Journal of the American Psychoanalytic Association

http://apa.sagepub.com

A Narrative Analysis of Helplessness in Depression
Stijn Vanheule and Stuart T. Hauser

The online version of this article can be found at:
http://apa.sagepub.com/cgi/content/abstract/56/4/1309

Additional services and information for *Journal of the American Psychoanalytic Association* can be found at:

Email Alerts: http://apa.sagepub.com/cgi/alerts

Subscriptions: http://apa.sagepub.com/subscriptions

Reprints: http://www.sagepub.com/journalsReprints.nav

Permissions: http://www.sagepub.com/journalsPermissions.nav

Citations http://apa.sagepub.com/cgi/content/refs/56/4/1309

A NARRATIVE ANALYSIS OF HELPLESSNESS IN DEPRESSION

The transcripts of semistructured clinical interviews with forty psychiatrically hospitalized adolescents were subjected to narrative analysis in an effort to map the logic of their explanations as they spontaneously talked about helplessness experiences, and to determine how helplessness is embedded in broader story lines. Three types of narrative composition were discerned, and are discussed by means of excerpts from the interviews. In a first and predominant type of narrative, a disturbing confrontation with another is pivotal: the other's intentions are obscure; this frightens the narrator, who does not know what to do. Helplessness arises as a direct result of not knowing how to manage the "unbearable riddle" of the other's intentions. In the second, more marginal type of narrative, helplessness is embedded in an account of emptiness and boredom. The protagonist relates enduring experiences of emptiness due to loss and the suffering consequent on it. In the third, also more marginal type of narrative, helplessness is framed in a context of failure: the protagonist adheres to strict standards, feels he or she has fallen short, and concludes that he or she is a failure. Only the first type of narrative is significantly related to the psychiatric diagnoses of mood disorder and major depression.

The idea that helplessness is linked with depression is well established in psychiatric and psychological thinking. Helplessness and hopelessness are generally considered to be cognitive symptoms of depression (DSM-IV; Clark and Beck 1999). Although a psychoanalyst (Bibring 1953) was the first to connect these concepts, they are now studied mainly within the learned helplessness paradigm, which stems from behavioral psychology. Seligman (1972) observed that animals experiencing inescapable events in their environment, such as electroshocks

Stijn Vanheule, Associate Professor, Department of Psychoanalysis and Clinical Consulting, Ghent University. Stuart T. Hauser, Senior Scientist, Judge Baker Children's Center; Professor of Psychiatry, Harvard Medical School.

they cannot control, develop dramatic symptoms of helplessness (passivity and despair). The concept of learned helplessness has since then served as a model for studying human depression.

Cognitive psychologists have elaborated this model, shifting the focus toward people's attributional style in relation to negative life events (Alloy et al. 1999). A depressogenic cognitive style, in which negative events are interpreted in internal, stable, and global terms, was thereby considered to be an essential mediating variable for the development of depression, especially for the experience of hopelessness associated with depression. Within this cognitive perspective, the question whether helplessness and hopelessness are stable traits, as opposed to more mutable states, remains controversial (Henkel et al. 2002).

Less well known is the fact that psychoanalysts, starting with Freud, had studied helplessness in psychic functioning long before the cognitive model was formulated. Three clinical and theoretical definitions can be found in the early psychoanalytic literature. Freud first discussed helplessness as a clinical term to describe patients' mental states (Breuer and Freud 1895). He next turned to a metapsychological use of the helplessness construct, referring to the human baby's fundamental powerlessness in relation to excitations produced by internal needs and its incomplete control over bodily functions. In this perspective, helplessness leads to an automatic reaction of anxiety (Freud 1926), making the child dependent on an external agency; the baby needs helping others to respond to its own disarray (Freud 1900, 1923). Once the child realizes that an external object can alleviate inner tension, anxiety is partly displaced to the fearful idea of object loss, which then becomes the situation that is dreaded (Freud 1926). Finally, within Freud's second topographical theory, helplessness is defined as a quality of the ego, which becomes salient in relation to the claims of the id and the superego (Freud 1923) or, more generally, in relation to excessive tension that the ego fails to master (Freud 1926).

In contrast to the perspectives presented by Freud, who primarily linked helplessness with anxiety, later psychoanalysts (e.g., Bibring 1953; Bleichmar 1996; Luborsky 2001; Maltsberger 2004; Rosenfeld 1959) predominantly associated this construct with depression. Bibring, as noted above, was the first to connect helplessness to depression. In his view, helplessness is the psychodynamic mechanism underlying depression, not a manifestation of it, like expected cognitions or symptoms. Moreover, Bibring describes helplessness as a problem at the level of the ego, not as

the result of conflicts between ego, id, and superego. In Bibring's view, helplessness points to (a) the person's self-representation as incapable of fulfilling his or her wishes, and (b) a strong fixation to specific wishes, rendering impossible their replacement by other, more attainable wishes. Depression here is seen as "a basic reaction to situations of narcissistic frustration which to prevent appears to be beyond the power of the ego" (Bibring 1953, p. 40). This basic reaction defines the psychodynamic nucleus of depression, "irrespective of what may have caused the breakdown of the mechanisms which established his self-esteem" (p. 24); depressive affect and inhibition are significant aspects of this reaction.

Bleichmar (1996) further elaborated these ideas, suggesting that a sense of helplessness with respect to wish-fulfillment constitutes the common nucleus of every depressive state. He also examined multiple paths that might lead to the same sense of helplessness (pp. 938–950). The paths he delineates, conceptually and clinically, range from aggression, guilt, pathological narcissism, persecutory anxiety, identification, and ego deficits to traumatic external events. The strength of both Bibring's and Bleichmar's theoretical models is their focus on the diverse paths, the variations in individual helplessness, that can lead to manifest depression. Empirical research, based on Luborsky's CCRT methods (Luborsky and Crits-Christoph 1998), has supported the idea that in depression helplessness is dynamically related to unfulfilled wishes, and that depressed people typically encounter interpersonal obstacles (Deserno et al. 1998; Vanheule et al. 2006a,b). However, we have not yet found detailed studies of the various paths that can lead to helplessness.

