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The congruency hypothesis and symptom specificity in depression The relationship between personality vulnerability and stress

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Η υπόθεση συμφωνίας
και η εξειδίκευση
των συμπτωμάτων
στην κατάθλιψη μέσω της σχέσης
μεταξύ ευαλωτότητας
της προσωπικότητας
και ψυχοπίεσης

Περίληψη στο τέλος του άρθρου

OBJECTIVE **Assessment of the congruency hypothesis, namely, the interaction of the personality dimensions of dependency and self-criticism with adverse life events, that generates depressive symptoms, and evaluation of the symptom specificity of personality features, that is, their proneness to precipitation of specific depressive emotions.** METHOD **The Depressive Experiences Questionnaire (DEQ) was administered to 323 outpatients with depression and 391 healthy individuals recruited from waiting areas of psychiatric clinic and non-clinical settings, respectively, along with the Beck Depression Inventory (BDI), and two specially designed questionnaires about stressful events and depressive emotions. Hierarchical regression analysis was carried out to explore the associations.** RESULTS **Vulnerability factors were associated with congruent negative conditions to predict depressive symptoms and unique depressogenic feelings for all the participants, but not for the two samples separately. The dependent healthy individuals, however, generated to a significant degree anaclitic feelings in response to matching stressful events. Apart from the pair dependency-achievement related events with regard to patients with depression, the non corresponding combination of factors and stress produced no significant impact on depression.** CONCLUSIONS **The study findings partly support both the congruency and symptom specificity hypotheses in the generation of depression.**

The interaction between predisposition and stressful psychosocial experiences leading to the clinical presentation of depression has been documented by many researchers.[1,2] According to the diathesis-stress model, some stressors have a particularly depressive effect on vulnerable individuals.[3,4] This has led to the formulation of the personality-event congruency hypothesis,[5–7] which is that certain individuals are vulnerable to a specific set of events that match their susceptibility. These adverse events trigger the disorder when they provoke a sense of threat to those with specific sensitivities.

With regard to the diathesis-stress hypothesis, depression has been associated with the sensitivity of the individual to issues of separation, loss, self-worth, and identity.[8] Blatt[9] proposed two personality predispositions, dependency and self-criticism, which play a role in the onset, course and clinical presentation of depression. Specifically, the former is characterized by feelings of loneliness and helplessness, sensitivity to frustration, an exaggerated fear of abandonment and a tendency to interpret what happens in terms of rejection, whereas the latter entails feelings of guilt, shame, fear of disapproval and striving to meet the one's own or other's excessively high standards. In line with the congruency hypothesis, dependent depressives appear vulnerable to interpersonal issues, such as rejection, separation, divorce and the death of a significant other, while self-critical depressives are sensitive to issues related to achievement and control, such as loss of promotion and failure at work or study. It is still unclear whether specific events lead to depression *per se* or through their interaction with predisposing factors.[10] According to Priel and Shahar,[11] the congruency hypothesis classifies painful events as moderators of vulnerability.

The symptom specificity hypothesis suggests that the aforementioned personality styles bring about a corresponding type of depressive affect.[12] In particular, depen-

dency leads to anaclitic depressed emotions, including loss concerns, sensitivity to rejection and a strong need to be loved and taken care of. Conversely, self-criticism exerts an influence on the introjective emotional state, displayed by emphasis on autonomy, feelings of shame, guilt, worthlessness because of failure to live up to expectations, and fear of being criticized.[13]

Numerous studies concerning the verification of the above-stated hypotheses have been conducted, which have received mixed empirical support.[2,14,15] Dependency and self-criticism have not been found to be exclusively associated with "dependent" versus "self-critical" symptoms.[16,17] This discrepancy may be due to the clinical and nonclinical samples that have been used in different studies.

In summary, the purpose of the present study was to explore the diagnostic specificity of the depressive personality dimensions associated with matching conditions and their relationship with specific clinical features. We tested the personality-event congruency and symptom specificity hypotheses in a clinical sample, namely patients with a diagnosis of depression, and a community sample, based on a psychodynamic theory. We expected that both dependency and self-criticism would be uniquely related with their respective life-stress composites in the formation of depressive symptoms and anaclitic-introjective emotions, respectively.

MATERIAL AND METHOD

Material

The following questionnaires were used as part of a larger naturalistic study on the relation between diathesis-stress and depression. Demographic information was obtained using a questionnaire concerning sex, age, level of education, family status, psychotherapy and pharmacotherapy.

