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AN INTRODUCTION TO THE PERSONALITY AND SOCIAL DYNAMICS OF COMPLEX DEPRESSION

By March 2020, the world had been officially “COVID-ized.” I am referring, of course, to the COVID-19 pandemic that began in Wuhan, China, in November 2019, and spread rapidly worldwide, taking lives, mounting disabilities, and ruining economies. When I began writing this Introduction at the end of September 2020, Israel was suffering a second COVID-19 wave. Four additional waves ensued in the country, delivering devastating blows to individuals, families, and Israeli society as a whole (Shahar et al., 2022). Yet the development of effective vaccines and their circulation worldwide has largely turned the tide against COVID-19. Individuals, families, and societies are bouncing back, only to find that the real pandemic is here to stay. I am referring, of course, to unipolar depression.

Volumes have been written on unipolar depression in scientific and clinical outlets and likely no less than that by numerous novelists and journalists (Rottenberg, 2014; A. Solomon, 2015; Styron, 1992), illuminating important personal and public points of view. Nevertheless, this disorder is far from being understood and/or properly treated. What do I have to add to this respectable literature? Two things, I submit. First, depression, similar to other noxious viruses, tends to create complications. These complications challenge

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Complex Depression: The Role of Personality Dynamics and Social Ecology, by G. Shahar
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many of our life domains, making depression particularly difficult to diagnose, prevent, and *contain* (an epidemiological term that has thus far not been used with respect to depression but should be). One such complication—suicidality—is well known. Other complications are a heterogeneous manifestation of the symptoms and depression comorbidity (manifestation of at least one additional psychiatric disorder alongside depression). When I refer to these complications in this book, I also highlight less well-known complications such as physical health and illness, delinquency, violence, and crime. Second, I contend that underlying complex forms of depression are specific personality dynamics that interact with the social context in predictable—and treatable—ways. This active transaction between individuals' personality and their social ecology is what I refer to as an *ecodynamics* perspective on complex depression, which is the foundation of this book's approach.

To illustrate how severe the consequences of complex depression can be, I present the story of my stepfather, Zvika. His lifelong struggle with depression culminated in suicide, which left an indelible mark on my work and strongly influenced my ecodynamics theory.

CASE EXAMPLE OF THE CONSEQUENCES OF COMPLEX DEPRESSION: ZVIKA'S SUICIDAL DEPRESSION

Golan Shalom.

This is a farewell letter.

I made a final decision to end this life cycle. I ran out of steam.

Till this very moment, I am confused by your attitude towards me and I also do not know to what extent, if any, you have an attitude towards me.

The only thing that I know is that I miss you. I was hoping that we would succeed in bridging the rift between us.

I am neither angry nor insulted. I forgive you for whatever you think is deserving of my forgiveness.

I am asking for your forgiveness for any wrongdoing I have committed to you, if I have.

I wish you happiness and long, good years with Rachel.

Love,

Zvika

Zvika was my stepfather and more: He raised me as a father would and was the person I called "Dad" until I turned 10. He died by suicide in Israel in 2002. I was then 31 years old and in the process of transitioning from

a postdoctoral position to an assistant professorship in the Yale University Department of Psychiatry. At that time, my (now ex-)wife, Rachel, was more than 6 months pregnant with Lielle, our oldest daughter. I learned the sad news about Zvika via a telephone call from my older brother, Harel. His voice was characteristically steady and quiet as he spoke these very words: “I have very bad news to give you. Zvika killed himself.” My reaction: “I told you he would.”

And I did. I have witnesses to testify to this, especially Rachel. Six months before Zvika died by suicide, we learned that he had threatened to kill himself. He made this threat in the context of marital turmoil, which will be discussed in Chapter 6. At the time, I was establishing a career as a depression researcher (Shahar, 2001) and studying with Professor Sidney Blatt, a legendary figure in depression research, at Yale University. I was also profoundly influenced by the research and writings of Thomas Joiner, who was already a leading figure in the fields of depression and suicidality. In 1999, Joiner and colleagues published an article that provided scientifically informed guidelines for suicide risk assessment. I read and reread it, deemed it the most useful article I had read on the topic, and began using the guidelines in my clinical practice. When I learned about Zvika’s suicide threat, I thought of the work by Joiner et al. (1999) and conducted a suicide risk assessment, which indicated my stepfather’s high-risk status. I told my family in Israel that Zvika would very likely kill himself. I was ridiculed for being overly anxious and dramatic, which, indeed, I am at times. But in this case, I was correct in my prediction.