PATHS TO HELPLESSNESS AND DEPRESSION

In this paper we build conceptually and empirically on the theoretical and clinical models reviewed above, arguing that the self-perception of helplessness is essential to depression. Consistent with Bibring (1953) and Bleichmar (1996), we expect depressed individuals' experience of helplessness to exert a crucial influence on their clinical presentation. Using narrative analyses, we study individuals' perceived paths to experienced helplessness.

Narrative analysis is a line of research in psychology, psychoanalysis, medicine, and sociology that tracks the various ways people use language and verbal discourse in creating and elaborating their experienced reality (see, e.g., Bruner 1990; Hauser, Golden, and Allen 2006; Main

1993; Mattingly and Garro 2000; Mishler 1995; Schafer 1992; Spence 1990). A central tenet of this work is that individuals construct representations of the world through speech. Narrative research assumes that language is the tool used to build mental constructions of what is going on in the "real." By means of discourse, humans structure their subjective worlds, building frameworks that organize their understanding of reality. Narrative analysis considers the inner logic of how people depict reality and attempts to map the way they organize thoughts and experiences as perceived and interpreted from the perspective of the subject.

An important implication here is that the extent to which narratives adequately or accurately represent an outside "objective reality" is not the aim of these analyses. In practice, many clinically relevant topics have been studied by such means, including attachment (Main 1993), resilience within life-span developmental trajectories (Hauser 1999; Hauser and Allen 2006; Hauser, Allen, and Golden 2006; Hauser, Golden, and Allen 2006), patient–physician relationships and illness experience (Verghese 2001), identity formation (Mishler 1995), and professional burnout (Vanheule and Verhaeghe 2004, 2005). To our knowledge, narrative analyses have not yet been applied to adolescent or adult depression.

Our findings are based on narratives of helplessness embedded in the interviews of forty psychiatrically hospitalized adolescents. We analyzed the transcripts of these semistructured clinical interviews, mapping patterns in the adolescents' accounts of helplessness experiences. We then tried to determine whether, within these narratives, the adolescents conveyed accounts of varied paths to their experienced helplessness. Finally, we turned to a question about narratives and descriptive psychiatry, exploring possible associations between helplessness accounts and independently determined psychiatric diagnoses of mood disorders.

Method

Forty subjects, selected from a sample of seventy psychiatrically hospitalized adolescents involved in a broader lifespan longitudinal research project (Hauser 1991; Hauser, Allen, and Golden 2006; Hauser et al. 1984), provided the database of clinical research interviews. The adolescents were admitted to the hospital for suicide attempts, school failure, uncontrollable violent destructive behavior, and/or chronic and escalating difficulties within their families.

The hospitalized adolescents, originally diagnosed in accordance with DSM-II, were rediagnosed for an earlier study (Allen, Hauser, and

Borman-Spurell 1996) in accordance with DSM-III-R from a review of the entire chart, including all symptoms and previous diagnoses.

The adolescents selected for this study fell into two subgroups. The first consisted of all those (*n* = 16; eight boys and eight girls) carrying a DSM-III-R diagnosis of mood disorder (twelve major depression, three bipolar disorder, one dysthymia). Their average age at the time of the interview was 14.7 years (range: 12.2 to 16.3). The second group comprised twenty-four adolescents without mood disorder (fourteen conduct disorder; five personality disorder; two anxiety disorder; one addiction; two adolescents' diagnoses could not be specified). This group, like the first, had an equal number of boys and girls; their average age was 14.5 years (range: 12.5 to 15.9). This second group, those without DSM diagnoses of mood disorder, were randomly chosen from the larger group of fifty-four without that diagnosis, while maintaining a balance of gender for this comparison sample. While it would have been desirable to exclude adolescents with subclinical depressive symptoms here, this could not be done, since symptom measures had not been obtained at baseline in 1978.

All participants were informed about the overall purposes of the project and gave informed consent; the project was approved by the JBCC Institutional Review Board (IRB).

All original audio-recorded semistructured interviews (one to two hours) were conducted by trained clinical interviewers within the hospital. The interviewers were psychiatrists, psychologists, social workers, and advanced clinical psychology graduate students, all specifically trained (and receiving continued supervision) from one of the authors (SH) to conduct this research interview. The interviewers inquired about the adolescents' family and individual history (including paths leading to their hospitalization), current peer and family experience, school life, ways of handling problematic feelings, and visions of the future. Our analyses start from these transcripts. Since the interviews were not guided by a focus on experiences of helplessness, we can assume we were studying spontaneously expressed accounts of helplessness as they arose within the interview.

All final interview coding was completed by the first author (SV), who remained blind to the adolescent diagnoses. The second author (SH) supervised the process, and formative aspects of the study were discussed between the authors. The coding author analyzed only the forty interviews selected for this sub-study, although the team of researchers around the second author continue to code these interviews and to contrast them with

nonpatient adolescent interviews for many other topics, including resilience, ego development, curiosity, and self-reflection (see, e.g., Hauser 1991; Hauser and Allen 2006; Barkai and Hauser 2007; Hauser, Allen, and Golden 2006; Hauser, Golden, and Allen 2006; Hauser et al. 1984).

