

Abandonment Depression

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“From a seeming state of well-being, a chaotic state of panic becomes imminent because the entire fabric of one's perception of reality has come into question” (Schwartz-Salant, 1990). That is one author's description of the complex, “catastrophic set of feelings” (Masterson, 1988, p. 59) that comprise abandonment depression. This paper will discuss this experience from Masterson's (1981, 1988, 2000) object relations perspective. It will also attempt to relate his clinical descriptions to pertinent psychoneurobiological and other empirical research with the objective of gaining a greater understanding of, and appreciation for, the relevance of this condition. First, this paper will describe the experience of abandonment depression, as predominantly relayed by Masterson (1988). Second, it will discuss the origins of the condition. Third, it will relate abandonment depression to affect dysregulation. Fourth, it will address the possible relationship between abandonment depression and shame in the early attachment relationship. Finally, it will mention other factors that might contribute to an individual's experience of abandonment depression.

The Experience of Abandonment Depression

Masterson describes abandonment depression as a composite of six affects, which he refers to as the “Six Horsemen of the Psychic Apocalypse” (Masterson, 1988, p. 61). These include: homicidal rage, suicidal depression, panic helplessness and hopelessness, guilt, emptiness, and void (2000, p. 67). Homicidal rage is a combination of anger and depression which conspire to generate a pressurized, visceral fury.

The anger initially presents as diffuse, being projected onto the perpetrators of small, everyday hassles and events that are not ostensibly vexing (1988). In some cases, the level of rage can be violently dysregulating. As one woman described,

I would get so angry, . . . I'd start to shake and black out. . . . I would convince myself that I couldn't make it, that I was totally helpless. I just wanted to roll up in a rug on the floor like a baby. That's why I shake. I can't control that feeling, that anger. I'm afraid I'll act like a baby-- either go home and drink to block it out or lie on the floor and cry. (p. 63)

However, over time in therapy, the patient's anger becomes increasingly focused. Although, not yet able to access the source of these feelings, at this stage, the patient projects them onto individuals in his or her current life. As therapy progresses, depression tends to increase, with anger escalating in tandem, broaching homicidal levels (Masterson, 1988).

Interestingly, Masterson's progressive description of this primitive anger resembles Moustakas's (1997) and Harris and Landreth's (2001) stages of anger in young children: First, anger or negative feelings are "diffuse and pervasive" (Moustakas, p. 25). Second, some ambivalence among the negative feelings surfaces. Third, the anger becomes directed at specific people, such as parents, siblings, the therapist, or others. Finally, as the anger is worked through, the child comes to combine positive and negative feelings for others in realistic ways.

Depression and anger induce an intensely chaotic cycle of fear and panic. As Masterson (1988) describes:

Panic feeds on the fear that we cannot express our anger over abandonment. . . . either we express our anger and risk losing the love of others or we deny the anger in order to remain in the helpless state of dependency and hold on to others. (p. 67)

Because of the regressive nature of these emotions, this internal ultimatum feels like life or death. Individuation is associated with early rejection and abandonment, rendering self-activation

a terrifying, potentially annihilating experience. Importantly, the threatening nature of this buried affect is exacerbated by the compromised emotional regulation system that is symptomatic of insecurely attached individuals (Schoore, 2003a, b; Siegel, 1999).

Guilt over wishing to individuate also operates to paralyze the adult patient who hears the incessant echo of parental disapproval (Masterson, 1988). According to Masterson, guilt often manifests in clinging behavior, either to the original object (parent), or to others. Clinging serves the dual purpose of assuaging the guilt inherent in wishing to separate, and relieving the ubiquitous separation anxiety.

In a person with an impaired sense of self, the coalition of these sundry feelings can rapidly become insufferable: “They create a panicky state of helplessness, of being out of control, and an inexorable need to feel protected and safe again,” even if relief comes in the form of drugs, unhealthy relationships and self-destructive fantasies and habits that have been adopted precisely to avoid abandonment depression. In this way, the defensive process is perpetuated.

