

# Hanging On and Letting Go

Tom Pyszczynski      Jeff Greenberg

# Hanging On and Letting Go

Understanding the Onset, Progression,  
and Remission of Depression

With 11 Illustrations



Springer-Verlag

New York Berlin Heidelberg London Paris  
Tokyo Hong Kong Barcelona Budapest

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Library of Congress Cataloging-in-Publication Data  
Pyszczynski, Thomas A.

Hanging on and letting go: understanding the onset, progression,  
and remission of depression/Tom Pyszczynski, Jeff Greenberg.  
p. cm.

Includes bibliographical references and index.

ISBN 0-387-97756-2. — ISBN 3-540-97756-2

1. Depression, Mental. 2. Self-perception. 3. Perservation  
(Psychology) I. Greenberg, Jeff. II. Title.

[DNLM: 1. Depressive Disorder. WM 207 P998h]

RC537.P97 1992

616.85'27—dc20

91-5216

Printed on acid-free paper.

© 1992 Springer-Verlag New York Inc.  
Softcover reprint of the hardcover 1st edition 1992

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Production managed by Natalie Johnson; manufacturing supervised by Jacqui Ashri.  
Camera-ready copy prepared from the authors' WordPerfect files using Ventura Publisher.

9 8 7 6 5 4 3 2 1

ISBN-13: 978-1-4613-9193-7 e-ISBN-13: 978-1-4613-9191-3  
DOI: 10.1007/978-1-4613-9191-3

In memory of my father, Murray Greenberg, whose death taught me about depression—and whose life gave me the strength to prevail.

J.G.

For those who matter most, Wendy and Marya.

T.P.

# Preface

Since the mid-1960s, an enormous amount of research and theorizing has been conducted on the topic of depression. In spite of this, it remains, in its many variations, an all-too-prevalent problem in our culture. Although many advances have been made in understanding particular biochemical, cognitive, and behavioral components of depression, there is clearly a need for further progress. Although this work has provided valuable insights into many aspects of depression, few if any theories adequately account for how the various aspects of depression are related to each other. In fact, if one's goal is to understand the problem of depression in its totality, the existing literature is likely to provide more confusion than light.

We believe that what is needed is a broad integrative framework that might enable one to "make sense" of the many facets of depression. By expanding on our previous self-regulatory perseveration theory (Pyszczynski & Greenberg, 1987a,b,c), this book attempts to provide such a broad integrative framework. This is not to say that we think that our framework says all there is to say about depression or that it is complete in any real sense. Certainly a great deal of additional conceptual work needs to be done to even approach a comprehensive understanding of this very complex problem. Our goal here is simply to take some initial steps toward the development of a theory that attempts to explain the inter-relatedness of the many various psychological aspects of depression.

In attempting to accomplish this ambitious task, we draw on a wide variety of previous theoretical insights and research findings. Our goal in this endeavor is to tie together much of what is known about depression into a relatively simple, coherent framework that explains the onset, progression, and eventual remission of depression. It is hoped that this framework will begin to spell out how the various depression-related processes that we posit are related to each other. By doing so, we may begin to acquire insight into the diversity of depression-related phenomena.

Because we view depression as a breakdown in normal self-regulatory functioning, our analysis begins with a consideration of both how normal, effective self-regulation proceeds and the needs and goals that guide the human self-regulatory system. We believe that the theory that emerges out of this conceptual framework goes a long way toward making sense of depression, and thereby

answers a variety of questions concerning what predisposes people toward depression, what precipitates its onset, how it progresses, and how it is alleviated. We invite you to judge for yourself how well the theory answers these questions.

