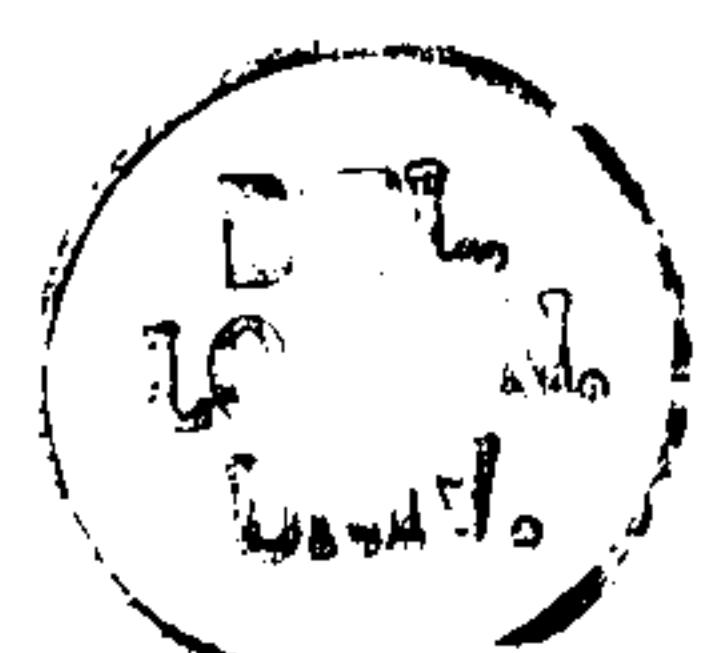


A study of Social Network Interactions Amongst Women With Dysthymia

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ABSTRACT

The aim of this work was to study the higher incidence of dysthymia amongst women and to further explore the theory of gender inequality from the point of the sufferer's difference to other women. This is in contrast to the majority of health studies which have considered women as a homogenous group with little regard for individual characteristic differences. The thesis considered, 'What are the mental health implications of women socialised to be different to men, but the same as other women, in a male dominated society?' Four women (21-49 years) with a diagnosis of dysthymia receiving psychodynamic short-term psychotherapy (as out-patients) were subjected to four semi-structured interviews, that ran concurrent to, but without collaboration with, their psychotherapeutic treatment. Social network graphs were compiled to produce a systematic account of how women differentiated themselves from each other within their social networks and to determine whether these individual differences could be developed as independent variables with regards the onset, maintenance and recovery from dysthymia. Data was compiled into a series of exploratory case studies and discussed in relationship to social network constellations. The emerging patterns of social interactions between social network members were then matched to feminist theory. The findings suggested that respondents' were socialised by their mothers to be stereotypical men within the context of highly dense, isolated and achievement orientated social networks. These social networks served to equate both mother and respondent with male power and differentiated them from other women. The subsequent social isolation and their ability to live up to their mother's ambitions for them generated loss and anxiety associated with dysthymia (Arieti & Bemporad, 1978). Recovery from dysthymia was directly related to the formulation of secondary and previously unidentified independent 'weblet' constellations, that simultaneously reinforced respondents similarities to other women while accommodating their individual characteristic differences.

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Introduction.

Dysthymia, previously known as depressive neurosis or mild depression has become a woman's issue, by virtue of its higher prevalence amongst women as opposed to men (McCullough et al., 1988; Waring et al. 1988; McLeod, 1993; Arieti and Bemporad, 1978). Over her lifetime a woman is twice as likely to experience depression, and for one in ten women the depression will be severe (Markowitz, 1992; Ravindran et al., 1996). There is no available data that has discussed the onset of dysthymia in relationship to women. However, the higher prevalence of mental illness amongst this group has been attributed in part by feminists to the influence of Freudian theory. They have taken Freud to task for basing his pre-determined theory of gender development, the 'Oedipus' complex (1900, 1905, 1920, 1924), entirely on biology, and ignoring the profound influence of the social environment.

Feminism and psychoanalysis evolved side by side in the early 1900's as countervailing forces. Feminists argued that Freud's concept of the 'phallic' stage and the emphasis that he later gave to the 'castration' complex, rendered women subservient to men. Also, that it did not accurately describe how girls moved into their psychological and social subordinate position, or how boys separated from their mothers to identify with men. The influence of Freud's theories have meant that men were treated as the norm for human development, and women as different or as a variation to men.

Mahler (1986), and Chodorow (1978), developed psychoanalysis from a feminist perspective as a means of understanding the separation of the self from the object world. They achieved this by focusing on the development of 'ego' boundaries (psychological division from the rest of the world), and of the body 'ego' (physical separation from the rest of the world). Physical and psychological development, an essential component of early infantile development has been discussed primarily in relationship to the mother, or child's primary caretaker. The child's perception of the mother's separateness and independence, expressed through her moving towards and away from the infant, and the

resultant frustration at being unable to control the mother, serves to facilitate this process of maturation.

In an attempt to more accurately reflect women's experiences of early gender differentiation, feminists have developed alternatives to Freud's classical works. These have fallen into two groups: psychoanalytically influenced theory (Chehrazi, 1986; Sherfey, 1974; Dinnerstein, 1976; Chodorow, 1978; Eichenbaum and Orbach, 1982; Flax, 1978; Miller et al., 1975), and non-psychoanalytical theory (Miller, 1976; Lerner, 1970; de Beauvoir, 1953; Robb, 1988; Ernst, 1987; Edelman, 1994; Surrey, 1985; Slater, 1970; Gilligan, 1982; Kohlberg and Kramer, 1969; Greenspan, 1983; Rich, 1980; Collier, 1983; Tanney and Birk, 1976; Sherman et al., 1978; Josselson, 1994; Firestone, 1970), all of these are examined in greater detail below.

However, both models have either consciously or unconsciously remained in comparative dialogue with Freudian thought, consequently, his concepts of male-female differentiation have become the framework for subsequent feminists concerning female development. Psychoanalysis has continued to view men and women as homogenous groups, with little attention to intra-gender development. In turn, feminists have only partially challenged this concept by segregating women into what Chodorow (1989), termed 'concrete' differences, determined by race or class. Consequently, intimate characterological, psychological and behavioural differences that have served to differentiate one woman from another have been largely ignored. Therefore, to the author's knowledge, there are no data available that systematically described how women differentiate themselves from each other within their social networks; whether these differences affect the onset, maintenance and recovery from dysthymia; or if such variables have the potential to be utilised and incorporated into the short-term psychotherapeutic treatment of women.

It became clear to the author during a placement as a trainee psychotherapist in an inner city clinic treating women diagnosed with dysthymia, that inter-dependency and the search for a level of individuality that was also compatible with their pre-existing roles as a

wife, mother, daughter and friend, formed the primary focus of treatment. This came about primarily as a result of women's tendency to define themselves in relationship to others. While they did not want to sacrifice their primary sense of connectedness, informal observations seemed to suggest that there was a relationship between the restoration and maintenance of their psychological well being, and their ability to establish 'ego' boundaries between themselves and others.

Difference and separation amongst women has never been considered from a point of isolation. Feminists and psychoanalysts have traditionally considered women's position in society largely in relationship to men. In turn, social network analysis whereby individuals can be systematically plotted in graph format as nodes, within any number of social networks simultaneously, and able to identify specific interactional constellations in relationship to psychological well-being, may well be the methodology to facilitate such data.

Girls develop their female identity through their relationship with their mothers. The role of mothering is one of the few roles in which women are considered to be socially and psychologically powerful, while remaining politically and economically ineffectual. In particular, the mother-daughter relationship is the only all-female relationship that has placed emphasis on intra-female differentiation, as opposed to male-female differentiation. A mother's power to influence her daughter comes about as a result of the girl's primary identification with her mother, as opposed to the male child's rejection of his mother in favour of the father.

Friday (1977), traced daughters through their life cycle to demonstrate how mothers utilised their maternal power to purposefully curb, manipulate and govern their daughters, in order to prevent them from maturing into independent, autonomous adults. She pointed, in particular, to the way in which mothers curtail their daughters sexuality and during their romantic involvement with men. However, despite maternal power, mothers remain politically and economically ineffectual, thereby providing their daughters with a

confusing picture of motherhood as simultaneously powerful and inferior; a contradictory development for their adult identity.

The author suggests that rather than asking the traditional research question, 'What are the mental health implications for women brought up to be considered biologically, socially and psychologically different to men, in a male dominated society?', we should ask, 'what are the mental health implications for women socialised into being different from men, but the same as other women, in a male dominated society?' The author suggests that the answer lies in the theoretical and clinical recognition of the subtle nuances of inter-female differentiation. It is possible that such differences are established between women through specific constellational interactions, as yet unidentified within their social networks, or their kin and non-kin relational ties and social environment.

If this is the case, the future of female psychology does not lie in the feminist tradition of the exploration of gender differentiation, but in the ability of feminists to identify a clinically meaningful systematic process by which women differentiate themselves from each other within their social networks, while simultaneously maintaining their primary relatedness to them. In order to understand the concept of inter-female differentiation further, the findings from mother-daughter studies need to be utilised and expanded to encompass the analysis of inter-female differentiation throughout their social networks, particularly the subtleties of women's primary relationships and daily interactions within their social networks. It is the successful actualisation of this process upon which female psychological health depends. Furthermore, an academic and clinical gap remains to be filled by analysing these issues.

The author suggests that social network analysis, with its focus upon primary relatedness, its capacity to plot individuals within constellations of social interactions, and the subsequent identification of repeated patterns of interaction over time using a sociogram graph (Moreno, 1934), may be the empirical tool to formulate a working framework within which a systematic process of inter-female differentiation can be identified and developed further. While the influence of social networks collectively have

been studied in relationship to the onset, maintenance and treatment outcome of mental illness, to the author's knowledge, this is the first instance in which the individuality or uniqueness of women within their social networks have been used as an independent variable in the study of dysthymia.

The thesis has been organised as follows:

Chapter One: 'Dysthymia,' defines dysthymia and differentiates it from chronic depression. The symptoms, clinical presentation and causative factors are described and discussed in relationship to women's connection and dependence upon others. The concept of the female personality as different from that of a male is also considered in relationship to the onset of dysthymia.

Chapter Two: 'Psychoanalysis Feminism and Gender Difference,' describes Freud's theory of gender development and identity, followed by consideration of feminist critique of his theory. Particular attention is given to females as different, inferior, and dependent upon men and the effect of this on their social, psychological and emotional well-being.

Chapter Three: 'Short-term Psychotherapy,' introduces the concept of short-term psychotherapy and describes the techniques unique to the model, which serve to differentiate short-term psychotherapy from traditional psychoanalysis. The implications of short-term psychotherapy and the potential utilisation of this treatment in women with dysthymia is discussed. The author draws attention to cultural considerations that need to be considered during treatment.

Chapter Four: 'Social Roles,' are reviewed in relationship to the onset of dysthymia in women. The influence of theories discussed in the previous chapters upon the social expectations are explored in relationship to an individual's sense of connection. We also

discuss the difference in relationship to social roles (mother, father, sibling, friend, partner) attributed to males and females in society. Particular attention is given to the development and implications of mothering upon daughter's psychological well-being. However, recent data concerning the relationship between fathers and their daughters is reviewed and indicated as a powerfully influential determining relationship, with regards young women's self-esteem, concept of self-worth and psychological well-being.

Chapter Five: 'Social Networks,' a compilation of social roles and their inter-relatedness to each other are discussed in relationship to social network theory. Social network graphs or sociograms are introduced as a means to identify specific social interactional constellations which serve to differentiate and connect members of social networks.

Chapter Six: 'Research Design,' identifies the criteria of respondents, introduces the use of the semi-structured interview to collect data, and identify significant members of their social networks. The format and compilation of single exploratory case studies with the respondent as the primary unit of analysis is described. The author explains how these findings will be matched to data reviewed in earlier chapters and how the compilation of sociograms will be utilised as a means to further analyse the findings in relationship to the respondents interactions with their social networks.

Chapter Seven: 'Case Studies,' four single exploratory case studies are presented as a means to systematically identify how dysthymia becomes manifested in women as a result of specific social attitudes, opinions and roles that they experience within their primary family social network. Sociograms are utilised to illustrate how difference and connection between social network members contribute to, and maintain dysthymia.

Chapter Eight: 'Discussion,' the findings from individual case studies are compared and contrasted in order to show how the hypothesis that gender inequality, and the subservient

social roles of women in society could be credited with the high incidence of dysthymia amongst women was not entirely accurate. In keeping with feminist theory, mothers wielded extraordinary power in relationship to their daughter's psychological well-being. However, contrary to feminist belief, mothers did not socialise their daughters towards inequality with men. They would rather that they be equal to men, but subservient to themselves and other women within the primary family social network. Inter-female subservience within the primary family social network is identified as the primary cause of dysthymia amongst women.

Chapter Nine: 'Conclusion,' suggests that more research is needed to study the differences and the nature of the inter-connectedness between women. The author concludes that the first step towards the formulation of such an explorative model of female development would be to consider women in a less homogenous fashion than hitherto, as evidenced in feminist literature on gender differences.

Chapter One

Dysthymia

Clinically, depression is characterised by pessimism frequently accompanied by feelings of loneliness, unworthiness and low self-esteem. Dysthymia is categorised by the American Psychiatric Association Diagnostic and Statistical Manual Classification as DSM-1V. Unlike chronic depression, symptoms of dysthymia fade over time, are less severe, but more likely to recur. The onset of this disorder generally occurs during the twenties, although is often not formally diagnosed until the late thirties or forties (Arieti and Bemporad, 1978; Jacobsen, 1971; Bonime, 1960; Kolb, 1956; Cohen, 1954). Historically, dysthymia was considered a personality disorder, with a diagnosis of chronic depression mandated before active psycho-pharmacological intervention was initiated. However, a change in DSM-111 American Psychiatric Association (1980), re-conceptualised depression into two types of affective disorder, namely chronic depression and dysthymia. The criteria for dysthymia should include at least two of the following: poor appetite, anxiety, overeating, sleep problems, fatigue, low self-esteem, poor concentration, difficulty making decisions, and feelings of hopelessness. In some cases, patients with dysthymia present with obsessive-compulsive symptoms. However, these symptoms should not be likened to the resistant symptomatology found amongst chronic depressives or that accompanies obsessive-compulsive psychoneurosis, whereby patients use such behaviour to channel feelings of guilt in the hope of alleviating them, and recouping lost love or approval. In most cases of dysthymia, obsessive-compulsive traits have been found in most instances to be mild, and tend to improve in keeping with the prevailing mood (Arieti and Bemporad, 1978).

The existence of the 'dominant other' that has been found to feature in the lives of depressed patients (Arieti, 1962), is not mentioned in the DSM-1V classification of dysthymia. However, in the case studies presented in the thesis the respondents were often socially and emotionally anchored to one person with whom they needed to please and

subsequently receive approval from. As Arieti (1962), pointed out the relationship between the patient and the 'dominant other' is not just the straightforward one of submissiveness of the patient and domination on the part of the other person. Rather the relationship is complicated by the emotions that accompany the roles assigned by the individuals concerned, namely, affection, love, friendship, respect and dependency. Therefore, the patient views the 'dominant other' not only as a person with whose wishes he or she has to comply, but as someone who contributes to their physical and emotional well-being. In other words the 'dominant other' is deeply entwined in the patients social network.

Dysthymia affects approximately 3% of non-psychiatric patients and up to 36% of known patients (Shelton, 1997). High rates of comorbidity have been found between dysthymia and major depression amongst studies of inpatients, outpatients and general community samples (Ferro et al., 1994; Keller and Shapiro, 1982; Klein et al., 1988; Kovacs et al., 1984; Lewinsohn et al., 1991; Kocsis and Frances 1987; Weissman et al., 1988). A representative study is the recent DSM-IV Mood Disorders Field Trial (Keller and Shapiro 1982), which was one of the first large-scale studies to differentiate between dysthymic and chronic depressive patients. They administered structured diagnostic interviews to 524 patients with depression from a variety of settings. Of the 190 dysthymic respondents, 62% met the criteria for a current episode of major depression, and 89% for lifetime major depression. However, while the study demonstrated how most patients meeting the criteria for dysthymia experienced periodic exacerbation's of major depression, they did not discuss their findings in a patient-specific way, or in particular with reference to gender.

The principle research in this area comes from the Epidemiological Catchment Area (ECA), study (Weissman et al., 1988). ECA was conducted over multiple centres to determine the community-based prevalence of mental illness across the United States. Respondents were interviewed using the Diagnostic Interview Schedule (DIS), (Regier et al., 1984). The study found dysthymic disorder in 4% of women and 2% of men. Once

again, the authors did not discuss their findings in a gender-sensitive manner. However, they did indicate that patients suffering from dysthymia were at increased risk of social phobia and addiction to alcohol and drugs (both prescribed and recreational); behaviour that was considered out of step with the female stereotype of passivity and learned helplessness, and likely to result in social isolation and disapproval.

GENDER AND DYSTHYMIA

Arieti and Bemporad (1978), accurately described the depressive-prone personality without recognising that it was the personality structure expected of women. They reported that an individual with a placating personality demonstrated the necessity to please others and to act in accordance with their expectations. They felt that such a personality prevented an individual from exploring their sense of self and individuality. Consequently, such individuals do not know what it means to be themselves. When they feel unhappy they assume that everyone else is happy, and blame themselves for their depressed state. These authors recognised the relationship between this personality structure and vulnerability to depression. They understood that an individual's inability to listen to their own wishes, coupled with a need to please others and feelings of self-blame were characteristic of depression. However, they did not acknowledge that these characteristics were much more prevalent amongst women, than men. Indeed, women were encouraged to give more attention and support to the needs of others in their primary family social network, particularly those of their spouse and children.

Gender differences in depression may arise as a result of biological, psychological and social influences from birth (Miller, 1976; Earls, 1987; Cutler and Nolan-Hoeksema, 1991). Subtle behavioural differences between boys and girls during childhood are often reinforced by parents. The above studies pointed to the pattern of transmitted duty that passed from mothers to daughters in contrast to sons, making daughters more duty bound to care and align socially with their mothers. Miller (1976), and other writers have routinely illustrated how a daughter cared for others and affiliated herself to a man,

making it more difficult for women to become independent of the primary family social network. She suggested that in a patriarchal society, the required state of dependency and submissiveness often caused women to repress their sorrow, anger and frustration.

In addition, the adverse effects of inferior social status, impaired self-esteem, sexual discrimination, economic inequalities and restricted opportunities, often becomes amalgamated in women's psychological development, manifesting as depression (Blumenthal, 1983; Weissman and Klerman, 1977). All these features may later re-emerge as causative factors in the onset of mental illness.

Johnson (1991), identified three causes of dysthymia, loss, trauma and women's inferior status in society. Loss is discussed in the context of endings and separations amongst women. Trauma included physical and psychological abuse, suggesting that women were the primary victims of violence, including rape, incest and domestic violence. However, she argued that the most significant factor predisposing to dysthymia was that of women's socially inferior status in society. Amongst heterosexual women, the subordinate patriarchal structure of society was often duplicated in her relationship with men and women. Johnson is supported in her causative theory of depression, with its emphasis upon female-identity and self-esteem, by feminists involved in the female-mental health debate by numerous other writers (Brunswick, 1940; Bonapart, 1953; Klein, 1928; Mahler et al., 1975).

Weissman and Klerman (1977), focused on whether the long standing disadvantaged status of women in society has had such a profound effect upon the psychological well-being of women, as those required for a diagnosis of depression. They claimed two main findings which they found had a significant causative relationship to the onset of depression as follows; the 'social status' hypothesis, which referred to social discrimination amongst women. This lead to legal and economic dependency, low self-esteem, aspirations and finally depression. The second finding they called the 'learned

helplessness' state, with reference to the social conditioning that discouraged female independence. They pointed to the 'learned helplessness' state as a characteristic of depression.

Durkheim (1952), suggested that marriage benefited the overall health of both men and women, however, men generally fared much better from the marital state. Recent data suggested that little has changed, with married people expected to live longer than their never married, divorced or widowed counterparts. However, upon closer inspection it also became clear that although married men reported better mental health than single men, married women did not report such good health as married men (Macintyre, 1986). Married men were found to enjoy much better health than married women and single men. In speculating upon these findings, Macintyre, presupposed a traditional female role for the wife amongst married couples suggesting that married men enjoy the benefits of their wives cooking, nurturing and general monitoring of their health.

Gender studies aimed at determining incidence of psychiatric conditions amongst married and unmarried people have also indicated that married women are more likely than married men to suffer from depression, anxiety and insomnia (Gove, 1972; Gove and Tudor, 1973). Cox et al. (1987), in the Cambridge Health and Life-style Survey studied psychosocial symptoms amongst men and women asking questions about depression, anxiety, sleeping patterns, concentration and fatigue. All the above symptoms were significantly greater amongst women. They offered two perspectives which provided greater social insight than those of Weissman and Klerman (1977), in suggesting the reasoning behind such a marked gender differentiation. The first was that women experienced stresses and hardships to a greater extent than men and are driven to mental illness by oppressive social structures such as family and marriage. The second, was that women were more likely than men to be labelled 'neurotic' or 'mad' by professionals and lay people if they did not conform to the female stereotype, with very little power to oppose their diagnosis.

Brown and Harris (1978) conducted a community based study in Camberwell, London, between 1969 and 1974, to determine the effect of paid employment upon mental health. They interviewed 458 women and found that between 20% and 40% of the women had suffered symptoms of depression during the previous year; usually due to the loss of a significant relationship. However, other women in the sample who had experienced loss during the same time period had not developed depression. They identified four variables which made women liable to stress and depression. These factors were as follows: not being engaged in paid employment outside of the home, the absence of an intimate relationship with a husband or partner, having three or more children under fourteen years of age living at home and the premature loss of a mother. This study suggested that in the absence of an intimate relationship with a husband or partner and paid employment outside of the home almost halved the number of women who developed depression.

However, some decades later, the continued higher prevalence of depression amongst women has not been fully explained. Contemporary studies have focused on the relationship between marital and employment status and depression (Gutierrez-Lobos et al., 2000). These authors examined the combined effects of marital and employment status on gender differences in depression rates by evaluating hospital admission rates. They studied patients aged 18-67 years who were admitted for the first time to the Department of Psychiatry, University of Vienna; they identified a catchment area and recruited patients over a 42 month period. A total of 2,599 depressed patients were included in the study. When gender, marital and employment status were considered in isolation, unmarried women were two times more susceptible to depression than the married women. Further, married women had a higher incidence of depression than married men; highest rates were found in unemployed divorced women and the lowest in employed married men. In conclusion, Gutierrez-Lobos et al. suggested that the joint influence of employment and marital status were the determining factors leading to depression.

Studies have consistently demonstrated high levels of frustration, boredom, fatigue, loneliness, powerlessness and low self-esteem amongst women confined to domestic

household chores and child care (Oakley, 1974; Sharpe, 1984). Those who have additional jobs outside of the home are rarely in a better position, as they find themselves having to juggle domestic and child care responsibilities with full time employment. Recently, there have been indications that the prevalence of both chronic depression and dysthymia amongst men is increasing. The increased incidence of clinical presentation has been attributed in part to the heightened awareness of affective disorders previously masked as alcoholism (Rowe, 1977; Weissman et al., 1988). There have also been suggestions that in reality there may not be such a difference between genders as to prevalence of the disorder as initially thought (McCullough et al., 1988). Rather, that women may have been more likely to interpret the symptoms as problematic and admit to depression when surveyed than their male counterparts. Subtle behaviour differences between the sexes that take effect during childhood may have coincided with parental expectations, that reinforced and elaborated such behaviours as dependency and help-seeking in girls. Therefore, as adults, women were much more likely to report such symptoms and seek out help.

THE INTER-GENERATIONAL ASPECTS OF DYSTHYMIA AND DEPRESSION

Studies concerning depression and dysthymia in particular, have been relatively scant in recent decades. Little effort has been made to distinguish between the various types of depression, or family history of mental illness as an independent variable. Some of the more detailed work such as that of Arieti and Bemporard (1978) and Arieti (1962), provided insights into the minds and feelings of depressed patients. However, despite their interpersonal approach to psychotherapy, they did not present patient-specific outcome data. Jacobsen, (1971), repeated the historic contention that the psychodynamic model was the treatment of choice for chronic depression, but failed to emphasise dysthymia. Common to both types of depression, is the originating prototype of childhood experiences (Arieti and Bemporard, 1978; Romans and Martin, 1996). In a community-based sample, Romans and Martin (1996), identified a relationship between the onset of dysthymia and a poor patient-parent bond, which often manifested clinically as

the feeling that someone (usually a parent), had monitored the patient's behaviour. In order to gain their parent's approval, they devoted their life to what they saw as model-type behaviour, coupled with the denial of most forms of autonomous gratification or pleasure. However, if this parental approval failed to materialise, patients felt let down and confused, making them overly sensitive to disappointments and losses for the rest of their lives.

Family studies (Akiskal et al., 1980; Klein et al., 1988; Kocsis and Frances, 1987), have suggested a relationship between chronic depression and dysthymia, in that patients who develop dysthymia often come from families with a history of chronic depression. Askinal et al., (1980), studied family units of depressed patients in an attempt to classify and conceptualise chronic depression from dysthymia in a mood disorder clinic. In the course of assessing and treating these patients they found that the diagnostic procedure was not definitive, as many early onset depressives were in fact suffering from dysthymia. They were not clear in their findings whether chronic depression developed from untreated dysthymia, or whether dysthymia represented the initial stage of chronic depression.

Klein et al., (1988), explored the relationship between dysthymia and chronic depression using family history methodologies. In contrast to Askinal et al., (1980), they used individual family members histories of dysthymia versus the family unit. However, in keeping with the findings of Askinal et al., it was found that a significant proportion of the dysthymic patients not only came from families with a history of chronic depression, but that they also suffered from periods of chronic depression themselves with dysthymic interludes. With dysthymia emerging as comparative wellness, it is not surprising that relatively few dysthymics seek treatment during episodes of this disorder (Klieg et al., 1988).

Chocks and Frances (1987), in the Corneal Dysthymia Study obtained family history data using medical records of first degree relatives only. Unlike Asking et al., (1980), and Klieg et al., (1988), their sample included a significant number of patients with dysthymia in addition to super-imposed dysthymic patients with major depression. They found that a

significantly lower number of dysthymics (27%) had relatives with a history of chronic depression. Those respondents who suffered from chronic depression were more likely to have a family history of chronic depression, as opposed to those patients with dysthymia. However, 46% of patients with dysthymia came from a family in which one or more member was an alcoholic.

Families of patients who are diagnosed with alcoholism and those suffering from chronic depression are characterised by the same chaotic diffused 'ego' boundaries that prevent individuation and autonomy from the primary family social network. Relationships that otherwise might be destroyed by free communication endure for long periods of time, as a result of denial, scapegoating of individuals and the utilisation of diminished communication to prevent confrontation of unacceptable behaviour (Bosom, 1975). Bosom (1975) remarked how dysfunctional members were compensated by others who adapted their role performance in an attempt to keep the family functioning. The spouse often took over additional responsibilities that their partner failed to fulfil. If the spouse failed to absorb these responsibilities, the burden often fell to the children, forcing them to assume an adult role prematurely. Also, Bosom pointed to the daughters of alcoholic fathers who decided not to indulge and collude with them as their mothers did. Yet in spite of the daughters intentions, her behaviour usually ended up mirroring those of the mother. The implications of alcoholism as a family disease is reflected in the popularity of groups such as Alcoholics Anonymous Family Group (Al-Anon).

According to Arieti and Bemporard, (1978), and Bonime, (1960), patients with dysthymia were often watched during childhood by overly critical parents, who expected high standards of behaviour from them; good behaviour resulted in praise from their family. In adulthood, hyper-morality was generalised into their relationships of 'choice', and eventually their own children, hence the inter-generation aspect of depression. In order to appear 'ladylike' or conforming, compliant and submissive, a woman often compromises her real feelings in order to maintain the status quo in relationships. Arieti and Bemporard (1978), termed such an interaction a 'bargain relationship', in which the

patient would deny herself pleasure from life in return for being nurtured by her partner. This scenario is often reflected in the denial of autonomous gratification leading to repressed anger, frustration and eventually depression. Cohen et al. (1954), in their retrospective study amongst patients with chronic depression, identified a common thread between these families who unfairly burdened these patients as children with the psychological welfare of their parents.

The early work amongst women suffering from dysthymia was considered largely in terms of their different socialisation processes, which in turn, resulted in women assuming a passive dependent personality (Arieti and Bemporad, 1978). This process resulted in women becoming overly connected and dependent upon significant others in their life, who in turn had the ability to determine their self-esteem and feelings of self-worth (Arieti and Bemporad, 1978; Oakley, 1974; Sharpe, 1984). It was thought that women's emotional and psychological dependence upon others stemmed from social and economic necessity.

However, later studies have continued to suggest that dysthymia and chronic depression remain prevalent amongst women (Cutler and Nolan-Hoeksema, 1991; Cox et al. 1987; Weissman et al. 1988) despite increased economic, social and political autonomy. Changes in women's socio-economic status have been accommodated amongst contemporary studies by attempting to explore the effects of paid employment and marital status in relationship to the continued high incidence of depression amongst women (Gutierrez-Lobos et al., 2000). These studies have not adequately explained the ongoing prevalence of depression amongst women; however, constant factors over time may well be the differing socialisation and social role allocation between males and females. These findings suggest that we need a better understanding of the daily lives of these women to determine the circumstances relating to the onset, maintenance and resolution of dysthymia. Social Network Analysis, an exploratory tool that considers an individual's social role and subsequent interactions within their social networks is utilised in this thesis, as a means to explore this important issue in depth.

Chapter Two

Psychoanalysis Feminism and Gender Difference

PSYCHOANALYSIS

Freud's theory of gender development, particularly his theories with regards to women is considered by feminists to have exerted a significant influence upon western culture and has been a major determining factor to women's social, political and economic inferiority to men. Feminists have attempted to discredit his theories in an attempt to re-educate public opinion and subsequent social expectations with respect to women. The following chapter will describe Freud's theories of gender development and feminist's critique of his theories.

Psychoanalysis provided a biologically determined developmental process of gender differentiation or separation, into masculine and feminine identity, by virtue of boy's and girl's different experience of the 'Oedipus' complex (Freud, 1924). As a result masculine personality come to represent the denial of relational needs, virtually independent from the concern to feel connected to others in preparation for the public world of work. In contrast, feminine personality is defined in relationship to others, in the case of her mother, it is often a lifelong attachment. Adult women are less individuated than men, characterised by their more flexible 'ego' boundaries. However, feminists have argued that such differences do not come about solely as a result of a biological pre-determination, but are reinforced as a result of women's role as primary caretaker of children and their socialisation (Mead, 1949; Chodorow, 1978, 1989; Dinnerstein, 1976). Therefore, feminism and psychoanalysis appear to have been locked into academic combat since their conception in the early 1900s, when they were countervailing forces. Feminism argued that women deserved equal freedom, pay and social status, and helped broaden the concept to incorporate the social and political repression of women within a patriarchal society.

Freud believed that women were inferior to men, intellectually, socially, practically, emotionally and politically. The centre of Freud's theory considered that people were motivated in life, by the self-centred desire for pleasure, and that this impulse needed to be controlled. He further argued that individuals were motivated by unconscious versus conscious forces. Freud (1905), believed that for both men and women there was only one pattern of personality development, namely the psychosexual stages of human development. His psychosexual stages were based on the notion that each child was born with an undifferentiated sexual energy concentrated around specific parts of the body or erotogenic zones.

The first erotogenic zone was the mouth during the first year of life. Freud called this stage the 'oral' stage. During the second and third year of life, children developed increased self-control regarding their bowel movements. This was designated the 'anal' stage, of which proper performance resulted in parental approval. The third stage occurred during three to five years of age and was termed the 'phallic' stage in which the focus of pleasure centred on the genitals. Amalgamated together, these three stages were termed the pre-'Oedipal' period, and were believed to be repressed as part of the unconscious. However, even though these experiences, thoughts and feelings were unconscious, they had great influence on subsequent personality and behavioural development. The next stage, the 'latency' stage began around six years of age and lasted until puberty, even though there was no outward sign of sexual behaviour. The surge of sexual feelings were thought to manifest notably during the 'genital' stage, when sexual urges were directed towards members of the opposite sex.

Male and female development were similar until the 'phallic' stage. At that point, certain critical events were believed to occur that led to the development of 'normal' feminine or masculine behaviour. Freud called these events the 'Oedipus' complex because it reminded him of Sophocle's fifth-century B.C. play, 'Oedipus' Rex. At the beginning of the play, a soothsayer tells the king that the child his wife is carrying will grow up to kill his father (the king) and marry the queen (his mother). To prevent his own death, the king

orders a slave to abandon the new born baby, 'Oedipus', in a remote area. But the child is rescued, grows up, and unknowingly kills his own father in battle. He marries his mother, unaware of their relationship and they have four children. Later, when he learns the truth of his past, he is horrified by what he has done and cuts out his own eyes. Miller (1984), pointed to the significant powerlessness of the boy who inadvertently killed his father to be held accountable for his actions, in contrast to the role of the father who abandoned his son to die.

According to Freud, every young boy was in love with his mother, and viewed his father as a rival for her affections. These feelings were unacceptable and caused the little boy considerable anxiety. When he discovered that males have a penis while females do not, he imagined that girls lost their penis as punishment for such unacceptable feelings. He feared that he may lose his as well. The fear of 'castration' was so intense that he was forced to abandon his mother as a sexual love object. He did this by banishing his forbidden 'Oedipal' wish to his unconscious. At this point he enters the 'latency' stage and starts his identification with the father and other men. Hence the beginnings of male dominance, and contempt for women as penisless. It was during the strong identification with the father, that male superiority is further reinforced. Theorists such as Horney (1932), and Bibring (1953), suggested that the masculine 'Oedipus' complex accounted for the enmeshed male perspective of women as objects to be treated with contempt, fear and subsequently devalued. While the 'Oedipus' complex may be an accurate description of early male development, it is not necessarily correct to assume that it is a valid description of early female development. However, it was just this assumption that led Freud to the quagmire of 'penis envy', and subsequent onslaught from feminists, whose account of becoming a woman reflected societal inequality, not 'penis envy', as responsible for their inferior status.

As a girl enters the 'phallic' stage, she notices that the boy's penis is larger than her clitoris. She feels that such a discrepancy is unfair resulting in jealousy and resentment. Freud speculated that these feelings resulted in a permanent sense of inferiority in women.

When girls realised that all women did not have a penis, girls would grow up as seeing women as inferior to men. 'Penis envy' was pushed out of consciousness, but that a woman's lingering unconscious resentment would give rise to a profound jealousy. He suggested that this explained why women seemed far more prone to jealousy than men.

Healthy development required a girl to go through a period in which she rejected her mother as a love object, blaming the mother for the fact that neither the mother or herself possessed a penis. The focus of the girl's interest and pleasure then became the father, who replaced her mother as the love object. Thereafter, mother was viewed as a rival, rather than an ally. Once the girl accepted that she would never have a penis, Freud thought that she started to yearn for a child as a substitute. Therefore, she makes her father, not her mother, her primary love object, by substituting a desire to have a baby for the missing penis. In this way, the girl develops a feminine attitude towards her father and imagines one day taking her mother's place.

According to Freud, a girl's normal development could be diverted in two principle ways, either of which could result in a psychological disturbance:

- 1) If her 'penis envy' left her dissatisfied with her inadequate clitoris and overshadowed any enjoyment she had previously found in clitoral stimulation, she would repress her sexual impulses. She would then become frigid, sexually disinterested or inhibited and labelled neurotic.
- 2) If she refused to see herself as 'castrated' and continued genital masturbation, she might develop what Freud called the 'masculinity complex.' He meant that a girl was reluctant to accept her appropriate feminine role, that she had fantasies of being a man, and was vulnerable to homosexuality.

The pathway to maturity was much more difficult for heterosexual women than for heterosexual men. Boys learnt to treat women (their mothers), as their original love objects. Shifting their affection and sexual attraction from mother to other women was not difficult. But for women development seemed to take a much more circuitous route. They had to switch from their original mother love object to their father, and to a male lover. In

addition, any woman who required clitoral stimulation to achieve orgasm was considered psychosexually immature. A normal adult woman according to Freud, would be able to have an orgasm by vaginal stimulation alone. Freud thought that women had other psychological vulnerabilities that were uncommon in men, particularly narcissism, vanity and shame. He observed that many girls and young women enjoyed dressing up in pretty clothes and jewellery. This presumed that the preoccupation with themselves was a result of the need to be loved and admired which he called 'narcissism'. Freud believed that women were vain and placed special value on their physical attractiveness to compensate for their inferiority. The source of their shame and sense of deficiency was the awareness that women's genitals were inferior to those of men.

In Freud's model, the mind was composed of three parts as follows:

- 1) The 'id', which represented unconscious instinctual desires and impulses.
- 2) The 'superego', or conscience, which was formed through the child's identification with their parents.
- 3) The 'ego', the mediator between the instinctual demands of the 'id' and the rules of the 'superego', which allowed the individual to adapt and mature according to societies restrictions.

Young men would reach adulthood by enduring the psychological pain of resolving the 'Oedipus' complex under the threat of 'castration'. By going through this process, Freud believed that a particularly strong 'superego' was formed in men, which allowed them to function as autonomous, impersonal people, independent of emotion. Since a girl was in Freud's view, already 'castrated', she lacked the necessary 'castration' anxiety needed to form a mature 'superego'. Consequently, Freud believed that women had a weaker moral conscience than men. This was reflected in an inferior sense of justice, a weaker social interest, and a tendency to be ruled by their emotions to such an extent that they were incapable of objective judgement.

PSYCHOANALYSIS AND FEMINISM

While Freud focused on the 'Oedipal' father, feminists (Dinnerstein, 1976; Chodorow, 1978, 1989), constructed the concept of the 'Oedipal' mother to explain female development and gender identity, and thereby, starting a trend in psychological development with emphasis on the importance of a more socially integrated theory. According to feminists, the gender dilemma for girls, was how to become feminine like her mother, yet separate and active like her father. The disparity between the masculine concept of autonomy and the feminine trait of dependency was thought to persist unconsciously throughout a girl's lifetime.

According to feminists, the psychological development of women was a painful process which centred upon the mother figure previously rejected by Freud in favour of the 'Oedipal' father. Mothers were considered responsible for the reproduction of their infants into gender stereotypes in keeping with the prevailing culture. In the case of the mother-daughter relationship, mothers who often considered themselves second class citizens, tended to direct their daughters towards the same lifestyle, that they themselves had experienced. Therefore, the mother in preparing her daughter for a life within the confines of patriarchy conveyed to her consciously and unconsciously her own subjective view of the emotional and material limitations that existed in the world for women.

The process towards femininity was thought to start at birth, with women teaching their daughters not to be assertive, to suppress their own needs for nurturance, and to seek satisfaction and fulfilment in looking after others (usually men). The mother as a result of her own frustration was able to empathise with her child, a process that Winnicott (1965) called 'projective identification'. This process was determined by the mother's own unmet, or erratically met emotional needs. If her own needs had not been met as a child, her personality may have embodied a taboo against following her own initiatives with her daughter. This 'repressed little girl' aspect of mother was thought to be responsible for her often inconsistent pattern and style of responding and relating to her daughter.

Consequently, the motherly message received by the daughter was that she could not rely on mother, the first person that she had loved and depended upon. A daughter blamed such maternal psychological abandonment upon herself. Inadequately nurtured and at times rejected, the daughter learnt that femininity equated with not expecting too much. Also that individuals could be inconsistent in their behaviour, and that she needed to adjust her approach in accordance with the response from others. Ironically, while the mother had been unable to respond to her daughter during her time of dependency, the daughter moves towards separation and individuation during the teenage years, the mother acts ambivalently towards her need for independence.

EARLY OPPOSITION TO FREUDIAN THOUGHT

Deutsch (1944,1945) in publishing her two volume 'Psychology of Women' was one of the first people to question Freud's theory of sexual development. She agreed with many of Freud's theories but challenged others. She shared Freud's belief that sexuality was less important for women than for men. Also that childrearing and housekeeping were acceptable careers for women. She considered women who participated in intellectual and non-domestic activities to be un-feminine. Deutsch accepted the concept of 'penis envy', but did not think that it played a major role in female development. Instead, she argued that feelings of envy were experienced by both men and women. She pointed out that envy may arise when a new sibling claims a part of the parents love and attention that was previously the first born siblings. She also disagreed with Freud's belief that women rejected their mothers in favour of an attachment to their fathers. She thought that the mother-daughter tie would inevitably change, but not necessary be severed completely as the daughter matured.

One of Deutsch's specific contributions to the psychology of women was her definition of three personality characteristics she considered central to femininity: narcissism, passivity and masochism. She believed that narcissism (loving and valuing the self) had both positive and negative aspects. Healthy narcissism was considered an inherent part of

self-esteem (self-respect and caring about oneself). Unhealthy narcissism was considered an immature concern and pre-occupation with oneself, to the point where a person needed the constant affirmation of others. The notion of passivity (an attitude of receptive waiting and expectancy), was central to her concept of femininity. A woman could be active, as long as it did not interfere with her roles as wife and mother. While a man was expected to have an independent identity, to be objective and rational, a woman was expected to be more subjective, to adapt her opinions to those of her husband and to use her intuition as a way of 'knowing', or being instinctive in the absence of facts. When she spoke of masochism she did not mean that women liked pain, but used the term to imply that in many of women's life experiences, such as childbirth, pain was linked to pleasure.

Horney (1932), rejected many of Freud's concepts, particularly 'penis envy', female masochism and inferiority. She believed that these concepts reflected the fantasies of men projected onto women, suggesting that male self-centredness was responsible for the penis as central to female development. She speculated that the male over-emphasis on the penis was prompted by their envy of women's ability to give birth to children. Horney also questioned whether Freud's techniques developed from psychotherapy sessions with psychologically distressed women could be applied to all women. This hypothesis seems to have been prompted more by the domineering male presence in society at that time, which was perhaps more oppressive than at the present time, than concern about female experiences. She argued that it was a woman's less powerful position that constituted the primary influence on her psychology.

Her theories concerning human nature were more optimistic than Freud's, and promoted the need for security motivated behaviour amongst women, as opposed to sex and aggression. While Freud saw individuals as doomed to conflict, she viewed people as striving toward self-development and knowledge, proposing that children whose needs were met on a regular and consistent basis would grow up psychologically secure. If the child sensed that their environment was unresponsive or hostile, they would feel insecure and develop feelings of anxiety, isolation, and helplessness. To cope with these feelings the

child would develop a variety of strategies for dealing with other people. She would try to decrease her security by moving towards or away from people. In a healthy person, these three stages are integrated and balanced, but in an insecure person, one or more of these strategies are exaggerated. Therefore, an insecure woman becomes either over compliant and docile, withdrawn and isolated, or overly aggressive. While such behaviour gives temporary relief from anxiety, in the long-term it can restrict a woman's growth by undermining her self-esteem. Horney was excluded from orthodox Freudian circles and it has been suggested that many of her concepts were incorporated into the work of others, without giving her the credit (Rubins, 1978).

Interpersonal relationships have been identified as an essential pre-requisite to psychological well-being (Thompson, 1942). In her writings Thompson focused on the personal, social and cultural complexities of a woman's life. She viewed personality development as an accumulative process dependent upon individual experiences during maturation, as opposed to a process of transforming sexual energy and repression. However, she disagreed with Freud's biological views on female personality. Supporting the position that culture, as opposed to biology, accounted for 'penis envy' and women's feelings of inferiority, she suggested that women envied male status and felt inferior as a result of the social disadvantages. This was the first time that competition between the sexes was not considered to be any different from other types of conflict that existed between individuals in society.

Adler (1928), Horney (1944,1945), and Thompson (1942), also disagreed with Freud, and did not believe that people were driven by sexual instinctual urges alone, or that they were at the mercy of events that occurred in their early childhood. Instead, Adler gave emphasis to the importance of conscious planning, desire to cooperate, and the powerful human desire for social contact with others. In a more optimistic tone than Freud, he believed that the majority of people wanted to preserve their relationships, and therefore, were motivated to behave in a manner in which everyone would be satisfied. Adler, suggested that people were less motivated by their past experiences than a personal belief

system, which made people behave in a relatively consistent fashion. However, Adler did not consider the role of past experiences upon the formulation of an individual's personal belief system.

Adler (1928) understood that men were psychologically damaged by their social conditioning for dominance. However, he felt that women were far more damaged as a result of the prejudices against them. Interestingly, he did not see dissatisfaction with their role as a problem. Rather, he viewed these complaints in relationship to social and cultural factors. However, unlike Freud, who viewed biology as destiny, Adler saw women as naturally opposed to the power and privilege of men. A few feminists later came to Freud's defence, most notably Mitchell (1974), who argued that the Freudian model did accurately reflect women's lives and further proposed that in male dominated cultures, young girls moved into positions of subordination, while young boys disengaged psychologically from their mothers, via the 'Oedipus' complex to prepare for a male role.

Feminists writing some decades later considered that Freud's theories failed to reflect women's experiences of gender differentiation, and so began to offer alternatives to his classic works. These have fallen into two basic groups: psychoanalytically influenced theory and non-psychoanalytical theory. In the former, psychoanalysts have made attempts to integrate contemporary research and theory with more classical theory. These feminists have argued that we should not disregard Freud's insights just because of what was seen as his anti-woman stance. Some analytically inclined theorists have applied the concepts of 'ego' psychology and objects relations-theory to classical Freudian thinking in an attempt to more accurately reflect women's everyday experiences. In contrast, female influenced theorists have not been aligned with any particular approach. The comparative review as to the evolution of contemporary thought given below will illustrate how contemporary feminists have failed to improve the representation of women in psychoanalysis. This has been a result of their retention of the traditional Freudian framework (even amongst the non-analytical theorists), and their tendency to view women as a homogenous group, and not as individuals.

PSYCHOANALYTICALLY ORIENTATED FEMINISM

In 1966, Masters and Johnson demonstrated that the clitoris was the female psychological and anatomical equivalent to the male penis. In an attempt to remain true to Freudian thought and incorporate these findings into mainstream psychoanalysis, Sherfey (1974), acknowledged the role of biology in gender development, but went on to criticise Freud for ignoring cultural differences, failing to recognise the importance of the mother-daughter relationship, and for assuming that women had inferior 'superegos' and suffered from 'penis envy'. There is no documented response to this paper, so it can be safely assumed that Freud's associates largely ignored this work.

Two years later, Dinnerstein (1976), wrote an important paper entitled : 'The Mermaid and the Minotaur', which constituted a central theme in the revision of psychoanalytical theory. In following Sherfey's (1974), mother-daughter theme, she focused on women's role in child rearing, in which they were traditionally the caretakers of children of both sexes, and therefore, girls and boys were unconsciously conditioned to believe that the mothering role, was a woman's role. Her theory suggested that men and women would never be equal until men assumed increased responsibility for child rearing. In a more complicated version of Freudian adapted theory, Chodorow (1978), shared Dinnerstein's believe that gender differences were not entirely biologically determined, but that they are also cultivated through an individual's experiences of social relationships and society. In other words, they believed that gender and difference were inextricably linked and were created as a result of the biological, social and psychological influence of relationships. They gave particular attention to women's role as primary caretakers and the parental role in the formation of gender differentiation amongst children, supporting a more active male stance in the daily care of children. She believed that this was the only way a child's ambivalence about their early caretakers would be distributed equally between men and women. In other words, because women were liable to do the majority of child rearing, both sexes' earliest identification was with a female.

In order to develop masculine identity, boys must make a clear psychological separation from their mothers. When boys break away from their mothers, there needs to be an equally nurturing male available in order to facilitate his core identity as a male. Girls however, do not have to make this psychological break and develop their identity as a female within the existing framework. Boys experience significant psychological separation as part of their normal development, and consequently appear to function more independently than girls with clearer 'ego' boundaries. Therefore, gender differentiation occurs in relationship to the mother or primary caretaker.

All psychologically healthy adults develop 'ego' boundaries that allow individuals to accurately differentiate between their own thoughts and feelings from those of another person. However, Chodorow (1978), proposed that these boundaries are rigid in boys (as a result of breaking away from their primary caretaker), and are more fluid in girls. Consequently, females rarely become as psychologically distant from the nuclear family unit as males. Girls and women appeared to remain more psychologically connected to their actual or substitute mothers even when these relationships were profoundly troubled. Both as adults and adolescents, women characteristically maintained a variety of supportive relationships with their female friends.

Chodorow (1978), believed that it was through the mother-daughter bond that women reproduced the mothering relationship for one another. Men, in contrast, were much less likely to maintain mutually nurturing relationships. As a result they have trouble mothering because they become independent and emotionally detached from other people. In breaking away from their caretaker, men fail to obtain the same high level responsiveness that is developed through the mother-daughter relationship, and sustained by women through their relationships with each other. Therefore, in their roles as husbands, partners, fathers or colleagues, most men are much less responsive to the needs of others, and they do not see the need to give up as much of themselves in order to meet the needs of other people, and which in turn prevents men from being intimate.

Chodorow suggested that intimacy was threatening to men because it reminded them of their early years of utter dependency, and the time when they were female-identified. Generally, our culture disdains female-orientated behaviour in men. As a result Chodorow was not surprised to find that men rarely acknowledged their impulses to be caring, nurturing, receptive and accommodating. In weaving psychoanalytical theory into her own perspective, she contributed to the re-acceptance of Freudian theory by many psychotherapists who otherwise considered themselves feminists. However, this could be considered a regressive phenomenon, since most of Freud's theory is not congruent with a non-sexist feminist stance.

Eichenbaum and Orbach's (1982), extensive psychotherapeutic work amongst women at the Women's Therapy Centre in London, was documented in their book entitled, 'What Do Women Want: Exploding the Myth of Dependency'. They combined gender identity and feminism with the object-relations branch of psychoanalytical theory. They placed emphasis on the mother-daughter relationship, by suggesting that daughters were brought up to be like their mothers, attending to the needs of others. Unfortunately, Eichenbaum and Orbach (1982), focused primarily on a woman's internal experiences, and failed to give much consideration to the external social causes that moulded her behaviour and clinical presentation. The mother-daughter relationship was viewed from a rather negative perspective; with mothers held almost exclusive responsibility for their daughter's development, without any consideration to the social environmental influence upon the mothers own experience of being a mothered herself. Little emphasis was given to the positive aspects of the mother-daughter relationship or friendship patterns between women.

Flax (1978), went some way to exploring the societal influence upon mothers in her analysis of the mother-daughter relationship and discussion as to the influence of patriarchal pressures of bringing up a daughter. Insight was also offered into the difficulties of being mothered by a woman, particularly with regards to a mother having the physical and emotional stamina to meet the ongoing needs of her child. However,

throughout her paper she legitimised the child's needs and virtually neglected to consider the emotional needs of the mother. Flax invariably discussed women in relationship to their mother, or to their female partner, as opposed to their perception of themselves. From her point of view, society encouraged men to develop the traits of separateness, achievement, and aggression, while it encouraged women in the role of connection, caring and accommodation. In reality, both sets of characteristics had the potential to be amalgamated into either a man or woman.

NON-PSYCHOANALYTICALLY ORIENTATED FEMINISM

De Beauvoir (1953), expressed succinctly the rejection of psychoanalytically orientated feminism when she described how it was not a girl's discovery of the male penis that altered her perception of herself, but her realisation that men controlled the world. When she described a boy's upbringing, she contrasted it to a girl's in a straightforward way rather than attempting to explain how these differences had arisen. For her, boys were brought up to 'do', who risk their lives, and have projects, while girls were trained to 'be', passive, compliant, a mother and housekeeper. A role that is not valued by contemporary society, in the same way as the male role. While in contemporary society women are encouraged to achieve and have careers, this is often not considered as important as their primary role of carer. Such values have largely come about as a result of the requirements of capitalism which demands such a role separation in order to maintain the economic, political and social system alive. If it were not for this emphasis on the primary caring role assigned to women, De Beauvoir argued that a girl's natural inclination would be to 'do'. In essence, women's destiny was pre-ordained while men could choose who they became. Therefore, her writings seemed to reinforce Freudian findings that women were politically, economically and socially unequal and subservient to men.

Horney (1932), pointed to a girl's increasing awareness of society's superior evaluation of male traits over her own. She suggested that this awareness manifested in the primary

family by the girl's denial of her femininity and subsequent attachment to her father. In contrast to males, who may overly emphasise their maleness in an attempt not to be drawn into the seemingly ineffectual, passive and dependent plight of women, De Beauvoir (1953) noted that society tolerated for a while a girl's attempt to equate with the independence and autonomy of men, mainly brought about as a result of feminist activity. This usually took the form of the encouragement of academic achievement in school and at male-orientated leisure pursuits. However, the older she becomes the less society tolerates such behaviour, and eventually the girl resigns herself to being passive and compliant in keeping with feminine stereotypes. In many ways Mead (1949), writing almost two decades before De Beauvoir's observations, pre-empted the contradictory dilemma culminating from the conditional encouragement of young girls by a society, confident in the knowledge that it had the power to implement social penalties (such as remaining single), if they became too prolonged into young adulthood. She observed how society appeared to encourage females towards independence and achievement, only to penalise them for reaching their goals.

Although both male and female roles appear pre-determined, women's lives tend to be characterised by passivity. In contrast to men they do not have to prove or assert their social position. They assume a role which they are destined to take, one which is socially, and psychologically unequal to men. Miller, published her 'female influenced theory' in 1976, and came the closest to creating a comprehensive pro-female psychological model that rivalled Freud's pro-male theory. Central to her hypothesis was the suggestion that women organised their lives around empathy, and that female self-esteem was enhanced when they became involved in relationships with others. In keeping with Miller, Robb (1988) demonstrated that women thrived in closely knit relationships, but was more empathetic than Miller, in suggesting that for women, the achievement of close friendships was the apex of development. However, she stipulated that it was only if women perceived these relationships to be empowering, honest and close, that they enhanced women's lives, with social support and feelings of self-worth. She also suggested that a

woman's core identity and primary motivation of psychological development existed within the context of her social networks.

However, women may not wish to be like their male partners or their mothers. Moreover, they wanted to find a way to detach themselves from these relationships, to the point of becoming 'complete autonomous women'. In turn, Ernst (1987), and Edelman (1994), in their respective surveys amongst daughters whose mothers had died, examined the impact of the loss of their mothers upon their lives. Edelman went so far as to suggest that a daughter could never become a woman while she still had a mother, and criticised Freud for failing to identify a process by which a woman could detach herself from her mother. Surrey (1985), introduced the concept of 'difference feminism', better known as 'self-in-relation model' in which women came to create a sense of themselves through their relationships to other people, so that they could be considered equal while still being recognised as different to men. In contrast, men are encouraged to attain psychological maturity by moving away from their psychological bonds, while women are encouraged to grow within their relationships. Slater (1970), suggested that dividing the essential elements of psychological health between men and women was the main way in which gender inequality, power and social status was maintained. He criticised Surrey (1985), for her rigidity in dividing the essential elements of psychological well-being between men and women. Further, Slater considered that the psychological divide could only be bridged by men's use of violence against women.

At Harvard University (Mass, USA), Gilligan's (1982), research on moral development had a profound effect on the understanding of human psychology. She was influenced by her time spent as a student of Kohlberg, a theorist of moral development. Previously, Kohlberg and Kramer (1969) had developed a 1 to 6 scale of moral values. On this scale, women usually scored 3. At stage 3, morality involved helping and pleasing others rather than subordinating relationships to rule (stage 4), and subordinating rules to universal principles of justice (stages 5 and 6). They did not seem to recognise the gender bias. Their findings seemed to support Freud's position that women have weaker 'superegos'

than men, less of a social conscience, and are not so morally advanced. Gilligan took issue with Kohlberg and noted the way in which male and female behaviour was interpreted and how it influenced morality. She pointed out that all perspectives were coloured by the unique vantage point of the observer. Unless carefully screened for bias, observations were very much affected by the gender, colour, ethnic, religious, sexual and socio-economic status of the viewer. There is no reality unaffected from the perspective from which it is seen, with most psychological theory being viewed through white, professional male eyes.

There was an emphasis on individuation and a tendency to view dependence and autonomy as polar opposites. Gilligan (1982), brought a different perspective to her research, suggesting that there were at least two ways to approach a moral dilemma. The first was called 'justice', in accordance with Kohlberg's perspective. When faced with a moral conflict, a person motivated by justice acts in accordance to certain standards, including the weighing of individual claims, rights, fairness and reciprocity. Gilligan called the second approach 'care', in which the person tried to avoid any approach that would be hurtful; identifying and responding to the needs of all parties and reluctant to act in any manner that may jeopardise relationships with others. She discovered that although each sex could identify the 'justice' and 'care' approaches when faced with simulated moral dilemmas, their choices for action were sharply different. In her examples, she established three categories of response: care only, justice and care, and justice only. One third of the females fell into each category while half the males fell into the 'justice' and 'care' category, however, none of the males were in the care only category. Gilligan used these results to explain how Kohlberg's system of classification minimised an important dimension of moral choice. Women were not less moral than men, they simply defined morality in a different way. A scale of moral development constructed from a male perspective could not be tempered by a 'care' only response, and the results would be skewed in favour of 'justice'. While a model that included a female perspective would tend to more fully incorporate care and justice; Gilligan did not advocate that one perspective

was necessarily better than another, but that both needed to be recognised as valuable (Surrey, 1985).

