The Causal Attributions of Depressives: Self-serving or Self-disserving?

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The question of why people's perceptions, recollections, and evaluations of social life are often distorted fascinates cognitive and social psychologists. The search for an answer to this question has generally followed one of two approaches (Miller & Porter, in press; Nisbett & Ross, 1980). The first has led to a consideration of various psychological needs or motives that are presumed to subvert otherwise rational cognitive processes. The need to promote a positive image of oneself is the most prominent of these forces. In the words of Gordon Allport (1937), "The defense of the ego is nature's oldest law" (p. 170). The need to think well of ourselves has been linked to such features of information processing as the tendencies to attend to and remember positive information about ourselves more readily than negative information (Greenwald, 1980; Greenwald & Pratkanis, 1984; Shrauger, 1982).

The second, and currently more popular, approach to understanding cognitive biases was inspired by a model of man emerging from the literature on human judgment. According to this model, people are rational, but their rationality is bounded (Simon, 1957). The principles and heuristics they use to process and simplify information, though generally serving them well, predispose them to certain biases or errors (Kahneman, Slovic, & Tversky, 1982; Nisbett & Ross, 1980). The conviction that errors and biases need not reflect motivatedly induced distortion is a distinguishing feature of contemporary social and cognitive psychology (Fiske & Taylor, 1984).

Throughout the history of clinical psychology, the study of the cognitive errors or disturbances of thought associated with various forms of psychopathology, especially depression (Abramson, Seligman, & Teasdale, 1978; Beck, 1967, 1976). Recent evidence suggesting that depressives may actually exhibit fewer cognitive distortions than nondepressives has intensified interest in this topic (see Alloy & Abramson, 1979, 1982; Lewinsohn, Mischel, Chaplin, & Barton, 1980; Taylor & Brown, 1986).

In this chapter, we examine the differences between depressives and nondepressives in one of the most extensively investigated facets of information processing: causal attribution. In particular, we focus on causal attributions for outcomes of different valences. It is now well established that there is a tendency for people to take more causal responsibility for success than for failure (Zuckerman, 1979). That this asymmetry appears to maximize the positive affect a person derives from outcomes led Miller and Ross (1975) to term this the "self-serving attributional bias." The pervasiveness of this bias may no longer be in doubt, but debates over its origins continue to generate interest (see Tetlock & Levi, 1982). Historically, this bias has been assumed to reflect motivational distortion (Hastorf, Schneider, & Polek, 1970). Heider (1958) contended that we engage in such attributions because they "flatter us" and put us in a good light" (p. 172). Alfred Adler (1956) espoused an even more extreme motivational position when he stated that "a major benefit of causalistic thinking for the individual is that it excuses him from blame and frees him from responsibility" (p. 270).

Over a decade ago, Miller and Ross (1975) challenged the motivational account of the self-serving attributional bias. They argued that three informational processing factors operating in isolation or combination may cause individuals to take more personal responsibility for success than for failure. First, individuals are more likely to accept responsibility for expected outcomes than for unexpected outcomes and, in general, people expect success rather than failure. Second, individuals discern a closer covariation between behavior and outcomes in the case of increasing success than in the case of constant failure, where changes in behavior are not perceived to be associated with changes in outcomes. Third, individuals tend to hold an erroneous conception of contingency, which leads them to associate control primarily with the occurrence of the desired (successful) outcome.

The objectives of our chapter are twofold: (1) to review evidence on the differences between the causal attributions of depressives and nondepressives and (2) to consider the relevance of this evidence to an understanding of both self-attributing attributions and the etiology of depression. We begin with a review of the relevant literature. For the purposes of our review, we organize studies comparing the causal attributions of depressed and nondepressed individuals into three categories: (1) attributions for hypothetical events, (2) attributions for stressful life experiences, and (3) attributions for performances on experimental tasks.

STUDIES OF CAUSAL ATTRIBUTIONS

Attributions for Hypothetical Events

A number of studies have compared the causal attributions that depressed and nondepressed individuals offer for hypothetical events. The most popular instrument used in this research is the Attributional Style Questionnaire (ASQ), developed by Seligman, Abramson, Semmel, and von Baeyer (1979). The ASQ presents individuals with a combination of 12 hypothetical interpersonal and achievement-oriented situations that yield either positive or negative outcomes. For example, a respondent is asked to imagine, "You meet a friend who compliments..."
you on your appearance" (positive interpersonal item), or "You can't get all the work done that others expect of you" (negative achievement item). For each situation, subjects are requested to identify the cause most responsible for the occurrence of the event. Having done this, they are asked to use 7-point Likert scales to assess three dimensions of the cause: (1) its internality (Is the cause of... due to something about you or something about the other person or circumstances?), (2) its stability (In the future... will this cause again be present?), and (3) its globality (Is the cause something that just affects... or does it also influence other areas of your life?). These measures yield three attributional indices (internality, stability, globality) for both positive and negative outcomes.