Before analyzing the interviews, the authors considered how "helplessness" could be specifically defined for this study. It was agreed that in identifying helplessness within the narrative two components would be taken into account: the protagonist, the "I" of the narrative, (1) presents him- or herself as being or having been in a situation in which he or she does not grasp what is going on, or does not know how to manage the situation, and (2) gives accounts of overwhelming and upsetting affects offering evidence of mild to severe despair and/or embarrassment. Both components of this definition (one cognitive, the other affective) were first discerned through a systematic search of the meaning attributed to this concept in the relevant literature (Alloy et al. 1999; Bibring 1953; Bleichmar 1996; Freud 1926; Luborsky 2001; Maltsberger 2004; Rosenfeld 1959; Seligman 1972). In our next step we systematically searched the interview database of Vanheule et al. (2006a,b), in which helplessness had been coded using the CCRT coding system (Luborsky and Crits-Christoph 1998), and examined all instances in which mental health patients expressed helplessness. By examining these instances from the perspective of the components discerned in the literature, we developed our operational definition, focusing on (1) the importance of the definition for capturing major aspects of the experience; and on (2) both authors agreeing on the relevance of this definition for the adolescents being studied.

In analyzing the data, the first author initially read the transcripts, identifying all specific accounts where both cognitive and affective components of helplessness appeared, without knowledge of the adolescents' psychiatric diagnoses or any information other than the interviews. The direct line of thought used in the episodes to link the two components was also highlighted. For example, Billy, as we will call him, says "I was having a hard time . . . I just couldn't take it any more (component 2). I didn't really know what my problems were . . . I didn't know really what was bothering me" (component 1).

In the second stage of analysis, we closely studied these accounts, together with the broader episodes in which they were embedded. In a manner reminiscent of Freud's thesis (1900) that the latent meanings of manifest dream elements strictly depend on the dreamer's associations to the dream, and also of Luborsky's symptom-context method (2001), we

assumed that the meanings related to each adolescent's helplessness accounts depended on the narratives woven around the experience. In locating, delineating, and examining the broader episodes we were guided by six questions: (1) Which event or experience is, in the speaker's account, related to the account of helplessness? (2) What is described as subjectively unbearable or disrupting in the adolescent's experience? (3) Can we discern steps in the composition of the narrative? (4) How does the narrator describe him- or herself in the event/experience? (5) What are the formal/discursive characteristics of the narrated helplessness episode with respect to the vocabulary, the amount of explanation, the productiveness of speech, and the thematic coherence of the explanation? (6) In what way does the event/experience that is linked to helplessness differ from this adolescent's and other adolescents' accounts of similar stressful experiences/events? We documented all helplessness accounts and answered the six questions for all. The answers led to detailed information on the helplessness accounts and the episodes in which they were found. We used the same six questions to examine accounts that have a form similar to those we identified for helplessness, but were not coded as "helplessness" due to the absence of evidence for one of two components of our definition.

We next examined whether repetitive patterns could be found in the documented helplessness accounts, as well as in the notes taken on the broader episodes embedding each account. The strategies used were those described by Miles and Huberman (1994, pp. 245–262). Recurring themes or patterns that appeared in the helplessness accounts were noted for each interview. Themes detected across interviews were tracked in a "pooled" file. Based on repeated examination of all broader helplessness episodes, we discerned three types of helplessness: in relation to *the other;* in relation to *emptiness and boredom;* and in relation to *failure*. Episodes in the transcripts where such types of narrative composition were present were highlighted and examined in the context in which they appeared. Finally, we applied *t* tests to determine whether there were relations between the presence of helplessness and adolescents' psychiatric diagnoses (mood disorder or not; major depression or not).

Results

In the forty interviews, we detected 26 accounts of helplessness in the stories given by 12 adolescents. As we studied the broader episodes in which these accounts were embedded, we discerned the three types of

Table 1. Overview of Types of Narrative Composition and Their Prevalence

Type of Narrative Composition Associated With Helplessness Account	Respondents (and Number of Helplessness Accounts) Associated With the Type of Narrative Composition
The unbearable riddle of the other	Rachel (3); Jimmy (3); Nathan (2); Sandy (1); Mark (1); Chris (2); Ellen (1); Jeffrey (2); Karen (2); Astrid (1); Diane (2)
The unbearable emptiness of being	Mark (2); Chris (2)
The unbearable experience of failure	Alice (2)

narrative composition mentioned above. What these have in common is the experience of an element that is subjectively unbearable (Table 1). The first type of narrative composition was most prevalent, appearing in the transcripts of 11 participants, and found a total of 20 times.

1. The unbearable riddle of the other. In the first type of narrative composition, the protagonist links the experience of helplessness to disturbing encounters with others. A narrative sequence of four steps was discerned in the adolescents' explanations (Table 2). First, an interaction takes place with someone the protagonist considers a significant figure, someone trusted and believed in. Second, the significant other engages in an unexpected action. It is as if there is a short circuit in the relationship between the other and the protagonist, which causes tension in the latter. In a third step, an effort is made to understand the other's action. However, the action does not fit at all with the protagonist's ideas of how the other should be, and thus leads to his or her being outraged. The protagonist concludes either that an unspoken law has been transgressed, or that no stable law can be attributed to the other's behavior. In the fourth and final step, the protagonist expresses ideas about the nature of the other. The protagonist feels confronted with a riddle or an enigma at the level of the other's intentions. It is no longer obvious that the other has good intentions. He or she now appears threatening.