Greenspan (1983), was less conciliatory and more direct in her proposals aimed at changing women's subservient status, suggesting that fundamental reforms were needed regarding women's socio-economic and political position in society. Unlike Miller (1976), Greenspan was reluctant to develop a female influenced theory as she felt that women's experiences were too complex and inter-related for one theory to suffice. She pointed to a connection between women's internal lives and the external conditions in which they lived. She went on to identify three psychological themes that she believed dominated women's lives as a result of this connection namely: women as victims, women as body, and women as a labour of relatedness, suggesting that these social positions all placed women in a subservient status to men. By woman as a victim, Greenspan was referring to the expectation that she would be psychologically subservient to men in society. In this position of lesser power, she believed that women adapted to their inferior role. As part of this role, women rendered themselves liable to victimisation. Many of their symptoms were considered as unconscious attempts to simultaneously adapt to and rebel against the expectation that they put their own needs, views and values after those of men. By woman as body, Greenspan meant that the rule for women in society was to be attractive and physically available to men. The standard of attractiveness against which women were measured was defined by others, mainly men. In addition to the pressure to be attractive, a woman's body was not really considered her own, but a matter of public debate. Greenspan concluded that women would never be equal to men until they had the power to determine the shape, size and use of their bodies. Women and the labour of relatedness referred to the fact that the majority of women were trained for intimacy rather than self-advancement. Because this training resulted in women thinking of other women first, rather than focusing primarily or exclusively on their own interests, they were punished by having their own personal style considered immature and masochistic. Yet this style which was reinforced in girls by women from early childhood, was critical to the forming and

maintaining of relationships with both men and women. The capacity for empathy and the fluid 'ego' boundaries developed and maintained by women were essential in their roles of caregivers.

In contrast, Lerner (1980) identified a gradual change in attitude amongst feminists regarding the value of women's differences from men, or a move towards a more 'woman centred' style of psychoanalysis. Rather than the traditional view of female qualities as a negative property, they started to appear in a more positive light. In 1976, Miller attempted to demonstrate how the psychological characteristics of nurturance and caring that have previously been attributed with evoking oppression of women could be skewed to become a means of increasing women's strength. She argued that although women had been socialised into passivity, they had also learnt to be co-operative and affiliate with what she described as 'truly human qualities'.

In a more radical paper on heterosexuality Rich (1980), pointed to the 'random terrorism' that men have practised on women through history, and suggested that women's inferiority towards men has come about as a result of their heterosexual status, which Freud considered the norm and successful outcome of the 'Oedipus' complex. She appeared to challenge women to imagine a lifestyle in which they did not automatically assume primary relationships with men, or bear and nurture children. Although she was critical to the point of brutality in the assessment of the way in which men use their power against women, she was one of the few authors who have fragmented the concept of women being considered collectively as a homogenous group. Rich's views on female physiology promoted maleness as the difference.

In an attempt to address the societal imbalance of power and economic status between men and women, Collier (1983) developed her 'sex fair' theory, whilst working amongst minority women, women in poverty, mature women, victims of abuse, working women and female prisoners. Fundamental to her theory was the recognition of the biological functions of women largely ignored by Freud, such as menstruation, fertility control, childbirth and menopause, without making them the central focus of a woman's life. She

attempted to teach psychotherapists how to translate 'sex fair' theory into practice. This theory was aimed at counteracting any wider social inequality encountered by clinicians during their treatment of women. Collier facilitated her views by encouraging her students to help their women patients to make life choices based upon their own needs, as opposed to the needs of other people in their life.

Sex role stereotyping in treatment has been attributed to predominantly male psychotherapists (Tanney and Birk, 1976). This trend led to an increase in female patients seeking out female psychotherapists. However, according to them and Sherman et al. (1978), this approach failed to address the gender in-balance between psychotherapists and their patients. Similarly, most academic institutions have not recognised the importance of research into gender sensitive treatment. Josselson (1994), criticised the media and academics for considering women's psychological development from a 'one dimensional' stereotypical and homogenous viewpoint. Also, she criticised developmental psychologists for considering women entirely from the point of their role as mothers. Josselson conducted her study over two decades. She followed 48 women from 3 different universities from the time they graduated from college until their early forties. Individual biographies were compiled on each woman, giving particular attention to the development of their identity. She suggested that women's life courses could be differentiated from each other and introduced four 'trajectories' that women may take from adolescence to adulthood. 'Trajectories' were designed to reflect differences between women with regards to risk taking, making of choices and the degree of commitment they extend to other individuals as follows:

Guardians: were considered to be the 'good girls', high achievers and committed to fulfilling their family's ambitions for them. However, they were also thought to have a rigid outlook on life and be resistant to change.

Pathmakers: were not thought to be afraid of risk or commitment, while balancing their own needs with those of others.

Searchers: these women were considered by Josselson to be idealistic to the point where they were overwhelmed by choice and unable to make commitments.

Drifters: lived their life from moment to moment, avoiding choice and commitment to others.

A radical example arguing against gender differentiation was the stance of Firestone (1970) towards pregnancy and childbirth. She proposed that women needed to exercise a straightforward choice between inequality with men and their reproductive role. More specifically Firestone considered that it was the biological function of childbirth that served to render women unequal to men. This led her to call for the abolition of pregnancy, and for the creation of test tube babies outside of the womb. However, she did not consider the impact of the role of mothering upon women's unequal status in society.

Psychoanalysis emerges as a theory of sexual difference. A girl comes to view her lack of a penis as rendering herself and later her mother as inferior, inadequate and 'castrated', in relationship to boys. Boys in turn think that having a penis places them in a superior position, and look upon girls and women with contempt. As a result, of such a male orientated theory, feminists have attempted to re-address traditional psychoanalytical concepts namely: 'penis envy', female 'masochism', 'Oedipus' complex, and the mother-child dyad. These concepts can be summarised as follows:

'Penis Envy': generally considered to be an inadequate means of describing deep feelings of powerlessness that many women feel. In all the above writings it is assumed that women may want to pursue careers or other interests some instead of, and others as well as, their role of wife and mother.

Female 'Masochism': the idea that women are 'masochistic', that they enjoy pain has been brought into question, mainly as a result of the deeper exploration of woman in heterosexual relationships that has revealed the lengths that women go to in order to avoid emotional pain inflicted towards themselves or others.

‘Oedipus’ Complex: the ‘Oedipus’ complex may well explain the relationship between fathers and sons and male gender development, but it does not appear to have adequately explained the mother-daughter relationship, or female gender development. The majority of theorists have turned to social, political and economic influences to explain the moulding of female personality traits.

However, despite such moves there is little evidence that these developments are being incorporated into clinical practice. In research studying gender stereotypes, Spence et al. (1984) identified fifty-four characteristics that psychotherapists have associated more frequently with women and men. For example, women were assumed to be more affectionate, submissive, and sentimental than their male counterparts, while men were assumed to be more independent, ambitious and forthright. When the research was repeated a decade later in 1984 there was only one change; there was no significant difference between levels of intellectualism between men and women while all other traits remain the same. This tends to suggest that despite the emergence of contemporary feminist theory, psychoanalytical practice remains fundamentally unchanged, reflecting the gender stereotypical values that it set out to dislodge.

Freud’s theory of gender development, particularly the ‘Oedipus’ complex, describes how boys develop into men, as a result of the boy rebuffing his mother by asserting his difference or individuality. Therefore, Freud was also describing a theory of the development of individuality which results in men being considered the norm and women as ‘different’. Women’s sense of being different or separate to men, combines with the influence of the mother, to reinforce women’s lack of individuality, expressed in terms of women’s dependency, connectedness and nurturance in relationship to both men and women. Further, psychoanalysis does not differentiate one man or one woman from another, but considers each gender a homogenous group. Therefore, both men and women do not have any scope to deviate from their stereotype. Feminists have attempted to demonstrate that gender differences have been magnified out of proportion. Qualities

valued by both men and women in society can exist in either sex if they are positively reinforced by the primary carer as part of the socialisation process.

Feminists have given considerable emphasis to the interpretation of the concept of inter-gender difference (Chodorow, 1989; Flax, 1978; Miller, 1976), pointing to the influence of culture and society upon the interpretation of gender stereotypes. Chodorow (1989) also stressed the need to understand these differences from a relational perspective irrespective of gender. Notably, these authors have inadvertently reinforced orthodox Freudian theory by continuing to use his concepts as a point of reference when introducing their own ideas. For example, Flax (1978), discussed her theory of the mother-daughter relationship from the perspective of psychoanalytically imposed patriarchal domination. Even Miller (1976), in describing her theory of female development made ongoing references to Freud; suggesting that feminism is still rooted in Freudian thought, along with the social impact of male dominance.

Chapter Three

Short-term Psychotherapy

Traditionally, psychotherapy has been a prolonged process during which the psychotherapist and patient gradually worked through layers of psychological material. In an attempt to improve efficiency and refocus the treatment process, early theorists such as Ferenczi and Rank (1925), and Alexander and French (1946), reintroduced the concept of short-term psychotherapy of between one to forty sessions, using a semi-structured framework of provocative interventions and goal setting (see below). Short-term psychotherapy only gained momentum in the last decade, following the publication of research data that indicated short-term psychotherapy to be just as effective as long-term treatment (Elkin et al. 1989; Jensen, 1994; McCullough, 1988). It is however, difficult to verify these findings as neither of these major studies discussed their results in a patient or clinical-specific way, with reference to gender or diagnosis. Both the National Health Service (NHS), in the United Kingdom (U.K.), and the Health Maintenance Organisations (HMO's), in the United States of America were quick to adopt the philosophy in an attempt to offer psychotherapy to greater numbers of patients, and eventually reduce costs. The goals of short-term psychotherapy were essentially symptom relief and increased function. Specific impairments or target symptoms were identified, and treatment aimed at addressing these problems. Unlike longer term treatment, personal development was not usually the primary goal in short-term psychotherapy.

TECHNIQUES OF SHORT-TERM PSYCHODYNAMIC PSYCHOTHERAPY

Historically, psychotherapists were characterised by their passivity, while short-term psychotherapists believe that the limited time available warrants a more active role for the psychotherapist and the patient, along with a semi-structured framework of interventions and goal setting. Central to the short-term psychodynamic approach is the active

interpretation of the transference which was described by Menninger and Holtman (1973), as a 'triangle of insight'. Firstly, the psychotherapist needed to clarify the nature of defence, along with the anxiety and impulse. Secondly, the psychotherapist identified the current, past and transference neurosis. Thirdly, to make the connection between the patients historical past, the present life situation in terms of interpersonal relationships, and the transference relationship in the psychotherapeutic relationship. The ultimate goal in keeping with more traditional psychotherapy was the patient's achievement of insight into their problems.

The very nature of short-term psychodynamic psychotherapy is facilitated by the techniques of 'active attention' (a directive therapeutic attitude), and 'focusing' (attention to patients' specific problems), that Mendelsohn (1978) considered essential to successful treatment of patients using short-term intervention. He suggested that directive techniques were capable of forming a link between the 'acute conflict' that brought the patient into treatment, and the 'core conflict' that was thought to represent the resulting maladaptive patterns of behaviour. Once the focus of treatment had been identified it proved a coherent theme guiding the psychotherapist's interventions and narrowing the scope of treatment.

Through a process of 'selective attention' (focus upon previously identified goals), and 'selective neglect' (disregarding other issues), the psychotherapist was able to direct the patient to the treatment goals. Therefore, the psychotherapist was in a position to actively discourage digressions from topics they considered irrelevant. The 'active interpretation' of transference is central to the short-term techniques by linking past and present lives. These techniques are in direct contrast to the traditional psychoanalytic environment, in which the patient is given relative freedom to 'free associate' while transference is allowed to evolve gradually.

However, the direct comparison between traditional and short-term techniques has been difficult as the majority of studies, such as the Vanderbilt Project (Strupp, 1980), and the Temple Study (Sloane and Staples, 1975), have failed to provide more than a cursory description of the psychotherapy model used, or whether they defined short-term

psychotherapy by the number of treatment sessions or by virtue of the specialised techniques involved. The reader was left to assume that psychotherapists adhered to the traditional techniques of psychoanalysis (i.e. they assumed a passive-expectant stance, allowing the patient freedom to choose topics for discussion), over an abbreviated number of sessions.

SHORT-TERM PSYCHOTHERAPY AMONGST WOMEN WITH DYSTHYMIA

The gender specific nature of women's problems when undergoing psychotherapy has prompted studies which have explored the relevance of patients having male or female psychotherapists, in relationship to the parental figure considered to be the focus of treatment (Tanney and Birk, 1976). Although these authors did not disclose how they determined this factor before treatment, their findings were in keeping with psychoanalytical developmental theory. They found that the sex of the patient was less important than that of the psychotherapist. The psychotherapist of choice for young children was usually a female, presumably because the mother is usually the primary carer during early infancy. During adolescence, for both boys and girls, the male psychotherapist became the clinician of choice, in keeping with the boys' affiliation with, and the girls' aspirations towards the father figure.

However, feminists have encouraged women to use female psychotherapists, whom it is surmised would be more sensitive to the complexities of women's lives (Rice and Rice, 1973; Kronsky, 1971; Chesler, 1972). Chesler (1972), suggested that such findings would only apply if the psychotherapist was both a woman and a feminist. Fuller (1964), studied patients of both sexes attending out patient psychotherapy treatment to determine whether patient's preference regarding the sex of the clinician changed before and after treatment. She found that female patients with relationship problems preferred a female psychotherapist both before and after treatment, and similarly male patients preferred male psychotherapists. While these studies indicate clear patient preference they do not determine whether such choices are more effective, or merely serve to reinforce gender

stereotypes. Over a decade later, Stricker (1977) examined existing research relating to the psychotherapeutic treatment of women in relationship to sexism amongst psychotherapists. He found that although sex role stereotyping existed amongst psychotherapists of both sexes, it tended to be spasmodic as opposed to systematic. Stricker also pointed to the way in which fathers receive praise for moving away from male stereotypes, while a mother risks social isolation if she does not comply with pre-requisites of the maternal role.

Little data exists in which the role of psychotherapy amongst women has been considered in direct relationship to the social, political and economic infrastructure of society. However, in one such study Homer (1977) identified a tendency amongst mental health professionals to use the 'sick' label to describe women who acted in variance to the social order, as a means to justify their opposition towards social change. She concluded that the effects of psychotherapy were not in the best interests of women. Although she did not discuss her findings in direct reference to Freud, she concluded that psychotherapy was aimed towards producing social stability by virtue of its enforcement of sex-role conformity, which in turn served to deprive women of social power.

Despite consistent indications that women have a tendency to become addicted to medication (Weissman et al., 1988), there has been a consistent trend towards combined psychopharmacology and short-term psychotherapy as the treatment of choice for patients with depression (Elkin et al., 1989; Jensen, 1994; McCullough, 1988). The Collaborative Study for the Treatment of Depression (Elkin et al., 1989), evaluated three known treatment strategies (Cognitive Psychotherapy, Interpersonal Psychotherapy, and pharmacotherapy), versus a placebo (pill), as a control. They found that both models of psychotherapy were effective in treating patients with depression, but did not discuss their findings with reference to gender, or differentiate between a diagnosis of chronic depression and dysthymia. Much has been made of the collaborative nature of the study (between three centres), along with the size of the study (160 respondents). However, in keeping with the Vanderbilt (Strupp, 1980) and Temple (Sloane and Staples, 1975)

studies discussed above, they presented generalised findings at the expense of individuality, bereft of clinical benchmarks for the practising clinician. Therefore, empirical data regarding the most effective treatment for specific patients continues to be illusive.

Jensen (1994), was inspired by the multi-model comparative work of Elkin et al. (1989), and developed an innovative psychotherapy approach which combined cognitive behavioural psychotherapy with interpersonal psychotherapy, as a short-term approach for social workers treating depressed patients. He reported some success in treating patients with dysthymia and chronic depression at risk of suicide in a community setting. However, Jensen gave only a cursory description of the approach, which did not furnish the reader with enough details of the theoretical model adhered to, or techniques involved. As the research was aimed at developing a model useful to social workers it might be assumed that he adapted a specific pre-existing social work model of treatment.

Positive findings using Cognitive Behavioural Psychotherapy to directly attack the helpless-hopeless plight of dysthymia amongst newly diagnosed patients were reported by McCullough (1988). In discussing his findings he differentiated between male and female patients, and subsequently found that women were more likely to relapse than men. He pointed to the inability of women to change what he called a 'depressionogenic lifestyle' or deeply ingrained negative behaviour, as almost entirely responsible for relapse, going as far as to suggest that their presentation was more in keeping with that of chronic depression. However, these findings may say more about the incapability of Cognitive Behaviour Psychotherapy to appreciate and encompass the social limitations of women's roles that require dependency and compliance to others, as opposed to the autonomy and self-affirmation required to implement a change in lifestyle.

In a later study McCullough (1991), analysed ten late and early onset case studies of patients with dysthymia to determine the progress of the disorder over the lifetime. In a somewhat singular and high handed fashion he suggested that dysthymia was self-produced and maintained as a result of maladaptive behaviour. He concluded that psychotherapy should be aimed at promoting self-responsibility in the patient and by the

psychotherapist instructing the patient in adaptive living strategies. This approach he felt would in turn result in the elevation of an individual's mood.

Markowitz (1992) criticised mental health professionals for their failure to actively treat dysthymic symptoms, preferring to leave them 'smouldering' over a patient's lifetime. Markowitz, presented a single case study of a thirty year old woman who had suffered ongoing dysthymic symptoms of low mood, feelings of hopelessness, helplessness and hyper-somnia since age sixteen. Her previous psychotherapist had identified and diagnosed the dysthymia, but after a course of anti-depressants had failed to significantly elevate her mood, he attributed the symptoms to characterological traits beyond the reach of treatment. However, Markowitz, engaged his patient in weekly psychotherapy (of an undisclosed orientation), and simultaneously administered anxiety and anti-depressant medication over a six month period. At the end of treatment her mood had significantly elevated to the point where she had started to look for employment and to participate in social interaction with individuals outside of the primary family social network. While he did not discuss his findings from a feminist perspective, and the singular nature of the study prevented inter-case comparison, Markowitz concluded that the combination of social, and organic cause of depression necessitated a combined treatment approach, and consideration of each individual patients social history. Also, he measured patient outcome in terms of her elevated mood and its subsequent affects upon her quality of life.

Similarly, Hagop et al. (1995), compiled a literature search amongst studies of dysthymia in clinical practice, to determine whether the official classification of the disorder had led to a more positive approach to diagnosis and treatment. They concluded that a high proportion of cases went undiagnosed, particularly amongst women. They related this factor directly to the lack of consideration given during diagnosis to the social, political and economic factors that shaped women's lives. Additionally, they pointed to the way in which primary care practitioners failed to diagnose dysthymia until mid-life, further compounding and advancing the disorder towards chronic depression.



IMPLICATIONS OF SHORT-TERM PSYCHOTHERAPY AMONGST WOMEN WITH DYSTHYMIA

The DSM-1V-R criteria for depression, particularly the symptoms of fatigue, low self-esteem, poor concentration, difficulty making decisions and feelings of hopelessness, coupled with the placating personality found amongst dysthmic patients (Arieti and Bemporad, 1978); and their subsequent social, political and economic subservience to men, does not bode well for the active and early patient compliance necessary for favourable outcome of short-term psychotherapy. Further, women are socialised to care and consider the needs of others before themselves, an obligation which was seen previously to be passed from mother to daughter (Blumenthal, 1983; Earls, 1987; Miller, 1976). The clinical complexities associated with women's sense of primary relatedness can hinder lifestyle changes, and become an obstacle to treatment. Alternatively, if a woman manages to implement changes in her life there may be ongoing anxiety and stressful consequences for her as a result. Further, the situation is complicated as women's self-esteem is often dependent upon the judgements and opinions of men (father, spouse), and key women (mother), from their social networks. In turn, the attitudes of key members of a woman's social network will be largely determined by the culture in which she lives (see section entitled 'Cultural Considerations in Psychotherapy' below)..

Therefore, the ability to focus upon themselves, and separate their own needs from those of others, may need to become part of an ongoing process of working through and reflection. Currently, the structured time sensitive format of short-term psychotherapy was likely to collude with their initial unwillingness to reflect upon the negative affects of the social networks through whom their identity is determined. Women's need for approval from significant social network members is reflected in psychotherapy treatment and the difficulties that women have in claiming their own authority. It should also be remembered that these social networks that have the power to label women as mentally ill, are likely to be psychologically unstable themselves (Klein et al. 1988; Kocsis and Frances, 1987).

Psychoanalysis goes some considerable way to reinforcing the above problems liable to be observed amongst women presenting for treatment. We have seen previously how the 'Oedipus' complex compounds a negative sense of difference amongst women, and the 'phallic' stage in girls reinforces their inferiority in relationship to men. The tendency towards sex-role stereotyping has been well documented in psychotherapy literature (Lerner, 1980; Tanney and Birk, 1976). However, due to the generalised nature of this data and the lack of systematic empirical evidence it is less clear how this discrimination influenced clinical judgement. They also suggested that such stereotyping was more commonly found amongst male psychotherapists. During treatment a woman needs to be able to reach beyond her assigned sex role stereotype in order to incorporate major themes in her adult life and also her childhood experiences. For some women the move into an independent adulthood has traditionally been positioned by virtue of the relatively powerless sex roles of marriage and mothering which entail the unconditional nurturing of others. Compliance with these subservient and grossly undervalued and undermined roles have been discussed in relationship to anger and frustration in women, and as common motivating factors amongst females seeking psychotherapy (Miller, 1976; Debold et al. 1993).

Any psychotherapeutic approach for women would need to encourage their autonomy and independence. The degree to which autonomy and independence can be actualised in any women's life will be determined by the culture in which they live (as discussed later). Thus psychotherapists should be particularly sensitive to a woman's internal perceptions without losing sight of the social, political, and economic realities of her everyday world. However, short-term psychotherapy efficacy studies have not included independence or autonomy as an outcome of treatment. Therefore, the early indications are that women will not be served well by short-term psychotherapy. The situation was further compounded by the increased trend in combining psychopharmacology with short-term psychotherapy, as the aim of combined treatment has used medication to further social role compliance, social stability and sex role conformity (Markowitz, 1992). If

psychopharmacology and psychotherapy treatment were to start simultaneously by the time drug treatment elevates the mood of a patient, the short-term process would have advanced beyond the point of goal setting. In a more positive mood, and with increasing insight into her problems, the patient may wish to reconsider her primary goals of treatment. However, short-term techniques do not appear to allow for such a fundamental change in direction once the problems have been identified and goals set.

The author is not so naive as to believe that the National Health Service has the necessary resources to sustain long-term traditional analytical psychotherapy. However, a clinician faced with a middle aged woman socialised into a lifetime of submissive and compliant behaviour, who transferred her dependency needs from her parents to her husband, and suddenly finds herself single again, may appreciate a little prolongation on twenty-sessions of psychotherapy. There may be a danger that within such a limited time frame the clinician may direct the woman to look inside herself, as opposed to her social environment for the source of her unhappiness. As Greyer (1971) mentioned previously, women cannot radically change their behaviours as their primary dependence and relatedness to others may carry financial or social penalties, particularly in Arabic and Asian cultures (see below). Rather, they need time to consider the practical as well as psychological ramifications of change to weave it into their roles of wife, mother, sister and friend. A woman may need encouragement from the psychotherapist over time to enjoy and feel comfortable with any new-found independence.

Especially worrying is the emphasis placed upon the psychotherapists in short-term psychotherapy as able to implement techniques such as 'selective attention' and 'selective neglect' which have been identified as particular to short-term psychotherapy, but have not been clinically proven more effective against traditional psychotherapeutic techniques in clinical trials. Therefore, the effectiveness of individual short-term techniques to accelerate a learning or realisation process with a particular patient group remains unclear. Rather, the short-term techniques of 'selective attention' and 'selective neglect' have the potential to compromise the clinician's objectivity. In other words, a clinician has the

power to influence the patient towards treatment goals that relegate them to the dependent, unequal and powerless stance that many women experience in their daily lives.

Informal 'policing' is often implemented by patients social networks, particularly family members of inpatients, with whom well meaning clinicians often inadvertently collude in order to determine when a patient's pre-morbid behaviour has been reached. Therefore, psychological stability was often perceived by the family as the patient having recovered from mental illness. Formal policing could be implemented within the treatment setting by virtue of prioritising issues that women bring to sessions. Both formal and informal measures appear to determine the external results of treatment, without giving consideration to the private reflections of their patients. Therefore, patients may take their cue from a non-gender sensitive psychotherapist and disregard the importance of their own thoughts.

Short-term treatment outcome measures for patients with dysthymia in the standard clinical trials above do not allow for the flexibility or provide the broadened perspective needed to accurately reflect women's treatment outcome. This is a trend towards the logical, or essentially progressive prospective, that does not accommodate progression-regression between phases. While a valid measure of baseline severity is needed to determine clinical change over time, there is a tendency to over focus on a limited isolated incidence of behaviour, as opposed to considering that behaviour in the context of patient's daily lives.

CULTURAL CONSIDERATIONS IN PSYCHOTHERAPY

To the author's knowledge, the respondents in the study were socialised within a Western capitalist society. Therefore, the literature reviewed within the thesis reflects the viewpoints of Western authors. However, the key concepts of autonomy, dependence, and primary relatedness promoted within such theories may manifest differently within the lives of women from other non-Western cultures. The degree to which a woman is able to re-negotiate her position within her own primary and extended social networks is to a

great extent dependent upon the traditions of the society in which she lives. Psychotherapists will need to be aware of such differences between cultures if they are to be able to successfully relate to their patients.

Common to most cultures is a socialisation process that serves to differentiate men and women. More specifically, women come to consider themselves inferior to men, a concept which is in turn reinforced by the social, political and economic structure of society. The mother is central to the socialisation process of most cultures and acts as a point of similarity or difference for the child. The biological pre-determination of women needing to give birth to, and nurture children is central to the female role, along with the responsibility for domestic activities and the home. Oakley (1974), has written about the domestic work conducted by women in Western societies and referred to the home as a place of 'consumption' as opposed to 'production'. She considered that 'consumption' rendered such input less 'visible' and subsequently less 'valuable' than the paid employment of men outside the home. However, in the context of psychotherapy treatment the implications of women's domestic work may be two fold. In the first instance, lack of recognition of her domestic role may impede her sense of self-worth and may manifest as dysthymia. Secondly, her household responsibilities (especially the lack of childcare) may render it difficult for her to attend psychotherapy sessions. In a cross cultural survey of sex differences in socialisation, researchers have also found that where the society requires characteristic differences between males and females, males were observed to be more 'achievement orientated' while females were more orientated towards the 'nurturance' of others (Barry, Bacon and Child, 1957). In some societies, particularly where religion is an integral feature of the society, or where there is a high economic dependence upon agriculture, the characteristics of compliance, responsibility, and obedience are common to the socialisation process of both males and females (Barry, Child and Bacon, 1959).

Littlewood (1990) described 'culture-bound syndromes' as a means to suggest that culture was the core determinant in relationship to a patient's symptoms and the type of

treatment prescribed. Specifically, he pointed to the differences in social roles across different cultures which affected social class and gender inequalities. A number of authors have referred to the Indian culture as a means to illustrate this point (Shiva, 1992; Mane, 1993; Wadley, 1988; Venkoba, 1987). Shiva (1992), pointed to what he labelled a 'conscious gender bias' in referring to the practice of terminating female foetuses, predetermined, systematic malnutrition of the female child, female infanticide and high maternal mortality due to excess pregnancies and inadequate health facilities.

Wadley (1988), pointed to the contradictions that exist in India as a means to define a woman's identity. In keeping with Western society, Indian culture rewards female behaviour that is considered nurturing and passive. However, folklore has attributed women with the characteristic of the goddess 'Shakti', the destroyer of evil. This double bind, or alternation of societal expectations towards women of passivity and strength creates highly stressful situations for Indian women. This is not unlike the conflicting messages that some factions of Western society imposes upon working mothers. In so much as a mother should stay at home and take care of her children and attend to household chores in keeping with her passive, nurturing role. But as Oakley (1974), noted amongst Western women, an undervalued and unpaid role that does not advance women's position within the family, or society as a whole. In contrast, the role of working mother is associated with strength and financial, social and political autonomy which may serve to reinforce her sense of self worth, but for which she may find herself criticised. Indian women are regarded primarily as the homemaker and personal autonomy and independence are not encouraged. The hierarchy within the home is quite rigid with women expected to be subservient to both their husband and their mother-in-law. Confidentiality does not rate very highly in these families and personal issues are debated within the family. Therefore, the psychotherapist working amongst Indian women may find themselves treating a patient who is unable to consider her own social position apart from key members of her social networks.

Another culture that has featured frequently with reference to multi-cultural issues in mental health and subsequent treatment is that of Arabian Gulf societies. In such societies, the role of marriage and mothering is the only acceptable role for women (El-Islam, 1975). El-Islam, used the term 'culture-bound neurosis' to describe symptoms in Arabian women who live with the threat of break-up of their marriage and gynaecological problems that may interfere with child birthing activities. A psychotherapist treating such a patient would be hampered by what he described as a 'monorail' or non-negotiable culture.

Both El-Islam (1974, 1976, 1979) and Wadley (1988) have pointed to inter-generational conflict between offspring and their parents. This has been identified as a key determinant in mental health problems amongst second generation Indian immigrants. Conflict between traditional parental attitudes and those of the younger second generation can lead to intolerable family tension within both primary and extended family units, particularly with regards the choice of marriage partners and the role of women. The non-traditional values of the host country go some way towards causing a state of incompatibility between the first and second generation immigrants. Waldron and McDermott (1979), also pointed to the dilemma of second generation Indians living in Western culture, whereby, they tend to follow the above regime at home and adhere to Western culture in the workplace. Therefore, psychotherapists may find themselves working with patients who need to determine their sense of self across two cultures. McNamara (1968), spoke of a situation whereby 'it is not clear who (is) doing the most protesting: the young against their elders or the elders against their children' (McNamara, 1968, p11). He spoke of the need for 'cultural diversity' by which old and new values are incorporated within the bounds of family therapy. For a woman in psychotherapy, this may entail compromise with regards her own autonomy and sense of self.

SUMMARY

Although dysthymia is one of the primary reasons for which women seek psychotherapy, research in the field has failed to incorporate the emotions of anger and

low self-esteem, which arise as a result of women's diminished sense of individuality in relationship to men, or sense of difference from other women. Many studies failed to recognise gender as an independent variable, resulting in patients being considered together as a homogenous group, to which a particular model of psychotherapy was administered or not as the case may be. When patients were discussed in a gender specific way it was without consideration to the diversity, amongst women, the most obvious being those of age, social class and cultural background, all of which help facilitate and contextualise the diversity of women's experiences. Therefore, it is unclear whether particular populations of women were more likely to seek psychotherapy or be referred to psychotherapy by mental health professionals. Until this factor is clarified it is difficult to know whether the findings of the above studies are relevant to all women.

Despite the considerable publication of feminist theory, these findings that are important to women have not yet been successfully integrated into clinical practice. Instead, the field remains dominated by psychiatry; a profession which adheres to androcentric theory and subsequent demonisation of women's symptoms. The division between feminist and psychiatric literature is particularly pronounced regarding attitudes towards the use of psychopharmacology. There is barely a cursory reference to this approach amongst feminist literature except as a means of maintaining social stereotypes. Feminists preferred to focus on the socially debilitating effect of social roles allocated to women, particularly that of mothering. In contrast, the psychiatric literature relies heavily upon the treatment of women by medication, with or without psychotherapy, virtually ignoring other social variables.

Both traditional and short-term techniques have the same goal namely that of the realisation of patient insight, followed by a change in behaviour. However, it remains to be seen whether for women the achievement of insight is enough to enable them to instigate change in their deeply enmeshed and inter-connected lives, or whether Meninger's (1973) triangle needs to be developed further to incorporate a fourth patient specific angle to the psychotherapeutic process. The realisation of insight is pointedly worked through into a

patients everyday relationships, with the psychotherapist taking a less active stance, but acting as a baseline for normality while the patient actively experiments with her realisation in terms of her social network relationships.

Chapter Four

Social Roles

INTRODUCTION

Social roles or positions have traditionally been determined within the context of their relationship to others, such as mother, father, sibling, partner or friend. Each role carries with it an assumed set of behaviours and responsibilities to other members of the social network. Traditionally these roles have been gender orientated, a scenario that psychoanalysis with its pre-determined biological theory of human development reinforced. Despite attempts by feminists to dislodge such theories in terms of everyday life, social change has been slow. Before the dynamics of inter-relatedness between these roles can be analysed, and the subsequent identification of subgroups or constellations of interactions associated with dysthymia, more information is needed about the origins and motivation of individual role behaviour, and the effectiveness of social influence that passes between individuals. This chapter aims to explore the main social roles likely to be found in social networks: mother, daughter, father, partner, single woman and friendship.

MOTHER-DAUGHTER RELATIONSHIP

We have seen previously how the role of the mother has a major influence upon the development of gender differences, and the later socialisation of their daughters into feminine behaviour. Therefore, the mother-daughter relationship becomes central to a girl's sense of connection to others, and from which she defines herself, whether that identity be the same as, different to, or separate from, her mother. In turn, Debold et al. (1993), in their study of mothers and daughters suggested that in having a daughter, a mother finds herself confronted not only with a child, but also with her own unresolved conflicts from the past and her hopes and dreams for the future. Some women in their study expressed a desire never to have a daughter, as they could not be sure that their life would be any different from their own. A recent large-scale study (Allgood-Merton et al., 1990) set out to determine the concerns and priorities of women. Common to both studies was the

identification amongst women of the hope that sustained women through long hours of work, school and caring for families in order that their daughters may have a better quality of life than themselves.

More specifically, women who participated in the study when asked to write a letter to their daughters, expressed hope for a very different future for their daughters featuring more 'joy' and less 'stress'. However, in the majority of these cases, women also said that their own mothers had the same hopes for them. It soon became clear that generations of women had pledged to bring their daughters up differently to themselves but had been unable to do so. The oppression of women that leads to such betrayal was seen by daughters as the major source of disappointment in their mother, and fuelled the daughters desire to be separate and different from her. This is in direct contradiction to the feminine personality which is defined in connection and relationship to other people. It was the issue of differentiation that they found to dominate the mother-daughter relationship.

The concept of difference has emerged as a central theme in the mother-daughter relationship (Flax, 1978; Chodorow, 1978; Dinnerstein, 1976). Flax (1978), considered that a woman's identity was seriously impeded by a daughter's inability to differentiate herself from her mother, which in turn hindered her political, social and economic growth. She also pointed to the way in which a daughters separation from her mother was complicated by the feelings of rage directed at her mother. Flax, suggested that daughters typically felt that they did not receive adequate encouragement in the form of nurturing, strength or autonomy for maternal separation to take place. Feelings of rage were often suppressed by a conscious desire to protect their mothers and to rescue them from male domination. It was this dilemma that she felt accounted for the diffused 'ego' boundaries between the two women.

Deutsch (1944, 1945), suggested that a woman often repeated her own oppressive mother-child history through her own children. She described clinical documentation to show how emotions such as shame and guilt were passed through generations of mothers and daughters. Deutsch suggested that this negative inter-generation aspect of mothering

came about as a result of diffuse responsibility felt by mothers for the well-being of their family, and the over identification with other women in their family, particularly their daughters. She suggested that this scenario was especially likely amongst mothers and daughters as opposed to sons as a result of the nature of the ongoing female attachment through life. Fliess (1961) developed this attachment aspect of the mother-daughter relationship further to suggest that a mother may even experience some aspects of her daughter's life as her own. These mother-daughter relationships were characterised by the absence of 'ego' boundaries between the two females, with the mothers acting as if their daughters were merely their own narcissistic replicas, to whom they attributed all their own emotions. In the majority of cases the attribution of her mother's own experiences served to keep the daughter compliant with her mother's wishes, and dependent upon her for her identity, preventing any separation or individuation.

This unintentional betrayal of daughters by their mothers was identified by Rich (1979), as the root of 'matrphobia', or the fear of becoming one's own mother. In her survey amongst psychotherapy patients she found that while men often expressed the wish to become more like their fathers, women were more likely to take an opposite view. For many women, being like their mother was an almost terrifying prospect. Similarly in Arcadian's (1981), study of mothers and daughters she found that 49% of women surveyed actually competed with their mothers. Daughters learnt to compete with other women from their early maternal experiences in rivalry for the father.

In contrast, Edelman (1994), in her survey of daughters who had lost their mothers before they reached adulthood, suggested that these daughters equated their mothers with comfort and security and experienced a tremendous sense of loss for the rest of their lives. This was particularly true for daughters who lost their mothers before the conflicts and uncertainties of the teenage years set in. However, amongst daughters who lost their mothers during their teenage years, the rejection and rebellion present at the time of her mother's death became ongoing in nature and prolonged into adulthood. A thirty year old woman whose mother had died when she was aged sixteen described how death had not

silenced her mother's advice to marry a Jewish doctor. She went on to recall the guilt she felt whenever she dated any man other than a Jewish doctor. In another case study, a twenty-three year old woman whose mother had died ten years earlier when the respondent had been thirteen described herself as a 'masculine woman', as she felt that being brought up by her father she had never learnt to socialise and talk amongst women in a comforting and reassuring manner. Consequently, she looked down upon these activities amongst other women. These findings tend to suggest that gender stereotypes are not necessarily pre-determined as suggested earlier by Freud.

The status of women is bound up in their biological and social role as mothers, with only the most recent generation of daughters able to envisage a life radically different from their mothers. The technology and legal rights to control reproduction and work at any job have created more opportunities than ever before. Increasingly, women work, cohabit before marriage, marry at a later age, have fewer children usually later in life than their mothers and divorce in greater numbers. However, one aspect of a woman's life that has not changed at all is that of being primary caretakers of children and dependent (usually elderly) adults.

Sociological kinship studies such as that of Young and Wilmott (1966), amongst working class families in the East End of London have suggested that historically the mother-daughter bond was the primary relationship holding the family together. Most parents and adult children wanted to retain their family connection and relied on women to do this. Wilmott and Young, described the daily visiting and mutual aid of working class mothers and daughters. Findings suggested that adult daughters tended to look towards their mothers for advice in most aspects of their daily living. The mother's house became the centre of the family. Husbands were in many cases peripheral to the family relationships, often as a result of their failure to provide adequate economic support.

Rapoport (1952) studied nuclear and extended family life in Britain and suggested that the maintenance of intimacy through verbal communication was characteristic of all relationships between women. However, mother-daughter relationships were markedly

different with neither party likely to be neutral. An adult daughter was unlikely to complain too much about her husband, as in conflict the daughter expected the mother to side with her. Similarly, a mother did not have an unbiased listener if she wanted to complain about her husband, as a daughter often had a strong alignment with her father. Therefore, she is often unable to hear her mothers concerns about him without feeling conflicted and uncomfortable.

However, there is a 'natural' identification between mothers and daughters, with their shared female identity. Unfortunately, this has meant that the daughter had her most intimate tie is with the less powerful parent. Chodorow (1978), felt that daughters saw their mothers as having less status in the family and society than they wished for themselves. The cultural devaluing of the role played by women as mothers served to undermine the mother-daughter relationship and contributed to the daughter's conscious efforts to be different. These concepts of difference manifested most notably in daughters relationships with their male partners.

Contemporary daughters seek more egalitarian relationships with their men than their mothers did, and unlike their mothers, daughters expect to work outside of the home for most of their married life. However, this may also be a bond that some working class daughters share with their mothers, as many working class and women of colour have traditionally had to do paid work and bring up their children. Paid employment outside the home for many women may serve to separate mothers and daughters. There may be undercurrents of envy, jealousy, competition and anger if a mother resents her daughter's opportunities. The daughter may also feel guilty about being able to create a life for herself that was denied to her mother. Likewise, there may be an open conflict if the mother thinks that a daughters place is in the home with her children.

Numerous authors have pointed to the way in which working wives appeared to have more power within the family than their non-working counterparts, although they still shared the same childcare responsibilities as their mothers had (Blood and Wolfe, 1960; Fischer, 1986). However, the social arrangement of motherhood has changed relatively

little in recent decades. Women are still expected to want children, to give birth to children and be their primary caretakers. All women, even those without children are expected to behave in a 'maternal' way to others. This concept may encompass some global notion that women should always be kind to other people, take care of them, wait on them and not hurt them.

MOTHER BLAMING

Psychoanalytical theory considered the early mother-child relationship to be central to later psychological development, and to the psychological, emotional and social development of the child. As a result of this assumption nearly all research into motherhood has been directed at this early period. This has however only served to enforce the significance of the maternal relationship. Blaming the mother, the outcome of these theories and a major focal point of feminist writing, has a long history of research (Levy, 1943; Wylie, 1942; Lidz et al., 1965; Slater, 1970; Lasch, 1977). However, with the exception of Slater (1970), they all ignored the social, economic and political conditions imposed upon the mother when discussing the nature of her behaviour. Slater, expanded the mother-child dyad to incorporate the father and took into consideration the social, political and economic constraints imposed upon mothers in patriarchal society.

Winnicott (1965) and Bowlby (1971,1975) based their theories of infant development on 'object relations' theory. They considered that the young child is torn between feelings of love and hate for it's primary carer, the mother. While they considered the role of the father within the family unit, it was the mother who was identified as primarily responsible for the way in which children accommodated these conflicting emotions. Winnicott did not anticipate that the mother could eliminate these feelings, but that she needed to be 'good enough'. 'Good enough' being defined in terms of her being calm, empathetic, tolerant and permanently available, in order that the child could make good previous angry acts of fantasy towards her. However, infant maturity for the infant is also dependent on the child's to develop a sense of self in relationship to other people and the rest of the world.

Bowlby (1971,1975) described attachment as an interactive two-way process during which the child identifies with the mother, father and other siblings in diminishing order of intensity. Attachment to the mother served as a means to biologically protect and nurture the child, which he likened to a 'control system'. This served to ensure that the proximity of the mother to the child is maintained by virtue of a series of adaptive behaviours, these

served to maintain contact between the infant and the caregiver. This behaviour consisted of crying, cooing, babbling, smiling, clinging and non-nutritional sucking. The first three of these behaviours were referred to as 'signals', the effect of which was to bring the mother closer to the child. The last four were called 'approach' behaviour aimed at bringing the child closer to the mother. It is the ensuing interaction that serves to protect the child. The establishment and maintenance of a satisfactory 'control system' is thought to bode well for the child's ability to form future relational attachments.

Bowlby (1971,1975), considered family relationships in terms of attachment, separation and loss. However, he placed a great deal of emphasis on the biological and social ties between the mother and child. He appears to have been influenced by the research conducted by Burlingham and Freud (1942,1944) amongst children separated from their mothers and resident in a residential nursery in Hampstead, London, during the Second World War. The study pointed to the difficulties of providing a mother substitute figure within a nursery setting in the absence of the mother. In an attempt to better meet the needs of the children, the nurseries were re-organised to provide a primary carer for small groups of children. However, the children became jealous and possessive of their allocated nurse when she was attentive to other children in the group. Burlingham and Freud also present scenarios of hostility, rejection and social withdrawal directed at the nurse on the part of the children. In keeping with the work of Winnicott and Bowlby, the Hampstead study appears to indicate that the mother is both difficult to substitute and is in an unique position to influence the well-being of her children.

Rutter (1972), also placed emphasis upon the mother and explored the concept of 'maternal deprivation', which although based upon Bowlby's work and in agreement with the consequences of maternal deprivation during childhood in later life, took into consideration the needs of the mother. Rutter was in agreement with periods of non-maternal childcare in order that she could fulfil these needs. However, Rutter's comparatively consolatory position did not prevent the concept of 'maternal deprivation' gaining momentum, which culminated in opposition to working women during the 1970's.

Women who work outside the home are liable to subtly blame themselves and get blamed by others (very often their own mothers), for not caring enough about their families (Debold et al., 1993). In order to compensate, they pushed their children towards high academic achievement. However, mothers who devoted themselves to full time motherhood did not fare much better. They felt themselves to be under pressure to produce 'perfect' children, otherwise they could not justify their refraining from paid employment. They pointed to the way in which such a dilemma brought about competitiveness between mothers, and which divided one mother from another, thereby cutting themselves off from a valuable source of support and counsel.

The work of Friday (1977), exemplified this blame. Central to her argument was the idea that mothers influenced their daughters and their subsequent psychological problems stem from this relationship. She followed the daughter through the life cycle and demonstrated how at each stage mothers calculated and administered constraint and control over their daughters, particularly regarding sexuality and in keeping them away from men. However, she represented an extreme view of the feminist position regarding 'mother blaming', without considering the mothers own psychological and social position. This imbalance was rectified partly by Arcana (1981), who although agreeing with Friday (1977) about the predetermined nature of maternal destruction did give some consideration to the social entrapment of mothers.

While Friday (1977) and Arcana (1981) condemned mothers, Dinnerstein (1976) expanded their findings to encompass the devastating affect of such caretaking on both sons and daughters within the context of society as a whole. She claimed that as a result of children experiencing a mother dominated infancy, they grew into adulthood angry and desperate to escape her influence. The other side of 'mother blaming' is the idealisation of mother and her potential to fulfil a child's needs. Friday's (1977), perfect mother was self sacrificing, and encouraged her daughter to be independent. This was consistent with the traditional perspective to the extent that a mother became oblivious to her own needs. There seems to be an idealised notion that a mother should be, all-giving, devoted to her

child to the point of denying her own needs. Mothers are judged harshly and become a negative rather than a positive role model (Caplan and Hall-McCorquodale, 1985).

This model of mothering has been seen by feminists as unrealistic, and they have suggested that it is not particularly helpful for a daughter to maintain a life long relationship in which she remains dependent upon her mother (Johnson, 1991). Neither is it psychologically healthy for a woman to delay her own development separate from her role as a mother. In healthier mother-daughter relationships, the stereotype of the 'all-giving mother' is revised as it becomes understood that this is unrealistic in practice.

Mother-daughter studies have consistently indicated that mothers are judged harshly by their daughters; with mother tending to become a negative as opposed to a positive role model (Caplan, 1989; Caplan and Hall-McCorquodale, 1985; Ehrmin, 1996). The pressure of this role is reflected in a daughters expectation of her own mother. A daughter has an idealised notion that a mother should be all-giving to the point of having no interests or needs of their own. A daughter in turn measures her own mother's performance against this unrealistic stereotype. The more disappointed a daughter becomes that her mother has not lived up to this ideal, the greater her anger for not providing what she felt she deserved. Feminists have made very little inroad into this idealisation of motherhood, effectively enforcing their mothers own dependency and inequality in relationship to men. Caplan (1989) summed up the hopeless plight of the mother role in asking her readers to consider whether they would take an unpaid, full time job in which they would be held accountable if anything went wrong in sixty years time.

Ehrmin (1996) thought that it was easier to abandon this unrealistic model if a daughter had received 'good enough' mothering. In other words, that the daughter's physical, psychological and emotional needs have been met to a satisfactory level during childhood. Therefore, as the daughter developed, she learned to defer gratification, to share with others, and recognise their rights, including their mothers. However, this school of thought has resulted in the entire responsibility of producing psychologically balanced children falling to mothers. Ehrmin suggested that fathers were considered good if they

provided for their family economically. If they were also playful and nurturing towards their children they were considered 'special' fathers, assuming that a child had both parents in their lives. Also, she suggested that the mother-daughter relationship can be complex if the mother is psychologically immature. In such cases the mother's own internal resources were likely to be limited and she would be unable to provide sufficient care for her daughter. Such a scenario can result in the daughter becoming overly dependent or prematurely independent. It would seem reasonable to expect the mother to take primary responsibility for the relationship. However, feminists have suggested that there have been a considerable bias on the part of mental health professionals to engage in 'mother blaming' (Gilligan, 1982; Caplan and Hall-McCourquodale, 1985, Ehrmin, 1996).

ADOLESCENT DAUGHTERS AND THEIR MOTHERS

Adolescence has traditionally been considered as a point of relational crisis, in a girl's life (Gilligan, 1982); a time at which they experience themselves coming up against the patriarchal culture that values men over women. Girls often needed to sacrifice a major part of their identity in order to become feminine and be accepted within society. Changes in their bodies visually disconnect them from the world of childhood and identify them with women. As seen previously, these psychological, social and biological changes can be difficult for girls. They have a greater awareness of their own environment, but they are also self-conscious and vulnerable to external influences. It is a time when daughters start to closely observe what Stiver (1986) termed their mothers 'gender strategies'. In other words, it depends on how she relates to men, specifically the father figure, the division of housework, how these differences were negotiated and what compromises were made.

Primary relatedness and a girl's ability to connect and empathise with others; skills often learnt in mother-daughter relationships have the potential to become a source of strength and resiliency. Social interaction and intense personal relationships, were more characteristic of women's lives than their male counterparts. From an early age, girls are more likely to be involved in highly intimate and socially enmeshed personal relationships

with women from different generations of their family. Similarly in adult life, women's interaction with other women usually cuts across generational lines. Therefore, women tend to be defined in life from a relational perspective (as someone's wife, mother, daughter).

Debold et al. (1993) distinguished differing patterns of mother-daughter connectedness amongst white and African-American girls in their study of adolescent females conducted within the context of their own social environment. They found an extraordinarily different pattern of adolescent closeness between African-American girls and their mothers, and other women in their predominantly black social networks. In contrast to white girls, black girls had much more self-belief and confidence in adolescence. The authors accounted for this pattern of intimacy as a result of these girls distancing themselves from social institutions, particularly from school, due to perceived prejudice. While this strategy makes for effective resistance in the short-term, it leaves them politically, socially and economically vulnerable, as they fail to gain the education that will ensure a well-paid job.

During adolescence, large scale studies have shown that adolescent girls have a higher incidence of depression, eating disorders, stress and other psychological disturbance than their male counterparts (Johnson, 1991; Gjinde et al., 1988). There is also little difference in the incidence across social class and racial spectrums. Gjinde et al., (1988) further described the incidence of psychological illness amongst this group as under-reported, which she considered from a disturbed psychological and emotional perspective. All these studies pointed to the way in which boys expressed their anxiety in ways different from girls. Boys tend to act out, to throw their distress onto the world around them through delinquency and aggressive behaviour. Girls in contrast tended to become emotionally withdrawn, to internalise their distress and become depressed. Girls appeared to blame themselves for their pain and self-destruction.

Feminists have suggested that a daughter's strong attachment to her mother makes it difficult to achieve any emotional or geographical distance from her. The care and socialisation of girls by women ensure the reproduction of the female stereotypical

personality across the generations, which Debold et al. (1993), called the 'motherline', with flexible 'ego' boundaries and a relatively secure sense of gender identity. Separation and the breaking of dependence from the mother and subsequent individuality have continued to present women with psychological difficulties that arise and are worked through in psychotherapy. Unfortunately much of the data available has been derived from middle class Western European and American women who make up the majority of psychotherapy patients.

For mothers and daughters' the adolescent years are characterised by 'holding' and 'letting go'. Scanzoni (1973), described how the mother prepared her daughter for the domestic tasks and responsibilities of adulthood; and how daughters often felt that their mothers became very critical of them. In turn, mothers often considered their daughters to be increasingly critical, sullen, argumentative and distant. If the relationship adjusts in a psychologically mature way, mothers and daughters find a way to maintain their attachment while establishing a level of independence from each other. In doing so there is an adjustment in the hierarchy of responsibility, but the strategies used to achieve this end determine the quality of the relationship. Some relationships are characterised by high involvement with the mother and daughter spending a lot of time together and administering excessive praise upon her daughter. In contrast, other relationships are characterised by remoteness with daughters spending little time alone with their mothers, and receiving little praise from them. Goodrich et al. (1988), suggested that in more disjointed relationships, daughters generate separation more pointedly by censoring communication and sharing of information with their mother; this may be further intensified by emotional withdrawal. Either way, the daughter usually initiates a shift in the relationship limiting her mothers access to her life.

During the adolescent years, a definitive emotional and physical separation between mother and daughter is rarely achieved. Apter (1990), studied mother-daughter pairs in both England and America and suggested that a more subtle process occurred at this time. Upon listening to adolescent girls describing their mothers, she realised that her questions

aimed at mother-daughter separation were misdirected. Apter also found that her pre-supposed view of daughters rejecting their mother's advice in a bid for separation was also inaccurate. She concluded that the relationship between adolescent daughters and their mothers was more about redefinition of the relationship to accommodate the daughters growth as opposed to separation from it.

As a daughter pulls away from her mother, she usually transfers her intimacy to her peers (boyfriends and girlfriends), while also maintaining communication with her mother. In pulling away, authors such as Rossi (1968), and Chodorow (1978), have agreed with Apter (1990), in suggesting that a daughter did not necessarily want to separate from her mother, but to merely alter the dependent nature of the attachment. In addition, both authors have pointed to the strength and quality of a girls relationship with her father as being dependent upon her relationship with her mother.

Deutsch (1944, 1945) suggested that a girl remained within a 'bisexual triangle' throughout most of her childhood and early adolescence, making a tentative alliance with her father. Unfortunately, some mothers take the change personally and feel rejected by their daughters. These mothers were likely to be immature themselves and responded in unhelpful ways to their daughter's distancing. A troubled mother who was hurt and angry abandoned her daughter emotionally, if not physically as well. Other mothers may deny that the change is necessary and become overly intrusive, and attempt to regain the previous level of intimacy. However, this was no longer thought to be appropriate or healthy for either person.

In responding negatively to the young woman's push forward into adulthood, the emotionally distraught mother often obtained a temporary respite from her anxious daughter. However, the daughter can find herself in a dilemma if she continues her development as an adult, she will lose her mother as a nurturing presence in her life. If the mother has punished the daughter because she has not retained the same level of unquestioning emotional attachment, daughters may pull the relationship even further apart.

Rather than withdrawing, some mothers and daughters develop relationships in which they 'mother' each other (Rossi, 1968). These relationships were characterised by high levels of mutual involvement and censorship. Usually this is as the result of mother-father relationships that have been interrupted. This was not always necessarily the consequence of widowhood or divorce, but usually as a result of some ongoing parental conflict that manifested itself long before the onset of their adolescence. Rossi pointed to the way in which these mother-daughter pairs often formed an alliance against the father. In half of the families studied, the father was in the traditional role of economic provider who had little emotional involvement with his wife or daughter. In the other half, the father was an alcoholic or irrational. The mother-daughter alliance formed some protection from a distant yet culturally powerful, father, but it also served to maintain him in a role of patriarchy. Also, where the father was a substantial problem, mother and daughter tended to keep private and secret information between each other. These relationships resembled those between two peers, and consequently prematurely crossed generational boundaries, depriving the daughter of her adolescence. In contrast, Boulton (1983) found some mother-daughter relationships to be characterised by their lack of involvement in each others lives. In these relationships there is an absence of warmth and pleasure. Such low emotional involvement is often accompanied by an absence of praise and subsequent low self-esteem.

There appears to be little data about the progression of these relationships over the life span. However, the trend amongst psychotherapy studies seem to suggest that women who have an unsatisfactory relationship with their mothers are at increased risk of having disrupted relationships of choice. The adolescent years predict the type of relationship that a mother and daughter will experience throughout the remainder of their life. As the daughter moves into adulthood, an emotionally stable relationship should be characterised by an easy attachment between dependency, interdependency and independence. Oscillation between these states may be necessary and is determined by external social, emotional and economic environmental factors.

ADULT DAUGHTERS AND THEIR MOTHERS

For both the mother and daughter their concern at this time is the notion of the daughter being 'settled' (Jordan, 1986; Barnett and Baruch, 1977; Rossi, 1968; Levin and Thaxton, 1985). The concept of 'settled' seems to mean having a sense of life goals and developmental milestones having been achieved, coupled with the formation of concrete plans for the future. While mothers of 'settled' daughters may not be in agreement with their choices, at the very least, there is a sense of life hurdles having been overcome. In particular, if a daughter wants to be married and is not, or have children and has been unable to, she may continue to see her daughter as 'unsettled' or even irresponsible.

Numerous authors have discussed the concept of women's responsibility towards each other, especially between women and their mothers as central the notion of attachment (Gilligan, 1982; Goodrich, 1988). The nature of the responsibility tends to vary with the social, economic and educational opportunities that each family experienced. Goodrich, (1988) suggested that the level of responsibility was expressed in terms of the intensity of practical, emotional and psychological care expected between the two women. If there was a discrepancy in the level of care that one woman expected and the amount of care supplied, then the relational dyad between the two women was usually strained and disjointed. The main sources of disjointed care responsibility centred around child care.

In addition to child care, women continue to assume much of the responsibility for home-based chores. Again, as feminists have been quick to point out, many of these responsibilities do not necessarily have to be completed by a woman. Greene (1985) in his joint roles as a father and sociologist kept a journal of his child's first year of life. He suggested that fathers often took their parenting role seriously, and at least in theory society no longer assumed that a woman should accept primary responsibility for parenting, simply because she could give birth and breastfeed children. Yet even though these old assumptions have been challenged, theory has not been translated into practice and women retain primary responsibility for child care and house work.

Greene's (1985), observations confirmed the view that gender does tend to determine who will care for children. As daughters become mothers themselves, they came to appreciate the intensity and responsibility that accompanies their new role. At the same time, feelings about their mothers are prompted as a result of bringing up their own children, who pass through the same developmental stages, resurrecting familiar old memories and unresolved resentments. These memories can provide an opportunity for mother-daughter relational advancement if old resentments can be resolved and achievements and pleasurable experiences relived and celebrated.