**COLLEGE POPULATIONS**

Most ASQ studies have used college populations. In the first of these studies, Seligman et al. (1979) found that self-rated depression on the BDI (Beck, 1967) correlated positively with the internality, stability, and globality of attributions for negative outcomes, and with the externality, instability, and specificity of attributions for positive outcomes. Subsequent studies have replicated this pattern of results (Feather, 1983; Nezu, Nezu, & Nezu, 1986).

Other ASQ studies have not provided as clear a picture of the relation between attributional patterns and depression. Golin, Sweeney, and Shaffer (1981) only partially replicated the earlier findings of Seligman and his colleagues. They did find that self-reported depression correlated positively with the internality, stability, and globality of attributions for negative outcomes, but in the case of positive outcomes, only the internality measure showed the predicted relation to depression. Moreover, Golin et al. noted that their results generally were less robust than those of Seligman et al. (1979). Catrona, Russell, and Jones (1984) also reported a weak relationship between responses on the ASQ and depression. In their sample of more than 1,000 students, they found that responses on the ASQ accounted for only 4% of the variance in depression scores. The results of Blaney, Behar, and Head (1980) are similarly mixed. Consistent with the earlier research, depression was positively correlated with the stability and globality of attributions for negative outcomes, but, in contrast to the earlier research, the internality of attributions for negative outcomes was not associated with depression.

More recent studies using the ASQ continue to produce mixed results. Carver, Ganellen, and Behar-Mitran (1985) report a negative relationship between attributions of internality and stability for positive events and depression. In contrast, Zaatra, Guenther, and Chartier (1985) found no evidence that attributions for positive events predict depression. Similarly, Tennen and Herzberger (1987) found that strength of self-serving attributional bias was unrelated to depression level, although it was positively correlated with self-esteem level.

Peterson, Schwarz, and Seligman (1981) used the ASQ and 12 negative events selected from the Life Events Questionnaire (Marx, Garrity, & Bower, 1975) to study the relation between depression and characterological as well as behavioral self-blame (Janoff-Bulman, 1979). Characterological blame implicates enduring, global characteristics of the self, whereas behavioral blame focuses on unstable and specific characteristics. The results indicated that scores on the BDI correlated negatively with the degree of behavioral self-blame for negative events, but positively with the degree of characterological self-blame for such outcomes. The responses to neither the behavioral nor the characterological attributional probes were associated with depression in the context of positive outcomes. Janoff-Bulman's (1979) study assessed the causal attributions of depressed and nondepressed students for four negative hypothetical situations. The two groups did not differ in behavioral self-blame, but depressives did take more characterological self-blame. In other words, depressives were more likely than nondepressives to blame stable and global aspects of their core "self" for negative events.

**CLINICAL POPULATIONS**

Studies using the ASQ in clinical populations have yielded mixed results. Raps, Peterson, Reinhard, Abramson, and Seligman (1982) reported that depressed psychiatric patients attributed negative outcomes to internal and stable factors more readily than either nondepressed psychiatric patients or nondepressed controls. Depressives also considered external and unstable factors to be more responsible for positive outcomes than did nondepressed controls, although not more than nondepressed psychiatric controls.

Eaves and Rush (1984) noted that the attributions of clinically depressed patients were more internal, stable, and global for negative events than were the attributions of nondepressed controls. Interestingly, this relationship held even for those patients whose symptomatology was in remission. The attributions of depressives and nondepressives for positive events did not differ significantly. Persons and Rao (1985) also found that attributions of stability and globality made significant and independent contributions to explaining the variance in BDI scores within a sample of psychiatric inpatients. As predicted, global attributions for negative events were associated with higher BDI scores. Contrary to the attributional model, however, stable attributions for negative events were associated with lower BDI scores. An additional finding of interest in this study was that there was a temporal shift in attributions over the course of the study: The tendency to make internal, stable, and global attributions for negative events decreased as depression remitted.

The results of Hamilton and Abramson (1983) confirm the issue even further. These researchers found that depressives provided fewer self-serving attributions for positive ASQ events than did nondepressed psychiatric patients, but they found no differences between the two groups in their attributions for negative ASQ events.

The inconsistency in the findings of Hamilton and Abramson (1983), Eaves and Rush (1984), and Persons and Rao (1985) raises questions about the role that attributions play in chronic depression. Further skepticism is raised by Miller, Klee, and Norman's (1982) failure to find any differences between depressed and nondepressed patients on the ASQ.
Attributions for Stressful Life Experiences

Relatively few studies have examined the nature of depressive attributions for actual past events. Those that do exist provide moderate support for the hypothesis that depressives explain stressful experiences less self-servingly than do nondepressives. In one study, Barthe and Hammell (1981) elicited subjects' mood ratings and causal attributions for self-rated success or failure on their mid-term exams. As predicted, students characterized by depressed mood were more likely to attribute failure to lack of ability than were nondepressed students. However, the mood ratings and attributions of successful students were not related. Consistent with these findings, Zautra et al. (1985) reported a significant relationship between attributions of internality, stability, and globality for negative life events and depression. The relationship between attributions for positive life events and depression was not significant.