The severity of depressive symptomatology was assessed by the Beck Depression Inventory (BDI),[18] which is a widely used self-reported measure of depressive symptoms, consisting of 21 items. Various studies have documented its psychometric properties; in non-clinical and psychiatric populations, respectively, Cronbach's alpha (α) ranged from 0.73 to 0.92 with a mean of 0.81, and from 0.76 to 0.95 with a mean of 0.86. Test-retest reliability ranged from 0.48 to 0.86 in clinical populations and from 0.60 to 0.90 in non-clinical populations.[19,20] The BDI also has high discriminant, criterion and conceptual validity, as evidenced by its association with suicidal behaviors, headaches, loneliness, anxiety, and stress, and it distinguishes major depressive disorder from generalized anxiety disorder and dysmorphic disorder, and psychiatric patients from undergraduate students.[19,21]

Life events were calculated by a questionnaire based on the Holmes and Rahe stress scale.[22] It listed 16 events, eight on interpersonal and eight on achievement issues. The former contained the death of a close person, the reduction or increase of family gatherings, conflicts with the partner due to various reasons such as infidelity, divorce or separation, severe physical illness, severe illness of a close person, accident of the participant or close person and family conflicts, e.g., with parents. The latter incorporated unemployment and dismissal, income reduction, financial liabilities, for example loan, fine or debt, reconsideration of personal habits and change in the way people are entertained, a significant negative financial change due to other reasons, problems in work, e.g., forced change in career because of inability to find a job, financial dependence on another person, e.g., parents, and change in working responsibilities. It consists of dichotomous items to avoid bias.[23]

Personality predispositions were measured by the Depressive Experiences Questionnaire (DEQ).[13] This consists of 66 items that assess three factors, dependency, self-criticism and efficacy. Dependency reflects abandonment, separation, fear of dissatisfying others and feelings of loneliness and loss. It generally encompasses issues related to interpersonal issues, helplessness, desire for closeness, dependence on others, fear of rejection, and difficulty expressing anger and aggression because of the fear of losing the pleasure one can offer. Self-criticism reflects concern about self-worth and failure, the guilt and the feeling of not being able to meet the high standards someone sets for oneself and others. These issues are more internally oriented and include emptiness, hopelessness, lack of satisfaction and safety, threat of change, the ambivalence about oneself and others, and taking responsibility. Finally, efficacy represents personal resilience, ability and inner strength. This factor was not used in the present study.

The DEQ has demonstrated very good reliability and validity in clinical and non-clinical studies. The test-retest reliability for dependency has ranged from 0.89 to 0.81 and self-criticism from 0.83 to 0.75.[24] Cronbach's α coefficient has been 0.81 for dependency and 0.80 for self-criticism.[25] Convergent, divergent validity and conceptual construct validity of the DEQ have also been manifested.[26,27] In our study, confirmatory factor analysis showed that the data fit well the model: $x^2(63)=111.46$, $p<0.001$, minimum discrepancy per degree of freedom (CMIN/df)=1.77, goodness-of-fit index (GFI)=0.98, comparative fit index (CFI)=0.99, Tucker-Lewis Index (TLI)=0.98, root mean squared error of approximation (RMSEA)=0.033. Internal reliability was found satisfactory, α=0.87, for self-criticism and α=0.82 for dependency.

Blatt[9] proposed two dimensions that can be observed in depressives, the anaclitic that is characterized by fear of being unloved, helpless, lonely and abandoned, and the introjective that is marked by self-reproach, and concern about approval and failure to live up to personal high standards. In order to measure the emotion related to personality vulnerability, we used as a basis the studies of Luyten et al[1] and Mendelson and Gruen[2] and chose theory-driven composites pertinent to dependency and self-criticism that derived from the BDI and Bell Object Relations Inventory (BORI)[28] that measures deficits in ego functioning with

regard to object relations. It includes 45 items and four scales, "alienation", "egocentricity", "social incompetence", and "insecure attachment". Confirmatory factor analysis demonstrated a good fit to the data according to the following indices $x^2(85)=214.013$, p<0.001, CMIN/df=2.518, GFI=0.96, CFI=0.98, TLI=0.97, RM-SEA=0.046, and Cronbach's α ranged from 0.84 to 0.93. BORI was utilized since the way people behave in relationships and view themselves in relation to others reveals information about self and object representations.[29]

Two PhD psychologists who were blinded to the hypotheses of the present study read the same research articles concerning Blatt's theory and DEQ, based on which they were asked to assign all the items of the questionnaires BDI and BORI to one of the following four categories; dependency, self-criticism, both, and neither. The between-raters agreement was 80.5% and the inter-rater reliability was found substantial κ=0.60.[30] Internal consistency Cronbach's α was 0.76 for anaclitic emotion and 0.87 for the introjective emotion. In the final Depressive Emotion Self-improvised Questionnaire, the anaclitic emotion comprised BDI items 1 (sad mood), 10 (crying spells), 14 (feeling ugly), 20 (crying easily), BORI item 20 (feeling hurt), 34 (tendency to please everyone) and 36 (feeling of rejection). The introjective emotion consisted of the sum of BDI items 2 (pessimism), 3 (feelings of failure), 4 (lack of satisfaction), 5 (guilty feeling), 6 (sense of punishment), 7 (self-hatred), 8 (self-blame), 11 (irritability), 12 (social-withdrawal), 13 (indecisiveness) and 15 (work inhibition).

Participants

The participants in the patient sample were 323 outpatients diagnosed with depression, recruited in six psychiatric clinics of general hospitals and in six mental health centers in Athens. The community group comprised 391 individuals recruited in the waiting areas of a central annex of the Greek National Bank, the National Social Security Institute and the Insurance Organization for the Public Servants, as part of a cross-sectional study on the relationship between personality, life stress, and depression.

