Etiotropic psychotherapy for depression through addressing unprocessed aggression: an approach within Integrative Causal Psychotherapy

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Abstract

Objective: This pilot study aimed to evaluate the effectiveness of a short-term psychotherapeutic technique for treating depression by addressing unprocessed aggression, developed within the framework of Integrative Causal Psychotherapy**.

Method: The study involved 18 adult patients diagnosed with major depressive disorder with moderate and severe recurrent episodes (ICD-10 codes F33.1 and F33.2, corresponding to DSM-5*** codes 296.32 and 296.33, respectively) and persistent depressive disorder (ICD-10 code F34.1, corresponding to DSM-5 code 300.4). The patients were assessed by a psychiatrist before and after psychotherapeutic treatment. Treatment outcomes were assessed using psychiatric evaluations. In addition to the psychiatric examination before and after treatment, standardized psychological measures (e.g., Ryff Scales of Psychological Well-Being) and Tor's 'Satisfaction with Dynamics in Key Areas of Life' questionnaire were used to measure the patients' psychological well-being pre- and post-treatment.

Results: As a result of psychotherapy, 83% (N=15) of the participants achieved full remission, 17% (N=3) of the participants were diagnosed with a decrease in the severity of the disorder. At the same time, patients with neurotic personality organization****, who made up half of the sample (N=9), achieved remission in 100% of cases, and among patients with borderline personality organization, who made up the other half of the sample (N=9), 67% of the participants achieved remission, and 33% showed a reduction in symptom severity. In the follow-up, which at the time of writing is about a year for most participants, there was not a single case of recurrence of depressive episodes in patients who achieved remission and not a single case of worsening of symptoms in patients who had a decrease in the severity of depressive episodes during treatment.

Conclusions: The method of treating depression developed in Integrative Causal Psychotherapy, in which the therapeutic target is prohibitions on the awareness and expression of aggressive impulses, can be recommended as an etiotropic short-term method of treating primary (non-comorbid) depressive disorders for adult patients with neurotic and borderline personality organization. The method offers a drug-free, structured approach with no relapses observed in a one-year follow-up. This pilot study's small sample size (N=18) limits generalizability, necessitating larger-scale research.

Keywords: major depressive disorder; unprocessed aggression; Integrative Causal Psychotherapy; ICP; short-term psychotherapy; psychodynamic psychotherapy.

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** Integrative Causal Psychotherapy (ICP; Serbian: Integralna kauzalna psihoterapija, IKP; Russian: Integral'naya kauzal'naya psikhoterapiya, IKP) is a psychodynamically oriented psychotherapeutic approach developed by Y. Tor within a Serbian-Russian psychotherapy school [1].

*** According to the DSM-5 classifier [2].

**** Based on the classification by Otto Kernberg [3].

Introduction

Major depressive disorder (MDD), the hallmark of depressive disorders, is characterized by discrete episodes lasting at least two weeks, involving significant changes in affect, cognition, and neurovegetative functions, with inter-episode remissions. Persistent depressive disorder (dysthymia), a more chronic form of depression, is diagnosed when the mood disturbance persists for at least two years in adults or one year in children [2].

Globally, according to the 2020 Wellcome Global Monitor, nearly one in five adults reported experiencing anxiety or depression severe enough to disrupt their daily activities for two weeks or longer [4]. The World Health Organization (WHO) reported in 2023 that approximately 5% of adults worldwide suffer from depression, with over 700,000 annual deaths attributed to suicide [5]. Depression significantly impacts quality of life and is a leading determinant of suicide deaths [6]. It ranks among the top causes of disability globally and is a priority condition under WHO's Mental Health Gap Action Programme.

Despite its prevalence, most individuals with depression do not receive adequate treatment. Systematic reviews highlight the limited efficacy of antidepressant medications, which often fail to outperform placebo in clinical trials. Approximately 50% of trials show no significant difference between active treatments and controls, with minimal differences on the Hamilton Rating Scale for Depression. Existing psychotherapeutic approaches have also been criticized for failing to demonstrate clear superiority over waitlist controls [7–10].