In a recent study, Tabachnick-Kayne, Alloy, Romer, and Crocker (1986) had students complete attributional measures and indicate their aspirations and expectations for performance on a mid-term exam both prior to taking the exam and upon receipt of their grades. As predicted, a significant interaction between attributional style and exam outcome emerged, indicating that students with depressive attributional style experienced greater depression following an exam outcome that was negative (achieving a grade lower than expected) than did students with a neutral or nondepressive attributional style. When the exam outcome was positive (achieving a grade higher than expected), students with depressive attributional style experienced less elation than did students with a neutral or nondepressive attributional style. Further, lateral-variable analysis revealed the critical finding that increased depression following a negative exam outcome was mediated by specific attributions for this event (see also Metalsky, Halberstam, & Abramson, 1987).

The attenuated self-servingness of depressives was also demonstrated in Harvey's (1981) study of causal attributions for recalled positive and negative personal events. Although depressives did not differ from nondepressives in their attributions for recalled positive events, they did perceive negative events as more internally caused and controllable. Subsequent analysis indicated that the depressive-nondepressive difference emerged because the causal attributions of depressives did not differ across positive and negative outcomes. These results are consistent with those noted by Rapo et al. (1982) and suggest that the depressed individual's perception of causality may be impervious to the valence of the event.

Hammen, Krantz, and Cochran (1981) also found a relationship between depression and causal attributions in their investigations of people's responses to five recent stressful life experiences. Specifically, they found that the tendency to explain stressful experiences by reference to controllable and global factors was positively correlated with depressed affect. Similar findings were reported by Cochran and Hammell (1985). In this study, subjects' attributions for stressful life experiences were elicited at the beginning of the study (Time 1) and at a 2-month follow-up (Time 2). Analyses of the concurrent relationship between attributions and depression at Time 1 indicated that only global attributions were directly related to depression. At Time 2, however, both the globality and the externality of subjects' attributions were related to depression. In contrast, Hammell and Cochran (1981), using both interview and questionnaire methods to probe causal attributions for recent stressful events, found no evidence that the causal attributions of depressives and nondepressives differed in any respect. Similarly, Hammell and de Mayo (1982) noted that depression in high school teachers was not related to their causal attributions for stressful experiences, although it was negatively related to their perceptions of control over the occurrence of such events. The latter finding directly contradicts the studies of Harvey (1981) and Hammell et al. (1981), in which depression was found to be positively correlated with perceived control over negative events.

Three studies have evaluated the causal attributions of clinically depressed individuals for stressful life experiences. In a sample of depressed elderly psychiatric patients, Cochran and Hammell (1985) found that both external and global attributions for negative life events predicted depression. The most impressive finding in this study, revealed through latent-variable analysis, was that attributions accounted for 42% of the variance in depression scores. Gong-Guy and Hammell (1980) found that clinically depressed patients blamed internal factors more for their most recent stressful experience than did nondepressives. Miller et al. (1982) also reported that depressives provided less self-serving causal attributions for their most stressful recent experience than did nondepressives psychiatric patients. Yet, as previously noted, these same two groups of patients did not differ in their responses to the ASQ. At the very least, this result raises doubts about the cross-situational consistency of causal ascriptions and the construct validity of the ASQ.

Attributions for Task Performance

Considerable attention has been given to the hypothesis that depressives and nondepressives differ in their attributions for their performance on experimental tasks involving achievement and interpersonal relations. Such research typically creates success and failure conditions through manipulation of performance feedback (noncontingent feedback) and instructs subjects to answer a variety of causal questions about these outcomes.

ATTRIBUTIONS FOR ACHIEVEMENT TASKS

There is reasonably strong evidence to suggest that depressives are less likely than nondepressives to provide self-serving explanations for negative experimental outcomes. The picture with respect to positive outcomes is equivocal.

College Populations. In one of the first investigations in this tradition, Resley (1978) compared the attributions of depressed and nondepressed students for noncontingent success or failure on a simple number-guessing task. Depressives reported more internal attributions for failure than did nondepressives, but the two groups did not differ in their explanations for success. Once again, an inspection of the results indicates that the causal attributions of depressives simply do not differ
across positive and negative outcomes. Unlike nondepressives, they were “evenhanded” in their explanations of success and failure. In a similar experiment, Kuiper (1978) also found that depressives made more internal attributions for failure than nondepressives but did not differ from nondepressed controls in their causal perceptions regarding success. The tendency for depressives to attribute failure on achievement-related tasks to internal factors such as lack of ability is also evident in the results of Oliver and Williams (1979) and Zemore and Johansen (1980). Here, too, there was no evidence that depressives are less self-serving than nondepressives in their causal attributions for success.

