams; the free associations, the associations to the dreams, the day residue, and the latent dream thoughts have been excluded from consideration for methodologic reasons. Moreover, it was not feasible to investigate the operations of the dream work, such as "reversal of affect." As Saul has pointed out, however, the manifest dream itself is an important subject of research.[11] He stated that focusing on the manifest content of consecutive dreams of patients will reveal the characteristic patterns and themes in their lives.

The systematic application of quantitative techniques to the manifest dreams of patients for the purpose of evaluating psychoanalytic material was reported in 1935 by Alexander and Wilson.[2] More recently, Saul and Sheppard have described a rating scale for the quantification of hostility in the manifest dream.[12] In another paper they outlined a comprehensive rating system for estimating ego function in dreams.[13] These studies provided a stimulus for the present investigation.

The hypothesis of this study was: Consecutive dreams of neurotic-depressed patients in psychoanalytic therapy show a greater incidence of manifest dreams with "masochistic" content than a series of dreams of a matched group of nondepressed patients.

Procedure

In order to subject this hypothesis to test, a scoring manual was developed by a combined theoretical and empirical approach. On the basis of the original observation, a number of categories reflecting a need to suffer were listed. Several hundred dreams of patients diagnosed as depressed and nondepressed (from the files of the senior author and from other analytic therapists) were then studied. Examples of unpleasant content in these dreams that appeared to reflect a need to suffer, and which were found often in dreams of the depressed patients and infreqeuntly in dreams of the nondepressed patients, provided the basis for expanding and refining the scoring categories. It should be stressed that the dreams of the 6 matched pairs of subjects reported on below were not part of the series of dreams used in the construction and refinement of the scoring manual.

An abbreviation of the scoring manual used in the present study follows.*

The dream will score positive (+) "masochistic" if it falls into one of the following three categories.

A. The dreamer explicitly reports one of the following unpleasant affects accompanying the dream: bad, guilty, sad, hurt, disappointed, sorrow, unhappy, lonely, deserted, unwanted, worthless, rejected, humiliated, inferior, or inadequate.

B. The dreamer is crying or sobbing.

C. The dream action or the appearance of the dreamer is indicative of an unpleasant experience for the dreamer. In order to score positive in this category the unpleasant experience must fall into one of the following subcategories.

1. *Deprived, disappointed, or mistreated.* Examples: "I was in a restaurant but the waiters would not serve me." "I put a nickel in a coke machine but all I

*The unabridged scoring manual is available on request from the authors.

got was fizz, no syrup." "I got a hamburger but it was made of rubber." "The professor sprang an exam on us. He had told the other students about it but not me."

2. *Thwarted.* Examples: "I ran to make my appointment with you. I was one minute late and the door was locked." "I put some bottles of wine in the refrigerator. The corks fell out and the wine spilled over and spoiled everything." "I tried as hard as I could on the exam but I flunked it."

3. *Excluded, superseded, or displaced.* Examples: "Everybody was invited to the party but me." "My fiancée married somebody else." "My husband was making love to another woman."

4. *Rejected or deserted.* Examples: "You said, 'Get out. I don't want to see you any more!' " "I was waiting for my friends all night but they never showed up."

5. *Blamed, criticized, or ridiculed.* Example: "He said I was a cry baby."

6. *Legal punishment.*

7. *Physical discomfort or injury.* Examples: "Leeches were crawling all over me." "Blood was coming out of my nose."

8. *Distortion of body image.* Examples: "My hair fell out." "I was large and fat."

9. *Being lost or losing something.*

No score is given for dreams with "threat," "anxiety," or "shame" content unless there is a specific "masochistic element" or theme as described above. No score is given for affects classified as "frightened," "anxious," "worried," or "apprehensive," or where there is a danger or threat but the dreamer is not actually harmed.*

Examples of dreams that do *not* score: "There was some dangerous force in the building." "I fell off a cliff but I don't remember hitting bottom." "There was a monster chasing me. I woke up before he caught me."

After the scoring system as described above was developed and the authors had attained a high degree of agreement in scoring dreams, the system was applied to our experimental and control groups. Six female patients with the diagnosis of neurotic depression were selected from the senior author's files. The nondepressed (control) group was matched patient-for-patient as closely as possible on the basis of sex, age, marital status, and an estimate of severity of illness.

The criteria for establishing the diagnosis of neurotic depressive reaction in these patients were as follows: depressed mood, feelings of discouragement, unwarranted pessimism, feelings of unworthiness, self-criticism and self-reproaches, inertia or apathy, sleep disturbance, anorexia, and suicidal fantasies. The following diagnostic signs were also present: psychomotor retardation, weight loss, and melancholic facies associated with weeping and crying. Each patient showed at least 11 of these 13 diagnostic signs and symptoms. The absence of any evidence of a thought disorder, inappropriate affect, and inappropriate behavior ruled out a psychotic process.

The estimate of severity of illness was based on the intensity of the symptoms and the degree of impairment of social adjustment. An informal estimate of socioeconomic standing suggested that all subjects would likely be labelled upper-middle or lower-upper class. A rough clinical estimate of intelligence suggested that both groups were of at least bright average intelligence. The range of social class and intelligence thus appeared to be somewhat restricted, and there did not seem to be any systematic differences between the 2 groups on either continuum. The relevant identifying data on all patients is listed in Table 1.

