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INTERACTIVE TYPOLOGY IN DEPRESSION ACCORDING TO COGNITIVE THEORY AND SYSTEMIC THEORY

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Summary. - *Both systemic and cognitive theories agree upon the importance of early learning in the development of depressive personality. The two theories disagree upon the meaning they give to the early experiences. According to cognitive theory the emotions bound to a significant and not reparable loss turn themselves into a pursuit of autonomy in order to prevent further grieves. In the grown-up person if autonomy is not reached or is lost, a depressive episode will rouse. According to the systemic theory, children learn emotions and behaviours of a depressed parent. The child also learns by himself or through the healthy parent the feeling of impotence/inability to help. The grown-up person will make use of the depressed behaviour when he will feel unable to face by himself critical life events or to elice to care or attention by the partner.*

KEY WORDS: depression, early experiences, loss, systemic theory, cognitive theory.

Riassunto (Tipologia interattiva nella depressione nell'ottica cognitiva e sistemica). - *Entrambe le teorie concordano sull'importanza dell'apprendimento precoce nello sviluppo della personalità depressiva, ma sembrano poi dare significati diversi alle modalità con cui le esperienze precoci incidono sulla personalità. Per l'ottica cognitiva le emozioni apprese collegate ad una perdita significativa e non compensabile si trasformano nella ricerca di una autonomia che funga da baluardo a nuovi dolori. Il mancato raggiungimento o la perdita di questo senso di autonomia scateneranno poi, nell'adulto, l'episodio depressivo. Per l'ottica sistemica le emozioni ed i comportamenti vengono appresi direttamente dalle emozioni e dai comportamenti espressi da un genitore depresso. Il bambino, inoltre, nella medesima situazione apprende anche il senso di impotenza/incapacità ad aiutare vissuto dall'altro genitore o da lui stesso e nota la conseguente tendenza ad aumentare, in modo continuo, l'attenzione volta al membro malato. L'adulto poi, nei momenti critici, riutilizzerà il comportamento depressivo per esprimere sia le incapacità ad "andare avanti da solo" sia per ottenere almeno la gratificazione derivante da una aumentata attenzione del partner.*

PAROLE CHIAVE: depressione, esperienze precoci, perdite, teoria sistemica, teoria cognitiva.

Cognitive theory

"Every progressive adaptation can be seen as a further acquisition of information about that reality and therefore ultimately as a real acquisition of knowledge" [1].

According to the above mentioned opinion, the focal point of the theory is that it is not possible at the base of real reality to recover the presupposition of beliefs on individual reality because "our perceiving apparatus gives us an image of the world that is a somewhat simplified version of reality, construed on the basis of utilitarian criteria"[1].

The authors of these sentences indicate that the personal attribution of significances is more important in terms of consequences than the reality of the reality.

Perhaps the fundamental criteria, even if not all authors agree, to formulate a cognitive diagnosis of depression, is the presence in the depressed patient of the so-called *cognitive triad*, which includes a negative image of oneself, of one's experiences and future. The absence of even one of these elements would exclude the diagnosis of depression.

To maintain the conviction of his negative concepts' validity the subject seems to resort to particular "schemes" which could be referred to the style of thought defined by Beck [2] as "primitive", similar for certain verses to those described by Piaget in his analysis of children's thoughts. This style is characterized by arbitrary deductions, selectives abstraction, excessive generalizations, magnifying

and minimizing, personalizing and absolute thought. These schemes are those which Ellis [3] detects in "irrational beliefs", based initially on absolute duties and which in costructivist terms correspond to constellation of constructions particularly central and belonging to an elevated hierarchical level.

What is particulary striking in the depressed subject is the continuous sensation of having to exert himself in everything and the uselessness of that exertion.

To live becomes an effort as a result of feeling incapable to maintain emotional relationships. With the prospect of remaining alone, life loses its meaning and to live assumes the significance of a weigh. On those childhood experiences which have produced this style of thought, the hypotheses are innumerable, even if it appears that the force of many expressed currents have been extremely fecund in the examination of the actual structure and perhaps a bit less satisfying than the close examination of childhood experiences that such structures have produced.

Systemic theory

The systemic studies on depression are very recent, and are mainly based on the examination of the couple relationship.

In the couple with a depressed partner the conjugal hierarchy, as described by Madanes [4], appears practically incongruous since both partners are simultaneously strong and weak in their confrontations with each other, both victors and defeated. In fact, for the depressed spouse, the illness is a source of power in the relationship of the couple and at the same time a symptom of weakness. The non depressed partner, on the other part, finds himself in a position of superiority when capable of providing help and support and at the same time in the inferior position because is defeated by the spouse symptom.

It is in confrontations of the symptomatic behavior of the depressed partner that his unquestionable dominance vacillates. In this way the depression comes to represent the "victory of the defeated", the only way to overcome an untouchable supremacy as Loriedo and Vella have noted [5].