Clinical Populations. Two studies have examined the nature of clinically depressed peoples’ causal attributions for task performance. Abramson, Garber, Edwards, and Seligman (1978) compared the attributions of depressed psychiatric patients, nondepressed schizophrenics, and a nondepressed, normal control group for successful or failing outcomes on tasks of skill and of chance. In contrast to the research that employed nonclinical populations, no differences were found among the various groups on either attributional internality or perceived control. Gotlib and Olson (1983) argued that Abramson et al.’s failure to find group differences may have been because experimental manipulation of outcomes did not produce differences in subjects’ perceptions of the outcomes. To check this possibility, they compared the attributions of depressed and nondepressed psychiatric inpatients and nondepressed nonpsychiatric controls for self-judged success and failure experiences. The results indicated that subjects who perceived their performance to be a success were more likely to attribute this outcome to internal factors than were subjects who perceived their performance to be a failure. Conversely, subjects who perceived their performance as a failure were more likely to attribute this outcome to external factors than were subjects who perceived their performance as a success. The effect of outcome valence was not qualified by psychiatric status; all subjects manifested self-serving biases in their causal ascriptions.

Attributions for Interpersonally Relevant Tasks

In one of the relatively few studies to focus on interpersonal tasks, Rizley (1978, Experiment 2) found that depressives were more likely than nondepressives to report feelings of control over interpersonal relations when their influence was negative. Depressives did not differ from nondepressives, however, in the internality of their attributions or in their self-ascribed responsibility for the negative effects. Moreover, when feedback indicated that their interpersonal influence was positive, depressed and nondepressed individuals did not differ in their ratings of control or causal attributions.

An intriguing study by Sharp and Tennen (1983) also demonstrated a weakened self-serving bias in depressives. Depressed and nondepressed subjects in this study were provided with failure feedback following completion of an empathy task. Nondepressives blamed external factors, such as the confederate and the task, more than did depressives. Finally, Zuroff (1981) provided mixed results with respect to the link between depression and self-servingness. Depressed students endorsed more internal attributions for task failure than did nondepressives, but they also endorsed more internal attributions for successful outcomes than did nondepressives.

Assessing the Evidence

More than 30 studies have compared the causal attributions of depressed and nondepressed individuals. It is clear from our review of these studies that the relation between depression and causal attribution is far from invariant. The most reliable finding is that depressives take more personal responsibility for negative outcomes than do nondepressives. The two groups generally do not differ in their attributions for positive outcomes; both prefer internal over external attributions. That depressives take more responsibility for negative outcomes than do nondepressives is consistent with a weak version of the self-dismissing hypothesis. The stronger version of the hypothesis, which states that depressives take more responsibility for negative than for positive outcomes, received virtually no support from these studies. The picture of a depressive that emerges is that of someone who takes considerable responsibility for all outcomes, whether positive or negative. It is by assuming personal responsibility in the latter circumstance that the depressive distinguishes himself or herself most clearly from the nondepressive. Sweeney, Anderson, and Bailey’s (1986) recent meta-analytic review corroborates this conclusion.

Methodological Caveats

Before discussing the implications these findings have for understanding depression, a few comments are in order on the nature of the experimental tasks and subject populations that have been used. As this review documents, the positive and negative events that are the focus of causal attributions in the reported studies differ considerably. Some involve hypothetical events, which require subjects to role play; some involve real-life events that the subjects define as stressful; and some involve experimenter-controlled tasks.

One of the most popular measurement instruments is the ASQ. Although Peterson and Seligman’s (1984) review of the ASQ suggests that it is both valid and reliable, Cutrona et al. (1984) report some problems with the measure. First, they reported reliability coefficients for the ASQ that are considerably lower than previous estimates (Peterson et al., 1982). Second, their factor analyses of the ASQ indicated considerable situational specificity. Third, they found ASQ scores to be poor predictors of women’s causal attributions for actual negative events, suggesting either that the ASQ is a poor measure of attributional style or that the hypothesized trait of attributional style is a questionable construct.

In addition to a high degree of cross-study variation in stimulus events, dependent measures also vary considerably, ranging from open-ended questions about the causes of events to requests to distribute a 100% causality across a variety
of potential sources. Given the diversity of measurement procedures employed in the reviewed studies, the observed inconsistency is perhaps not surprising. The research of Watson and Dyck (1984) highlights the importance of measurement techniques in evaluating depressive attributional style. These researchers found support for a depressive attributional style when subjects provided dimensional ratings of spontaneous attributions, but not when raters assessed the dimensionality of subjects' attributions. Krantz and Rude (1984) also recently reported poor convergence among existing measures of causal attributions.

