Dynamic approaches in anxiety and depressive disorders : Defensive styles and parental bonding

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Adopting the dynamic approach in studying psychiatric patients is considered a major psychiatric dimension. It adds much in understanding the how of illness formation. The aim of this work was to verify and compare the different dynamic dimensions between depressive and anxiety patient, to highlight the importance of the dynamic assessment in psychiatric practice.

The sample consists of three groups: a group of depressive disorder (n=60), a group of anxiety disorders (n=60) and control group (n=30). Diagnosis was established according to ICD-10. The anxiety and depressive disorders were subjected to: 1-Semi structural interview sheet. 2-Hamilton Depression Rating Scale (HDRS). 3-Hamilton Anxiety Rating Scale (HARS). The control group was subjected to the General Health Questionnaire. Both groups were subjected to: Defense Style Questionnaire (DSQ 40), Parental Bonding Instrument (PBI).

Results showed that the control group tends to use more a mature defense style while the groups of depressive disorder and anxiety disorder tends to use more neurotic and immature defensive styles. The group of anxiety disorders uses more mature and neurotic defense styles than the group of depressive disorders who have more tendencies towards immature defense style. On the PBI, mother care scale and father care scale were significantly lower, while father overprotection scale was significantly higher in the groups of depressive and anxiety disorders than the control group. A negative correlation was found between HDRS and mature defense style of DSQ-40 in both groups and between HARS and mature defense style of DSQ40 only in the group of anxiety disorders; while a positive correlation is found between HDRS and immature defense style in both groups of depressive disorders and anxiety disorders. There was a negative correlation between both HDRS and HARS and father care scale of PBI in the group of anxiety disorders.

Differences between anxiety and depressive disorders on the dynamic level should be considered understanding of these disorders and in the implication on the therapeutic plans.