The depressive group consisted of 67 men (20.7%) and 256 women (79.3%), with a mean age of 37.4 years, who met the criteria for DSM-IV major depressive disorder (MDD), single episode or recurrent. In the patient sample 22 (6.8%) had elementary, 21 (6.5%) junior high-school, 127 (39.3%) high-school, 44 (13.6%) college and 109 (33.8%) university or graduate education. Regarding the medical status, 96 (29.7%) had comorbidity with dysthymic disorder, panic disorder with agoraphobia, generalized anxiety disorder and several personality disorders, such as schizoid, borderline, dramatic, narcissistic, and obsessive-compulsive. In addition, 173 (53.6%) never received pharmacotherapy, 74 (22.9%), five (1.5%) and 71 (22%) still received or had received in the past antidepressant, other, and mixed medication treatment, respectively. Secondly, 173 (53.6%) had never been treated with psychotherapy, 75 (23.2%) were treated in the past and 75 (23.2%) received treatment only during the last year.

The non-patient control group included people with a mean age of 32.9 years and without any DSM-IV diagnoses. They were 114 men (29.2%) and 277 women (70.8%); one (0.3%) had elementary, 3 (0.8%) junior high-school, 119 (30.4%) high-school, 52 (13.3%) college and 216 (55.2%) university and graduate education. Regarding clinical history, 373 (95.4%) had never visited a psychiatric hospital or mental health center and 18 (4.6%) had visited a mental health setting in the past; 363 (92.8%) had never been treated and 28 (7.2%) had received psychological treatment, 376 (96.2%) had never received pharmacotherapy and 15 (3.8%) had received antidepressants, other than antidepressants or mixed pharmacotherapy.

Procedure

We conducted the study after receiving permission from the Department of Psychology of the National and Kapodistrian University of Athens, and approval from the National Health Operations Center, the scientific councils of the psychiatric clinics and mental health centers, and the directorate of each community setting, provided that data collection was in accordance with the Declaration of Helsinki ethical principles, that there would be no connection between the information gathered and the sample, and that participation would be voluntary and in no case mandatory.

The questionnaires were administered over a period of five years, individually, to adults with compulsory education, recruited in the waiting areas by a doctoral student, in cooperation with the doctors and the personnel of each working environment. The participants completed the questionnaires after informed consent. The selection of outpatients with depression was based on the DSM-IV diagnosis made by their psychiatrists. After completion of the questionnaires, the exclusion criteria included a BDI score of ≤10 and of ≥17 for the patient and community sample respectively, which are the values below and above which depression is considered mild or clinical according to the US and the Greek standardization samples.[31] Eventually, 19 depressed and 41 non-depressed candidates were excluded. There was no reward offered. Three questionnaires for the depressed group and four for the community sample had missing values that reached or exceeded 2% of the items, and were excluded from the survey.

Research hypothesis

Dependent people, both outpatients with depression and the subjects in the community sample, were expected to react to interpersonal stressors with depressive symptomatology to a greater degree than the self-critical, who were expected to react to achievement-related stressors with these symptoms. Interpersonal stressful events were expected to engender anaclitic feelings in dependent individuals more than in self-critical people, who were expected to respond to achievement-related stressful experiences with introjective affect to a greater degree than the dependent group.

Statistical analysis

Statistical analysis of the data was performed by the Statistical Package for Social Sciences (SPSS), version 21.0. The z values were calculated for outliers and no score exceeded 3 SD from the mean. The criteria for asymmetry and kurtosis were fulfilled and scores did not exceed absolute values 3 and 10, respectively.[32,33] We calculated a 2×2 analysis of variance with group (patients and non-patients) and gender, family status and education level as between-subjects' factors and depression, self-criticism and dependency as the dependent variables. Finally, hierarchical regression analysis was conducted with vulnerability factors and stressful events as predictors and depressive symptoms and depressive anaclitic and introjective emotions as outcome variables, in three steps. In each case, in the first step, main effects of vulnerability dimensions were examined. Next, the main effects of non/congruent stressful events were included and, in the third step, their interaction terms were evaluated.

RESULTS

ANOVA on the effect of sex showed differences in the mean scores of depression; $F_{(1, 712)}=7.73$, $p<0.01$, $\eta^2=0.01$, self-criticism, $F_{(1, 712)}=6.28$, $p<0.05$, $\eta^2=0.01$, and dependency, $F_{(1, 712)}=7.91$, $p<0.01$, $\eta^2=0.01$, with women scoring higher on all items. ANOVA on the effect of family status showed differences in the mean scores of depression; $F_{(2, 711)}=6.12$, $p<0.01$, $\eta^2=0.02$, self-criticism, $F_{(2, 711)}=8.53$, $p<0.001$, $\eta^2=0.02$, and dependency, $F_{(2, 711)}=7.54$, $p<0.01$, $\eta^2=0.02$, with people who were divorced, remarried and widowers scoring higher on all variables. Finally, ANOVA on the effect of educational level showed differences in the mean scores of depression; $F_{(2, 711)}=45.41$, $p<0.001$, $\eta^2=0.11$, self-criticism, $F_{(2, 711)}=16.85$, $p<0.001$, $\eta^2=0.05$, and dependency, $F_{(2, 711)}=10.34$, $p<0.001$, $\eta^2=0.03$. The participants who had compulsory education scored higher on all these factors. The 2×2 ANOVAs with group and the demographic factors did not yield significant results.