Masterson explains that the severity of abandonment depression is typically obscured by numbness or absence of meaning (1988, p. 63). However, Abandonment depression is far more critical than other forms of depression that people might cycle in and out of. It is experienced on a more acutely physiological level. As Masterson (1988) explains,

In the throes of abandonment depression, a person will feel that part of his very self is lost or cut off from the supplies necessary to sustain life. Many patients describe this in graphic physical terms, such as losing an arm or leg, being deprived of oxygen, or being drained of blood. (p. 62)

Masterson likens abandonment depression to the second stage of despair Bowlby used to describe infants who had been separated from their mothers for long periods during hospitalization (Masterson, 1988). During this stage, the child is hopeless: “The child sinks into

despair and may even stop moving. He tends to cry monotonously or intermittently, and becomes withdrawn and more inactive, making no demands on the environment as the mourning state deepens” (p. 58). Masterson reports that when patients experience a separation against which they have spent their lives defending (or a representation of such separation), they seem to respond like the infants Bowlby described in the second stage of despair. For these adults, the abandonment depression represents a recapitulation of their infantile drama in which they sought maternal support and encouragement, but did not receive it because of an unavailable or incapable mother (Masterson, 1988, p. 59).

Masterson (1988) explains, in the deepest travails of this abandonment depression, one can sink into utter hopelessness that true relief will ever be found. Hence, suicidal ideation for these patients is not uncommon, and suicide is completed in some cases where devastating external separations strongly reinforce feelings of abandonment.

Origins of Abandonment Depression

The term “abandonment depression” is used by Masterson (1981, 1988, 2000) in describing his “disorders-of-the-self triad.” In Masterson’s view, the defining features of all personality disorders revolve around this triad in which “self activation leads to separation anxiety and abandonment depression, which leads to defense (manifested by disorder)” (2000, p. 59). Essentially, this process denotes an under-developed, *false self*, that desperately avoids autonomy because it is not equipped to tolerate the separation anxiety stemming from the devastating fact we are each fundamentally alone (Masterson, 1988).

In contrast, the *real*, healthy self can sustain psychic equanimity without excess separation and abandonment issues (Masterson, 1988, 2000). Among other things, the development of the real self requires the mother to meet the child’s genetic drive for

individuation with the appropriate amount of emotional support. Masterson (1988) explains, every “child needs emotional ‘supplies’ for the emerging self and will keep returning to the mother to receive them, in the form of her acknowledgement and support for the unique displays of self-expression and achievement the child demonstrates” (p. 31). During this oscillation between autonomy and retreat, the child puts increasing space between the self and the mother both physically and intrapsychically. By this process, the child discovers that he or she is not fused to the mother, but rather, they are separate, distinct objects. Within the space of this recognition, the self of the child can fully emerge.

However, the stage is set for disorders of the self when the mother is not able to provide the necessary emotional supplies, particularly prior to age three (Masterson, 2000). The mother’s failure in this regard can be in the form of physical or sexual abuse, but also a broad range of less obvious behaviors, including:

the borderline mother who clings to the child’s regressive behavior to defend against her own abandonment depression and is not able to support the child’s individuation, a narcissistic mother who requires the child to idealize her; a schizoid mother who cannot tolerate closeness to the child and withdraws, a psychopathic mother who either neglects the child or uses the child as a tool for her satisfaction, a mother who cannot tolerate the child’s dependence and pushes the child to be independent prematurely. (Masterson, 1988, p. 34)

In each case, the mother is unable to emotionally support the child as a unique, developing individual. As the mother withholds support for aspects of the child’s developing self, the child learns early on to ignore those facets of him or herself that are met with lack of maternal approval to secure the mother’s continuing emotional supply (Masterson, 1988).

Between 18 and 36 months of age, this child experiences conflict between the internal thrust toward individuation and the fear of the mother’s withdraw of emotional support, which

the child needs for self-development. The child is faced with an ultimatum between developing ego structure for separation and individuation, or preserving maternal support required for survival. Since maternal abandonment is not a viable option, the child relinquishes his or her autonomous initiative in exchange for security (Masterson, 1988). Importantly, irrespective of the particular maternal behavior, the child experiences the withdrawal of the mother's support in response to his or her developing self as a partial loss of the self (Masterson, 1988, 2000). This loss triggers early abandonment depression which the child cannot tolerate, and, hence, devises defenses in order to avoid, which manifest in disorders of the self (2000, p. 34).