Zvika died by suicide, but from depression. Suicidality, I am convinced, is a major—perhaps the most ominous—complication of what appears to be the greatest pandemic of our time: unipolar depression. There are also other, profoundly problematic complications of depression, and they encompass all of our life domains. I am referring specifically to the heterogenous—sometimes bizarre—manifestation of depression, depression chronicity and comorbidity, and effects of depression on physical health and illness (including somatization and chronic physical illness), delinquency, violence, and crime. The central premise of this book is that one important common denominator of the complications of depression is an individual’s personality.

REFORMULATED OBJECT RELATIONS THEORY AND ECODYNAMICS

Since the beginning of my research career, my primary research focus has been the role of personality in psychopathology, with an emphasis on depressive disorders. Proudly wearing the title of a “Blatt student,” I worked from

his grand theory of personality, development, and psychopathy (Blatt, 2004, 2008). However, I was incorrigibly rebellious and began to challenge Blatt's teachings and modify his theory—a process that reached its peak with the publication of *Erosion*, my book on self-criticism (Shahar, 2015a).

Subsequent to publishing this book, I continued to study clinical depression, and my theoretical, empirical, and clinical work all converged into a novel iteration, which I call the *reformulated object relations theory* (RORT). A derivative of the RORT is the reformulated depressive position, which is described extensively in Chapter 3. Although the precursors of the RORT and the reformulated depressive position were established in three previous publications (Shahar, 2018, 2021a; Shahar & Schiller, 2016b), this book constitutes the most extensive and important exposition of this novel iteration.

This book goes beyond the RORT by situating it within an overarching framework that reconciles internal mental processes and the social environment. More specifically, I have always been intrigued by the numerous ways in which our internal processes are intertwined with the way we actually interact with people and social systems in our lives. I have, therefore, drawn consistently from social-ecological and ecodevelopmental theories that describe interactions between person and context (Bronfenbrenner, 1977, 1979, 1994; G. W. Brown, 1985; Markus & Kitayama, 1991; Wachtel, 1997, 2014). By integrating the RORT with these social-ecological perspectives, I arrive at a novel theory of (the depressive) personality that I refer to as *ecodynamics*.

This book applies ecodynamics to complex manifestations of depression. It is predicated on the following premises:

1. Personality pertains, first and foremost, to an amalgamated cluster of cognitions and emotions that form an internal structure (Block, 2002). This internal structure functions as a mental map for individuals' sense of subjectivity (self) and intersubjectivity (relationships). Because the field of personality is governed by trait approaches that do not focus on such a structure (e.g., the five-factor personality model; Costa & McCrae, 1998), I use the acronym SAPS for *subjective–agentic personality sector* (Shahar, 2020). Works pertinent to the SAPS within personality and clinical psychology comprise the empirical versions of object relations theory (Blatt et al., 1997; Kernberg, 1995; Westen, 1991, 1998), the social-cognitive tradition in personality psychology (Bandura, 1977; Cervone et al., 2001; Mischel & Shoda, 1995), and narrative personality psychology, most identified with the writings of McAdams (2015).
2. Personality (defined as the SAPS) is one of the central causal forces propelling psychopathology. Specifically, the most important path through

which personality impacts psychopathology involves creating a social environment that is marred with risk factors (e.g., stress) and lacks protective factors (e.g., social support), culminating in mental health disorders.

3. Epitomizing the SAPS, RORT consists of three elements: schemas and/or scripts of the self-with-others, affect (broadly defined), and affect regulatory procedures (defense mechanisms, coping strategies, and motivational regulation). These three elements are cocausative, forming an amalgamated whole. They pertain to all three tenses: past, present, and future. The future, in particular, is highly pertinent to the understanding of psychopathology because it regulates goal-directed behaviors.
4. Individuals' personalities (particularly as defined by the RORT) seek an optimal congruence between their inner world and their social environment. They attain such congruence in multiple ways, including interpreting events in a manner consistent with their inner world, navigating in social environments compatible with their inner world, and/or actively shaping the social environment for compatibility with their inner world.
5. The ecodynamics of depression is governed by the *theme of criticism*. Depression-prone individuals are characterized by mental representations of self-with-others that are marred by criticism (self and other criticizing self and other), an affective tone that highlights criticism-based emotions (e.g., shame, anger, contempt and disgust), and ineffective regulatory mechanisms that attempt to minimize criticism but ultimately fail. Such failure is a driving force behind the multiple complications of depression, with heterogeneric manifestation, chronicity, comorbidity, and suicidality as well as physical health and illness, delinquency, violence, and crime.

OVERVIEW OF THE BOOK'S STRUCTURE

This book is composed of three parts.

Part I, an exposition, presents the various complications of depression (Chapter 1) and describes the role of personality, broadly defined, in depression (Chapter 2).

