The Stability of Sociotropy and Autonomy in Depressed Patients Undergoing Treatment

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There is mounting evidence that sociotropy and autonomy are associated with vulnerability to depression following interpersonal or achievement-related life events. This study examined whether a measure of these personality characteristics, the Sociotropy-Autonomy Scale, was stable in a sample of 119 unipolar, depressed patients undergoing treatment with cognitive therapy or medication. Initial scores on these characteristics were highly correlated with scores after 16 weeks' treatment. In the whole sample, despite highly significant changes in the severity of depression, there was no significant change over time in scores on these personality measures. However, patients who had responded to treatment did exhibit a significant decrease in levels of sociotropy, although scores remained significantly higher than those of nondepressed control subjects from a previous study. No difference was found between treatments in the magnitude of changes. These findings provide some support for the possibility that sociotropy and autonomy may represent enduring vulnerability factors for depression, and the implications for cognitive therapy are discussed.

KEY WORDS: sociotropy; autonomy; depressive vulnerability; cognitive therapy.

The personality characteristics of sociotropy and autonomy have been hypothesized by Beck (1983) to be important markers of vulnerability to de-

1The authors wish to thank Angela Wilson and Michele Hipwell for their hard work in interviewing the subjects and collecting the questionnaire data, and Hilary Roxborough for providing data on control subjects. We are grateful for the financial support of the Scottish Office, Home and Health Department.

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Sociotropy refers to a person's reliance on interaction with others for maintaining a sense of personal worth by obtaining acceptance and approval. Highly sociotropic people are predicted to be vulnerable to threatened or actual rejection or abandonment by others. Autonomy refers to the tendency to value one's own independence and achievements. Highly autonomous people are predicted to be vulnerable to failure to attain goals due to their own limitations or externally imposed constraints. The Sociotropy-Autonomy Scale (SAS) was developed by Beck, Epstein, Harrison, and Emery (1983) as a measure of these characteristics.

The SAS has been used in a number of studies of vulnerability to particular kinds of event. In an undergraduate sample, Robins and Block (1988) found that sociotropy potentiated the association between depression level and interpersonal life events, as predicted, but that it also unexpectedly moderated the association of depression with autonomy related events. In contrast, autonomy did not influence the relationship between depression and either type of life event. Hammen, Ellicott, Gitlin, and Jamison (1989) examined the vulnerability hypotheses in a longitudinal study of both unipolar and bipolar patients. For unipolar depressed patients only, they found that onset or exacerbation of symptoms was associated with the occurrence of more events congruent with the person's predominant characteristic than noncongruent events. Their numbers were too small to permit separate statistical analysis of predominantly sociotropic versus predominantly autonomous patients. Studies using other measures with some similarities to the SAS have also produced some evidence that specific vulnerabilities to interpersonal or achievement related events can be discriminated on the basis of dependent versus self-critical depressive experiences (Hammen, Marks, Mayol, & deMayo, 1985) or dysfunctional attitudes (Segal, Shaw, Vella, & Katz, 1992).

There is thus mounting evidence that sociotropy and autonomy are related to depressive symptoms following interpersonal or achievement-related events, which supports the notion that these personality characteristics confer vulnerability to particular kinds of event. However, it is essential that any scale purporting to measure personality should be relatively stable over time, and any measure of vulnerability should not just reflect the respondent's mood state. There is some evidence that depressed patients have elevated scores on the SAS compared to nondepressed controls, particularly for sociotropy scores (Nietzel & Harris, 1990). It is possible that this represents a characterological difference between the populations. However, it is also possible that depressed mood itself results in an elevation of scores on the supposed personality measure.

The influence of depressed mood at the time of completion has presented a problem for putative measures of cognitive vulnerability to de-