An illustration of this type of narrative composition can be found in the interview with Billy, an adolescent troubled by the divorce of his parents (step 1): "My mother and father got divorced and I was in the middle." What he defines as disrupting is not the divorce as such, but the particular way in which his parents involved him in their troubles: "My mother or father . . . they'd tell me something, about what was going on

Table 2. Subsequent Steps Implied in the First Type of Narrative Composition Built around Accounts of Helplessness

Step 1	Protagonist interacts with a significant other.
Step 2	Significant other engages in an unexpected action.
Step 3	Protagonist attempts to understand the other's action and concludes that an unspoken law has been transgressed / no stable law can be attributed to the other.
Step 4	Protagonist experiences a riddle at the level of the other's intentions: he/she appears to be threatening.

and everything" (step 2). How they shared details of their conflict is painful and intolerable to him (step 3), as shown in the following comment: "It was hard on me . . . I don't want to have them telling me what's going on and on, I know . . . being divorced they don't get along, but they don't, like say, if my mother calls up I don't want my father to say, well, she was complaining about this or that, or my mother, if my father calls or something like that." The boy says he was particularly disgusted by the idea that he was supposed to decide on issues his parents couldn't decide on, but that were in fact their responsibility (step 3). "I was supposed to make a choice between living with my mother or my father . . . I couldn't." Connected to the intolerable responsibility he says he is burdened with, the boy describes his father as intrusive (step 4): "It just seemed like he was getting on my back . . . I thought it was like picking on me."

This fourfold structure of narrative explanation implicit in Billy's helplessness account could be discerned in the accounts of 11 participants. In total we observed it 14 times in its complete version, and 6 times in a shortened version. In the case of a shortened version, the last narrative sequence of our fourfold structure was not explicitly present. In the place of parents, the other primary actors involved in the story lines were peers and teachers. Some of the story lines were related to a life event (parental divorce, suicide of relatives), but in most episodes that was not the case.

In contrast to the shortened versions, we also found four story lines in which the fourth step was most prominently present. This was true, for example, for the helplessness account of a boy, Chris, where the fourth step was additionally related to his episode of destructive action. In this narrative, the protagonist's confrontation with the disturbing actions of someone else seems to shatter his own subjective consistency. This is unbearable and thus requires counteraction. The narrated counteraction consists of aggressiveness directed toward both the other and toward

himself. The context concerns a history of betrayal by someone who was thought to be a friend (step 1): "There was this one party I had at my house and two kids . . . there were only these two kids left and they started beating up on me." With respect to his so-called friend Chris says: "This kid didn't do anything to help, he just went off to work" (steps 2 and 3). Particularly disturbing to him is that his friend didn't intervene to help him in the fight: "the kid wouldn't do nothing to help me [steps 2 and 3] and I thought that he was the last friend I had" (step 1). As a result, an unspoken rule with respect to companionship and mutual protection has been violated: "I knew he wasn't my friend anymore. So I feel like I was used and stuff." The last part of the sentence points to the idea of the other as an unpredictable and threatening figure (step 4).

In further elaborating his story, the boy links his account to an episode of violence that was directed toward the former friend ("I got in a fight with this kid, I broke his elbow in three places with a baseball bat and I . . . kind of got people after me") and more broadly to living in a climate of suspicion: "I still carry a knife with me once in a while. You know, just for the hell of it. You know, if you need to clean out a bowl or something. But I don't carry it thinking I need protection. I just felt people were really after me. I was turning around, looking around everywhere I went, you know." In this narrative episode the other appears to be a persecuting creature—someone who takes advantage of the protagonist in an unacceptable way (step 4). Within this logic, aggressiveness functions to keep the intruding other at a distance or to counterbalance the intrusion.

Most respondents link the first type of narrative composition to problems communicating with others. It is as if the figure of the other has been so contaminated that the participant's sharing his or her experiences with others through speech is a problem. They indicate that speaking up in a way in which distress is expressed is disagreeable: the sender dislikes the act of addressing a receiver. Particularly illustrative in this respect is the explanation of Jeffrey: "I guess that from my whole young life, I never expressed myself at all, I never, when I was upset or I was mad at my sister, I wouldn't really say much about it . . . you know it's sort of a pain to talk with somebody, you know, it's not that active, it's not enjoyable." Noteworthy is that precisely the capacity to narrate is framed as an effect of encountering a therapist: "I had to realize when I got upset that then I needed to talk."

Throughout the interviews we discovered accounts in which the first two episodes of our four-step logic were present but were not linked to

instances of helplessness, and in which the last two episodes of the logic were missing. Based on our observations of this pattern, we suggest that the third step of the narrative composition—"Protagonist attempts to understand the other's action and concludes that an unspoken law has been transgressed / no stable law can be attributed to the other" (Table 2)—is the crucial point where helplessness arises. In the two-step nonhelplessness episodes, we typically noticed either of two types of sequence: (1) an active protagonist or (2) a protagonist who immediately reacted with aggression.

In the first type, the protagonist appears as an active agent who mentally frames the actions of others in an explanatory context and who makes decisions. In this case, the interviewee structures his or her perception of the social world explicitly, establishes a structure of this world, and acts upon it. Illustrative of this is a narrative provided by Jimmy, who spoke about his relationship with a girl in the hospital (step 1) that recently came to an end. She behaved extremely ambivalently toward him (step 2) by simultaneously engaging in a relationship with someone else. Jimmy no longer tolerates a relationship with her. He avoids being disturbed by this ambivalence by considering the girl "weird" and by deciding to break it off with her: "She was acting really weird, you know, I was serious. And then she starts saying this stuff . . . she called me on the phone and she's crying and saying what if you break up with me? For a few days she couldn't talk to me. A few days after that, I called, and I just said good-bye." The fact that Jimmy makes up his mind and makes a decision seems to prevent him from being disturbed by the girl's quirky behavior.