The range of the subject populations used in the reviewed studies is another, perhaps more serious, impediment to the achievement of empirical consistency and conceptual clarity in this area. Although virtually all the reviewed studies drew inferences about the clinical disorder of depression, only eight of them actually employed subjects who were clinically depressed. This fact could lead to an underestimation of the differences between depressives and nondepressives in causal attributions. This is especially likely to be true if depression is a unitary dimension, such that clinically depressed and mildly depressed individuals differ only in degree. There appears to be good reason to question this assumption, however (Buchwald, Coyne, & Cole, 1978; Coyne & Gotlib, 1983; Depue & Monroe, 1978). To the extent that clinically depressed individuals differ qualitatively as well as quantitatively from mildly depressed individuals, generalization from one group to the other becomes problematic. We can only add our voices to the call for additional research comparing the mildly and the clinically depressed.

It is difficult to assess the role that methodological factors have played in attribution studies. In a review of 61 tests of the attributional model, Peterson, Raps, and Villanova (1985) identified three highly correlated factors that distinguished studies that produced support for the model from those that did not. A significant relationship between attributions and depression was more likely to emerge in studies that employed a large, rather than a small, sample; that elicited attributions for hypothetical, rather than actual, life events; and that elicited attributions for a large, rather than a small, number of events. Unfortunately, it is not clear why these particular factors characterize studies supporting the attributional model.

**IMPLICATIONS OF THE EVIDENCE FOR UNDERSTANDING DEPRESSION**

Methodological issues notwithstanding, the extant research does indicate that there are some interesting and reliable differences between depressed and nondepressed people. We will now consider the significance of these differences as we address, in turn, two questions: (1) Are the causal attributions of depressives more or less accurate than those of nondepressives? and (2) How do the causal attributions of depressives relate to the etiology and maintenance of depression?
The Causal Attributes of Depressives

The most provocative explanation of these various results is that the judgments and inferences of depressives are less biased (more accurate) than those of non-depressives. This logic could easily be extended to the domain of causal attribution: The greater asymmetry in the attributions of nondepressives suggests that they are less accurate in their explanations of outcomes than are depressives. As tantalizing as this inference is, it can be drawn only if one assumes that it is possible to assess self-servingness and accuracy. To identify causal bias, researchers traditionally have tended to compare the attributes of one group of subjects to those of other subjects for whom outcomes or perspectives differ. Without normative models for assessing the potency of causal factors, it is impossible to conclude that the attributes of one group are more or less accurate than those of another, but the fact that groups differ in their attributions for the same behavior would seem to suggest that some bias is involved. Applying the same logic, it could be deduced that asymmetrical explanations for positive and negative outcomes reflect acausalness because the factors influencing positive and negative outcomes are the same. This would seem to be especially true in the laboratory, where the experimenter manipulates the outcomes and where subjects' actions and outcomes are completely independent. Pursuing this line of analysis, it would seem possible to go even further and argue that depressives, because they show fewer differences in their explanations of positive and negative outcomes, are more accurate than nondepressives.

There are problems with this reasoning, however. Kahneman and Miller (1986) have recently proposed that people do not explain events per se but, rather, contrasts between events and alternatives that are considered more normal or less surprising than the event in question. The corollary of this point is that the same event can suggest many different effects to be explained, and consequently can yield many different (but equally accurate) attributions. If we accept that it is contrasts between events and expected or imagined alternatives that people explain, the question of attributional accuracy assumes added complexity. Neither the presence nor the absence of differences in attributions across outcomes is sufficient to demonstrate inaccuracy or accuracy. Without knowing what the comparison alternative is, we cannot know what is being explained.

The relevance of this analysis to the issue before us is twofold. First, it suggests that the self-serving attributional bias need not reflect distortion, either motivated or nonmotivated. Positive and negative events may evoke different contrasts (effects) and thus produce different causal analyses. This point was anticipated by Miller and Ross (1975), who noted that people generally expect success and thus account for it by internal, stable, and global factors, whereas failure, like any unexpected outcome, is accounted for by external, unstable, and specific factors. The second implication of this analysis is that negative outcomes may not evoke the same effects for depressed and nondepressed individuals. Negative outcomes may constitute an expected, unsurprising result for depressed individuals, which leads them to look toward internal, and possibly stable, causal factors. That depressives are less optimistic about success on performance tasks than are nondepressives is well documented, as we noted earlier (see also Pyrzynski, Holt, & Greenberg, 1987).