The process Masterson (1988, 2000) describes is consistent with the operation of a secure versus insecure attachment: The securely attached, "good-enough" mother is empathic and attuned to the whole of the child as he or she develops, notwithstanding her own narcissistic needs (Schoore, 2003a, b). Importantly, this caregiver "induces a stress response in his/her infant through a misattunement, [and repairs the misattunement by reinvoking,] in a timely fashion his/her psychobiologically attuned regulation of the infant's negative affect state *that he/she has triggered* (Schoore, 2003b, p. 93). Presumably, the mother of the child who develops a false self is often too preoccupied with her own emotional needs to notice the need for, and engage in, this imperative re-attunement with her child.

Abandonment Depression and Affect Regulation

The separation stress and abandonment depression that proceed from self-activating events in Masterson's "disorders-of-the-self-triad," appear to be intense emotionally dysregulated states from which it is inordinately difficult to recover. Schoore (2003b), in effect, describes these processes as self-regulation deficits, which are

manifest in a limited capacity to modulate the intensity and duration of affects, especially biologically primitive affect like shame, rage, . . . disgust, panic-terror, and hopelessness-despair. Under stress such individuals experience not discrete and differentiated affects, but diffuse, undifferentiated, chaotic states accompanied by overwhelming somatic and visceral sensations. (p. 47)

Affect regulation is believed to be rooted in the parent-child attachment relationship. (Schore, 2003a, b; Dales & Jerry, 2008, Siegel, 1999). In fact, attachment has been defined as the “dyadic regulation of emotion” (Sroufe, 1996, as cited in Dales & Jerry, 2008, p. 287-288). Thus, fundamentally, a secure attachment can be considered a relationship within which a person develops the capacity to regulate his or her emotions (e.g. Schore, 2003a, b).

Initial attachment security is considered integral to the affect regulation strategies employed by adults in response to stressful or threatening situation (Schore, 2003a, b; Carlson & Sroufe, 1995, as cited in Benoit, Bouthillier, Moss, Rousseau & Brunet, 2010). Empirical findings support a strong correlation between the emotional regulation strategies adopted within the attachment relationship and those used later in life to cope with both attachment-related and attachment-unrelated stressors (Benoit et al., 2010). However, the relationship between attachment style and adult affect regulation and coping skills is inexact. For instance, attachment security did not predict the degree to which PTSD symptoms in recently traumatized adults would decline over a period of time (Benoit, et al., 2010). In addition, one study suggests that the direct teaching of emotional regulation skills by parents to their older children supplements a child’s affect regulation competency (Morris, Silk, Morris, Steinberg, Aucoin & Keyes, 2011). Thus, the relationship between ultimate attachment security and adult trauma, including the trauma of abandonment depression, may be impacted by factors involved within the early

attachment environment, later dyadic relations with caregivers, as well as the nature of the stressor(s) experienced as an adult. One of these factors may be related to shame.

The Impact of Shame

It appears from the literature that intense shame in the original attachment relationship may be a factor that strongly influences the intensity of abandonment depression and the separation stress that precipitates it. According to Schore (2003a), shame, which he describes as fundamental to the attachment process, emerges between 14 and 16 months of age (2003a, p. 18). During this period of initial infant mobility, the mother's role evolves from simply giving affection, playing and caregiving, to socialization and the curbing of unwanted behaviors. The primary mechanism by which the mother controls the toddler's behavior is through inducing shame by way of facial expressions that indicate disgust.

Schore (2003a) explains that, at this stage, the toddler is highly excited and elated by a burgeoning capacity to explore the environment. Thus, as he or she traverses the area surrounding the mother, the toddler carries "an excited expectation of a psychobiologically attuned shared positive affect state with the mother and a dyadic amplification of the positive affects of excitement and joy" (2003a, p. 17). However, when the toddler instead encounters a facial expression of disgust, the he or she experiences a "shock-induced deflation of positive affect" (p. 17). According to Schore (2003a, b), this unexpected affective plunge constitutes the experience of shame. In Schore's (2003a) words, shame is the "reaction to an important other's unexpected refusal to enter into a dyadic system that can recreate an attachment bond" (p. 18). Although this maternal reaction is often spontaneous and non-conscious, it is remarkably significant due to the fact that at this stage, the toddler's affect continues to be physiologically regulated by the mother's facial expression. Significantly, at this age, the toddler is not yet

capable of autoregulating himself or herself out of this intensely distressful state. Hence, there is no relief without the mother's reattunement (2003b, p. 19).