Relapse following treatment cessation remains a significant challenge in both psychiatric and psychotherapeutic practice. A 2021 study from University College London found that 56% of patients who discontinued antidepressant medication experienced relapse within one year, compared to 39% of those who continued treatment. Long-term antidepressant use also increases relapse risk [11]. Similarly, non-pharmacological treatments face high relapse rates. Cognitive Behavioral Therapy (CBT), often cited as a highly effective psychotherapeutic approach for depression [12], shows relapse rates of 30–50% within the first year post-therapy, rising to 60–70% within 2–5 years [13]. Transcranial magnetic stimulation (TMS) results in relapse rates of 30–40% within six months [14], while electroconvulsive therapy (ECT) is associated with relapse rates of 50% within six months and 70–80% within one year [15]. In contrast, the current study reports no relapses within one year, suggesting a potential advantage of the proposed method in preventing recurrence.

Depressive disorders are thus a prevalent mental health condition and a leading cause of global disability, yet effective, relapse-preventive treatments remain elusive. This pilot study aims to evaluate the outcomes of a short-term etiotropic treatment for non-comorbid depression using Integrative Causal Psychotherapy (ICP), focusing on unprocessed aggression as a therapeutic target. Emerging evidence suggests that repressed and suppressed aggression may play a central role in the etiology of non-comorbid depressive disorders, making it a promising therapeutic target [16–18]. ICP is a psychodynamic approach that targets the root causes of mental disorders by addressing repressed affects and uncritically learned maladaptive cognitive-behavioral patterns.

Method

Hypothesis and theoretical framework

Our hypothesis posits that the primary cause of depression lies in the repression and suppression of aggressive feelings and emotions, leading to the accumulation of their derivatives. When these derivatives reach an individual threshold, they result in mental decompensation, manifesting as depressive disorder. This perspective draws on psychoanalytic theories of depression by Z. Freud, K. Abraham, M. Klein, and O. Kernberg [16–19], as well as neurobiological data on the effect of emotion suppression on the development of depression [20]. Additionally, irritable mood (rather than sadness) during depressive episodes in children and adolescents, as specified in the diagnostic criteria for depressive disorder [2], support the role of aggressive impulses in depression, as these impulses are more observable in younger individuals due to less developed repression mechanisms.

Integrative Causal Psychotherapy approach to treating depression

Considering unprocessed (repressed and suppressed) aggression as the primary cause of depressive disorders, we targeted the neutralization of mental factors that lead to such repression and suppression of aggression, specifically, attitudes prohibiting the awareness and expression of aggression. The primary therapeutic goal is the normalization of patients' aggressive feelings and emotions, fostering a constructive attitude toward them. A secondary goal involves processing accumulated aggressive affects and establishing functional patterns of thinking and behavior regarding aggressive impulses. To address these therapeutic goals, we developed a comprehensive methodology that comprises:

1. **Techniques of psychological neuromodulation** aimed at neutralizing attitudes that prohibit

To see more about the Integrative Causal Psychotherapy approach, follow the link https://icpmodality.org

aggressive feelings and emotions; processing accumulated aggressive affects, and enhancing the Ego's ability to manage aggressive impulses constructively:

a. *De-imprinting of prohibitions* to eliminate prohibitions on having aggressive impulses by modifying mental representations of experiences in which the prohibitive suggestion was received;
b. *Catharsis of memories* to process negative affects related to unresolved aggression and establish adaptive behavioral patterns;
c. *Bilateral neuromodulation* to correct the psycho-emotional state and dysfunctional beliefs;
d. *Resourcing of the life line* to process accumulated negative affects, replenish mental resource deficits associated with unfavorable periods in life, and strengthen the Ego's ability to withstand stress without developing auto-aggressive states;
e. *Merging with the Ideal Self* to model a more acceptable to the patient self-image;
f. *Archetypal gift* to model desired for the patient modeling personal qualities or behaviors, enhancing his psychological well-being;

2. **Motifs of Katathym-Imaginative Psychotherapy** by H. Leuner [21], both classical and author-modified:

a. *Flower* for diagnosing and treating of autoaggression*;
b. *Predatory beast* for learning to make contact and to channel one's own aggressive impulses;
c. *Stream* for normalizing the speed and quality of mental processes;
d. *House* for strengthening the Ego;
e. *Mountain* for directing aggressive energy toward goal achievement and social aspirations;

3. **Psychoeducation** on the nature of aggressive feelings, emotions, and the consequences of prohibiting their awareness and expression;

4. **Fostering a healthy attitude** of patients towards their own aggressive feelings and emotions.

The method follows a 20-session protocol, with a flexible sequence of sessions to adapt to the individual needs and narrative of the patient. It should be noted that the protocol techniques serve primarily as tools. The primary aspect of implementing the protocol is the focus on removing prohibitions on the awareness and expression of aggression and working within a psychodynamic framework.

