Depression and Self-Verbalization

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The relevance of cognitions is a central issue in recent theories of depression. The present study investigated differences in contingent positive and negative self-verbalization between two groups of inpatients, one clinically depressive and one nondepressive. The depressive group made significantly less positive and significantly more negative self-verbalizations in both success and failure situations.

Early models of depression emphasized a reduced frequency of adaptive overt behavior, an increased frequency of avoidance and escape behavior (Ferster, 1973), or a low rate of response-contingent positive reinforcement (Lewinsohn, 1974). Within these models, cognitions were considered as secondary phenomena only (Lewinsohn, 1974). However, even in Ferster's "behavioristic" model of depression, cognitive factors such as a "limited repertoire of observation," i.e., a "distorted, incomplete, and misleading view of the environment" (p. 38), were included. In recent models of depression, the importance of internal events and processes has been stressed.

Beck (1967, 1979) held a "cognitive triad" as the main characteristic of depression: A negative view of one's self, a negative view of the external
world and of ongoing experiences with it, and a negative view of the future. Abramson, Seligman, and Teasdale (1978) reconceptualized Seligman's "learned helplessness" model of depression as a cognitive model—that is, one of attribution—stating among other things that the differential consequences of helplessness depend on the internality, stability, and generality of its attribution.

Rehm (1977) combined different models of depression with models of self-control. He added to Kanfer's model of self-control (Kanfer, 1970; Kanfer & Karoly, 1972) the component of causal attribution. This led to a heuristic four-processes-model of self-regulation: self-monitoring, self-evaluation, attribution, and self-reinforcement. The relevance of the self-reinforcement phase was emphasized in this model.

Investigating the self-reinforcement deficits in depression, Rozensky, Rehm, Pry, and Roth (1977) compared self-reinforcement and self-punishment among three male groups. Highly depressive patients of a VA hospital with a BDI score (Beck Depression Inventory; Beck, Ward, Mendelson, Mock, & Erbaugh, 1961) of 19 and above constituted the experimental group, those with a BDI score below 19 made up one control group, and a second control group was recruited from a group of nondepressive medical patients. The depressed group showed fewer self-rewards and more self-punishments than either control group in a word recognition memory task, though there were no differences between groups in the number of correct responses. The subjects in this study represented a relevant clinical group rather than a student population. However, the operationalization of self-reward (a button press lighting a small lamp) does not seem typical for humans in their everyday lives. Furthermore, self-reward was confounded with self-evaluation since subjects were asked to administer self-reward when they assumed their answer was correct.

There are three analogue studies investigating self-reinforcement and self-punishment in depressives (Ciminero & Steingarten, 1978; Nelson & Craighead, 1977; Roth, Rehm, & Rozensky, 1975; cf. Rozensky et al. 1977). Lobitz and Post (1979) published the only other study on depression and self-reinforcement with a clinical rather than a student population. Depressive hospitalized acute psychiatric clients showed significantly less self-reward than a mixed psychiatric control group. Self-reward in this study was defined as taking tokens contingent upon performance in three different tasks.

Departing from these studies, the purpose of the present study was to examine self-reward and self-punishment as contingent self-verbalization in a group of clinically depressive clients. Self-verbalization was conceptualized as covert verbalization, with cognitive and emotional components, contingent upon one's success or failure in specified relevant everyday situations. It was predicted that depressive clients would show less positive, more