Test of the congruency hypothesis for depressive symptoms

In order to test the (non) congruency hypothesis, we performed four hierarchical regressions. The dependent variable (criterion) was depressive symptomatology, while the independent variables (predictors) were set in the following order: the depressive vulnerability types in step one, the stressful events in step two, and their interaction congruently, namely dependency/interpersonal and self-criticism/self-accomplishment conditions, and non-congruently, that is, dependency/self-accomplishment and self-criticism/interpersonal conditions, in step three (tab. 1).

In line with the congruency hypothesis, the corresponding interactions between self-criticism and achievement related events and between dependency and interpersonal events significantly improved the prediction for all the participants, R^2 change=0.004, $F_{(1, 710)}=6.770$, $p<0.01$ and R^2 change=0.005, $F_{(1, 710)}=5.597$, $p<0.05$, respectively. On the contrary, these interactions in the patient and community sample separately were found to be statistically non-significant, R^2 change=0.007, $F_{(1, 319)}=2.707$, $p=0.101$, R^2 change=0.001, $F_{(1, 387)}=0.482$, $p=0.488$ and R^2 change=0.002, $F_{(1, 319)}=0.578$, $p=0.448$, R^2 change=0.000, $F_{(1, 387)}=0.016$, $p=0.901$, respectively.

With regard to the non-congruent interactions between self-criticism and interpersonal events and between dependency and achievement related conditions, most of the relationships were statistically non-significant, R^2 change=0.000, $F_{(1, 710)}=0.131$, $p=0.718$ and R^2 change=0.004, $F_{(1, 710)}=3.168$, $p=0.076$ for all the participants, R^2 change=0.002, $F_{(1, 319)}=0.765$, $p=0.383$ and R^2 change=0.002, $F_{(1, 387)}=0.754$, $p=0.386$, R^2 change=0.013, $F_{(1, 319)}=4.826$, $p<0.05$ (being the only exception) and R^2 change=0.001, $F_{(1, 387)}=0.562$, $p=0.454$ for the patients with depression and the community sample, respectively.

Test of the congruency hypothesis for depressive emotion

In order to test the congruency and contrasting hypotheses we performed four hierarchical regressions, following the pattern of the previous analysis. The dependent variables (criteria) were introjective and anaclitic emotion. In the first two models the independent variables (predictors) were set in the following order: the depressive vulnerability types in step one, the corresponding stressful events in step two, and their interaction, namely self-criticism/self-accomplishment events, predicting congruently introjective emotion and incongruently anaclitic emotion in step three. On the contrary, the next two models in their interaction, namely dependency/interpersonal conditions predicted congruently anaclitic emotion, and incongruently introjective emotion, in the third step (tab. 2).

In line with the congruency hypothesis, firstly the interaction between self-criticism and achievement related events significantly improved the prediction of introjective emotion for all the participants, R^2 change=0.003, $F_{(1, 710)}=4.376$, $p<0.05$, but was statistically non-significant for anaclitic emotion, R^2 change=0.003, $F_{(1, 710)}=3.315$, $p=0.069$. Accordingly, this interaction in the patient and community samples separately were found to be statistically non-significant, R^2 change=0.004, $F_{(1, 319)}=1.629$,

Table 1. Hierarchical regression for the diathesis-stress interaction predicting depressive symptomatology in patients with depression (n=323) and control subjects in the community (n=391).

Regression	Variables	R^2			R^2 change			F change		
		All	Patients	Community	All	Patients	Community	All	Patients	Community
Regression 1 (nc)										
Step 1	Self-criticism	0.520	0.160	0.171	0.520	0.160	0.171	770.948***	61.009***	80.468***
Step 2	ISE	0.575	0.176	0.193	0.055	0.016	0.022	92.376***	6.273*	10.620**
Step 3	SC X ISE	0.575	0.178	0.195	0.000	0.002	0.002	0.131 (ns)	0.765 (ns)	0.754 (ns)
Regression 2 (c)										
Step 1	Dependency	0.103	0.024	0.001	0.103	0.024	0.001	81.971***	7.779**	0.308 (ns)
Step 2	ISE	0.323	0.049	0.038	0.219	0.025	0.038	230.266***	8.383**	15.162***
Step 3	Dep X ISE	0.328	0.050	0.038	0.005	0.002	0.000	5.597*	0.578 (ns)	0.016 (ns)
Regression 3 (nc)										
Step 1	Dependency	0.103	0.024	0.001	0.103	0.024	0.001	81.971***	7.779**	0.308 (ns)
Step 2	ArSE	0.297	0.116	0.027	0.193	0.092	0.026	195.626***	33.366***	10.324**
Step 3	Dep X ArSE	0.300	0.129	0.028	0.003	0.013	0.001	3.168 (ns)	4.826*	0.562 (ns)
Regression 4 (c)										
Step 1	Self-criticism	0.520	0.160	0.171	0.520	0.160	0.171	770.948***	61.009***	80.468***
Step 2	ArSE	0.550	0.193	0.183	0.030	0.033	0.012	47.404***	13.192***	5.540**
Step 3	SC X ArSE	0.554	0.200	0.184	0.004	0.007	0.001	6.770**	2.707 (ns)	0.482 (ns)