Outcomes are often compared to the real or imagined outcomes of others as well as to expectations. When the performance of nondepressives violates their expectations, they tend to assume that others have done comparably poorly, but this is not true of depressives (Coates & Peterson, 1982). Nondepressives thus have two reasons, not shared by depressives, for attributing a failure experience to external factors. First, it generally will be inconsistent with their expectancy and past experience. Second, they generally will not assume it to be unique to themselves. The point here is that the principal difference between depressive and nondepressive individuals may reside more in their expectancies, and in the contrasts that their experiences evoke, than in their attributional style. Moreover, these differential expectancies and contrasts may reflect different social histories rather than differential assessments of comparable social histories.

In summary, the question of whether the causal attributions of depressives are more or less accurate than those of nondepressives seems currently unanswerable. We have no normative models to use in evaluating causal attributions of this type, and the proposal that people explain contrasts rather than effects suggests that the expectancies of depressed and nondepressed individuals must be considered. In fact, the question may be stated more properly as, "Whose expectancies are more rational, those of depressives or nondepressives?" Researchers are only beginning to realize that the differential experiences of depressives and nondepressives must be assessed and considered if we are to understand the self-schemata of depressives and their reactions in our experiments (see Coyne & Gotlib, 1983).

How Do Causal Attributes Relate to Depression?

The impetus behind research on differences in the causal attributions of depressives and nondepressives is the hope that this research may provide some insight into factors that contribute to and maintain depression. What can we now say about this issue? We address it by considering three possible relationships between causal attributions and depression: (1) causal attributions induce depressive affect; (2) causal attributions are effects of depressive affect; (3) causal attributions and depressive affect are linked by virtue of their relation to a third variable.

CAUSAL ATTRIBUTIONS AS DETERMINANTS OF DEPRESSIVE AFFECT

The central assumption in both Beck's (1967) and Seligman et al.'s (1979) models of depression is that the thoughts, beliefs, and inferences of depressives are causally related to their depressive state. According to the reformulated helplessness model of depression (Abramson, Seligman, & Teasdale, 1978), depressed affect results from the perception of noncontingency between one's actions and important outcomes. Depressives tend to assume both that desirable outcomes are unobtainable and that undesirable outcomes are unavoidable. Abramson et al. contend that
depressives differ from nondepressives not only in their tendency to perceive events as uncontrollable but also in their bias toward internal, stable, and global explanations for this lack of control. This “depressogenic” attributional style interacts with stress to precipitate depression (Abramson, Metalsky, & Alloy, 1986).

As our review indicates, evidence on the link between depressive affect and causal attributions is mixed. The most robust finding is that depressives make fewer self-serving (i.e., more internal, global, and stable) attributions for negative outcomes than do nondepressives. One interpretation of this finding is that the tendency to attribute negative outcomes to internal, stable, and global causes renders people susceptible to depression. A study by Tabachnik-Kayne et al. (1986) is suggestive in this regard. In this study, depression following receipt of a low grade was strongly predicted by students’ specific attributions for exam performance. Similar results were reported in a study using the ASQ (Metalsky, Abramson, Seligman, Semmel, & Peterson, 1982). In this study, both the internality and the stability of attributions for negative events were predictive of mood following receipt of a low grade on a midterm exam. However, as Williams (1985) points out, the analyses completed by Metalsky et al. do not provide an adequate test of the diathesis-stress hypothesis. Additional analyses completed by Williams (1985) revealed that the relationship between attributions and depression was not moderated by the receipt of a low grade. Further difficulty for the depressogenic hypothesis is raised by Cochrane and Hammen’s (1985) report that assessments of students’ attributional styles elicited 2 months prior to an exam did not predict reactions to exam performance.

Other studies that have addressed this question have also produced equivocal findings. Using a cross-correlational panel analysis, Goin et al. (1981) found that although the stability and globality of attributions for negative events were predictive of depression 1 month later, the internality of attributions for such events did not predict later depression. Moreover, although the stability and globality attribution dimensions were significant predictors, they accounted for a limited amount of the variance in depression. Peterson et al. (1981) reported that depression was associated with characteristic self-blame in responses on the ASQ but that the degree of self-blame was not predictive of depression at 6- and 12-month follow-ups. Similarly, Lewinsohn et al.’s (1981) longitudinal study of a community population indicated that causality attributions for hypothetical events predicted neither the development of depression in nondepressed subjects nor the course of the disorder in depressed ones.

Four studies have explored the ability of the ASQ to predict the onset of postpartum depression. The results of these studies are contradictory. Cutrona (1983) found that prenatal ASQ scores predicted postpartum depression among women who were not depressed during pregnancy. Similar results were reported by O’Hara, Rehm, and Campbell (1982), although the contribution of ASQ responses as a predictor variable in this analysis was small, accounting for only 2.3% of the variance. In contrast, Manly, McMahon, Bradley, and Davidson (1982) found that responses on the ASQ did not predict postpartum depression. A recent study by O’Hara, Neunaber, and Zekoski (1984) also noted that responses on the ASQ were not predictive of postpartum depression.

