

# AGGRESSIVE BEHAVIOR AS A MEANS OF AVOIDING DEPRESSION\*

HENRY L. BURKS, M.D. AND SAUL I. HARRISON, M.D.

Department of Psychiatry, University of Michigan Medical School, Ann Arbor

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*This study explores further some dynamics of impulsive, antisocial, aggressive behavior in children. Special emphasis is placed on a function of this behavior as a means of avoiding feelings of depression or a depressive state. A series of clinical observations are presented, demonstrating devices apparently aimed at avoiding recognition of the fundamental state of helplessness or powerlessness of the ego which was associated with a depressed affect, and accompanied by an aggressive outburst.*

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**T**HE PURPOSE of this study is to explore further some dynamics of impulsive, antisocial, aggressive behavior in children. Special emphasis will be placed on the instances in which this behavior seemingly functioned as a means of avoiding feelings of depression or a depressive state.

Our attention was directed to this phenomenon as we watched a puppet show written, directed and performed by Carl, 12, who had been referred to us because of a long history of stealing, aggressive outbursts and poor school achievement. In his earlier years Carl had been abandoned by his father, had been brutalized by an alcoholic stepfather, and had had two attempts made on his life by his mother, a marginally psychotic woman who frequently neglected her children during the times that she was involved in a series of extramarital affairs.

In the puppet show that Carl created, two boys were playing happily with their beloved dog when the mother entered the room and told the boys that they would have to get rid of the dog because he was a nuisance. The boys fell into each other's arms, crying and sobbing bitterly. Gradually, the crying evolved into fighting. As the two boys flailed at each other, the puppet show came to a violent end.

It was the evolution of the sadness into aggression that intrigued us. We began to look for a similar pattern in the aggressive outbursts that occurred in the life of Carl and the lives of other youngsters with similar manifest behavior.

Our clinical material is drawn from a study of children with problems of aggressive behavior who were in treatment at the Children's Psychiatric Hospital at the University of Michigan Medical

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Center. Our experience is in accord with that of others, who rarely see children with depressive syndromes resembling those frequently encountered in adult psychiatric practice (1). It is commonly known that "motor minded" children utilize alloplastic means of adaptation far more readily than autoplasmic ones. By any of the usual clinical standards, the children we studied were certainly not depressed. All could be described diagnostically by the terms *chronic aggressive reaction* or *passive-aggressive personality, aggressive type*. It should be emphasized that not all of the children in these diagnostic categories demonstrated the dynamics of avoiding depression that we are describing here.

#### EARLY PSYCHOANALYTIC STUDIES OF IMPULSIVE BEHAVIOR

The first attempt at a dynamic understanding of impulsive behavior began with the direction of attention of some psychoanalytic investigators to the study of characterological problems in adults (2, 3, 4, 5). These reports described certain character types characterized by punitive superegos which drove the individuals to impulsive behavior in an effort to placate strong feelings of guilt. The patients were variously labeled "instinct-ridden characters," "impulsive, neurotic characters," and "neurotic criminals." Emphasis was placed upon certain impulsive actions which were ego-syntonic; which were not necessarily sexual; and which served the purpose of escaping a danger, denying a danger, or providing reassurance against a danger. The writers clearly indicate that depression should be included among the dangers to be escaped, denied or reassured against.

The thinking behind this group of

papers is perhaps best summarized by Fenichel's study of neurotic acting-out, wherein he defines acting-out as any action which unconsciously relieves inner tensions and brings a partial discharge to the warded-off impulses (6). Fenichel did not consider it significant whether these impulsive acts were a direct instinctual expression or a reaction to instinctual demands, such as guilt feelings. He considered the major conflict in these individuals to be between a tendency to take by force and a tendency to suppress aggressiveness lest a loss of love be suffered. We quote:

The identity of the basic disposition for pathological impulses and for depression corresponds to the fact that *most impulsive acts serve the purpose to avoid depressions*.