In the second type, the protagonist deals with the contrary other by switching to being aggressive straightaway. The possibility is minimized that the other could have a disturbing or helplessness-inducing effect at all. Whereas in the helplessness-related incidents confusion with respect to the other stands at the forefront, immediate disapproval of the other is prominent in this type of reaction. Aggressiveness is described as a reflex-like reaction following upon the other's "bad" behavior. The protagonist gives no account of why or how the other violates a certain boundary by acting the way he or she does, but passes to the act directly. We think that the effectiveness of this strategy in preventing helplessness lies in the fact that the threat of being passively subjected to an unpredictable other is directly and immediately countered. Yet the price paid for doing so is losing all possibilities for building a representation of the functioning of the other ("What does he/she want?") or of one's own mental functioning. For example, in the interview with Ron, he describes

the following reaction: "If someone double-crosses me or someone makes me bullshit or something, I want to whack them . . . I broke a kid's nose once because he made me mad." Attempts of the interviewer to obtain information about the emotions accompanying this respondent's aggressiveness result in a similar type of answer: "I just did it, that's all"; "I didn't have no feelings for what I did, I just did it, that's all."[1]

While studying the transcripts we also encountered interviews in which the narrator did not describe others as significant figures (step 1, Table 2). In those interviews the first step we present in our fourfold structure of helplessness accounts was missing. In those interviews we observed a typical tendency of the narrator to close off from others, and no accounts of helplessness could be discerned. More generally, true narratives (i.e., stories told to someone else) were lacking in these interviews, most probably because the interviewer, too, was someone with whom it was problematic to share ideas. Some respondents stated this in a very open way; for instance, Lisa said, "You'll never know me, nobody will . . . I'm always like that, don't get too personal with anybody." The accounts that are given about others in the context of these interviews typically indicate minimal bonding with the other. Consequently, interview interaction itself was often problematic.

2. The unbearable emptiness of being. In the second type of narrative composition, an account of emptiness, boredom, and the nullity of one's existence stands out. The protagonist relates enduring experiences of emptiness due to loss and the suffering consequent on it. In these interviews we observed that respondents explained the helplessness-provoking emptiness by means of two types of perceived determinant (Table 3). Whenever we observed this second type of narrative composition, we also found the first type of composition (the unbearable riddle of the other) in the same interview. We observed it a total of four times.

Preoccupation with relational isolation and with a lack of social activities was a primary factor linked to this type of helplessness. Chris, whom we described above, speaks about this kind of isolation, which came about after he ended his relationship with his good friend, and with the peer group to which both belonged. A second emptiness factor seen

---

[1]Interesting in this specific example is the double negative ("I didn't have no") it contains. This type of perseverance could be read psychoanalytically as an indication that there were indeed some feelings present. These seem to be denied; and it is as if being touched by the other is the idea the person really defends against.

**Table 3. Narrated Determinants of
Helplessness-Provoking Emptiness**

Determinant 1	Relational isolation and lack of social activities
Determinant 2	Loss of former capacities

by this group of adolescent patients as a cause of their helplessness is their loss of a capacity that used to be subjectively available. For instance, Chris poignantly complains about his loss of a vital energy.

Though we observed accounts of loss, boredom, and isolation in interviews containing no narrative of helplessness, those accounts were not connected with intense subjective emptiness. The main difference, compared to the interviews containing helplessness episodes, is that the accounts of loss and isolation either (1) had clear statements about the responsibility of the other—in this case boredom and emptiness are presented as evidence against other people: someone else caused the boredom and the emptiness—or (2) described preceding incidents involving aggressive acts on the part of the protagonist, which are framed as a logical reaction to the situation.

3. The unbearable experience of failure. In the third type of narrative composition, the helplessness account is framed in a context of failure (Table 4). In the narrator's logic the first argument is that one adheres to strict standards, and a self-description of perfectionism is given (step 1). Second, the protagonist observes that he or she personally falls short in relation to these standards (step 2a) and subsequently concludes that he or she is an absolute failure (step 2b). Concomitant with this story line of self-accusation, the protagonist relates how others fundamentally fall short, both in relation to the expressed standards, and in understanding what goes on in the protagonist's mind (step 3a). Criticism in relation to others is not expressed through interpersonal confrontation; on the contrary, the respondent describes how he or she creates distance from the other (step 3b). This type of narrative composition was observed only twice, and only in the interview with Alice, who situates her helplessness around adhering to high standards at school.

A Statistical Test

In a final step, we considered whether there was a statistically significant relation between adolescents' psychiatric diagnosis (mood disorder or not; major depression or not) and the helplessness accounts that we

Table 4. Subsequent Steps Implied in the Third Type of Narrative Composition, Built around Accounts of Unbearable Experience of Failure

Step 1	Perfectionist adherence to strict standards
Step 2a	Standards haven't been met by protagonist
Step 2b	Self-accusation
Step 3a	Criticism of others
Step 3b	Withdrawal from others

coded. Twenty-two of the 26 helplessness accounts were given by adolescents who had a mood disorder, and 9 of the 12 adolescents who reported these helplessness accounts had a mood disorder. Adolescents with a mood disorder had significantly more helplessness accounts ($t = -3.90$, $df = 38$, $p < .01$), and this was specifically true for the first type of narrative composition ($t = -3.34$, $df = 38$, $p < .01$), but not for the second ($t = -1.81$, $df = 38$, $p = .08$) and third ($t = -1.23$, $df = 38$, $p = .23$) types. Adolescents with a diagnosis of major depression in particular had more helplessness accounts ($t = -2.66$, $df = 38$, $p = .01$), meaning more accounts of the first type ($t = -2.52$, $df = 38$, $p = .02$), but not of the second ($t = -0.72$, $df = 38$, $p = .48$) and third ($t = -1.66$, $df = 38$, $p = .11$).

DISCUSSION

Using empirically based narrative analyses, we have studied helplessness in depression. In doing so we were exploring what Bibring (1953), based on theoretical considerations and clinical experience, conceptualized as a key mechanism underlying depression: representation of oneself as incapable of fulfilling wishes coupled with a strong fixation on these wishes. Bleichmar (1996) suggested that diverse problems and trajectories can provoke helplessness, and this is exactly what we empirically mapped by studying the composition of narratives linked to helplessness accounts and identifying diverse and meaningful narratives of experiences associated with those accounts. This type of analysis connects with research that studies the depressive syndrome as environmentally responsive, and that links different types of symptoms to different types of adverse life events (Keller, Neale, and Kendler 2007). While our method should—with even more explicit operational definitions—be validated in large and carefully diagnosed samples, we believe that our research adds to the field by its focus on internally constructed subjective trajectories.

