

RELATIONSHIP BETWEEN DEPRESSION AND SELF-CONTACT¹

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Summary.—To study the relationship between depression and self-contact, 25 male subjects between 30 and 35 yr. of age were administered Zung's Depression Questionnaire and measured for duration of self-contacts in a group situation and during the completion of a questionnaire on contact. Positive correlations of .73, .78, and .66 were obtained between duration of self-contact and depression score.

In this study we examined the relation between depression and the frequencies of overt behavioral self-contact. Depression has been studied from psychiatric-nosographic (Gutheil, 1977) and psychodynamic (Freud, 1942) points of view. We can consider depression either as a recurrent episode of manic-depressive psychosis, as a reaction to serious difficulties (normal or physiological reactive depression), or as a psychoneurotic clinical syndrome (neurotic reactive depression) resulting from unpleasant events which usually would produce nothing but temporary sadness or disappointment. Thus, in normal people one may find either a tendency to react with depression in different situations, no such tendency or lesser signs of depression. We may assume, according to the literature (Bonime, 1977), a kind of depressive dimension from a minimum to a maximum of behavioral and psychophysiological depressive symptoms for which the boundary between normality and pathology is not always well defined.

The development of depression may depend upon early experience. Spitz (1958) pointed out the main role of interpersonal contact typical of the mother-child relationship. In this particular psychological relationship, we can consider that some physical factors, such as heat and tactile-perceptual experiences, play an important role. In fact, such an assumption has been confirmed by the Harlows' (1966) well known studies of rhesus monkeys. Furthermore, we believe it necessary to emphasize that symptoms connected with the absence or insufficient mother-child relationship can be related directly to a lack of contact experience.

We remember that, with regard to contact, the well known literature on non-verbal communication (Argyle, 1978) recognizes many kinds of physical contact and interpersonal relations, sight-contact, hand in hand, etc. The various forms of contact moreover acquire a different semantic sense in the culture in which they arose. On the other hand, Morris (1971) describes a kind of self-contact in which some parts of one's body touch some other body parts (hand-head, hand-hand). These self-contact signs have been considered as

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interpersonal pseudocontact and as a surrogate of hetero-contact. Morris maintains that the gesture of self-contact "seems like an individual gesture," but in reality there are two persons since one part of the body is used to imitate the contact movement of an imaginary companion. Actually it is not easy to distinguish self-contact behaviors as those described by Morris, from other signs to which the literature on non-verbal communication and Morris too give a different meaning, even though a part of the body touches some other part of that same body. This occurs, for example, in the barrier signs such as arms folded across the breast (Argyle, 1978; Morris, 1971). We believe it useful to study any relationship among these signs, usually called self-manipulations, and affective states. To this purpose we emphasize that depression is a phenomenological complex in which affectivity plays an important role.

We believe associating depressive and self-contact phenomena psychodynamically is an hypothesis proposed by Freud. He relates depression and the mother-child relation in which the mother is considered as love-object (1942). Even if for Freud the physical and real components lose importance and the affective and fantasy aspects are emphasized, we believe that both components, affective and fantasied, arise from physical and perceptual experiences. In any case, according to Freud, Spitz, and Harlow, the main element of the depression's psychodynamics lies in the abnormal relationship with the love object. Freud states that the subject reacts to the loss of the love-object by introjecting. We might say that the body, lacking positive stimuli from "mother," is led to self-stimulation and self-reward. Concerning this, we mention that the behavior of Harlow's deprived monkeys, as it appears in photographs, could be described as psychotic-like signs and, more generically, as self-contact signs. To conclude, we do believe there is a significant correlation between self-contact signs and scores on depression, considered as a dimension and not as categorical pathological behavior.

METHOD

An experimental group of 25 male subjects who were between 30 and 35 yr. of age worked for a transportation company. All were engaged in a sedentary office work. When they were invited to participate in the study by the company psychologist, the subjects were told that the aim of the research would be explained to them after the data had been gathered. None of the subjects was clinically depressed.