*p<0.05; **p<0.01; ***p<0.001

(ns): Non significant, (nc): Non-congruency, (c): Congruency, Dep: Dependency, SC: Self-criticism, ISE: Interpersonal stressful events, ArSE: Achievement-related stressful events, X: Interaction

Table 2. Hierarchical regression analysis for the diathesis-stress interaction predicting introjective and anaclitic emotion in patients with depression (n=323) and control subjects in the community (n=391).

Regression	Variables	R^2			R^2 change			F change		
		All	Patients	Community	All	Patients	Community	All	Patients	Community
Introjective emotion (c)										
Step 1	Self-criticism	0.528	0.193	0.183	0.528	0.193	0.183	795.448***	76.972***	87.039***
Step 2	ArSE	0.553	0.210	0.201	0.025	0.016	0.018	40.110***	6.604*	8.922**
Step 3	SC X ArSE	0.556	0.214	0.202	0.003	0.004	0.001	4.376*	1.629 (ns)	0.501 (ns)
Anaclitic emotion (nc)										
Step 1	Self-criticism	0.390	0.224	0.236	0.390	0.224	0.236	454.721***	92.803***	120.126***
Step 2	ArSE	0.390	0.232	0.237	0.000	0.007	0.001	0.095 (ns)	3.020 (ns)	0.744 (ns)
Step 3	SC X ArSE	0.393	0.233	0.242	0.003	0.002	0.005	3.315 (ns)	0.715 (ns)	2.433 (ns)
Anaclitic emotion (c)										
Step 1	Dependency	0.219	0.111	0.097	0.219	0.111	0.097	199.535***	39.922***	41.559***
Step 2	ISE	0.245	0.111	0.113	0.027	0.001	0.016	25.026***	0.303 (ns)	7.013**
Step 3	Dep X ISE	0.250	0.113	0.147	0.005	0.001	0.035	4.753*	0.439 (ns)	15.729***
Introjective emotion (nc)										
Step 1	Dependency	0.088	0.012	0.000	0.088	0.012	0.000	68.874***	3.781 (ns)	0.124 (ns)
Step 2	ISE	0.278	0.021	0.028	0.190	0.009	0.028	187.451***	3.048 (ns)	11.187**
Step 3	Dep X ISE	0.282	0.024	0.028	0.004	0.003	0.000	3.780 (ns)	0.846 (ns)	0.033 (ns)

*p<0.05; **p<0.01; ***p<0.001

(ns): Non significant, (nc): Non-congruency, (c): Congruency, Dep: Dependency, SC: Self-criticism, ISE: Interpersonal stressful events, ArSE: Achievement-related stressful events, X: Interaction

p=0.203, R^2 change=0.001, $F(1, 387)$=0.501, p=0.479 and R^2 change=0.002, $F(1, 319)$=0.715, p=0.398, R^2 change=0.005, $F(1, 387)$=2.433, p=0.120, for the introjective and anaclitic emotions, respectively.

Secondly, the interaction between dependency and interpersonal events significantly improved the prediction of anaclitic emotion for all the participants, R^2 change=0.005, $F(1, 710)$=4.753, p<0.05 and was statistically non-significant for introjective emotion, R^2 change=0.004, $F(1, 710)$=3.780, p=0.052. Accordingly, this interaction in the patient and community samples separately did not significantly improve, in general, the prediction of anaclitic and introjective emotion, respectively, R^2 change=0.001, $F(1, 319)$=0.439, p=0.508, R^2 change=0.035, $F(1, 387)$=15.729, p<0.001, with this interaction being the only exception, and R^2 change=0.003, $F(1, 319)$=0.846, p=0.358, R^2 change=0.000, $F(1, 387)$=0.033, p=0.857.

DISCUSSION

In this study we explored whether events related to interpersonal issues are connected to dependency and whether events related to self-definition are associated with self-criticism to a greater degree when predicting depressive symptomatology and anaclitic and introjective emotion[5,34] since investigations in adults with depression have not yielded concrete results.[35]

Firstly, in predicting depression from the diathesis-stress interaction, the present study supported the interplay between the personality vulnerability to depression and life events that are consistent with this affectivity.[8] In particular, dependency and self-criticism, when triggered by environmental stressful events, related to separation and loss on one hand, failure and unemployment on the other, led to depressive symptomatology. Secondly, the validation of the symptom specificity principle was also confirmed, since the two personality factors were significantly associated with corresponding depressive affect and, consequently, the dependent individuals were more prone to respond with anaclitic feelings rather than self-critical individuals, who responded with introjective feelings to a greater degree.