The major intended audience for this volume consists of clinical researchers and psychotherapists—those who are most directly concerned with the processes involved in the onset, maintenance, and remission of depression. However, we hope that much of what we have to say will also be of interest to those interested in more basic psychological questions concerning motivation, cognition, emotion, and self-regulation. Because of our conviction that depression results from a misapplication of normal, adaptive self-regulatory processes, our theory necessarily must start with an analysis of the adaptive and maladaptive functioning of the self-regulatory system. Although our framework for broaching these issues was inspired by the existing work of Duval and Wicklund, Carver and Scheier, and others, we have attempted to extend these frameworks to deal more effectively with questions concerning both the micro-level workings of the self-regulatory system and the macro-level motives that drive it. In other words, we have attempted to add to existing analyses of both how and why the self-regulatory system works. Thus we hope that the resulting conceptualization will be of interest to personality, social, cognitive, developmental, as well as clinical psychologists.

The theory we have developed has been influenced by the work of many others. We feel a particularly large scholarly debt to Aaron Beck, Ernest Becker, Jack Brehm, Charles Carver and Michael Scheier, James Coyne, Shelley Duvall and Robert Wicklund, Sigmund Freud, Jay Hull, Julius Kuhl, Peter Lewinsohn, and Otto Rank. We also want to thank two colleagues with whom we have collaborated over the years and who have greatly influenced our thinking about depression: James Hamilton and Sheldon Solomon. In addition, thanks are due to Sara Qualls and Varda Shoham-Salomon, who provided feedback concerning specific sections of this book, and Sherry Cumber, who helped with the preparation of the manuscript. In a more personal vein, we wish to thank our parents, Tom and Mary Anne Pyszczynski and Murray and Edith Greenberg, for providing us with the educational opportunities, motivation, and confidence (arrogance?) to write a book such as this. Finally, we wish to express our gratitude to our respective spouses, Wendy Matuszewski and Elizabeth Greenberg, whose patience, love, and support have been essential to us throughout our careers.

T.P. & J.G.

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# 1

## Introduction and Overview

Of all the evils that the field of psychology might hope to vanquish, none would appear to be more important to conquer than depression. After all, depression is a very common disorder in which all of the positive aspects of existence are absent: joy, happiness, satisfaction, excitement, the love of self, and the love of life. In its more extreme forms, depression is completely incapacitating, leaving the individual unable to cope with even the simplest demands of daily life. Depression would also seem to be a problem particularly amenable to psychological solutions because it is a temporary state and one involving symptoms that, in mild form, have been experienced by most people.

Because of these qualities, depression has been the subject of hundreds of theories and thousands of studies. Although much of this work has been of value, there is a great deal of room for improvement in both the understanding and treatment of depression. We believe that one of the main reasons for the limited progress in understanding depression is that most contemporary theories of depression are derived from fragmentary, often unsystematic assumptions about human behavior. One of the primary assumptions underlying this book is that to understand a significant human problem such as a depression, one must begin with a general analysis of normal human functioning.

Another problem that has been encountered is that depression is not as simple a phenomenon as it once seemed. It is now clear that there are a variety of types of depressive disorders. Unfortunately, there is little agreement regarding the number and nature of the various types. According to the *Diagnostic and Statistical Manual* of the American Psychiatric Association (1987; *DSM-III-R*), there is no single set of characteristics necessary for a diagnosis of depression. Rather, depression is a syndrome consisting of a fairly large set of diverse symptoms; diagnosis depends on an individual exhibiting some subset of the many characteristics commonly associated with depression. A summary of the current *DSM-III-R* guidelines for the diagnosis of depression is found in Table 1.1.

Over the years, a number of taxonomic systems for differentiating distinct subtypes of depression have been proposed. Distinctions between psychotic and neurotic depression, endogenous and exogenous depression—along with many

Table 1.1. *DSM-III-R* Diagnostic Criteria for Major Depressive Episode.

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A.	At least five of the following symptoms have been present during the same 2-week period and represent a change from previous functioning; at least one of the symptoms is either (1) depressed mood or (2) loss of interest in pleasure.
	1. Depressed mood
	2. Diminished interest in pleasure
	3. Significant weight loss or weight gain when not dieting
	4. Insomnia or hypersomnia
	5. Psychomotor agitation or retardation
	6. Fatigue or loss of energy
	7. Feelings of worthlessness or excessive guilt
	8. Diminished ability to think or concentrate, or indecisiveness
	9. Recurrent thoughts of death, suicidal ideation, or suicidal plans
B.	These symptoms are
	1. Not initiated or maintained by an organic factor
	2. Not a normal reaction to the death of a loved one

---

other dichotomies—have been proposed. Unfortunately, there is no widespread agreement on which distinctions best capture the essence of the different types of depression. It is also likely that different types of depression have different etiologies and that these disorders may result from complex combinations of causal factors. This heterogeneity in the presentation and etiology of depression precludes any one “theory of depression.”