He distinguished between impulsive characters and true depressive characters on the basis of whether narcissistic supplies are demanded from a real object or whether the individual has regressed to a state of narcissism and directs his demands toward the superego.

This interpretation of impulsive behavior as an effort to placate strong guilt feelings did not seem to apply to any great extent to our selected groups of children. While such a mechanism was occasionally encountered in these and in other children, most of the time there was little evidence for the presence of strong guilt feelings acting in this way.

#### INVESTIGATIONS OF DEPRIVATION IN EARLY CHILDHOOD

A more recent body of literature deals with the concept of emotional deprivation and its relationship to aggressive antisocial behavior. The studies of Bowlby, Spitz, Goldfarb, and Rabinovitch have evolved a concept given various names, such as "the emotionally de-

prived child," "the empty child," "affectionless characters," and "primary psychogenic acathexis" (7, 8, 9, 10). Some investigators are inclined to distinguish sharply between the emotionally deprived child and other types of neurotic character disturbances. We agree, with those who consider the concept of constitutional psychopathic inferiority a useless one, that the differences are primarily quantitative. All of these children are characterized by their difficulty in forming lasting love-object relationships. Our clinical experience has afforded us frequent opportunities to confirm that the "deprived child" picture often is the result of separation from the mother or mother substitute at a crucial age, or of a situation where the mother figure is physically present but grossly unsatisfying in a maternal role.

The product of this phenomenon, the affectionless child, is considered by many to show the hallmarks of the "constitutional psychopathic inferior"—an empty, hedonistic, impulsive, and guilt-free person. Indeed, he often behaves that way. Yet a deeper look reveals a different situation. Bowlby (7) writes eloquently of the

... determination at all costs not to risk again the disappointment and the resulting rages and longings which wanting someone very much and not getting them involves. If we are indifferent to others or dislike them, we disarm them of any power to hurt us. They neither showed affection nor appeared to care whether they got it. "Whatever we do," we might imagine them saying, "do let us avoid any risk of allowing our hearts to be broken again." This I think is the explanation for most of their hard-boiledness and apparent indifference, traits which puzzle and irritate almost everyone who has to deal with them. It is a policy of self-protection against the slings and arrows of their own turbulent feelings.

In spite of similarities both in early

history and, most particularly, in the dynamics of their behavior, the children of our group could not be called "empty children." Their early lives did not always have the degree of deprivation described for the "affectionless character" group. Furthermore, there was evidence of both a longing for and a capacity for object relations, although, as Bowlby describes it, recognition of this need was avoided if possible by the child. Perhaps it is reasonable to assume that the *completely* empty child probably does not exist, at least in this country at the present time. We hope that further study of our group of children will help clarify the origins of their demonstrated problems in relating to others.

#### DEPRESSION IN CHILDREN

A word of explanation is in order about our use of the term *depression*. We are cognizant of the variety of meanings given to the word. It has been used to refer to a disease or syndrome, feelings of sadness, feelings of guilt, self-destructive urges, anxieties about death and, most significantly from our point of view, Bibring's concept (11). He considered depression to be an ego-psychological phenomenon, an affective state referring to the helplessness of the ego. Although objections have been raised to Bibring's concept by people working with adults, we feel this closely approximates the type of affect we observed in our group of children. We use the word *depression* to designate what we see as a sense of helplessness or impotence of the ego. The word *hopelessness* further describes this feeling, as does *worthlessness*, although the worthlessness seems to be based more on incompetence than on sinfulness.

There has been a renewal of interest

recently in the similarity of the character structure of the aggressive child with that seen in depressed patients. Kaufman and his co-workers have described a "depressive core" in children showing aggressive antisocial behavior (12, 13). Some time ago Bowlby (7) stated,

Indeed it is my belief that the affectionless characters are intimately associated with depression and may perhaps be fruitfully looked upon as chronic depressions of a very early origin.

