

Crying in Depression

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INTRODUCTION

In making a diagnosis between psychotic and neurotic depression, characteristic signs and symptoms are usually looked for. Although there is much controversy in the literature in respect to this difference, particularly since Lewis's work in 1934, nevertheless one commonly observes that when people are sad they cry. We would expect, therefore, that this would apply also in depressions. Yet, in our survey of the journal literature and such major textbooks as Mayer-Gross, Slater and Roth's *Clinical Psychiatry*, Arieti's *American Handbook of Psychiatry*, and Freedman & Kaplan's *Comprehensive Textbook of Psychiatry*, the authors fail to include crying as a symptom of depression.

When crying does appear in discussions of depression, many investigators state that crying does not occur in profoundly depressed patients. These authors, however, do not use crying as a differentiating sign or symptom between neurotic and psychotic depression. In view of these omissions we decided to investigate the presence or absence of crying in cases admitted to the psychiatric ward of the University of Missouri Medical Center. We wished to determine whether crying occurred in all patients diagnosed as depressed and whether the phenomenon occurred more consistently in the neurotic group or the psychotic group.

DEFINITION OF TERMS

We referred to *Webster's Dictionary* for clarification. *Crying* is the expression of grief, sorrow, pain, or distress by making mournful, convulsive sounds and shedding tears. *Weeping* implies more specifically the shedding of tears. *Sobbing* is weeping aloud with a catch in the voice and short gasping breaths, while *tearing* is the shedding of tears by the lachrymal glands as a result of irritation of the eyeball or the structures around it, and also occurs in weeping.

We have used the term *crying* to mean the shedding of tears with or without audible sounds in the absence of irritation of the eyeball or the structures around it and accompanying grief or sorrow.

Reactive depression, psychotic depression, involutional psychosis and manic-depressive psychosis are

used in accordance with the definitions given in the *American Psychiatric Association Diagnostic and Statistical Manual* (1952).

Mixed depression is a descriptive diagnosis not mentioned in the A.P.A. nomenclature but used by the staffing psychiatrist at the University of Missouri Medical Center to mean a primary depressive reaction that could not be classified with certainty under neurotic depression or psychotic depression but which may have had features of both.

METHOD

All charts of patients admitted to the psychiatric ward of the University of Missouri Medical Center in Columbia which listed a discharge diagnosis of depressive illness between the years 1961 and 1967 were sorted by the medical records librarian. There were 65 of these.

The psychiatry service in these years was an 18-bed ward where the ratio of staff to patients approached 1:2, with a considerable degree of communication between staff and patients. Frequent regular daily communications and observations were reported by the nursing staff and students in the charts of the respective patients. All patients underwent a thorough mental and physical examination on admission, including a detailed personal history, social history and history of the present illness. Every patient was interviewed by the medical staff for approximately $\frac{1}{4}$ hour daily, six times per week and observed in ward meetings twice per week. Progress notes and ward observations were regularly written by medical students, residents and staff psychiatrists, in addition to the detailed eight-hourly nurses' notes.

All patients admitted to the ward between 1961 and 1967 were staffed by the same psychiatrist (D.D.) within 1 to 2 weeks after admission and were discharged 3 to 11 weeks later. At the time of diagnosis this staffing psychiatrist was unaware that he would be researching the symptoms of crying in depressed patients at a later date. Also the criteria used in making these diagnoses were those of the *American Psychiatric Association Statistical Manual* in which crying is not considered to be a differentiating factor.

After the charts were sorted by the medical

records librarian, the authors (J.L. and Z.A.A.) reviewed them. Each chart was carefully and systematically read and it was noted whether any observations of patient crying had been made by any member of the staff. Moreover crying was considered absent when the patient stated that he felt like crying but could not, or that he felt as if he *was* crying but failed to show any tears. The last section reviewed in each chart was the discharge summary, and at this point the category of the depressive illness was copied as it appeared under final diagnosis. The categories included Psychoneurotic Depressive Reaction, Psychotic Depressive Reaction, Manic-Depressive Reaction (Depressed Type), Involutional Psychotic Reaction, and Mixed Depression.

To check on the reliability of the findings on the occurrence of crying, a first-year medical student was asked to review twenty of these charts chosen at random from the total sample. There was absolute agreement on 18 out of the 20 charts, with a reliability index of 90 per cent.

TABLE I

Type of depression	No.	Male	Female	Did not cry	Per cent. cried
Neurotic	22	4	18	4	81.8
Psychotic	21	8	13	16	23.8
Mixed	22	4	18	7	68.2

Table I shows that 81.8 per cent. of neurotic depressions, 23.8 per cent. of psychotic depressions, and 68.2 per cent. of mixed depressions cried. This difference was found to be statistically significant ($\chi^2 = 16.16, p < 0.001$).

To correct for the variance in crying between males and females in our culture, the figures were further broken down according to sex distribution. Out of the 22 neurotic depressions there were 4 males and 18 females and out of the 21 psychotic depressions there were 8 males and 13 females. The sex distribution was the same among the mixed depressions as among the neurotic depressions.

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TABLE II

Type of depression	Males			Females		
	+ Crying	- Crying	Per cent. crying	+ Crying	- Crying	Per cent. crying
Neurotic	4	0	100	14	4	78
Psychotic	0	8	0	5	8	38
Mixed	1	3	25	14	4	78

In respect to crying (Table II) all the males who were neurotically depressed cried at least once while hospitalized, but none of the male psychotic depressions and 25 per cent. of those males who suffered from mixed depression cried ($\chi^2 = 8.29$ (corrected), $p < 0.02$).

Table II also shows that the incidence of crying among females was 78 per cent. in neurotic depressions 38 per cent. in psychotic depressions and 78 per cent. in mixed depressions ($\chi^2 = 6.72, p < 0.05$). It would therefore seem that in respect to neurotic and psychotic depression there is some sex bias, but crying is nevertheless much more common among patients diagnosed as having neurotic rather than psychotic depression, regardless of sex. In general it appears that hospitalized depressed females are more likely to cry than hospitalized depressed males, even if the depression is of psychotic proportions. Despite this sex difference, crying among the neurotically depressed women was more than twice as common as it was among psychotically depressed women.

In summary, the results of our study show that crying occurs commonly at a statistically significant level in psychoneurotic depression and is a differentiating factor from psychotic depression, in which the phenomenon is much less common.

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