This complexity suggests a number of potential strategies for the development of theories of depression. One strategy is to narrow one’s focus to a particular type of depression; this strategy has perhaps been most fruitful in psychiatric, biochemical approaches to depression. Another strategy is to work through one’s theory of depression and then create a new category of depression by finding people who seem to fit the causal hypotheses derived from that theory. Abramson, Metalsky, and Alloy’s (1989) recent hopelessness theory seems to adopt this strategy. A third strategy is to essentially ignore the cacophony surrounding depression and proceed with a general analysis of human behavior that can then be fruitfully applied to the broad understanding of depressive disorders and the commonalities that exist across them.

All three strategies have strengths and weaknesses, but as we have already suggested, we believe the latter strategy will ultimately bear the most fruit and it is, at the very least, a neglected approach that can be an important supplement to other, more narrowly focused perspectives on depression. As Ernest Becker (1973) has argued regarding his own general theory of mental illness:

we know everything important about human nature that there is to know. Yet never has there been an age in which so little knowledge is securely possessed, so little a part of the common understanding. The reason is precisely the advance of specialization, the impossibility of making safe general statements, which has led to a general imbecility. . . . In such a stifling and crushing scientific epoch someone has to be willing to play the fool in order to relieve the general myopia. (p. 209)

With respect to depression, we hope that with self-regulatory perseveration theory, we can play the part of such a fool.

Put simply, the goal of this book is to present a general theoretical framework for understanding the onset, maintenance, and remission of depression. Our focus throughout this volume will be on attempting to explain the ways in which the various symptoms or characteristics of depression are related to each other and, more importantly, to a general self-regulatory process that serves to keep the individual “on track” in the pursuit of the goals or standards around which his or her life has been organized. It is to be hoped that the resulting theory can explain how each of the various symptoms of depression is produced, and by so doing, can also shed light on the question of why the manifestation of depression varies so widely across individuals.

In taking this approach, we acknowledge at the outset that depression is indeed a multifaceted problem. However, we believe that this complexity does not preclude the development of general theories of depression. We feel strongly that the solution to the problem of depression does not lie in the development of a different theory for every variation in the manifestation of symptoms. Rather, we believe that theories of depression need to address the diversity of characteristics of the depressive state head on. Many theories treat depression as if it were a single unitary response, rather than the unruly cluster of features that actually characterizes the depressed state. By thinking of depression as a discrete entity, rather than a cluster of interrelated phenomena, such approaches are unable to shed light on the diverse ways in which depression presents itself. Our hope is that by treating each characteristic of depression as a unique “to be explained” entity, self-regulatory perseveration theory can both provide a general conceptualization of the depressogenic process and also shed some light on the diversity of symptom patterns found across individuals.

## The Functions of Theory

What should a theory of depression do for the scientist and practitioner? At the most basic level, a theory should help one think about the problem in question. It should help to make order out of the diverse and sometimes seemingly chaotic observations that have been made about the problem. It should be a useful tool that the investigator can use to further his or her understanding of the phenomenon. Armed with the theory, an individual ought to be able to deduce as yet unobserved relationships between variables that are known or suspected to be related to the phenomenon. Ideally, it ought to also provide hints about relationships of variables not previously thought to be linked to the problem. Ultimately, it should be self-correcting and capable of showing where it is wrong, what it is unable to do, where it falls short.

Traditionally, the utility of a theory is measured against its ability to fulfill three major functions. First, a useful theory ought to be able to account for and organize

what is currently known about the problem in question. Thus a theory of depression should be able to account for the diverse clinical and empirical literatures on depression in an organized and coherent manner.