We are cognizant of Lewin's admonition to be cautious in the use of the terms *underlying depression* and *depressive equivalent* as evidence of a causal relationship with the surface manifestations (14). Yet we find it difficult to explain the phenomenon in some of the children we see without utilizing these concepts. We agree with him that "as a very special partial and isolated working idea, this point has apparently been of value." We cannot agree with his speculation that "the idea of an underlying depression may have been introduced because the patient's behavior was of the hypomanic driven sort." Our observation of these children shows them not to manifest a driven or hypomanic quality.

#### OUR OBSERVATIONS OF AGGRESSIVE CHILDREN

In our series, we encountered a number of devices utilized by the children, apparently aimed at avoiding recognition of a fundamental state of helplessness or powerlessness of the ego, which was associated with a depressed affect. The children were cocky braggarts who scoffed at ordinary conventions and dangers. They were adamant in denying fears or inadequacies. It is not uncommon for even a casual observer, unaware of the frequency of insomnia and so-

matic complaints in this group, to recognize the ineffectiveness and futility of these obvious efforts.

Tom, a 12-year-old boy, had been excluded from school after fracturing another boy's skull with a hockey stick, the most serious of many aggressive outbursts. His parents parted when he was 2 and he had been cared for by several different relatives while his mother worked. She was out of the home entirely for one period while serving a prison term for narcotics possession. Tom was recognized as "the loudest mouth on the ward" soon after admission, constantly bragging about his many delinquent exploits, emphasizing his fearlessness in the face of school authorities and the police, and describing his "battle scars," received in fights. When the pediatrician arrived on the ward to give immunizations, Tom ran and was discovered cowering in a corner, trembling and near tears, his front of bravado completely gone.

Our hospital staff frequently commented upon the inability of these children to have any real fun. Our special recreational program, designed to cope with the awkwardness these children displayed in utilizing more conventional recreational outlets, more often than not failed to involve the children in pleasurable activity. The laughter heard consisted of bitter, sardonic chuckles when someone was hurt or when adult authority had been successfully circumvented. An exception was the occasional incident when a child was able to enjoy a very infantile sort of gratification from a staff person who was for the moment trusted.

Carl, the boy referred to at the beginning of this presentation, early in his hospital stay reacted in the following manner to some new model kits that he found in the playroom. When entering the room he immediately noticed the models and commented about them but stayed away from them, saying that that sort of thing was "kid stuff." Later, the same hour, he examined several of the kits, chose one to work on, and then complained that it was too hard and began to berate his therapist about his limited ward privileges.

Compare this incident with one that occurred several months later when Carl was able at times to express and recognize some warm feelings toward his therapist. On this occasion, he again noticed new toys that had been supplied to the playroom and he rushed over and immediately began to involve himself in play with them, remarking, "Gee, all these new things. You really must like me." The play that followed was of a very infantile sort, consisting primarily of looking at and remarking enthusiastically about each of the new toys.

As the children became more involved in a treatment program, the relationship between the aggressive outbursts and the underlying feelings of worthlessness and depression became more apparent. We would see this more clearly later in treatment after some of the child's defensive techniques of denial, avoidance, distortion and rationalization had become less effective. However, we are now able to recognize such mechanisms earlier and feel that were we astute enough observers, they could be demonstrated prior to treatment.

Three kinds of situations seem to stimulate recognition of depressed feelings and were avoided by involvement in aggressive behavior. The most common of these were those occasions where a child's adequacy and fantasied omnipotence was directly threatened by the realities of a situation. To be sure, the "first lines of defense" were those described by Redl and Wineman, designed to distort the realities to an unrecognizable degree (15). But if these could not be used, owing to changes in the child, the situation, or staff technique, the apparent alternatives were recognition and experiencing of an unpleasant affect or an aggressive outburst.