The duration of this intensely unregulated experience is crucial to the child's development. As Schore (2003a) explains, "prolonged states of shame are too toxic for older infants to sustain for very long, and although infants possess some capacity to modulate low-intensity negative affect states, these states continue to escalate in intensity and duration" (p. 19). Hence, it is incumbent on the mother to recognize the nonverbal signals of shame (facial expression, blushing, collapsed posture, averted gaze) and to reengage and re-regulate the toddler, primarily through synchronized eye-contact and facial expression. This reparation is "critical to enabling the child to shift from the negative affective state of deflation and distress to a reestablished state of positive affect" (p. 19). In a secure attachment, where the mother re-initiates the interactive regulatory process, the child implicitly learns that dysregulation is repairable. However, when the mother does not timely repair these misattunements, and the child is left in a shame state for intolerable periods, among other consequences, he or she learns to expect these insufferable states to endure, and is forced to adapt by over-engaging the parasympathetic nervous system (Schore, 2003a).

In order to sustain "the precipitous fall from positively experienced pleasurable exhibitionism to negatively experienced painful shame" (Schore, 2003b, p. 161), the toddler effectuates a rapid shift from sympathetic-dominant (hyperaroused) to parasympathetic-dominant (hypoaroused) nervous system activity, marked by a sudden decline in mounting pleasure, and immediate restriction of excitement and reduced cardiac output (2003a). This low-arousal, negative state is likened to Mahler's description of infants in the practicing stage undergoing continuing separation stress (Mahler, 1979, as cited in Schore, 2003b, p. 161), and Kaufman and

Rosenblum's (1969, as cited in Schore, 2003b, p. 161) description of infant monkeys in a state of "conservation-withdrawal," in which helplessness prohibits active coping responses, and instead engenders immobilization and hiding activities in an apparent attempt to restore exhausted energy stores. These descriptions also mirror Masterson's (1988) composite of abandonment depression, which he analogized to the second stage of despair witnessed by Bowlby in children separated from their parents for long periods in a hospital setting. Thus, current psychoneurobiological research seems to describe abandonment depression as, at least in part, a parasympathetic nervous system response.

Notably, Schore (2003b) emphasizes that the shame state produces "*a separation-induced stress response . . . triggered in the presence of and by the mother*" (p. 162). Notably, this type of shame-induced separation anxiety is not experienced by physical separation. It is elicited by, and experienced with, the attachment figure. This fact suggests significant implications for the experience of separation stress and abandonment depression in adult relationships. As an adult, the patterns of attachment that crucially define one's subjective experience of others tend to remain stable (Hazen & Shaver, 1990, as cited in Cozolino, 2010). Thus, to the extent that the brain remains physiologically organized to interpret the facial expressions and related non-verbal expressions of later attachment figures such as romantic partners through the same lense, separation anxiety and abandonment depression could be unconsciously triggered simply by mutual-gaze interactions with these individuals. This fact is significant, in that, such subtle, yet intensely dysregulating interactions may contribute to an individual's sense of anxiety and loneliness within a relationship.

Other Possible Factors to Related to Abandonment Depression

The panic and helplessness both Masterson (1988) and Schore (2003a) reference in the context of psychic abandonment may not only be the result of dysregulation, but may also be precipitated by it. One study found that affect dysregulation caused individuals to evaluate panic-related symptoms with greater severity, and thus, respond with heightened anxiety (Tull, 2006). This study indicates that emotional dysregulation may impair an individual's ability to differentiate between physical sensations and emotional states, which could enhance the sense of chaos and unpredictability (Tull, 2006). Tull opines that deficits in autoregulation skills may contribute to the general sense of being out of control, which could further contribute to an individual's anxiety. In a similar vein, fear of an emotion, including fear and sadness, has been found to increase reactivity to the emotion and amplify the resulting distress (Salters-Pedneault, Gentes & Roemer, 2007). Pursuant to the results of these studies, it is possible that insecurely attached individuals who experience heightened sensitivity to separation stress might attribute an intensely negative valence to sensations which do not necessarily require such interpretation, and react with an exacerbated fear of abandonment depression, all of which could accelerate the sensation of "spiraling downward" (Schore, 2003a, p. 18).

This paper has discussed the object relations concept of abandonment depression phenomenologically, and has attempted to place it within psychoneurobiological and other relevant research. It described Masterson's (1988) concept of abandonment depression, the suspected origins of the condition and its connection to affect dysregulation. It also addressed a possible relationship between abandonment depression and shame in the early attachment relationship, and addresses other factors that might exacerbate the experience of this condition.

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