Given the vast literatures that now exist on depression and related problems, it seems highly unlikely that any theory could account for *all* of the extant findings. Indeed, many discussions of the explanatory power of theories of depression focus only on the theory's ability to account for research generated to test the particular theory under consideration. Although it is certainly important for a theory to be able to account for the results of studies directly probing its implications, a useful theory should also further our understanding of findings of research generated by theoretical traditions other than its own. A related issue in evaluating the explanatory power of a theory concerns the extent to which its explanations follow simply, easily, or naturally from its core propositions, without continually requiring excessive stretching and patching. A good theory should be able to account for a large proportion of what is known about the phenomena with a minimal number of ad hoc assumptions and propositions.

Second, a good theory should provide a compelling explanation for the phenomenon in question—in other words, it should provide insight into the processes through which the phenomenon is produced. As Lewin (1931, 1935) has pointed out, a good theory should go beyond simple description and categorization (see Wicklund, 1990; Wicklund & Gollwitzer, 1987, for recent discussions of these ideas). Rather, it should explain the dynamics of the process through which the phenomenon unfolds and changes. For Lewin, a truly scientific approach to nature involves going beyond one's observations and intuitions to engage in a creative act of imagination that explains those observations. Scientific theory transcends a simple cataloging of observations and involves the deduction of principles that not only account for what one has observed, but also specify what one *should* be able to observe in entirely new situations if one's theory is indeed correct. A useful theory specifies relationships between variables that produce both the occurrences that one has already observed and many others that have yet to occur.

This dynamic quality of theories is all too often overlooked. Many contemporary psychological theories simply describe relationships between surface characteristics of the person and environment. Others provide long lists of determinants of a given type of behavior, with no attention being paid to the relationships among the various determinants. Still others specify internal events or structures that produce superficially related overt behavior and thought. What is often lacking is a clear specification of the dynamics of the phenomenon in question. Put simply, the theory should specify how all of the various components of the phenomenon are related to each other and should explain why and how the phenomenon occurs.

As noted above, this lack of attention to the interrelatedness of purportedly causal variables is especially problematic when attempting to explain complex multifaceted problems such as depression. Depression consists of a variety of specific indicators. No one particular symptom is a necessary feature of all depressions; many different constellations of symptoms can qualify for diagnosis as any particular subtype. In spite of this heterogeneity, most theories treat depres-

sion as a single unitary response and pay little attention to the relationship between, and determinants of, specific symptoms of depression. We suggest that a complete theory of depression must adequately explain the process through which each of the symptoms of the disorder emerge and how the various symptoms affect each other.

Another common problem with extant theories is that the hypothesized mediating process is often an essential feature of the to-be-explained behavior. Without a clear specification of mediating process, independent of the characteristics of the to-be-explained behavior, the theory becomes tautological and untestable. Coyne and Gotlib (1983; Coyne, 1989) have argued that this tendency to explain depression in terms of features usually thought of as central features of the disorder is a stumbling block for many theories of depression.

Finally, a useful theory must have clear empirical implications. Armed with the theory, a researcher should be able to generate clear hypotheses that permit an assessment of the theory's validity. Ideally, the theory will specify relationships between variables that must exist if the theory is valid. Unfortunately, these relationships often depend on extratheoretical contextual variables that are not clearly articulated. Thus the theorist is left with an "escape clause" that is used to explain away findings that fail to conform to predictions. For example, if measures of a structure posited to cause depression do not predict later depressions, a theorist could argue that the structure is unconscious or that it must first be primed in order to be detectable. Lakatos (1976) referred to this tendency to use ad hoc assumptions to explain away contradictory findings as a "negative heuristic." The negative heuristic is used to protect the theory from data that refute its propositions. The negative heuristic is an inevitable, and in some ways justifiable, response to initial disconfirming data. However, when used to the extreme, it robs the theory of its predictive value and ultimately renders it untestable.