The first 20 dreams in treatment were abstracted by the senior author from each case record and typed on individual sheets of paper. The total sample of 240 dreams (20 per patient for 12 patients) was then arranged in random order and presented to the junior author to rate on the "masochistic elements" scale. He had no knowledge of any of the patients or of their associations to the dreams; this insured an un-

*A more detailed description of the exclusions is contained in the scoring manual.

TABLE 1. IDENTIFYING DATA ON DEPRESSED AND NONDEPRESSED PATIENTS

	Age		*Marital status*		
Pair	*Dep.*	*Nondep.*	*Dep.*	*Nondep.*	*Diagnosis nondep.*
A	23	20	S	M	Anxiety reaction
B	28	28	M	M	Character neurosis
C	31	29	M	M	Spastic colitis
D	31	33	M	M	Cardiac neurosis
E	36	36	M	M	Character neurosis

biased, "blind" scoring procedure. These blind ratings were subjected to the statistical evaluation reported below. In order to get an estimate of the reliability of the ratings, the senior author also rated the dreams and the percentage agreement between the 2 raters was calculated.

Results

For the 240 dreams the raters agreed as to the presence or absence of a "masochistic element" on 229 of the dreams, which is slightly in excess of 95 per cent agreement. This indicates that the scoring procedure is highly reliable. The results of the comparison between the two groups are listed in Table 2.

It will be seen that there is no overlap between the groups. Over one-half of the dreams (54 per cent) of the depressed patients contained 1 or more "masochistic elements," whereas in the nondepressed group, one-eighth (12.5 per cent) of the dreams contained 1 or more.

Statistical evaluation of the frequency differences between groups with the Wilcoxon matched-pairs signed-ranks test[14] results in a probability figure of .025 (one-tailed test).

TABLE 2. FREQUENCY OF "MASOCHISTIC" DREAMS OF MATCHED DEPRESSED AND NONDEPRESSED PATIENTS

	Number of dreams out of 20 scoring "masochistic"	
Pair	*Depressed*	*Nondepressed*
A	13	1
B	9	3
C	14	3
D	13	3
E	7	3
F	9	2

P = .025 (one-tailed test).

Discussion

The obtained differences between the depressed group and the control group are statistically significant and clear-cut. On the basis of these results the hypothesis that the depressed patients show a greater incidence of dreams with "masochistic" content than the nondepressed patients appears to be clearly confirmed.

Several qualifications of the scope of these results should be stressed, however. The smallness of the sample, the use of dreams of females only, and the restricted socioeconomic and IQ ranges represented by these private patients all limit the possible generalizability of the present findings. Further, although the present dream sample was not explicitly used as a basis for construction of the rating scale, it is probable that some aspects of the rating scale are at least partly based on the dreams of patients in the present sample, since these dreams were known to the senior author when the scoring manual was developed. It is clear that both cross-validation and multiple-validation studies are necessary to confirm these findings and allow a specification of their generalizability.

Collection of data for these essential studies, including the use of dream samples of different therapists both in private and institutional practice, is now being undertaken. The present findings may, therefore, be viewed as tentative pending results from these further studies.

Theoretical Considerations

Assuming that the dream is an expression of the important motivations and the interplay of defenses as manifested by the dream work, we could speculate that the "masochistic" dream theme is the representation of self-punitive tendencies. This is consistent with the psychoanalytic view that the depressed person turns his hostility against himself. It is also consistent with the formulation that the depressed person feels guilty about his ego-alien drives and punishes himself for them. Examples of the self-punishment are evident in the dreams of not getting food that is requested, of things turning out wrong, of being rejected, etc.

It seems likely that the "masochistic" dream content is an expression of the habitual defensive pattern of the ego rather than of the depressed state per se. The senior author has observed "masochistic" dream content frequently in patients who are notably masochistic in life but not depressed. There is some suggestion, moreover, that some persons who become depressed have an enduring masochistic orientation even during their nondepressed periods. If this is so, then one might anticipate that masochistic individuals are more prone to develop depressions than other individuals without this particular configuration.

Further studies are contemplated to elucidate this problem. One study will follow depressed patients (who have not received psychotherapy) after remission to determine whether they continue to show a persistence of "masochistic" dreams. Another study will set up behavioral rating scales for masochism and attempt to correlate the results on these rating systems with the frequency of "masochistic" dreams.

Summary

1. In the course of the psychoanalytic treatment of patients with neurotic-depressive reactions, it was noted that there was a high incidence of dreams with unpleasant content. This unpleasant content was of a particular kind; namely, the dreamer was the recipient of rejection, disappointment, humiliation, or similar unpleasant experiences in the dream content.

2. A rating scale was constructed for the objective identification of these unpleasant themes, which were labelled "masochistic." This rating scale was applied to the first 20 dreams in treatment of 6 patients who had the diagnosis of neurotic depression and to the dreams of 6 nondepressed patients. The 2 groups were matched as closely as possible on the basis of sex, age, and estimated degree of psychopathology.

3. The total sample of 240 dreams was randomized and then subjected to a "blind" scoring by the junior author. The dreams were also scored by the senior author for a reliability check, and 95 per cent agreement was obtained.

4. The depressed patients showed a significantly higher number of dreams with "masochistic" content than the nondepressed patients ($P = .025$). Cross-validation and multiple-validation studies are necessary to confirm these findings.

5. These results appear to be consistent with the psychoanalytic concept of inverted hostility in depressed patients. Future studies will attempt to establish whether there is any correlation between other clinical manifestations of masochism and the occurrence of "masochistic" dream content.

4200 State Road
Drexel Hill, Pa.

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