

A COMPARATIVE STUDY OF GUILT AND HOSTILITY IN DEPRESSIVE SUBJECTS*

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Literature is replete with the never ending controversy about the role of guilt and hostility in depressive subjects. Feelings of guilt in depressive subjects have been found to be associated with shame as well as unworthiness over past sin and failures, (Redlich and Freedman, 1966). A subject matter of great concern has been the low incidence of guilt in non-occidental cultures. A large number of African studies too, have reported a paucity of guilt feelings in their depressive subjects (Lambo, 1956; Yap, 1958; Amara, 1967), a finding which could perhaps have been a result of diverse diagnostic practices.

Very few Indian studies to date are available on this issue. Sethi et al. (1980) have provided a comprehensive review of the same. In their own study, the intensity of depression (mild or moderate) was not significantly correlated to the guilt or hostility scores. However, the sex variable showed significant differences i. e. while female depressives had more guilt than males, depressive males demonstrated more hostility than females. Various figures have been provided for frequency of guilt feelings in depressive patients i. e. 67.5% (Ansari, 1969), 48% (Teja et al., 1971), 26.7% (Venkoba Rao, 1966), 11.7% (Sethi et al., 1973) and 5.3% (Bagadia et al., 1973). The guilt is of impersonal nature and generally handled by the mechanism of projection.

On the other hand, several other investigators (Bazzoni and Al-Issa, 1966; Collomb, 1966; Eaton and Weil, 1955; and Pfeiffer, 1966) are of the view that non Western depressives show no guilt feelings, self accusation or ideas of unworthiness. Religion too has been found to be associated with guilt (Murphy, 1964) and while intensity of belief among Christians was found positively correlated to guilt, Hindus, Muslims and other religious groups did not show any such association.

The reversion of hostile feelings towards self rather than external objects has formed a basic psychodynamic theme of depression (Abraham, 1911, Freud, 1916). By using such a defence, depressives are able to preserve their original love object.

Buss (1961) and Weissman et al. (1960) however subscribe to the view that depressives readily express their resentment. Freidman (1970) found lesser expression of 'hostile feelings' in depressed patients than in normal subjects; expression of hostile feelings was found to be associated with recovery by him as well as by others (Klerman and Gershon, 1970).

Feelings of guilt and hostility in neuroses develop as an aftermath of behaviour which arouses them. Guilt as well as hostile feelings play an important role in the psychogenesis of anxiety states and obsessive compulsive disorder. Neurotic depressives,

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show a low ego strength, together with a rigid conscience and an excessive proneness to guilt feelings.

So far as hostility is concerned, Horney emphasised that the rejecting attitude of the parents formed the basic nucleus for later neurotic reactions. Buss (1961) reported that the immediate reaction of the organism to frustration is typically one of anger, and with a series of successive frustrating situations stemming from the same source, anger blends into hostility. Sometimes, anxiety threatens to break through the individual's defences into consciousness which often lead to serious self devaluation or endanger one's relationship with others.

The handling of hostility is often a real problem for the neurotic, who is forced to take a compliant, subservient and self suppressing attitude towards others as a price for security, love and acceptance.

The present study aims to explore the feelings of guilt and hostility in patients of MDP depressed and to compare them with neurotic controls.

METHOD

Sample :

The sample consisted of 50 patients diagnosed as M. D. P. (Depressed) according to I. C. D.—IX. Controls were constituted by age and sex matched 50 Neurotic patients of the I. C. D.—IX categories.

Materials :

All subjects were administered 6 cards of the Thematic Apperception Test (Uma Chaudhary, 1967). These cards were 1F 2F, 3F and 4F for females and 1M, 2M 3M, and 4M for males. Two cards, 1MF, and 3MF were administered to both males and females.

Procedures :

Patients of both sexes who attended the out-patient section of the Psychiatry

Department of King George's Medical College, Lucknow and were diagnosed as either M. D. P. (Depressed) or any Neurotic category according to the I. C. D.—IX (WHO, 1977) were administered a set of 6 cards of TAT (Uma Chaudhary, 1967), by a trained psychologist and Guilt and Hostility were evaluated by the method of Saltz and Epstein (1963).

Guilt :

- O=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 :

- O=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 highly significant differences in the guilt and hostility scores of depressives and the control group.

Table—I reveals that the distribution of guilt scores of depressives and the control

group differ significantly ($X^2=64.10$, d. f.=1, $p<0.001$).

TABLE I—Guilt scores of depressives and control groups and their comparison

| Guilt Scores | Depressives (N=50) | Control Group (N=50) |
|--------------|--------------------|----------------------|
| 0—5 | 0 | 38 |
| 6—10 | 7 | 10 |
| 11—15 | 3 | 2 |
| 16—20 | 7 | 0 |
| 21—25 | 13 | 0 |
| 26—30 | 20 | 0 |

Median Test : $X^2=64.10$; d. f.=1, $p<0.001$

Similarly, Table—II shows that the scores of hostility of both the groups revealed significant differences between them ($X^2=74.23$, d. f.=1, $p<0.001$).

TABLE II—Hostility scores of depressives and control groups and their comparison

| Hostility Scores | Depressives (N=50) | Control Group (N=50) |
|------------------|--------------------|----------------------|
| 0—5 | 04 | 44 |
| 6—10 | 05 | 06 |
| 11—15 | 09 | 0 |
| 16—20 | 08 | 0 |
| 21—25 | 09 | 0 |
| 26—30 | 15 | 0 |

Median Test : $X^2=74.23$, d. f.=1, $p<0.001$.

DISCUSSION

The view earlier held by dynamically oriented psychiatrists that guilt is a core symptom of depression was not substantiated in studies of patients from non-western cultures and led them to believe that depression was quite infrequent in this part of the world. However, views regarding scarcity of guilt in Indian culture largely rest upon the clinical observations made in the earlier studies (Sethi & Gupta, 1970); Sethi and Nathawat, 1971; Sethi & Sinha, 1977)

which differ from those described in western literature. A reason may be that except a few (V. Rao, 1973) most studies did not use in depth techniques to elicit guilt. When objective ratings of the Thematic Apperception—Test (Hindi adaptation, Chaudhary, 1967) were employed to study guilt and hostility scores in depressives, and were compared with those of controls, we found guilt and hostility a significant phenomenon in our depressives.

Anecdotal as well as some recent findings have proposed that depressives can readily express hostility and anger (Rado, 1928; Buss, 1961; Gershon et al, 1968; Paykel et al, 1971; Weisman & Klerman, 1971). Our findings support these trends as we observed highly significant differences ($p<0.001$) between the hostility scores of the depressives and the control groups. Major preoccupation among Eastern-Psychiatrists has been with manifest content of guilt and hostility in depressives—while some report an absence of guilt, others have found no difference from the studies conducted in the west and hence ambiguity clouds the issue. An explanation could be that self humiliation and loss of face occur on expressing guilt and that denial is the operating defense-mechanism. Clinical interviews and objective questionnaires are inadequate to establish guilt (Sethi et al., 1973) and hence projective techniques give a better index of underlying hostile drives and guilt feelings.

Thus an interesting observation emerges from our data. While our findings do not corroborate with some earlier studies (Bagadia et al, 1973; Venkoba Rao, 1973), they do follow the pattern reported by Ansari, (1969) and Teja et al. (1971).

Therefore it is suggested that for the purpose of further clarification similar comparative studies be carried out on a larger sample. The issue of overt versus covert guilt needs to be investigated, as it would add new dimensions to our knowledge of the psychopathology of depressive states.

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