Although it is probably inevitable that theorists will resort to the negative heuristic when faced with disconfirming results, there may be ways to limit the plausibility of such claims. We suggest that it is the level of specificity of the theory itself that plays the major role in encouraging or discouraging the use of ad hoc assumptions and excuses to explain away embarrassing data. As described above, an ideal theory would take into account all of the variables impinging on the phenomenon in question and specify the relationships between these variables that produce the behavior in question. Obviously, no theory is able to take into account all possible influences on a complex behavior. However, it is still worth attempting to consider how the focal variables of a given approach are likely to interact with other variables. Thus we are suggesting that the more influences that a theory takes into account in formulating a dynamic explanation of the causal process, the less opportunities there are for unspecified influences to impinge on the process and "spoil" the hypothesized empirical relationships. Thus theories that explicitly consider the interrelatedness of influences on the focal outcome, and that clearly specify interactions between these variables, are less likely to be tested in ways that permit negative heuristic explanations for disconfirmatory results.

It is also highly desirable that the theory be able to generate hypotheses capable of demonstrating the theory's unique explanatory power. In other words, the theory should yield hypotheses that could not be deduced from other existing theoretical frameworks. Given that most active research fields involve a high level of cross-fertilization among theorists, this too is often a difficult goal to accomplish. Most theorists generally rely on the same empirical and theoretical traditions for inspiration of their explanatory frameworks. Furthermore, theorists generally start with a common set of existing findings and relationships that they then seek to explain. Consequently, many different theories are likely to generate "predictions" of the same fairly commonly observed empirical "facts."

This discussion again brings us back to Lewin's admonition that theorists go beyond mere description of easily observable surface level characteristics and relationships. The goal of the theory is to *explain* what can readily be observed. Thus a good theory inevitably goes beyond simply predicting what is already known to be true. To the extent that the theory truly goes beyond what is already known, it is less likely that its predictions will completely overlap with those of other approaches.

Finally, the hypotheses one deduces from the theory ought to be transformable into research designs that permit unambiguous assessment of the causal propositions that make up the theory. Unfortunately, when studying painful psychological conditions such as depression, simple tests of causal hypotheses free from interpretational difficulties are rarely possible. This is largely due to ethical and methodological limitations. However, the same qualities that enable a theory to compellingly account for existing findings also facilitate the process of designing unambiguous research. In general, then, the more thorough the conceptual analysis of the interrelationships between causal variables, the more useful the research generated by the theory will be.

## Research Strategies for Studying Depression

Although we have just argued that, in order to be useful, a theory must enable researchers to generate clear and unambiguous hypotheses, it is important to realize that there are serious difficulties in conducting research to test hypotheses about depression. As is the case with all complex human problems, it is extremely difficult to obtain unambiguous evidence concerning the causes of depression. The simplest and most straightforward approach, experimental manipulation of putative causal variables in the hopes of producing the phenomenon in question, is ruled out by the obvious ethical problems inherent in intentionally producing a painful disorder such as depression. Other less powerful approaches are fraught with the interpretational difficulties that are always associated with correlational research. To make matters worse, an array of problems unique to the study of depression, such as the nosological difficulties already noted, also plague research in this area.

In spite of these difficulties, useful tests of hypotheses concerning the causes of depression can be and are conducted. Because the various research strategies tend

to have complementary strengths and weaknesses, a multimodal approach, employing a diversity of research strategies, is the only viable solution. Each approach can yield useful, but limited information about this complex and perplexing problem. Although it would be ideal if every study yielded definitive conclusions, this simply is not the way science works. Science is a cumulative enterprise that depends on diverse investigational strategies for converging evidence that bears on the validity of its hypotheses. Convincing evidence is produced when diverse but imperfect methods all yield similar conclusions.

In this volume, as our theory unfolds, we will review relevant evidence from a variety of sources, including clinical observations, cross-sectional and longitudinal correlational studies, experiments with clinically and subclinically depressed subjects, and analog experiments. While definitive evidence regarding a number of components of our theory must await further research, we believe that our theory can account for a large proportion of the extant findings.