The durations of self-contacts displayed in 3 min. of observations were measured for each subject. We were concerned exclusively with hand-body contact. Two measures of self-contact were taken in two different situations. (a) During a group interaction in which the subjects were randomly divided into three groups, one of nine and two of eight individuals, the experimenter invited the group to discuss a specific topic for about 30 min. The topic pertained to summer vacations. Using a stop watch, two independent observers measured the duration of self-contact displayed by each subject over 3 min. The subjects, seated in a circle, were observed one after the other, following a clockwise sequence, starting 5 min. after the discussion was initiated. (b) During the completion of a questionnaire on contact, the person answered items about

interpersonal contact at physical, psychological, and psychosocial levels (Ruggieri, Milizia, & Giuliano, 1980). Two independent observers measured the duration of self-contact which each subject displayed during a 3-min. period. A mean was calculated for both measures taken by the two observers. The measure of depression was derived from Zung's questionnaire on depression (1965).

The order of activities began with initial measurement for self-contact in a group situation. Subjects were asked to complete first the questionnaire on depression and then the one on contact. While the latter questionnaire was being completed, the second measurement of self-contact was taken. Both measurements of self-contact were carried out by two independent observers; an average was obtained from the two scores.

RESULTS

The means of the different variables examined and their standard deviations were obtained. For depression $M = 0.46$ ($SD = 0.08$); for the first self-contact score in the group situation $M = 127$ ($SD = 29.25$), and for the second self-contact index $M = 28.9$ ($SD = 18.2$). The Pearson intercorrelations between these variables were positive and statistically significant for depression and self-contact scores obtained in the group situation ($r = .73$, $p < .01$) and during the completion of the questionnaire on contact ($r = .66$, $p < .01$). Also, a positive correlation between self-contact scores was obtained in the group situation and during the completion of the questionnaire on contact ($r = 0.78$, $p < 0.01$). There was also a statistically significant difference between self-contact scores in the two situations; Student's t for dependent means was 26.15 ($df = 23$).

Our results confirm the existence of a relation between self-contact phenomena and depression. Before interpreting this, we emphasize some points. For self-contact behavior very different mean scores were obtained in the two situations, that is, during the group interaction the self-contact was much higher. However, it is very interesting to notice the significant correlation between self-contact scores in the different situations. Then, it is clear that different situations lead to more or less exhibition of self-contact, but it is equally true that in different situations the subjects rank hierarchically. Some subjects are inclined to show very high self-contact in different situations and some are inclined to show always a minimum, as if self-contact were a personality feature. Also interesting is the correlation between depression and self-contact in both situations; that is, subjects producing higher scores on depression show higher scores on self-contact. This triple link supports our result, which nevertheless is limited by the small number of subjects tested from one source. Another important remark concerns the depression score which for our group is little higher than the score found for normal subjects by Zung (1965). However, we say again that our subjects were not psychiatric patients. On the other hand, according to a part of literature, we accept a dimensional model for depression (Bonime, 1977).

At this point we must think about the dynamics of the self-contact. We

point out that (1) whatever factor produces the self-contact, the contact is an hand-self-touching of the skin. We may recall the role of protection and reassurance played by tactile physical touching for child (Harlow, 1966; Spitz, 1958). (2) Self-contact, in fact, could play the role of tension-reducer in unusual situations. This might explain why self-contact scores were much higher during the group interaction. The interpretation of self-contact as a possible tension-reducer is consistent with depression as dimensional. The present psychodynamic hypothesis about depression refers to the lack of an early mother-child relationship. We need to state, in conclusion, that in the self-contact signs considered, we have not distinguished between elementary signs of self-hand-touching and behavioral patterns mentioned by Morris "as if a part of the body were used to imitate the contact movement of an imaginary companion." It is also possible that both phenomena have the same origin and the differentiation lies only in the complexity of phenomenologically exhibited signs.

If further studies confirm in depression the importance of the phenomenon described by Morris, we could accept the Freudian explanation, even with essential differences. According to Freud, the loss of the love object, real or fantastical, could induce the introjection of object into the self and identification with it. Freud, however, explains the whole process using the concept of "libido," whereas we think that introjection may be related to internal representation of very precise behavioral patterns. The "imaginary companion" to whom Morris refers could be the internal representation of mother's figure. This figure determines in the subject what signs, strokes, and touch are those of the mother-child relationship.

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