If daughters do not become mothers themselves, they do not experience the two sided perspective of having been the person who was mothered, as well as the woman doing the mothering. In the sharing role of mother, the two women tend to develop a special colleague based relationship. Without such a shared role, women tend not to develop the same intensity of attachment. However, other mothers seem to prefer their daughters not to become mothers, and gain significant pleasure for their daughters non-mothering achievements. Motherhood is only one of many caring roles that women are faced with. Most women even those who do not become biological mothers, still demonstrate caring for others as a central theme in their lives. Even those daughters who were not mothers themselves have been socialised into behaving in a maternal fashion.

Single adult daughters are likely to be the primary caretakers of their own mothers, presumably because they do not have to juggle the competing needs of spouse and children (Brody, 1981; Moss and Sussman, 1989; Anderson and Zinsser, 1988). Brody (1981) described the disappointment experienced by adult children when parents gave up their parental role. She accounted for this disappointment in suggesting that this may be the clearest indication that they are no longer 'children'. Also that this transition can become difficult if adult children feel that they did not receive the care and protection that they needed. Moss and Sussman (1989), and Anderson and Zinsser (1988), extended their research to include elderly fathers, and found that daughters were just as likely to care for elderly fathers as mothers. They suggested that the reversal of roles observed amongst

mothers and daughters did not happen so readily amongst fathers and daughters, possibly as 'fathering' has a more powerful social image than 'mothering'. Also, a daughter assuming the fathering role would contravene the concept of patriarchy.

The problems described above encountered within the mother-daughter relationship as a result of daughter's attempting to instigate some measure of separation from their mother's arises as a result of the inter-generational socialisation process that requires mothers to socialise their daughters in accordance with feminine behaviour. Mothers who themselves failed to establish sufficient 'ego' boundaries or a sense of individuality from their own mothers, are only able to recreate the same experiences for their own daughters. They seem unable to provide new original experiences or instil feelings of differentiating 'ego' and independence into their daughters, which in turn prevents adequate separation or the formation of 'ego' boundaries between mother and daughter.

FATHERS AND THEIR DAUGHTERS

The role of father has tended to become equated with power and authority, existing on the periphery of the family unit. In contrast, the mother-child relationship has been assumed to be the most significant and until recently has been the main focal point for academics concerned with female psychological and emotional health. Feminists have pressed for a new concept of fatherhood, a 'new father' who would be more involved with his children and the housework than his predecessors. However, Popenoe (1996), who has written one of the few comprehensive works that focused primarily on the father-daughter relationship; pointed to consensus polls in both England and the United States of America, which suggested that in reality the contemporary father was twice as likely to be absent from the nuclear family than ever before. He pointed to increasing numbers of divorces in the past thirty years, and the massive increase in single mothers. As a result approximately half of today's children will spend at least a portion of their early years growing up without a father living in the family home.

Sociologists who have studied the effects of single parenthood have suggested that children who grow up with only one of their biological parents (usually the mother), may be socially, psychologically and economically handicapped (McLanahan, 1994; Kamark and Galston, 1990; Biller, 1993). McLanahan and Sandefur (1994) compiled their data from five national social surveys of single mothers and found that their children were twice as likely to play truant from school, and leave full time education at sixteen; 25% more likely to become teen mothers; and 14% more likely to become unemployed upon leaving school. She attributed most of the blame to a lack of economic resources that has become equated with single parenthood. However, Kamark and Galston (1990), appeared to contradict the impact of the economic factor in parenting. While accepting that economics accounted for up to 50% of the disadvantages associated with parenting, they also pointed to too little parental supervision, emotional involvement and residential mobility as well. They also pointed to the relationship between teenage crime and single parenthood.

Based on such evidence Biller (1993), made a strong case that paternal deprivation, in the form of physical, economic, and emotional unavailability of fathers, has joined 'maternal deprivation' as the most prevalent form of child maltreatment in contemporary society. He went on to reinforce the importance of the child's intellectual, emotional and social development. Russell (1986) conducted a life cycle study in order to compare the emotional and psychological well-being in midlife with fathering styles received in childhood. They looked at the life course of two hundred children, first interviewed in 1951, and found that the offspring of warm affectionate fathers were much more likely in 1986 (when in their 40's), to be happily married, mentally healthy, and to report quality relationships with friends. For young adults also, an ongoing close relationship with a father has been found to be a significant contributor to their sense of well-being. Most father studies have failed to include the mother as well, or determine between male and female children. However, Amato (1994) completed a study in which he carefully distinguished closeness to father from closeness to the mother, amongst teenagers and

young adults. He found that closeness to fathers, as measured by such indicators as understanding, trust, respect, affection and fairness, made a unique contribution to the psychological well being of both daughters and sons.

According to McLanahan and Sandefur (1994), the missing ingredient in the single family is not just a second adult to provide parental supervision and emotional involvement, but the presence of a biological father. In considering their findings amongst the stepfamilies, these children did not fare any better than children whose parents remarried. Non-biological parents did not become as emotionally involved with stepchildren as a biological parent. McLanahan and Sandefur tended to assume that all biological parents were necessarily good parents which rather limited the exploration of their data. Also, it would have been interesting to have examined the impact of a stepfather upon the biological father's continued involvement with his child and former partner relationship. They also failed to compare children who have contact with their biological parents after divorce, compared with those children who did not.

Children who have two adults to take care of them appear to have a great advantage over children from single parent families (Bronfenbrenner, 1990; Wilson, 1994; Buss, 1994). The above three studies all pointed to the potential for two adults to support each other, complementing each others strengths and weaknesses. They not only have a genetic, sexual and emotional tie to each other, but a genetic and emotional tie to the child.

Traditionally, fathers have expressed their love for their families through participation in paid employment, the more money he earned the more approval he gained. The workaholic father who was rarely home was considered a good father. Until recently the few studies that concentrated on the father-daughter relationship have reflected these cultural values. In the absence of the father it was always assumed that the male child of the family would be compromised, and may not obtain practical skills that he would need in adulthood. As far as girls were concerned, studies examined the effect of paternal

absence on their sex-role development, and whether their later ability to form heterosexual relationships would be affected later in life.

Arcana's (1981) survey of daughters in young adulthood pointed to the way in which women emphasised the importance of their fathers aspirations for them, in relationship to their own self-esteem. In particular, interest and participation in their child's school life, positive attitudes towards education, and the ability to award praise or encouragement in whatever they were doing. Sharpe (1994) noted that conflict between fathers and daughter's was most notable amongst working class families. In these families, if the daughter showed academic potential the father-daughter relationship was often characterised by the withholding of encouragement and approval. She attributed such behaviour to male fears and insecurities prevalent amongst working class men, more likely not to have received a formal education or to be in positions of power within the work force themselves. This position was complicated further if a father felt threatened by a daughter who was more intelligent than himself. These men would often be found praising their daughters achievements outside of the family, but not within it, where they would remain withdrawn and critical. In some cases it was thought that the father used his daughter to decorate his 'ego' outside of the family unit, but had to be kept in her place within it.

However, Arcana (1981) also pointed to the way in which some high achieving daughters' did not have a strong emotional attachment to their fathers, accrediting their success to the quality and encouragement of the mother-daughter relationship. She also observed daughters tendencies to accept and excuse unreasonable behaviour from their fathers, in a way that they would never excuse in their mothers. She was supported in these observations by Lynn (1974), who explored the idea that fathers and mothers had different modes of loving; a mother's love was considered unconditional, while father's love was more demanding and conditional upon performance.

Although the majority of contemporary father-daughter studies have focused on academic achievement by women, paternal approval can have implications for other areas

of a daughters life. The early feminists concentrated on the role of the father, as well as the mother, in the achievement of a daughters sexuality and gender identity. Both Deutsch (1944, 1945), and Brunswick (1940), noted how a little girl turned towards her father having become frustrated with her mother. The little girl angered with her mother tried to transfer her libido to her father, but this transference was hampered as a result of the inconsistent active and passive pre-‘Oedipal’ mother-daughter attachment. Girls usually only made a tentative choice in favour of her father which did not exclude the mother. These authors sought to validate their suggestions by highlighting the number of adult women who receive psychotherapy as incapable of having a relationship with a man, suggesting that this may be no more than an exaggeration of the normal ‘Oedipal’ resolution. Brunswick expanded further:

‘Between the exclusive attachment to the mother on the one hand and the complete transfer of the libido to the father on the other hand, the innumerable gradations of normal and abnormal development are to be found. It might also be said that partial success is the rule rather than the exception, so great is the proportion of women whose libido has remained fixed to the mother’ (Brunswick, 1940, p250-251).

In the above extract she seemed to suggest that the ‘Oedipal’ situation and the development of a heterosexual orientation in girls owes as much to the mother-daughter relationship as it does to the father-daughter relationship. A daughter’s relationship with her mother is ongoing from birth, while her relationship to her father is added later in her life. The implication is, that fathers and daughters may regard their relationship as secondary, and therefore, not as important as the mother-daughter relationship. Deutsch (1944, 1945) called such a scenario in which a girl oscillates in the father-mother-daughter situation, a ‘bisexual triangle’, in which her relationship to her father is an emotional reaction to, and interwoven with, her relationship to her mother.

Much of the recent research on fathering has been conducted by younger men who have experienced the impact of feminism and the questioning of the traditional male role (Katz and Konner, 1981; Lamb, 1981). These authors have considered the father-child relationship from a different vantage point than their predecessors. Both Katz and Konner, 1981 and Lamb (1981) examined attachment behaviour of children, but Lamb's work broke with tradition by conducting his observations within the children's own homes as opposed to the laboratory. He discovered that children show no preference between mother and father, and indeed displayed a preference for the father when it came to playing games.

CONTEMPORARY FATHERHOOD

As more women have entered the work force and families have become increasingly dependent upon two incomes, the role of father has begun to change. Contemporary studies have shown that fathers realised that their active participation in parenting was important for the mental health of their daughters. Popenoe (1996), referred to these fathers as 'equivalent fathers', for whom parenting was an partnership between husband and wife. However, 'equivalent fathers' did not necessarily mean that fathers and mothers should necessarily play the same roles. He based his idea on the notion that men and women brought different qualities to parenting.

These authors suggested that stereotypical role reversal was associated with marriage break-up. Russell (1986), in his survey of American couples found that shared caregiving couples had marriages of 'significantly lower quality' than traditional couples. He also showed that an additional problem in these marriages in the event of divorce, was that the father was more likely to pursue a child custody battle. Hartup (1989), supported Russell's findings and suggested that it was a father's quality and frequency of interaction with their children which was important, not the duplication of the mother role.

Father's Development

Just as it was seen to be important in the previous section to understand the social context in which a mother behaved, the same was true amongst fathers. Appleton (1982), was the first author to explore the developmental cycle of fatherhood, in relationship to his daughter's development. He considered paternal development a complex process, but one which needed to be understood in order to broaden the perspective of the male parent. He viewed the father-daughter relationship within two evolving thirty year life cycles, and the daughter's first and second decades of life either of which could merge or clash as follows:

1). **The First Decade:** This stage includes the daughter's childhood and her father's 20s or 30s. It was considered a time of attachment. For the child there was a preference to be close to specific people who seemed stronger and wiser. These are the people that the child depends upon to meet her basic needs, of love, affection and warmth. Contemporary research has established that infants develop attachments to both parents during the first nine months of life. Considerable psychological damage is thought to ensue if these attachments are disrupted, as the maintenance of the bond is seen as a source of security.

Rubin (1976), studied the psychological development of middle class fathers in relationship to their career aspirations and economic security. She found that the father in his 30s, was usually building his career, often at the expense of his marriage, leisure, friendships and time for introspection. It was the period during which he strived for the position he will eventually achieve in his 40s and 50s. Most working class fathers are unlikely to be building careers. However, they may be working towards a pension or gaining seniority in their employment. In any case, they would not expect to be in such a secure economic position as the middle class father. During this time, therefore, a daughter is unlikely to see very much of her father. By virtue of their less frequent contact, the father-daughter relationship can be markedly different from the mother-daughter relationship. In middle class families Rubin found that mother was involved in daily care

and discipline, while father was often a playmate. Throughout the first six years of her life, a daughter provides her father with a respite from the rigors of his work life. From age six to puberty, the father becomes more involved in his daughter's intellectual development.

The way in which a father treats his daughter during this time makes a life long impression upon her (Rubin, 1976; Dalton, 1986; Norwood, 1985). By over-indulging her, he may cause her to spend her life longing for the time when she was the centre of his attention. However, if there is little or no happiness with the father during this period, Dalton (1986), in her feminist approach to the psychology of the father-daughter relationship, suggested that the little girl can move into adulthood longing for the father that she never had. These women were often found to be trying to renegotiate their father relationships through their relationships of choice. Norwood (1985), studying co-dependency amongst adult daughters repeatedly found themselves in relationships in which they were overly giving to the point of selflessness, only to be abandoned by their partners, suggested that invariably these women had experienced less than supportive fathering.

Rubin (1976), Dalton (1986), and Norwood (1985), all agreed that if a father was either absent, angry or rejecting, he left his daughter discouraged and with a severe emotional handicap in her later relationships with her partners of choice. Norwood (1985), elaborated on her findings further by pointing to the way in which these women have no experience in flirting with men, gaining attention from, being worshipped by, being validated by, or having the power to delight the man who meant the most to her at an impressionable time in her life. Anger was found to be the most frequent consequence in all the above studies, but as the daughter often felt guilty about being angry, she hid these feelings under a blanket of insecurity, depression and anxiety.

The Second Decade

By the time a daughter reaches her teenage years her father is in the middle of his life. For both it is a time of self-discovery, while she is rebelling against authority, he is concerned with his own identity. The adolescent daughter begins to establish a more realistic view of her father. Her growing maturity enabled her to see that her father, like all individuals had some weaknesses. These factors combine to ensure that he falls from grace in his daughters eyes. If the fall is too far and too abrupt it can lead to lasting damage. The father who deserts his family never to see them again can leave a daughter incapable of becoming emotionally vulnerable with any man, afraid that other men will leave her as well.

Leonard, (1982) and Owen (1983) writing on the effects of inadequate fathering upon adult daughters suggested that one of the main problems reported by daughters was that their fathers were often too preoccupied with work issues, even when at home that they were often impatient, patronising and unwilling to take the time to negotiate respectfully with them. Leonard, suggested that the characteristic feature of this group of fathers was the tendency to issue angry orders, to which the daughter responded by becoming withdrawn and argumentative with him. In both scenarios, a daughter was likely to feel let down and abandoned.

Alternatively, Owen (1983) found that fathers can cling to their daughters at each stage and resist their healthy developmental progression from infancy to adulthood. When a woman reaches her 20s, she is ready to accept responsibility for her own life. This usually took the form of remaining emotionally attached while increasingly making her own decisions. The geographical move from the parental home can be a lot easier than psychological and emotional separation, which usually happened gradually over time, and was dependent upon support systems available, her personality and level of maturity. Notably in the process of changing her relationship with her father, a daughter modified

her needs and emotions. Her personality was characterised by a reduction in the mood swings that she had experienced during her adolescence.

Fathers may be the figurehead of the family, but the majority are never really active in family life. Loneliness and alienation are the price that they pay for allowing their wife to be the emotional and caring focus of the home. Indeed, men may be more vulnerable to the 'empty-nest' syndrome than women, to the feelings of loss and depression that arise when the children leave home. It seems ironic that when the father has time for the children, they no longer have time for him. Women have historically incorporated a composite of both their parents into their psychological and emotional lives. From their fathers, women have traditionally learned career strengths and assertiveness. In the future this may well become sex-linked with mothers contributing much more to their daughter's worldly capacities for thought and self-respect.

SISTERS

The term 'siblings' has become synonymous with a bond of soul mates who automatically provide love and support towards each other. But for many women sibling relationships, especially those between sisters, can be far more complex and unpredictable. Some sisters are so close in appearance, thoughts and mannerisms that it becomes difficult to distinguish between the two. There are other sisters who have totally different characteristics and yet enjoy a harmonious and mutually supportive relationship. In contrast, there are also sisters who have a very acrimonious or ambivalent relationship with each other. Typically, the sister relationship alternates between affection, anger and a neutral state. Irrespective of the nature of the relationship between the two women, biological sisters have a complex and inextricable bond as a result of their feminine psychology; namely that of defining themselves in relationship to each other.

The sister relationship is further complicated by the fact that both females believe that they should be of the same temperament and ability as each other. Walters et al., (1988)

suggested that such an assumption was rooted in the myth that sisters should be a reflection or extension of each other. If one sister does not agree with the way another sister conducts herself through life, the remaining sister becomes distressed, not just out of concern, but because they feel scared that they may also have the potential to behave in the same way. They also pointed to the importance of understanding why sisters differ in order to move beyond criticising each other. She suggested that the answers lay in the extended and nuclear family history and how each woman developed a role within the family unit, as a result of learning how to respond to each others behaviour.

Bank and Kahn (1983), in their survey amongst families of sisters pointed to a combination of factors that contributed to a woman's identity as a sister as follows: birth order, access to siblings, parental influence, and temperament.

Birth Order: Birth order tends to equate with a universal framework for self-identity. Sisters who were the eldest usually volunteered their birth order without being asked in the survey, as though it was a respected position. Indeed, they found that the majority women who responded to their request to be interviewed were in fact first born. The senior child tended to self impose obligations of responsibility and the well-being of other siblings. However, Bank and Kahn (1983) did not base their survey purely on birth order; they felt that individuals siblings' personality development was a much more complex process dependent upon social and biological variables.

A landmark birth order study was conducted by Toman (1976), who conducted a long-term study beginning in the 1950s involving three hundred families. In keeping with Bank and Kahn (1983) he found the eldest child to be the most responsible, the middle child rebelling and attention seeking, and the youngest child following her siblings' example, but there were exceptions to the rule.

Access to Siblings: Large age gaps between sisters was often used by those interviewed by Bank and Kahn (1983) to account for lack of emotional intimacy between siblings. But

upon further questioning it became clear that age was not necessarily the only determining factor in determining the degree of intimacy between sisters. Many of those who reported low levels of intimacy with a sibling had often felt displaced in their pre-teens by the arrival of one or more baby sisters. It was often the unresolved jealousy as a result of such a scenario that was responsible for a life time of emotional distance.

Parental Influence: A common source of anxiety between sisters was that they perceived their parents differently. Bank and Kahn (1983) recalled how one sister would remember a mother as charming and kindly, while a sister with the same mother would perceive her as cold and uncaring. They accounted for these discrepancies in the context of family history and the life stage and experiences of the mother at the time of each sisters birth. In particular, they pointed to differing perceptions of an alcoholic or drug addicted parent. Typically, the parents' addiction in the early stages had a totally different impact for the eldest daughter than it did for the middle or youngest, as a result of the progressive nature of the disease. In one case, they described how an eldest daughter recalled that her mother had mood swings, and an unpredictable temper during her childhood. But by the time the younger sister was reaching her teenage years and the eldest school had left home, their mother's alcoholism had progressed to the stage whereby she had spent most of her time drunk and asleep. Therefore, the youngest sisters memories of the mother were of a lethargic, labile and ambivalent woman.

Addiction was closely followed by favouritism as one of the most dramatic memories of parental discrepancy. During their surveys Bank and Kahn (1983) reported squabbles erupting over who was their father's favourite child. Many were seen as honestly confused as their fathers had sent out such mixed messages about who they loved the most. The beginning of the awareness of such favouritism, marked for a young girl the beginning of competition between sisters for male (primarily the fathers) attention. Also, a father's disappointment at not having a boy, often had the effect of uniting the sisters against the parents. When daughters began to perceive that they were a disappointment to the

parents, they gained strength from each other at such an insensitive bias. But if one sister was favoured and treated as though she were a boy, the sisters become hostile and divided towards each other.

Temperament: Adult sisters were found to be more likely to achieve a healthy bonding if their parents encouraged their individual interests. Bank and Kahn (1983), suggested that the maintenance of a sense of self within the family unit was unconditionally linked to adult psychological well-being. This in turn led to flexible and separate roles with a close emotional bond. The increased tendency towards geographical mobility tended to scatter families across countries. This has to some extent led to sibling relationships being replaced by relationships of choice. However, research has suggested that siblings can also be friends. Shulman's (1975), research set out to identify three degrees of intimacy in personal relationship clusters as follows: kin comprised the majority of people ranked closest; friends were mentioned in all three ranks; with neighbours named least of all.

Mathias (1992), in her survey amongst sisters asked women to compare the nature of their relationship to their sister, with that of their women friends. Responses ranged from those who found their non-kin relationships altogether more gratifying to those who concluded that they held all other bonds with women up against a virtually incomparable tie with their sisters. Those who defined themselves as feminists said that researchy into relationships between their women friends were much more easy going and less judgmental. When asked to articulate the cause of the problems between sisters, most cited such feelings of envy and jealousy, most often over a parent, lack of trust in the other sister, choice of lifestyle, different personalities, large age differences, money issues, lack of interest in each others lives, separation by geographical distance, competition and an inability to express their feelings to each other.

While siblings share history, family loyalty and family backgrounds, there are also 'skeletons in the closet' or lingering resentments from bygone wounds and smouldering

competition and jealousy between siblings (Gouldner and Strong, 1987). Although relations with kin promoted a continuity of self identity, it was usually a negative one, inflexibly grounded in past images, times or events a sibling would have preferred to forget. Therefore, dysfunctional ongoing adult involvement with siblings can prevent personal development.

The stunting of personal development appeared as a recurring theme in studies that focused primary on sibling relationships, and seems to have been overlooked in more generic family studies. One particular phenomenon identified by McNaron (1985), that only occurred in sister pair analysis, included the unspoken and unconscious pact, that neither sister need develop all their potential, in order not to overshadow the other, either socially or through career achievements. Each sister described seeing aspects of herself being acted out by her sibling. Where this occurred, each sister came to depend upon the other to continue to assume a specific role within the family. For example, one younger sister had stayed at home to attend a local university after the other sister had relocated to the other side of the country, a decision based on the need not to upset a silent but crucial family balance.

McNaron (1985), asked sisters to complete questionnaires tracing their relationship through childhood, adolescence and adulthood. Most sisters reported feeling the most competitive and alienated during adolescence and adulthood. Her findings suggested that sisterhood did not overcome the tumultuous pressures of that time. However despite these findings most expressed relief or pleasure that in adulthood they were able to rebuild their relationship with their sisters. A minority expressed a reversal of this pattern. In adulthood and adolescence they felt adoration, care, protective feelings towards their sisters, only to be pulled apart by later decisions and value differences within the family. Those women who also had brothers, were asked to compare their relationship with their sisters to that of their brothers. The majority concluded that their relationship with their brother was much less remarkable and easy going. However, many reported that the relationship was

less 'close' or emotionally involved than with their sisters. However, a minority of women reported a preference for relating to their male sibling as opposed to their sister, as the different and more remote way of relating protected against emotional involvement and disruption in their lives.

We have seen how sibling relationships are shaped by a variety of internal and external factors, such as birth order, the changing nature of a parents life circumstances and individual interests. To this is added a child's own temperament and style compiled as a result of their experiences within the family. The relationship between sisters is in keeping with that of the mother-daughter relationship, shrouded in silent unspoken understandings and ignorance. Like mothers and daughters, sisters are defined as a woman-to-woman dyad and as such may constitute a threat within patriarchy, as it does not have a male component. To date, much of the research between women has been dominated by the focus on the mother-daughter relationship. Those inter-sister studies that do exist have tended to focus on the relationship between the two women, and with the exception of early exploratory work by Mathias (1992), have largely ignored the wider impact that sisters have on the development of a prototype that helps formulate relationships of choice. In order to explore this aspect on the relationship further, we would need to move on from viewing the relationship from a dyadic perspective and analyse it within the context of an individual's social networks.

PARTNERS OF CHOICE

If a persons family of origin was psychologically and emotionally well-adjusted then there is a greater likelihood that their relationships of choice will also be healthy (Rich, 1980; Miller, 1984; Burch, 1983). However, when the primary family unit is dysfunctional, some of the ensuing relational turmoil is likely to be replicated in some form in relationships with partners. This replication has been attributed to the unconscious need to recreate a relational environment that is familiar. In the earliest stages of a relationship this

match may not be obvious, but with the passage of time the pattern becomes unmistakable.

Whether the bond is healthy or dysfunctional, it tends to be assumed that a woman will select a male partner and vice versa, in creating a family of choice. However, between 10 and 20% of women prefer to form their primary alliances with women (Berzon, 1988; Clunis and Green, 1988). Historically, this preference is not a new development it has only been the gay and lesbian-rights movements that have contributed to greater public acceptance of these relationships. None of the respondents in the thesis admitted to a lesbian relationship, and therefore, this aspect is not discussed in a significant way. However, it is important to recognise the impact of more open lesbian living arrangements upon heterosexual relationships. For heterosexual women visible lesbian relationships have served as role models in the construction of relationships with their male partners. That is free of the role expectations based on gender that have been so socially, psychologically, emotionally, politically and economically debilitating for women.

Rosaldo (1980), and Chodorow (1989), in their respective cross cultural examinations of family structure and relationships amongst heterosexual couples, suggested that marital harmony was the exception as opposed to the norm. They pointed to the differences in male and female 'Oedipal' development, which all cite women as a vital emotional component in men's lives, while suggesting that men are as not as vital to women in a similar way. We have seen how girls enter young adulthood in a very relational and interconnected way with other women in their social networks. Whereas boys sense of connectedness is much more pointed and pre-determined. Also, the mother has remained a primary internalised object for the girl, therefore, any heterosexual relationship formed with a man is a secondary relationship for her, but a primary relationship for her male partner, who has distanced himself from his own mother object.

In direct contradiction to these suggestions, traditional sociological studies have indicated women as the romantic members of society for whom relationships and marriage are paramount (Baum, 1971). However, Kephart (1967) investigating the role of romantic love in the context of family life suggested that it was men who fell in love romantically and women rationally and sensibly. He substantiated his findings with reference to women's economic dependency upon men. In that women had to consider the economic potential of any future partner to provide for her children and herself. Therefore, women's dependency upon men in adulthood, mirrored their reliance upon their father in childhood as a means to escape maternal domination.

Although Kephart's (1967) work was conducted some decades ago and women have become much more economically independent since then, there is still plenty of evidence to suggest that men continue to be socially, economically and politically important to women. However in recent years there has been an increased tendency for women to initiate divorce and separation than men, attributed in part to the increased societal acceptance of divorce as well as women's increased potential to be economically independent (Geothals, 1973; Rubin, 1975).

On a more profound level, women have developed a capacity for rationality and distance as a result of their early emotional secondariness in their relationship to their fathers. Geothals (1973) discussed this scenario in relationship to loss and depression, claiming that women coped better with a relationship breaking up in adult life than their male counterparts. Drawing on his clinical observations amongst patients with depression, he suggested that the first romantically orientated break up with a woman, was for men, devastating, while his women patients were able (possibly as a result of earlier father loss or out of the need for dependence), started to look for a new partner significantly earlier than his male patients. Rubin (1975), who studied couples breaking up, reported similar findings, with men tending to be more depressed and lonely after a relationship had ended.

Equally striking, he found that women, more than men, were more likely to initiate the break-up of the relationship.

The implication from the above findings seems to be that as a result of their inter-connectedness or early experience of being secondary or disconnected from members (notably men) in their social networks, women develop a resilience to loss and have many more emotional resources than their male counterparts, to fall back on in the result of a marital break-up. Komervsky (1974), considered that the process was furthered by men themselves, who in a bid to recreate the relational familiarity of distance and stoicism of childhood, determined by their 'Oedipal' resolution, attempted to deny their own needs for love. Women in contrast have not suppressed their needs, and still needed love and confirmation, and may be willing to tolerate her male partners emotional shortfalls in return for his caring and love.

MARRIAGE AS A FRIENDSHIP

Many contemporary middle-class spouses aspire to the ideals of a couple marriage (Acker et al. 1981; Oliner, 1989). Embodied in this image of marriage as the partners foremost attachment in life, self-sufficient, strongly united, and able to meet all of each others material and emotional needs, at its ideal, a best friendship between spouses. Acker et al. (1981) and Oliner (1989) both suggested that such an ideal can promote marital stability as well as shared and supportive views of life stress, giving meaning to daily existence and combating social isolation. For many people, the idea if not the actual behaviour of friendship with one's spouse constituted an essential condition of adult adjustment. When actually practised, the positive feelings and intersectional features of friendship were likely to enhance the well-being of the couple and indirectly their children.

The likening of marriage to the friendship role has been questioned in other relationship studies (Suttles, 1970; Haley, 1963; Swidler, 1980; Oliner, 1989). Marriage, unlike friendships was not voluntary in nature, and was bound by legal and religious

sanctions, which often attached partners together long after the marriage. However, Suttles (1970), conceded that the act of doing things for each other, helping and supporting in daily life was in keeping with friendship relationships, but that these acts were often out of respect and obligation for the institution of marriage. Haley (1963), also made marked distinctions between marriage and friendship in that friendships were considered as a means of confirming each other's individuality. In contrast, a negative aspect of marriage was that spouses were observed as acting as occupants of a social role of wife, mother, husband and father, and in keeping with the pre-determined expectations of that role, as opposed to instinctive individuals with personal characteristics and needs. He found that the marital role lacked the personalised sensitivity towards each others feelings than that which had been associated with friendship.

Swiddler (1980) and Oliner (1989) were in agreement with Haley (1963) as to the stunting of individuality found to be synonymous with marriage and offered further insights into how this situation materialised. They suggested that there was a tendency within marriage to reduce individuals to role based pre-determined images of husband and wife rather than the camaraderie of friendship. However, the inequality between male and female partners within the institution of marriage prevented this. Both studies investigated the way in which traditional marriages were orientated towards the facilitation of the husband's role of economic and social advancement typically taking precedence over the needs of his wife. Even amongst dual career couples, unequal divisions of housework, child care, social responsibilities and personal nurturance were often an ongoing characteristic of such marriages (Fischer and Oliner, 1983; Gilbert, 1988). In addition, the wife did not appear to have her husband's time and opportunities for making friendships outside of the marriage (Harry, 1976; Fischer and Oliner, 1983). All these studies concluded that the egalitarian nature of friendship was difficult to obtain within the institution of marriage

The nature of interdependence between close friends and married couples was also found to be different (Oliker, 1983). Although mutual trust and dependency were considered essential prerequisites for a stable marriage and close friendships, differences were apparent in degree and quality of discussions, conversational support and understanding of daily problems. Women were found to be more psychologically and practically supportive within marriage than their male counterparts, with a wife's support on par with that of her friendship role. Consequently, women were found to be dissatisfied with the companionable aspect of marriage. All of the above studies observed that marital mutuality was often very tenuous in nature, and only featured in a slightly more substantial way amongst couples who considered themselves friends.

Rubin (1983) and Jordan (1986) have attributed a lot of the emotional shortfall experienced by women in heterosexual couple relationships to the tendency for them to attempt to have the same kind of friendship based relationship with their husbands, as they did with their women friends. Both authors felt that such behaviour was unrealistic as a result of the different linguistic styles adopted by men and women. Women did not have to make the same split between words and actions that men did. Women were comfortable with verbal intimacy as the channel through which closeness occurred, and conversation became the context within which a woman came to know her partner. In the courtship stages of the relationship the outcome of such information gathering will determine whether a woman wishes to pursue the relationship further. Rubin (1983) and Jordan (1986) believed that for women verbal intimacy preceded erotic intimacy. If a man segregated verbal and erotic intimacy (something he learnt to do as a central part of his development), a woman was often left psychologically and emotionally invaded, as opposed to seduced.

It has been discussed earlier in this thesis how the traditional expectation of mothering and the socialisation of all females to the mother role, served as the prototype as to how

women and men behave as adults. We have also seen how the tendency to blame mother for inadequate parenting was rooted in the fear of female authority. Girls can be expected to experience that authority if they become mothers themselves, but boys can never predict themselves moving into this position. Rubin (1983) and Jordan (1986) have suggested that in order to compensate, males have reacted defensively, in trying to control women. If females have control of the emotional and private lives of human beings, males tend to control the intellectual and public life. This division of labour has not changed much in contemporary families despite the efforts of the women's movement. Women continued to focus on the private world of relationships and families even when in full time employment. While men were more likely to concentrate on education, work and achievement even if they also had families.

Bem (1981) developed a scale to measure the level of 'femininity' and 'masculinity' present in both men and women. 'Femininity' included characteristics such as being affectionate, gentle, shy, and understanding. 'Masculinity' included the characteristics of assertiveness, ambition, forcefulness, competitive and self-reliant. She found that verbal communication, a primarily 'feminine' characteristic, was the key component to a mutually satisfying relationship. Amongst partners there was found to be a higher 'femininity' score, as opposed to a 'masculine' score present when the couple reported a satisfying and successful relationship.

In contemporary relationships, Gerber (1986), in her 'relationship balance model' suggested that there was a higher component of masculinity carried by the female partner and likewise a higher level of femininity carried by the man. However, the stability of the relationship became threatened if the woman's masculinity was higher than the man's femininity. High masculinity levels in women were equated with her participation in paid employment, but as Gerber pointed out, as a woman tended to reduce or terminate her time in employment upon the birth of children, overtime the females masculinity levels would decrease and equilibrium would be restored to the relationship. While all of these

qualities are valued in western society, they are assigned to men and women in stereotypical fashion. Gerber's (1986) relationship model suggested that balance within the relationship was dependent upon how masculine and feminine traits were distributed and could be divided into three major components as follows: positive, satisfaction and leadership.

The positive balance: depends on how many of the positively valued expressive (feminine), and instrumental (masculine), personality traits each woman and man possess. The balance would be skewed if each member does not have an approximately equal number.

The satisfaction balance: is the degree to which each partner is happy or unhappy with the relationship. The level of satisfaction depended upon a considerable degree of the balance between instrumental and expressive traits.

The leadership balance: described relative power within the relationship, with leadership dependent upon self-assertion and the willingness of individuals to accommodate each other. Estimating the power of each member of the relationship determined whether the woman or the man held the leadership position or whether they were equal. The man's power was calculated by assessing the presence of: stereotypic traits in each member of the couple; the level of the man's masculinity (self-assertion); and the level of the woman's femininity (determined by her willingness to accommodate the needs of others).

Both separateness and closeness are an essential pre-requisite for a healthy relationship. Bem (1987), suggested that there must be enough closeness to permit psychological growth within the context of the relationship while there must also be enough distance to permit independent functioning outside the context of the relationship. They suggested that couples fared better when each brought a combination of both of these characteristics to the relationship as opposed to one quality being assigned to the woman and the other,

to the man. In addition, the variability of separateness allowed the relationship to interact with society and incorporate new friendships to be woven into the relationship.

However, as a result of men being more powerful in society than women, the male style of equating sexuality with intimacy has become the norm. This style of interaction has been further unwittingly reinforced by women as a result of their more fluid 'ego' boundaries that culminate in their tendency to accommodate the needs of others, as opposed to insisting that others consider their feelings as well. In maintaining a balance between closeness and separateness, women take on the responsibility for closeness in relationships, and men the separateness. Their psychological boundaries allow them to be separate from their wives and families in ways that women are not capable of.

The indications that women are becoming more equal in their relationships with men should have a positive effect on the mental health of both men and women. Patriarchy and psychological well-being are not necessarily synonymous and encouraged a rigid division of labour that left many men alienated from their wives and children. Although new roles for men and women have been embraced by the women's movement and some men, they have been slow to become reality. This is partially due to the difficulty of implementing such changes as a result of early life experiences which have socialised men and women into specific roles. However, substantial changes to the characteristics of gender stereotypes may take several generations.

FRIENDSHIP

Traditionally, friendships have been considered to occupy a relatively marginal position in contrast to primary family blood relationships. Also they lacked the legal and religious ties and the social sanctioning and procreative nature of marriage. They were also usually distinguished from the possessive and sexual nature of romantic love (Brain, 1976). Brain also pointed to the way in which despite its lack of social, legal and economic ties friendship had a powerful influence over other socially sanctioned bonds, which whom they often compete, complement or substitute.

Friendships unlike family relationships can be an ongoing voluntary association which cannot be imposed upon people, the terms and conditions of which are often negotiated in private. Paine (1969), claimed that friendships could transcend social class, status, economic and political boundaries. Therefore, he considered the friendship relationship to be much more objective than social relationships governed by powerful social structures. He also suggested that appropriate behaviour was determined within the friendship and upheld by each individuals loyalty towards, and affection for, each other. Therefore, personal responsibility and trust were considered to be the key elements in maintaining ongoing friendships.

A review of the studies concerned specifically with friendships have all described these as a close dyadic relationship and in the context of the prevailing culture as follows:

- 1). **Friendships are essentially voluntary:** Individuals make and dissolve friendships of their own choosing and according to their own standards (Naegele, 1968).
- 2). **Friendship is a personal relationship that is privately negotiated between individuals:** Friends are viewed as unique and isolated constellation within the social network, not as a representative of a wider social group (Suttles, 1970).

3). Friendships tend to be based on a union of equals: Despite the fact that friendship often develops between individuals of different social status and ability some aspects of the friendship acts as a social leveller (Knapp et al., 1980).

Numerous authors have pointed to the way in which language and pet names can often be used as an indication of the degree of intimacy in the relationship (Knapp et al., 1980). People reflect cultural values in developing core perceptions of what they determine as a 'best' or 'real' friendship. Once such a friendship has been identified, an individual ranks their remaining friendships accordingly. Friendships can also be very flexible and in some cases transient. For example Rawlins (1992), in his study of friendships across the lifecycle suggested that if a 'best' friendship ends, then another can easily take its place, with the remaining individual readjusting his perspective of 'best' friendship in a hierarchical manner pertaining to the quality of the relationships that they are engage in at the time.

Infants become involved with a diverse social network of relationships, initially with their parent's social environment and with other children. Lewis et al., (1975), observed that infants have some awareness of and are responsive to people around them in the first eighteen months of life. An interaction which in turn necessitates and encourages further cognitive development. These infants need to be in close proximity to be aware of each other and their interactions are often motivated by a shared interest in a particular object. They determined close and meaningful mutual interactions between those that approached and initiated close interaction with each other. They determined that even at this early age, friendship involved recognition and selection.

ADOLESCENT FRIENDSHIPS

By early adolescence, the framework of friendship has usually established itself within an individual's life, as a voluntary, mutual, ongoing personal attachment. Friends are generally considered equals amongst whom fair play, mutual respect and empathy are considered good social etiquette (Berndt, 1985). They reciprocate helping behaviour amongst each other and cultivate intimacy by discussing incidents and happenings in their daily lives and subsequent worries and problems. Surveys amongst early adolescents have tended to indicate that these friendships continue to be same-sex friendships in keeping with childhood, a pattern that only begins to change in mid-adolescence (Costanzo and Shaw, 1966; Adams and Gullotta, 1983; Rawlins, 1983). Costanzo and Shaw (1966) showed that jealousy and envy accompanied the move from same-sex to mixed-sex friendships. They also identified a trend in the tendency to be discriminative in friendship selection, choosing close friends from the same socio-economic backgrounds and ideas, resulting in selective marginalisation of friendships. Adams and Gullotta (1983) and Rawlins (1983) also identified the 'clique' formation that started to become evident amongst this age group. However, they also focused on the way in which by mid-adolescence friendships became characterised by a tolerance for differences in personal style, preferences and needs amongst peers. Finally at puberty, cross-sex friendships became the preferred relationship, and often transcended their same-sex predecessors.

The pivotal role of friendship during adolescence is to help ease and sustain individuals into the physiological, psychological, cognitive ability and social expectations that develop during this time (Douvan and Adelson, 1966; Dubois, 1974). Douvan and Adelson (1966), studied individuals from the onset of adolescence until young adulthood and documented the way in which the above changes tended to complicate friendship patterns. The need to be associated with a powerful and socially acceptable social network saw individuals

re-adjusting the type of friends they chose and disassociating from long standing friendships. Self-definition was always determined in relationship to their social networks and friendships assumed dramatic importance in this process. Their data was supported by the work of Dubois (1974), surveying adolescents a decade later, who also developed the concept of social networks in relationship to adolescent development. He concluded that individuals selected which social network that they joined by virtue of the their potential to facilitate their own communicative style, values and sense of intimacy. Adolescents who came from primary family units that were not particularly intimate, tended to choose social networks that reflected that style. In contrast, if a person was seeking more intimacy or to improve their style of communication, then they were more likely to choose a high profile and articulate social network.

The critical task of adolescence is to develop individual identity and intimacy in relationship to others (Erikson, 1968; Marcia, 1980). According to these authors, it was during adolescence that the most intense development of friendship occurred. Identity and intimacy were seen to be crystallised by using peers as a means to act as models, mirrors, helpers and testers for personality development. It was also observed that at this stage young people started to separate from the primary family social network and place equal if not greater importance upon friendship with peers. If this process was successfully actualised young people developed an adult sense of autonomy away from the primary family social network.

The characteristics of these adolescent friendships tended to be shaped in accordance with gender. Overall, female friendships at this time have been described as involving more exclusivity and intimacy than males (Fischer and Narus 1981). They have also been considered to be closer emotionally (Donovan and Adelson, 1966), and more inclined toward disclosure and discussion of everyday life events (Johnson and Aries, 1983). Adolescent girls used their closest friends to evaluate their experiences and as a means to aiding their personal development.

In contrast, adolescent male friendships were characterised by lack of intimate involvement, but less selective, and more group related than girls. Notably, they were liable to disclose less personal information to each other, preferring to discuss activity orientated issues (Kon and Losenkov, 1978; Johnson and Aries, 1983). Males tended to value the companionship entailed in activities with other men, which seemed to ease them through difficult times. However, since males typically emphasise activity, achievement and leadership, the team element of these activities tended to inhibit intimacy.

YOUNG ADULT FRIENDSHIPS

Young adulthood, generally encompassing the early teens to early 30's, comprises a pivotal stage for exploring the roles that friendships will play in adult life, constrained by the demands of work, partners and family. Studies of friendships that have encompassed this period have suggested that young adult friendships differed from adolescent friendships as a means to more crucial input regarding one's self-conceptions, career options, mate selection, community involvement and recreational activities (Rawlins, 1983; Brown, 1981).

For young people who attend university these years typically correspond to an early adult transition period, spanning ages 17 to 22 years on their scale (Levinson et al., 1979). Beyond mere education and future employment, this was found to be a time for investigating various career and lifestyles, in conjunction with establishing personal relationships, values and ways of relaxing. These activities occurred while mental and physical faculties were at peak capacity. Geographical distance from their family and the ensuing social pressures, was an essential part of this process, along with the need to be surrounded by peers experiencing the same social challenges and self-doubts. However, Levinson et al. (1979) concentrated his study of young adulthood amongst college students, and therefore, their findings do not represent a cross section of the community.

In contrast Shaver et al. (1985) in their survey of young adults did distinguish between friendship patterns amongst people who went onto further education, and those who did not. The latter tended to report undergoing all the same emotional and physical uncertainties, challenges and self-doubts as their counterparts in further education. However, they tended to report experiencing these changes in a more aggressive and traumatic way. Shaver et al. saw this disruptive scenario as resulting from them not being away from the primary family unit, and not having both the physical and emotional space to work through their emotional and psychological development free from family pressure and influence.

Research in relationship to gender identity amongst young adults in the 20 year age group, revealed the emergence of quite stereotypical gender identity (Hodgson and Fischer, 1979). Males typically defined themselves by demonstrating competence at objectively rated, competitive tasks and deciding on or reconciling their career options. Such identity work has been seen to come before males psychological and emotional availability for intimacy. By comparison, a woman had learnt who she was through relating to others and identifying the sort of person she wanted to have as a partner in life. Therefore, for females, developing intimacy anticipated or complimented the cultivation of identity.

CROSS-SEX FRIENDSHIPS IN YOUNG ADULTHOOD

Males who experience limited intimacy with other males tend to look to their female partners as potentially loyal, caring and supportive. In comparison, females do not tend to differentiate so markedly between same-sex and opposite-sex friendships, but do make distinctions with their male partners. Banta and Heatherington (1963) studied engaged couples and one male and female friend of each partner. They found that the engaged male's female friend was similar to his fiancée but that there was little similarity between the female's male friend and her betrothed. The authors concluded that roles were more

differentiated in engagement and friendship with a member of the opposite sex for females than males.

WORK AND ADULT FRIENDSHIP

Career choice has a profound impact upon young adult friendships, values and self-conceptions. The demands of a serious commitment to work re-define an individual's overall perception of life, in regards to the practical management of everyday living. In early adulthood, friendships with co-workers are less common than later in life, mainly as a result of the younger people tending to preserve their friendships from earlier in life (Stueve and Gerson, 1977; Verbrugge, 1979). Other factors which were thought to influence the likelihood of friendships at work, were the physical setting, specific types of jobs and the tendency of the work culture to encourage or discourage interaction between employees (Fine, 1986). When work friendships did develop there was a tendency for them to do so amongst employees of equal rank or status, with the exception of mentoring type relationships.

Although categorised under the generic label of friendship, work affiliations ranged from acquaintances to closer friendships. Generally, work friendships tend to be primarily cultivated and strategically employed with the aim of career advancement (Maines, 1981). However, over the years these work based social networks replaced earlier friendships based on mutual caring and support. These new social networks only tended to last as long as individual's have a vested interest such as career advancement. Typical characteristics of friendship include freedom to choose and maintain relationships with other individuals on a voluntary basis. In turn, the relationships serves as a personalised recognition of and response to an individuals intrinsic worth as a human being, shared good will, understanding, trust and support. However, in reality only a few friendships achieve these ideals, and even these remain vulnerable to strains arising between friends as they try to manage the private and public involvement. It is far more common for adults of

all ages to develop numerous 'friendly' affiliations which are often glibly referred to as friendships. Consequently, friendships tend to take various formats, levels of intimacy, sociability and interpretations of ideal practices depending on their circumstances and interaction patterns.

While psychoanalysis provided a biologically pre-determined theory of gender development, social roles which remain largely determined by gender continue to reinforce these positions throughout the lifecycle, to the detriment of women. Each social role carries stereotypical expectations as to how an individual should behave towards others, and a psychological and emotional prototype; the deviation from which is liable to result in disruption of the equilibrium of the social network and acquired a label of mental illness. As we have seen previously, any deviation from the normative behaviour on the part of women is most likely to result in disruption of the social network and lead to a diagnosis of mental illness. This dilemma has been attributed to women's inter-connectedness and their hesitancy to separate from others. Therefore it is possible that through their shared female identity with their mothers, and to an extent their sisters, women reproduce female subservience and feelings of inequality not only in relationship to men, but in relationship to each other. Hence the mother-daughter relationship has traditionally been considered the most influential and psychologically and emotionally disabling. However, recent interest in the father-daughter relationship has suggested that a father prepared to move away from his position of social distance from his daughter, and to become involved with her life on a daily basis has the effect of going some way towards counter-balancing or even disabling the socialising influence of the mother, upon their daughter.

Friendships have always tended to be more egalitarian than kin relationships by virtue of their voluntary nature and fluctuating prominence through the lifecycle. Ironically, it has been the increase in women choosing to remain unmarried that has led to the questioning of traditional social roles. Single women who have historically been considered to be tantamount to social outcasts, have begun to set out a new independent autonomous social profile for themselves. Such social advancement has begun to set a role model

utilised by their married counterparts as a means to address their subservient marital position. Such a social realignment appears to have come about as a result of single women's self-imposed marginalisation into secondary social networks consisting of other single women, who have served to positively reinforce their single state.

It has become apparent that with regard to the concept of individual social roles it is virtually impossible to discuss one role to the exclusion of others. This is as a result of the primary relatedness and subsequent interlocking of one role to the next. This comes about either by virtue of one individual being required to take on more than one role (e.g. mother, wife and daughter), or the emotional and psychological investment that one role has on another, behaving in a certain way. Therefore, as it is necessary for the purpose of the study to have some means of isolating individuals within their social environment, social network analysis appears to be the methodology of choice.

Chapter Five

Social Networks

Descriptions of social networks differ across the social sciences. However, for the purpose of the thesis social networks are defined as:

‘a circle of persons in which the individual (i.e. the respondent) is the anchor point. The circle comprises mostly next of kin and house mates as well as friends, neighbours and colleagues’ (Huttner et al. 1990, 31).

Huttner et al. (1990) utilised the study of social networks to determine the relationship between individual social roles and their influence on the social circle’s attitude towards preventative health care. As seen in the previous chapter there is a long history in the social sciences of studying the social roles of individuals, on the premise that behaviour is determined by the nature of existing relationships or social networks, within which roles exist. Consequently, the early research in the field focused upon the intra-group processes, the behaviour of individual members, and the change over time in the configuration of these relationships (Moreno, 1934). Comparative studies have aimed to examine patterns of primary group behaviour within its everyday living environment, monitoring changes in social rituals and myths that ensure individuals behave in a certain way (Gluckman, 1955; Turner, 1983). Compliant behaviour generated social support from social networks and subsequent individual psychological well-being.

Turner (1983), identified three types of social support as follows: the social integration approach, the social network approach, and the social psychological approach. The social integration approach used 4 kinds of social roles, marriage, contacts with close friends and relatives, church membership and formal and informal associations as an indication of potential social support. The social network approach looked towards a comprehensive framing of the social environment in which the social network existed. Mapping ‘ego’s’

personal relationships in terms of the role assigned to each relationship (family, friends), personal characteristics (age, sex), frequency of contacts, and degree of intimacy between each role. For the social psychological approach the experience of being supported becomes the focal point of the research, determined by emotional support or perceived support, measured by the level of satisfaction within a significant social relationship.

SOCIAL NETWORK ANALYSIS

While the above studies used the concept of social networks to describe social structure, Moreno (1934) developed social networks as a means to analyse social structure. He first devised the concept of social network analysis when investigating the structure of friendships, using psychotherapeutic methods. He and his colleagues aimed to explore ways in which an individual's group relations served as both limitations and opportunities for their actions, and the subsequent personal psychological development. He utilised questionnaires as a means to enable patients to identify their friends using open questions, such as: 'can you please name your 4 closest friends?'. He experienced problems with regards definitions amongst respondents typical of the study of relational data. If the researcher defined 'close' by, for example, the frequency of interaction with that person then they were liable to receive artificial data from the respondent as a result of their imposition of 'close'. 'Close' may mean different things to different people, and may not necessarily be determined by frequency of interaction. Also, some respondents reported feeling that they did not have four friends to name, aside from finding the open question style time consuming and tedious.

Social boundaries need to be determined as a pre-requisite to identifying the sample population to be studied. Two methods able to facilitate the determination of such boundaries, namely the 'positional' and 'reputation' methods were developed by Laumann et al. (1983). The 'positional' perspective was reminiscent of the sampling approach, in that a group was identified, and then members of that group were selected randomly for study. The 'reputation' approach was dependent upon an inside agent or informant who

produces a list of nominees who fitted the criteria laid down by the researchers. A reliable objective informant is central to this approach.

Moreno's aim was to investigate how psychological well-being was related to the structural features that he called 'social configurations'. He suggested that configurations were formed from patterns of individual choice, attraction, repulsion, friendship, family and other personal relationships. These were thought to be conditional upon 'social aggregates', such as the social, political and economic institutions from which society is composed.

Moreno developed the 'sociogram' as a means of charting social configurations. Individuals were represented as points and their social relationship to each other as interconnecting lines. The mapping of the relationships facilitated for the first time the documentation and visualisation of the channels through which information could flow from one person to another. Moreno's work served to emphasise that it was the pattern of connections between the nodes on the page that mattered, not the size of the node, distance between them nor the length of the interconnecting lines. This in time led to the identification of leaders and isolated individuals in groups.

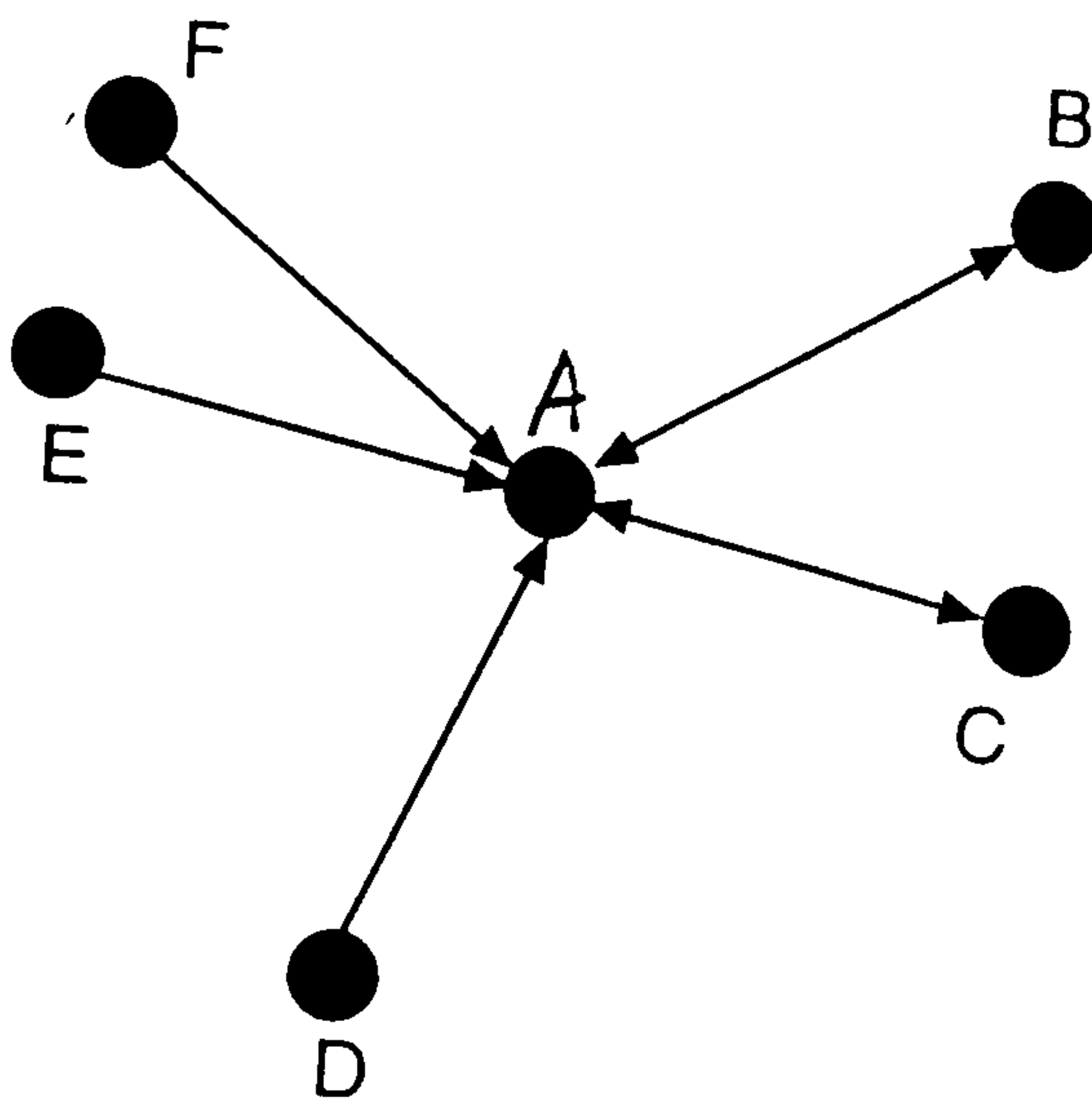


Figure 1, A Sociometric ‘Star’.

Moreno's (1934), chief innovation was to develop the sociometric ‘star’. The centralised positioning of the ‘star’ meant that such an individual was able to manipulate and distort information to their own advantage. The concept of the ‘star’ produced an easily visualised picture of the relations amongst group members. For example, in figure 1 above, person A is the recipient of friendships from each member of the group. However, A only reciprocates friendship to B and C. Therefore the ‘star’ attraction within the group is A.

Nieminen (1974), later developed the concept of the ‘star’ further as a means to introduce the concept of ‘centrality’ into a sociogram. In keeping with the ‘star’, points of ‘centrality’ were defined in terms of an individual who was at the centre of a number of connections. A central point is seen as well connected and measured in terms of their degree of centrality, or the number of other points to which a single point was connected locally. Freeman (1979, 1980) developed Nieminen’s (1974) concept of ‘centrality’ further. They considered the individual with the highest number of connections to others to be the dominant member of the social network. These members were thought to have

reached their position of dominance by virtue of their ability to help others in some practical or emotional way or as a result of providing links between members.

Lewin's (1936) early work concerning groups suggested that behaviour was determined by social forces that existed within a field or social space and was made up of the combined interaction of the group and its social environment. The environment was not seen as independent of the group, and particular emphasis was given to the concept of the perceived environment, based upon the perceptions and experiences of the group members. Therefore, the group and the social field were components within a single field of relations. The aim of 'field' theory was to explore in mathematical terms, the interdependence between the group and the environment. The social field was seen as points connected by paths. In keeping with Moreno's work, individuals, their goals and actions were represented by points and the interaction and causal sequences between them as interconnecting lines.

The 'field' theory describes both causal and interactional inter-dependencies in social configurations. The interconnecting lines bind them together while the pattern of interactions or interconnecting lines illustrate subtle divisions or 'regions' of intimacy, or distance. Lewin's 'regionalisation' of relationships was characterised by the absence of interconnecting paths which ran within but not between the 'regions', having an isolating effect on the individual concerned. He further clarified this social isolation by the introduction of the concept of social 'boundaries', brought about as a result of the absence of interconnecting paths between regions. He suggested that these social 'boundaries' determined and shaped the actions and experiences of group members. In compiling the sociograms for the research interviews, the author found that 'boundaries' were not necessarily restricted to social factors, but could be used to represent lines of emotional, physical and psychological demarcation as well.