## Our General Theoretical Approach

Our analysis of depression began in the late 1970s when we noticed a number of parallels between the effects of self-awareness in the laboratory and the characteristics of depression. This led us to hypothesize that depressed individuals are especially high in self-awareness. Although a variety of studies have provided support for this hypothesis (to be reviewed later, Chapters 5 and 7), we wondered whether there might be situations in which depressed individuals would not be inclined to focus on themselves. Specifically, we considered the possibility that, although generally high in self-focus, depressed individuals might actually be low in self-focus if they had recently experienced a success. Whereas research had shown that normal samples prefer self-focus after success over self-focus after failure, we hypothesized that depressed people exhibit the opposite preference, preferring self-focus after failure over self-focus after success. We found support for the existence of this unique depressive self-focusing style in three studies (Greenberg & Pyszczynski, 1986; Pyszczynski & Greenberg, 1985, 1986). Interestingly, this pattern of self-focus allocation appeared to be precisely what one would recommend to a person who was trying to maximize the symptoms of a depressive episode.

Although we believe that this research provided important insights into depressive self-focusing tendencies, which we believe have important implications for the production of many depression-related symptoms, our ultimate theory of depression was stimulated by two important questions that remained: Why are depressed people generally so highly self-focused?, and Why are depressed individuals averse to self-focus after success experiences? In order to answer these questions we were forced to consider what functions self-focus serves for the individual.

Fortunately, Carver and Scheier (1981) had already developed an elaborate model of self-regulation that specified the role of self-awareness in individual



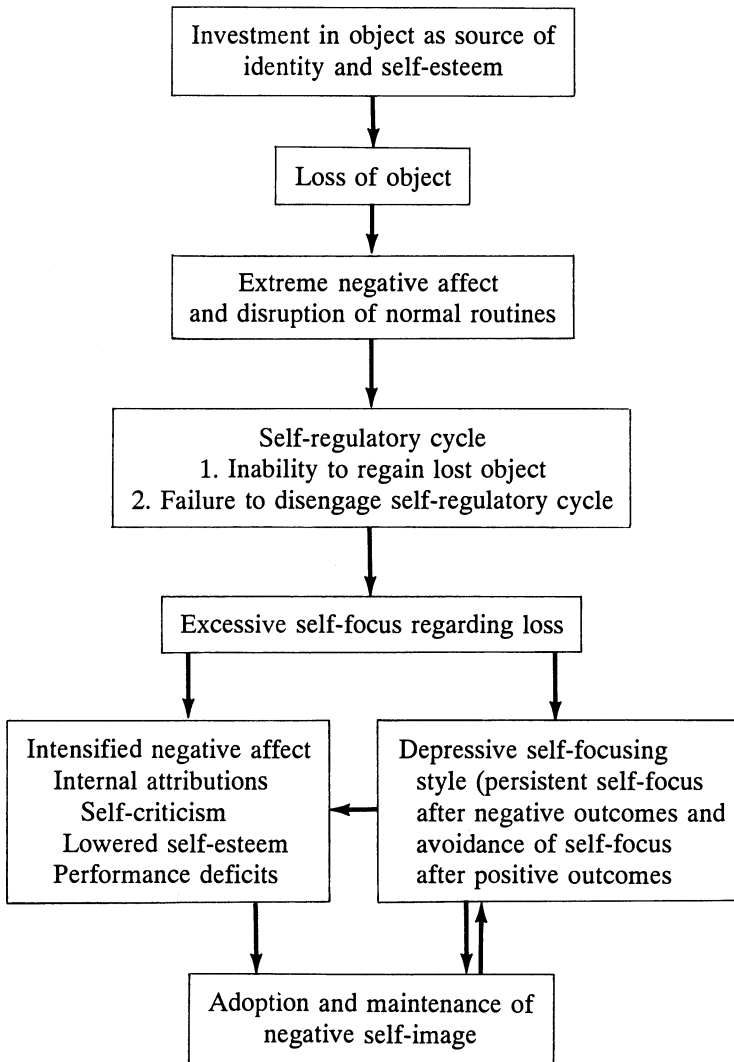


Fig. 1.1. Schematic depiction of the onset and maintenance of depression.