It appears that vulnerability factors interact with congruent stressful events to produce certain depressive symptoms. Thus, the self-critical personality type was associated with depressive symptoms in response to matching achievement-orientated life stressors, and dependent vulnerability was activated by a matching life adversity of an interpersonal nature. Similarly, in a laboratory study, Zuroff and Mongrain[12] assessed dependent, self-critical women,

and female students through recorded descriptions of interpersonal rejection issues and experiences of failure. Participants with high scores on dependency appeared more depressed in response to rejection events, whereas highly self-critical participants showed depression following rejection and failure stressors. Similar findings were reported by Hammen and colleagues.[36]

This hypothesis was endorsed for all the participants, but not for the two groups separately. This is probably due to the fact that the patient sample was heterogeneous and included patients in their first or recurrent episode, and those treated in the past or at the time of the study, or without psychological or pharmacological treatment. Furthermore, the control sample was random, and the community group also included people who were, or had been treated for psychiatric problems, and others who had no therapeutic experience. Finally, one factor we did not explore, that may play a role, was how threatening the individuals may consider the specific events contained in the life events list.[37]

With respect to the non-congruency hypothesis, it appears that the diathesis-stress non-matching pair did not produce significant results. However, for the depressives only, in addition to dependency, negative events related to achievements, such as economic and occupational problems, generated depressive symptoms to a significant degree. This tendency was observed in all the participants, but not significantly. It appears that this combination probably raises patients' concerns about possible rejection or abandonment in their close environment, and thus leads to avoidance of interpersonal conflicts. For example, an individual might think that a job failure results in others subsequently loving him(her) less. In view of the recent long-standing economic crisis in Greece, it is likely that the impact in this area of achievement and accomplishment will stimulate problems in relation to significant others. Hence, it remains unclear whether the personality variables provoke depressive symptomatology with specific clinical features.

The principle of specificity, whereby the degree of compatibility between an event and a predisposition determines the likelihood of its triggering depressive feelings, was confirmed for all the participants, and for the community sample as far as the interpersonal diathesis-stress duality is concerned. All the participants, but the community sample in particular, appeared to react to interpersonal issues with increased depressive feelings, and feelings of helplessness and abandonment, and fear of losing the gratification that others can provide. Interestingly, this association of interpersonal relatedness seemed to evoke mild feelings

of guilt, hopelessness, lack of self-worth and failure to meet expectations. Surprisingly, it should also be noted that when self-critical participants faced stress related to self-accomplishments, they felt more rejected. This may be due to their tendency to isolate themselves and withdraw, creating in this way barriers to any plausible social support.

The absence of confirmation of the specificity hypothesis for the patients and the healthy individuals, in the case of self-critical subjects and self-accomplishments events, and for the patients, in the case of dependency and interpersonal events, may have several explanations, such as the use of a specifically designed questionnaire for the assessment of the depressive emotion, instead of a standardized scale; the way in which the psychosocial conditions were interpreted, as it was not tested whether participants actually perceived the selected interpersonal and self-worth adverse events as threatening;[37] and the heterogeneous nature of both population samples. The inconsistent results regarding this hypothesis were attributed by Mendelson and Gruen to the validity of the personality constructs or to measurement errors in their assessment.[2]

This study had certain disadvantages. It relied exclusively on self-reported instruments and it was based on the assumption that both elements of the dynamic interactionism theory, predisposition and psychosocial events, are necessary, without clarifying whether predisposed participants simply experience negative events, or if they act to increase the likelihood of their occurrence. It has been suggested that dependents cause frustration to others as a result of their demanding interpersonal behavior, with the result that others often withdraw, and that self-critical individuals are more susceptible to events related to control and thus at risk of failing, due to their excessively high criteria.[3] In addition, the sample was heterogeneous, since it included depressive patients belonging to different categories, for instance, first episode and relapse. The participants were not asked their opinion regarding the impact of the life events; hence, the subjective meaning was not taken into consideration; Robins and colleagues[7] have pointed out the importance of the participants' perception of the pain-

ful experiences. Finally, no conclusions about etiological relationships can be inferred.

Despite its limitations, this study had many advantages. It simultaneously involved two personality-situation-response in/congruency (or non/specificity) models, combining either depressive symptomatology or affect as predicted variables in each case. The relationship between personality variables and matching negative life events and their impact on the onset and/or course of depression had not been documented previously in Greece, to the best of our knowledge. Lastly, these two distinct configurations have clinical utility, since they have implications for the outcome of the treatment of depression.[9]

Thus, this study provides encouraging results in identifying the contribution of psychological factors to depression, and raises questions for further exploration. Specifically, longitudinal, dynamic interactional models should be applied to explore whether vulnerable people generate pertinent stressful environments. Laboratory controlled studies are needed rather than using naturalistic methodology, because they may provide more sound evidence concerning the relation between depressive vulnerable personality and depressive affective states.

In conclusion, overall, the study findings support both the congruency and the symptom specificity hypotheses in depression, concerning all the participants, but not the depressive and the community samples separately. The exception was the participants in the community sample who, when faced with interpersonal stress, tended to feel sadder and more rejected.