However, the evolution of individual and group attitudes and perceptions was developed further by Heider (1946). He was especially interested in how people's respective attitudes towards each other came to be 'balanced', or harmonised. The

differing attitudes that each individual held were 'balanced' in the mind in order to avoid psychological tension. Psychological 'balance', therefore, depended upon the individual holding attitudes which were similar to the rest of the group. Heider's particular concern was how individuals 'balanced' their ideas to become congruent with the rest of the group, especially if one person was close to two other people simultaneously, and each of those other people held different views or were hostile to each other. He considered such attitudes from a definitive format, namely as either negative (-), or positive (+), with 'balance' coming about when all individuals held the same attitudes.

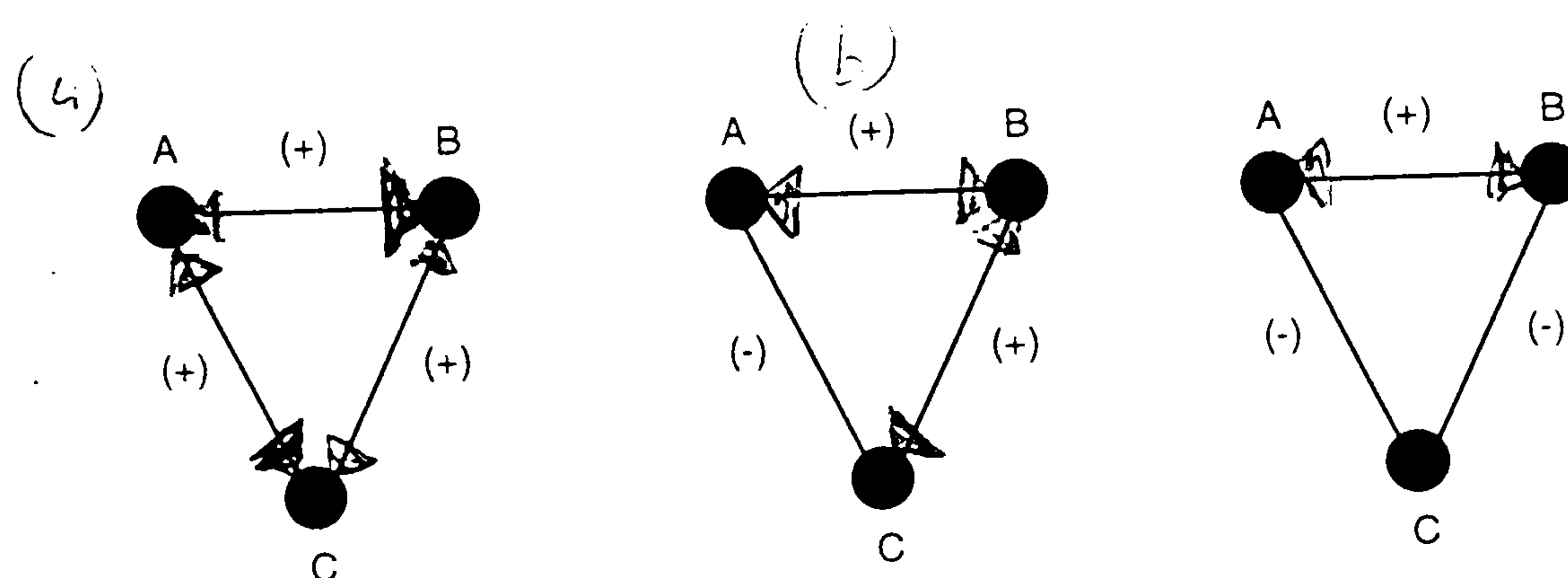


Figure 2, A 'Balanced' Sociogram: with arrowheads to represent the direction of the flow of support between nodes.

In figure 2 (a), nodes A and B have a positive relationship with each other, therefore, the graph was 'balanced' due to the similarly 'balanced' relationship between A and C, and B and C. In figure (b), above however, a negative relationship between A and C put an emotional strain on the positive relationship between A and B. As a result of the positive relationship between B and C, the graph was 'unbalanced'. However, in figure 1 (c), above A persuaded B to dislike C, and restore the relational 'balance'. Clinically, this often manifests as the positive relationships between two individuals being compromised, as a result of one individual having a negative relationship with another person. Newcomb

(1953), identified this scenario when researching the interpersonal 'balance' in groups. He argued that there was a tendency amongst two people who were close to each other to adopt similar attitudes towards a third party or events in general. This led him to conclude that such a phenomena could lead to a systematic inter-dependence between the attitudes held by different individuals within a group.

However, the solid, uninterrupted nature of the interconnecting lines that served to represent Heider's 'balanced' and 'unbalanced' sociograms tended to imply that social support was also consistently negative or positive. In plotting sociograms during her research, the author found it necessary to introduce the practice of representing some interconnecting lines between nodes as broken and unbroken lines, in order to represent the inconsistent or consistent nature of the social support generated from an individual.

Lewin (1936), Moreno (1934), and Newcomb (1953), influenced the later work of Cartwright and Harary (1956) who had been interested in the potential of the sociogram to be analysed using mathematical ideas of graph theory. They developed the idea of representing interconnecting lines between nodes which were allocated a (-) or (+) to indicate whether they referred to 'positive' or 'negative' relationships, along with arrow heads to indicate the 'direction' of the relationship. The conception of signed and directed graphs allowed Cartwright and Harary to analyse the group dynamics from the standpoint of each member simultaneously, as opposed to earlier versions of the sociogram devised by Moreno and Lewin, which had only facilitated the viewpoint of one individual at any given moment in time. Cartwright and Harary's (1956) work led to the development of specific constellations identified from the sociogram to be classified into social configurations as follows: 'cliques', 'clusters', and 'circles'.

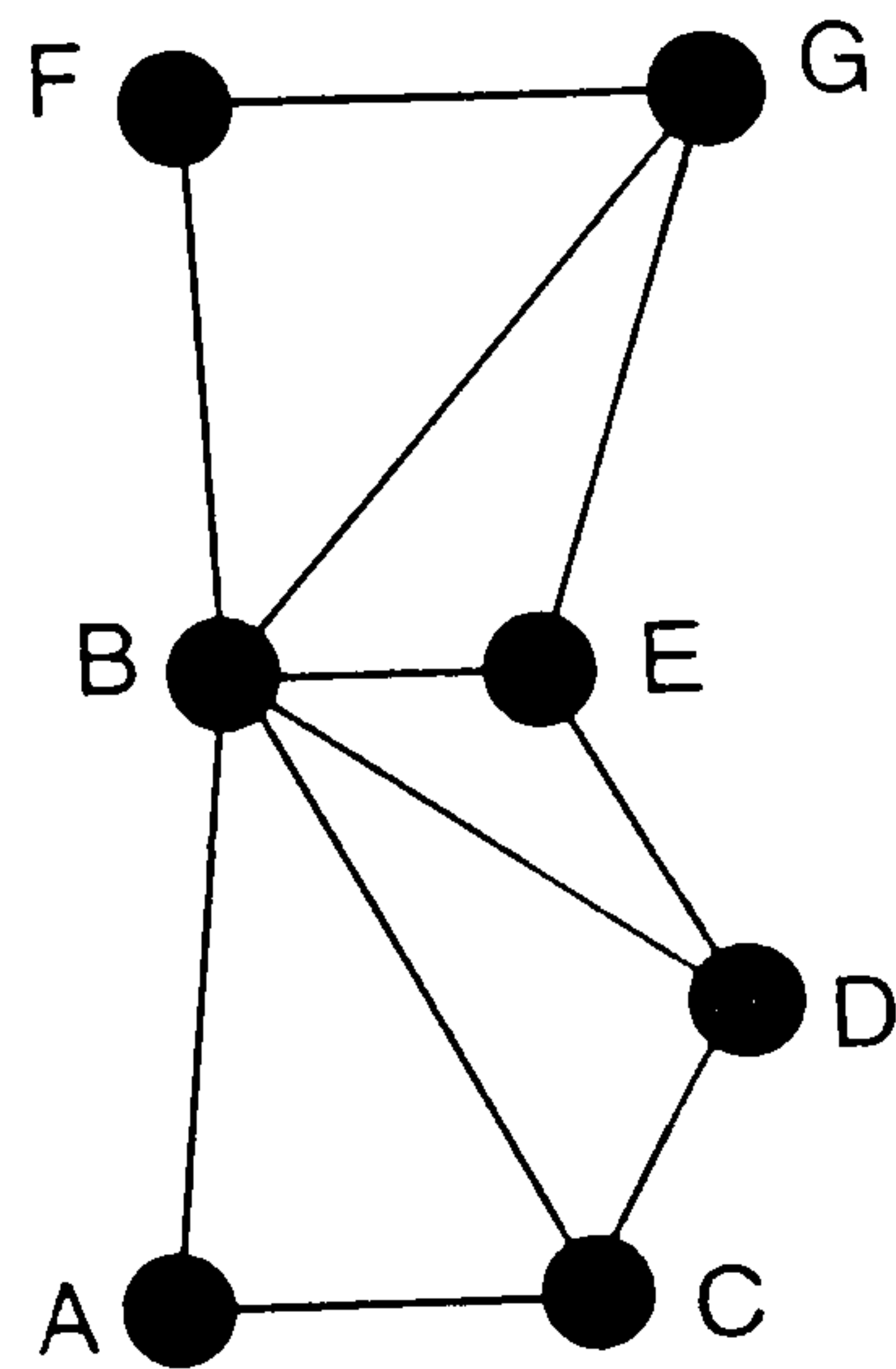


Figure 3, A 'Clique' Sociogram.

Figure 3, above illustrates the 'clique' configuration as devised by Doreian (1979). The 'clique' consisting of subsets of individuals was found to be more likely to be composed of friendships and kin relationships. He described these pockets as constellations of high density, but comparatively less centralised than the 'star', as each member reciprocated interactions with the other. Doreian suggested that 'cliques' were often the most important source of an individual's identity and sense of belonging, with which they often used to describe a persons social world. 'Cliques' have generally been viewed as a series of sub-graphs within the graph as a whole.

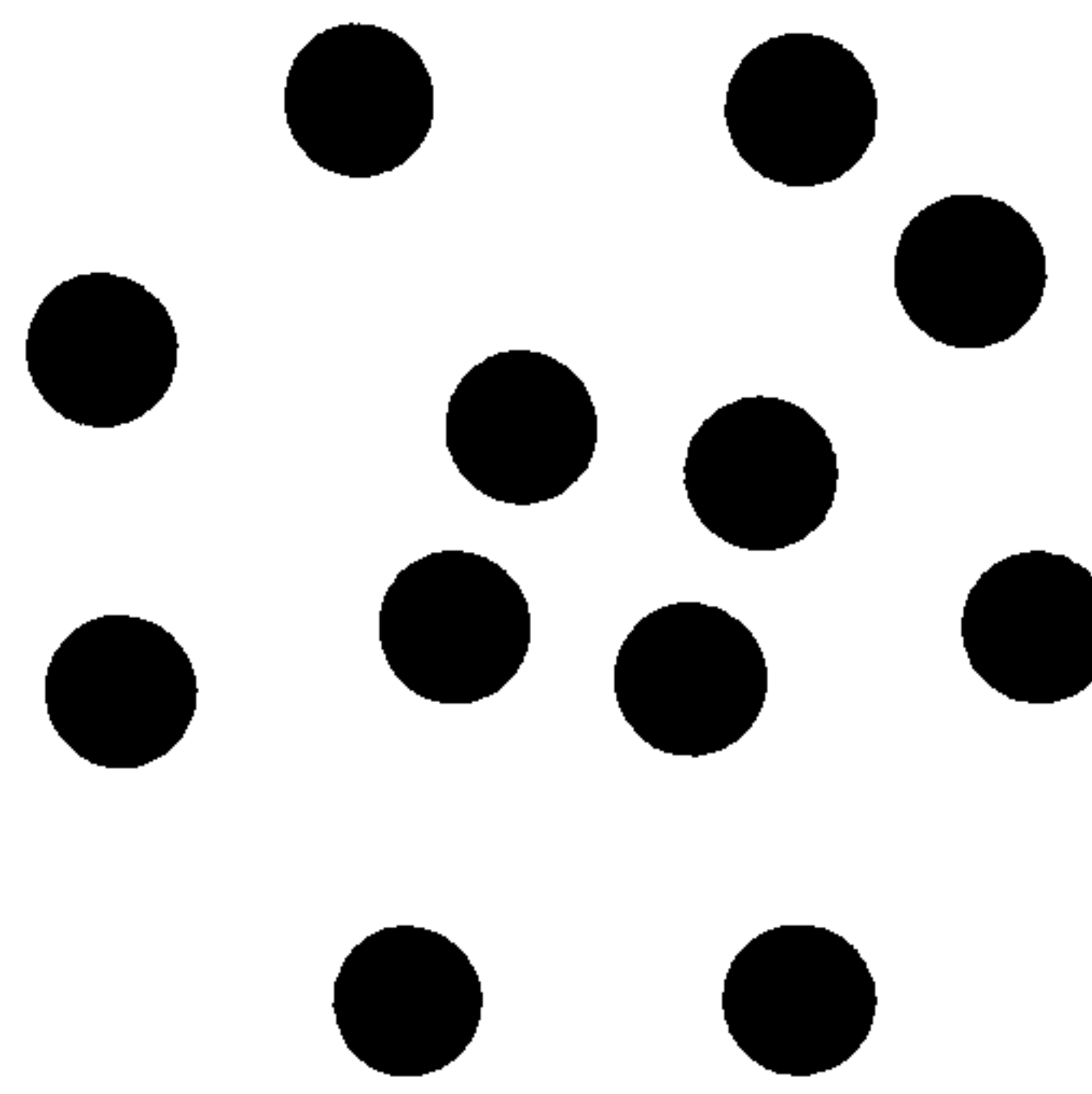


Figure 4, A 'Cluster' Sociogram.

Figure 4, above, illustrates the 'cluster' formation (Lankford, 1974), which was shown to be more definitive than 'cliques', and composed of individuals or nodes, that were very familiar to each other, manifesting as common variables such as gender. There was a tendency for individuals to assemble in high density intersectional subgroups within the sociogram, which in turn served to make separation them from other 'clusters' difficult, and boundaries between 'clusters' impossible to define. Therefore, 'clusters' can be difficult to analyse in research findings as they are indefinite and not as elegant as 'cliques'. The terms 'clusters' and 'cliques' have often been used inter-changeably as in the Yankee City and Old City studies discussed below, making inter-study comparison difficult.

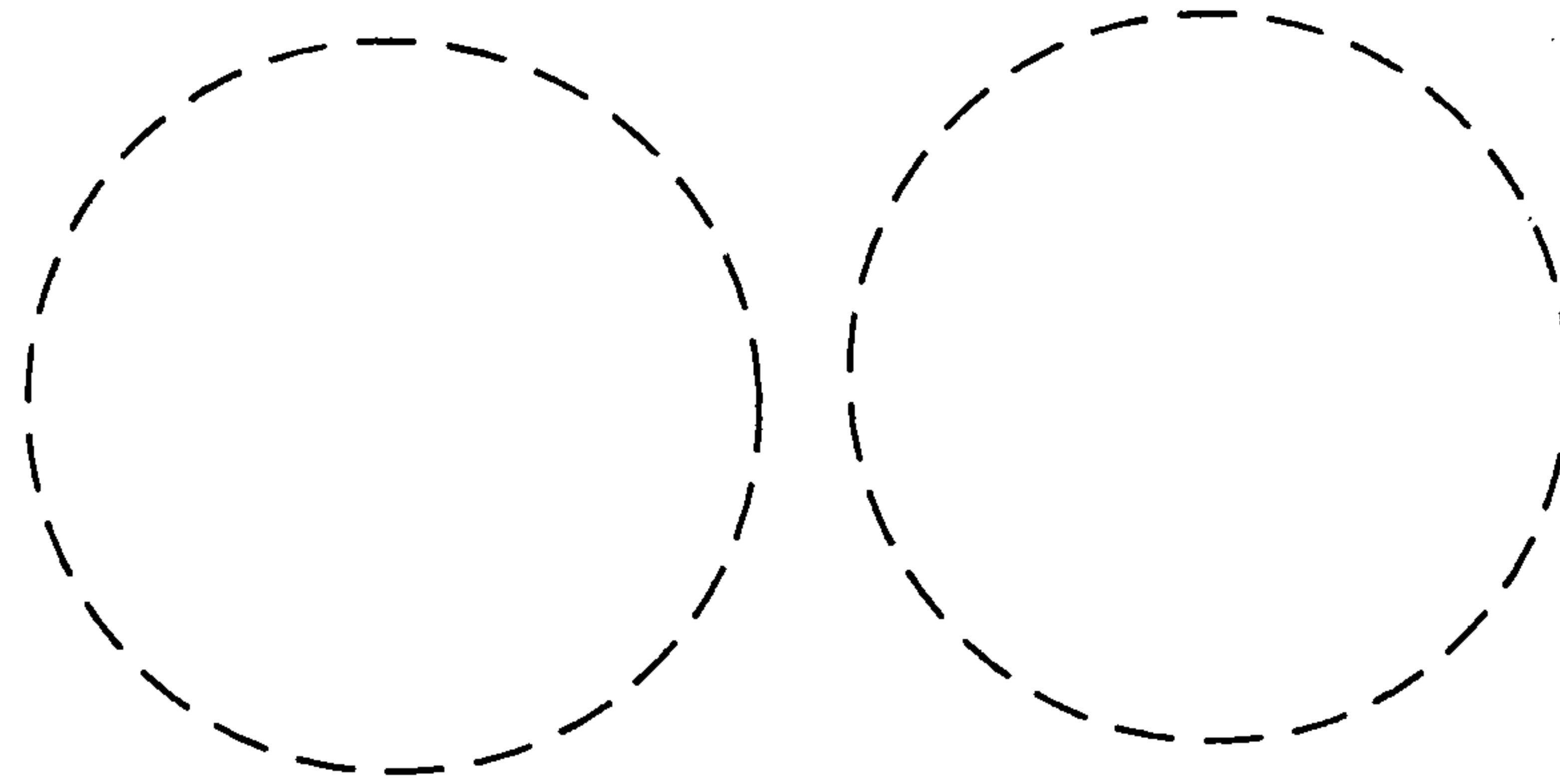


Figure 5, A 'Circle' Sociogram.

In figure 5 above, 'circles' (Simmel, 1908), are differentiated from the other social network constellations, by virtue of not being directly composed of individuals or nodes, but as a means to describing overlapping 'cliques' and as lines of demarcation between 'clusters'. The cohesion of a social 'circle' was not founded upon direct face to face contact of its members, but on the existence of short chains of indirect connections that held them together. 'Circles' may not be visible or recognisable to their members, as their boundaries are too loosely defined.

An attempt was made later to further Simmel's concept of segregating subgroups with a view to emphasising individuality within a social network. White et al. (1976), developed the concept of 'block' modelling. 'Block' modelling involved grouping together individuals within the group to be studied who were structurally equivalent, or who shared

the same social roles. For example, two mothers could be 'blocked' together in a graph on the basis that they shared similar characteristics. Over time their behaviour and patterns of interactions could be compared and contrasted in keeping each role. However, there is no evidence that they were able to advance their technique to incorporate inter-role comparison. While they argued that their method brought clarity and limitation to the voluminous nature of social network analysis it may well have also had a limiting affect upon the dyadic or one to one, quality of the data presented for analysis.

Holland and Leinhardt (1979), viewed a social network as consisting as a collection of dyads, each existed independently of the next. If this is the case, one dyad could not influence another, or likewise one dyad's members could not belong to another dyad. In other words dyads are not interchangeable or interlocking in nature. In the author's view, dyads impose gross and inaccurate limitations upon the study of social network analysis, as the way in which an individual assumes their roles in life is largely dependent upon, how their role interlocks and interacts with other positions within their social network.

In a later study that explored the concept of 'block' modelling Wu (1984) developed localised 'block' modelling from a more individualistic perspective that of White et al. (1976). They emphasised how 'blocks' of individuals viewed role interlock or interdependence within their social networks. For example, 'blocks' of mothers were asked for their observations on how they interlocked with fathers and vice versa. However, despite their attempts at providing a more independent viewpoint, 'block' modelling relied heavily upon grouping individuals together on a homogenous basis, of presumed stereotypical characteristics in keeping with their role, followed by a generalised comparison between roles. Such methodology is reminiscent of the approach adopted by feminists in studying women's mental health, in that it does not allow for the subtle nuances of interactions that may be used by individuals (women) irrespective of their role to assert their individuality.

The Hawthorne studies (Roethlisberger and Dickson, 1939), set about segregating the individuals in their study, by virtue of identifying specific social environments to be

observed, and eliciting collective worker efficiency by analysing individuals were moved in and out of the designated environments. The study, conducted at the Hawthorne plant of the Western Electric Company in Chicago, analysed how alterations to the physical working environment such as heating, lighting and rest periods, affected workers performance and productivity. They used the sociogram to reflect the informal organisation as opposed to the formal management structure. Sociograms were constructed to demonstrate and record group behaviour within the context of the following issues: controversy over open windows, involvement in practical jokes, job trading, friendship patterns and helping relationships. They found that both performance and productivity increased with or without these improvements. Somewhat baffled, the managers called in Mayo (1933), a professor at Harvard University, for further clarification. Mayo concluded that it had been the worker's very participation in the research, which they had interpreted as the managers concern for their well-being that had been responsible for the increase in production.

Warner and Lunt (1942), were also requested to conduct an anthropological study concerning an analogy of informal groups within the natural setting of the same factory a few years later. They limited the group to be observed to the workers in the wiring room. Sociograms were constructed to represent informal social behaviour over pre-determined issues as follows: whether to have the windows open, job trading, helping, antagonism and friendship patterns. In the sociograms, individuals were represented as 'circles' and their interactions as arrow head lines in keeping with the flow of interaction. There was very little explanation of how the sociograms were devised and no citation of Moreno's (1934) work. The positioning of the 'circles' was left to the artist with the researchers stipulation that the lines should be of similar length. They did identify sub-groups of individual's which they called 'cliques', or an individuals special friends, often described by the workers as 'our crowd' and usually made up of non-kin but, with some level of informal interaction between the 'clique' and the primary family social network. There was no mention of such groups existing independently of the primary family social network.

However, the 'cliques' also co-existed within the sphere of the framework of the company. It is unclear whether the workers were consulted as to the compilation of the sociograms or what format these 'observations' took place.

Warner and Lunt (1942), conducted a similar study of an urban community in the American city of Newburyport, New England, which they gave the pseudonym 'Yankee City'. The study was conducted over a five year period between 1930 and 1935, which combined the use of interviews, observations, with the consultations of local historical documents. They identified the need for individual perception of the presence of community warmth of feeling and mutual caring and sharing as essential pre-requisites and determining factors in the successful structuring and social integration within communities. More specifically, they suggested that the social configurations they called 'webs', consisting of primary kin and non-kin relationships and characterised by mutual sharing and social support, could potentially co-exist with other social network constellations.

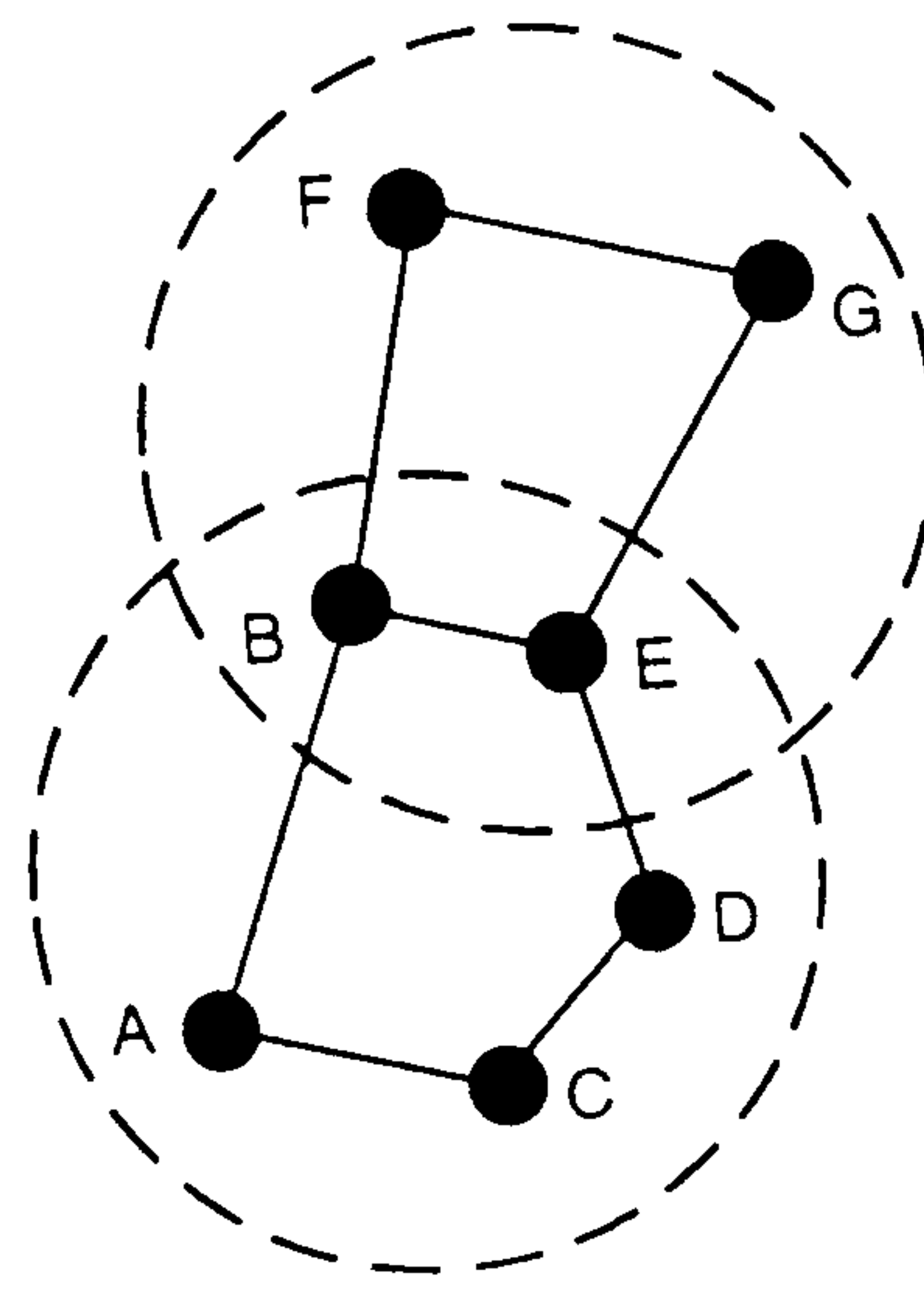


Figure 6, A 'Clique' Sociogram: with a series of intersecting 'circles' to illustrate sub-groups within the graph.

The Hawthorne study also identified 'cliques' as central to social intersectional cohesion as represented in family and social class structure (figure 6). They drew 'cliques' as a series of intersecting 'circles' as above, but did not develop any formal process for the evolution of these social groups. In their study these 'cliques' did not exist independently of other social networks, but were connected by virtue of intersecting 'circles' which served to connect one 'clique' to another.

Homans (1951), working some decades later, re-analysed the formation of 'cliques' to represent a system within an environment. He claimed that it was possible to formulate the structure of any group into an internal and external system as the environment was composed of the physical, social and technical aspects of group behaviour. He set about compiling an explanation of social behaviour within his two systems. His hypotheses was based upon a number of assumptions which have been indirectly challenged in this thesis. For example, he claimed that the more frequently individuals within the internal system contacted each other, the greater their liking for each other. Also, that these interactions could exist and indeed thrive oblivious of the needs or demands of the external system. In

contrast, the literature reviewed so far in the thesis has shown that the needs and demands of the external environment or society has in turn shaped the nature of interaction between its individuals.

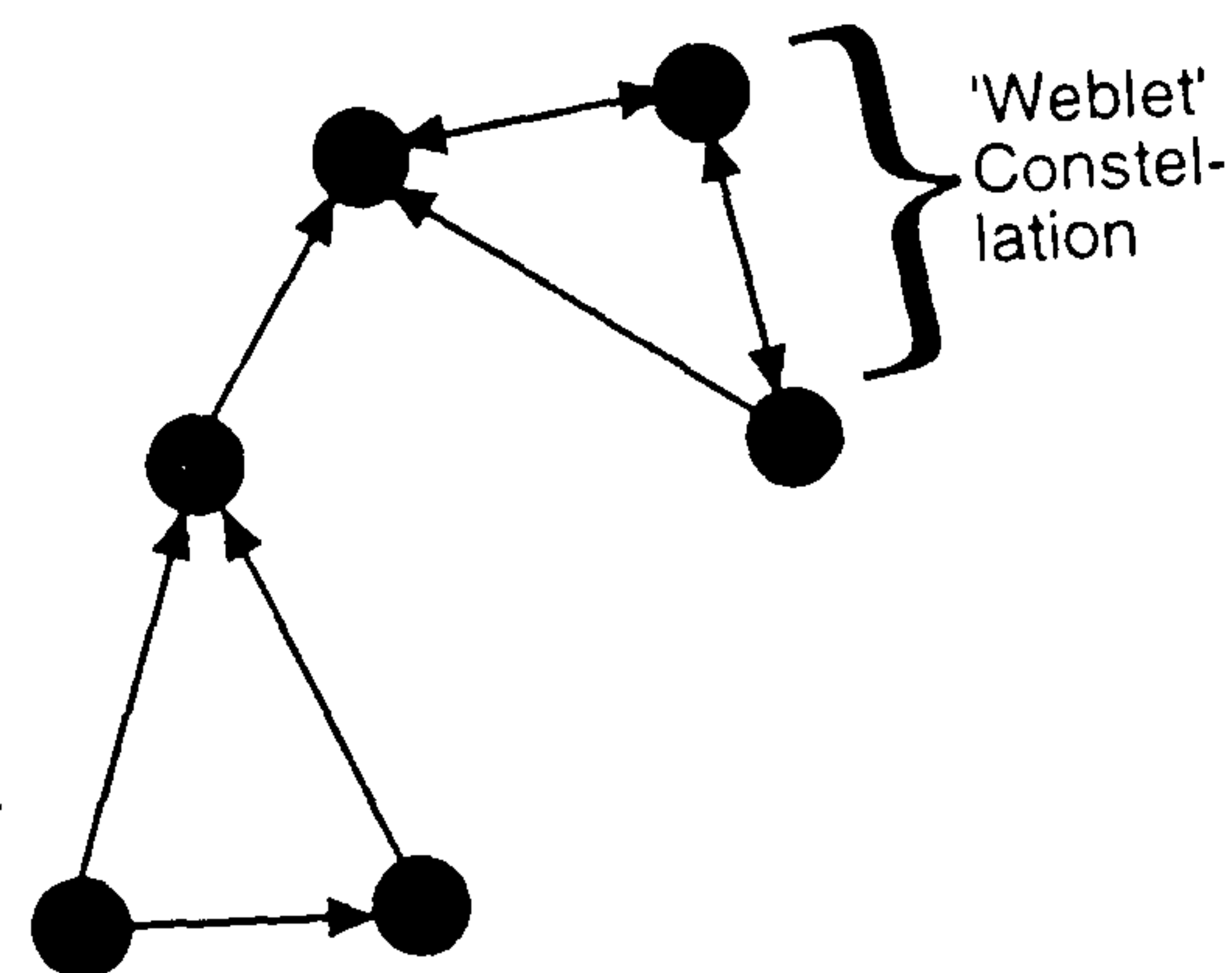


Figure 7, The 'Weblet' Sociogram

During this thesis a previously unidentified constellation of social interaction was identified which is labelled 'weblets' (figure 7). The 'webs' and 'weblets' were characterised by mutual sharing and social support between members. However, in contrast to 'webs', 'weblets' existed as secondary relationships of choice, that interacted independently of the primary family social network, and became synonymous with the respondents' recovery from dysthymia. The characteristics of the 'weblet' will be discussed in more depth, and in relationship to the findings of the thesis in the discussion.

A number of field workers associated with the Department of Social Anthropology at Manchester University, most notably Mitchell (1969), Barnes (1954, 1969), and Bott (1957), used the concept of social networks to investigate change amongst groups and communities. Mitchell (1969), believed that conflict and change was an integral part of any social culture. Also, it was required by individuals in order to acquire power within a group. Mitchell, had been influenced by the work of Nadel (1957), who viewed social structure as an 'overall' system or social network which acted as a backdrop for individual

behaviour. He claimed that the actions of any individual within the social network were 'interlocked' or dependent upon those of another; and that individual behaviour was in turn determined by virtue of assigned social roles. He considered that the obligations and activities that had become stereotypical of these roles facilitated the 'interlocking' of one individual to another.

During the 1950s when the Manchester group was most active in the field of social network development, the work of Parsons (1951), was most influential in the field of sociology. The Parsonian approach moved sociological thinking on from the idea of understanding actions and behaviour purely in the context of their position in a social structure of relationships, to incorporating the influence of social structures upon the shaping of an individual's internal value systems. This mode of thought in turn may have influenced the Manchester group who viewed social structures as social networks of relationships to the point where they appear to have integrated Parsonian sociological thought with their ideas, although the author is not formally acknowledged in their work. They gave less emphasis to the formal norms and social structures of society in favour of the relational configurations which arose in a bid to exercise power. These new constellational concepts were implemented by Barnes (1954) and Bott (1957), in their respective works.

Barnes (1954), researched community life in Bremnes, a small fishing village in Norway, with its own social, economic and political structure. He was particularly interested in the nature of kinship, friendship and neighbouring in the outcome of community integration. The social life of the community was represented as a set of points, with some joined by lines and others not, but he viewed the whole sphere of personal relationships as a social network. Similarly, Bott (1957), used Barnes's concept of the social network in her study of the kinship ties of British families from inner city areas and the effect on these ties upon the behaviour of its members. She investigated the ego-centred networks of husbands and wives, where she measured the 'connectedness' of

these social networks and the degree of overlap between marital partner's kinship networks.

Over a decade later, Mitchell (1969) attempted to systemise Barnes's (1954), concept of the social network into what he called a 'sphere' or a hierarchical pattern of interpersonal links that individuals had with each other. For Mitchell it was these patterns of interaction which formed the basis of social network analysis. He pointed to the mechanisms that brought the social networks alive. These consisted of the communication or transfer of information between individuals, the establishment of social norms and the evolution of a level of social network consensus. He also identified an 'instrumental' or purposeful type of action, involving the exchange of goods and services between people.

Mitchell, went on to define the 'total' network of any society as the 'general ever-ramifying, ever-reticulating set of linkages that stretched within and beyond the confines of any community or organisation' (1969, p.12). Mitchell's work tended to distinguish networks of 'interpersonal relations' made up of kin and friendships from the social, political and economic structure of society. He defined relationships in terms of the concepts of 'density' (the enmeshed nature of the ties), 'reciprocity' (whether or not feelings and behaviour were returned in a similar manner), the 'intensity' (the strength of the obligatory feelings) and 'durability' (the reliability of relations and the obligations that are activated in particular interactions) and 'size'. These concepts have been developed further as dependent upon the 'reachability' or the accessibility of each individual to make contact with each other, and will be discussed briefly below:

The 'density' of the social network has usually been measured in terms of the proportion of ties that exist, out of all possible ties, in relationship to the social networks ability to mobilise support for a named person. Conjectures about density and social support usually refer to Durkheim's (1952) findings that social integration promotes mental health. In other words densely knit social networks are also deeply integrated and able to support an individual through any crisis. However, data pertaining to mental health and social support is less clear. Hirsch (1980), found that amongst mature women and

younger widows returning to college, low 'density' social networks were more likely to be associated with social support.

Social support is not always 'reciprocated' or corresponding. If one person receives social support but does not return it, then this can upset the harmony of the social network (Wellman and Berkowitz, 1988). Further, the recipient of social support may respond by either returning the help in an identical manner to the same person, another person, or not reciprocate at all. The last response was guaranteed to result in the 'unbalancing' of the social network. However, the authors placed great emphasis on the need to study the support of the social network as a whole before drawing conclusions on 'reciprocity' between selected members.

The 'size' of the social network has been directly related to its potential to provide social support (Wellman, 1979; Barrera, 1986; Burt, 1980). Wellman (1979), found that the larger the social network the greater the number of individuals and the increased likelihood of providing social support in the format of emotional aid and companionship. However, in contrast Riley and Eckenrode (1986), contradicted the above findings in suggesting that far from larger social networks being synonymous with positive support, they were characterised by more interpersonal problems that hindered the flow of social support.

There has been a trend in the last two decades amongst those conducting research into social networks, to group together similar roles across different social networks, with a view to identifying common characteristics. This has been achieved by artificially segregating individuals from their social network by way of 'block' modelling (Wu, 1984), or the identification of 'dyads' (Holland and Leinhardt, 1979). Considering the manner in which roles are determined by gender and shaped emotionally, psychologically and behaviourally by their interlock with others, the lifting of each individual out of their real life setting for inter-role comparison, represents a distorted or incomplete understanding of an individual's behaviour.

In contrast, social network analysis in its early format as proposed by Moreno (1934), provided a simple and elegant means to study a ‘total’ or complete social network, whereby similarities between different roles could be examined in their natural social environment. In the case studies presented in Chapter Seven of the thesis, the author will demonstrate the inbuilt ability of the sociogram to simultaneously present the respondents within a group or sub-group of the social network using the respondent as an anchor point, in a figure ground or prominent versus indistinct manner. In turn, this will facilitate the identification of constellational similarities amongst different and similar roles within the same social networks using sociograms. Therefore, every interaction is always presented within its larger social context, unless the individuals involved have purposefully separated themselves from their primary unit. Comparisons of similar roles across social networks is still possible, but always with reference to the primary social environment.

Chapter Six

Research design

RESPONDENTS

The respondents comprised 4 women, aged between 21 and 65 years with one or more clinical symptoms of dysthymia, as defined by DSM-IV-R. All respondents were diagnosed and referred to the psychotherapy clinic by their general practitioner (G.P.) for a course of short-term (up to twenty weeks duration) psychodynamic psychotherapy, on an out-patient basis in 1997. The first 8 women on the waiting list matching the above criteria were selected. Once identified, respondents were sent a letter inviting them to take part in the study (Appendix 1). The letter included some information about the purpose and the nature of the study and their expected involvement in the research. 10 letters were sent out, 8 patients responded by telephoning the clinic. 6 respondents were randomly selected from this group for in-depth case study analysis and were given an opportunity to talk with the researcher on the telephone as to their potential involvement in the study, three chose to do so. Two terminated treatment prematurely, the first after two sessions as she unexpectedly moved away from the area, and the second after eight sessions for reasons unknown to the researcher. This, however, did not affect the completeness of the study or the analysis of the data. All patients signed an informed consent form before the beginning of the first interview (Appendix 2).

DATA COLLECTION

Questionnaire and Identification of Social Network Members

A semi-structured in-depth interview was used (Appendix 3) to facilitate the identification of specific social intersectional constellations within the respondent's social networks, in relationship to the onset, maintenance and recovery from dysthymia. The model for the interview contrasted to the psychodynamic short-term psychotherapeutic treatment that the respondents were undergoing. The respondents had four interviews: prior to treatment, midterm, termination and at three months after termination of treatment. The duration of the initial interview was up to two hours, but subsequent interviews took on average one hour. The first 'initial interview' (Appendix 3), was divided into three sections: clinical history, researcher's observations as to the nature and content of the information given, and social network data. This interview was conducted a week before short-term psychotherapy was due to start. The questions were designed to provide the researcher with historic and background data of their illness along with the identification of their social network members. The retention of dysthymia patients' insight onto their problems previously identified amongst Arieti and Bemporad (1978) was anticipated by the author and became a significant factor in the decision to rely upon respondent's own accounts of events in collecting the data.

The identification of key social network members was achieved by use of two questions at the end of the initial interview. First, respondents were asked to name people with whom they had the most contact and felt comfortable with (questions under heading of 'sociograms'). Patients feelings' towards others were therefore the criteria by which a person was named or not named, as belonging to the social network at this point in time. The researcher noted down the names or role (in accordance with the respondent's identification of them), on a plain sheet of A4 paper attached to the initial interview notes. Second, if more than 5 people had been named, the researcher planned to ask the

respondent to circle the five people that they felt were most important in their life at the present, which they wanted to focus on (questions under heading of ‘sociograms’). This did not however, preclude other social network members from being discussed at a later date. However, none of the respondents named more than 5 people. Respondents were then asked the questions corresponding to the role of each person as listed in Appendix 3. Sociograms were then constructed on paper by the researcher and in consultation with the respondent to illustrate the key social configurations that emerged throughout the interview.

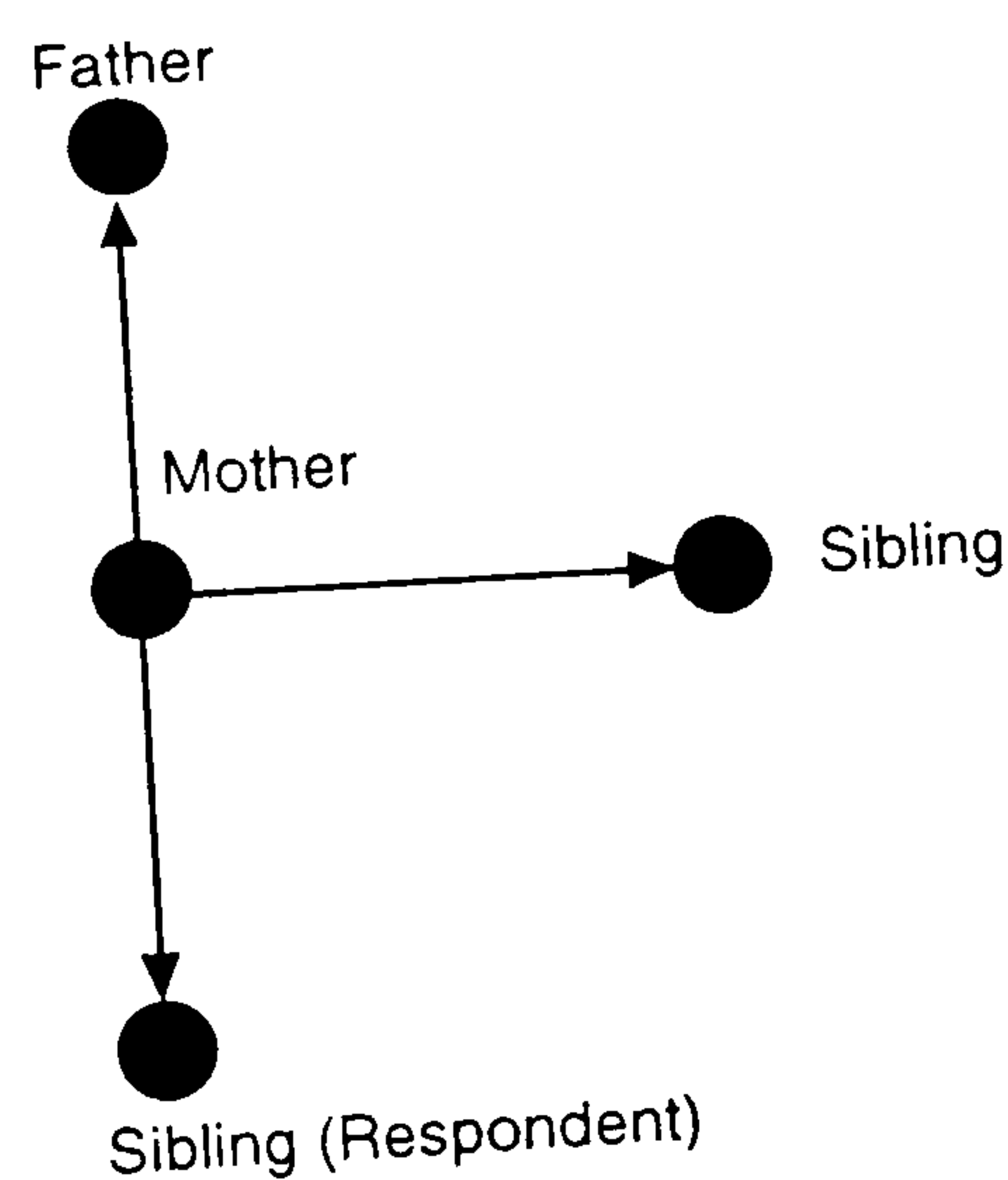


Figure 8, A key configuration as plotted at initial interview.

Figure 8 illustrates how a mother’s influence upon her daughter’s life, coupled with the absence of reciprocal marital communication, served to isolate the father within the primary family unit and subsequently deprive a daughter of valuable paternal

developmental input. The results of these early sociograms were used as a point of initial reference and formed the baseline of enquiry in subsequent interviews.

CASE STUDY FORMAT

The data was organised into single exploratory case studies, in which the respondent's formed the primary unit of analysis. Pseudonyms were used to protect their identity. Information was formatted under the following headings: Initial Presentation, Clinical History and Discussion. The order of discussion of specific role relationships varied in keeping with their prominence in the respondents life, facilitating the logical presentation of the case study. For example, if the father was the most 'prominent' social network member then he would be discussed first in order to provide a framework for the rest of predicted interlocking social network relationships within the primary family. The definition of 'prominence' was determined by the respondents. If the respondents did not initiate discussion as to a specific social network member in the first instance then the researcher would use the pre-determined format (Appendix 3). Extracts from respondent-researcher dialogue were included in the case studies to illustrate salient points. Script appears in italics and is preceded by the words 'respondent' or 'researcher'. The findings from individual case studies were pattern matched or directly related to theory presented in earlier chapters. Case studies were viewed as series of individual experiments aimed to study replication and amalgamation of findings which were generalised, compared and contrasted between case experiments in the main discussion and in the conclusion to establish evidence to support or contradict the research findings.

UTILISATION OF SOCIOGRAMS IN THE THESIS

Information about the structure of the social network was prompted by the use of an accompanying questionnaire and represented in the sociogram by individual roles of the members (mother, father, etc.) of the network members. The psycho-social data presented

earlier provided a theoretical framework from which to generalise and compare findings between case studies. The respondent's participation in short-term psychotherapy treatment throughout the research acted as a vehicle to initiate change in the social network constellations. The sociograms became a dynamic tool capable of accumulating data and measuring changes in the interactive nature of relationships over the course of treatment. The result was a compilation of a series of small sociograms comprising 4 or 5 people. The number of lines between each point was not assumed to be positive support from one individual to another. No attention was given to the relative position between two nodes, the length of the lines between them or the size of the nodes. Instead, emphasis was placed upon the patterns formed by the interconnecting lines, in keeping with the change in individual respondent insight and psychological well-being, monitored on an ongoing basis throughout the interviews.

PSYCHOTHERAPY RESEARCH AND CLINICAL PRACTICE

The researcher acted throughout the study as a researcher whose sole aim was to collect data regarding any change in a respondent's behaviour and insight in terms of their participation in social interactions, as reported by the client. This data was recorded as patterns of social network configurations. The researcher did not act as a psychotherapist at any point in the study. Psychotherapists involved in treating the respondents were not willing to confer with the researcher on even a minimum level throughout the thesis, on the basis that such collaboration would interfere with the psychotherapeutic treatment process. Therefore, the need to consult with a psychotherapist was not built into the research. From the research perspective the treatment process was viewed as a vehicle to stimulate change in the patients behaviour and thought processes. In turn, the patients subsequent behaviour and attitude was expected to create an environment for exploration and change within the social network which could be recounted by the patient, recorded by hand and analysed by the researcher.

It was anticipated that the practical and purposeful nature of the research (Appendices 1-3) would orientate the respondent towards the 'respondent' as opposed to 'patient' role, and thus would be a key factor in preventing the formation of a psychotherapeutic alliance. However, in the eventuality of respondent's attempting to discuss their treatment sessions during the research interviews the researcher did not plan to collude with the respondent, but to paraphrase the thematic nature of their psychotherapeutic encounters in relationship to research data already collected.

PILOT STUDY

Two cases were selected to run concurrently for the purpose of refining the format of the questions, the researcher's style of interviewing and the layout of the transcribed case studies. The selection criteria and participation requirements for respondents were identical to those described above. In the first case, the researcher adopted an approach that involved asking the designated question and then going on to the next, without following up on answers given by the respondent. This was quickly identified as problematic as the formal style prevented or discouraged patients from expanding upon their answers so the subtle nuances of social interaction vital to the study were not forthcoming. During the initial interview of the second case the researcher adopted a more relaxed style that allowed her to follow through respondents answers and prompt and enquire further.

By virtue of a previously unanticipated relational overlap between one relationship and another, a respondent when being asked for example, a scheduled question about their mother, may also have included references to their father, as it was impossible for them to consider their mother in isolation. Initially this component of the social network threatened to dissolve the compartmentalised nature of the questionnaire. The researcher resolved this issue by pursuing references to other network members in the context of the original role, before refocusing the respondent back to the role being discussed. When it came time

to discuss the previously referred to role relationship, the respondents previous comments were used as a starting point and paraphrased back to the respondent.

Chapter Seven

Case Studies

Four case studies are presented in keeping with the above mentioned format with a view to identifying social network constellations particular to the onset, maintenance and recovery from dysthymia.

JANE

INITIAL PRESENTATION

Jane, a thirty-six year old single woman and nursing supervisor had consulted her G.P. who in turn had diagnosed her to be suffering from dysthymia, and referred her for psychotherapy treatment. This was the first occasion that she had sought formal medical help for her symptoms, and there was no known history of depression in the primary family social network. The dysthymia was characterised by acute intermittent episodes, a long history of insomnia, constipation, sporadic anxiety accompanied by periods of low mood for most of her adult life. Over time these episodes always recurred, but her tolerance for the symptoms had become greatly reduced, with night time insomnia manifesting as day time lethargy, irritability and a decreased tolerance for those around her. She had developed an anxiety about forgetting everyday tasks, resulting in leaving notes around the house as prompts.

Jane presented as a pleasant and co-operative interviewee, who on occasions would stare at the researcher intently to ensure that a specific scenario had been comprehended, rather like a teacher administering to a pupil with learning difficulties. Despite being in one of her low moods, she was articulate, witty and elegant in her self-presentation almost out of keeping with her diagnosis. However, she soon confessed that the maintenance of such a facade, coupled with her ongoing fatigue were becoming difficult to sustain. In keeping

with dysthymia, her symptoms never became so acute that she was unable to function in her daily life. The overall presentation was that of tiredness and futility.

Named social network members: father, mother, Kathleen (friend), Elaine (friend) and Tom (boyfriend).

CLINICAL HISTORY

Jane an only daughter and eldest of two siblings spent the first twenty five years of her life living with her parents, whom she described as *aspiring working people*. By the community's standards they had managed to achieve relative affluence, by establishing a small painting and decorating business. The family had moved house three times, each time to a larger property in a more sought after location.

Father

Jane's father was the middle child of eleven siblings. He had been forced to leave school at fourteen years of age in order to begin contributing to the family income, and therefore was only competent at basic reading and writing skills. She described her father as having a suspicious, almost paranoid nature, accusing family members of bizarre behaviour:

Jane: I remember seeing him in his car as I walked along the High Street. I stopped

to look in a jeweller's window. Later he accused me of trying to pawn my

jewellery. I didn't even know what a pawn shop was.

She went on to recall how when she had been a child her mother had told her how his mother had often pawned their clothes to obtain money for alcohol. Until age ten, Jane had been primarily left to the care of her mother and maternal grandmother, but when she reached adolescence her father had become more involved in his daughter's life. His

unreasonable and unpredictable behaviour had always seemed beyond reason to Jane and served to undermine her attempts at independence, as follows:

Jane: When I passed my driving test he brought me a new car, I was thrilled. After a few days he started hiding the keys so I had to ask him if I could use it... then a few weeks later I came home and he had sold the car.



Figure 9, The ‘Unbalanced’ Sociogram: that characterised the father-daughter relationship. Jane’s ongoing consistent attempts to engage her father in social interaction is represented by an unbroken line, while the father’s inconsistent social interaction with his daughter is represented as a broken line.

Jane’s chief source of frustration during these years was that she was left in the care of a man who was unable to be reasoned with, negotiate respectfully with his daughter or

keep his word on any course of action that he initially agreed or disagreed with. This resulted in an 'unbalanced' flow of interaction between father-daughter sociogram (figure 9). She wanted to stay in full time education but was unable to do so because he dealt with all the finances in the family. If she needed anything she had to try and negotiate some advance from him on an item by item by item basis.

Researcher: *Did you have a regular arrangement for pocket money or an allowance?*

Jane: *Well like everything it lasted five minutes and then that was that... I remember him announcing over the dinner table one day when I was about fourteen, that he was going to give me one pound a week pocket money. He gave me a pound note there and then. However, the next week, nothing, so I asked and he got angry, it was as though he had no recollection of the arrangement. I came to the conclusion at that time that he liked to play with people, sort of tease them.*

Researcher: *Do you still think that?*

Jane: *Well in part, but I also think that he has some sort of split personality, like Jekyll and Hyde. When he is Jekyll he has no insight into Hyde and vice versa.*

Jane went on to remember how she had been very reluctant to have friends to the home as a result of his unpredictable nature.

Jane: *When I was about sixteen I brought a boyfriend home, I remember he had hardly stepped inside of the door when my father literally grabbed hold of him by his shirt collar and threw him out of the house. After that I didn't bring anyone home.*

She also recalled how her parents' opposition to her having a boyfriend made her feel as if I was being a *naughty little girl* in going out on a date. She recalled feeling very uncomfortable and embarrassed if a man called for her. Jane also recalled how her parents would make a point of telling people that she was single, not in a triumphant way, but as though she was trying to imply that she was still a child. The researcher explored the issue of boyfriends further:

Researcher: *Did you manage to date anyone while you were living at home?*

Jane: *No, in the end I just acted as though I was too busy to date anyone, and the subject was never mentioned again.*

Throughout the study when talking about her father she often referred to the fact that she did not feel comfortable in his presence. Even when he was pleasant and in a good mood she recalled how she always tended to interact in a wary manner with him, in case he reverted to being verbally aggressive and abusive.

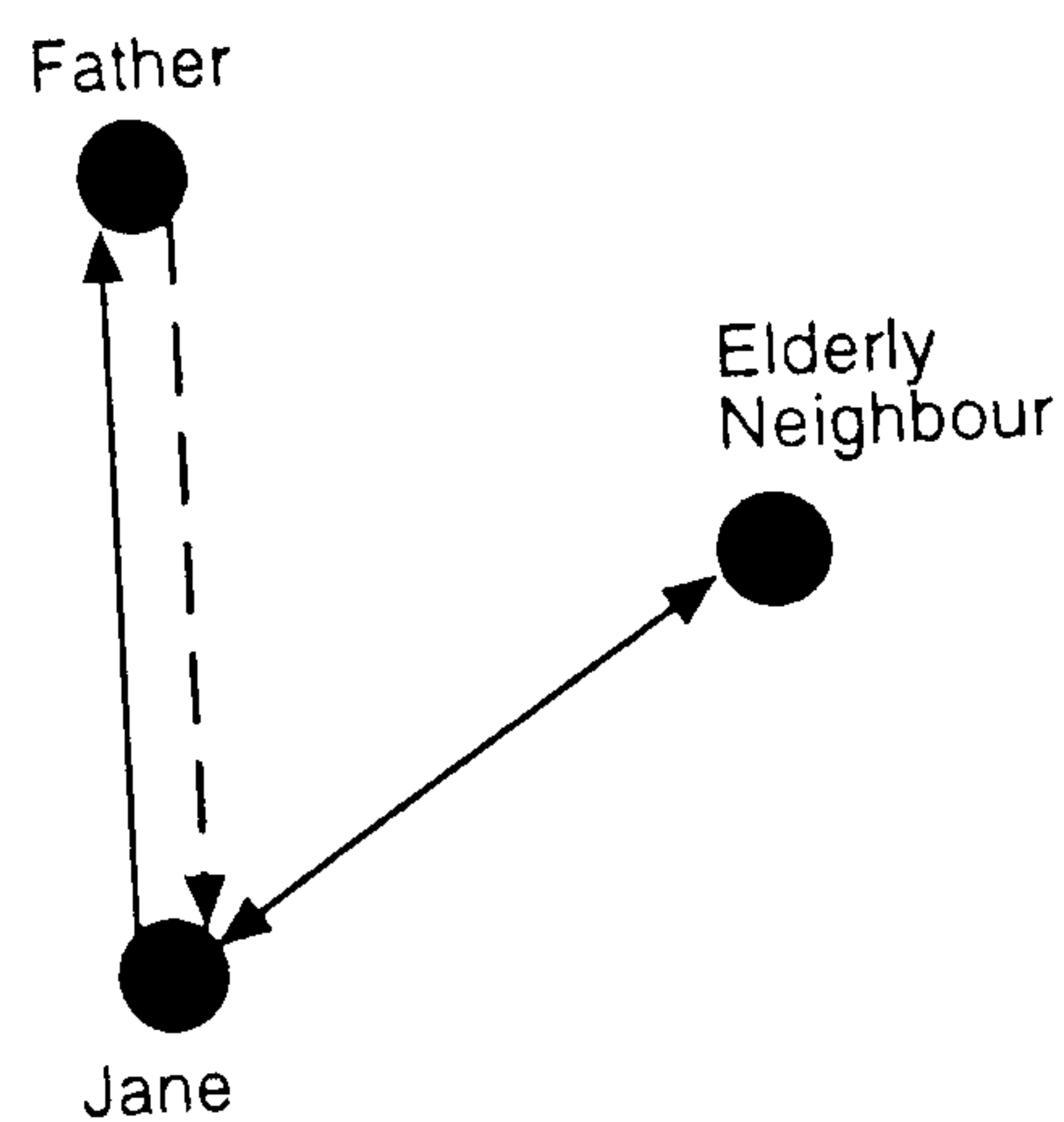


Figure 10, A ‘Boundary’ Sociogram: formulated as a result of the absence of social interaction between the two ‘regions’ and that served to exclude the father from Jane’s relationship with her elderly neighbour.

