Problems of adaptation and adjustment manifest themselves in both affective and behavioral difficulties. When people decide, however, to seek professional assistance for their problems in adjustment, they usually do so not because they view their behavior as dysfunctional, but because they are in emotional distress. Among the painful emotional states, depression is the most common problem leading to referral to medical or psychological professionals (Goodwin & Guze, 1984). Although depression has been investigated from a variety of theoretical perspectives (e.g., psychoanalytic, existential, behavioral), in recent years social cognitive approaches have predominated. Those that have received the most attention are the helplessness/hopelessness model (Abramson, Seligman, & Teasdale, 1978; Alloy, Kelly, Mineka, & Clements, 1990) and Beck’s cognitive model (Beck, 1976). The application of self-efficacy theory to depression has received less attention than these other two models, but holds promise for contributing to our understanding of depression. This chapter presents a self-efficacy theory of depression, reviews empirical studies of the application of self-efficacy theory to understanding depression, and discusses the relationship between self-efficacy theory and helplessness/hopelessness theory and cognitive theory. A basic premise of this chapter
is that self-efficacy theory is not an alternative or competing approach to understanding depression, but it is compatible with other theories.

Depression can be viewed as a mood that is experienced in varying degrees by most people at one time or another, or as a mood disorder or clinical syndrome that is experienced in full by a much smaller number of people. In the social cognitive view, normal experiences of distressing mood and maladaptive behavior and so-called mood and behavioral disorders differ in degree rather than kind (Maddux & Lewis, this volume). Thus, the distinction between sadness or depressed mood and a depressive disorder is not important for understanding the role of self-efficacy in depression. Therefore, studies on normal sad or depressed mood, including experimentally induced transient moods, are important in their own right and may add to our understanding of the mood disturbances that lead people to seek professional assistance.

SELF-EFFICACY THEORY OF DEPRESSION

Self-efficacy theory is concerned with the relationship between cognitions of self-devaluation and coping inability and the initiation and persistence of coping behaviors in the face of obstacles—concerns that are highly relevant to understanding depression. At least three types of self-efficacy beliefs influence depression (Bandura, 1992). First, people may feel unable to attain standards of achievement or performance that would bring personal satisfaction (e.g., Kanfer & Zeiss, 1983). Second, people may believe that they are incapable of developing satisfying and supportive relationships with others (e.g., Anderson & Arnoult, 1985; Yusaf & Kavanagh, 1990). Third, they may believe they are unable to control disturbing depressive ruminations (e.g., Kavanagh & Wilson, 1989). In addition, research suggests that depression is associated with two types of outcome expectancies: expectancies concerning the occurrence of positive and negative life events, and expectancies for the effectiveness of mood regulation strategies (Alloy, Albright, & Clements, 1987; Franko, Powers, Zuroff, & Moskowitz, 1985; Kirsch, Mearns, & Cantanzaro, 1990; Mearns, 1991). Each of these relationships will be discussed in greater detail. The social cognitive model of psychological adaptation and adjustment assumes that cognition, affect, and behavior are related reciprocally. Each factor influences the others, and a change in one leads inevitably to a change in the others (Maddux & Lewis, this volume). This same principle of reciprocal causality applies to the relationships among self-efficacy, depressed mood, and performance attainments (e.g., Kavanagh, 1992). According to this principle, self-efficacy beliefs influence mood and performance. In addition,