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Η υπόθεση συμφωνίας και η εξειδίκευση των συμπτωμάτων στην κατάθλιψη μέσω της σχέσης μεταξύ ευαλωτότητας της προσωπικότητας και ψυχοπίεσης

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ΣΚΟΠΟΣ Η εκτίμηση της υπόθεσης συμφωνίας, δηλαδή της αλληλεπίδρασης των διαστάσεων προσωπικότητας της εξαρτητικότητας και της αυτοκριτικής με σχετιζόμενα αντίξοα γεγονότα ζωής, που προκαλεί καταθλιπτικά συμπτώματα, και η αξιολόγηση της εξειδίκευσης συμπτωμάτων των χαρακτηριστικών προσωπικότητας, δηλαδή της τάσης τους να προκαλούν συγκεκριμένο καταθλιπτικό συναίσθημα. **ΥΛΙΚΟ-ΜΕΘΟΔΟΣ** Το ερωτηματολόγιο καταθλιπτικών εμπειριών χορηγήθηκε σε 323 καταθλιπτικούς εξωτερικούς ασθενείς και 391 υγιή άτομα που βρέθηκαν σε κλινικούς και μη κλινικούς χώρους αναμονής, αντίστοιχα, μαζί με την κλίμακα κατάθλιψης του Beck, και δύο αυτοσχέδια ερωτηματολόγια σχετικά με τα ψυχοπιεστικά γεγονότα και το καταθλιπτικό συναίσθημα. Πραγματοποιήθηκαν διαδοχικές αναλύσεις παλινδρόμησης. **ΑΠΟΤΕΛΕΣΜΑΤΑ** Τα αποτελέσματα της παρούσας μελέτης έδειξαν ότι οι παράγοντες ευαλωτότητας συσχετίστηκαν με αντίστοιχες αρνητικές συνθήκες για την πρόβλεψη καταθλιπτικών συμπτωμάτων και μοναδικών καταθλιπτικόμορφων συναισθημάτων για όλους τους συμμετέχοντες, αλλά όχι για τα δύο δείγματα ξεχωριστά, με εξαίρεση τους εξαρτητικούς υγιείς που φάνηκαν να παράγουν σημαντικά ανακλητικά συναισθήματα αποκρινόμενοι σε ταιριαστά ψυχοπιεστικά γεγονότα. Επί πλέον, εκτός από το ζευγάρι εξαρτητικότητα-γεγονότα που σχετίζονται με επιτεύγματα, όσον αφορά στους ασθενείς, ο αναντίστοιχος συνδυασμός παραγόντων και ψυχοπίεσης δεν είχε σημαντική επίδραση στην κατάθλιψη. **ΣΥΜΠΕΡΑΣΜΑΤΑ** Τα ευρήματα υποστηρίζουν μερικώς αμφότερες τις υποθέσεις συμφωνίας και εξειδίκευσης των συμπτωμάτων στην κατάθλιψη.

Λέξεις ευρετηρίου: Αυτοκριτική, Εξαρτητικότητα, Ευαλωτότητα, Κατάθλιψη, Stress, Ψυχοπίεση

References

1. LUYTEN P, SABBE B, BLATT SJ, MEGANCK S, JANSEN B, DE GRAVE C ET AL. Dependency and self-criticism: Relationship with major depressive disorder, severity of depression, and clinical presentation. *Depress Anxiety* 2007, 24:586–596
2. MENDELSON T, GRUEN RJ. Self-criticism, failure, and depressive affect: A test of personality-event congruence and symptom specificity. *Cognitive Ther Res* 2005, 29:301–314
3. BLATT SJ. *Experiences of depression: Theoretical, clinical, and research perspectives*. American Psychological Association, Washington, DC, 2004
4. BLATT SJ, SHAHAR G. Psychoanalysis – with whom, for what, and how? Comparisons with psychotherapy. *J Am Psychoanal Assoc* 2004, 52:393–447
5. BLATT SJ, ZUROFF DC. Interpersonal relatedness and self-definition: Two prototypes for depression. *Clin Psychol Rev* 1992, 12:527–562
6. COYNE JC, WHIFFEN VE. Issues in personality as diathesis for depression: The case of sociotropy-dependency and autonomy-self-criticism. *Psychol Bull* 1995, 118:358–378
7. ROBINS CJ, BLOCK P, PESELOW ED. Cognition and life events in major depression: A test of the mediation and interaction hypotheses. *Cognitive Ther Res* 1990, 14:299–313
8. GOODYER IM, ALTHAM PM. Lifetime exit events and recent social and family adversities in anxious and depressed school-age children and adolescents – I. *J Affect Disord* 1991, 21:219–228
9. BLATT SJ. *Polarities of experience: Relatedness and self-definition in personality development, psychopathology, and the therapeutic process*. American Psychological Association, Washington, DC, 2008
10. RICHMAN JA, FLAHERTY JA. Adult psychosocial assets and depressive mood over time. Effects of internalized childhood attachments. *J Nerv Ment Dis* 1987, 175:703–712
11. PRIEL B, SHAHAR G. Dependency, self-criticism, social context and distress: Comparing moderating and mediating models. *Pers Individ Differ* 2000, 28:515–525
12. ZUROFF DC, MONGRAIN M. Dependency and self-criticism: Vulnerability factors for depressive affective states. *J Abnorm Psychol* 1987, 96:14–22
13. BLATT SJ, D'AFFLITTI JP, QUINLAN DM. Experiences of depression in normal young adults. *J Abnorm Psychol* 1976, 85:383–389
14. DESMET M, VANHEULE S, VERHAEGHE P. Dependency, self-criticism, and the symptom specificity hypothesis in a depressed clinical sample. *Soc Behav Personal* 2006, 34:1017–1026
15. VOYER M, CAPPELIEZ P. Congruency between depressogenic schemas and life events for the prediction of depressive relapse in remitted older patients. *Behav Cogn Psychother* 2002, 30:165–177
16. JOLLY JB, DYCK MJ, KRAMER TA, WHERRY JN. The relations between