Researcher: *It sounds as though life at home was very turbulent.*

Jane: *Yes well, I used to keep out of the way... I was very involved with the Girl*

Guides, there were always extra activities planned during the week, and he didn’t get involved with that. Also, I used to spend a lot of time at my neighbour’s house, she was an elderly retired school teacher, and I used to read to her, and gave me a bit of a rest from him (father)

The ‘boundary’ (figure 10), formulated as a result of the absence of social interaction between the primary family home (‘region’), and the neighbour’s home (region), that served to separate father and daughter, and was largely intellectual and social in nature.

The father had no interest in reading or social niceties, the foundation upon which this

relationship was based, and therefore, refrained from interacting within this particular constellation. However, the nature of her relationship with her father necessitated Jane's move out of the above 'boundary' sociogram into an 'unbalanced' constellation with her father, on a regular basis. The 'unbalanced' sociogram was a more accurate representation of her teenage years. However, the most significant and permanent psychological and emotional separation seemed to have occurred when Jane was eighteen and applied for university. Jane explained how she had wanted to be a social worker and obtained a place in a very prestigious university. However, in order to get a grant her parents would have needed to be means tested, but her father refused, and so she could not go. There followed a number of turbulent years at home working in a series of jobs that she was not interested in until at twenty-five she decided to train to be a nurse at a hospital that meant living away from home.

Researcher: *Can you recall why you decided to become a nurse at that time?*

Jane: *Well I think that it was because I spent a few days as a inpatient at a local hospital just before I decided. I had had an opportunity to observe the camaraderie of hospital life.*

She recalled how initially her father had taunted her as to how she would manage financially on a student nurse's allowance whenever they were in the house together. However, once she had left home and started her training he hardly took any interest in her at all. Therefore, she was surprised to hear from relatives and family friends that he had a tendency to brag about her achievements to them, but hardly spoke to her. Contact with the family was maintained via telephone conversations with her mother.

Mother

Jane's mother was from a similar social background to her father, however the family had been smaller, she was the eldest of three children, and had a less chaotic life than her father's. Her mother often recalled how they had wonderful Christmases together and spent the long winter evenings gathered around the wireless listening to their favourite programmes. Her mother had passed the eleven plus and attended the local grammar school, where her own mother worked as a cleaner. Jane's maternal grandmother had been a dour woman who believed that everyone had a social *station* in life, and should not try to rise above it. The family viewed their daughter's intellect as a financial burden, as it meant that she would not be able to leave school and start contributing to the family income until she was sixteen, as opposed to fourteen if she had attended the local school. Her mother had worked as a shorthand typist to a local doctor before her marriage, but did not work once married.

When asked to recall her childhood memories in the care of her mother it became evident that the maternal grandmother figured predominantly in this primary family:

Jane: *We spent a lot of time with my mother visiting my grandmother and she had set days of the week when she came to visit us.*

Researcher: *Were your mother and grandmother close?*

Jane: *I don't think that they were really emotionally or psychologically close, but my mother was quite scared of my grandmother and never really got out from her clutches.... but my grandmother was frightened of my father, she used to wait on him hand and foot.*

Jane remembered how she had often returned home from school to find her mother in a *sulk and simmering with anger*, or alternatively *in one of her withdrawn moods*. It was during these episodes that Jane used to worry that she had upset her mother. She described an incident when she was approximately eight years old sitting under the ironing board and trying to engage her mother in conversation in an attempt to cajole her out of her withdrawn state. She also felt cheated by the way in which her mother was not able to tolerate any form of stress. If Jane had tried to talk or reason with her mother, she had failed to respond to her daughter in any meaningful way, her overall demeanour was described by Jane as a *fluttering from one thing to another*. This had resulted in Jane being discouraged from bringing her problems home:

Jane: *I was in trouble at school, caught eating a sweet in class, I wanted to tell my mother what happened. I started to tell the story when suddenly she put her hands over her ears and shouted 'don't tell me I can't cope'.*

Researcher: *Do you remember your mother ever having any meaningful conversations with you?*

Jane: *Well occasionally she would try, but it sort of came out of nowhere, so she caught me unaware..... it was difficult to change gear from being the dutiful emotionally distant daughter to the confiding daughter without a warm up as it were. Also, these times only lasted a minute or so and then she was back to her usual self.*

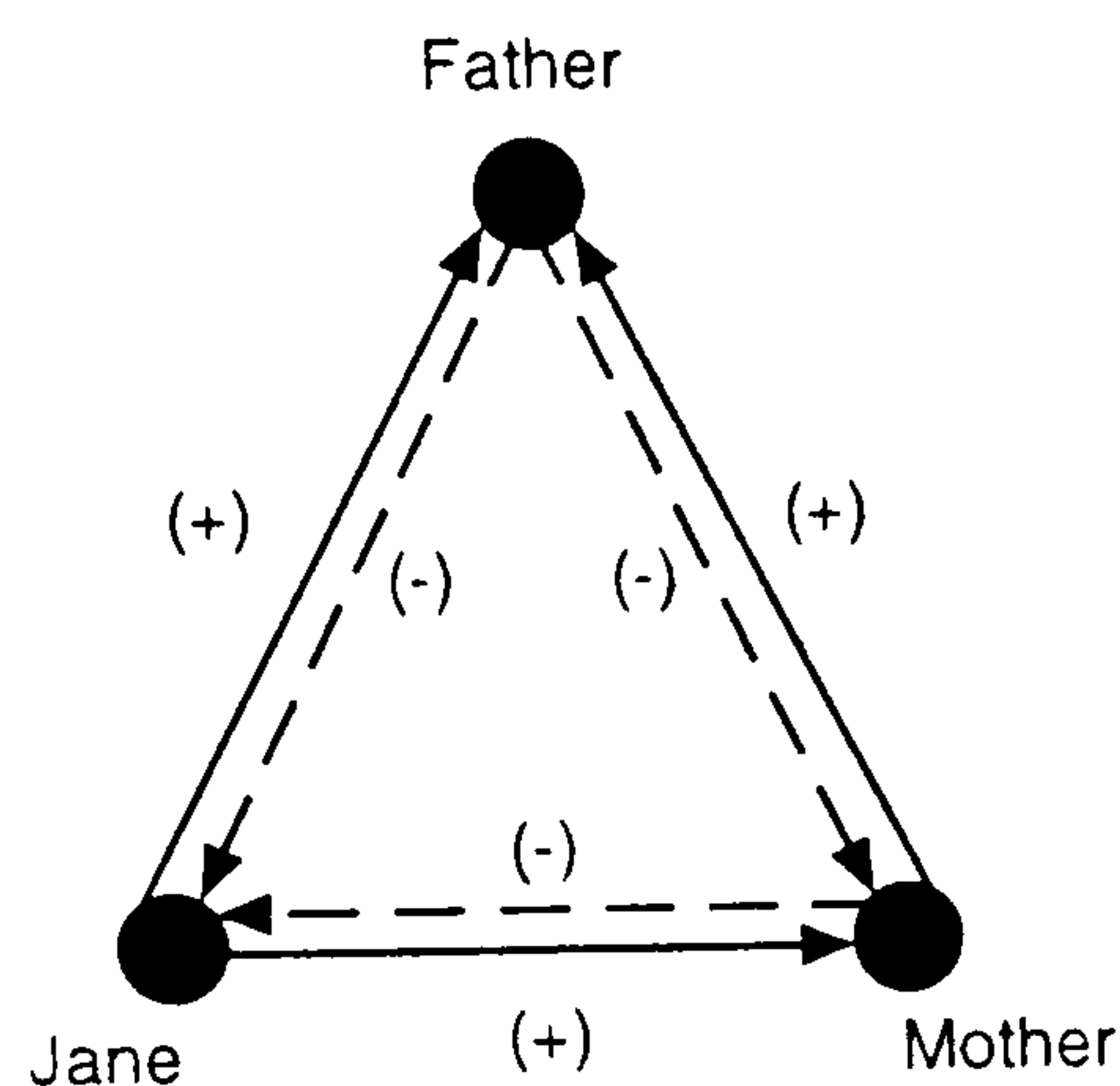


Figure 11, The ‘Unbalanced’ Sociogram: representing the mother-daughter relationship, with the mother’s emotional unpredictability towards her daughter represented as a broken interconnecting line.

Her mother’s emotional unavailability towards Jane during early childhood and the teenage years, resulted in the formation of an ‘unbalanced’ social network constellation (figure 11). Although the interaction flowed in each direction between mother and daughter, and there is no evidence that her mother was ever unavailable to her in a task orientated sense.

When asked about the nature of her parent’s relationship Jane contemplated for a number of minutes unable to recall them ever being affectionate or jovial with each other. Jane recalled how her father just issued orders at her mother, with which she complied.

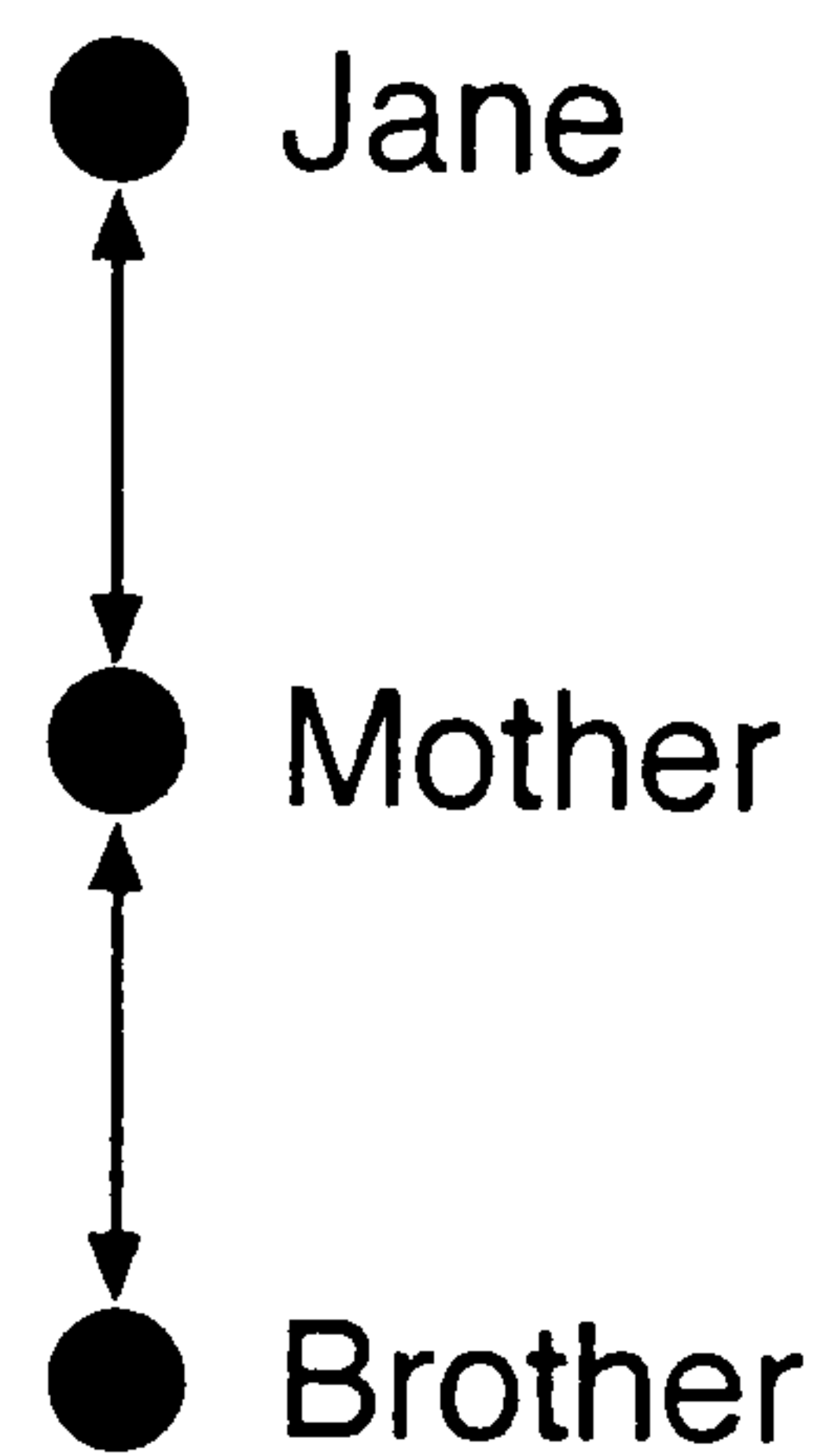


Figure 12, The ‘Star’ Sociogram: with the mother as the point of centrality which in turn served to polarise the siblings.

Issues were not discussed or debated as far as she was aware. Jane’s mother had really left her daughter to her husband’s care during the teenage years, while the mother concentrated on her son, Jane’s brother. She was not in direct contact with her brother, who was also estranged from the primary family social network following ongoing antagonism between father and son. However, her mother was in contact with her son by telephone and relayed information indirectly between the siblings. This pattern of interaction which existed on the periphery of the primary family social network, served to construct a ‘star’ constellation, which in turn polarised each sibling (figure 12) and eliminate a potential means of social support between brother and sister. She saw little point in contacting her brother directly as by her own account they had never really got along very well together, and had little in common.

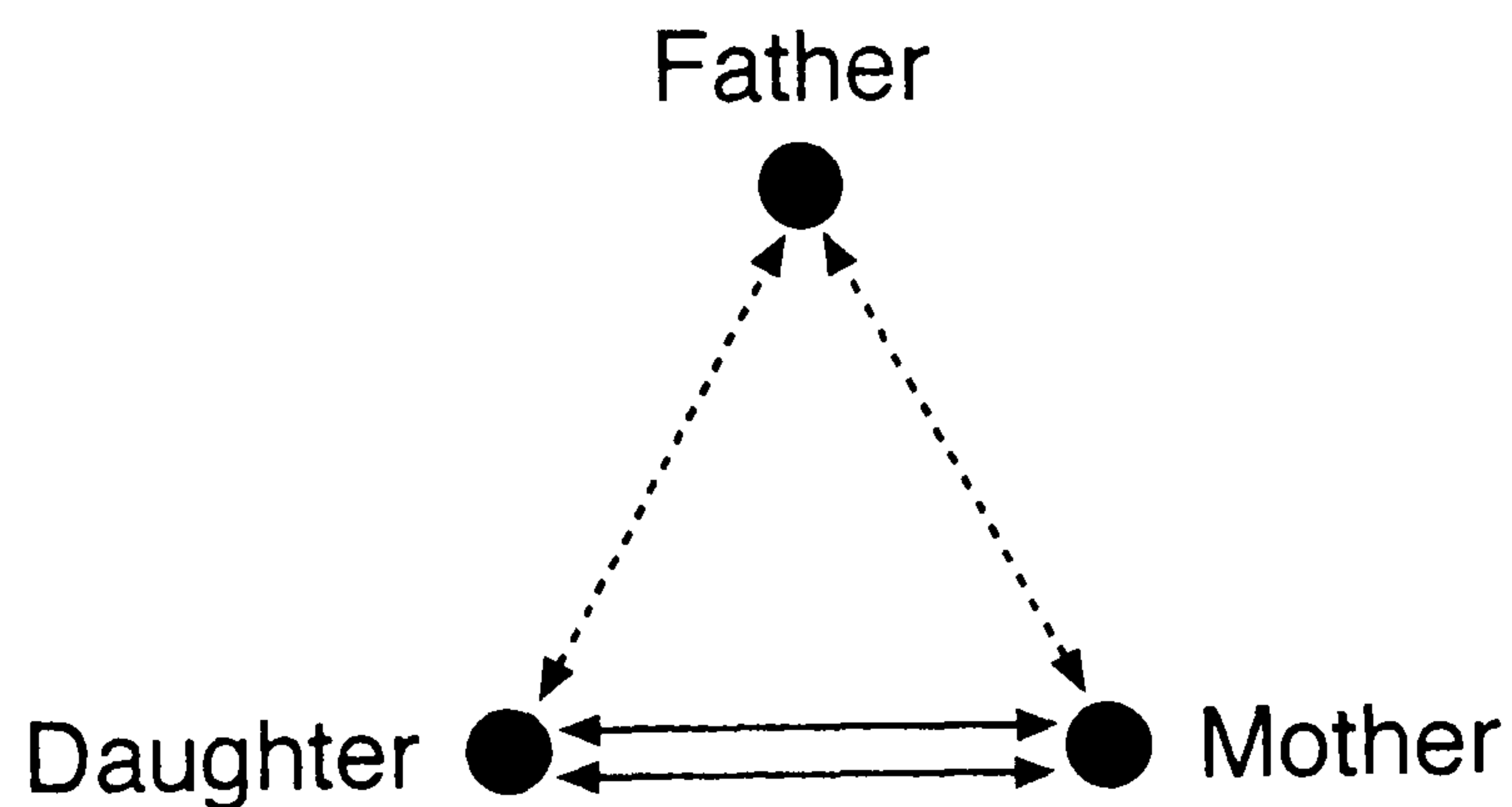


Figure 13, The ‘Cluster’ Sociogram: to represent the mother-daughter alliance against the father.

It was only when she had left home that husband and wife had been forced into communicating with each other. Jane’s father had begun to target his irrational and bullying behaviour at his wife in the absence of his daughter. She was angry at being used by her mother as what she called a *shield*, against her husband’s behaviour. Her mother complained bitterly about his unreasonable behaviour with mother and daughter colluding against the father to get the mother out of the house on shopping trips, to provide some respite. The mother-daughter alliance formulated during her adulthood resulted in the formation of a ‘cluster’ sociogram within the primary family social network (figure, 13). The existence of task based social interaction between the mother and father, meant that the ‘cluster’ was also ‘regionalised’ from the father. She admitted to feeling

uncomfortable with her mother's cloying behaviour, but later substituted *uncomfortable* for *responsible*.

She recalled how she felt after a visit to her family:

Jane: *For days after visiting them (family), I feel ill, and all churned up inside.*

Every time I go home I think oh it will be better this time, but its always the same,

I must be an eternal optimist.

Researcher: *Do you feel like this when you are there or just after you have left?*

Jane: *It's worse when I'm there. My mother keeps telling my father off and my*

father will then turn to me and say ' your mother 's always cocky when you 're

here' . She (mother) seems to fit in all her criticism of him when I am there. But they

gang up on me and call me the 'lady of the manor' inferring that I have too many

social graces.

Jane and Elaine

Elaine, a thirty year old primary school teacher had been friends with Jane for eleven years. They had met during their first year of nursing training when their rooms in the nurse's home had been opposite each other. Jane recalled how they had met in the communal kitchen:

Jane: *I hadn't been at the nurse's home very long and thought that I would keep myself*

to myself. However, Elaine was trying to find a clean saucepan and we started

talking. Also we had both wanted to join other professions, but had settled for

nursing because it had provided accommodation.

Researcher : *Can you tell me which qualities you admire about Elaine?*

Jane: *Yes, she was confident and knew what she wanted in life, none of this hesitancy or being overwhelmed with life like others.*

Researcher: *Which qualities do you think that Elaine admires about you?*

Jane: *Oh the same.*

Researcher: *Self-confidence and knowing what you want in life?*

Jane: *But some times I think that I am too strong, I feel her backing off, she says that I can be overpowering. But she's not aware of the awful way that I feel sometimes. The effort that it takes to be me.*

Researcher: *Can you tell me how you feel at these times?*

Jane: *So tired and lonely....I have to just go to bed, I can't tolerate anyone around me, even the slightest noise. I'm not fit to be out in public.*

Researcher: *Have you told Elaine how you feel sometimes?*

Jane: *No, because she admires me for my strength.*

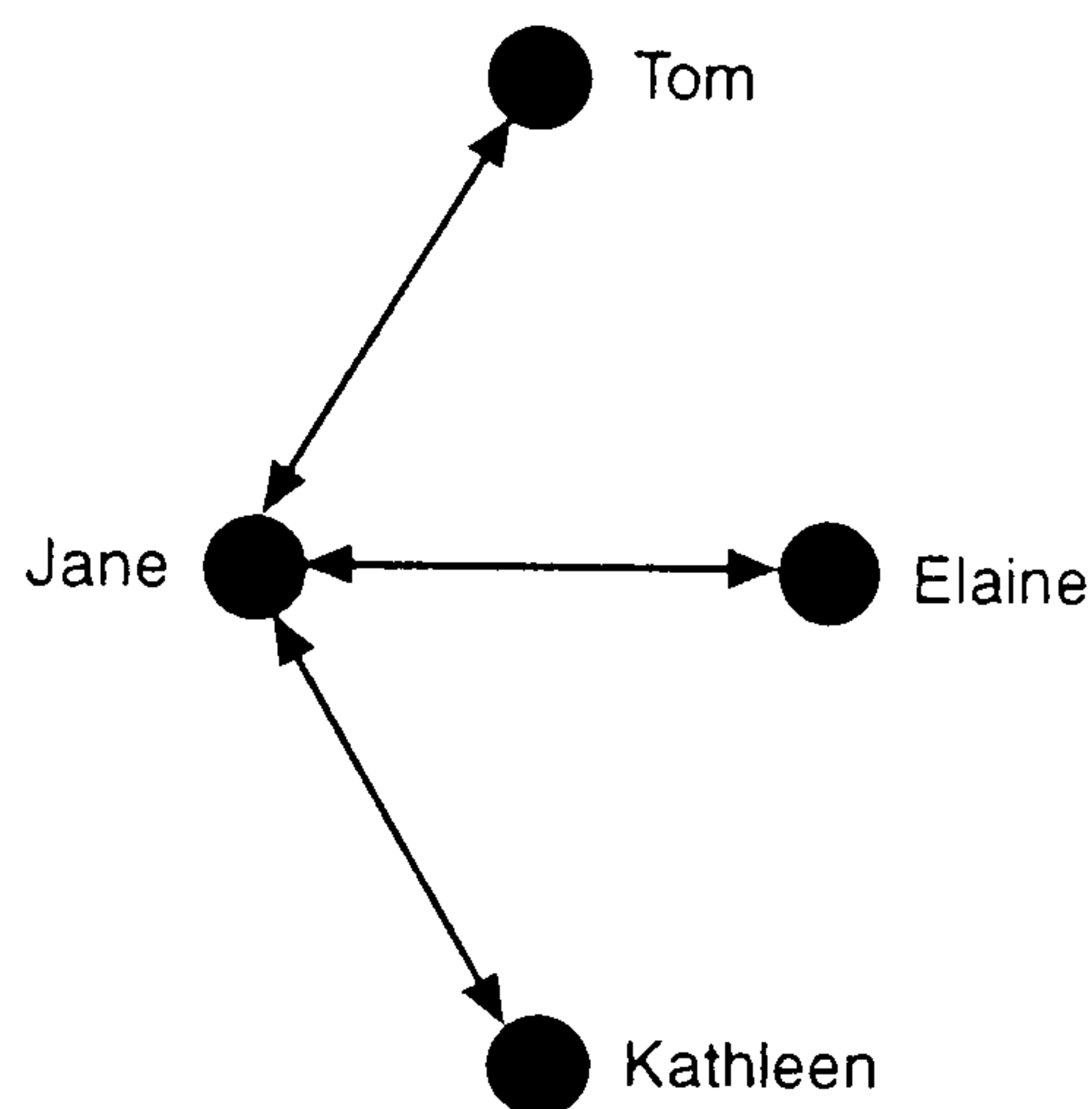


Figure 14, The multiple ‘Weblet’ Sociogram: to represent Jane’s girl friendship patterns and her relationship with Tom, as ‘dyads’ all of which existed independently of each other.

Their friendship had progressed over the three years while they lived in the nurses’ home. The two girls were never in the same friendship groups or introduced these relationships into their primary family social networks, resulting in a multiple ‘weblet’ formation (figure 14). The friendship grew on a pragmatic level sharing problems and everyday experiences, a base to return to after the rigors of the day. There did not appear to be any expectation that they would socialise together, the relationship seemed to be confined to their exchanges in the nurses’ home. Likewise, when they had completed their training and both worked in different hospitals the relationship had been maintained through regular, but not frequent telephone contact, meeting occasionally at one hospital or another for lunch. The friendship existed in isolation of other people, there were only ever the two of them

involved. While each referred to others' relationships these relationships were never physically incorporated into the friendship.

Jane and Kathleen

Kathleen was a thirty year old single mother and senior social worker. The two girls had met after their training while working in the same hospital. Once again, the relationship existed independent of other relationships, in a 'weblet' formation (figure 14). Their work had brought them into regular contact and this had led to lunch meetings at work and telephone calls to each others' homes in the evening. They went out in the evenings together usually to the cinema or for a meal. Jane confessed that if her work had not brought her into daily contact with Kathleen she would not have made any effort to keep in touch. It seemed that Jane considered Kathleen a hypochondriac and found what she saw as her ongoing references to her various ailments annoying. She admitted to having tried on a number of occasions to discontinue the friendship, but that Kathleen had pursued her on some pretext or other. Jane also considered that it was particularly difficult to end the friendship abruptly as they worked together:

Jane: We have never met each others friends or family, but we see each other in the

corridor at work and arrange to meet for lunch, share the highs and lows of the

day, or pass on gossip. She's trying to buy a house now, it's even more difficult

for her as she has a small child. She needs to live in a nice area, but these houses

are too expensive. I have been looking in estate agents windows for her and

collecting any details I can. But I am reluctant to become too involved because she

can become clingy.

Researcher: Do you always feel this way about Kathleen?

Jane: *I go through phases... but yes most of the time.*

Researcher: *Can you recall an incident when Kathleen was supportive to you?*

Jane: *Oh yes she's the sort of person that you can talk to and she offers advice in an appropriate, but not intrusive sort of way.*

Researcher: *Can you recall a specific incident?*

Jane: *Yes, recently I wanted to apply for a course at work which my supervisor was trying to prevent me from taking, so I couldn't give her name as a reference.*

Kathleen volunteered straight away, even though it could have made her unpopular with my supervisor, a senior nurse.

Additionally, Jane went on to describe their relationship as mutually respectful, as a result of similar family histories.

Researcher: *In what ways are your histories similar?*

Jane: *Well she doesn't get much support from her parents either, financial or emotional, so we often compare our circumstances when we meet. It helps to have some one to talk to who has been through the same sort of thing.*

Tom

Jane described Tom as her first *real boyfriend*, previously she had known several men but not dated them seriously. In keeping with her relationships with girlfriends discussed

above, this relationship existed independently of other friendships, as a 'weblet' (figure 13). The couple had been together for eight years although he had never met her family. Jane described their relationship as *close*, what she further defined as someone whom she could talk frankly, confide in and be reasonably confident of being supported by, emotionally. Tom was an eminent physician and she had met him while he had been living in the nurses' home. Jane made it very clear that the relationship was mutually supportive and stable:

Jane: *As soon as I met Tom I liked him...he looked sensible, stable and reliable and he has proved to be just that over the years.*

Researcher: *Can you give me an example of his supportive behaviour?*

Jane: *He has helped me out financially from time to time, also he is just reliable, you know ...if he can't make a meeting he calls, if I'm upset he listens and gives good advice.*

Jane described how Tom was very dedicated to his work and was aiming for a senior position. Upon reflection, she recalled how she had come to realise over a number of years how Tom was not as confident as he seemed and that he also needed support to cope with the pressure and stress of his job. However, two years into the relationship Tom had been unable to get the next promotion that he needed and so had decided to work abroad for a few years in a large teaching hospital where he could learn the necessary skills and techniques he would need for his career advancement.

During the first year that he had been away Jane had become quite depressed as he became very distracted with his new position and was not very vigilant at maintaining contact. She recalled how at times she despaired if she could not contact him and began to wonder if he was ever coming back.

Researcher: *Can you describe how you felt at this time?*

Jane: *Looking back on it I was very clingy, it makes me cringe to think about it. I was always calling him when he was really very busy. However, I think that it was the uncertainty that I couldn't stand, not knowing if he was coming back or even how long he was going to be away for.*

However, during Tom's second year abroad he started to keep in touch on a more regular basis, she made frequent trips to visit him and the relationship had become more secure and committed. She had attributed his lack of contact during the first year of his absence to the stress of working in a new country and the pressure of his work:

Jane: *During the second year he was away, I started to make trips abroad to visit him.*

This gave me deeper insight into the stressful environment in which he was working.

Also, I think that while he did miss me also, this was the year in which

he worked with people at the top of his profession and was able to keep pace with

them. He realised that he had the ability to succeed in his career goals and was able

to consolidate them. Therefore, he had more emotional energy to give to me during

the second year that he was away.

During this second year, Jane felt that she had become more confident, and was therefore able to be more supportive towards Tom. She also began to meet many of his colleagues and feel more confident to interact with them on her own terms. The relationship had continued until recently with each absorbed in their own careers, living in different parts of the same country, telephoning each other two or three times a week and

visiting each other as often as they could. Tom seemed reluctant to marry early in the relationship while she had been keen to do so. However, recently it had been Tom who was talking increasingly of marriage, however she was content with the present arrangement. Both of Jane's female friendships and her relationship with Tom described above are represented as reciprocal, 'balanced', 'clique' formations, that existed independently of each other.

At the time of the termination interview Jane had not really addressed the implications of her feelings of *responsibility* that she held towards her mother, however, she had managed to implement some emotional and physical distance between them, by virtue of her abrupt withdrawal from the social network. There had also been a marked change of attitude with regards her earlier need to please and placate her father. Indeed, she had come to recognise his behaviour as *controlling and manipulative*. She had attributed this realisation in part as a result of her recognition, that despite his historic stance of opposing her major life decisions, such as her choice of nursing as a career, judging by his public boasting of her achievements, he was actually quite proud of her. In addition, she had come to view his *unpredictable and irritate* moods, not as a response to her, but as his deep seated insecurity as a result of his own emotionally chaotic upbringing. The newly acquired insight into the primary family unit, had coincided with her new found optimism for the future, and her reports of marked reduction, although not total elimination of her previously troublesome symptoms of insomnia, constipation, anxiety and low mood. There was also an awareness that she could not remain totally estranged from the primary family social network, and that she would need to renegotiate her role with both parents. She reported that she did not feel that she would reach complete psychological well-being until she had resolved these family issues. However, she was firmly resolved to continue with her policy of restricting their access to her friendship social network. At the follow up research interview while she had retained her newly acquired psychological well-being, she

had been unable to resolve the conflict issues in the primary family social network. It seemed that she could remain estranged from them for some time in the future.

DISCUSSION

Manifestation of Dysthymia

Jane's sporadic but recurring symptoms of insomnia, constipation, anxiety and low moods, were easily identifiable with DSM-IV classification of dysthymia. Yet despite consulting her G.P. for insomnia, constipation and lethargy for most of her adult life, a diagnosis of dysthymia and subsequent referral for psychotherapy had only recently been made. While this may be frustrating we have seen previously how despite indications from general population studies, that dysthymia has been found to be of greater prevalence amongst women (Arieti and Bemporad, 1978; Regier et al., 1984), often remaining undiagnosed well into adulthood (Ferro et al., 1994; Keller and Shapiro, 1982; Klein et al., 1988; Kovacs et al., 1984; Lewinsohn et al., 1991; Kocsis and Frances, 1987 Weissman et al., 1988), particularly amongst community populations (Shelton, 1997).

In keeping with the studies mentioned previously that attempted to differentiate between dysthymia and chronic depression (Arieti and Bemporad, 1978; Jacobsen, 1971; Bonime, 1960; Kolb, 1956; Cohen, 1954), Jane's symptoms were less severe, and in accordance with dysthymia as opposed to chronic depression. She retained insight into her problems and at no time did her symptoms become so acute that she was unable to function in her everyday life. Although, her primary concern during the initial research interview had been her increasing inability to tolerate her symptoms and concern that she would be unable to fulfil her professional and personal obligations in the future. However, her decreasing tolerance for her symptoms and their increasing impingement upon her daily life suggested that her disorder may have been progressing towards a more chronic state at that time.

Family History

In contrast to the chronic depressed patients described by Arieti and Bemporad (1978), during her childhood, Jane was never told by her parents that she was evil or the cause of all their problems. While she required their approval in order to feel worth while, her depression did not start from the point of needing to absolve herself from an inner badness. Jane's pathological behaviour appeared to have originated from her early experiences in her primary family network. Viewed from the 'total' social network position her relationships were characterised by 'unbalanced' constellations in the form of 'regions', 'clusters', and were in turn dominated and formed in response to the father's controlling behaviour, and made it difficult for her to implement changes within her relationships, without affecting the rest of the social network. These constellations generated and sustained feelings of the loss, psychological trauma and stress identified amongst patients suffering from dysthymia, and the considerable social and multigenerational, causative component described amongst patients with dysthymia (Arieti and Bemporad, 1978; Blumenthal, 1983; Earls, 1987; Cutler and Nolan-Hocksema, 1991). Secondary to these problems were a diffused sense of self, coupled with the inability to balance her independence with dependence, in her kin and non-kin social networks.

Jane's early life was spent primarily in the care of her mother, and therefore she was socialised into stereotypical female behaviour, before being *taken over* by her father, and then later deserted by him as well when he was no longer able to control her. However, Jane's eternal optimism that family life could be more harmonious each time she returned home, followed by her frustration and anger at her parents when this did not prove to be the case, suggests that she had never felt re-united with them, and therefore the issue of parental loss had never been fully resolved. The loss of potential social support may have been reinforced by her isolation from her brother, implemented by her mother's role in the 'star' constellation (figure 12). However, the mother's ability to polarise one sibling

against the other was a power limited only to this particular constellation. Jane's friendship social networks were also 'regionalised' (figure 14), from the primary family social network. Although independent dyads in nature they were 'balanced', by virtue of the reciprocal social support that passed between each member.

The high incidence of alcoholism found amongst one or both parents of dysthymic patients (Kocsis and Frances, 1987) was not in evidence. However, the psychological trauma and subsequent stress generated from her father's erratic and irrational behaviour could well be likened to the parental instability experienced by children of alcoholics. Particularly his domineering attitude towards her during adolescence, the need to control his wife and daughter, and the ensuing chaos that his profound disrespect towards women inflicted upon the primary family social network. As we have seen previously, daughters with inadequate fathers continued to seek a significant father figure into adulthood, which in turn was reflected into their relationships of choice as adults (Sharpe, 1994). Sharpe's, father-daughter study amongst adult daughters with alcoholic fathers, identified a co-dependency pattern, amongst adult daughters who experienced domineering and unpredictable behaviour from their fathers during childhood. However, she did not consider their data from the viewpoint of the social 'inbalance', in the relationship generated by the father's position of social, economic and psychological power. For example, Jane having observed her father's economic power, to produce and subsequently remove her car on an apparent whim, may have been looking to recreate that power in herself. Certainly, Jane had implemented a social, psychological and emotional 'boundary' between herself and the primary family social network (figure, 11), as her father had before her. In Jane's case the social 'boundary' (implemented during childhood by virtue of seeking out alternative role models in the form of the elderly next door neighbour, and during adulthood by developing different social mannerisms), had served to advance her professional career, given her a measure of emotional freedom from her father's belligerent behaviour, and the need to align herself with her mother, against her father.

However, the 'boundary' in evidence during the initial research interview was essentially social in nature, the psychological and emotional 'boundaries' needed to improve her mental health were much more complex and difficult to implement.

Over the course of the research interviews it became apparent that Jane had retained a childhood dependency and need to please both parents. Their lack of encouragement regarding Jane's relationships with men, and her reluctance to introduce Tom to the primary family social network, appeared to have come about as a result of her need to gain their approval. However, the much sought after approval had never materialised along with her own subsequent self-esteem. Indeed, her low moods and nagging emotional turmoil were exacerbated after her visits to the family home. The mother whom she felt had failed to nurture her adequately now seemed to expect her daughter to protect her from her husband. While her father, once an overly strict figure of childhood, virtually ignored her.

Jane's mother saw herself as a nurturing woman and dutiful wife only really comfortable with a non-threatening young child. She resembled the mother of the depressed patients described by Cohen (1954), who found their offspring more acceptable as infants than young adults. Her marriage was that of a 'bargain relationship' (Arieti and Bemporad, 1978), in so much as she surrendered her autonomy in return for care and nurturance from her husband. However, the latter failed to materialise and she was left feeling cheated, despondent and disillusioned with life, particularly the married state, an attitude that she had passed onto her daughter, by virtue of discouraging her sexual contact with men. Also her mother made a point of telling people she met that her daughter was not married, as a means of distinguishing or differentiating her from married women. However, in this case the differentiation from other women did not empower her, but served to reinforce her availability for maternal nurturing and care. As seen earlier, the denial of a daughter's sexual attachment by a mother was central to Friday's (1977) theory of female oppression. In turn, Jane's description of her mother as *fluttery*, and difficult to

illicit a response from, complies with Fischer's (1986) previously discussed profile of an immature mother. As a result, her own psychological resources were limited and she was unable to sufficiently interact with, or protect her daughter from being *taken over* by the father in adolescence.

The mother-daughter relationship was essentially an 'unbalanced' constellation (figure 12). This scenario came about primarily as a result of the mother's prematurely imposed adult demands upon her daughter, which required Jane to care for, and collude with her mother against the father. Such behaviour, demanded intellect and psychological and emotional development too advanced for the child and adolescent roles, and developed as a source of stress and anxiety early in life. The tendency for mothers and daughters to 'mother' each other in the face of an unsatisfactory marital relationship was described previously by Rossi (1968), and in evidence, in Jane's feelings of *responsibility* for her mother. The relationship was further complicated by virtue of the unspoken 'boundaries' and emotional unavailability punctuated, by her mother's sudden flashes of insightful and forceful monologue directed at her daughter and husband, previously threatened by intimacy. Although her personality was not characterised by her mother's submissiveness, the mother's own powerlessness in her marriage seemed to be indicating to her daughter that despite her efforts to be different from her (i.e. remaining single, having a career), this was the only realistic outcome for women. However, her mother's docile, compliant behaviour and Jane's inadvertent support for her mother in that role, against the father only served to emphasise their position of dependence and all-female indistinguishability or sameness in relationship to men, in contrast to the male father/husband role of autonomy, power and difference (figure 13). Indeed, the 'cluster' alliance far from strengthening the female position, served to reinforce the male position of dominance within the primary family social network.

Social Networks

The 'cluster' became fractured as the research interviews kept pace with psychotherapy, and Jane's subsequent insight into the social, emotional and psychologically debilitating and detrimental affects of her alliance with her mother. This emerged in the form of the realisation of what Gilligan (1982), described previously as the lack of moral 'justice' evident in the family history. In particular, coming to terms with her father's blatant disregard for her feelings, coupled with anger at her mother's inadequacy at protecting her from such psychological abuse. She interpreted this insignificant nurturing as her mother's betrayal and which in turn developed as a major source of disappointment. In addressing such 'injustice', Jane was not only searching for a way to reconcile her past from a more 'just' perspective, but also fulfil some measure of what she saw as her 'care' obligations towards her parents as well. The ongoing frustration of being unable to successfully resolve these feelings, seemed to sustain the high degree of loss and anxiety that she had been experiencing. Consequently, she felt marooned between her own needs and those of others in her social networks. The 'balancing' of inter-dependence with dependence were problems previously identified as commonplace amongst women seeking psychotherapy (Chodorow, 1978; Dinnerstein, 1976).

The influence of a paternal dominated adolescence was in evidence amongst the characteristic traits Jane displayed in her friendship interactions. These relationships were more in keeping of the task-orientated relationships of men identified previously by Rawlins (1992), than the inter-connected and inter-dependent style he associated with women. Also in keeping with the male perspective, she did not identify herself in relationship to other women, but by virtue of her professional status. As the research interviews progressed, Jane seemed to be attempting to redress the disparity between her male and female self. Her male orientated attitude towards friendships, or the need to be

strong and pragmatic was isolating her from the support of other women, illustrated by the over-powering strength referred to in her reflections upon her friendship with Elaine.

Jane's friendships appeared to be tightly regulated to protect against intimacy and subsequent emotional vulnerability. In her friendship with Elaine, the six years age difference protected against the expectation of socialising too much, and with Kathleen it was her *hypochondriac* behaviour that provided a reason not to get too involved. Further emotional and social regulation was implemented by virtue of neither friendship overlapping with other relationships. At first it appeared as though these friendships were representative of the 'clique' friendship formations described by Adams and Gullotta (1983), and Rawlins (1992), whereby relationships started to become more segregated from the main social network, but always retaining some connection (via Jane), with the primary family social network (figure, 14). However, in trying to correlate the 'cliques' using corresponding 'circles' the author realised that the abrupt withdrawal of Jane from the primary family social network meant that there was not a common individual with whom to link the 'circles'. In essence the 'cliques' no longer existed as a sub-set, but as a completely independent non-kin secondary primary family social network, or multiple 'weblet' constellations (figure 14). Nevertheless, Jane did not allow herself to spend time with people who knew her well or who had an interest in perpetuating her self-esteem, and subsequent psychological and emotional well-being. With the exception of her relationship with Tom, these secondary social networks did not necessarily generate any more social support.

Her relationship with Tom (whom her parents had never met, and despite her repeated attempts to introduce him into the conversation her parents had ignored), developed into a mature adult relationship. Although the relationship was ongoing, it was not particularly emotionally intense possibly as a result of their ongoing careers. However, it was firmly based in reality as it had withstood Jane's realisation that Tom was not quite the perfect 'father' and was not as confident as he had appeared at first. She decided to wait until she

had established her sexuality in the eyes of her parents, and Tom. Until then her relationship with Tom would have been difficult to establish.

The social networks in this case are highly dense and segregated in nature, and unable to tolerate integration or incorporation with other non-kin social networks. The primary family social network was characterised by her father's unrelenting dominance and her mother's dependence upon her roles as wife and mother, behaviour that served to maintain the father in a position of power within the primary family social network, despite the mother-daughter alliance. Neither of the parents attempted to facilitate ideas of individual choice or autonomy in their daughter, in fact such notions were actively discouraged. As the research interviews progressed, in keeping with her psychotherapy sessions Jane came to realise that her dysthymia was being perpetuated by her unresolved developmental issues with her parents, particularly her mother. Despite spending some considerable formative time in the care of her father, she had retained her female traits from earlier maternal care. In having had her primary bond with her father, the most powerful parent, her primary problem continued to be, her inability to incorporate these traits into her relationship with her mother and other female dominated relationships. These observations tend to suggest that the onset, maintenance and recovery from dysthymia was social as opposed to pathological in nature.

GAY

INITIAL PRESENTATION

Gay, a twenty one year old woman and only child, was living away from the parental home for the first time while in her final year at university studying for a law degree. She had an intermittent history of low mood and insomnia since adolescence, but recently after separating from a long time boyfriend and having been under pressure to complete various assignments to a fast approaching deadline the symptoms had become more pronounced. She had experienced a week of chronic insomnia followed by a panic attack during which she had started to perspire profusely and to have chest pains. Consequently, she had consulted her G.P. soon after who had diagnosed dysthymia and referred her for psychotherapy treatment. There was no known history of depression within the primary family social network. This was the first time that she had sought medical attention for her disorder.

Gay's dysthymia appeared to have been ongoing since late adolescence, when she described herself as having lost *direction in life*, along with periods of insomnia, anxiety, and low mood. However, she usually recovered as a result of being *rallied* by her mother. Gay presented as a short bespectacled, slightly built young woman, who although in her early twenties, behaved and dressed as if she were a young teenager. Her speech was consistently slow and deliberate in contrast with her bodily movements which were jerky and awkward, suggestive of some form of developmental conflict. Her cognitive skills, particularly regarding insight and her ability to reason in relationship to her problems were particularly astute. She had consented to psychotherapy treatment as she had become increasingly unable to concentrate on her studies as a result of night time insomnia. However, on her own initiative before starting treatment she had devised a study programme for herself that consisted of working for ninety minute periods at a time, with

two hours break in between. During which time she would go for walks or take short naps.

Named social network members: mother, father, John (ex-boyfriend).

CLINICAL HISTORY

Gay was an only child from a middle class professional family. Her mother appeared to be the dominant member of the social network and for the most part organised the family's social and professional lifestyle. Despite the outwardly harmonious appearance, deep rifts existed between her parents, the consequences of which became more prominent once she had moved away from home.

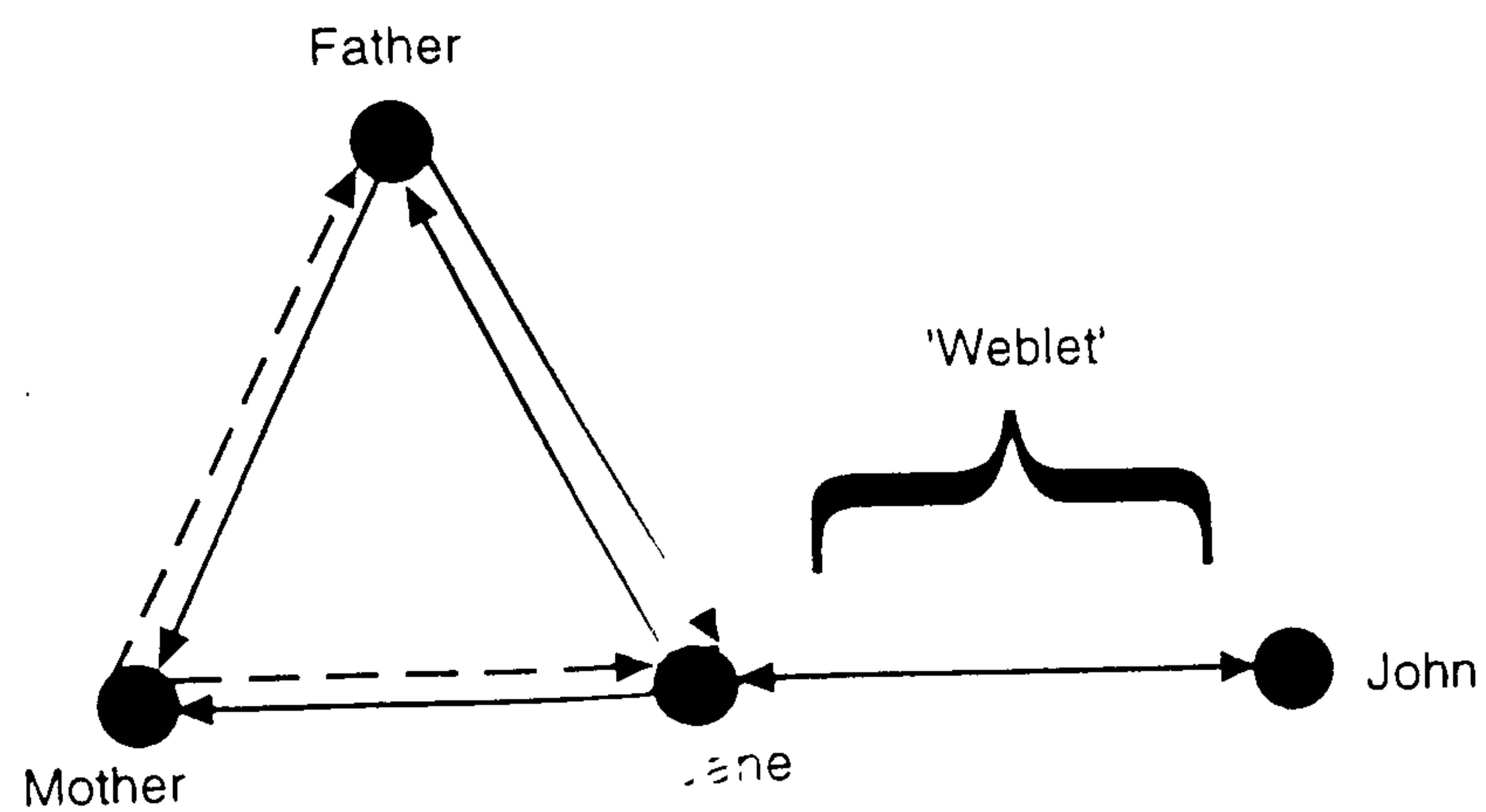


Figure 15, The 'Weblet' Sociogram: to illustrate the 'dyadic' independent nature of Gay's relationship with John.

John

Shortly after she left home for university she had separated from her long-time boyfriend John. They had been childhood sweet hearts but he had stayed at home to attend a local university. The couple had met when they were both twelve years old. They had been at the same school although John lived in another part of their town, in an area that her mother did not approve. Consequently she led her parents to believe that they did not see each other very often. Also, there was no overlap between their relationship and John's other friendship patterns, leaving the sociogram as a isolated pocket of interaction or 'weblet' interaction (figure 15). She described how they sometimes met in the local high street on evenings and weekends. They had both felt lonely and neither had many friends at the time, so they would console each other, comforted by the thought of having

some one to share their life's with. She recalled how they spent their time talking, attending the local youth club and sailing. Although, he was her only real friend, John started to make new friends as he progressed towards adulthood, with whom she had no contact. She had been reluctant to leave for university in another part of the country, but her mother had insisted that it was the right thing to do.

The couple had agreed to just *see how things went* and Gay seemed to realise that it was improbable that the relationship would survive a three year separation. Once at college she soon became lonely as she described herself as *shy* and having *difficulty making friends*. With few friends letters from John were the only source of intimate human contact that she had to look forward to. Whilst the only activity that gave her pleasure was writing to him:

Gay: Although I kept writing regularly, his letters soon became less frequent and

more bland when they did come....finally he sent me a letter ending the relationship.

Eventually my mother found out and was delighted, she thought that he wasn't suitable.

Researcher: *So this relationship ended two years ago?*

Gay: *Yes.*

Researcher: *How do you feel about John now?*

Gay: *It just seems scary that when you like someone a lot, they can hurt you..dumping*

you just like that, without a second thought after all those years. One minute I

knew everything about him, the next he was gone.

Researcher: *Have you had any other boyfriends since John?*

Gay: *No, I don't feel like it.*

Mother

Gay described her mother as the *stiff upper lip type*, who was very emotionally and psychologically reserved, *bitter* and *obsessed with housework*. She prided herself on her household cleanliness and did not *tolerate fools*. She expected high standards of her daughter, leaving her in no doubt that she would only gain her mother's approval if she performed well, morally and academically and pursued her studies to become a barrister in keeping with her mother's father:

Gay: *They (her parents) always wanted me to go to university, but as far as my mother was concerned, university was a means to becoming a barrister. I feel like she has been programming me for this role since I was a child.*

Researcher: *Do you have any early memories of your grandfather, the barrister?*

Gay: *My mother loved my grandfather, he could do no wrong... but I remember him as being very critical of her and her being very nervous and eager to please, around him. He seemed a very self important man and my grandmother pandered to his every need. My mother became a legal secretary... she was so keen for me to become a barrister I often felt like asking her why she didn't become one.*

Researcher: *What stopped you from asking her as to why she didn't pursue a career in law?*

Gay: *I don't know really, some how it seemed intrusive to ask, I know very little about*

her young adult life.

The researcher went on to ask as to the respondent's earliest memories of time spent with her mother:

Researcher: *What are your earliest memories of time spent with your mother?*

Gay: *We used to watch those old legal films together, in the afternoon, while my dad was at work... I was about eight or nine years old. During the film we would talk about the case and how it was going, how we would have represented the client differently. My mother's face would come alive and she became quite animated and funny.*

Researcher: *Do you mean that her manner change towards you at this time?*

Gay: *Yes, she would become quite warm and demonstrative, it was the only time that I felt that I could physically touch her.*

In talking further about her time living in the family home she recalled reading extensively, partly as a way of avoiding contact with other people, but more so because her mother approved of reading. She soon learnt that in order to gain her mother's attention she needed to either talk about becoming a lawyer or be seen to be reading. In contrast, she described how time spent watching television was strongly disapproved and led to a harsh *lecture* on wasting time on frivolous pursuits.

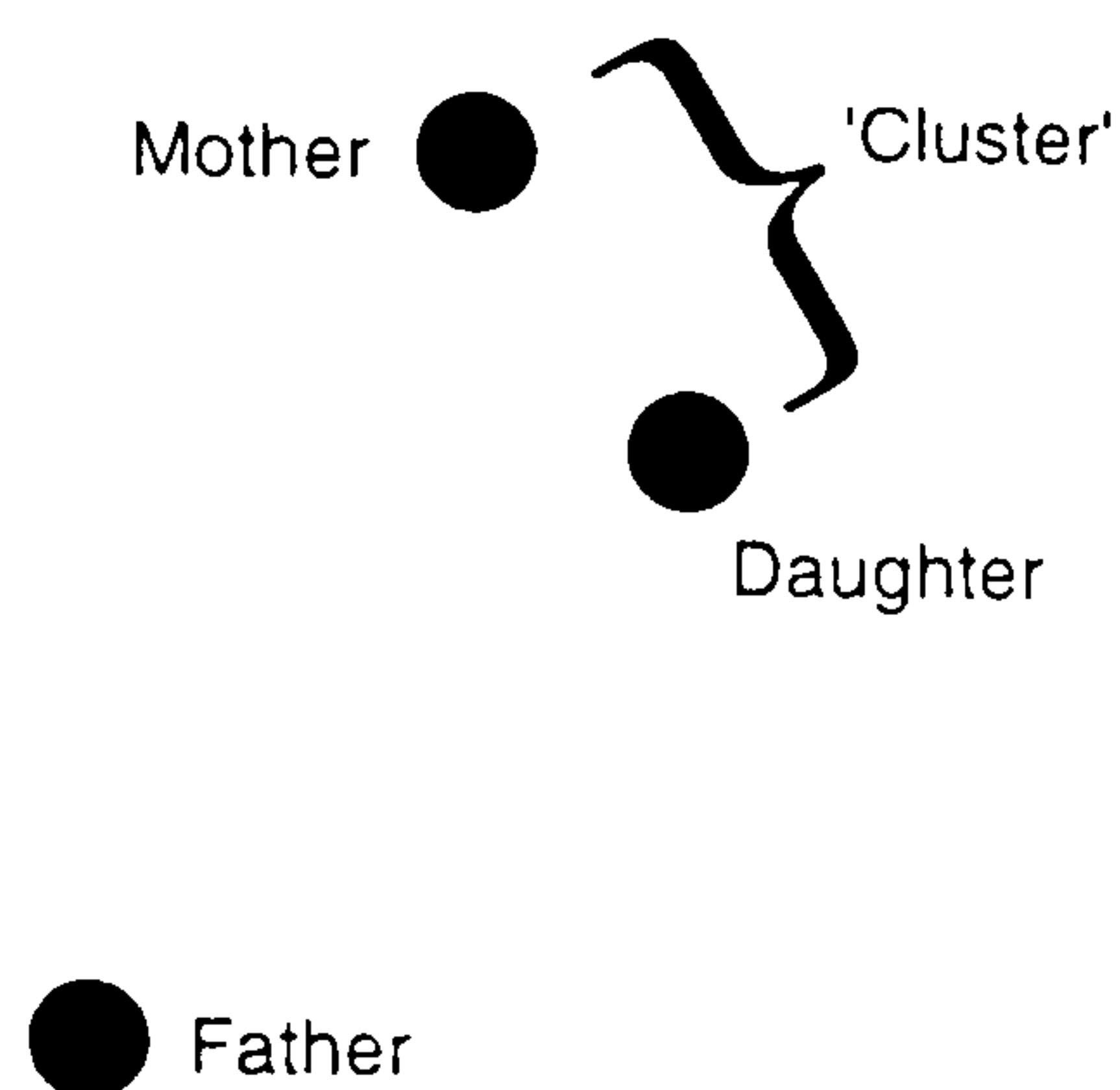


Figure 16, The 'Cluster' Sociogram: to represent the highly dense pattern of social interaction between mother and daughter, within the 'total' primary family social network.

Her mother did not welcome friends to the house and so she felt that her childhood had been a very solitary and lonely affair, with the mother-daughter relationship existing as a dense 'cluster' with very little communication between each parent (figure 15). The move from the parental home appeared to have prompted her mother to increase pressure on her daughter to succeed in her studies and she had started calling the hostel every night to ensure that she had completed her assignments. At first Jane described how she had just taken to reassuring her mother that all was well in the hope that she would leave her alone. However, the telephone calls had become more frequent with her reaching a hysterical state:

Gay ...she was getting in such a state telling me that it was important that I graduate..

it's almost as though she could read my mind. It was about this time, in my final year at university that I started to doubt whether I wanted to be a lawyer.... I had just broken up with John and was in regular contact with my father, without her knowing.

Researcher: *Was it a common occurrence for your father and yourself to be in regular contact without your mother knowing?*

Gay: *Yes, we hardly knew each other before this time. My mother always looked after me, I went to her if I needed anything, my father was never at home. He spent a lot of time in his workshop.*

She went on to ponder that she supposed outwardly it would have looked as if mother and daughter were close, as her father was always excluded from their conversations and activities. However, she felt that her mother tried to exclude him deliberately in order that she could control her.