Narrative analyses led to our delineating the structure of adolescents' spontaneously reported experiences of helplessness, and how they subjectively made sense of these experiences. We discerned three helplessness patterns. In the first pattern, a disturbing confrontation with a significant other is pivotal: the other's intentions are obscure; the protagonist is frightened; but he or she does not know what to do. The protagonist's helplessness arises as a direct result of not knowing how to manage the "unbearable riddle" of the other's intentions. In the second pattern, helplessness is embedded in an account of emptiness and boredom. In the third narrative pattern, helplessness is framed in a context of failure. The first type of narrative composition was observed in a substantial number of participants and was clearly linked with the diagnosis of major depression and with the category of mood disorders. The second and third types could be discerned in the accounts of only a few adolescents and were not significantly linked with the diagnosis of major depression or the category of mood disorders. We think this information can be useful to practitioners, through alerting those treating depressed—and subclinically depressed—adolescents to these patients' varied subjective representations of helplessness. The complexity and specific variants of helplessness can now be seen, where before we made do with less fine-grained generic categories of helplessness.

As noted, the first type of narrative composition around helplessness was the type most frequently observed in our sample of adolescents. We wonder to what extent the association we observed is typical of adolescents generally. It is well known that conflicts between closeness/dependence and distancing/emancipation often arise during adolescent development (Erikson 1968; Hauser 1991; Hauser, Allen, and Golden 2006). This central adolescent development issue may be one reason underlying the salience of the interpersonal conflict narrative. However, given that CCRT studies of adult depression (Deserno et al. 1998; Vanheule et al. 2006a,b) link helplessness to interpersonal difficulty in that population as well, it may be that the same narrative composition applies also to adult depression, if with different content. In light of Blatt's distinction (2004) between anaclitic and introjective depression, it is not all that surprising that the problem of helplessness was connected predominantly to interpersonal problems. For Blatt, helplessness is a primary feeling of anaclitic depression, in which depressive experiences are typically triggered by situations that activate a feeling of being "unloved, unwanted, neglected and abandoned" (Blatt 2004, p. 47)—that is, by situations that

stir up interpersonal fear and problems. What we can add to this line of reasoning is that the experience of the other as unpredictable proved particularly to evoke helplessness.

In the second type of narrative composition, the experience of loss is prominent. Object loss is another theme Blatt accentuates in anaclitic depression. In the third subtype, perfectionism and criticism of oneself and others are the context of the helplessness experience, a pattern comparable to the dynamics Blatt describes for introjective depression. The conclusions we can draw from our data with respect to the second and third types of narrative composition are limited. A classic qualitative research strategy for analyzing interview data is that analyses should continue until a "saturation point" is reached at which no further insights are gained (Miles and Huberman 1994). We think that this saturation point has indeed been reached for the first type of narrative composition, but not for the second and third types. Since we found only a few cases of these, we will not discuss them further.

In terms of Bibring's psychodynamic formulation, the key wish in the first type of composition concerns trust in a significant other. The protagonist longs for interpersonal stability and cohesion, but this wish is countered by an unpredictable other who brutally violates the wish. Helplessness arises if the protagonist doesn't react against this violation. We suggest that this lack of reaction against the unpredictable and violating other points to positioning or representing oneself as incapable (Bibring 1953). Unlike adolescents facing similar problems but not experiencing helplessness, the helpless protagonist does not make up his or her mind, or does not react to the disturbance with violence. On the other hand, the reactions of adolescents facing similar problems but without helplessness indicate a belief in wish-fulfillment, or a tendency to prevent and compensate frustration. The helpless protagonist, by contrast, is frozen on the scene, passively suffering the actions of the violating other until subjective stiffening finally turns into despair.

In Bleichmar's framework, the wishes we discerned can be viewed as attachment wishes (e.g., for shared emotional states) and narcissistic wishes (e.g., for having omnipotent control over oneself or others). It is remarkable that in the narratives of some of our adolescent subjects who did not experience the first type of helplessness, a key interpersonal wish seemed absent, as was the capacity for object relatedness. The latter seems to be a prerequisite for the first type of helplessness. Building on the multiple categories that Bleichmar (1996) defines as factors triggering or

maintaining depression, we suggest that in our study we met mostly what he calls a "traumatic external reality" (p. 947), as the experience of the world as overwhelming was observed in our data. Probably what he calls "ego deficits" (p. 946)—e.g., deficits in cognitive, expressive, or relational capacities—are also present in the sample. However, assessments of these dimensions were not included in our analyses.

We hypothesize that the interpersonal events tracked in this study can have the type of impact we describe only if there is a concomitant identification with the passive position in relation to a cruel other, and/or if mentalization capacities are restricted, which we will explain. We link the first idea to Lacan's work on desire and *jouissance,* as defined below, and the second to the emerging theoretical and clinical research on reflective functioning (Fonagy et al. 1998, 2002). In several places, Lacan (1991, 1994, 2004) stresses that a fundamental uncertainty with respect to the intentions of the other (the question of "what the other wants from me") has a devastating effect on a subject. In Lacan's terms, this situation tends to leave the subject like prey in relation to the other as a cruel predator—a Medusa figure (1994, p. 195) or monstrous beast (1991, p. 192; 2004, p. 14)—or as an object of *jouissance.* The latter means that in relation to a deeply inconsistent other, the subject no longer knows which object it is, and this threatens all feelings of consistency a person has. This logic appears in our first type of narrative construction, where the helpless protagonist's acquiescent and passive attitude as someone else's prey stands out. Following the Lacanian line of reasoning, we suggest that this situation will come about if there is no third party to liberate the subject from the claws of the other. For example, if no identification figures are available who are in some way active toward others that violate the type of wish one cherishes, and especially if one's identification figures are passive, helplessness can be expected. Overcoming depressive helplessness will then require a questioning of both the acquiescence and the identifications that reinforce submission. No third party to intervene could also mean that a subject has no introjected framework of rules and symbolic laws, which would be the basis for judging and acting upon the other's violating actions.