Another approach to assessing the causal potency of attributions is to observe the effects that attempts to modify causal attributions have on experienced affect. Intervention studies of this nature have provided some evidence that manipulating the attributions of depressives can reduce previously demonstrated behavioral deficits (Dweck, 1975; Klein, Feinle-Morse, & Seligman, 1976), but few studies have evaluated the consequences of these manipulations on depressed affect. One study that did examine this issue was reported by Miller and Norman (1981). These researchers wished to see if the negative affect produced by helplessness training would be diminished by a subsequent success experience for which subjects were encouraged to make internal attributions. Intervention was successful for both clinical and remitted depressives. These results are promising, but to date no researchers have evaluated the impact that an emphasis on external attributions has on depressed mood following negative outcomes. This type of research is particularly pertinent to the issue of attributional potency, since it appears that depressives differ most from nondepressives in their causal attributions for negative events.

To summarize, the evidence offers only limited support for the hypothesis that attributions play a causal role in the development of depression. A similar conclusion was reached by Brewin (1985). In reviewing the relevant literature, Brewin organized evidence according to several possible causal models of the relation between attributions and depression. Rather than providing support for models that cast depressive attributions in a causal role (e.g., onset model or vulnerability model), Brewin’s (1985) review supported models in which depressive attributions were seen as either symptoms of depression (symptom model) or as influential factors in the course of the depressive episode (recovery model or coping model). Brewin (1985) concluded his review by noting that methodological problems make it difficult to draw any confident conclusions about a causal relation between attributions and depression.

The failure of current research to provide an adequate test of the attributional model is also emphasized in a critical review by Abramson et al. (1986). The central point of this review is that research strategies have failed to realize the full implications of the diathesis-stress component of the attributional model by not assessing whether the influence of attributions on depression is moderated by the occurrence of negative life events. As a consequence of this omission, these authors conclude that the evaluation of the causal role of attributions in depression is premature.

CAUSAL ATTRIBUTIONS AS EFFECTS OF DEPRESSED MOOD

The existence of a relationship between causal attributions and depressed mood could reflect the influence of mood on attributions. Such a possibility becomes more and more plausible as evidence accumulates concerning the influence that mood has on memory (Bower, 1981; Bower, Monteiro, & Gilligan, 1978), attentional processes (Mischel, Ebenezer, & Zeiss, 1975), and attitudes and behaviors (Ise, 1970; Ise & Levin, 1972). At this point, there are only a few studies that have investigated the effects of mood-induction techniques on causal attributions. Furthermore, their findings are mixed.
Alloy, Abramson, and Viscusi (1981) evaluated the effects of mood induction on estimated control over noncontingent outcomes. Depressives in whom positive mood was induced exhibited an "illusion of control" on noncontingent tasks. Conversely, nondepressives in whom negative mood was induced failed to show the customary self-serving biases in contingency estimation. Negative mood induction thus appeared to improve the accuracy of nondepressed individuals. In another relevant study, Mukherji, Abramson, and Martin (1982) found that inducing negative mood in nondepressed subjects did not affect either their self-serving attributional biases or their subsequent depression.

Despite the absence of strong empirical support, there are at least two reasons why negative affect might lead to the acceptance of responsibility for negative outcomes. First, negative affect may make people focus inward, and as research on objective self-awareness indicates, people who are made to focus on themselves make more internal attributions (Duval & Wicklund, 1972). Second, people experiencing negative affect may think more about other negative experiences than those in a positive mood. Both Bower (1981) and Ison (1970) have suggested that affect can act as a cue that facilitates the recall of mood-congruent information. The greater availability of prior negative experiences may, in turn, make the occurrence of future negative events seem less surprising and thus more congruent with stable, internal characteristics.

CAUSAL ATTRIBUTIONS AND DEPRESSION AS NONCAUSALLY RELATED VARIABLES

One explanation for the absence of compelling evidence for a causal link between attributions and affect is that their relationship is mediated by a third variable. If this were the case, causal attributions might well be epiphenomenal to the etiology of depression. One candidate for the role of third variable is a cognitive schema. Beck (1967) originally used this term to refer to the relatively stable cognitive representations in depressives that influence many facets of their information processing. The research of Kuiper and his colleagues (Derry & Kuiper, 1981, Kuiper, Olinger, MacDonald, & Shaw, 1985) has done much to clarify and delineate the significance of a negative self-schema in depression. In an interesting series of experiments, Kuiper and Derry demonstrated that the negative self-schema that characterizes depressives facilitates the processing of self-descriptive information with negative content. Moreover, the processing advantage of depressive over nondepressive content increased with the severity of depression. It seems a possibility, therefore, that both depressed mood and causal attributions are products of pathological information-processing proclivities that originate in a negative self-schema. The self-schema, like an expectancy set, may operate to determine the nature of contrasts evoked during the processing of information.