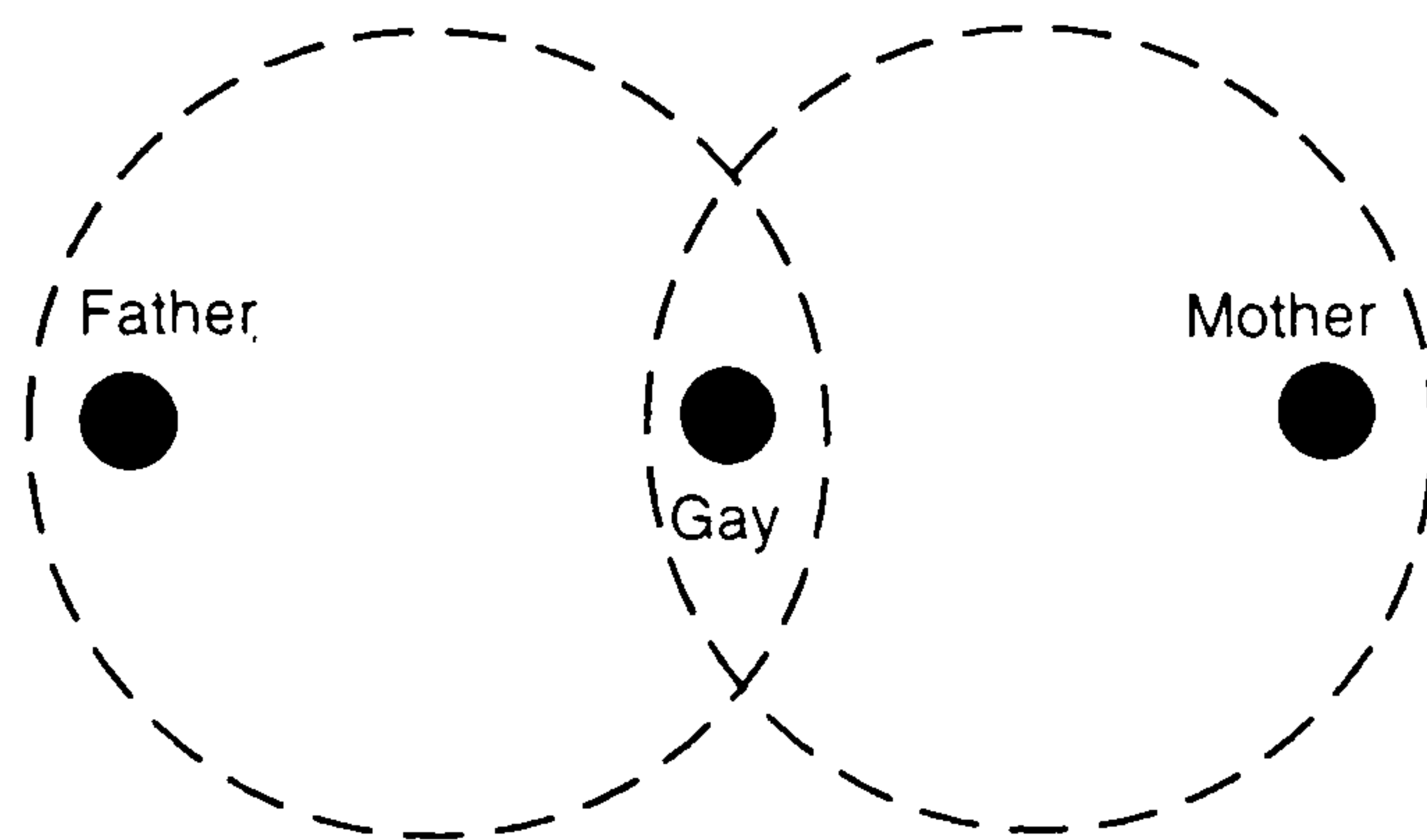


Figure 17, The 'Circle' Sociogram: to illustrate the line of demarcation between the parents.

Father

Gay knew very little about her father's early life apart from the fact that his parents had been killed in a car crash when he was eight and he had been brought up by an elderly relative in a remote part of the country. At eighteen he had come to live in London to attend university. Her father had been a law student when he had met Gay's mother, a legal secretary in her father's firm. Her mother had made it clear all of their married life that she had married him because he was destined to become a barrister, and join her father as a partner in his firm. However, once married he decided that he did not want to be a lawyer and trained as an engineer instead. His wife had been devastated and did not attempt to hide her disdain at what she considered a *lowly occupation*. The change of her

father's career caused a rift between the parents, illustrated as a 'circle' formation with Gay as the common member in each 'circle' (figure 17). Although Gay was left as a common member of each 'circle' she was not called upon to dispense information between the parents. Her parents did interact on a limited task orientated basis.

Gay: I remember that when he (father), used to come home from work with oil on

his clothes, she (mother), used to belittle him, and makes comments such as:

'what must the neighbours think, this is a professional area and you walking around filthy'.

Researcher: What are your memories of your father while living at home?

Gay: He's a quiet, decent man, who only really spoke when he was spoken to...

Although my mother thought of him as a social embarrassment he was actually very well respected in our area. He had a reputation as a good engineer and built up a small factory into a thriving business employing a number of other engineers.

Gay recalled happier times spent with her father between the ages of eight and nine years of age, when she had accompanied him on visits to customers' houses. During this time alone together they had engage in animated conversations together. In particular, she related a conversation with her father when she had been approximately fourteen years old:

Gay to her father: Dad, why does mum hate you being an engineer?

Father to Gay: She always wanted a lawyer....now it's your turn.

Her father had walked away before she had a chance to question him further, but she had taken this comment to mean that he had bowed out of carrying the legal aspirations of the family, and had handed them to his daughter. These visits with her father were stopped abruptly by her mother.

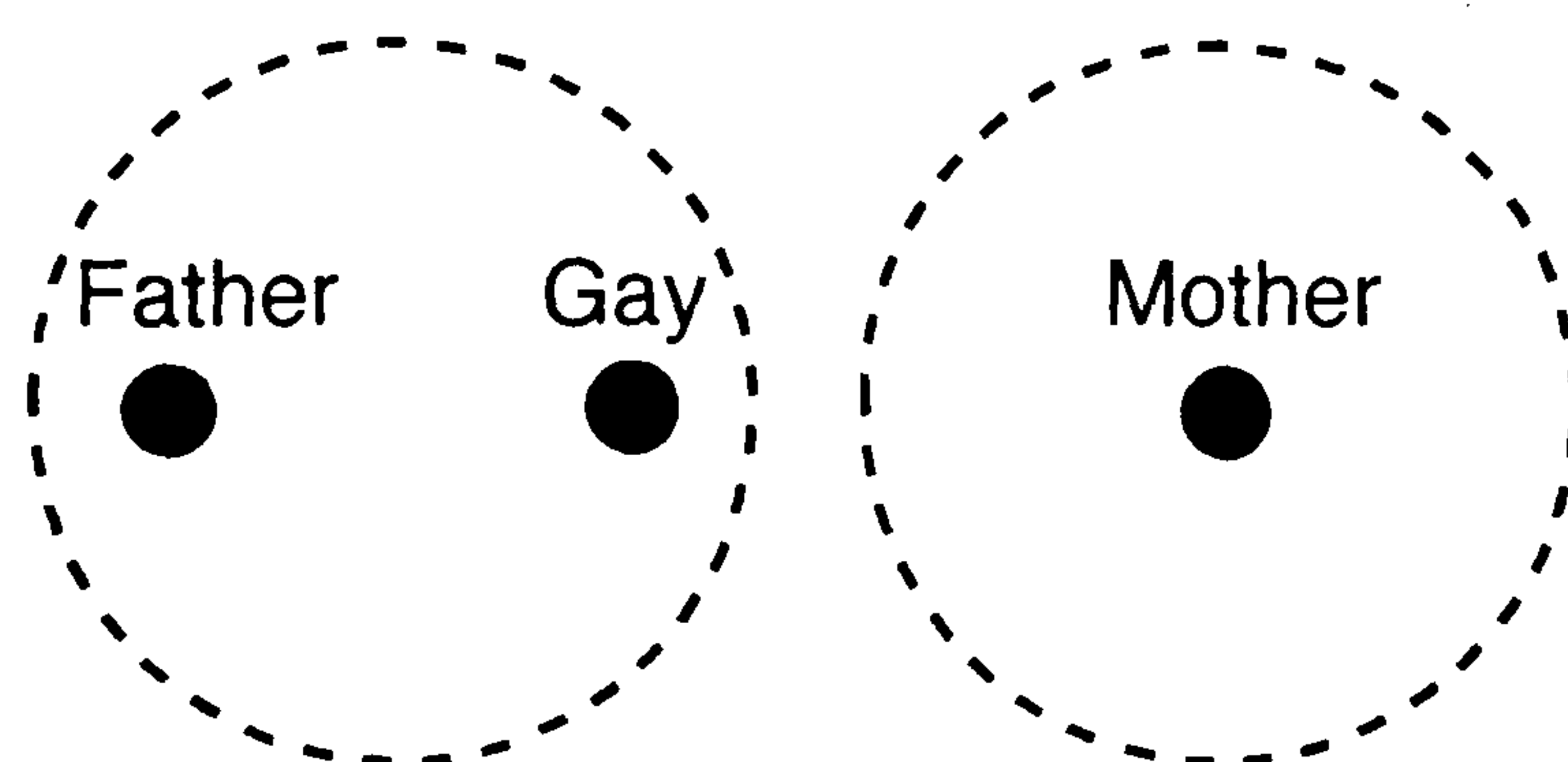


Figure 18, The 'Circle' Sociogram: served to illustrate Gay's newly formed alliance with her father, from, but not against the mother.

Towards the end of the research programme, Gay made a decision to leave university before she had finished her degree. She told the researcher that she had never really been very keen on becoming a lawyer but had felt pressurised into it by her mother. Instead, she had approached her father about the possibility of a summer job in his engineering firm. The temporary post quickly become a permanent arrangement and by the end of the research interviews she had enrolled on a business course. The decision to give up law as a career and work with her father, resulted in a change of the mother-daughter 'cluster'

density, with the father daughter relationship increasing in density, while Gay became separated emotionally but not physically from her mother. The mother remained available on a task orientated basis and became estranged from her husband, leaving Gay as the common member of a 'circle' constellation within the context of the 'total' social network (figure 18).

She especially remarked to the researcher how her father had gone out of his way to introduce her to important clients and include her in policy making decisions:

Gay: There were some important clients down from Leeds and my father took me with him when they all went out to lunch. During the meal he would turn to me from time to time in order to ask me my opinion on something...it was as though he was indicating to them that my ideas and feelings mattered.

Researcher: *So it seems that you have got to know your father on your own terms.*

Gay: Yes but the problem is, my mother isn't speaking to either of us now. She nearly had a nervous break down when I left university...I couldn't tell her at first, she just called the factory one day to speak to my father and one of the secretaries mentioned that I was there.

Researcher: *Are you still suffering from insomnia and low moods?*

Gay: No, I sleep well now, and I am socialising more.

Researcher: *Oh yes?*

Gay: (Very coyly, almost like a naughty child)... with a group of students from the

business course that I attend once a week.

Gay's move from her position of social alignment and dependency upon her mother, during the initial research interview, to the estrangement from her mother, in favour of a social non-dependent alignment with her father, was a significant life decision which she initiated herself. The mother-daughter separation came about as a result of her failure to pursue her legal studies at university and fulfil the professional ambitions that her mother held for her, and which had formed the basis of their relationship. The primary family social network was deeply fragmented both at the initial and follow up research interviews, as a result of a marital rift, brought about mainly as a result of her mother being unable to reconcile herself to her husband's choice of alternative career. Therefore, she repeatedly found herself in the position of needing to align herself with one parent or the other. Notably, the virtual subsidence of her symptoms had coincided with her separation from her mother, and the onset of a more independent outlook on life that did not depend upon fulfilling her mother's ambitions for her.

DISCUSSION

Manifestation of Dysthymia

Gay's symptoms of insomnia and anxiety were diagnosed by her G.P. as dysthymia in her early twenties, as opposed to her thirties or forties, the ages at which studies of patients with depression have identified as the norm (Arieti and Bemporad, 1978; Jacobsen, 1971; Bonime, 1960; Kolb, 1956; Cohen, 1954). An early diagnosis was facilitated by the intensity of the symptoms and their impingement upon Gay's ability to continue with her everyday activities, most notably her education. This sudden exacerbation of the disorder may well have been prompted by the move away from the parental home and the ending of her relationship with her long-term boyfriend and only friend, John. In the absence of any other significant relationships to fill the void, these two major changes in her life appear to have left her feeling the overwhelming sense of loss, vulnerability and helplessness both described by Arieti and Bemporad (1978), in their research with dysthymic patients; and those evident in women who present for psychotherapeutic treatment (Chodorow, 1978; Dinnerstein, 1976). Gay's primary social network was deeply fragmented, mainly as a result of the parental rift, brought about by her mother's inability to reconcile herself to her husband's choice of career. Therefore, when viewed from the perspective of the 'total' social network, the constellations were 'unbalanced', and took the form of 'weblets', and 'clusters', with 'circles' to reinforce the emotional rift between members. Despite the emotional rifts that characterised the 'total' social network her enmeshed relationship with her mother resulted in the presentation of a diffused sense of self and her inability to reconcile her need to be independent from her mother, with her dependence upon her. These problems have been discussed previously amongst women presenting for psychotherapy (Erikson, 1968).

Family History

The relationship with John formed initially from the basis of their mutual loneliness, also served to emphasise individuality from her family, most notably her mother who did not approve of John, at a time when she was most unyielding in her ambitions for her daughter. The friendship appeared to be rational and purposeful in nature and served as Gay's foremost friendship attachment in life. The ending of her relationship with John, a childhood boyfriend was viewed by her as the inevitable outcome of her moving away from home to another university, but nevertheless may have contributed to her psychological deterioration. Moreover, the ending of the relationship seemed to emphasise the volatility and transient nature of relationships of choice, and appeared to have a profound affect upon her. However, the inevitability of the separation was determined by the 'weblet' constellation (figure 15), which isolated the two of them in a dyad formation, from John's newly forming friendship constellations. It seemed that she had not contemplated introducing new friends into the relationship, or pursuing additional relationships that would exist in conjunction with this constellation. For John, it needed to be more dynamic and flexible, in order to tolerate his additional newly formed friendships in early adulthood.

Gay's mother had spent her childhood watched by an overly critical and emotionally remote, but professionally distinguished, father, and assuming by the absence of reference to her, an apparently insignificant mother figure. The matriarchal extended family had historically determined their identity by involvement with the legal profession. It is not clear why her mother had not become a barrister herself, but certainly she had chosen a husband upon the premise that he would also become a barrister. Likewise, her relationship with her daughter was based upon her single minded and forthright desire that her daughter should be a barrister. It seemed that in having a daughter of her own, she had

recognised her own unfulfilled ambitions (Debold et al., 1993), in this case the need to pursue a legal career. In doing so, she may have been attempting to equate her daughter with the social, political and economic power, afforded men (most notably her own father) who pursued such careers.

As a result she spent her childhood monitored by a mother who criticised any activity that was not directly related to the law. This single minded ambition for her daughter coupled with her discouraging attitude towards friendships and leisure activities is reflected in Gay's adult life. In that Gay made very few new friends and became lonely at University. Both Miller (1976) in her 'female influenced theory' and later Robb (1988), placed considerable influence upon friendships amongst women, not only as a means to social support and to alleviate loneliness, but as a means to increasing self-esteem. Notably, even though Gay had become estranged from her mother at the time of the follow up research interview, she was still uncomfortable talking about her new friendships (demonstrated in the coy presentation observed by the interviewer when discussing her newly forming friendships).

The mother's interest in her daughter also served to isolate her almost completely from her father. The position of social and emotional isolation is represented as a 'cluster' sociogram (figure 17) a high density subgroup which served to isolate the parents and Gay from her father for most of the time. High standards of behaviour were expected from her, with her mothers praise and interest in her becoming dependent upon her appropriate behaviour. In keeping with the children of patients with dysthymia described by Arieti and Bemporad (1978), Gay entered into a 'bargain' relationship with her mother. In which her mother nurtured and cared for her, if she in return denied herself pleasure (Gay previously referred to her longing to make friends with other children), and behaved in a compliant manner in keeping with her mothers legal ambitions for her. Cohen (1954) also identified such submissiveness and compliance in relationship to despondency and depression. The

unburdening of her mother's ambitions for her and Gay's subsequent compliance, appeared to be largely responsible for her dependency upon her mother.

Gay's feelings of *loss of direction in life*, referred to during the initial research interview, seemed to equate with loss of identity and individuality. She pointed to the way in which during adolescence, whenever her symptoms had recurred she had always been *rallied* by her mother, which is indicative of a strong maternal influence. However, if considered from the point of the *development conflict* observed by the researcher in the initial research interview, Gay was not well placed psychologically, emotionally or physically to develop into adulthood, which required a psychological and emotional shift away from her mother. As seen previously such stunting of a girl's development comes about as a result of a daughter's inability to differentiate herself from her mother (Flax, 1978; Dinnerstein, 1976; Chodorow, 1978). In this case, Gay remained dependent upon her mother's ambition for her career as her main source of identity into early adulthood.

The mother-daughter separation was instigated by Gay's rejection of a legal career and joining her father in his engineering business. Also, Gay's renewed relationship with her father would have meant increased contact between her parents, which neither seemed to relish. Indications from the majority of family studies that have pointed to a mother's love as unconditional while a father's approval was conditional upon performance (Arcana, 1981; Lynn, 1974). In contrast, her mother's love was conditional and her father's was unconditional. Her mother seemed to take this personally and withdrew from her daughter's life almost totally, as if she was instigating some separation of her own. Gay's father developed his own professional standing in a way that his wife considered very inferior to that of his first choice of career. Gay did not have any understanding of why her father had changed his career so abruptly. Her father did not take the traditional paternal stance of being powerful and distant, hence her description of him as: *quiet and decent*. In turn, her alignment with her father as a young adult may have been as a result of her attempt to equate herself with these traits. Although this had not always been the case.

During childhood, thoughts of her father were synonymous with the disappointment she had grown up feeling around the house. Although Gay experienced the emotional unavailability with regards her father, as described by Biller (1993), during his daughters early adulthood he demonstrated his respect for her as an adult by virtue of seeking her opinion with regards the business. He supported her in her decision to leave university and join in him his company, unquestioningly from a social, emotional and financial perspective, thereby easing the transition from student to professional life. It was almost as though he had been waiting quietly in the wings of her life. He did not attempt to intervene between mother and daughter, and there is no evidence that Gay felt any anger towards him for his lack of intervention.

The relative ease with which father and daughter resumed their relationship may be due to the time they spent together later in Gay's childhood, on the relative neutral ground of their workplace. She turned towards her father as a means to counteracting her frustration with her mother, although somewhat later in life than most developmental theories have predicted (Deutsch, 1944, 1945; Brunswick, 1940). The mother's childhood, adolescent and young adulthood dominance, coupled with her father's passive nature, prevented Gay from transferring her alliance to the father at an earlier date in her life. Although the transference of alliance occurred relatively smoothly, belatedly, and to the exclusion of the mother, it once again had the effect of separating her physically but not emotionally from the other parent. In this case the mother, plotted as a 'circled' 'cluster' sociogram (figure 18), to represent her membership of both 'clusters'.

Social Networks

The social networks in this case are highly segregated, illustrated by the number of segregated dyadic relationships, initially between mother and daughter (figure 17), and later between the father and daughter (figure 18). In contrast to the mother-daughter dyad, the father daughter dyad facilitated, and was able to tolerate each members

independence, autonomy and need to distance or differentiate themselves from the mother's aspirations for them. Over Gay's lifespan, the 'cluster' became the dominant constellation; newly formed 'clusters' were instigated by her mother's inability to tolerate any other career for her husband and daughter than that of law. The new father-daughter alliance had the effect of convincing the mother that they had 'taken sides' against her. By the time of the last research interview, Gay had psychologically and emotionally differentiated herself from the only significant female in her life, her mother, but the move was instigated by the mother, not the daughter. As a result Gay had been allowed the social and emotional manoeuvrability to instigate major personal and career decisions. The subsequent lifestyle changes became synonymous with the subsidence of her previously acute symptoms of anxiety, low mood and insomnia. These observations tend to suggest that the onset and maintenance of Jane's dysthymia was largely social as opposed to pathological in nature.

Anne

INITIAL PRESENTATION

Anne, a forty-nine year old woman married for twenty-five years, and the eldest of two daughters, had been diagnosed with borderline dysthymic-chronic depressive disorder, with a depressive prone personality, a few months before the initial research interview. There was no known history of depression within the primary family social network. The diagnosis had been reached jointly by her employer's occupational health department (to whom she had been referred by her supervisor at work), and her G.P. who she had been consulting sporadically for five years as a result of insomnia and low mood. As a result, she had been forced to retire prematurely from her career as a computer programmer a few weeks before the initial research interview. Her symptoms, which had been slightly alleviated following her medical retirement, consisted of ongoing low mood, with a negative view of the world, herself and her future. Even when she was well, she was still not sure that she was as happy as everyone else. Anne had a history of mild depressive episodes that dated back to adolescence, and it had been generally assumed that her dysthymia had deteriorated to a chronic state as a result of lack of treatment. She recognised her difficulty in reconciling herself to the loss of her professional status, and past counsellors had attempted to work towards the re-instatement of her career.

In addition to low mood, her depression was complicated by pronounced symptoms of anxiety and her dogged determination to continue her long-standing ritual of reading a newspaper from cover to cover each day, a task that she had managed easily when at work, but for which she did not have the concentration at the time of the initial interview. The intensity of her obsessive compulsive behaviour, anxiety and cynicism were more in keeping with the symptoms of a chronic depressive episode. However, she maintained insight into her problems while continuing to manage her daily life, which tended to be suggestive of dysthymia.

She presented as very intense, both physically and emotionally, portrayed by her dark clothes, and heavy looking dark rimmed glasses. This appearance was further compounded by a long curtain of dark hair that almost covered her face, making eye contact difficult. Her flat tone of voice, and heavily slumped shoulders only served to reinforce this effect. She appeared anxious and ill at ease, sitting forward in her chair clasping and unclasping her hands around her knees. Anne had received two courses of counselling in the past for her depression, the most recent being a year previously. She felt that none of the previous treatment had been significantly helpful. On this occasion, treatment seeking behaviour seemed to have been triggered by the real or perceived fear of losing her husband, and the frustration of having been unable to maintain her professional career.

Named social network members: mother, father, Beth (sister), husband (Andrew).

CLINICAL HISTORY

When describing her family background, Anne's initial response had been to create an impression of a stable family, which she described as academically orientated, although neither parent was an academic. She admitted that family information regarding her parents background was vague, both extended families were deceased, but had been characterised by financial hardship, and missed opportunities for social advancement, while struggling to maintain an appearance of respectability. Her father had been a middle ranking civil servant while her mother had stayed at home to bring up her and her sister. Both parents had placed great emphasis on their daughter's academic achievement as the pathway to a secure and comfortable future.

Mother

During the initial interview Anne was reluctant to talk about her mother as she felt that the treatment she had received in the past had always focused on her relationship with her mother, a path that she felt had not helped her resolve her problems. The researcher responded by reminding her that these interviews were for research purposes, not treatment, and therefore we would be aiming to view her mother from the perspective of her behaviour and social interaction within the social network, as opposed to treatment sessions which would be more analytically focused. This prompted her to reflect further:

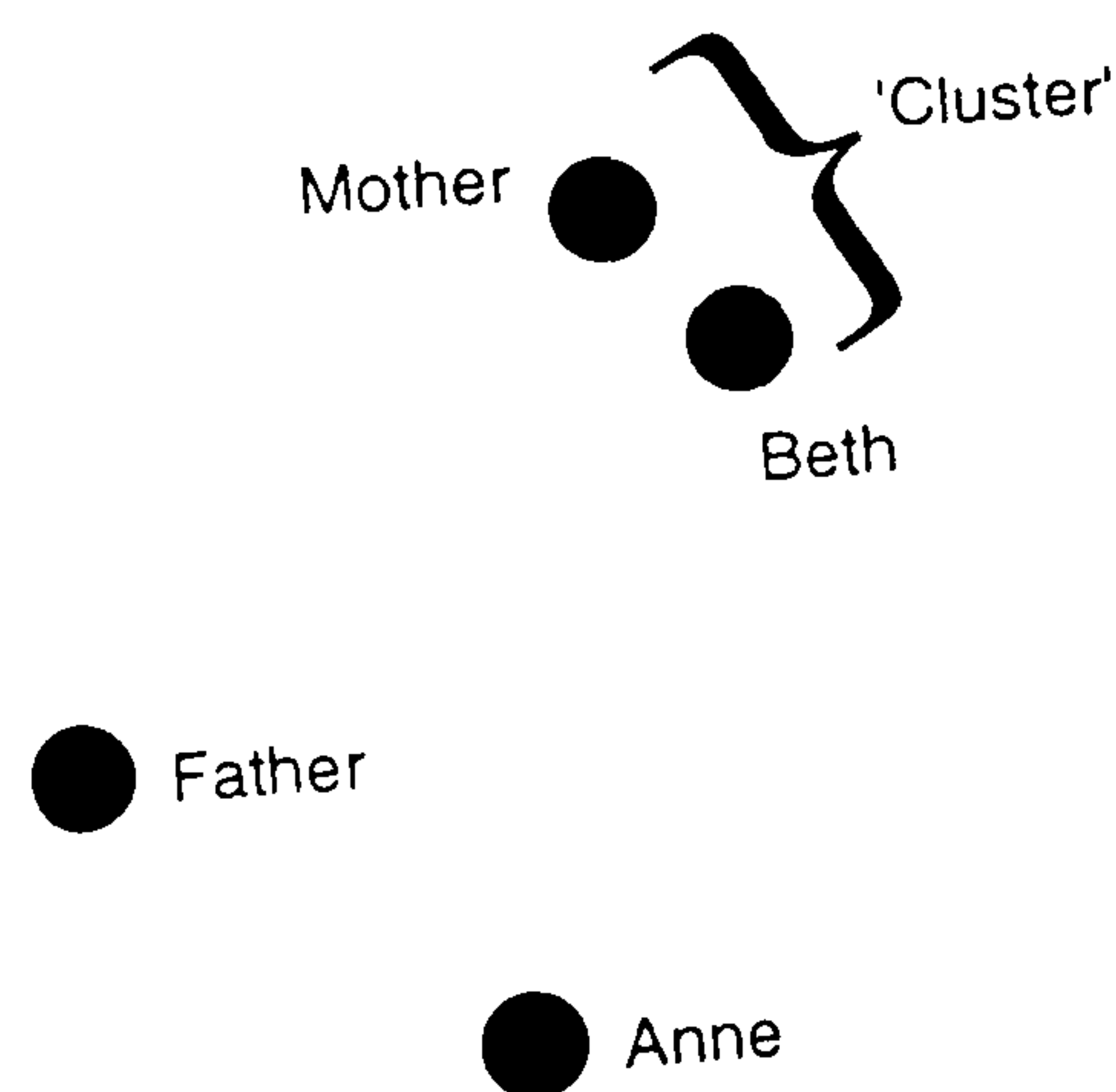


Figure 19, The 'Cluster' Sociogram: to illustrate the pocket of density between the mother and Beth in this female dominated social network.

Anne: Well that's good because there was always three of us, I can't remember there ever being just my mother and me. You asked me of my earliest memory of my

mother, well I don't have any.

Researcher: *You say that there was always three of you, who was the third?*

Anne: *Beth of course, she's my sister and a year younger than me.*

Researcher: *So the three of you were always together?*

Anne: *She was always my mother's favourite and I was usually lagging along behind.*

Researcher: *Would it be true to say then that during your childhood it was really your*

mother and sister together and you on the edge, alone... two groups really,

not together at all? (this resulted in the highly dense 'cluster' sociogram

which served to 'regionalise' the mother-sister 'cluster' from Anne

(figure 19).

Anne: *Yes that's it exactly....you see my mother always wanted to be an academic, she*

was very good at languages at school and I think that if her parents had been able

to afford it, she would have become a teacher or lecturer.

Researcher: *Why then do you feel that your sister was your mother's favourite?*

Anne: *Oh, because she was good at languages, I wasn't... I think that my mother*

attempted to live her unfulfilled ambitions through my sister. I was always

interested in computers and so tried to keep up by excelling in that area.

Anne continued describing how her mother had *managed* their childhood laying great emphasis on homework to the exclusion of all other activities. Anne had found the family

environment with the emphasis on high achievement as anxiety provoking. While her sister in contrast had thrived in such an environment and developed what Anne perceived as a close mother-daughter relationship, characterised by what she described as their *cosy chats* and shopping trips to buy clothes.

Anne: *Her (sister's), memories of mother are completely different to mine. She (mother), was always miserable and never allowed us to play with other children..I remember I used to study at my desk in the evenings, the desk faced the window and from it I could see the other children riding their bikes and running around. I would have loved to have joined them.*

Researcher: *Do you remember having any childhood friends?*

Anne: *No not really, I think that is why I am so shy now.*

Anne reflected on how her view of her mother had changed over the past few years:

Anne: *You know for years I thought that I was some sort of black sheep or ugly duckling.*

Researcher: *And now?*

Anne: *Well, when I started work people liked me, so I thought I must be O.K. to be not quite so clever as anyone else. Then I was promoted and I realised that my colleagues really liked me. Until recently, I really enjoyed my work, I spent hours sitting alone at my computer, and I was in control... it (the computer), needed me to tell it what to do. Recently though the computers have become*

more sophisticated and they now tell programmers like me, what to do. But people at work still liked me. I started to realise, it was only my mother who thought I wasn't quite up to the mark.....I think that we are just not compatible.

almost as though as a daughter I should have been born to someone else. It doesn't make it any easier to fend her off though.

Researcher: *What do you mean by 'fend her off'.*

Anne: *Well she still tries to interfere in my life with the same old agenda.*

When asked why she felt the need to continue reading a newspaper each day as she had done when working, she explained that she had never read a newspaper each day anyway. When she had been working there had not been enough time and now she could not concentrate for long enough. But it was just something that *mother brought us up to do*. She (mother), always thought that it *created the right impression* to have a newspaper on the train or by the armchair in the sitting room. The recollection of this scenario was followed by a quick chuckle and *there, I sound just like her*.

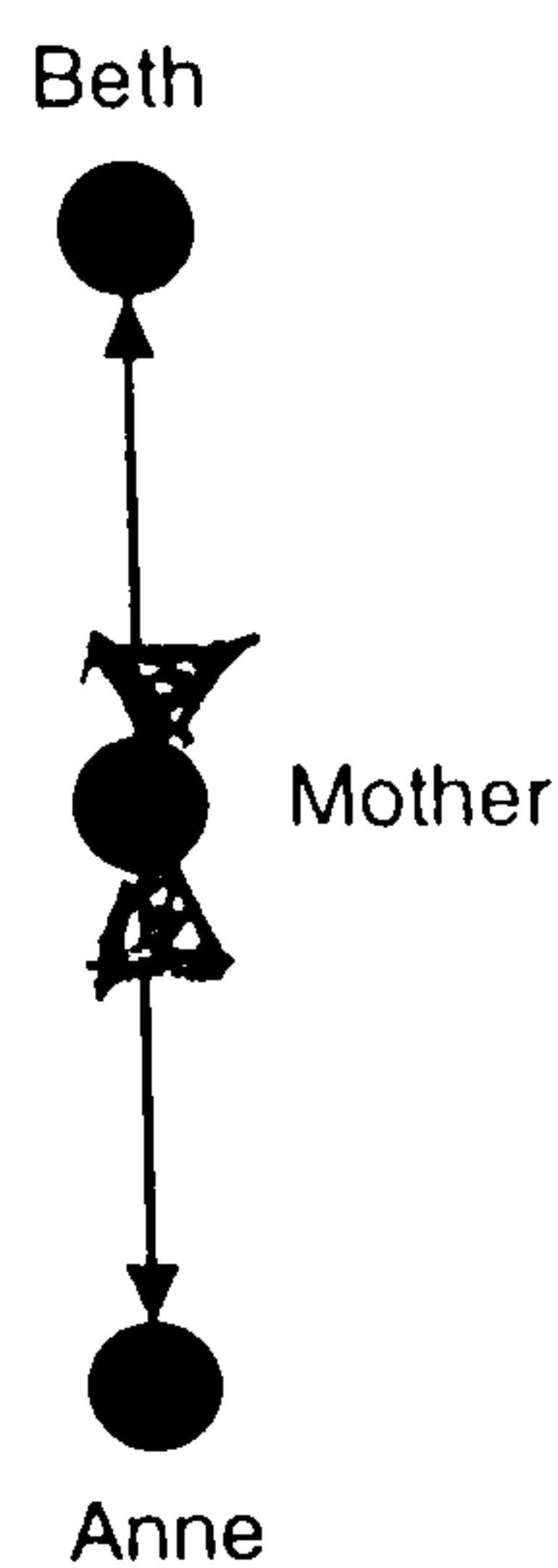


Figure 20, The ‘Star’ Sociogram: to illustrate the mother’s centralised influence between the two sisters .

Despite her attempts to emulate her mother it seemed that her mother’s praise was unpredictable in nature and often difficult to distinguish from criticism. Anne appeared to think out aloud the complex process by which her mother communicated indirectly with her through her sister, an interaction that served to place the mother in a position of power, and target one sister against the other, a ‘star’ constellation (figure 20).

Anne: *She (mother), never actually tells you directly that she doesn’t approve of something you have done, or are going to do. She will tell Beth (sister), and suddenly I will get a phone call from Beth relaying mother’s thoughts or opinions. It’s like having two mother’s.*

Researcher: *Does your mother use this indirect form of communication for criticism or*

praise?

Anne: *When she (mother), praises you she tells you to your face, but*

she doesn't do it very often, but when she does it's sort of twisted.

Researcher: *Can you think of a particular incidence of this 'twisted praise' ?*

Anne: *Well, I signed up for an evening class recently, in philosophy. When I told my*

mother she said that she was pleased I was studying, but what sort of subject

was philosophy....as though it was not really academic enough.

Anne seemed to have come to the conclusion by the initial research interview that she needed to implement some *space* between her mother and herself. By the last research interview, this had manifested into a total *time out* affair, in that she had decided not to see her mother or sister for three months or talk to them on the telephone, until she had sorted out how she wanted to spend the rest of her life.

Researcher: *Have you had a reaction to this withdrawal from the family circle?*

Anne: *Well after the first week my sister called and relayed to me how my mother*

was upset that I hadn't called her recently. But suddenly my sister just sounded

pathetic, and so I just told her to grow up. A few days later my mother called

crying and screaming that I hadn't been in touch and that she thought I must of

died. You know I have never heard my mother like that before..... also my mother

called my father to the telephone to 'talk some sense into me' he just told me that I

had upset my mother. However, that is the first time I can remember him ever

saying more than one sentence to me.

Researcher: *So have you resumed contact with your family now?*

Anne: *It was tempting to just go back to the old way things were before, but I have stuck to my original plan, to have a complete break for a while and then just gradually return on my own terms.*

Researcher: *What do you think that those terms might be?*

Anne: *I don't know yet.*

Sister

Anne's sister (Beth) worked as a linguist and translator for a large multi-national organisation and travelled all over the world as a requirement for her work. She was married to a university professor:

Anne: *That was really it when my sister married an academic....sometimes I think my mother wanted to marry him herself. It's disgusting, she flirts with him like mad.*

Anne felt that her mother favoured her sister over herself, and saw her sister as successful, sophisticated and as having many friends in comparison to herself. Anne made reference a number of times to the way in which although neither sister lived at home, her Beth's bedroom remained intact, while Anne's bedroom had been converted to a sewing room.

She expressed a wish on a number of occasions to be more like her sister and seemed to use her sister as a baseline model for any thing she did herself. However, she denied being envious:

Anne: *What's the point of being envious..it's a waste of time, I can't compete.*

Researcher: *You mentioned earlier that your mother and sister have a close*

relationship. Do you feel that they take sides against you ?

Anne: *Yes, all the time...in fact if I wasn't around I don't know what else they would*

have to talk about.

Anne Beth



Figure 21, The 'Cluster' Sociogram:served to illustrate Anne's efforts to be considered characterologically the same as her sister.

Whenever Anne discussed her sister, it was always in the context of comparing herself unfavourably to her sibling, hence the next question which resulted in a 'block' constellation representative of Anne's early need to be physically and characteristically similar to her sister (figure 21).

Researcher: *You have mentioned a number of times that your sister and yourself have*

different characteristics. Is there a particular quality that you especially admire about your sister?

Anne: Well yes she is very organised. I wish that I was so organised.

Researcher: Can you give me an example?

Anne: I remember when we were children sharing the same bedroom, she would complain that I was untidy, and that she couldn't find her things. One day she drew a line across the middle of the bedroom so we each had our own half. If I ventured into her half she would throw a tantrum.. I used to call her 'Miss Bossy Boots'.

Researcher: I'm not clear whether 'bossy' is a quality that you admire or not?

Anne: Well it feels disloyal to moan about her, but she can be a bit much at times.

As the interviews progressed, it became apparent that she was not so much in awe of her sister as overpowered by the 'cluster' constellation (figure 19), between her sister and mother. In fact she had some very critical views towards her sister, and upon reflection Anne felt that she had managed some situations better than either of them. She came to recognise that people liked her for what her family called her *withdrawn nature*, but that others outside the family saw as *a quiet reassuring manner*.

Father

As with her mother's family, information regarding Anne's paternal grandparents was negligible. However, she could remember vague references as a child to financial hardship and respectability at all costs. She described her father as a quiet man whom she hardly

knew and did not consider herself in any way close to him. Initially she had struggled to find something to say about him:

Anne: *He (my father), is a self-educated man with impeccable manners, to the point of being rather like a robot.*

Researcher: *How would you describe your relationship with your father?*

Anne: *Well, its a non-relationship really...he's rather like a well behaved onlooker in my life.*

Researcher: *You mentioned earlier that your father very rarely spoke directly to you, is he the same with the rest of the family, or is this behaviour unique to you?*

Anne: *No, he just keeps himself to himself..he spends hours sitting in the greenhouse, reading. I have never seen my parents conversing in a jovial affectionate manner. Mother just talks at him and he does as she tells him. Really he was surplus to the family requirements, except I suppose he was the breadwinner.*

Anne went on to admit that she had wondered if her depression had stemmed from her father. She had read that depression passed down the generations through families and that recently she had started to think that maybe her father was depressed. She had tried to talk to him about it in the privacy of his green house, but he had been unforthcoming.

Husband

Anne had dated her husband Andrew, who was also forty-nine years of age for two years before they had married. She described him as her first *serious relationship*. They had met in an evening class where he had worked as an administrative assistant and they had started dating almost immediately. Her parents had disapproved of the relationship, with her mother referring to his lack of *academic achievement* almost immediately:

Anne: *I remember when she (mother), found out that I had a boyfriend, my sister had told her, she was delighted that he worked at the college. I think that she assumed he was a lecturer. However, I managed to let her live under that assumption for a while, but she soon discovered that he was an administrator, not good enough at all.*

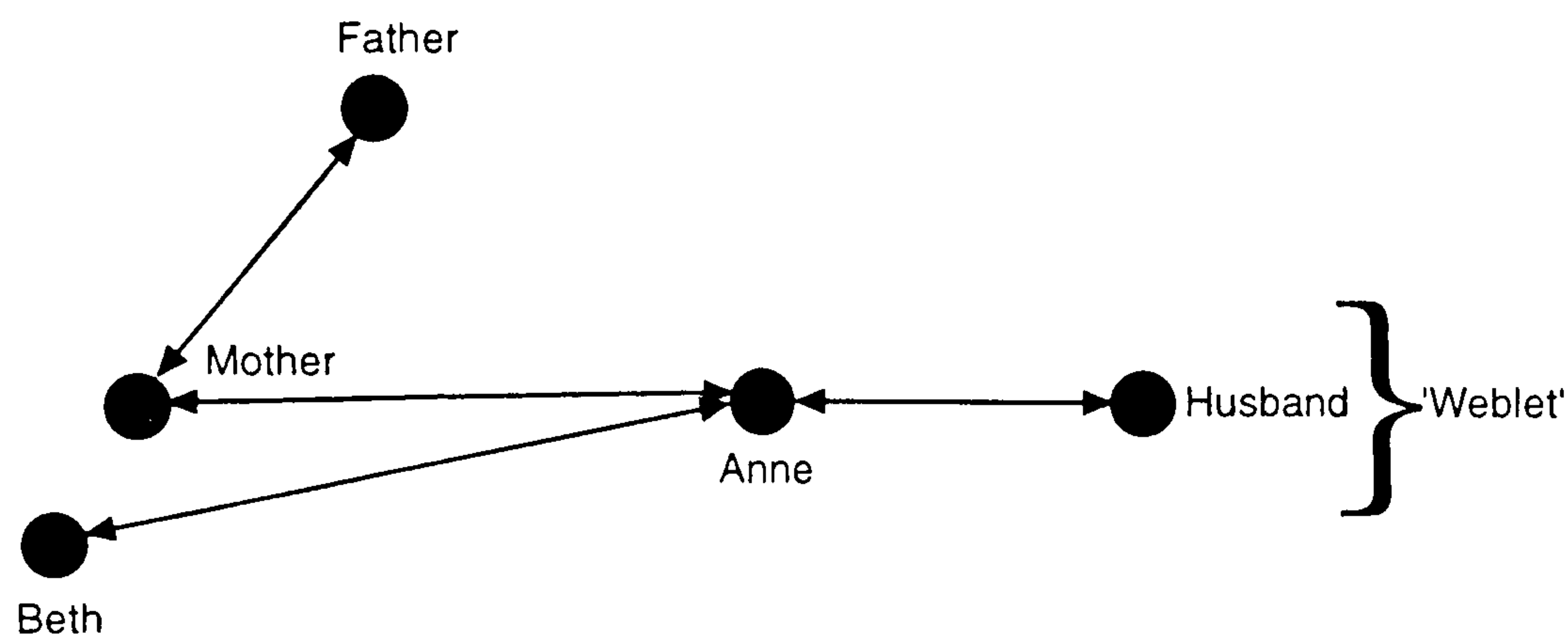


Figure 22, A 'Weblet' Sociogram: representing Anne's marital social network.

Researcher: *Did your mother actively discourage the relationship?*

Anne: *Well, she didn't actually discourage it, but she just ignored it. She never made any reference to him, despite the fact that I was living at home and we were going out two or three times a week.*

Researcher: *Did you conduct your relationship in secret?*

Anne: *Not at all, he would come to the house to collect me, but she just ignored him.*

Even now, I mean inevitably from time to time they meet, if she (mother), comes to the house, but they do not acknowledge each other (this resulted in the 'weblet' sociogram, (figure 22).

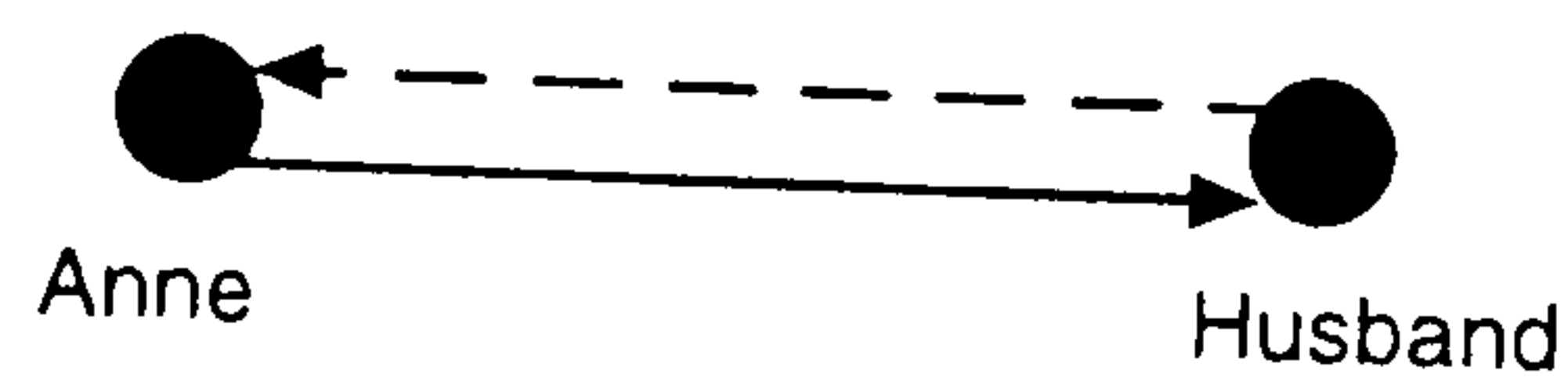


Figure 23, The ‘Unbalanced’ Sociogram: to represent Anne’s marital relationship, with the flow of positive (+) and negative (-) support between Anne and her husband.

Anne described her husband as a *quiet, religious man*, and a motivating force prompting her entering into psychotherapy had been the fear of losing him. It remained unclear whether Anne realised the ‘unbalanced’ nature of the relationship (figure 23), and the anxiety that it was generating within her.

Researcher: *You have been married a number of years, has something specific happened to make you feel that your marriage is in jeopardy?*

Anne: *He (husband), has become very critical of me lately moaning at me for not*

keeping the house clean enough, or being a good cook.

Researcher: *How do you respond to this criticism?*

Anne: *Well at first I used to shout back, but this just made him withdraw and become silent for days on end... I couldn't stand it.*

Researcher: *You say that a major factor bringing you into treatment at this time was the fear of losing your husband. How do you anticipate that psychotherapy will benefit your marriage?*

Anne: *I want to be more sociable more able to accompany him to the church where he is a lay preacher, he wants me to become more involved with his religious interests.....that would make him happy.*

Researcher: *So you would like to be more sociable?*

Anne: *Yes, also he seems to be obsessed with cleanliness...around the house, everything needs to be in a particular order...he gets very upset if the order is messed up.*

Researcher: *What would you hope to do to improve this 'obsession'.*

The researcher utilised the term 'obsession' (previously used by Anne) as a means to prompt further articulation of her thoughts on this matter.

Anne: *Well I might be stronger, better able to stand up to him, or convince him that it doesn't matter if everything isn't in order.*

By the time of the last research interview Anne's physical presentation had changed markedly. She was sitting up straight, more often than bending over double, and made frequent eye contact. When asked about her mood she reported feeling in *better spirits*, but what she considered to be more important was that she was no longer considered herself to be helpless in a hopeless world; a presentation that remained intact at the research follow up interview. Her new found optimism was reflected in her ability to question the behaviour of her husband and mother. Consequently, she had become less tolerant of her husband's behaviour and his need *to be right at all the time, control her life* and what she described as *very hurtful comments* in response to her new, shorter, off the face hairstyle. A culmination of these events had resulted in her moving out of the marital home and had on her own initiative become a paying guest in the home of a friend whom she had met at a philosophy class. Anne commented on what she considered to be extraordinary behaviour from her mother as a result of her separating from her husband. For the first time ever, her mother had been communicating with Anne's husband directly by telephone. The unprecedented initiation of social interaction of the mother towards her daughter's husband, resulted in the collapse of the 'star' constellation, and the end of the mother's centrality in the sociogram. It seemed that they had become concerned as to what they considered her *odd behaviour*, but which Anne referred to as *drastic measures* to keeping her sanity, and a situation that had not changed at the research follow up interview. In contrast, Anne had become a point of centrality in the sociogram, as a result of the social interaction generated from the remaining social network members in reaction to Anne's change in behaviour.

DISCUSSION

Manifestation of Dysthymia

In keeping with major depression studies (Arieti and Bemporad, 1978; Jacobsen, 1971; Bonime, 1960; Kolb, 1956; Cohen, 1954), the onset of Anne's borderline dysthymic-chronic depression had developed during her adolescence and remained undiagnosed for most of her adult life. As we have seen previously, co-morbidity between dysthymia and chronic depression is not unusual (Asarnow and Ben-Meir, 1988; Ferro et al., 1994; Keller and Shapiro, 1982). However, the intensity of her symptoms and physical presentation were considered by her G.P. as too severe to warrant a diagnosis of dysthymia alone. Unlike the majority of patients with chronic depression Anne did not have to absolve herself from an inner badness, but she did have to reconcile herself to being unable to fulfil her parents and later her husband's aspirations for her, while learning to recognise her own past professional and personal achievements as different to social network expectations, but nevertheless valuable.

Unlike patients with single diagnosis of chronic depression, Anne maintained insight into her problems and managed to function in her daily life, once she had been medically retired from work. Her symptoms were further compounded by her depressive-prone personality (Arieti and Bemporad, 1978), culminating in the need to please her mother and husband, and an inability to function independently of them; a scenario previously referred to by Weissman and Klerman (1977), as 'learned helplessness'. Her life was typified at the time of initial research interview by the loss, generalised anxiety, difused sense of self and the inability to establish her independence from her primary family social network, with her need to fulfil her roles as daughter, sister and wife. The same problems that have come to characterise dysthymia, and that women are most likely to bring to psychotherapy (Erikson, 1968). For her, this dilemma manifested clinically as loss generated internally by her mother's disappointment in her having not achieved a high academic position, a feeling

that was further compounded by her sister's academic success, the loss through medical retirement of her professional status and the ongoing anxiety generated by her husband's behaviour and social demands upon her. The need to read a daily newspaper seemed to be an attempt to maintain a profession profile, and a means to gaining her mother's approval. The gradual decline in maintaining this facade and her ability to question her mother's authority, became synonymous with her newly developing acceptance of her mother's disapproval at her lifestyle, and her increasing feeling of being in *better spirits*.

Family History

Anne's 'total' social networks consisted of primary kin only; there were no extended family or friendship relationships in existence, and as seen above were characterised by sociograms which featured 'boundaries', 'clusters', 'regions', 'blocks' and the 'star' constellations. All of which were of high 'density' and 'unbalanced' making it difficult for Anne to implement subtle changes in her lifestyle or behaviour without affecting the rest of the network. The primary family social network was dominated by the mother, and provided a template for subsequent sociograms. In having two daughters of her own, Anne's mother had been confronted with her unresolved ambitions as described by Debold et al. (1993). Anne's relationship with her mother appeared to be dominated by her mother's missed opportunities for academic and social advancement, and her alignment with her second daughter and Anne's sister, Beth. This triadic constellation was largely responsible for Anne's inability to balance her need to be independent from these relationships with her need for dependence. Therefore, it became difficult for Anne to implement changes in her behaviour without affecting the social interactions between the remaining members of the social network, a common problem identified previously amongst women presenting for psychotherapy (Erikson, 1968). Indeed, it became almost impossible to discuss the mother-daughter relationship in isolation, without referring to Beth as well, as the three roles were interlocked. However, represented on the sociogram as a 'cluster' (figure 19), which served to emphasise the mother's and Beth's 'region of

intimacy' (Lewin, 1936), and Anne's isolation and lack of ongoing social support apart from the 'region'.

The mother's practice of communicating with Anne through her sister, led to the formation and ongoing status of the 'star' constellation (figure 20). There was no evidence that her sister manipulated or distorted information from the mother, as suggested by Moreno (1934). However, the indirect critical nature of the 'star' link served to reinforce Anne's feeling of having disappointed her mother and what she viewed at the initial research interview as her failure to be the same as her sister. During childhood both sisters had been watched by the overly critical parent (mother), identified by Arieti and Bemporad (1978), and Bonime (1960). However, both authors suggested that good behaviour (academic achievement), was duly rewarded with parental approval while inappropriate behaviour (leisure activities, friendships) were treated with disdain. Beth's appropriate behaviour was duly rewarded with praise, while Anne's attempts at appropriate behaviour were never considered adequate. Therefore, she came to feel that despite curbing her desire to go out and play with the other children she could see from her bedroom window, she was never 'good enough' from her mothers point of view, and a sense of hopelessness, helplessness and unworthiness associated with dysthymia and chronic depression set in. Previously, Winnicott (1965), referred to the concept of 'good enough' mothers, however Anne's experience of not being a 'good enough' daughter tended to suggest that the concept in a two way process.

The mother, was quickly identified as the 'star' attraction, and through whom the majority of Anne and her sister's significant communication passed. Anne's relationship with her mother was characterised by physical and emotional remoteness with neither daughter spending much time alone with their mother. Anne experienced her childhood from a permanently subordinate position in relationship to her mother and sister. Despite Anne's sister receiving their mother's approval for her academic achievement she had been unable to separate completely from their mother's *managed* attitude to her life. Certainly,

Anne's mother considered herself responsible for the socialisation of her daughters, but contrary to Dinnerstein (1976), and Chodorow (1978), her aim was not to prepare her daughters for life within the confines of patriarchy, but appeared to be preparing them for a life whereby they would be equal professionally to men, but not to each other. Instead of needing to confront male power identified by Gilligan (1982), that valued men over women, Anne found herself in a social network that valued her sister over herself.

Also, in keeping with the findings of the sibling study discussed previously by Walters et al. (1988), that suggested that sisters strived to be a mirror image of each other, during the initial research interview, Anne measured her success or failure in life, by virtue of her ability to imitate her sister's professional status and characterological traits. The sister bond appeared close, however, in reality it was deeply disconnected as a result of the two sisters competing for their mothers attention, a scenario previously described by Gouldner and Strong (1987). They had been deeply divided from childhood both physically and emotionally. This was indicated by the *line of demarcation across the middle of the bedroom* during childhood, and their markedly different lifestyles in adulthood. The two sisters had fallen into Deutsch's (1944, 1945), male-female roles. Beth was very male/achievement orientated, which in turn generated social and economic independence, and with the exception of her intense emotional attachment to her mother, had become independent of the primary family social network. In contrast, Anne tended at least initially to be more emotionally connected and influenced by her mother and husband in her female orientated role, and determining her success in life by virtue of her ability to please them. By the last research interview, Anne had instigated a major shift in the mother-daughter relationship in the form of an abrupt physical separation from her primary social network, limiting her mothers access to her life and changing her opinion towards her mothers behaviour from that of esteemed to *hysterical*, and her sisters to *pathetic*. This change in attitude manifested clinically as the decline in the need to read a daily newspaper, her last

futile attempt to please her mother and pursuing a course of study that her mother disapproved.

Family studies have indicated that in the face of a highly integrated mother-daughter bond, fathers and husbands tended to exist on the periphery of the primary family unit (Young and Wilmott, 1966). Not exactly the traditional all-powerful patriarchal father, but certainly not actively involved in family life. There was no indication from Anne that she viewed his passivity as the sanctioning of his wife's behaviour, or that she felt any sense of anger or betrayal at his unavailability. He just did not appear to enter into the social network equation and until the collapse of the 'star' constellation, he existed from a 'regional' passive perspective, which in turn allowed the mother the opportunity to dominate her family. His direct approach towards her, although again instigated by the mother upon Anne's assertion of independence from the primary social network, did not provide him with any significant opportunity to gain power.

The mother's refusal to acknowledge Anne's husband resulted in the installation of a 'boundary' between the primary and marital family unit. In effect, the mother had transferred the same behavioural strategies (i.e. her lack of communication towards her daughters husband), towards her son-in-law, as she had with Anne. This scenario is characterised by the absence of interconnecting lines between the primary and marital social networks, further reinforcing Lewin's (1936) 'field' theory, in that behaviour can be transferred from one environment to the next, and as a result, the two social networks were never 'balanced'. Also, that key social network members (in this case the mother), were responsible for recreating similar constellations throughout different social networks.