From the perspective of Fonagy and his colleagues, the difficulty of the unpredictable other with his violating effects can be interpreted as a problem at the level of mentalization and reflective functioning. Fonagy defines reflective functioning as the ability by which people "read" and understand the minds of others, such that their actions can be framed as meaningful and predictable (Fonagy et al. 1998, 2002; see also Bram and

Gabbard 2001). Elaborated reflective functioning enables people to react to others' actions in flexible and adaptive ways. It gives them the capacity to account for others' immediately observable actions in terms of mental state constructs (e.g., in terms of desires or beliefs). In our first type of narrative composition the helpless protagonist seems to experience a lapse in reflective functioning, possibly caused by the opaqueness of the other's actions. The protagonist doesn't apply a theory of mind in dealing with the other, which heightens his experience of unpredictability, and further destabilizes the distinction between appearance and reality; hence, the experience of horror and terror. Given our observation that helpless adolescents have the capacity to relate to objects—the core wish is situated at this level—their relationship with a therapist could be used as a medium in which reflective functioning is stimulated.

The results of our study must be understood in the light of some limitations. First, we studied helplessness only as it spontaneously arose in interviews. Consequently, we don't know whether helplessness was a problem for those adolescents who did not address it in the absence of explicit questions from the interviewer. We assume that addressing the specific topic of helplessness in the interview, without direct prompting from the interviewer, points to an experience that is conscious and central for the adolescent. On the other hand, we may have been unaware of important helplessness themes and associated patterns that we therefore could not examine. The strength of our approach is that we avoided imposing any demand characteristics (Orne 1962) on the interview situation, thereby reducing the risk of social desirability bias. A second limitation is that the original diagnoses were based on DSM-II, in which no systematic difference was made between what we now call Axis I and Axis II disorders. Due to this historical fact, diagnostic subtleties (e.g., the possibility that the first type of narrative composition coheres with specific personality disorders) could not be studied. Third, the subsample of patients with mood disorders consisted of patients with major depression ($n = 12$), bipolar disorder ($n = 3$), and dysthymia ($n = 1$), but for the two latter categories the number of subjects is too limited for us to make solid inferences. Only for the subcategory of major depression could we draw meaningful conclusions. Further, in the panel of adolescent assessments, measures indexing severity of depression were not used. Such data would have been helpful in allowing us either to exclude those with depression or to stratify our analyses for heterogeneous subgroups within the patient comparison group. A fourth limitation is that in this study we

accepted Bibring's assumption regarding helplessness as the mechanism underlying depression and then moved toward refining this idea. We have not studied whether helplessness, as defined by Bibring (1953), is a pervasive trait rather than a state phenomenon, whether treatment (psychoanalytic or pharmacological) fundamentally changes this helplessness, or whether this mechanism is the cause of depression rather than a correlate of it. While these questions are beyond the scope of our paper, they could be addressed by longitudinal research and effectiveness studies.

To conclude, we suggest that narrative analysis of textual data is a branch of research of great significance for psychoanalysis. Because of its accent on systematic procedures, narrative research has the potential to bridge gaps between clinical practice, academic research, and psychoanalytic theory. The data focused on in narrative research are closely related to the materials with which a psychoanalytic clinician works. Spoken discourse is their common object, facilitating dialogue between practitioners and researchers. While their focus is on patterns in people's speech that are generalizable across cases—not on case-specific and idiographic issues like unconscious material typical for a particular person— the ways in which narrative researchers analyze spoken discourse have many similarities with clinical thinking. For instance, there is a shared focus on understanding symptoms of suffering in the context surrounding the sufferer's discourse. If we agree that our theories are narratives we generalize across cases (Schafer 1992; Spence 1990), narrative research methods are appropriate for examining and refining these theories in a dialogue with spoken discourse—our empirical field.

REFERENCES

ALLAN, J.P., HAUSER, S.T., & BORMAN-SPURELL, E. (1996). Attachment theory as a framework of understanding sequelae of severe adolescent psychopathology: an 11-year follow up study. *Journal of Consulting & Clinical Psychology* 64:1254–1263.

ALLOY, L.B., ABRAMSON, L.Y., WHITEHOUSE, W.G., HOGAN, M.E., TASHMAN, N.A., STEINBERG, D.L., ET AL. (1999). Depressogenic cognitive styles: Predictive validity, information processing and personality characteristics, and developmental origins. *Behaviour Research & Therapy* 37:503–531.

BARKAI, A.R., & HAUSER, S.T. (2007). The creation of a coding scheme assessing curiosity expression in adolescent interviews: Preliminary findings. *Journal of the American Psychoanalytic Association* 55:287–294

BIBRING, E. (1953). The mechanism of depression. In *Affective Disorders,* ed. P. Greenacre. New York: International Universities Press, pp. 13–48.

BLATT, S.J. (2004). *Experiences of Depression: Theoretical, Clinical, and Research Perspectives*. Washington, DC: American Psychological Association.

BLEICHMAR, H.B. (1996). The subtypes of depression and their implications. *International Journal of Psychoanalysis* 77:935–961.

BRAM, A.D., & GABBARD, G.O. (2001). Potential space and reflective functioning: Towards conceptual clarification and preliminary clinical implications. *International Journal of Psychoanalysis* 82:685–699.