The ICP protocol for the treatment of depression through addressing unprocessed aggression

Session 1. Processing affects, establishing a therapeutic alliance. The technique *Catharsis of memories* to address experiences of unprocessed aggression or the patient's sense of their "badness" (rejection, humiliation, devaluation, and similar experiences).

Session 2. Psychoeducation about interacting with one's aggression (using the client's narrative as an example, showing moments of suppression of aggression), suggestion a healthy attitude towards dealing with one's aggression. The technique *De-imprinting the prohibition on expressing aggression.*

Session 3. The motif *Flower.*

Session 4. Discussion of the drawing based on the motif *Flower.* The technique *Catharsis of memories* to address experiences of suppressed aggression or the patient's sense of their "badness".

Session 5. Identification and correction of negative and limiting beliefs about the self, using subjective scaling and the techniques *Bilateral neuromodulation* and *Catharsis of memories.*

Session 6. The motif *Predatory beast.*

Session 7. Discussion of the drawing based on the motif *Predatory beast.* The technique *Merging with the Ideal Self.*

Session 8. The technique *Catharsis of memories* to address experiences of suppressed aggression or the patient's sense of their "badness".

Session 9. The motif *Stream.*

Session 10. Discussion of the drawing based on the motif *Stream.* Identification and correction of negative and limiting beliefs about the self.

Session 11. The technique *Life line resourcing* for the most problematic periods of life.

Session 12. The technique *Archetypal gift* for the patient's desired quality or behavior pattern.

Session 13. The motif *House.*

Session 14. Discussion of the drawing based on the motif *House.* The technique *Life line resourcing* for the most problematic periods of life.

Session 15. The technique *Catharsis of memories* to address experiences of suppressed aggression or the patient's sense of their "badness".

Session 16. The motif *Mountain.*

Session 17. Discussion of the drawing based on the motif *Mountain.* Identification and correction of negative and limiting beliefs about the self, using subjective scaling and the techniques *Bilateral neuromodulation* and *Catharsis of memories.*

Session 18. The technique *Catharsis of Memories* to address experiences of suppressed aggression or the patient's sense of their "badness".

* Here we highlight the most significant therapeutic effects of the given motifs of Katathym-Imaginative Psychotherapy within our methodology; the therapeutic potential of these motifs are not limited to this range of effects.

Session 19. Identification and correction of negative and limiting beliefs about the self, using subjective scaling and the techniques *Bilateral neuromodulation* and *Catharsis of memories*.

Session 20. Techniques from the above, depending on the patient's material.

The methodology and protocol were developed by Yuri Tor, the founder of Integrative Causal Psychotherapy. They have been in use since 2018 and formed the basis of this study in 2023.

To replicate the results presented in this study, psychotherapists must:

- be proficient in psychodynamic approaches, particularly in recognizing unconscious material;
- have mastered all the techniques and methods of the protocol;
- have no personal prohibitions or negative attitudes toward their own aggression.

Sample and measures

The study was conducted from September 2023 to December 2024 at the Academy of Integral Psychodynamic Psychotherapy (Moscow, Russia), in collaboration with the Department of Clinical Psychology, Yaroslavl State Medical University (Yaroslavl, Russia). All participants provided informed consent, and the study protocol was approved by the Ethics Committee of the Academy of Integral Psychodynamic Psychotherapy.

The study included 18 patients aged 24–76 years, diagnosed with major depressive disorder (MDD) with moderate and severe recurrent episodes (ICD-10 codes F33.1 and F33.2; DSM-5 codes 296.32 and 296.33) or persistent depressive disorder (ICD-10 code F34.1; DSM-5 code 300.4). Participants were recruited through announcements by the Academy of Integral Psychodynamic Psychotherapy. Diagnoses were confirmed by a board-certified psychiatrist using structured clinical interviews based on ICD-10 criteria with corresponding DSM-5 codes provided for reference.

Psychotherapy was delivered by the method's author and five trained psychotherapists. Treatment consisted of 20 weekly 50-minute sessions conducted online via video, following the protocol described above. Each patient's treatment lasted 20 weeks. All psychotherapists participated in biweekly group supervisions led by the methodology's author. The supervisions ensured treatment fidelity and consistency across therapists, addressing challenges in applying the protocol.