sociotropy and autonomy, positive and negative affect and two proposed depression subtypes. *Br J Clin Psychol* 1996, 35:91–101

17. ROBINS CJ, BAGBY RM, RECTOR NA, LYNCH TR, KENNEDY SH. Sociotropy, autonomy, and patterns of symptoms in patients with major depression: A comparison of dimensional and categorical approaches. *Cognitive Ther Res* 1997, 21:285–300

18. BECK AT, STEER RA. *BDI, Beck Depression Inventory: Manual.* Psychological Corporation, San Antonio, TX, 1987

19. BECK AT, STEER RA, GARBIN MG. Psychometric properties of the Beck Depression Inventory: Twenty-five years of evaluation. *Clin Psychol Rev* 1988, 8:77–100

20. LIGHTFOOT SL, OLIVER JM. The Beck Inventory: Psychometric properties in university students. *J Pers Assess* 1985, 49:434–436

21. STEER RA, BECK AT, RISKIND JH, BROWN G. Differentiation of depressive disorders from generalized anxiety by the Beck Depression Inventory. *J Clin Psychol* 1986, 42:475–478

22. HOLMES TH, RAHE RH. The Social Readjustment Rating Scale. *J Psychosom Res* 1967, 11:213–218

23. MONROE SM, SLAVICH GM, GEORGIADES K. The social environment and depression: The roles of life stress. In: Gotlib IH, Hammen CL (eds) *Handbook of depression.* 3rd ed. Guilford Press, New York, NY, 2014:296–314

24. NIETZEL MT, HARRIS MJ. Relationship of dependency and achievement/autonomy to depression. *Clin Psychol Rev* 1990, 10:279–297

25. BLATT SJ, QUINLAN DM, CHEVRON ES, McDONALD C, ZUROFF D. Dependency and self-criticism: Psychological dimensions of depression. *J Consult Clin Psychol* 1982, 50:113–124

26. BLANEY PH, KUTCHER GS. Measures of depressive dimensions: Are they interchangeable? *J Pers Assess* 1991, 56:502–512

27. MONGRAIN M, ZUROFF D. Ambivalence over emotional expression and negative life events: Mediators of depressive symptoms in dependent and self-critical individuals. *Pers Individ Differ* 1994, 16:447–458

28. BELL MD. *Bell Object Relations and Reality Testing Inventory (BORRTI) manual.* Western Psychological Services, Los Angeles, CA, 1995

29. BELL MD, BILLINGTON R, BECKER B. A scale for the assessment of object relations: Reliability, validity, and factorial invariance. *J Clin Psychol* 1986, 42:733–741

30. LANDIS JR, KOCH GG. The measurement of observer agreement for categorical data. *Biometrics* 1977, 33:159–174

31. TZEMOS I. The standardization of the Beck depression inventory in a Greek population sample. Doctoral thesis. School of Medicine, National and Kapodistrian University of Athens, Athens, 1984

32. KLINE RB. *Principles and practice of structural equation modeling.* 3rd ed. Guilford Press, New York, 2011

33. SPOSITO VA, HAND ML, SKARPNESS B. On the efficiency of using the sample kurtosis in selecting optimal L_p estimators. *Commun Stat Simul Comput* 1983, 12:265–272

34. SEGAL ZV, SHAW BF, VELLA DD. Life stress and depression: A test of congruency hypothesis for life event content and depressive subtype. *Can J Beh Sci* 1989, 21:389–400

35. PERRIS C, ARRINDELL WA, PERRIS H, EISMANN M, VAN DER ENDE J, VAN KNORRING L. Perceived depriving parental rearing and depression. *Br J Psychiatry* 1986, 148:170–175

36. HAMMEN C, MARKS T, MAYOL A, DeMAYO R. Depressive self-schemas, life stress, and vulnerability to depression. *J Abnorm Psychol* 1985, 94:308–319

37. ABELA JRZ, McINTYRE-SMITH A, DECHEF MLE. Personality predispositions to depression: A test of the specific vulnerability and symptom specificity hypotheses. *J Soc Clin Psychol* 2003, 22:493–514

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