BREUER, J., & FREUD, S. (1895). Studies on hysteria. *Standard Edition* 2.

BRUNER, J. (1990). *Acts of Meaning*. Cambridge: Harvard University Press.

CLARK, D.A., & BECK, A.T. (1999). *Scientific Foundations of Cognitive Theory and Therapy of Depression*. New York: Wiley.

DESERNO, H., HAU, S., BRECH, E., BRAUN, B., GRAF-DESERNO, S., & GRUNBERG, K. (1998). "Wiederholen" der Übertragung? *Psychotherapie, Psychosomatik, Medizinische Psychologie* 48:287–297.

ERIKSON, E. (1968). *Identity: Youth and Crisis*. New York: Norton.

FONAGY, P., GERGELY, G., JURIST, E., & TARGET, M. (2002). *Affect Regulation, Mentalization, and the Development of the Self*. New York: Other Press.

——— TARGET, M., STEELE, H., & STEELE, M. (1998). Reflective Functioning Manual, Version 5. Unpublished.

FREUD, S. (1900). The interpretation of dreams. *Standard Edition* 4/5.

——— (1923). The ego and the id. *Standard Edition* 19:12–66.

——— (1926). Inhibitions, symptoms and anxiety. *Standard Edition* 20:75–175.

HAUSER, S.T. (1991). *Adolescents and Their Families: Paths of Ego Development.* New York: Free Press.

——— (1999). Understanding resilient outcomes: Adolescent lives across time and generations. *Journal of Research on Adolescence* 9:1–24.

——— & ALLEN, J.P. (2006). Overcoming adversity in adolescence: Narratives of resilience. *Psychoanalytic Inquiry* 26:547–574

——— ALLEN, J., & GOLDEN, E. (2006). *Out of the Woods: Tales of Resilient Teens.* Cambridge: Harvard University Press.

——— GOLDEN, E., & ALLEN, J. (2006). Narrative in the study of resilience. *Psychoanalytic Study of the Child* 61:205–227.

——— POWERS, S., NOAM, G., JACOBSON, A., WEISS, B., & FOLLANSBEE, D. (1984). Familial contexts of adolescent ego development. *Child Development* 55:195–213.

HENKEL, V., BUSSFELD, P., MÖLLER, H.J., & HEGERL, U. (2002). Cognitive-behavioural theories of helplessness/hopelessness: Valid models of depression? *European Archives of Psychiatry & Clinical Neuroscience* 252:240–249.

KELLER, M.C., NEALE, M.C., & KENDLER, K.S. (2007). Association of different adverse life events with distinct patterns of depressive symptoms. *American Journal of Psychiatry* 164:1521–1529.

LACAN, J. (1991). *Le Séminaire 1969–1970, Livre XVII, L'Envers de la Psychanalyse.* Paris: Éditions de Seuil.

——— (1994). *Le Séminaire 1956–1957, Livre IV, La Relation d'Objet.* Paris: Éditions de Seuil.

——— (2004). *Le Séminaire 1962–1963, Livre X, L'Angoisse.* Paris: Éditions de Seuil.

LUBORSKY, L. (2001). The only clinical and quantitative study since Freud of the preconditions for recurrent symptoms during psychotherapy and psychoanalysis. *International Journal of Psychoanalysis* 82:1133–1154.

——— & CRITS-CHRISTOPH, P. (1998). *Understanding Transference.* Washington: American Psychological Association.

MAIN, M. (1993). Discourse, prediction, and recent studies in attachment: Implications for psychoanalysis. *Journal of the American Psychoanalytic Association* 41:209–244.

MALTSBERGER, J.T. (2004). The descent into suicide. *International Journal of Psychoanalysis* 85:653–667.

MATTINGLY, C., & GARRO, L. (2000). *Narrative and the Clinical Construction of Illness and Healing.* Berkeley: University of California Press.

MILES, M., & HUBERMAN, M. (1994). *Qualitative Data Analysis.* London: Sage Publications.

MISHLER, E.G. (1995). Models of narrative analysis. *Journal of Narrative & Life History* 5:87–123.

ORNE, M.T. (1962). On the social psychology of the psychological experiment. *American Psychologist* 17:776–783.

ROSENFELD, H. (1959). An investigation into the psycho-analytic theory of depression. *International Journal of Psychoanalysis* 40:105–129.

SCHAFER, R. (1992). *Retelling a Life: Narration and Dialogue in Psychoanalysis.* New York: Basic Books.

SELIGMAN, M.E.P. (1972). Learned helplessness. *Annual Review in Medicine* 23:407–412.

SPENCE, D. (1990). The rhetorical voice of psychoanalysis. *Journal of the American Psychoanalytic Association* 38:579–603.

VANHEULE, S., DESMET, M., ROSSEEL, Y., & MEGANCK, R. (2006a). Core transference themes in depression. *Journal of Affective Disorders* 91: 71–75.

——— ——— ——— ——— (2006b). Welche Kategorien des zentralen Beziehungs-Konflikt-Themas stehen in Zusammenhang mit Depressions-Symptomen? [Which core conflictual relationship themes cohere with depressive symptoms?] *Zeitschrift für psychosomatische Medizin und Psychotherapie* 52:172–189.

——— & Verhaeghe, P. (2004). Powerlessness and impossibility in special education: A qualitative study on professional burnout from a Lacanian perspective. *Human Relations* 57:497–519.

——— ——— (2005). Professional burnout in the mirror: A qualitative study from a Lacanian perspective. *Psychoanalytic Psychology* 22:285–305.

Verghese, A. (2001). The physician as storyteller. *Annals of Internal Medicine* 135:1012–1016.

Stijn Vanheule
Department of Psychoanalysis and Clinical Consulting
Ghent University
H. Dunantlaan 2
B-9000 Ghent
BELGIUM
E-mail: stijn.vanheule@ugent.be