Treatment effectiveness was evaluated through psychiatric examinations before and after psychotherapy. Psychological well-being was assessed using the Ryff Scales of Psychological Well-Being [22] and Tor's "Satisfaction with Dynamics in Key Areas of Life" questionnaire [26]. The Ryff Scales of Psychological Well-Being have demonstrated high reliability and validity in diverse populations [22]. Tor's 'Satisfaction with Dynamics in Key Areas of Life' questionnaire was developed based on clinical observations. The questionnaire assessed changes over the past 2.5 months to capture recent shifts in patients' subjective well-being, aligning with the treatment duration and post-treatment evaluation timeline.

Patients' psychological well-being was compared to a control group of 30 Russian individuals aged 18–51 years, recruited via snowball sampling, with no history of psychiatric registration or mental health monitoring. The control group was used to compare post-treatment psychological well-being scores (Ryff Scales) with normative data from a non-clinical population. Data were analyzed using the Mann-Whitney U test for independent samples and Spearman's rank correlation coefficient, with IBM SPSS Statistics 22.0.

Results and discussion

Following psychotherapy, 83% (N=15) of participants achieved full remission, while 17% (N=3) experienced a reduction in symptom severity: one participant improved from severe to mild, one from severe to moderate, and one from moderate to mild. Patients with neurotic personality organization (N=9, 50% of the sample) achieved full remission in 100% of cases. Among patients with borderline personality organization (N=9, 50% of the sample), 67% (N=6) achieved remission, and 33% (N=3) showed reduced symptom severity. During a one-year follow-up, no relapses occurred in patients who achieved remission, nor was there symptom worsening in those with reduced severity. The lower remission rate in patients with borderline personality organization may be attributed to greater ego fragility and difficulty processing aggressive impulses.

Figure 1 illustrates the dynamics of overall scores on the Ryff Scales of Psychological Well-Being before and after psychotherapy. Patients with neurotic personality organization had a pre-treatment score of 318 (low well-being range), which increased to 350 post-treatment (upper medium range), approaching high well-being levels — a 10% improvement. Patients with borderline personality organization showed a 5.4% improvement, remaining in the low well-being range but nearing the medium range*. While the 10% improvement in the neurotic group

* In the Ryff Scales of Psychological Well-Being, the general indicator of psychological well-being has the following levels of expression: 0–323 points — low level; 324–353 points — average level; 354 points and above — high level.

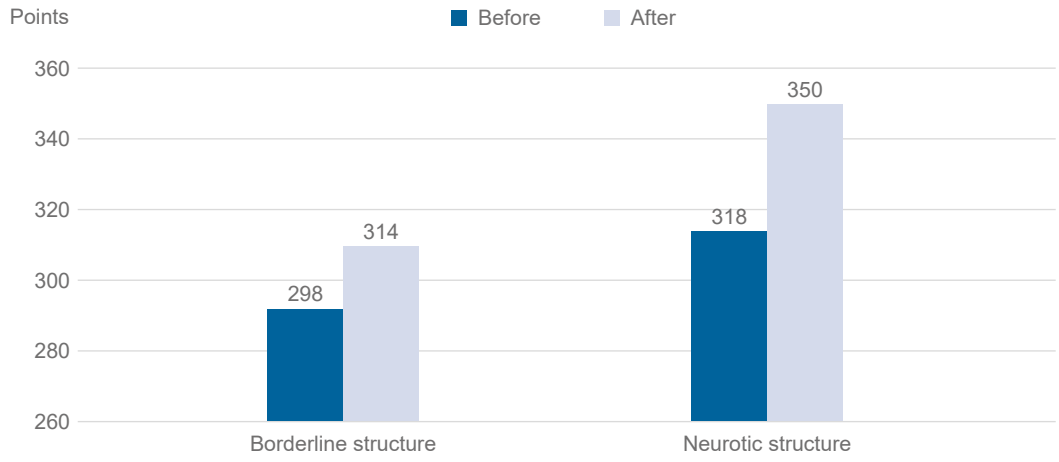

Figure 1. **Psychological well-being scores (Ryff Scales) among patients before and after psychotherapy**

approaches the threshold for clinical significance, the 5.4% improvement in the borderline group may be less clinically meaningful and warrants further investigation. Improvement of psychological well-being of patients in both groups after psychotherapy were statistically significant (Wilcoxon signed-rank test, $p < 0.05$).