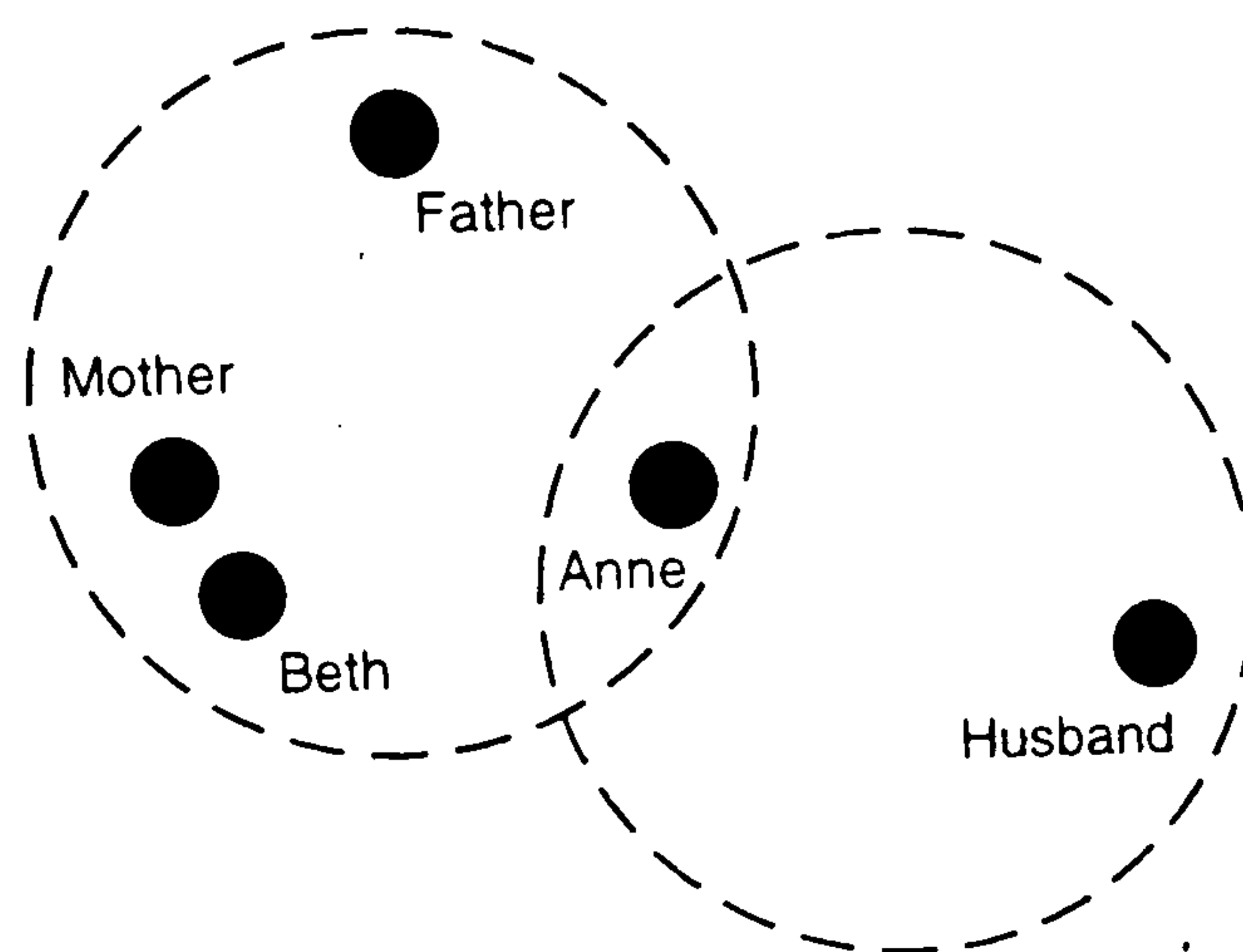


Figure 24, The Primary and Marital Social Networks: presented as a series of intersecting ‘circles’.

The introduction of a series of intersecting ‘circles’ to the sociogram illustrated the connection of the primary social network to the marital relationship, by virtue of Anne’s membership of both social networks (figure 24).

Through marriage Anne attempted to separate from her mother, however, her husband adopted her mothers controlling and demanding attitude and became a second dominant other in her life. Her subservient and unequal position was not isolated to the primary family social network, but carried over to the marital relationship where it existed independently of the primary family social network (figure 22). Both the primary and marital social networks were characterised by ‘unbalanced’ and disproportionate constellations of high ‘density’, that were ‘unreciprocal’ in nature. While her husband was ‘regionalised’ in the primary family unit he was at the centre of the marital unit, where she

remained unequal and subservient yet again. However, despite her choice of partner being in direct contradiction to her mother's aspirations for her, marriage had not served to create a 'balanced' or harmonised husband-wife relationship, and subsequently had not improved her psychological well-being. During the earlier years of the relationship it resembled that of a couple compassionate marriage (Acker et al., 1981; Oliner, 1989), in that they formed a strong attachment, albeit against her mother's opposition to the union. In the long-term, far from leading to shared and supported views there was an incongruence between partners, and the marriage had developed as another source of antagonism in her life. In her marriage, as in her relationship with her mother, there appeared to be pre-determined expectations associated with her role, such as being *sociable* that she had difficulty fulfilling. The increased social obligations associated with the partnership, combined to make the marriage a repressive factor in their lives, and in her case, further reinforcing her hopeless, helpless state and low mood.

At first it seemed that the pressure of domestic and professional responsibilities, had caused adolescent and early adulthood dysthymia to develop into the onset of chronic depression in mid-life. Certainly, it seemed that her chronic depression had been alleviated to dysthymia upon her medical retirement, despite her disappointment with the loss of her professional status. However, from her early accounts of professional life this was an occupation in which she had enjoyed, working alone and being able to *control* the computers, programming them to complete tasks designated by herself. This had been in direct contrast to her position in the primary family social network, whereby she had been dominated and controlled by her mother and sister. However, her job had become problematic when as a result of the advancement of technology she was no longer in *control* of the computer, but the computer started to have expectations of her, in keeping with her mother and husband.

Social Networks

The social networks in this case are highly enmeshed and inter-dependent to point of being unable to tolerate the introduction or incorporation of additional relationships. Neither the primary of marital social network facilitated the concept of individual choice or autonomy amongst its members. The 'star' became the dominant constellation that served to maintain the mother in a position of power, while polarising her daughters from each other, by virtue of targeting one against the other. In reinforcing Beth's academic achievement and Anne's lack of achievement, the mother had inadvertently differentiated one sister from the other. For Anne, this meant becoming estranged from a sister that she was trying to utilise as a role model or baseline for her own behaviour. In short, a sister to whom she had spent her adult life trying to emulate. A situation further compounded by the absence of the emotional and psychological intervention of the father, existence of extended family or significant friends as a means to reinforce Anne's own talents, or to provide an alternative example of baseline behaviour. It was only when Anne accepted that she could be different, but not necessarily socially unequal to her sister and her mother's academic aspirations for her, and implemented her own distancing from the both social networks, that she was able to begin to form her own identity, and subsequently assume a more individuated lifestyle, which coincided with the Jane's recovery from depression. The above observations tended to suggest that the onset and maintenance of Anne's dysthymia was largely as a result of social as opposed to pathological factors.

Alice

INITIAL PRESENTATION

Alice, a thirty-three year old single woman worked as a beautician, and had consulted her G.P. following her concern at her rapidly increasing intake of alcohol, which had reached two litres of wine a day, usually consumed at night to overcome her symptoms of insomnia, low mood, anxiety, feelings of shame and worthlessness, obsessive note writing, loneliness and forgetfulness. This was the first time that she had sought medical help for her symptoms. There was no known history of depression within the primary family social network. Her G.P. had diagnosed her as suffering from dysthymia, which was in turn masked by alcoholism. This had resulted in a referral to an inpatient detoxification unit for two weeks and her joining Alcoholics Anonymous. During her detoxification period she had read what she described as *psychotherapeutically orientated literature* and had subsequently asked her G.P. to refer her for psychotherapy, a request that he had complied with.

Alice could trace the beginning of her symptoms back to adolescence, but until a few months ago had managed to cope with them, and to continue with her work as a beauty therapist. However, after a recent incident, during which she had been feeling tired after having drunk half a bottle of wine and inadvertently left a shop without paying for items, she had been prosecuted for shop lifting. This incident coupled with the fear of becoming addicted to alcohol was the motivating force behind her initiating psychotherapy. She claimed to be abstinent from alcohol throughout the period that she was involved in the research and the researcher had no reason to doubt this statement.

Alice was a very pleasant talkative young woman with a tall, slim model-type appearance. Particularly striking were her blue eyes and trendy style of dress in keeping with her profession. Her speech was always free flowing and animated, but her bodily presentation was often inconsistent with her apparent carefree persona. She alternated

between slumping back in the chair wringing her hands and leaning forward, to the point where she was almost bent double. The later posture coincided with her accounts of her relationship with her boyfriend John.

Named social network members: mother, father, John (boyfriend), Anna (friend), Julie (friend).

CLINICAL HISTORY

Alice was the youngest of three siblings, with all of whom she had an ambivalent relationship. Despite being the youngest child she had been the first to leave home at sixteen following an incident during which her father had pushed her out of a moving car while he was driving and in an intoxicated state. The family household during her childhood had been dominated by her father's drunken rages which caused chaos, fear, inconsistent boundaries determining behaviour, unpredictability, illogical arguments and violence. Until the age of ten, there had been some respite from the situation at her maternal grandmothers house who lived close by and whom they visited regularly. However, once her grandmother had died, there had been no relief from such a stressful environment. Far from being close to her siblings, she remembered them all being estranged from an early age never allowing themselves to be too close, as depending upon each other was not safe. Her parents remained married but the relationship was hindered by financial problems and violence.

Father

Alice's father a man in his mid-forties was the eldest of ten children. She knew very little about her father's early life, apart from the fact that he had lived in Ireland on a small holding. Information regarding her paternal grandparents, whom she had never met, was fragmented and vague. However, she did know that his own father had also been an alcoholic, and that her father had left school prematurely at fourteen, travelled to England at sixteen and never returned to Ireland or had any further contact with members of his family.

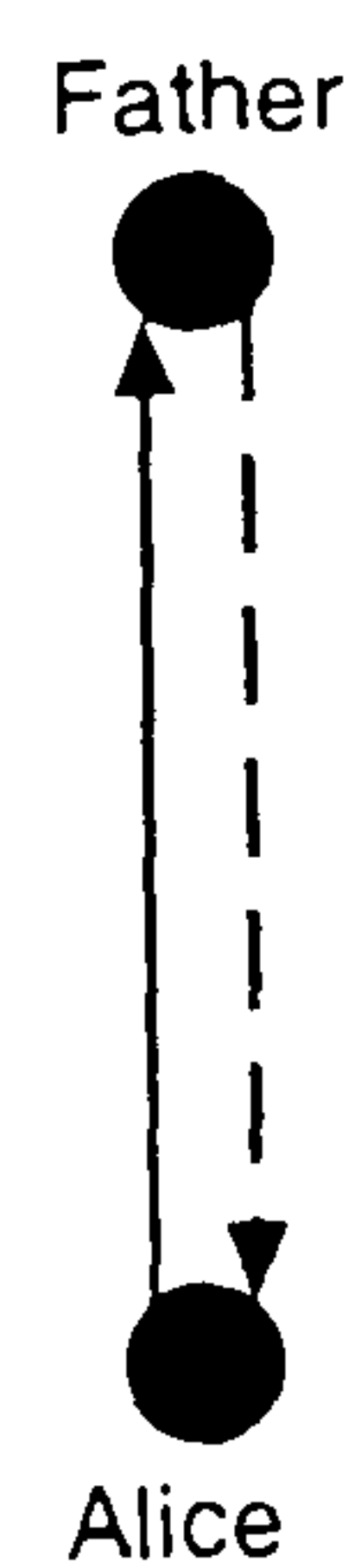


Figure 25, An 'Unbalanced' Sociogram: with arrowhead lines to represent the flow of interaction between Alice and her father, the broken line represents the inconsistent interaction emulating from the father.

Alice could not remember a time when her father had not drunk heavily and she recalled how he would return home drunk, violent and verbally abusive. When he was at

home there was an atmosphere of uncertainty around the house as his outburst and moods were unpredictable, which in turn was represented as an 'unbalanced' sociogram at the time of the initial research interview (figure 25). He had worked long hours as a labourer and sometimes could be funny and playful, but most of the time she recalled being frightened of him:

Alice: ...as a child I don't remember my father taking any notice of me, except to hit me as I passed too close. The only time he was pleasant was when he wanted me to make him a cup of tea, or run to the shops for cigarettes.

Researcher: So your earliest memories of your father centre around his contradictory behaviour...violent one minute and friendly the next?

Alice: I used to blame myself, thinking that I must have been bad or stupid to make him behave this way. He only ever hit my mum and me at first, but once I left home he started on my brother. Yes, you never knew what mood he was going to be....except in public, to the neighbours and family, he was always pleasant in public, that's what made understanding him so difficult. When he was nice I would think, oh well, he's not so bad he does love me after all...Or we would have a nice conversation say about things I had done at school, and he wouldn't suddenly attack you in any way. He had this public face and home face.

Researcher: How would you describe your relationship with your father now?

Alice: Well I pity him really, I think of him as pathetic and just don't speak to him..

when I go home (which is rarely), I just ignore him. My sister has taken my place of trying to reason with him and avoid his fists....but its funny you know because despite feeling this way, when I am out shopping, I often find myself buying his (fathers) favourite cakes, or picking up the newspaper that he likes to read. I have to stop myself doing these things.

She went on to try and reason what she termed as *illogical behaviour*, and admitted that despite his unpredictability there was still a part of her that clung to the times when her father was pleasant and forthcoming, in the hope that he would not suddenly revert to his violent and abusive self.

Mother

Alice described her mother as *passive, kind and willing to please*, with no obvious aspirations in life of her own. However, her mother had confided that her father had been an alcoholic who was violently abusive towards his wife and children. Like Alice, her mother had also left home at sixteen to escape the aftermath of her fathers drunken rages. She had kept in touch with her mother, and after her father had died she had made regular visits to her mother's house with her children. Her first husband had been violent and she had divorced him. She had quickly married her second and current husband (Alice's father), a clone of her first. When asked as to the nature of her parents' relationship she replied as follows:

Alice: All the time my mum does as he says and waits on him hand and foot then he is o.k. some of the time. But if he thinks that she is becoming in any way independent of him, then he flies into a rage.

Researcher: *So how would you describe their relationship?*

Alice: *I don't think that they love each other, they just serve a purpose...my mother needs someone to be a breadwinner and my father needs someone to abuse..I mean they don't talk or support each other if that's what you mean.*

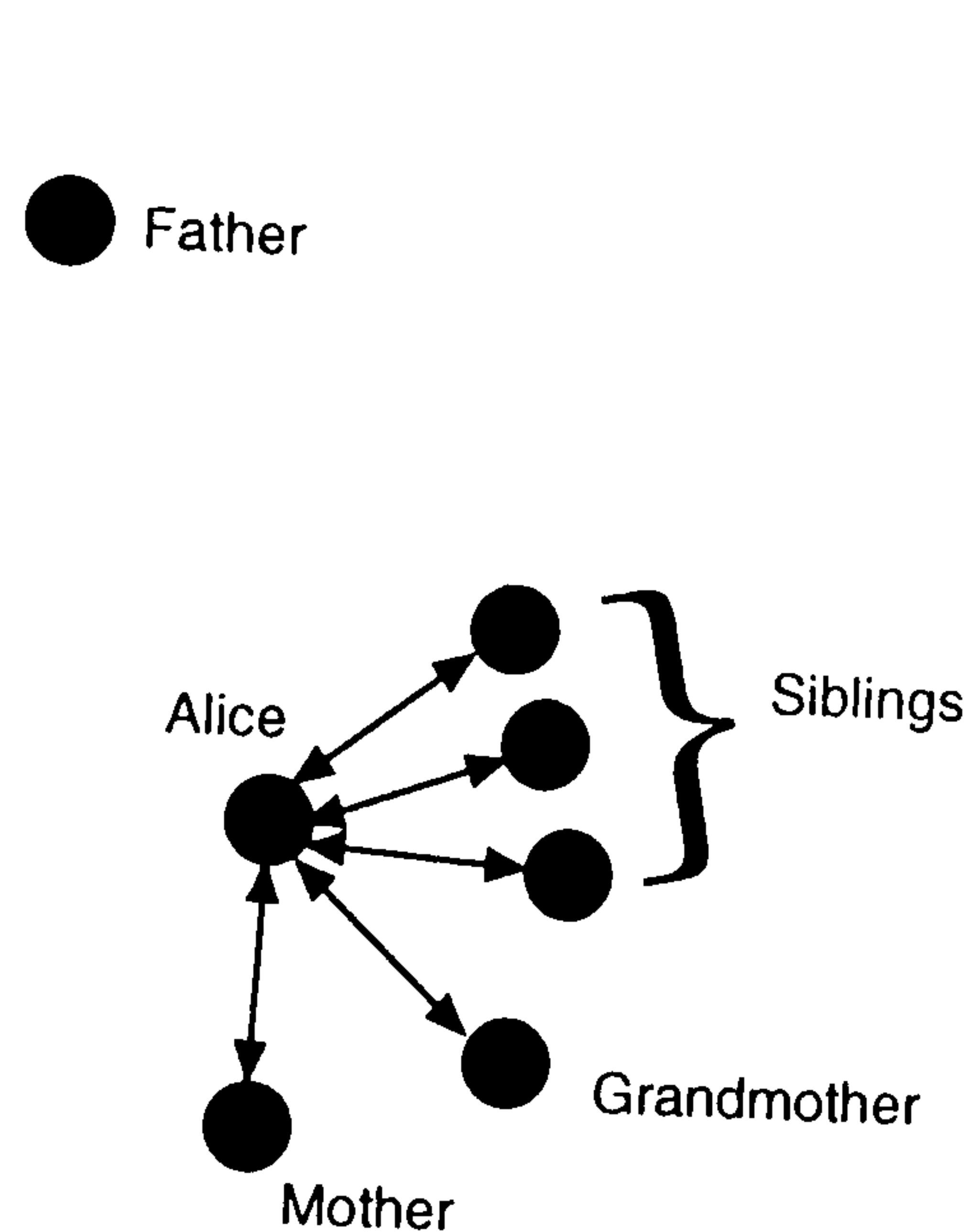


Figure 26, A 'Regionalised' Sociogram: served as respite for mother and her offspring.

The earliest memory of her mother was of her crouching down in the bedroom with her father standing over her screaming and hitting her. Up until Alice reached age ten years the upset at home had been punctuated by times of calm, when her mother had left her father and taken Alice and her sisters to live with her grandmother. These periods usually lasted for a month or so, a time of great joy and stability for Alice, before her father came and took them all back home. The short visits to stay with the grandmother served as a

form of respite for the mother and her offspring from the turbulence of the primary family household, they also served to 'regionalise' them from the father (figure 26). She remembered that she had asked her mother many times why they had left her grandmother's, to which her mother had replied that her father had promised not to hit them again. She recalled being very angry with her mother for being so stupid as to believe him. Upon her grandmother's death, her relationship with her mother had started to change:

Alice: It was then that I began to realise that she couldn't cope with him (father), and all of us (children). Once my gran was gone, I remember thinking that I was going to take control of myself and look out for her (mother), if we were going to survive.

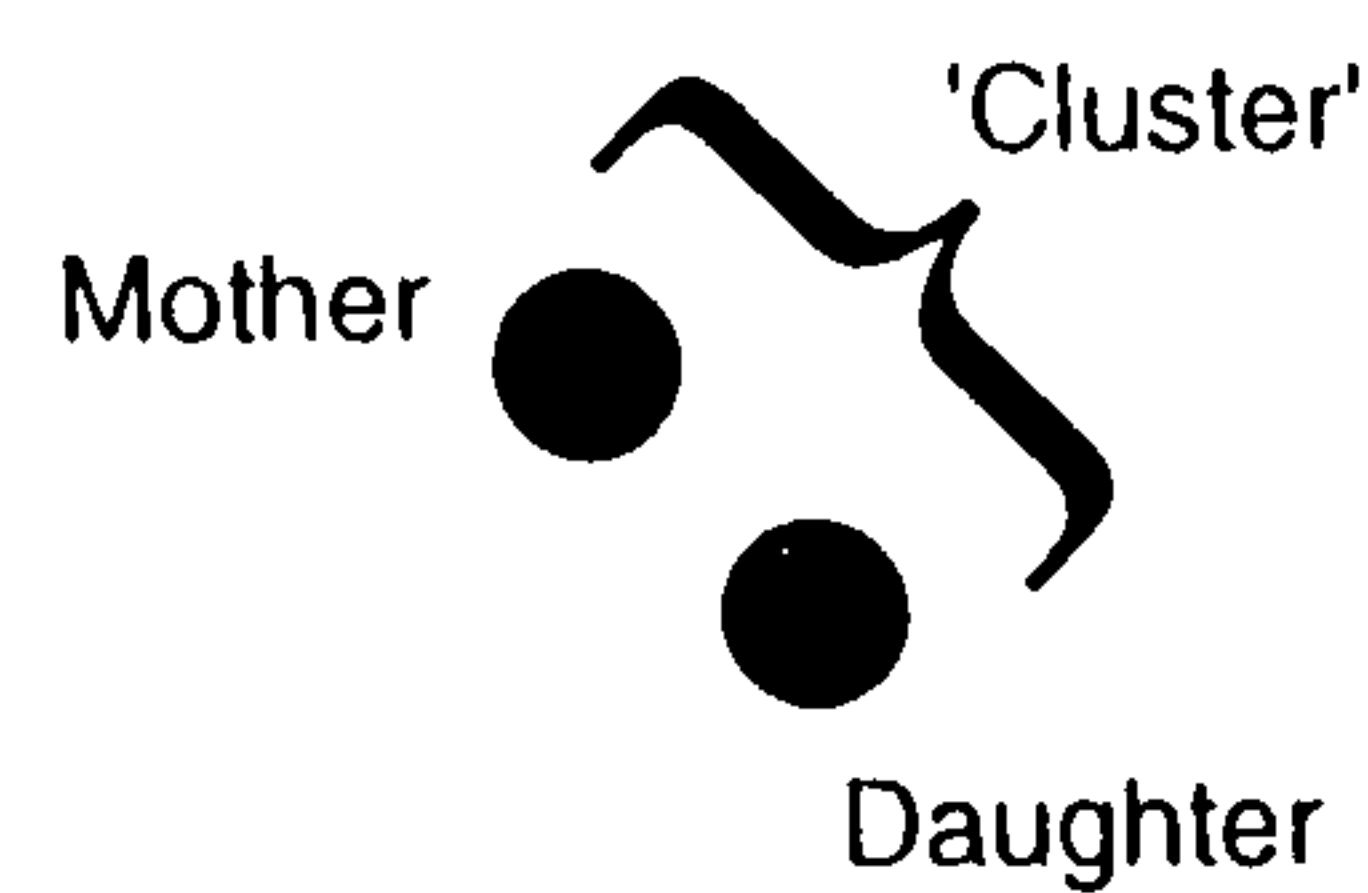


Figure 27, A 'Cluster' Sociogram: to illustrate the mother-daughter relationship as 'regionalised' from the father.

Alice went on to recall how when she had left home, she had felt very guilty about leaving her mother behind. However, she continued to keep in contact with her mother on a daily basis as she either came to her flat for dinner or spoke on the telephone. She admitted to feeling responsible for her mother, but also wondered whether she could cope with her at the same time. It seemed that most of the mother-daughter conversations consisted of her mother relaying her father's latest episode of violence to her daughter. As she could not persuade her mother to leave her father, the next best thing seemed to be to collude with her mother, against her father, resulting in a dense 'cluster' formation, 'regionalised' from the father (figure 27). This usually took the form of her mother arriving at her flat in the middle of the night after having been beaten by her husband. She would stay with Alice for the night. However, her father would invariably arrive at her flat shortly after her mother and neither women would answer the door. Her mother also kept money at Alice's flat to prevent her father stealing it.

The researcher was struck by the lack of forthcoming information regarding the other siblings and whether the mother relied upon them as well as Alice to support her in this marriage:

Researcher: *You have made vague references to your siblings a number of times and mentioned that the emotional and physical abuse at home had the effect of separating you from each other. Are you in contact with your sisters now that you are living away from home?*

Alice: *No I haven't seen them for a number of years.*

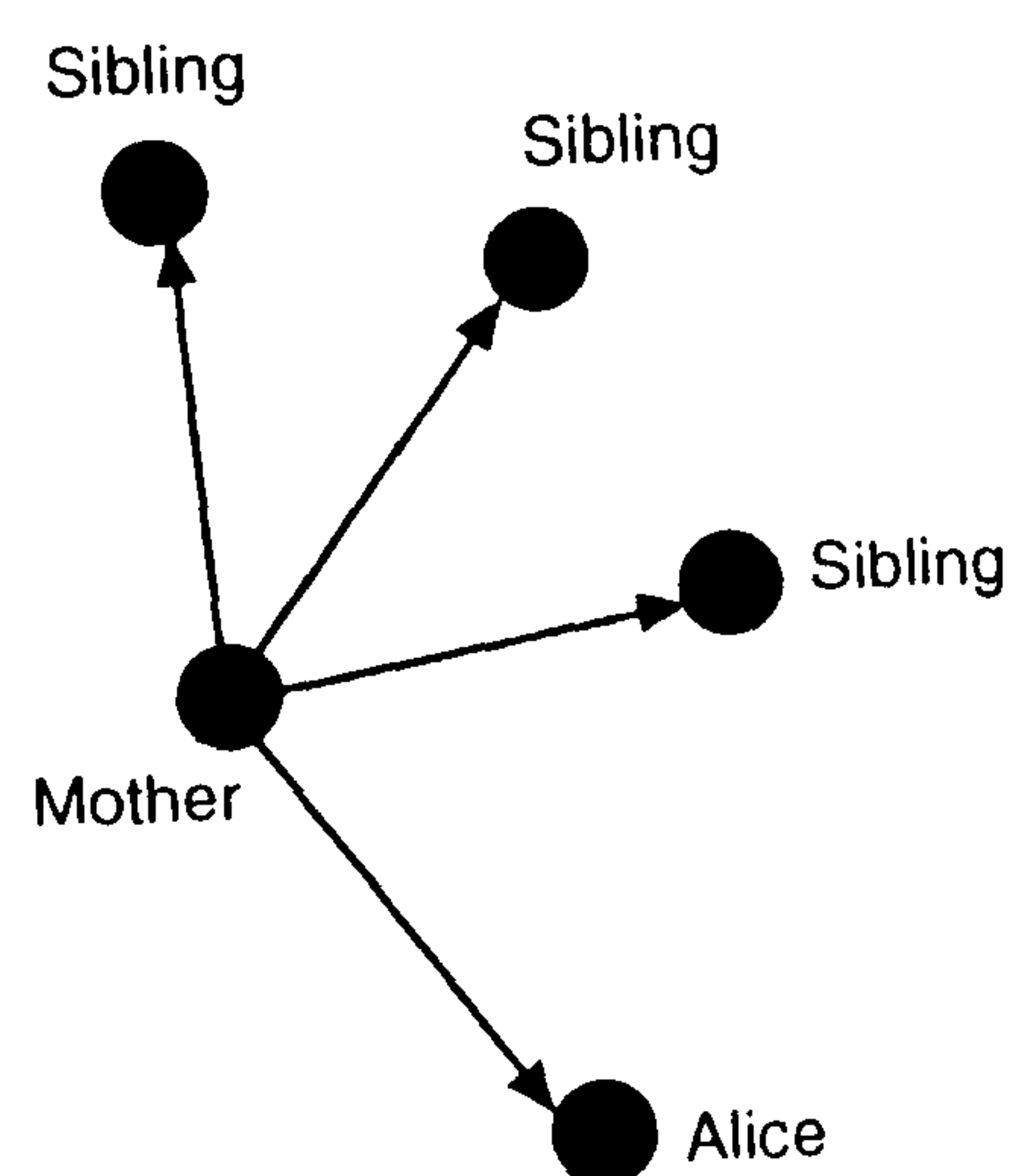


Figure 28, The 'Star' Sociogram: to illustrate the mother's polarisation of her offspring.

However, despite this lack of contact Alice was able to give elaborate accounts of her siblings respective lifestyles. It seemed that all of the siblings had left home in their late teenage years and rarely returned to visit. Also they did not speak directly to each other, but conversed indirectly through the mother, who was in contact with each sibling independently by telephone, and subsequently passed on information amongst each of her children, resulting in a 'star' formation (figure 28).



a.)



b.)



c.)

a.)

b.)

c.)

Figure 29, A Series of ‘Unbalanced’ Sociograms: to represent Alice’s relationships of choice. Arrowheads represent the flow of social support between members.

John

John, was her first boyfriend and the couple had been together for eight years, and had lived together for six . They had first met at school and then lost touch for a few years before a chance meeting in a night-club. She remembered John as a hard working and happy man at the beginning of the relationship, but after a few months he had become unemployed and unable to find another job. From then on he had started drinking alcohol heavily. The relationship became characterised by separations initiated by John and

reconciliations instigated by Alice. John's absence of commitment and fidelity in the face of her dedication resulted in a 'unbalanced' sociogram (figure 29a). The separations usually coincided with John leaving to live with other girlfriends, or long drinking binges during which he disappeared for days without warning. She could not understand why he kept leaving her, expressed as follows:

*Alice: I don't understand it, I keep the house nice, and cook a meal every evening,
yet he sees other women.*

Researcher: How would you describe your relationship with John at the moment?

Alice: Hell. I don't understand why he behaves the way he does.

Researcher: Are you living together at the moment?

*Alice: No, he's living with another woman ...just around the corner
to our flat.*

Researcher: So are you in touch with him?

*Alice: I have to keep phoning him, because he has left his stuff at the flat and I don't
know what to do with it.*

It soon became clear that despite previous unsuccessful attempts at having a working relationship, Alice was hoping for a reconciliation, and hoping to be married. She was sure that marriage would change John and make him take the relationship more seriously. She felt that the formality of marriage would ensure that he was faithful in the future.

*Alice: Sometimes he is really lovely and caring, but other times he can become violent..
and unpredictable, it makes me feel so ill.. I can't sleep at night and this leads me*

to drinking again, then I get depressed and can't cope.

Anna

Anna, a thirty year old married woman and mother of two small children had been a childhood friend. Alice and Anna had lived in the same block of flats as children and attended the same school. Alice went to describe how they had never visited each others houses as children, as both had violent fathers and the domestic atmosphere had been unpredictable. Instead, they would meet up after school and at weekends in the local bus shelter. They had attended college together before Anna married her husband, a violent man who regularly hit her and the children. Occasionally after a particularly violent row Anna, the children would go to stay with Alice in her flat for a while. However, Anna always returned to her husband. It was during these short stays that Alice would start drinking in larger quantities. Alice's mother was called in to baby-sit and the two women would spend the evenings at discos and drinking binges.

Alice: I always get depressed when she stays, I think that it is being around the children,

It makes me remember that I don't have any children of my own, and that time is

running out. Also, I feel obliged to listen to her problems although she never listens

to mine (the unreciprocated social support resulted in an 'unbalanced' sociogram,

figure 29b).

Researcher: *Which qualities do you admire about your friend?*

Alice: *Well that's difficult really, I really used to admire the way in which she looked*

after the children and how she supported me when John left me. But lately

it's almost as though she thinks that I am supposed to be responsible for the

children as well. Whenever I have a problem or need her help, she's always too busy. Also she doesn't get on with my mother, so they tend to avoid each other.

Researcher: *What qualities do you think that your friend admires about you?*

Alice: *She is always telling me how strong I am and can cope in a crisis...but I am finding it a strain to be strong for everyone.*

The friendship existed in isolation of other friendships it was only ever the two women who met up, with the exception of her mother on occasions when she baby sat for them. However, the presence of her mother made the friendship difficult, due to discord between the two women. These were the only circumstances in which Alice could remember the two friends arguing.

Julie

Julie was a single woman, ten years younger than Alice. The two friends had met when Alice had become her hairdresser. Although Alice classed Julie as a friend the two women only met when Alice cut Julie's hair, they did not socialise together, meet each others family or friends or visit each others houses socially. Alice thought that their relationship was based upon Alice's caring and sharing expressed through their conversations together while Alice tended to Julie's hair, coupled with the lack of any obligation to socialise outside of these scheduled appointments. Although Alice and Julie did occasionally join up with Anna for a meal. However, Alice made it clear that she considered herself in an advisory role to the younger woman:

Alice: *She's having a lot of problems with her boyfriend at the present time and doesn't get on with her parents, so I suppose I'm like a mother or big sister*

to her (the unequal social roles assumed by each friend resulted in an 'unbalanced' sociogram (figure 29c).

Researcher: *What qualities do you admire in your friend?*

Alice: *She's young and pretty and trying to make the best life for herself that she can.*

Researcher: *Can you think of a time when your friend has supported you?*

Alice: *Well yes, she's a good listener, she helps me make sense of what is going on with John?*

Researcher: *Can you think of an incidence when you have supported her?*

Alice: *Well I try to advise her not to drink too much, but mainly I just listen.. she reminds me of myself when I was her age.*

Researcher: *In what way does she remind you of yourself?*

Alice: *Well she's trying to make out that she knows what she's doing in life, that she's in control, but really she hasn't got a clue, she's scared stiff.*

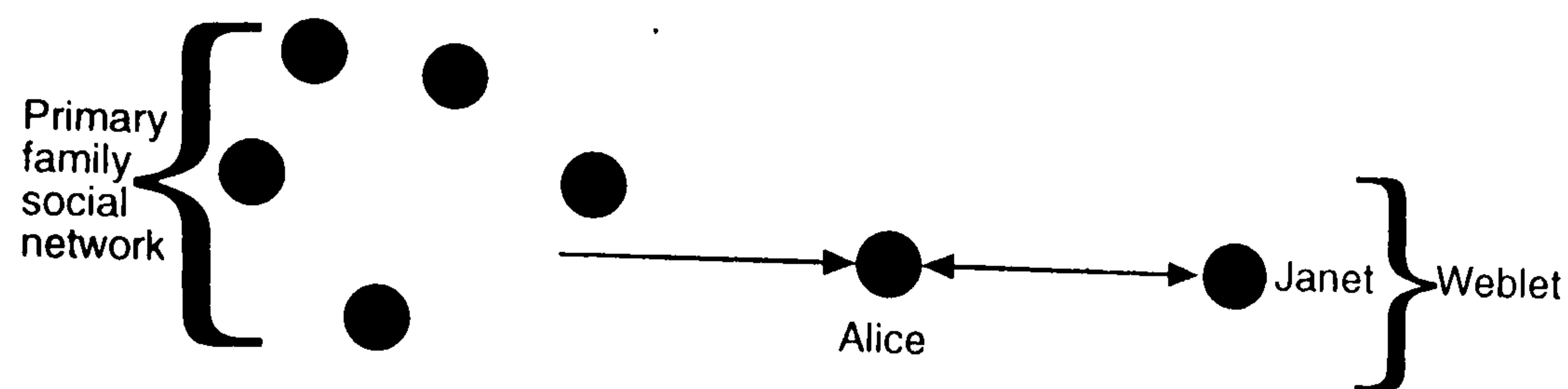


Figure 30, A ‘Weblet’ Sociogram: to represent Alice’s newly formed relationship with Janet.

Her G.P. had suggested that she attend Alcoholics Anonymous (A.A), and the subsequent involvement had meant that she had not had so much time to spend with her mother, or her friends Anna and Julie. The philosophical approach encouraged by A.A. also appeared to have prompted some self reflection:

Researcher: *Has your attendance at A.A. made any significant impression upon you?*

Alice: *They (fellow A.A. members), talk about being ‘ashamed’ a lot, but I never really knew what they were talking about... recently though I started to realise that I feel ashamed as well.*

Researcher: *Are you feeling ashamed about anything in particular?*

Alice: Mainly about my family's behaviour..... at the A.A. meetings I try not to get too involved I just sit and listen...but one woman was talking last night about how she always felt responsible for other people and how she needed to be in control of situations. Well I was thinking last night, all night, I couldn't sleep, about how she reminded me of myself, it was like looking in the mirror. Also a lot of the women have spoken about their low self-esteem and how they always end up with the same types..losers....like me!

Researcher: Your A.A. meetings seem to have given you a lot to think about.

Alice: At first I was a bit sceptical about the A.A. meetings, but it helps to know that others are in the same position as you. In my work as a beautician you get tired, not just physically, but mentally as well, you have to listen to the client's problems. But most of all I feel tired, of all the aggravation.

Researcher: Has your father ever sought treatment for his drinking problems?

Alice: Not as far as I am aware...I daren't suggest it, he can get very aggressive if he thinks that he is being criticised.

Janet

During the follow up research interview Alice described a new friend, Janet, whom she had met at her A.A. meetings:

Alice: I have become quite friendly with a girl at A.A. she's called

Janet, I'm keeping her separate from everyone else, I feel the need to have a new friendship that isn't messed up with all my family stuff... and we're going to Spain for a week's holiday, I'm not going to tell anyone just go..I need to get away (the non-kin, independent, secondary nature of this new friendship was plotted as a 'weblet' sociogram, see figure 30 above).

Researcher: *Which qualities do you admire in your new friend?*

Alice: *She's organised, and has made me realise that my life has been very chaotic.*

Alice went on to describe how she had tried to organise her time a little better. She had been becoming very stressed with her work, and the travelling to get to appointments on time was making her tired. She felt that she needed to become more forceful with her clients who were always asking her to fit in an extra treatment that was unscheduled and made her late for the next client. Also, she had started to try to put a little emotional and physical distance between her mother and herself. The added strain of supporting her mother in her marriage had become an intolerable burden in the light of her own relationship problems.

At the time of the follow-up research interview her presentation and behaviour had changed markedly. Her mood had elevated indicated by her planning for the future apart from the primary family social network. She also reported that she had managed to abstain from alcohol since starting treatment, and was no longer suffering from insomnia and the need to write notes for herself as prompts. At initial interview, all her social network relationships had been characterised by an 'imbalance' brought about either by the other members unreciprocated social support, or Alice's need to care for them. However, attendance at A.A. had become synonymous with the beginnings of Alice's formation of a

'balanced' 'weblet' relationship with Janet. The friendship although tentative certainly seemed to be characterised by mutual social and emotional social support. Also, it had significantly curbed the time spent attending to her more established 'unbalanced' relationships, to the point whereby they had become physically, emotionally and psychologically 'regionalised' from her friendship with Janet (figure 29). The 'region' appeared to represent Alice's partial independence from the primary family social network, and the friendship networks with Anna and Julie. Her new found autonomous identity had been consistent with her ongoing recovery from dysthymia.

DISCUSSION

Manifestation of Dysthymia

Consistent with large-scale depression studies, Alice was diagnosed with dysthymia in her early thirties, having suffered with symptoms for most of her adolescence and adult life (Arieti and Bemporad, 1978; Jacobsen, 1971; Bonime, 1960; Kolb, 1956; Cohen, 1954). However, the disorder was further complicated for Alice by the obsessive-compulsive traits of note writing previously identified amongst dysthymic patients by Arieti and Bemporad (1978), and her increased risk of addiction to alcohol (Klein et al. 1988). In their family study amongst patients with dysthymia they found that at least one parent (in Alice's case her father), had a history of alcoholism, as opposed to patients with chronic depression, who tended to originate from families with a history of chronic depression. As indicated amongst the findings of the above studies, the note writing and use of alcohol to alleviate her symptoms faded over time as her mood elevated. Secondary to these primary problems were a diffused sense of self coupled with the inability to balance her need for independence with dependence from the primary family social network.

Family History

The father's erratic and domineering behaviour served to encourage family members to form dense, 'unbalanced' 'cluster' constellations in a bid to cope with everyday life. However, in reality these constellations formed around him as opposed to against him, and served to maintain him in a position of power within the primary family social network. During the initial research interview it became apparent that Alice had no concept of herself as separate or independent, she always discussed herself in relationship to others, particularly her mother. Alice had no experience of moving away and towards her mother or father as part of her developmental process. This was particularly so in the mother-daughter relationship which featured none of the 'concrete' characterological and behavioural differences described previously by Chodorow (1989).

Popenoe (1996), in his study of contemporary fatherhood highlighted the detrimental affect that a father who failed to fulfil this role adequately had upon the mental health of his daughter. Alice's relationship with her father was characterised by both the physical and psychological abuse described previously by Popenoe. Therefore, it seemed that she was almost certain to move into adulthood with some developmental issues unresolved. The relationship was plotted as an 'unbalanced' constellation in the face of her unreciprocated attention towards her father (figure 26). Alice attempted to attach herself to her father during early adolescence, but he was completely emotionally unavailable to her. Indeed the degree of paternal neglect appeared in keeping with the 'paternal deprivation' described by Biller (1993), in that he was physically, emotionally and economically negligent. However, she retained the need to please her father, to cure him with her love, a legacy she assumed in her relationship with her boyfriend, John.

Alice inadvertently described her mother as having a depressive-prone personality (Arieti and Bemporad, 1978), in that she was *passive.....and willing to please*. Her identity was heavily intertwined with that of her husband which was based upon his need

to control his wife, and her continued subservience. Alice had also been attracted to a man of similar character traits and consequently at the time of the initial research interview was experiencing the same unpredictable lifestyle as her mother, thereby re-creating the repressive mother-child history, or maternal betrayal described previously by Deutsch (1944, 1945) and Rich (1979). They also both discussed a mother's betrayal of her daughter in relationship to 'matrophobia', or the fear of becoming one's own mother. Although at the initial research interview Alice remained loyal to her mother, her references to being ashamed *of the set up at home*, and the ongoing *aggravation*, towards the end of the research interviews indicated that she had begun to recognise the need for a different lifestyle.

Historically, Alice had been unable to successfully differentiate herself from her mother, and therefore the two women had mothered each other as a reaction to the father. This scenario forced Alice into an adult role prematurely before her own developmental needs had been met. The mother-daughter relationship was plotted as a 'cluster' constellation, 'regionalised' from the father (figure 27). We have seen previously that this is not an uncommon scenario, particularly in primary family units where the marital relationship had been disrupted (in this case by her father's unpredictable behaviour), (Rossi, 1968). Much of the mother-daughter dialogue centred upon her father's latest drinking episode, which required Alice to sympathise with her mother. Alice seemed to have recognised and accepted unquestionably that her mother was in a position of relative powerlessness and helplessness in her marriage, in keeping with the findings of mother's in Debold et al.'s (1993), mother-daughter survey. However, Debold et al. advanced this position further, and suggested that often such daughters did not feel that it was safe to disagree or question their mothers, lest the whole fragile social network collapsed. In other words, the social network was only maintained by virtue of all members adhering to their allocated roles, in Alice's case that of mother.

Historically, women have been rendered emotionally and economically powerless by virtue of their unequal social, political and economic status in relationship to men (Miller, 1976). Alice was a successful business woman and therefore was not economically dependent upon John (indeed she seemed to be the main breadwinner), but she depended upon him for emotional fulfilment. Her sense of hope for the future seemed to be heavily invested in this relationship. However, he appeared uncommitted to the relationship and his interaction and social support towards her were inconsistent and unpredictable. The relationship was represented as an 'unbalanced' sociogram (figure 29a). She was also puzzled that despite her attentiveness to his well-being, he failed to respond with offers of marriage or to curb his unfaithfulness to her. However, despite previous unsuccessful attempts to have a working relationship with this man, she continued towards her goal of reconciliation with John. Throughout the research interviews, she continued in the belief that the normalisation of the relationship into marriage would change his behaviour. Research discussed previously has indicated that contrary to Alice's belief, marriage has been identified as one of the major social structures that further compounded women's subservience and subsequent mental health. Therefore Alice's goal of marriage may not bode well for her psychological, emotional and physical health. Also, although Alice claimed to be working towards a deeper more emotionally involved relationship, in reality she was still so attached to the emotional turmoil, of the primary family unit, that she had very little real emotional availability for a partner of choice.

The pattern of emotional unavailability was also reflected amongst her friendships with Anna and Julie. Although these relationships were quite involved on a task orientated level, they existed in virtual isolation from her primary family unit. As indicated previously amongst friendship studies, her friends tended to originate from similar socio-economic backgrounds as herself, which it is thought in turn promotes support and loyalty amongst friendships (Rawlins, 1983; Adams and Gullotta, 1983; Costanzo and Shaw, 1966). Certainly, alcoholism and physical and emotional abuse were the norm amongst these

friends social networks. Also, like Alice, they had all chosen partners with whom they created emotionally turbulent social networks. Each friend appeared attracted to Alice's caring persona, using their relationship with Alice to validate their own choice of abusive partner, and utilise her as an unconditional, all-giving mother figure, a role that on her own admission she had readily assumed. Once again the caring role assumed by Alice in her friendship relationships was not necessarily reciprocated with the same intensity, rendering the relationships 'unbalanced', and judging by the infrequency of the contact between the two groups of friends, largely 'regionalised' (figure 29b and 29c). However, Alice's new friendship with Janet, which emerged at the termination interview was much more 'balanced' with an even flow of social support between the two women. This relationship existed in isolation of the previously identified social networks as a 'weblet' sociogram (figure 30).

Social Networks

The 'total' social networks in this case are highly 'unbalanced', dense, and represented by 'clusters', the 'star' and 'weblet'. The mother as the 'star' attraction appears to be the central focus of all siblings, who are in turn polarised from each other. Unable to confront her husband directly, the mother utilised her maternal power to purposely curb, manipulate and govern her children to her own advantage, a scenario identified previously by Friday (1977). However, in Friday's theory the mother did not just target daughters against each other, but colluded with each of her children independently, against her husband. This resulted in the manifestations of their diffused sense of self, and had the effect of making it difficult for them to balance their need for independence from the primary family social network while retaining a level of dependency upon the relationships.

Alice's psychological and social state formulated as a reaction to her father's unpredictable behaviour and emotional unavailability, whilst simultaneously caring and supporting her mother. Alice needed to find a way to have her dependency needs met in

order to develop her own independence. In an attempt to manage her depressive symptoms Alice turned to behaviour learnt in the primary family network, that of drinking heavily. The increased consumption of alcohol coupled with the pre-existing diffused relationship boundaries evident in both the primary family and friendship constellations contributed significantly to the onset and maintenance of Anne's symptoms. Through her friendship with Jo and her new experiences gained from her A.A. meetings, Alice had started to verbalise the connections between her childhood experiences and her other satisfactory relationships. The newly forming relationship with Janet in which her social support was reciprocated, and her independence encouraged, served to introduce a more 'balanced' format to her social networks. The 'balanced' sociogram served as a way for Alice to experience her social support and caring being reciprocated. This was a new concept for Alice and served to differentiate her (by virtue of new relational experiences), and physically separate her (as a result of the independent existence of the 'weblet' sociogram), from the pre-existing 'unbalanced' predominantly female social networks. These new experiences were reflected in the subsidence of her symptoms at the follow up research interview.

Chapter Eight

Discussion

The Hypothesis

The thesis started from the premise that gender inequality and the subservient social roles ascribed to women in society were largely responsible for the higher incidence of dysthymia amongst females. Also that mothers, in curbing and shaping their daughters (the respondents) development helped to reinforce female stereotypical, subservient behaviour. However, the findings of the thesis did not reflect this view as discussed below.

Characteristics of the Respondents

Despite the small sample, there was no reason to think that the respondents, drawn from a mixed socio-economic group, were not representative of the general community female population. Indeed, we have seen how findings between both the case studies presented in the thesis and larger scale dysthymia projects were replicated. In all respondents the primary symptoms had remained undiagnosed for some considerable time, often concealed within the primary family social networks. Respondents initiated their own help-seeking behaviour once the symptoms impinged upon their daily life. However, details of the corrosive effects upon personality of undiagnosed ongoing dysthymia remained unclear, although there were indications that patients edged towards a diagnosis of chronic depression the longer they remained undiagnosed and untreated. All respondents presented with similar primary symptom combination of low mood and insomnia, and belonged to primary family social networks with no previously diagnosed history of dysthymia or chronic depression. None of the respondents were mothers themselves.

As predicted in the research design, all respondents entered into the research interviews with significant levels of insight into their problems. Lapses in recall as a result of sporadic cognitive impairment were overcome by the systematic plotting of the nodes upon the page and both the respondent's and researcher's ongoing reference to them in relationship to questions and answers which acted as prompts. The researcher also referred earlier to the necessity for respondents to be orientated towards the research initially as a key means to prevent confusion between research interviews and treatment. This was achieved by the implementation of an invitation to participate in research, an informed consent letter, and the initial interview content all of which placed emphasis upon the information gathering role of the researcher. The philosophy of research and role of 'imparting information to help others' was readily adopted by all respondents. With the exception of Anne's initial reference to the futility of discussing her mother again following attempts at psychotherapy in the past that had focused on this relationship, there was no reference to the ongoing psychotherapy sessions.

The adult identity of all respondents had remained so inextricably linked to the mother that it became difficult to isolate or define their respective feelings. In keeping with the adolescent girls described previously (Debold et al. 1993; Flax, 1978; Chodorow, 1978; Dinnerstein, 1976), the respondents had retained their primary physical, emotional and psychological attachment to their mothers well into adulthood. However, in keeping with their adolescent counterparts, when respondents did attempt to separate or differentiate themselves from their primary social networks, the mother remained the first point of separation. The prolonged maternal attachment ensured that the emotional and psychological disturbance described previously by feminists such as Chodorow (1978) and Dinnerstein (1976), remained unresolved. In turn this mood state penetrated through into their adulthood and manifested as dysthymia. Further, the absence of any meaningful peer relationships onto which the respondents could transfer some of their attachment, only served to reinforce the mother-daughter relationship (Rossi, 1968; Chodorow, 1978;

Apter, 1990). The respondents found themselves living out the lives that their mothers' had fantasised for them. However, these fantasies had no base in reality, were rigid, non-negotiable and did not take into consideration their individual personality traits or talents. Their lives evolved around the need to placate and please their mothers almost to the exclusion of the fathers. The fear of maternal disappointment and the subsequent guilt, was instrumental in causing them to comply with the mothers demands, despite the ongoing emotional and physical affect upon the respondents lives. For Jane, this manifested as the need to balance the demands from her primary family social network with the maintenance of a professional facade; Alice, found her business suffering as a result of her need to reconcile her ongoing lethargy, alcoholism, with feelings of responsibility for her mother. For Gay the burden of studying for a profession for which she was not fully committed resulting in the social isolation experienced at university; and for Anne, her distress at having been medically retired from her position as a computer programmer, coupled with the relentless demands of the primary family and marital social network, resulted in social dysfunction.

Conflict and Emeshment within the Social Networks

The primary family social networks were essentially achievement orientated, purposeful, inflexible and dominated by the mother's unfulfilled professional and social ambitions, which they tried to realise through their daughters without considerations to their individual talents or personalities. Even in the case of Jane, while her father had controlled her adolescence, it had been her mother's passive stance against the father that had facilitated his dominance. Also, as Jane's father lost interest in her when he could no longer control her, she was confronted with the same maternal constraints which necessitated a need to be separate from her mother, described by the other respondents, whose mothers had featured more prominently in their lives during adolescence. Therefore, it would seem that the mother-daughter relationship can exist in an outwardly

ongoing nature, whilst remaining developmentally stagnated at the time of separation, even if the two women remained in the same social network.

In all cases, with the exception of Alice, we have seen how the primary family social network was insulated from other non-kin social networks, which did not encourage new membership or alliances with other primary family social networks. Subsequently, the respondents did not have many peer friendships and the primary family social network did not enjoy other family friendships, serving to protect the members from outside influence. Therefore, the respondents were both isolated within the primary family social network and outside of it. In the case of Alice, who did socialise with her peers, they also originated from similarly emotionally deprived and chaotic backgrounds, and thereby served to reinforce Alice's experiences as normal. We have seen how none of the respondents were able to bring home friends. However, Jane sought the company of an elderly neighbour who provided a different, but positive influence upon her life; Gay formulated an isolated friendship with her boyfriend, while Anne had her sister for company and could only gaze longingly out of the window at other children playing.

The above findings may account for the absence of 'clusters' amongst the case studies. As we have seen previously 'clusters' have been associated with high density friendship constellations (Doreian, 1979). Where siblings existed these relationships were either estranged (Jane from her brother, Alice from three siblings) or competed against each other (e.g. Anne against her sister). These constellations not only served to deny the respondents access to potential sources of sibling social support, but also maintained the mother in a position of power within the context of an apparently coherent and functional primary family social network.

Contrary to traditional feminist theory, mothers did not utilise their role to prepare their daughters for inequality and subservience to men. Rather, they encouraged their daughters to believe that they would be equal to men, but unequal and subservient to

themselves and other women within the primary family social network. Jane's mother reinforced her social skills and articulate speech in relationship to her attempts to confront her father, something the mother had never been able to do herself. However, in every other social context she condemned these very skills, and behaved in an ambivalent manner towards her daughter's professional achievements. Similarly Alice's mother reinforced her independent lifestyle apparently, separate to the father-dominated primary family social network. However, she used it as a refuge from her husband's violent and abusive behaviour, whilst simultaneously encouraging Alice to care for her, hence indirectly equating her daughter with her own non-powerful role. Gay's mother encouraged professional achievement in her daughter, but only within the context of following in her father's footsteps. While Anne's mother encouraged academic achievement outside of the primary family social network, her unfavourable comparison of Anne to her sister, ensured that Anne remained subservient and unequal within it.

The need for the respondents' to alternate between the traditional male role professional achievement and the female role of caring and connectedness was in keeping with the social environment, and this seemed to have led the respondents into a conflict of personal identity and individuality, in both their primary family social networks and relationships of choice. This dilemma left respondents struggling to find a way to reconcile and fulfil their personal responsibilities and expectations of their social roles with their own personal needs and talents. The conflict of individuality could be directly related to the onset and maintenance of dysthymia. The respondents achievements or compliance with the primary family social networks were never acknowledged or considered adequate by the primary carer. This generated and sustained feelings of loss at what had not been achieved, and anxiety at what needed to be done in order to gain the illusive maternal approval. They also perceived a lack of achievement which served to maintain them in a comparatively subordinate position within the primary family social network.

Recovery from dysthymia meant that each respondent had to recognise their own individual needs, which in turn could be different to the needs of the primary family social network, but nevertheless valuable. For Alice, this meant accepting that she was unable to fulfil her parents' professional, and her husband's social expectations of her, while embarking upon a course of study previously unendorsed by the primary family social network. For Gay, this manifested as a separation from her mother's professional legal aspirations for her, in favour of a career in engineering which also coincided with an alignment with her father. Anne, whose primary family social network expected very little of her professionally but drained her emotionally, recovery meant accepting the chaotic nature of her primary family social network of which she could not change, but not necessarily feeling responsible for those left behind, particularly by her mother.

The evolution of the constellations of nodes on the page, or the pattern of connection described by Moreno (1934, 1937), led to the realisation that all existing social networks prior to the research were characterised by their 'density' and 'unbalanced' patterns of social interactions and alliances. 'Density' existed by virtue of the predominance of 'clusters' of individuals within any one sociogram. In all four case studies, 'clusters' were formulated to demonstrate female dominated mother-daughter relationships in keeping with the findings of Lankford (1974), (figures, 13, 16, 19, 27). These relationships served to separate them from other members of the 'total' social network. However, the thesis expanded upon the work of Langkord (1974), when it became evident that 'clusters' formulated in response to, and as a means to form an alliance against, a specific behavioural pattern from the father in particular and men in general.

It was unclear how the paternal positions came into being as the family evolved. Certainly the father's physical, emotional and psychological isolation from their daughters was a deeply entrenched and a non-negotiable aspect of family life at the time of the research interviews. In the case of Anne (figure 19), and Gay (figure 16), this behaviour

was ineffectual and passive. In contrast in the cases of Jane (figure 13), and Alice (figure 27), the paternal behaviour was that of unpredictability and abuse. However, either of these extreme paternal influences served to reinforce the mother's position of primary caretaker and socialiser and manifested as dyadic mother daughter 'clusters'. Additionally, in the case of Anne (figure 19), whose mother formed a 'cluster' with both the respondent and Beth, the respondents sister. In this incidence the 'cluster' served as an alliance not only against the father's passivity, but Anne's inequality to her sister. Anne's attempts to be similar characterologically to her sister that were revealed during the initial research interview, were illustrated in a 'block' sociogram (figure 21). Therefore, the 'cluster' served to reinforce not only male-female inequality, but made some women more equal (mother and Beth) than others (Anne). Although we have seen subtle evidence above of inter-female rivalry and inequality, it was most marked in the case of Anne. However, as Anne was the only respondent with a diagnosis of borderline chronic depression and dysthymia it remained unclear whether this constellation was particular to this diagnosis. A comparative type study between respondents with a single diagnosis of dysthymia and those with borderline chronic depression and dysthymia would be needed to explore this concept in greater detail.

Unlike the 'unbalanced' sociograms described by Heider (1946), the concept of 'balance' amongst the sociograms drafted in the thesis was not used as a global term to describe the overall feeling of a pre-existing sociogram, but developed as the sociogram itself. The existence of 'balance' or more specifically 'imbalance' in a sociogram tended to cancel out any pre-existing constellations, including other previously mentioned lines of demarcation including 'boundaries' or 'regions' and dominated the graph. In all cases 'imbalance' only existed between two members at any one time, and always included the respondent. In the case of Jane, both her relationship with her father (figure 9), and mother (figure 11); for Anne her marital relationship (figure 23); for Alice both her relationship with her father (figure 25) and friends (figure 29) were 'unbalanced'. The

'unbalanced' sociogram did not encourage individuality, and served to maintain the respondent in a position of subservience, not only to the other member, but in relationship to both men and women from the 'total' social network.

We have seen how respondents essentially recalled existing within the confines of their primary family social networks. They were defined from their non-kin peers by social 'boundaries' in the absence of interconnecting paths between 'regions'. Within the primary family social networks they were emotionally and physically estranged from other males (fathers and brothers), by 'regions' which contrary to Lewin's (1936), were not subtle, but quite definitive of the respondent's social environment. However, in keeping with Lewin's findings the 'regions' shaped the experiences of the members within the primary family social network by virtue of isolating or framing them from other social networks. Over the course of this research, these primary social networks were never 'balanced', and therefore the respondents were not able reconciled with the other members. A single 'boundary' sociogram was identified in the case of Jane (figure 10), which served to separate her 'unbalanced' and largely negative relationship with her father, versus her positive relationship with her elderly neighbour. The 'boundary' facilitated her psychological development and gave respite from her father's unpredictable behaviour by isolating one relationship from the other. However, in keeping with Heider's (1946), suggestion discussed previously, the primary social network appeared 'balanced' initially as the respondents arranged their ideas in congruence with the rest of the group. However, as the respondents developed different attitudes to the rest of the primary family social network they became socially and psychologically incongruent to them. Similarly Newcomb (1953), pointed to the need for a marked inter-dependence between attitudes of group members in order to retain equilibrium amongst social network members.

