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Beyond Self-Criticism and Dependency: Structural Functioning of Depressive Patients and Its Treatment

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Abstract

Van Praag states that the underlying psychic dysfunctions in psychopathology must be evaluated (and treated) in patient-centered treatments. In line with this idea, Blatt and colleagues propose the concept of self-critical (introjective) and dependent (anaclitic) functioning. The research program *Millennium Initiative* has studied self-critical and dependent functioning from different perspectives. The general aim of this paper is to share the results of the program that have contributed to clinical psychotherapeutic thinking. Its first specific aim is to summarize results reported elsewhere that support the predictive value of introjective and anaclitic functioning (Part I), while its second specific aim is to report original data that account for the structural functioning of personality underlying these two constructs (Part II). The results (Part I) show that self-critical functioning is associated with greater reactivity to stress (according to cortisol level in stress tasks) and less subjective awareness of stress, reduced performance in general tasks, and lower mentalization (errors in *reading* faces); also, patients with introjective (self-critical) depression receiving psychotherapy have more symptoms at onset, higher dropout rates, and poorer response to interventions than anaclitic (dependent) patients. Higher self-criticism was associated with higher depression scores; also, when comparing clinical and nonclinical samples, the latter showed less self-criticism. Therefore, self-critical functioning represents a challenge for researchers and clinicians. The evaluation of the structural functioning of personality showed (Part II) that self-critical functioning is associated with less integrated levels of structure and more depressive symptoms. This functioning is underlain by vulnerabilities in the abilities *regulating object relationships* and *attachments to internal objects*. Dependent functioning is associated with vulnerabilities in self-perception, self-regulation, and attachments to external o

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Introduction

Thomae's and Kächele's (19875) clinical intuitions, which suggested an *adaptive indication* that meant that the therapist must adapt his/her technique and strategy to the patient's internal (diagnosis, functioning, personal resources, disease model, among other aspects) and external context (external reality that hinders or facilitates therapy), along with the scientific evidence accumulated in both the biological and the psychotherapeutic fields, make it difficult nowadays to hold the notion that there is a one-to-one correspondence between treatments and diagnostic categories.