Figure 2 presents subscale scores from the Ryff Scales, showing positive dynamics across all subscales, with the most significant improvements in "Self-acceptance" and "Environmental mastery." Post-treatment, "Autonomy" and "Environmental mastery" scores in recovered patients slightly exceeded those of the control group (by 0.84 and 1.00 points, respectively). Although these differences were statistically significant for the Environmental mastery and Self-acceptance subscales, as well as the Overall psychological well-being score ($p < 160.05$), their clinical significance requires further investigation in larger samples.

Figure 3, based on Tor's questionnaire, reflects patients' subjective assessments of changes in key life domains over the past 2.5 months. Patients assessed changes that had occurred over the past 2.5 months in key areas of their lives by selecting one of the following response options: "became much worse," "be-

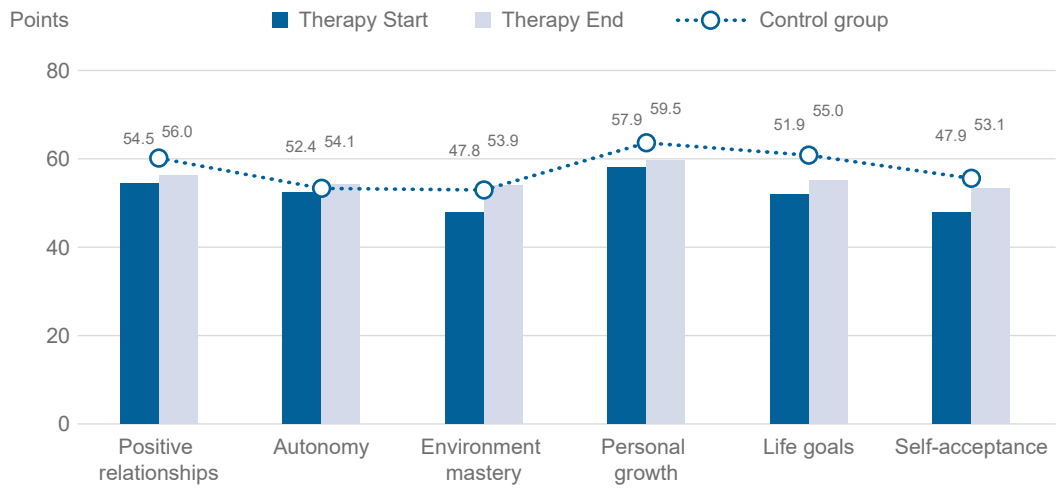

Figure 2. **Subscale scores from the Ryff Scales of psychological well-being in patients before and after psychotherapy compared to the control group**

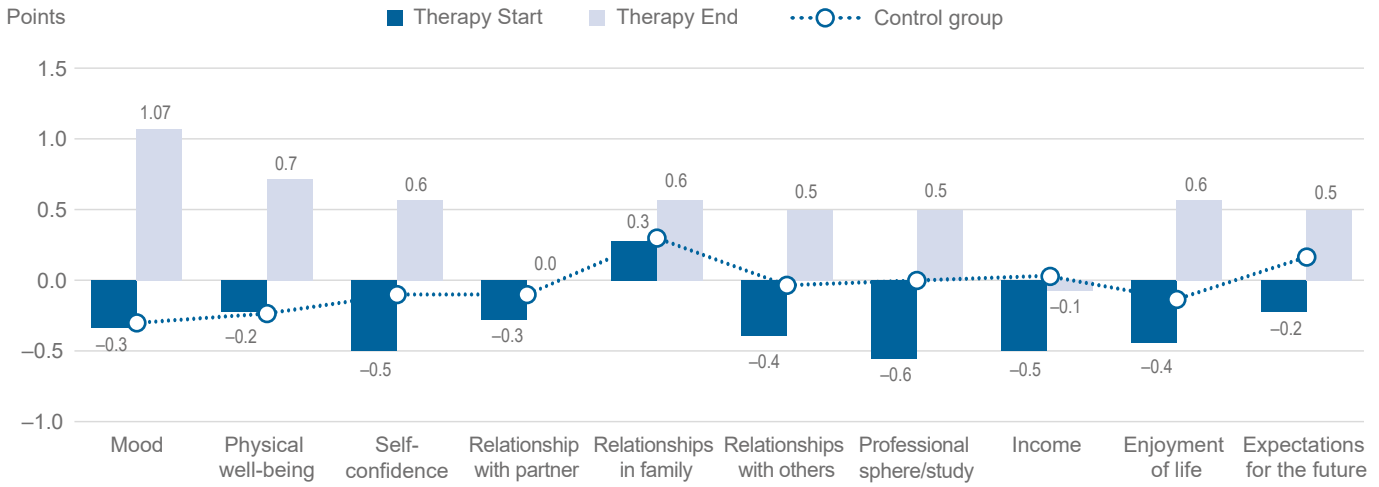

Figure 3. **Satisfaction with dynamics in key life domains before and after psychotherapy**