The mothers of the respondents were repeatedly identified as the point of 'centrality' or the 'star' social network member before the onset of the 'weblet' constellations. This ensured that contrary to Chodorow's (1978) previous suggestion, daughters retained their

primary connection to the most powerful parent. However, this did not necessarily empower the respondents. In the thesis the influence of the 'star' constellation in the primary family social network was not always limited to the primary family social network. In the case of Anne, we saw how the mother's 'star' position allowed her to retain her position of dominance by the exclusion of the respondent's husband. This resulted in Anne being unable to reconcile her social roles in either relationship.

The above constellations served to 'regionalise' or isolate and align one or a number of individuals from another. These points of isolation were reinforced further by the implementation of 'boundaries' that were so steadfast in their selectiveness for female membership, that they were unable to be reconciled by the implementation of 'circles', as a result of an absence of a common member of all regions. Within the all-female 'regions' there was a female hierarchy of power, that was implemented by targeting one member against another. This resulted in the generation of feelings of loss, psychological trauma, and inferiority at the emotional and psychological expense of the respondent, that manifested as dysthymia and remained undetected for many years. However, once the respondents gained insight into their situation subtle change in their compliance with the behavioural norm served to bring about the collapse of the constellation.

It was suggested previously that 'circles' served as a means of demarcation between members of the same social network. However, the two 'circles' derived from the data presented here served as a link rather than a means of demarcation between individuals. In both incidences respondents were identified as the link or common member between the 'circles'. In the case of Gay (figure 17), the 'circle' linked her parents within the primary family social network; while in the case of Anne (figure 24), the 'circle' served to link the primary family social network with the marital social network. The ongoing daily mechanics of the link were maintained through indirect communication and inference carried by the respondent between the two 'circles'. Specifics of the role of the link member with regards the opportunities and limitations provided by the role, its potential as

a factor in stunting individual choice and reinforce isolation; and clarification as to whether it isolated or 'centralised' the individual concerned, would be needed before the 'circle' could be discussed in relationship to the onset, maintenance and recovery from dysthymia. However, it was significant but not conclusive that the constellation occurred in two out of four respondents.

Separation and Individuation In Social Networks

It became clear from analysis of the sociograms and subsequent research interviews was that when the separation between respondent and primary family social network occurred, it was total and complete, unlike the tentative and distorted differentiation process of adolescent girls from their mothers described above by Debold et al. (1993), Flax (1978), Chodorow (1978) and Dinnerstein (1976). The mother-daughter separation was more in keeping with a bid to be independent from their mothers and partners. The constellations that became synonymous with this process did not comply with any previously identified patterns of interaction and in keeping with the earlier description were named 'weblets' by the author. They were recognisable as a result of the absence of inter-connecting 'regions' or 'boundaries', and by virtue of the differing attitudes and social norms held by the 'weblet' in relationship to the primary family social network. Locating themselves outside of the primary family social network meant that respondents were able to respond to new experiences and opportunities, and to develop and organise their lives independently of their mothers.

During analysis of the 'weblet' sociograms which were identified in all four case studies, it became evident that these always evolved as secondary social networks, unknown to the primary family social network, unlike 'cliques' and 'clusters' which existed within the context of the primary family social network. Also, that while some were evident at the time of the initial research interview others came into being over the course of the remaining research interviews. Therefore, the researcher faced a dilemma, if

'weblets' facilitated and reinforced respondents independence from the primary family unit, and independence became synonymous with recovery from dysthymia, how then did respondents with pre-existing 'weblets' develop dysthymia in the first place? These findings led the author to consider independence in a more fragmented form, from the perspective of 'passive' and 'active', physical, psychological, and emotional independence. While all the 'weblets' identified served as a means to reinforce individuality in relationship to the primary family social network, 'passive' independence did so while co-existing outside, but simultaneously to, the primary family social network. 'Passive' independence was not in itself enough to facilitate recovery from dysthymia, but served as respite from the demands of the primary family social network. In contrast, 'active' independence emulating from 'weblets' did not tolerate the coexistence of the primary family social network, rather it replaced it, and served to reinforce success on an ongoing basis.

The pre-existing 'weblet' constellations identified in the case studies of Jane and Gay could be considered from a 'passive' perspective and those of Alice and Anne from an 'active' perspective. Jane's pre-existing relationship with her boyfriend, Tom fulfilled the above 'weblet' criteria (figure 14). Initially through the relationship, Jane experienced a sense of another person, separate from the primary family social network, and an additional baseline of behaviour. However, the relationship did not stay static, but withstood both members' psychological and emotional maturation. Initially, the relationship provided Jane with a sense of independence from the primary family social network, which for many years prior to entering psychotherapy, and during her subsequent participation in the research interviews she had balanced with her dependence upon them. However, through her realisation of having had an ongoing relationship with another more emotionally stable male she came to realise that her father's unpredictable behaviour was not as a result of her inability to live up to his expectations for her, but as a reaction of his

own life experiences, and therefore, she was able to implement a more 'active' difference from her father.

In contrast, Gay's 'weblet' constellation (figure 15) was of a more static nature and did not withstand the respective members psychological and emotional development into adulthood. The relationship did serve to reinforce her individuality in relationship to her mother at a time when she had been stifled by her ambitions, in the absence of any other peer support. It could be said that although the 'weblet' in this case provided positive input with regard to the quality of Gay's life at the time, it only served to sustain the mother-daughter relationship in making it more tolerable for Gay. The demise of her relationship with Tom left Gay subjected to the full onslaught of her mother's demands, with the resulting stress and anxiety contributed to the onset of her dysthymia. The difference that she had experienced from her mother did not withstand the ending of the friendship, and was only transient and 'passive' in nature. Anne's marital relationship appeared initially to exist as a 'weblet' (figure 22) that facilitated 'active' difference from her primary family social network. However, we have seen previously how her husband's demands upon her, with which she felt unable to comply, resembled those of her mother's expectations. Therefore, Anne found herself in a similar subservient and unequal position in her relationship with Andrew as she had experienced with her mother and sister. Therefore, the 'weblet' constellation only served as a facade of 'passive' independence, existing side by side with the primary family social network. By the time of the end of the research interviews it had served to reinforce her previous experiences of hopelessness. It seems that either consciously or unconsciously the 'weblet' in this case provided Anne with the same negative experiences provided her primary family social network.

Alice's 'weblet' (figure 30) formation evolved over the course of the research interview with a fellow AA member (Janet). The 'weblet' served to facilitate and reinforce her new found independence from the primary family social network. However, the 'active' dependence the relationship did not withstand the co-existence of the primary

family social network. As in the case of Jane above, the 'weblet' constellation provided an alternative positive experience through another person, and served to facilitate the realisation that she had not created the chaos of the primary family social network, and therefore, helped reduce her feelings of responsibility towards them. This realisation allowed Alice to feel more comfortable with, and worthy of, a better quality of emotional and psychological well-being.

At the time of the follow up research interview the 'weblet' constellations were still in place and none of the respondents were fully re-united with their mothers. Also it was not clear whether the 'weblet' constellations would withstand respondents reconciliation with primary family social networks. Throughout the course of the research interviews, the respondents moved from a position of social isolation within the primary family social network, to a position of being isolated outside of it. We have seen above, how in the cases of Jane (figure 12), and Anne (figure 20), the 'weblet' constellation was instrumental in fragmenting the centralised mother dominated 'star' constellation. While in Alice's case the impact of the newly formed 'weblet' constellation had not yet manifested itself.

Although the separation and differentiation scenarios described in the case studies were not the same as those described previously amongst adolescent girls, the reaction of the respondents' mothers was the same as that described by Deutsch (1944, 1945). Mothers took the rejection personally and either attempted to gain back their power or withdrew from their daughter's lives completely. Therefore, although the mother's reaction to her daughter's delayed separation and individuation may remain the same in adulthood, for the daughter the end result of the process is more abrupt and definitive. However, again in the absence of collaboration between researcher and psychotherapist, it was not clear how this process manifested clinically. Therefore, the 'weblets' were not able to be integrated or aligned with the psychotherapeutic process.

As we have seen previously, the formation of the 'weblet' sociograms became synonymous with the collapse of the 'star' constellation, and the activation of social interaction and social support previously unprecedented between various members. There could be implications for short-term psychotherapeutic treatment regarding the identification of the 'weblet' constellation which could potentially utilise the inter-dependence and inter-connectedness of one social role with another. Therefore, if the psychotherapist were to broaden the treatment perspective to encompass what the author called 'target relationships' (relationships to be worked through in the course of treatment), as opposed to 'target problems', then change in social interaction between the respondent and any other social network member could bring about the collapse of the 'star' constellation. In order to illustrate her point the author will consider a hypothetical example in relationship to the case of Anne. It was primarily Anne's need to be the same as her sister and her mother's ambition for her, that sustained the 'star' constellation and Anne's subsequent dysthymia. In the face of her mother's emotional unavailability and inability to negotiate respectfully with her daughter, she felt the need to implement a total separation from her primary family social network in order to recover from dysthymia. Possibly a quicker and less traumatic means to the same end, would have been to identify the sister as a 'target relationship' and focus on the siblings relationship with the respondent, which in time would have challenged the mother as a 'star'. The challenge for the psychotherapist in face of the 'stars' reaction, would be to utilise Mendelsohn's (1978), previously discussed short-term psychotherapeutic techniques of 'selective attention' and 'focusing' to help the respondent integrate the mother into the sibling relationship.

CONCLUSION

The thesis explored the tendency of mental health professionals to consider women as a homogenous group with little regard for individual characteristic differences between them. In relationship to the onset, maintenance and recovery from dysthymia, we asked, 'what are the mental health implications for women, socialised into being different from men, but the same as other women, in a male dominated society?' Traditionally, for feminists, gender inequality has come to represent the point of difference from which their sameness, similarity and homogeneity to each other has been analysed. However, within the context of the thesis, women's difference to men became a secondary factor. In contrast, the onset and maintenance of dysthymia was found to be directly related to the tendency of their mothers to assume that their daughters would be emotional and psychological replicas of themselves. A self that had been formulated in response to their experiences in a society that valued men over women. The respondents were required to live their lives through their mother's own unfulfilled ambitions, which had never withstood the test of reality, or taken into consideration the respondents individual character traits or talents. Therefore, the respondents could never achieve their mother's goals for them. This resulted in them living within the confines of a social network, in which they were always considered unequal to their mother's ambitions. This aspect served to differentiate them from other women and men.

We have seen how contrary to traditional feminist thinking, mothers socialised their daughters towards the attainment of a masculine personality, whereby independence, professional achievement and denial of relational needs, outside of the primary family social network were encouraged in an attempt to equate themselves with male power and produce an honorary male to care for them. Therefore, respondents were straddled between male and female stereotypes. This socialisation process is suggestive of a move towards an alternative process of gender development, something other than male or

female, to which they were unable to reconcile themselves psychologically or emotionally. This dilemma resulted in the respondents becoming isolated both within and outside their primary family social networks, which in turn generated feelings of loss, anxiety and low mood previously identified as causative to dysthymia (Arieti and Bemporad, 1978).

The mother-daughter relationship remained the primary point of separation for daughters in keeping with the 'Oedipus' complex, but was not characterised by gender boundaries. In relationship to non-kin social networks these daughters learnt to deny their feminine relational needs and dependence, which in turn served to emphasise them as psychologically and emotionally separate or different while simultaneously measuring them against other females in the social network, rendering them subservient and unequal to other women. Recovery from dysthymia was shown to be directly related to the respondents ability to have different ambitions from other significant women within their primary family social networks. The potential for difference from the primary family social network helped facilitate increased relational activity with their peers. However, these relationships tended to exist as independent 'weblet' formations.

The thesis has gone some way towards describing how women systematically differentiate themselves from other women within the primary family social network. The reader has been offered an alternative approach to traditional feminist thinking in which women's mental health does not revolve around male-female inequality but upon inter-female differences within the primary family social network. The question remains whether an inter-female concept of difference and inequality has the potential to be incorporated into the short-term psychotherapeutic treatment of women.

Before integration of these findings into clinical practice could be actualised, specific questions need to be answered. This area is beyond the scope of the thesis and would require extensive collaboration between clinicians and academics. We know that change in social interaction behaviour did occur and how it manifested over the period of treatment.

However, the following questions remain unanswered: When, or at what point in treatment did the change occur? Did the changes described in the research interviews by the respondents coincide with changes made by respondents in psychotherapy? Or did they hamper psychotherapeutic progress, or did not manifest in the treatment at all? Also, did the research interviews influence the outcome of treatment?

If a psychotherapist working in a short-term framework may be able to incorporate the sociogram into the psychotherapy process to contextualise the patients problems during the initial session. The subsequent constellational patterns may assist the psychotherapist in the identification of 'target problems'. Therefore, rather than applying a gender sensitive treatment approach that considers women with dysthymia as a homogenous group, psychotherapeutic intervention could be enhanced to incorporate specific relational configurations as an indication for psychotherapeutic intervention. Further research may focus on responses from the psychotherapist in relationship to specific relational configurations in order to enhance treatment perspectives in greater depth. Certainly, change in respondent'

s social interactional configurations has been seen to be directly related to recovery from dysthymia, and may provide clinicians and researchers with the previously illusive common incentive to work together.

Appendix

DOCUMENT 1: INITIAL CONTACT LETTER

LEWISHAM AND GUY'S MENTAL HEALTH NHS TRUST

Date:

Dear:

Re: Research Project at Guy's Hospital

You have been referred to this clinic for psychotherapy treatment and will be receiving an appointment for assessment shortly. In the meantime we would like to invite you to take part in a research project.

We are keen to learn more about women suffering from depression, their daily life experiences and their relationships with other people. Therefore, we would like to offer you an interview (which would be in addition to you assessment for treatment) to discuss the impact of your symptoms upon your daily life. Your participation will help advance research in the field of Psychotherapy and give you additional time to discuss your concerns with a social scientist.

If you are able to participate in this research, please complete and return the slip below.

Yours faithfully,

Lyndsay Baines

Research into depression

Name.....

I would be interested in participating in this research project: Yes [] No []

I can come to the interview on (days and times).....

DOCUMENT 2: INFORMED CONSENT

LEWISHAM AND GUY'S MENTAL HEALTH NHS TRUST

Date:

Dear:

Re: Research Project at Guy's

You have had an opportunity to discuss your involvement with our research project. The study is concerned with women who experience symptoms of low mood. We would like to know more about you, your daily life and relationships.

As a participant in this study you would be required to undergo four interviews of approximately sixty minutes duration. The interviews would be conducted before treatment, at approximately half way point through the course, at termination and at three months after termination.

A tape recorder will be used to record the sessions, and they will be used only for the purpose of helping the interviewer to record the information divulged. They will not be used for teaching purposes.

I.....(please print name) agree to take part in the study, and understand that this does not affect my entitlement to treatment. I also give permission for the interviews to be tape recorded and understand that the tapes will be destroyed at the end of the research project. The tapes will not be used for further research or teaching purposes.

Signature.....

Date.....

DOCUMENT 3:INITIAL INTERVIEW

Clinical History

Demographic data: age, country of origin, marital status, type of employment presently/past engaged in.

Respondent's description of present mood state: how respondent feels for most of the time, age of onset, progress of disorder, remissions and relapses (particular attention to stresses and losses).

Evidence of any co-existing mood disorders: obsessive-compulsive disorder or alcoholism.

Previous treatment: for dysthymia or any other psychological disorders.

Current treatment for psychological disorders: stage of treatment, respondent's attitude and motivation towards treatment. Reasons for coming into treatment at this time, along with pre-determined expectations or goals respondent may have regarding treatment.

Past personal history: respondents earliest memories since childhood, teenage years and adulthood. Respondents perception of themselves during these time spans, in relationship to social networks perceptions.

Family history of psychological disorders: to include both formal and informal respondents observations, behaviour, appearance, mannerisms etc.

OBSERVATIONS

General appearance: gait, posture, gestures, facial expression, dress, grooming (particularly regarding age appropriateness). Comparison of verbal as opposed to non-verbal behaviour (if contradictory).

Attitude: regarding the manner in which the respondent relates to the researcher (e.g. irritable, defensive, apathetic, co-operative).

Mood: steady, consistent, or changeable in relationship to social network members discussed.

Speech: tone, tempo, pressure of speech.

Judgement: insight, ability to draw conclusions from present situations.

SOCIOGRAMS

Plotting of sociograms: respondent is asked to name up to five significant social network members, along with his/her perception of the relationship.

Identification of social network members: Can you give me the names of people who you consider to be significant in your life, individuals with whom you feel most connected?

In the event of more than five people named respondent is asked:

Can you circle five of these people with whom you wish to talk about at the moment?

FRIENDSHIP

- 1). How did you come to meet your friend?
- 2). How old were you at the time?
- 3). How did you spend your time together (to include type or method of contact)?
- 4). Are there any particular qualities that you admire about your friend?
- 5). Can you tell me if there are any features that you dislike or make you feel uncomfortable around your friend?
- 6). Do you feel that you possess these quality to a greater or lesser extent?
- 7). Can you describe an incident when your friend has been especially emotionally or practically supportive towards you?
- 8). Have you ever quarrelled? If so, what was the quarrel about? How was it resolved?

PREVIOUS PARTNERS

- 1). Before we talk about any current partners, could you tell me a little about other partners with whom you have had relationships in the past (number of partners considered significant, the duration and nature of those relationships)?
- 2). Do you ever find yourself thinking about these partners on a regular basis?
- 3). If so, how did the relationship end? In what context do you think about them?

CURRENT RELATIONSHIPS

- 1). How long have you known your partner?
- 2). Under what circumstances did you meet?
- 3). Would you describe the relationship as a stable relationship, a person upon whom you can rely upon? Can you give me an example of an event to demonstrate your answer?
- 4). Can you tell me something about your partners lifestyle (family circumstances, type of employment, interests)? Is their lifestyle compatible with your own?
- 5). Are there qualities about your partner that you admire? If so, what are they?
- 6). Are there qualities about your partner that concern you?
- 7). How do the two of you spend your time together (e.g. visiting each other, cinema)?
- 8). Have you met their family and friends? If yes, what family members did you meet?
What impression did they leave upon you?
- 9). Has your partner met your family and friends? If yes, under what circumstances? and,
What was the nature of this contact?
- 10). Can you describe a time when your partner has been particularly supportive? if yes,
What was the nature of that support?
- 11). Are there any ongoing issues or disagreements in the relationship that you can tell me about?

SIBLINGS

- 1). How old is your brother/sister?
- 2). What is your brother/sisters occupation?
- 3). What is your brother/sisters marital status?
- 4). Are you in contact with each other? if yes, How often do you have contact with them? What form does this contact take (telephone, face to face etc.)?
- 5). How would you describe your relationship with your brother/sister?

- 6). Have you ever found yourself being compared to your brother/sister? if yes, What was the nature of this comparison? Who made the comparison? How did it make you feel?
- 7). What do you consider to be your brother/sisters strengths?
- 8). What do you consider to be your brother/sisters weaknesses?
- 9). Do these strengths and weaknesses affect your life in any way?
- 10). How do these strengths and weaknesses compare to your own?
- 11). During family life as a child, did you consider any particular family members to be especially intimate or close to each other? if so, Did their relationship exclude yourself or other members of the family? If so, How did you feel about this?
- 12). Are there any recurring quarrels between you and your brother/sister? if so, What do you usually quarrel about?
- 13). Does your sibling offer you emotional or practical support in your daily life? if so, Can you give me an example of this support?
- 14). Do you support your bother/sister in their daily life? if so, Can you give an example of this support?
- 15). How would you describe your relationship with your brother/sister?

FATHER

- 1). How old were you when your father was born?
- 2). Do your parents live together?
- 3) How would you describe their relationship?
- 4). Are you in contact with your father? if yes, What form does this contact take (telephone, face to face, etc.). If no, When did you last have contact with your father? and, what was the purpose and nature of this contact?
- 5). What is your father's occupation?

- 6). What is your earliest memory of your father?
- 7). How old were you at the time?
- 8). Can you tell me about any particular memories or incidents involving your father since?
- 9). Can you recall a time when your father supported you emotionally or practically?
if yes, What was the nature of the support? If no, How do you feel about your fathers lack of support?
- 10). Can you recall a time when you have supported your father emotionally or practically?
- 11). Did your father have any particular expectations of you? if so, Do you feel that you fulfilled these expectations?
- 12). How would you describe your relationship with your father ?

MOTHER

- 1). How old was your mother when you were born?
- 2). Is this your natural birth mother? if no, do you have any knowledge or contact with your birth mother?
- 3). Are your parents living together (if not asked in father section above)?
- 4). How would you describe their relationship? (if not asked in the father section above).
- 5). What is your mother's occupation?
- 6). Are you in contact with your mother? if yes, what is the nature of the contact (telephone, face to face)? If no, When did you last have contact with your mother? and, What was the purpose and nature of the contact?
- 7). Can you describe your earliest memories of your mother?
- 8) Did your mother have any particular expectations of you? if yes, Do you feel that you

fulfilled these expectations?

- 9). Are there any recurring themes or quarrels between your mother and yourself? if so, what are they?
- 10). Do you feel that your mother has influenced your life in any way (choice of friends, career, etc.)?
- 11). How would you describe your relationship with your mother?

EXTENDED FAMILY

- 1). What is the family connection between yourself and this relative (aunt, uncle, cousin)?
- 2). How old is this relative?
- 3). What is this relative's occupation?
- 4). What is their marital status?
- 5). What is the main form of contact between you (telephone, face to face)?
- 6). How frequent is this contact?
- 7). How do you spend your time together?
- 8). What are your earliest memories of this relative?
- 9). How old were you at the time?
- 10). Are there particular qualities that you admire about this relative? if so, what are they?
- 11). How do these particular qualities compare to your own?
- 12). Can you describe a situation during which this relative has offered you emotional or practical support? if so, what was the nature of this support?
- 13). How would you describe your relationship with this relative?

BIBLIOGRAPHY

- Acker, J., Barry, K., and Esseveld, J. (1981). Feminism, Female Friends, and the Reconstruction of Intimacy. In, Research In the Interweave of Social Roles: Friendship. (Eds). H, Lopata and D,Maines. Greenwich, CT: JAI Press.
- Adams, G.R. and Gullotta, T. (1983). Adolescent Life Experiences. Monterey, CA: Brooks/Cole.
- Adler, A. (1928). Understanding Human Nature. London: George Allen Unwin.
- Alexander, F. and French, T.M. (1946). Psychoanalytic Therapy: Principles and Application. New York: Ronald Press.
- Allgood-Merton, B., Lewinsohn, P., Hops, H. (1990). Sex Differences and Adolescent Depression. Journal of Abnormal Psychiatry, 99:55-63.
- Amato, P.R. (1994). Father-child Relations, Mother-child Relations, and Off-springs Psychological Well-being in Early Childhood. Journal of Marriage and the Family, 56:1031-1042.
- Anderson, B. and Zinsser, J.P. (1988). A History of their Own: Women in Europe from Prehistory to the Present. New York: Harper and Row.
- Appleton, W.S. (1982). Fathers and Daughters: A Father's Powerful Influence Upon a Woman's Life. London: Macmillan.
- Apter, T. (1990). Altered Loves: Mothers and Daughters during Adolescence. New York: St Martins.
- Arcana, J. (1981). Our Mother's Daughters. London: The Women's Press.
- Arieti, S. (1962). The Psychotherapeutic Approach to Depression. American Journal of Psychotherapy. 16:397-406.
- Arieti, S. and Bemporad, J. (1978). Psychotherapy of Severe and Mild Depression. New Jersey: Jason Aronson Inc.
- Askinal, H.S., Rosenthal, T.L., Haykel, R.F., et al., (1980). Characterological Depressions: Clinical and Sleep EEG Findings Separating Sub-affective Dysthymias from Character Spectrum Disorders. Archives of General Psychiatry, 37:777-783.
- Bank, S. and Kahn, M. (1983). The Sibling Bond. New York: Basic Books.
- Banta, T.J., and Heatherington, M. (1963). Relations Between Needs of Friends and Fiances. Journal of Abnormal and Social Psychology, 60:401-404.
- Barnes, J.A. (1954). Class and Committees in a Norwegian Island Parish. Human Relations, 7:39-58.

- Barnes, J.A. (1969). Networks and Political Process. In Social Networks in Urban Situations. (Ed) J, Mitchell. Manchester: Manchester University Press.
- Barnett, R. and Baruch, L. (1977). Beyond Sugar and Spice. New York: Basic Books.
- Barrera, M. (1986). Distinctions between Social Support Concepts, Measures and Models. American Journal of Psychology, 14:413-445.
- Barry, H. Bacon, M.K. and Child, I.L. (1957). A Cross-cultural Survey of some Sex Differences in Socialization. Journal of Abnormal Psychology. 55:327-32.
- Barry, H. Child, I.L. and Bacon, M.K. (1959). Relation of Child Training to Subsistence Economy. American Anthropologist, 61:51-63.
- Baum, M. (1971). Love, Marriage and the Division of Labour. Sociological Enquiry, 41:107-114.
- Beauvoir de, S. (1968). The Second Sex. New York: Knopf.
- Bem, S.L. (1981). Gender Schema Theory: A Cognitive Account of Sex Typing. Psychological Review, 88:354-364.
- Bem, S.L. (1987). Gender Schema Theory and Child Development. In, The Psychology of Women: Ongoing Debates, (Ed). M.R. Walsh. New Haven: Yale University Press.
- Berndt, T.J. (1985). Prosocial Behaviour Between Friends in Middle Childhood and Early Adolescence. Journal of Early Adolescence, 3:307-317.
- Berzon, B. (1988). Permanent Partners: Building Gay and Lesbian Relationships that Last. New York: E.P. Dutton.
- Bibring, (1953). 'On the 'Passing of the Oedipus Complex' in a Matriarchal Family Setting'. In Drives, Affects and Behaviour: Essays in Honour of Marie Bonapart. (Ed) R, Loewenstein. New York: International Universities Press, 1953.
- Biller, H.B. (1993). Fathers and Families: Paternal Factors in Child Development. Westport, CT: Audurn House.
- Blood, R. and Wolfe, D. (1960). Husbands and Wives. New York: Free Press of Glencoe.
- Blumenthal, S.J. (1983). Gender Differences in Mental Disorders. Paper presented at the annual meeting of the American Psychiatric Association, San Francisco, CA. May 1993.
- Bonaparte, M. (1953). Female Sexuality. New York: International Universities Press.
- Bonime, W. (1960). Depression as a Practice. Comprehensive Psychiatry, 1:194-198.
- Bosma, W.G.H. (1975). Children of Alcoholics: A Hidden Tragedy. State Medical Journal, 21:34-36.

- Bott, E. (1957). Family and Social Network. London: Tavistock.
- Boulton, M.G. (1983). On Being A Mother. London: Tavistock Publications
- Bowlby, J. (1971). Attachment and Loss. Vol 1, Attachment. London: Penguin Press..
- Bowlby, J. (1975). Attachment and Loss. Vol 2, Separation, Anxiety and Anger. London: Penguin Press.
- Brain, R. (1976). Friends and Lovers. New York: Basic Books.
- Brody, E. (1981). Women in the Middle and Family Help to Older People. The Gerontologist, 21:471-480.
- Bronfenbrenner, U. (1990). Discovering What Families Do. In Rebuilding the Nest. (Ed). D, Blankenhorn and S, Bayme. Milwaukee, WI: Family Service America.
- Brown, B.B. (1981). A Life span Approach to Friendship: Age Related Dimensions of an Ageless Relationship. Research into the Interweave of Social Roles: Friendship, 2:23-50. Greenwich, CT: JAI Press.
- Brown, G.H. and Harris, T. (1978). Social Origins of Depression: A Study of Psychiatric Disorder in Women. London: Tavistock Publications.
- Brunswick, R.M. (1940). The Pre-'Oedipal' Phase of the Libido Development. Psychoanalytic Quarterly, 9:250-251.
- Burch, B. (1983). Barriers to Intimacy: Conflicts Over Power, Dependency and Nurturing in Lesbian Relationships. In Lesbian Psychologies: Explorations and Challenges. (Ed). B. Burch. Chicago: University of Illinois Press.
- Burlingham, D. and Freud, A. (1942). Young Children in War-time. London: Allen & Unwin.
- Burlingham, D. and Freud, A. (1944). Infants Without Families. London: Allen & Unwin.
- Burt, R.S. (1980). Models of Network Structure. Annual Review of Sociology, 6:6.
- Buss, D.M. (1994). The Evolution of Desire: Strategies of Human Mating. New York: Basic Books.
- Caplan, P. (1989). Don't Blame Mother: Mending the Mother-daughter Relationship. New York: Harper and Row.
- Caplan, P. and Hall-McCorquodale, I. (1985). Mother-blaming in Major Clinical Journals. American Journal of Orthopsychiatry. 55:345-353
- Cartwright, D. and Harary, F. (1956). Structural Balance: A Generalisation of Heider's Theory. Psychological Review. 63:34-39.

- Cherhazi, S. (1986). Female Psychology. Journal of the American Psychoanalytic Association. 34:111-162.
- Chesler, P. (1972). Women and Madness. New York: Doubleday Press.
- Chodorow, N. (1978). The Reproduction of Mothering: Psychoanalysis and the Sociology of Gender. Berkley CA: University of California Press.
- Chodorow, N. (1989). Feminism and Psychoanalytic Theory. New Haven: Yale University Press.
- Clunis, M.D. and Green, G.D. (1988). Lesbian Couples. Seattle: Seal Press.
- Cohen, M.B. (1954). An Intensive Study of Manic Depressive Psychosis. Psychiatry. 17:103-138.
- Collier, H.V. (1983). Counselling Women: A Guide for Therapists. New York: Free Press.
- Costanzo, P.R. and Shaw, M.E. (1966). Conformity as Function of Age Level. Child Development, 37:967-975.
- Cox, A. Pickering, C. and Pound, A., et al., (1987). The impact of maternal depression on young children. J Child Psychology & Psychiatry, 28:917.
- Cutler, S.F. and Nolan-Hoeksema, S. (1991). Accounting for Sex Differences in Depression through Female Victimization: Childhood Sexual Abuse. Sex Roles, 7-8:425-439.
- Dalton, R.D. (1986). The Psychology of Fathers and Daughters: A Feminist Approach and Methodology. Women and Therapy: A Feminist Quarterly, 5:207-218.
- Debold, E., Wilson, M., and Malave, I. (1993). Mother Daughter Revolution. New York: Bantam Books.
- Deutsch, H. (1944, 1945). The Psychology of Women: A Psychoanalytical Interpretation. (Vol 1,2). New York: Grune and Stratton.
- Dinnerstein, D. (1976). The Mermaid and the Minotaur. New York: Harper Row.
- Dinnerstein, D. (1987). The Rocking of the Cradle and the Ruling of the World. London: Women's Press.
- Doreian, P. (1979). Mathematics and the Study of Social Relations. London: Weidenfeld and Nicolson.
- Douvan, E. and Adelson, J. (1966). The Adolescent Experience. New York: John Wiley.

- Dubois, C. (1974). The Gratuitous Act: An Introduction to the Comparative Study of Friendship Patterns. In, The Compact: Selected Dimensions of Friendship. (Ed). E. Leyton. St Johns: Institute of Social and Economic Research.
- Durkheim, E. (1952). Suicide: A Study in Sociology. London: Routledge and Kegan Paul.
- Earls, F. (1987). Sex Differences in Psychiatric Disorders: Origins and Developmental Influences. Psychiatric Development, 5:1-23.
- Edelman, H. (1994). Motherless Daughters. New York: Delta.
- Ehrmin, J.T. (1996). No More Mother Blaming: A Feminist Nursing Perspective on the Mother's Role in Father-daughter Incest. Archives of Psychiatric Nursing, 4:252-260.
- Eichenbaum, L. and Orbach, S. (1982). Understanding Women. London: Penguin.
- El-Islam, M.F. (1974). Hospital referred Parasuicide in Qatar. Egyptian Journal of Mental Health, 15:101-112.
- El-Islam, M.F. (1975). Culture Bound Neurosis in Qatari Women. Egyptian Journal of Mental Health, 15:101-112.
- El-Islam, M.F. (1976). Intergenerational Conflict and the Young Qatari Neurotic. Ethos, 4:45-56.
- El-Islam, M.F. (1979). A Better Outlook for Schizophrenics Living in Extended Families. British Journal of Psychiatry, 135:343-347.
- Elkin, I., Shea, M.T., Watkins, J.T., et al., (1989). National Institute of Mental Health Treatment of Depression Collaborative Research Programme: General Effectiveness of Treatments. Archives of General Psychiatry, 46:971-982.
- Erikson, E. (1968). Identity Youth and Crisis. New York: Norton.
- Ernst, S. (1987). 'Can a Daughter be a Woman?'. In Living with the Spinx: Papers from the Women's Therapy Centre. (Ed). S. Ernst. London: The Women's Press
- Ferenczi, S. and Rank, O. (1925). The Development of Psychoanalysis. New York: Nervous and Mental Disease Monograph, No 40.
- Ferro, T., Carlson, G.A., Grayson, P., et al., (1994). Depressive Disorders. American Journal of Psychiatry. 33:664-670.
- Fine, G.A. (1986). Friendships in the Workplace. In, Friendships and Social Interaction. (Eds). V.J. Derlega and B.A. Winstead. New York: Springer-Verlag.
- Firestone, S. (1970). The Dialectic of Sex. New York: Morrow.,

- Fischer, J.L. and Narus, L.R., Jr. (1981). Sex Roles and Intimacy in the Same Sex and other Sex Relations. Psychology of Women Quarterly, 5:444-455.
- Fischer, L.R. (1986). Linked Lives and their Mothers. New York: Harper and Row. 94.
- Fischer, L.R. and Oliker, S.J. (1983). A Research Note on Friendship, Gender and the Lifecycle. Social Forces, 62:124-133.
- Flax, J. (1978). The Conflict Between Nurturance and Autonomy in Mother-Daughter Relationships and within Feminism. Feminist Studies. 4:171-189.
- Fliess, R. (1961). The Psychoanalytic Reader. New York: International Universities Press. 238.
- Freeman, L.C. (1979). Centrality In Social Networks:1. Conceptual Clarification. Social Networks, 1:23.
- Freeman, L.C. (1980). The Gatekeeper, Pair Dependency and Structural Centrality. Quality and Quantity, 14:7-8.
- Freud, S. and Breuer, J. (1895). 'Studies in Hysteria'. In The Standard Edition of the Complete psychological Works of Sigmund Freud. (Ed) James Strachey. London: The Hogarth Press, 1956,2.
- Freud, S. (1900). 'The Interpretation of Dreams'. In The Standard Edition of the Complete Psychological Works of Sigmund Freud. (Ed) James Strachey. London: The Hogarth Press, 1953,4.
- Freud, S. (1905). 'Three Essays on the Theory of Sexuality'. The Standard Edition of the Complete Works of Sigmund Freud. (Ed) James Strachey. London: The Hogarth Press, 1962,7.
- Freud, S. (1920). 'The Oedipus Complex'. In A General Introduction to Psychoanalysis. (Ed) Joan Riviere. New York: Garden City Publishing Company, 19
- Freud, S. (1924). 'The Dissolution of the Oedipus Complex'. In The Standard Edition of the Complete Psychological Works of Sigmund Freud. (Ed) James Strachey. London: The Hogarth Press. 1953,19:178.
- Friday, N. (1977). My Mother/My Self. New York: Delacorte.
- Fuller, F.F. (1964). Preferences for Male And Female Counsellors. Personnel and Guidance Journal, 42:463-467.
- Geothals, G. (1973). Symbiosis and the Life Cycle. British Journal of Medical Psychology, 46:96.
- Gerber, G.L. (1986). The Relationship Balance Model and its Implications for individual and Couples Therapy. Women and Therapy, 5:19-27.

- Gilbert, L.A. (1988). Sharing It All: The Rewards and Struggles of Two Career Families. New York: Plenum Press.
- Gilligan, C. (1982). In a Different Voice: Psychological Theory and Women's Development. Cambridge Mass: Harvard University Press.
- Gjinde, P., Block, J., and Block, L. (1988). Depressive Symptoms and Personality during Late Adolescence: Gender Differences in the Externalisation-Internalisation of Symptom Expression. Journal of Abnormal Psychology, 97:457-486.
- Gluckman, M. (1955). Custom and Conflict in Africa. Oxford: Basil Blackwell.
- Goodrich, T.J. (1988). Feminist Family Therapy. New York: W.W. Norton.
- Gouldner, H. and Strong, M.S. (1987). Speaking of Friendship: Middle-class Women and their Friends. New York: Greenwood Press.
- Gove, W.R. (1972). The Relationship Between Sex Roles, Marital Status, and Mental Illness. Social Focus, 51:36-56.
- Gove, W.R. & Tudor, F.J. (1973). Sex, Marital Status and Morality. American Journal of Sociology, 79:45-67.
- Greene, B. (1985). Good Morning Merry Sunshine: A Father's Journal of his Child's First Year. New York: Penguin.
- Greenspan, M. (1983). New Approaches to Women in Therapy. New York: Tabb Books.
- Gutierrez-Lobos, K. Wolfli, G. Scherer M et al. (2000). The Gender Gap in Depression Reconsidered: the Influence of Marital and Employment Status on the female/male Ratio of Treated Incidence Rates. Social Psychiatry and Psychiatric Epidemiology: 35:202-210.
- Hacker, H.M. (1981). Blabbermouths and Clams: Sex differences in Self-disclosure in Same-sex and Cross-sex Friendship Dyads. Psychology of Women Quarterly, 5:385-401.
- Hagop, S., Akiskal, J.A., Silva, C., et al., (1995). Dysthymia in Clinical Practice. British Journal of Psychiatry:166:174-183.
- Haley, J. (1963). Strategies In Psychotherapy. New York: Grune and Stratton.
- Harry, J. (1976). Evolving Sources of Happiness for Men Over the Life Cycle: A Structural Analysis. Journal of Marriage and the Family, 38:289-296.
- Hartup, W.W. (1989). Social Relationships and their Developmental Significance. American Psychologist, 22: 120-126.
- Heider, F. (1946). Attitudes and Cognitive Orientation. Journal of Psychology. 21:22-28.

- Hirsch, B.J. (1980). Natural Support Systems and Coping with Life Changes. American Journal of Community Psychology. 8:159-172.
- Hodgeson, J.W. and Fischer, J.L. (1979). Sex Differences in Identity and Intimacy development in College Youth. Journal of Youth and Adolescence, 8:37-50.
- Holland, P. and Leinhardt, S. (1979). Perspectives on Social Networks. New York: Academic Press.
- Homans, G.C. (1951). The Human Group. London: Routledge and Kegan Paul.
- Homer, A.R. (1977). Women and the Politics of Psychotherapy. Australian Journal of Social Issues, 12:120-129.
- Horney, K. (1932). The Dread of Women. International Journal of Psycho-Analysis, 13:348-360.
- Huttner, H. J.M. (1990). 'Homogeneity and Heterogeneity of the Effective Network in Relation to Preventive Health Behaviour' In Social Network Research: Substantive Issues and Methodological Questions. (Ed) C.P.M. Knipscheer and T.C. Antonucci. Amsterdam: Swets and Zeitlinger. 31.
- Jacobsen, E. (1971). Depression. New York: International Universities Press.
- Jensen, C.C. (1994). Treating Major Depression. Journal of Women and Social Work, 8 (2):213-222.
- Johnson, F.L. and Aries, E.J. (1983). Conversational Patterns Among Same-sex Pairs of Late Adolescent Close Friends. The Journal of Genetic Psychology, 142:225-238.
- Johnson, K. (1991). Emotional Well-being for Women. New York: The Atlantic Monthly Press.
- Jordan, J. (1986). The Meaning of Mutuality. New York: Basic Books.
- Josselson, R. (1994). Revising Herself: The Story of Women's Identity from College to Midlife. Oxford: Oxford University Press.
- Kamark, E.C. and Galston, W.A. (1990). Putting Children First: A Progressive Family Policy for the 1990's. Washington, D.C.: Progressive Policy Institute.
- Katz, M. and Konner, M.J. (1981). The Role of the Father in Anthropological Perspective. In, The Role of the Father in Child Development. M.E. Lamb (Ed). New York: John Wiley.
- Keller, M.B. and Shapiro, R.W. (1982). Double Depression: Superimposition of Acute Depressive Episodes on Chronic Depressive Disorders. American Journal of Psychiatry. 139:438-442.

Kephart, W.M. (1967). Some Correlates of Romantic Love. Journal of Marriage and the Family, 29:470-474.

Klein, M. (1928). Early Stages of 'Oedipal' Conflict. International Journal of Psycho-Analysis, 9:332-345.

Klein, D.N., Taylor, E.B., Dickstein, S., et al., (1988). The Early-late Onset Distinction in DSM-111-R Dysthymia. Journal of Affective Disorders, 14:25-33.

Knapp, M.L., Ellis, D.G., and Williams, B.A. (1980). Perceptions of Communication Behaviour Associated with Relationship Terms. Communication Monographs, 47:262-278.

Kocsis, J.H. and Frances, A.J. (1987). A Critical Discussion of DSM-111 Dysthymic Disorder. American Journal of Psychiatry, 144:1534-1542.

Kohlberg, L. and Kramer, R. (1969). Continuities and Discontinuities in Child and Adult Moral Development. Human Development, 12:93-120.

Kolb, L.C. (1956). Psychotherapeutic Evolution and its Implications. Psychiatric Quarterly. 30:1-19.

Komarovsky, M. (1974). Patterns of Self-Disclosure of Male Undergraduates. Journal of Marriage and the Family, 36:677-686.

Kon, I., and Losenkov, V.A. (1978). Friendship in Adolescence: Values and Behaviour. Journal of Marriage and the Family, 40:143-155.

Kovacs, M., Feinberg, T.L., Crouse-Novak, M., et al., (1984). Depressive Disorders in Childhood. Archives of General Psychiatry,

Kronsky, B.J. (1971). Feminism and Psychotherapy. Journal of Contemporary Psychotherapy, 3 (2):89-98.

Lamb, M. (1981). The Role of the Father in Child Development. New York: John Wiley.

Lankford, P.M. (1974). Comparative Analysis of Clique Identification Methods. Sociometry. 37:3-7.

Lasch, C. (1977). Haven in a Heartless World: the Family Besieged. New York: Basic Books. 153.

Laumann, E.O., Marsden, P.V., Prensky, D. (1983). The Boundary Specification Problem in Network Analysis. New York: Academic Press.

Leonard, L.S. (1982). The Wounded Woman: Healing the Father-daughter Relationship. London: Sage.

Lerman, H. (1987). From Freud to Feminist Personality Theory: Getting Here from There. In The Psychology of Women: Ongoing Debates. (Ed) M.R. Walsh. New Haven: Yale University Press:53.

Lerner, H.G. (1980). Internal Prohibitions Against Female Anger. American Journal of Psychoanalysis, 40 (2):137-148.

Levin, E. and Thaxton, L. (1985). Mothers and Daughters: Southern Style. Women and Therapy, 4:81-89.

Levinson, D.J., Darrow, C.N. and Klein, E.B. et al., (1979). The Seasons of a Man's Life. New York: Alfred A. Knopf.

Levy, D. (1943). Maternal Overprotection. New York: Columbia University Press.

Lewin, K. (1936). Principles of Topological Psychology. New York: McGraw-Hill.

Lewis, M., Young, G., and Michalson, L. (1975). The Beginning of Friendship. In M. Lewis and L.A. Rosenblum (Eds). Friendship and Peer Relations. New York: John Wiley.

Lewisholn, P.M., Rohde, P., Seeley, J.R., et al., (1991). Comorbidity of Unipolar Depression: Major Depression with Dysthymia. Journal of Abnormal Psychiatry, 100: 205-213.

Lidz, T., Fleck, S., and Cornelison, A. (1965). Schizophrenia and the Family. New York: International Universities Press.

Littlewood, R. (1990). From Categories to Contexts: a Decade of the New Cross Cultural Society. British Journal of Psychiatry, 156:308-327.

Litwak, E. (1985). Helping Networks of Older People: From Health to Institutionalisation. New York: Guildford Press.

Lynn, D. (1974). The Father: His Role in Child Development. Monterey, Cal: Brooks/Cole.

Mahler, M. (1986). On The First Three Subphases of the Separation-individuation Process. In, Essential Papers on Object Relations. P. Buckley (Ed). New York: New York University Press.

Mahler, M.S., Pine, F., and Bergman, A., (1975). The Psychological Birth of the Human Infant. New York: Basic Books.

Maines, D.R. (1981). The Organisational and Career Contexts of Friendship among Postdoctoral Students. In, The Research In the Interweave of Social Roles: Friendship. (Eds). H.Z. Lopata and D. Maines. Greenwich, CT: JAI Publications.

Mane, P. (1993). Mental Health of Indian Women: Realities and Needed Response. In, Mental Health in India: Issues and Concerns. (Ed) PGK Mane. Bombay:TISS.

- Marcia, J.E. (1980). Identity in Adolescence. In, Handbook of Adolescent Psychology. (Ed). J. Adelson. New York: John Wiley.
- Markowitz, J.C. (1992). Combined Therapy for a 30-Year Old Woman with Early Onset Dysthymia. Hospital and Community Psychiatry. Vol 42:1103-1104.
- Masters, W.H. and Johnson, E.J. (1966). Human Sexual Response. New York: Little Brown.
- Mayo, R. (1933). The Human Problems of an Industrial Civilisation. Cambridge Mass: Macmillan.
- Mathias, B. (1992). Between Sisters. New York: Bantum Doubleday.
- McCullough, J.P., Kasnetz, M.D., Braith, J.A., et al., (1988). A Longitudinal Study of an Untreated Sample of Predominantly Late-Onset Characterological Dysthymia. Journal of Nervous and Mental Disease, 176:658-667.
- McCullough, J.P. (1991). Psychotherapy for Dysthymia: A Naturalistic Study of Ten Patients. Journal of Nervous and Mental Disease, 179:734-740.
- McLanahan, S.S. (1994). The Consequences of Single Motherhood. The American Prospect, 18:48-58.
- McLanahan, S.S. and Sandefur, G. (1994). Growing Up with a Single Parent. Cambridge, M.A: Harvard University Press.
- McLeod, J. (1993). Spouse Concordance for Depressive Disorders in a Community Sample. Journal of Affective Disorders. 27 (1): 43-52.
- McNamara, R.S. (1968). The Essence of Security. The Times (London), August 31:11.
- McNaron, T.A.H. (1985). The Sister Bond: A Feminist View of a Timeless Connection. New York: Pergamon.
- Mead, M. (1949). Male and Female. New York: William Morrow.
- Mendelsohn, R. (1978). Critical Factors in Short-term Psychotherapy: A Summary. Bulletin of the Menninger Clinic, 42:133-149.
- Menninger, K.A. and Hottman, P.S. (1973). Theory of Psychoanalytic Techniques(2nd Edition). New York: Basic Books.
- Miller, J.B. (1976). Toward a New Psychology of Women. Boston: Beacon Press.
- Miller, J.B. (1984). The Development of Women's Sense of Self. New York: Basic Books.

Mitchell, J.C. (1969). Social Networks in Urban Situations. Manchester: Manchester University Press.

Mitchell, J. (1974). 'On Freud and the Distinction Between the Sexes'. In Women and Analysis: Dialogues of Psychoanalytic Views of Femininity. (Ed). J. Strouse. New York: Laurel Editions.

Moreno, J. (1934). Who Shall Survive? New York: Beacon Press.

Moss, H. and Susman, E. (1989). Longitudinal Study of Personality, In Constancy and Change in Human Development. (Ed). O. Brim and J. Kagan. Cambridge, Mass: Harvard University Press.

Nadel, S.F. (1957). The Theory of Social Structure. London: Cohen and West.

Naegele, K.D. (1968). Friendship and Acquaintances: An Exploration of some Social Distinctions. Harvard Educational Review, 28:232-252.

Newcomb, T. (1953). An Approach to the Study of Communicative Acts. Psychological Review. 60:6-13.

Nieminen, V. (1974). On Centrality in a Graph. Scandinavian Journal of Psychology. 15:21-27.

Norwood, R. (1985). Women Who Love Too Much: When You Keep Wishing and Hoping He'll Change. Los Angeles: Jeremy, P. Tarcher.

Oakley, A. (1974). The Sociology of Housework. London: Robertson.

Oliker, S.J. (1989). Best Friends and Marriage: Exchange Among Women. Berkeley: University of California Press.

Olstad, K. (1975). Brave New Man: A Basis for Discussion. In, Sex: Male/Gender: Masculine. (Ed). J. Petras. Port Washington, New York: Alfred

Owen, U. (1983). Fathers: Reflections by Daughters. London: Virago.

Paine, (1969). An Exploratory Analysis of 'Middle Class Culture. In, The Compact: Selected Dimensions of Friendship. (Ed). E. Leyton. St Johns: Institute of Social and Economic Research.

Parsons, T. (1951). The Social System. Glencoe: Free Press.

Popenoe, D. (1996). Life Without Father. New York: The Free Press.

Rapoport, A. (1952). Ignition Phenomena in Random Nets. Bulletin of Mathematical Biophysics. 14:2-6.

- Ravidran, A.V; Griffiths, J; Merali, P et al., (1996). Primary Dysthymia: A Study of Several Psychosocial, Endocrine and Immune Correlates. Journal of Affective Disorders, 40 (1):73-84.
- Rawlins, W.A. (1983). Openness as Problematic in Ongoing Friendships: Two Conversational Dilemmas. Communication Monographs, 50:1-13.
- Rawlins, W.K. (1992). Friendship Matters. New York: Walter de Gruyter, Inc.
- Regier, D.A., Myers, J.K., Kramer, M et al., (1984). The NIMH Epidemiological Catchment Area Programme: Historical Context, Major Objectives, and Study Population Characteristics. Archives of General Psychiatry, 41:934-941.
- Rice, J.K. and Rice, D.G. (1973). Implications of the Women's Liberation Movement for Psychotherapy. American Journal of Psychiatry, 30:191-196.
- Rich, A. (1979). On Lies, Secrets and Silences. New York: Norton Books.
- Rich, A. (1980). Compulsory Heterosexuality and Lesbian Existence. Signs: Journal of Women in Culture and Society, 5:631-660.
- Robb, C. (1988). A Theory of Empathy: The Quiet Revolution in Psychiatry. Boston Globe Magazine, October, 6.
- Roethlisberger, F.J. and Dickson, W.J. (1939). Management and the Worker. Cambridge, Mass: Harvard University Press.
- Romans, S.E., and Martin, J.L. (1996). Women's Self-esteem. British Journal of Psychiatry, 169:696-704.
- Rosaldo, M.Z. (1980). The Use and Abuse of Anthropology: Reflections on Feminism and Cross Cultural Understanding. Signs, 5:389-417.
- Rossi, A. (1968). Transition to Parenthood. Journal of Marriage and the Family, 30:26-39.
- Rowe, D. (1977). Depression: Your Way Out of the Prison. London: Routledge and Regan Paul.
- Rubin, L. (1976). Worlds of Pain: Life in the Working-class family. New York: Basic Books.
- Rubin, L.B. (1975). Just Friends: The Role of Friendship in our Lives. New York: Harper and Row.
- Rubin, L.B. (1983). Intimate Strangers: Men and Women Together. New York: Harper and Row.
- Rubins, J.L. (1978). Karen Horney: Gentle Rebel of Psychoanalysis. New York: Dial Press.

- Russell, G. (1983). The Changing Role of Fathers. New York: University of Queensland Press.
- Scanzoni, J. (1973). Sexual Bargaining: Sexual Politics in the American Marriage. Chicago: University of Chicago Press.
- Sharpe, S. (1994). Fathers and Daughters. London: Routledge and Regan Paul.
- Shaver, P., Furman, W., and Buhrmester, D. (1985). Transition to College: Network Changes, Social Skills and Loneliness. In, Understanding Personal Relationships: An Interdisciplinary Approach. (Eds). S. Duck and D. Perlman. London: Sage.
- Shelton, R.C. (1997). The Under Treatment of Dysthymia. Journal of Clinical Psychiatry. 58 (2):59-65.
- Sherfey, M.J. (1974). Some Biology of Sexuality. Journal of Sex and Marital Therapy. 1:97-109.
- Sherman, J., Koufacos, C., Kenworthy, J.A. (1978). Therapists: Their Attitudes and Information About Women. Psychology of Women Quarterly, 4:299-312.
- Shiva, M. (1992). Women and Health. In, State of India's Health. (Ed), A Muhopadhyay. Voluntary Health Association of India.
- Shulman, N. (1975). Life-cycle Variations In Patterns of Close Relationships. Journal of Marriage and the Family, 37:813-820.
- Simmel, G. (1908). Soziologie. In, Social Network Analysis: A Handbook. J. Scott. London: Sage Publications Limited.
- Slater, P.E. (1970). The Pursuit of Loneliness: American Culture at the Point of Breaking Point. Boston: Beacon Press.
- Sloane, R.B. and Staples, F.R. (1975). Psychotherapy Versus Behavior Therapy. Cambridge, Mass: Harvard University Press.
- Spense, J.T., Helmreich, R.L. and Stapp, J. (1984). The Personal Attributes Questionnaire: A Measure of sex Role Stereotypes and Masculinity-Femininity. Catalog of Selected Documents in Psychology, 4:43.
- Stiver, P. (1986). Beyond the Oedipus Complex: Mothers and Daughters. Wellesley, Mass: Stone Center for Developmental Services and Studies.
- Stricker, J. (1977). Implications of Research for Psychotherapeutic Treatment of Women. American Psychologist, 32:21-33.
- Strupp, H.H. (1980). Success and Failure in Time-Limited Psychotherapy. Archives of General Psychiatry, 37:947-954.

Stueve, C.A. and Gerson, K. (1977). Personal Relations Across the Life-cycle. In, Networks and Places. (Eds). C.S. Fischer., R.M. Jackson., and C.A. Stueve et al. New York: Free Press.

Suttles, G.D. (1970). Friendship as a Social Institution. In G. McCall, N. Denzin and G.D. Suttles et al., (Eds). Social Relationships. Chicago: Aldine.

Surrey, J.L. (1985). Self-in-Relation: A Theory of Women's Development. Wellesley, Mass. Wellesley College.

Swidler, A. (1980). Love and Adulthood in American Culture. In, N.J. Smelser and E.H. Erikson (Eds). Themes of Work and Love in Adulthood. Cambridge, M.A: Harvard University Press.

Tanney, F.M. and Birk, J.M. (1976). Women Counsellors for Women Clients? A review of the Research. The Counselling Psychologist. 6:28-32.

Thompson, C. (1942). 'Cultural Pressures in the Psychology of Women'. In Interpersonal Psychoanalysis: The Selected Papers of Clara Thompson. (Ed) M. Green. New York: Basic Books. 1942.

Toman, W. (1976). Family Constellations: Its Effects On Personality and Social Behaviour. New York: Springer.

Turner, R.Y. (1983). Direct, Indirect and Moderating Effects of Social Support Upon Psychological Distress and Associated Conditions. In, Psychological Stress: Trends in Theory and Research. New York: Academic Press.

Venkoba, R.A. (1987). Sociocultural Factors of Marriage and Suicide Behavior in India. In, Proceedings of the 20th Annual Conference of APA and IASP. (Ed), BI Yufit, San Francisco.

Verbrugge, L.M. (1979). Multiplexity In Adult Friendships. Social Forces, 57:1286-1309.

Wadley, S. (1988). Women and the Hindu Tradition. In, Women in Indian Society. (Ed), R. Ghadially. New Delhi:Sage.

Waldron, J. McDermont J.F. (1990). Transcultural Conditions. In, Basic Handbook of Child Psychiatry. (Ed) J. Noshpitz. New York:Basic Books.

Walters, M., Carter, B., and Papp, P, et al., (1988). The Invisible Web: Gender Patterns In Social Relationships. New York: Guildford Press.

Waring, E.M; Chamberlaine, C.H; McCrank, E.W, et al., (1988). Dysthymia: A Randomized Study of Cognitive Marital Therapy and Antidepressants. Canadian Journal of Psychiatry. 33 (2):96-99.

Warner, W.L. and Lunt, P.S. (1942). The Status System of a Modern Community. New Haven, Conn: Yale University Press.

Weissman, M. and Klerman, G. (1977). Sex Differences and the Epidemiology of Depression. Archives of General Psychiatry, 34:98-111.

Weissman, M.M, Leaf, P.J., Bruce, ML, et al., (1988). The Epidemiology of Dysthymia in Five Communities: Rates, Risks, Comorbidity, and Treatment. American Journal of Psychiatry, 145:815-819.

Wellman, B, (1979). The Community Question: The Intimate Networks of East Yorkers. American Journal of Sociology, 84:1201-1231.

Wellman, B. and Berkowitz, S.D. (1988). Social Structures. Cambridge: Cambridge University Press.

White, H.C., Boorman, S.A. Breiger, R.L. (1976). Social Structure from Multiple Networks. American Journal of Sociology. 81: 14-23.

Wilson, J.Q. (1994). Culture Incentives and the Underclass. In Values and Public Policy. (Ed). Henry Aaron, T, Mann and T, Taylor. Washington, DC: Brookings Institution.

Winnicott, D.W. (1965). The Maturation Processes and the Facilitating Environment. New York: International Universities Press.

Wu, L. (1984). Local Black Model Algebra for Analysing Social Networks. In, Social Networks: A Developing Paradigm. S. Leinhardt (Ed). San Francisco: Jossey Bass.

Wylie, P. (1942). Generation of Vipers. New York: Farrar Rhinehart. 24.

Young, M. and Wilmott, P. (1966). Family and Kinship in East London. Pelican Books: Harmondsworth. 64.