functioning. The analysis of depression we developed is based largely on a modified version of their model. Essentially, we view depression as the consequence of perseverated efforts to regain a lost object when it is impossible to do so. This perseveration is believed to occur when an individual has lost a primary basis of self-worth and does not have sufficient alternative sources from which to derive self-worth. The resulting self-regulatory perseveration is posited to entail a chronically high level of self-focus which produces a spiral of escalating negative affect, self-blame and disparagement, and motivational deficits that ultimately

results in a negative self-image and depressive self-focusing style which perpetuate the depressed state. A diagram of this sequence can be found in Fig. 1.1. This theory contrasts sharply with a number of popular contemporary theories of depression in that, rather than viewing depression as the result of the individual generally giving up on goals, we view it as the result of the individual failing to give up on an unobtainable goal when it would be adaptive to do so.

Thus we view depression as a breakdown in adaptive self-regulatory functioning. From this perspective, depression can be understood only if we first understand normal self-regulation. Therefore we need to explore the processes through which people regulate their behavior toward the attainment of desired goals. In addition, to understand what would lead to a breakdown in normal self-regulatory functioning, we need to know what drives the system: what psychological commodities do people need in order to maintain normal functioning? In other words, we need to know what people want and need out of life and how they go about getting these things. Only then will we be able to understand people who are not getting what they want and who are not working effectively toward getting what they want.

## The Goals of This Book

By exploring these general questions, we think we can provide a broad integrative framework that illuminates the interrelatedness of many of the processes that have been emphasized by other theories of depression. If most of the existing theoretical frameworks contain at least a grain of truth about the complex and perplexing problem of depression (and we believe that most of these theories do), then there should be some way of tying these insights together. We suggest that a self-regulatory framework can be usefully applied to provide such an integration. Although other theorists have previously applied a very general self-regulatory framework to depression (e.g., Kanfer & Hagerman, 1981; Rehm, 1977), the framework we apply is considerably more precise and has been subjected to substantial empirical assessment.

As in previous statements of our theory (Pyszczynski & Greenberg, 1985, 1987a,b,c), we will begin with a discussion of previous theories of self-awareness and self-regulatory processes developed by Duval and Wicklund (1972; Wicklund, 1975), Carver and Scheier (1981; Scheier & Carver, 1988), and Hull and Levy (1979). However, unlike previous statements of our theory, here we present a new integrated conception of self-awareness and self-regulatory processes to increase their utility in explaining depression-related phenomena. By presenting a finer-grained analysis of the cognitive, motivational, and affective processes involved in discrepancy reduction and disengagement from the self-regulatory cycle, this new model provides a more thorough depiction of the depressogenic processes involved in facing an unattainable goal and a more precise analysis of recovery from depression. In addition, because we believe, as have many others before us, that depression results from problems in finding meaning in life and value in oneself (e.g., Becker, 1964, 1973; Bibring, 1953; Brown & Harris, 1978; Rado, 1928), we

will integrate our self-regulatory framework with a theoretical account of the self-esteem motive and its relation to the individual's broader conception of reality. To this end, we will apply our recent terror management theory of self-esteem (Greenberg, Pyszczynski, & Solomon, 1986; Solomon, Greenberg, & Pyszczynski, in press a,b) to understand self-regulatory processes in general (see also Pyszczynski, Greenberg, Solomon, & Hamilton, 1990) and their role in depression in particular.

In sum, our goals in this book are to provide a coherent theoretical framework for exploring the problem of depression, to summarize the evidence, from our own research program as well as others' that is relevant to it, and to explore the implications of the theory for treatment. Rather than treating depression as a single unitary entity, we attempt to explain how self-regulatory perseveration produces each of the diverse signs and symptoms that are common characteristics of this syndrome. We will not attempt to review all of the research on depression, nor will we describe or critique other theories of depression. We will however compare our theory to other conceptions where appropriate. In the remainder of this introductory chapter, we will provide a brief overview of the organizational plan for the rest of the book.

