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Depression: Defence Mechanisms in Speech

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Introduction

Weintraub and Aronson have described a method for the study of Psychological Defence Mechanisms through verbal behaviour analysis in psychiatric patients and controls (Weintraub and Aronson, 1962, 1964, 1965 and 1967). In this study we have re-tested their method on a group of middle-aged English depressed patients and matched surgical controls.

Their hypothesis is that each individual learns his/her own idiosyncratic method of defence against anxiety, and that this can be seen in speech mechanisms. They have shown that clinically meaningful behaviour correlates with significant changes in speech characteristics; e.g. in depression defence mechanisms such as denial, obsessional rumination and rationalizations and the psycho-motor changes of withdrawal, retardation and agitation.

Method

The ten depressed patients used in this study were taken from a psychiatric unit in a general hospital. The ten controls were surgical patients in hospital for minor surgery. The two groups were matched for age (range 40–67 years), sex, and socio-economic position (mainly lower middle class). The depression was not classified, but was scored on the Zung Self Rating Scale for depression (Zung, 1965). The experimental group scored between 55–88 and the controls between 25–37. The subjects were screened to exclude organic brain damage or schizophrenia.

The subjects were interviewed, and then samples of speech were tape-recorded by asking the subjects to speak on topics of their own choosing for 5 minutes. Suggestions were given, such as hobbies, self, job, home, holidays, films, etc., and subjects were told that no comment or interruption would be made. Small prompts were given near the end of the period if the patient was ill at ease. The experimenter, who was the same throughout (Goldman-Eisler, 1954), displayed interest in the subject matter, but took care to avoid verbal or non-verbal cues which might indicate any reaction to it. The data were transcribed; samples of less than 400 words were excluded.

In Weintraub and Aronson's preliminary study twelve measures were taken. We used eight of the original measures, excluding the non-significant categories 'Qualifiers', 'Retractors', 'Explaining' and also 'Shift to the past.' Included were:

1. Quantity of speech—we omitted the first 100 words, and two independent assessors analysed the following 300 words.

2. Pauses and silences—pauses longer than 5 seconds were timed and the total added up and subtracted from the time for 300 words. Then

3. Rate of speech in words/minute was calculated.

4. Personal references (and non-personal)—all clauses relating to the subject only were included, i.e. first person clauses, reference to self 'my head is aching' or personal possessions 'my house' etc. (Bugental, 1952, self and not-self). Weintraub and Aronson extended their concept of self to include clauses referring to a specific person or persons well known to the speaker. Non-personal references were the other clauses.

5. Negators, e.g. not, never, nor, nothing.

6. Direct references—references to the experimenter, the experiment or physical surroundings.

7. Expressions of feeling, e.g. attraction-aversion, like-dislike, satisfaction-dissatisfaction, etc.

8. Evaluators—clauses where value judgements are made, e.g. goodness—badness, etc.

Results

Wilcoxon Rank Sum test was used to determine the significance of the results.

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Results

TABLE

	Patient	Control	Level of Significance	Weintraub and Aronson Significance
Average age	53	53·5		
Pauses (total no.)	19	12		
Pauses average length	4·9 sec.	7 sec.		
Words/min				
(Present study)	101·6	123·4	·025	(·01)
(Weintraub and Aronson)	104·8	124·8		
Personal average	29·2	19·2	·025	not comparable
Impersonal average	25·3	31·3	·05	
Negatives average	10·8	5·4	·005	(·01)
Feelings average	7·7	4·0	·005	(·01)
Evaluators average	7·3	6·2	N.S.	(·01)
Zung scores average	76·8	30·8		
Zung range	55–88	25–37		
Age range	40–67	40–63 years		

DISCUSSION

The results show a trend similar to Weintraub and Aronson's.

Our experimental conditions were slightly different, in that the patient was not expected to speak for longer than 5 minutes. We analyzed 300 words for each patient instead of analyzing the total amount of speech in 10 minutes. Our scores for rate of speech approximate closely to the score obtained by Weintraub and Aronson. We have also shown a sub-group of 3 depressed patients with high rate of speech and a sub-group of 5 with a slow rate (preponderance of retarded patients).

Our concept of personal reference seemed more valid to our material, as controls produced long objective discussions of near relatives and friends which had no direct bearing on the speaker's life. With this adjustment we have shown ·025 level of significance.

One of the most important defence mechanisms is denial, and the number of negatives reaches a high level of significance (0·005).

There were no direct references in any of our samples. This was probably a result of different experimental conditions and the smaller speech sample.

Expressions of feeling showed a high level of significance, ·005.

Evaluators did not show any difference. This may be due to poor verbal skills and different cultural patterns in speech.

The Zung Depression Self-Rating scale showed a range 55–88 (very depressed to severely depressed) so one is justified in claiming the illustrated differences as due to depression.

Having simplified both the method and system of analysis of Weintraub and Aronson, we still found significant results. It would appear, therefore, that this analysis could be applied with relative ease in studies of depression.

SUMMARY

A method of verbal behaviour analysis based on psychological defence mechanisms as described by Weintraub and Aronson has been modified and simplified and applied to a group of depressed patients and surgical controls, yielding significant results.

References will be made available on request to the authors.

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