Biochemical factors constitute another candidate for the role of third variable. Depressive characteristics, including causal attributions, may result from some underlying physiological or biochemical disturbance. In this regard, it would be interesting to evaluate the effects that somatic treatments (e.g., tricyclic antidepressants) have on causal attributions.

The Causal Attributions of Depressives

To question the role of causal attributions in determining affective states is to challenge a powerful zeitgeist. Nevertheless, there is increasing evidence that the tide may be changing. The strongest evidence for a causal link between attributions and affective states comes from laboratory studies focusing on events of low hedonic relevance (see Miller & Porter, 1983) and from questionnaires asking for subjects' imagined responses to hypothetical events (Weiner, Russell, & Lerman, 1978). Attempts to link causal attributions to affective states in populations experiencing more powerful affect have generally been unsuccessful (Miller & Porter, 1983; Taylor, Wood, & Lichtman, 1983). At this time, it seems most prudent to say simply that it remains to be proven that causal attribution plays a large role in either causing or maintaining severe depressive affect.

FINAL REMARKS

The research reviewed in this chapter indicates that the causal attributions of depressives are less self-serving than those of nondepressives. At the least, the former take more personal responsibility for negative outcomes than do the latter. The two groups do not differ in their attributions for positive outcomes. It is difficult to determine whether depressives are more or less accurate in their causal attributions than are nondepressives. On the basis of the available evidence, it is also impossible to say whether or not the attributional pattern exhibited by depressives contributes to the etiology or maintenance of their depression. In our analysis, we speculated that differences in the causal attributions of depressives and nondepressives may be traceable to more basic differences in information processing. One such difference may be the standards by which the two groups evaluate experience. Evaluative standards include past experiences, idealized goals, and imagined "possible worlds" (Kahneman & Miller, 1986). Support for the speculation that evaluative standards have important affective consequences comes from Higgins, Klein, and Strauman's (1985) finding that discrepancy between the actual-self and "ideal" standards (e.g., hopes, wishes, aspirations) is associated with depression, whereas discrepancy between the actual-self and "ought" standards (e.g., responsibilities, obligations) is associated with anxiety.

When considering investigations of the link between causal attributions and depression, it is also important to realize that these investigations focused on elicited, not spontaneous, attributions. Attributions that have been elicited by researchers' probes may or may not be the same as those the individuals spontaneously generate. Kahneman and Miller (1986) have recently identified a number of problems associated with the assumption that elicited inferences can provide a model for spontaneous inferences. Foremost among these is the possibility that the focus on elicited attributions may have yielded an exaggerated estimate of the degree of spontaneous causal analysis. People have little trouble in responding to causal questions, but this fact need not imply that they have engaged in analysis before they were questioned. The significance of this point for our discussion is that the elicited-attribution methodology used in the research discussed here prohibits the discovery of any difference between depressives and nondepressives in the
extent of their causal analyses. It is possible that the most significant differences between depressives and nondepressives lies in the presence or absence of the tendency to ask “Why?” questions and to seek explanations for the events in their lives. We know that there are individual differences in the inclination to ponder causal questions (Wortman, 1983), and this may be one of the differences between depressives and nondepressives. Indeed, recent studies (Alloy & Ahrens, 1987; McCaul, 1983; Weary, Elkin, & Hill, 1987; Weary, Jordan, & Hill, 1985) have demonstrated that depressives differ from nondepressives in their use of attributional information.

Finally, we would be remiss if we ended our discussion without raising the issue of motivational explanations for depressives’ lack of self-servingness in explaining negative events. Viewing depressive–nondepressive differences from this perspective suggests two possibilities: (1) depressives may differ from nondepressives in their motivation to protect or enhance their self-esteem, and/or (2) depressives may differ from nondepressives in their understanding of how causal attributions can serve the self and its needs. Unfortunately, there is little evidence relevant to these different possibilities. That depressives take more personal responsibility for failure than nondepressives is consistent with both possibilities. It does appear, however, that the hypothesis that depressives are motivated to maintain a negative image of themselves can be ruled out. If this were the case, we would expect depressives to take less responsibility for success than for failure, and less responsibility for success than for nondepressives. Neither of these differences emerged. Their “evenhandedness” in explaining positive and negative events is more consistent with the hypothesis that they either have little motivation to protect or enhance their self-esteem or they have not learned how causal attributions can serve them in this regard.

REFERENCES


The Caused Attributions of Depressives


SECTION FOUR

COGNITIVE VULNERABILITY FACTORS IN DEPRESSION AND THEIR REMEDIATION