## Organizational Plan for the Book

Our hope is that the ideas contained in the following chapters will be of use to practicing psychotherapists grappling with the problem of depression, researchers studying depression, and personality and social psychologists interested in the more general issues of motivation and the self. We begin by applying contemporary theory and research on the self and motivation to the problem of how individuals cope with unattainable life goals. Because we believe that depression is essentially a problem of finding value in oneself and meaning in one's world, we devote a good deal of space to a consideration of the roots of the need for self-esteem and meaning (Chapter 4). Because we believe that depression results when the individual's methods for acquiring self-esteem and meaning are thwarted by an unfavorable social environment, we also discuss the methods through which self-esteem and meaning are normally acquired. Finally, because we believe that depression results when the need for self-esteem and meaning derails a set of normally adaptive self-regulatory processes, we devote a chapter to a discussion of the mechanisms through which individuals typically regulate their pursuit of goals and cope with setbacks in such pursuits (Chapter 3).

We must therefore ask the reader specifically interested in our analysis of depression to be patient, for we believe it is necessary to explore the basic needs and functioning of the individual before fully presenting our theory. Thus, Chapters 2–4 focus primarily on basic aspects of human functioning. Chapters 5–7 then describe our theory and summarize evidence relevant to it. Finally, Chapters 8 and 9 discuss the implications of our theory for treatment and recovery, comparisons with other theories, and issues requiring further theory development and research.

More specifically, Chapter 2 presents an overview of prior theories of self-focused attention and its role in self-regulation, along with a brief review of the research that has been conducted to test these theories. Rather than attempt to provide an exhaustive review of this voluminous literature, we focus on those findings that are particularly relevant to our analysis of depression. Thus we focus on the various consequences of the self-focused state, and how these consequences are related to each other.

Chapter 3 presents an expanded theory of the processes through which individuals cope with disruptions in their pursuit of goals of various sorts. Our analysis borrows heavily from previous work in this area, but also attempts to go beyond these previous analyses to provide a finer-grained description of the mechanisms through which individuals cope with such disruptions. To this end, we attempt to integrate contemporary thinking on defensive processes and action control with the existing self-regulatory framework. In particular, we focus on how defensive processes are used to cope with irreducible discrepancies, and on the specific action control strategies used to facilitate one's attempts to reduce the focal discrepancy.

If Chapter 3 pushes the theory toward a finer-grained, process-level analysis, Chapter 4 stretches in the opposite direction, toward an analysis of the roles played by self-esteem and meaning in the person's attempts to cope with the realities of existence. We attempt to answer the question of why self-focus leads to self-evaluation and explore the relationship of the needs for self-esteem and meaning to other goals of varying levels of abstraction. To this end, we attempt to integrate our recent terror management theory of social behavior (Greenberg et al., 1986; Solomon et al., 1991a,b) with the self-regulatory framework, and, in the process of doing so, utilize recent thinking on the hierarchical nature of goals and behavior by Carver and Scheier (1981) and Vallacher and Wegner (1987).

In Chapter 5, we present our analysis of how depressive episodes develop. We explore the situational and dispositional determinants of the inability to exit a self-regulatory cycle and review evidence regarding our claim that depressed persons are highly self-focused during the course of their depressive episode. The chapter also focuses on the specific types of life problems most likely to lead to depression.

Chapter 6 is focused on the role of perseverated focus on an irreducible discrepancy in the development of depressive symptoms. We present a fairly specific analysis of how each of a variety of depressive symptoms is produced, which, in turn, has implications for how these symptoms can be reduced.

Chapter 7 reviews research on the generalized depressive self-focusing style and the consequences of this style for the depressed person's thoughts, emotions, and behavior. We view this generalized tendency as the primary mechanism through which depressive symptoms are maintained. Possible explanations for these seemingly maladaptive self-focusing tendencies and the depressive self-image it supports are discussed.

Chapter 8 is focused on the implications of our analysis for understanding the remission and treatment of depression. Because we are social psychologists rather than trained clinicians, we think it would be presumptuous to offer specific