The authors put forth the observation that the impotence in front of every attempt to modify the situation becomes a motive for ever greater commitment by the non-depressed partner who considers defeat unacceptable. This does nothing else but reactivate the cycle to maintain and esasperate the inexaustible necessity of assistence, dedication and energy of the healthy partner committed in this "helping relationship".

The helping partner often presents him/herself in the character of severity and punishing attitudes which become defined as manifestation of affection and taking to heart the fate of the other [5].

The authors also observed that in about one-fifth of cases, the healthy partner presents him/herself as overprotective, but assumes an attitude of surrender which places the depressed mate in a position where it is impossible to criticize his behavior.

In this type of couple, the choice of a partner does not seem to be a casual one. For this reason the family of origin is of great importance: for the choice of a partner the original family is of importance: in fact this choice may be conditioned by the fact that often the non-depressed partner has committed all of his time and energy to assist one or more family members chronically incapable of dealing with an emotional disturbance [5].

A sort of competition is then created between the healthy partner and the healthy parent on who will better succeed in satisfying the needs of the ill relative incapable of providing for himself. Finally the child chooses for him/herself a depressed partner, as if to demostrate that he/she knows better how to confront and resolve the emotional disturbance of the relative.

According to this view the "depressed marriag" could be an attempt to solve a chronic conflict within the family of origin [5].

Often in these cases, when the healthy partner demostrates that he can give up his "helping relationship" and succeed in doing less for the other, the depressed partner tends to abandon the role of "the ill person" [5].

Earlier, Boszormeny-Nagy and Spark [6] emphasized a possible relationship connecting the depressive symptoms of the identified patient with his attempt to carry upon himself all the worries and suffering of his parents who instead tend to deny the presence of those feelings.

More recently, Hoffman [7] has described very well this type of family as *disengaged* with rigid boundaries toward the outside world, a family in which the children adopt a series of aggressive or antisocial behavior that represent for the most part the attempt to force the parent out of the depressed state.

To put an end to this behavior the parent abandons his "illness" only to plunge himself into it again as soon as the children begin to behave adequately.

Hoffman findings have been revaluated and partially confirmed by Loriedo and Vella [5]; they hold that the family of the depressed patient is a typical example of "disengaged" family, with a lack of interdependence and emotional response, having very little exchange and often limited only to punitive and reproving attitudes.

The punishment from one angle is proposed as a demostration of affection and from the other as one of the many preventive measures adopted. These preventive measures are anything but affective and do not succeed in reactivate and maintaining the rapport with one's children, but only augment the sense of defeat and failure of the depressed parent.

However in its therapeutic capacity it stimulates a parent to overcome his illness to take care of the misbehaving child. In this sense the symptomatic behaviour of one

f the children can push a parent out of his depressive nertia. The illness of the child often succeds in maintaining the depressive form of the parent in a clinically ignificant recover [5].

For a sort of "restricted complementarity" in some of hese families with a depressive attitude in one of the parents, this attitude leads the other parent towards the manic pole and these positions are often maintained stable nd unchanged for long periods of time by both. The children enter the game by their own initiative, or activated by the parents, and they tend to take part to the "restricted complementarity". This concept introduced by Sterling [8] describes the situation in which each family member levelops only some aspects of his personality, delegating the rest of them to other family members.

In depressed families, according to Frighi [9], often it is he mother who belongs to a "psychologically disturbed" family with a very "intense" history. She can appear immune to depressive symptoms but is a sane carrier and is able to transmit them to the children.

Very often, the families of origin of the spouses, in conflict with each other, consider the parental inefficiency of the depressed person a good excuse to intrude in the child rearing process. Thus they can establish with the nuclear family strange and indirect ties that are mediated by the the identified patient children. From this point of view, the family of the depressed patient represents a nontypical, disengaged system [7].

Conclusions

It is easy to see that both theories focus their attention at different aspects of depressed patients.

Cognitive theory examinates the individual history of the depressed looking for an explanation for the development of the cognitive triad. This perspective accepts the Bowlby's theory of attachment [10] as an explanation and pays little attention to what happens in intrafamiliar relationships.

The cognitivists suggest that the growing child, which in his early life went through the experiences described by Bowlby, will be committed to test his irrational convictions all life long [11].

These could be the reasons for choosing that particular partner, as described by the systemic theory. Therefore systemic therapists, that observe coniugal conflicts, can consider marriage and depression linked together.

Recently systemic studies on the depressed patient family of origin have focused on the role played by the depressed parent and the sane spouse and by their intrusion in the nuclear family.

The child's misbehaving may be seen as attempts to force the parent out of his depressed state. In order to block the child's undesired behavior sometimes the parent is able to overcome the depressive state.

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