ATYPICAL DEPRESSION FOLLOWING MATERNAL DEPRIVATION

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Among the therapy resistant depressed patients, there is a group of "chronic depressions" that might meet the DSM-III criteria for Dysthymic Disorder with or without superimposed major depressive episodes or at times can be only classified as "Atypical Depressions".

I would like to report on two of these cases whose characteristics were: feelings of inadequacy, loss of self-esteem, social withdrawal, anhedonia, absence of psychotic features, irrational, angry outbursts or tantrums, shallowness, lacking genuineness even if superficially warm and charming, dependent, helpless, constantly seeking reassurance and recurrent thought of death or suicide.

Neither one responded to pharmacotherapy with antidepressants.

Both showed some improvement with psychotherapy and/or hospitalization, however, the most important characteristic of both of these patients was a history of Maternal Deprivation.

Case #1 - A 34-year-old married mother of three healthy children living with her husband in a small town. She was referred to me because of depression, phobias, anxiety attacks, unable to function, withdrawing from society, unable to enjoy life and suicidal ideation. Work-ups included MHPG in urine, thyroid and parathyroid hormone levels and echocardiogram.

Pharmacotherapy with several tricyclic antidepressants failed to improve any of her symptoms and side effects were so troublesome that she refused to try more of them.
She was the second of two children and felt "she never had a mother". Since she was born her mother took care of her physical needs, but was never close, did not hug her or have any physical closeness. Her mother had a store and always left her alone at home with a babysitter.

Her older brother was the only familial bond. She recalls that at the age of 4 or 5 he used to play with her and she felt "that he cared". However, he died in an accident when she was seven.

The only substitute mother figure was a babysitter who used to come during the day, but she does not recall any "mothering behavior" at night neither from her nor from her biological mother. She describes her mother as a very cold, domineering woman who was only interested in her business.

She married at the age of seventeen "just to get out of a very unhappy life at home", however, very soon had to come back asking for help since her young husband was unable to support her and her children. She stayed with her mother because "she had no choice" and as soon as she was divorced, she moved to another town where she met her current husband.

She recalls being an "unhappy child, an "unhappy teenager" and now an "unhappy woman". She has difficulties in being physically close to her own children, but knows intellectually that it is important and does it. She never had a close contact with her mother, and also feels that people "cannot touch her". Emotionally she does not feel close to anyone, and in her superficial relations with neighbors, she develops more dependency toward them.

She tried to develop a psychotherapeutic relationship but still relies more on immediate gratification, like a child, rather than understanding her behavior. Anxiety attacks and phobias have improved with benzodiazepines and behavior modification but her chronic depression is still there....

Case #2 - An 18-year-old divorced man who was admitted to the hospital after a serious suicidal attempt. He has been suffering from depression and episodes of anger for the last two years, has a very poor self-esteem, and has never been able to establish a mature relationship with any women. His irrational, angry outbursts have led him to lose jobs and he is described by his father as dependent, helpless and constantly seeking reassurance. He feels unhappy and claims he has never been able to enjoy anything in life.

He was abandoned by his mother when he was four months old and throughout his life he has felt "he never really had a mother".