Part II is the theoretical core of this book. It first construes personality in terms of my newly developed RORT and rewrites Melanie Klein's depressive position on the basis of this reformulation (i.e., the reformulated depressive position; Chapter 3). Then, a conceptual position concerning the social context is presented and patterns of person–context transactions are described, culminating in the ecodynamics of depression (Chapter 4). Although there

are eight ecodynamic patterns, the chapter focuses primarily on three that are specifically useful for understanding complex depression: action, immersion, and extraction. The others are only briefly described.

Part III describes the ecodynamics of complex depression in depth. First, the RORT and the ecodynamics theory are applied to nearly all manifestations of complex depression (Chapter 5). Then, special attention is given to suicidal depression, complex depression's most severe manifestation (Chapter 6). Finally, practical implications of this theoretical position are discussed, touching on clinical assessment and psychotherapy (Chapters 7 and 8, respectively), with a particular focus on assessing and treating outpatients.

In Chapter 7, I review what I believe to be the best practices to assess the three principal components of the theory advanced here: complex manifestations of depression, personality dynamics, and person–context exchanges. I also present versions of three measures I developed—the Depression Complexity Scale (DCS), the Reformulated Depressive Position Inventory (ReDPI), and the Ecodynamics Questionnaire (EDQ)—that aim to assess the three aforementioned components. While I am only beginning to test the psychometric properties of these measures, feedback from clinicians in Israel who have used them is highly favorable. I decided to publish the early versions in this book so that researchers may join me in testing and improving on them. The fight against complex depression is urgent, and expeditious, collaborative, and international efforts are needed to understand, assess, and treat it.

Indeed, Chapter 8 focuses on psychological treatment, and I espouse an integrative psychotherapeutic perspective drawing primarily from three sources: psychodynamic, existential, and cognitive. More specifically, I describe four integrative interventions that I deem essential in psychotherapy for complex depression: (a) providing psychoeducation (informing patients about the nature of complex depression); (b) neutralizing demoralization (ensuing from past therapeutic failures), followed by instilling hope; (c) diffusing toxic patient–context exchanges (depressive ecodynamics patterns described in Chapter 4); and, most principally, (d) attending to the reformulated depressive position described in Chapter 3. The book ends with a brief Epilogue that reflects on the theory advanced here and summarizes future research and clinical directions.

THE BOOK'S INTELLECTUAL TONE, TEMPERAMENT, AND TARGET AUDIENCE

Consistent with the main credo of American Psychological Association Division 1 (Society for General Psychology) (in particular, see Dewsbury, 2009; Teo, 2017), I strive to synthesize the various strands of scientific psychology

(primarily clinical, health, personality, social, developmental, and cultural psychology). I also aim to go beyond such “ingroup” synthesis by conversing with other disciplines, such as medical sociology and anthropology, psychiatric epidemiology, and public health (e.g., see Snow, 1959).

A major aim of this book is to bridge science and clinical psychological practice (Beutler et al., 1995; Shahar, 2010). This is done in three ways. First, I link the scientific evidence reviewed here with clinical experience, mine and others. Thus, numerous case examples are presented throughout the book. Patients linked with these examples provided informed consent after reading the entire manuscript. Descriptions are thoroughly disguised in terms of demographics and other potentially identifying details, but I am convinced that the “clinical truth” is strongly upheld. That all of these patients are Israeli is manifested by the specific nature of the struggles they bring to the clinic, such as military hostilities and Jewish identity. Nevertheless, I believe that the deep clinical structure underlying these issues is universal.

Second, consistent with the mission of the Society for the Exploration of Psychotherapy Integration (2023), I seek to integrate various theoretical schools of thought within psychology, psychiatry, and psychotherapy. Primarily, I am integrating theories from the psychodynamic, cognitive, and existential schools, while also reformulating various strands of these theories. Thus, by expanding on my previous theoretical work, here I am reformulating psychoanalytic object relations theory in a way that sheds light on depression research and treatment.

Third, and this point is worth emphasizing, I go beyond data and integrative theory and offer my own theory of how complex depression develops. The reason I think this point merits emphasis is straightforward: If extant data and theory were adequate, unipolar depression would not be deemed as a pandemic. It is precisely because of their limitations that a fresh theoretical perspective is sorely needed, and I try to provide it here. At the same time, I acknowledge that this book leaves room for future exploration, scientific and clinical alike, to answer questions like these: What about the developmental trajectories of ecodynamics? What about the neurobiological underpinnings? What are the public health implications? I address these and other questions, albeit briefly, in the Epilogue.

The target audience of this book comprises clinicians (primarily psychologists but also psychiatrists and social workers), researchers, and policy makers. In particular, I am appealing to members of these disciplines who share my sense of urgency concerning the need to prevent and avert the calamitous consequences of depression, and who share my conviction that the sound knowledge required to address these consequences must be gained by developing novel and fresh perspectives that will govern innovating research and practice.