Jim, an 11-year-old boy, had been trying for some weeks to be accepted as a member of a group of older boys who enjoyed top status on his ward. He began to mimic their "hood style" dress and mannerisms and played a

"tough guy" role, attempting to dominate the activity groups he was in with children his own age. One afternoon in the gymnasium, he ordered all the youngsters about and bragged that "me and Rick [the leader of the older boys' group] are going to raise hell tonight." The boys left the gymnasium and came directly into the dining room for supper. Jim tried to take one of the empty chairs at the table occupied by the older boys' group but was told by them in no uncertain terms that he didn't belong there. He rushed from the dining room and began to hit the first child he met outside the door. When the staff interfered, he began to scream, hit and kick at the staff, requiring half an hour to regain control.

Second in frequency were those situations where the child was threatened by the prospect of letting himself receive and reciprocate positive feelings from an adult and, in so doing, recognize his craving for affection. It was as though these circumstances struck a cord within the child, reminding him of similar longings in the past and perhaps of similar situations which somehow turned sour.

Craig, a nine-year-old boy, had a long history of stealing, fighting, and poor peer relationships. He was born at a time of great marital strife. His mother consciously did not want the pregnancy and felt Craig was not her child. An outstanding symptom was his inability to get close to anyone, although all of the staff felt he seemed to want such a relationship. He showed some feeling of warmth toward the head nurse by hanging around her office frequently. One day he entered the dining room and took a seat next to her, grumbling, "There's no place else to sit," even though there were several other empty chairs. She noted the change and remarked, "Well, Craig, I guess you've decided to like me today." He immediately turned away, began to toss silverware at another child, and shortly had to be removed from the dining room.

Occurring less frequently, but carrying more impact, were the times when the child remembered an experience from his past that could be expected to reinforce feelings of worthlessness. These instances were noted more often

in psychotherapeutic sessions or when the therapist had become involved in a ward incident. Recollection of unpleasant memories of significant figures in the child's past was usually painfully avoided at all costs, but when it occurred, aggressive behavior seemed to interrupt appreciation of its sting.

To George, aged 10, a theme of desertion or abandonment seemed particularly significant. His natural father had deserted the family. Between the ages of 3 and 5, he was cared for by several different relatives, as his mother was hospitalized during this period because of a psychotic breakdown. On one occasion he was describing to his therapist a recent weekend visit. He had spent the weekend with his grandparents and an aunt. They had, without preliminary plans, decided to drive about 30 miles' distance to take George to the state fair and dropped in unexpectedly to visit George's mother, who always found it difficult to arrange visits with him at the hospital.

George described his enjoyment of the fair and then mentioned going on to his mother's house. When they arrived, they were told by neighbors that she had left town for a visit. George remarked to the therapist with increasing sadness as he described this, that neither he, his grandmother, nor anyone else had known that his mother was going to take a trip. The therapist remarked about his disappointment and sadness. George suddenly became very hostile, started to scream at the therapist, and the hour had to be terminated. Subsequently he was able to handle and work through some of this material in treatment and as he did so, it was always associated with tears and sadness.

Our study and treatment of aggressive children in both outpatient and residential settings has led us to conclude that an understanding of *some* of the aggressive behavior is enhanced when it is viewed as a means of avoiding feelings of depression. This seemed particularly true in those children whose early years were characterized by some degree of true rejection and deprivation. In this group, we regularly encountered a self concept of inadequacy, worthlessness and incompetence which was associated with feelings of depression that were vigorously defended against entering awareness. We found that in certain kinds of situations, the threat of recognition of the depressed feelings was greater than in other situations. These situations included those where the realities directly threatened the child's adequacy, occasions when the child was threatened by the recognition of his cravings for affection, and situations recalling memories of the past that highlighted the feeling of worthlessness. It is our feeling that the technique of aggressive behavior is *one* way of avoiding feelings of depression and it may coexist with, but should be distinguished from, impulsive acts designed to placate feelings of guilt.

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