came worse," "no change," "became better," "became much better." Responses were rated on a 5-point Likert scale (1 = 'became much worse,' 5 = 'became much better').

Before psychotherapy, only family relationships showed positive dynamics. Post-treatment, patients reported improvements ("became better" or "became much better") across nearly all domains, with the most pronounced changes in mood, self-confidence, professional sphere/study, and enjoyment of life. These improvements correlate with the alleviation of depressive symptoms, particularly impacting emotional well-being, self-esteem, and hedonic aspects of life.

The findings support our hypothesis that unprocessed aggression is a primary cause of non-comorbid depressive disorders, and Integrative Causal Psychotherapy offers an effective, short-term, etiotropic approach to address this cause, achieve remission, and prevent relapses. Compared to relapse rates reported for CBT (30–50%), TMS (30–40%), and ECT (50–80%) [13–15], the absence of relapses in this study highlights the potential of ICP to address the root causes of depression and prevent recurrence.

Limitations and future directions

The small sample size (N=18) limits the generalizability of findings, necessitating larger-scale studies to confirm the method's efficacy. The lack of a treatment control group (e.g., patients receiving other therapy or waitlist control) limits the ability to directly compare ICP with existing interventions.

The method requires patients to have intelligence within normal limits and intention and ability to form the therapeutic alliance. Its effectiveness may be limited in patients with significant intellectual impairments and conditions such as neurodevelopmental disorders, schizophrenia spectrum disorders, substance-related disorders, neurocognitive disorders, or severe personality disorders.

Advantages of the method:

- Etiotropic approach;
- Short-term (20 sessions);
- Clear therapeutic target and mechanism;
- Structured protocol;
- Drug-free;
- Effective in both face-to-face and online formats;
- Trainable to qualified psychodynamic psychotherapists within two months.

A key advantage is the method's ability to address the root cause of depressive disorders and prevent relapses, supported by one-year follow-up data from this study. Unpublished clinical practice data presented at conferences indicate sustained remission in patients treated with ICP monitoring over six years [23–25]. This can be attributed to the elimination of a key cause of depression: prohibitions on aggression; when removed in adulthood, these prohibitions are unlikely to re-emerge.

This study's novelty lies in its focus on removing prohibitions on aggression to treat depression, a concept rooted in psychoanalytic theory since Freud's 1917 work [16], yet underexplored in contemporary psychotherapy research. Unlike traditional psychodynamic approaches that focus on grief or loss [16], this method directly targets prohibitions on aggression, offering a novel etiotropic framework for depression treatment.

Future research should evaluate this method in larger, diverse samples (considering age, gender, and social status), conduct cross-cultural studies, and perform longitudinal studies to assess long-term outcomes. The method's efficacy for comorbid depression, depression in children and adolescents, and patients with psychotic personality organization also warrants investigation. In comorbid cases, we hypothesize that the method may reduce depressive symptom severity, though full remission may depend on the treatment of the primary disorder.

Conclusions

This study suggests that non-comorbid depression may be driven by an inability to process aggressive impulses due to prohibitions on their awareness and expression. The 20-session protocol developed within Integrative Causal Psychotherapy effectively addresses these prohibitions, achieving remission in patients with neurotic personality organization and yielding variable outcomes (remission or symptom reduction) in those with borderline personality organization. For patients with borderline personality organization [3] therapists may decide to extend the protocol beyond the initial 20 sessions to strengthen the patient's ego to a level that allows them to process their suppressed aggressive impulses.

This method can be integrated into psychotherapy practice, offering a structured, etiotropic, time-limited intervention for clinicians working with non-comorbid depression in adults with neurotic and borderline personality organization.

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Declaration of interests

The authors declare that this study was conducted within the Academy of Integral Psychodynamic Psychotherapy, which developed the method under investigation. While the institution has an interest in its dissemination, the study was designed and conducted independently to ensure objectivity.

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