of competency and belief in one's ability to regulate personal functioning. In particular, low self-efficacy associated with unachieved goals, limitations in meaningful social relationships, and difficulties in controlling ones thoughts and emotions provide alternative and complementary routes to the development of depression. Developmental research has supported the view that self-efficacy (and perceived competence) in academic and social endeavors is predictive of the later onset of depression in children (Bandura, Pastorelli, Barbaranelli, & Caprara, 1999). In addition, it has been suggested that low self-efficacy may be related to depressive symptoms among the elderly (Blazer, 2002) and those with chronic medical problems (Turner, Ersek, & Kemp, 2005).

It should be noted, that while self-efficacy has clearly been related to depression symptoms and vulnerability, the concept is about human agency more broadly and is not specifically a theory of depression. Low self-efficacy beliefs are consistent with other theories of depression including cognitive theory, in which negative views of the self play an important role; hopelessness theory, in which attributions about the causes of negative events and the belief in one's inability to affect positive outcomes are central; and self-management theory, in which high and unmet standards for achievement are associated with negative self-evaluation. In each of these cases, the concept of low self-efficacy can be associated with a critical mechanism postulated to influence depressive phenomena.

Self-Efficacy and Interventions for Depression

Bandura proposed that when psychological interventions are successful, they are successful precisely because they restore confidence in one's ability to manage important life events, i.e., they increase self-efficacy. Indeed, many of the empirically supported interventions focus on the development of skills that lead to an improvement in one's sense of control in stressful situations. In one study of cognitive therapy for depression it was found that improvements in self-efficacy for controlling negative thoughts were associated with improvements in depression and, as importantly, were predictive of successful outcomes over the next year (Kavanagh & Wilson, 1989). Though there are few treatments where the specific goal is to increase self-efficacy, it is plausible that changes in self-efficacy are an important part of their effectiveness.

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See also

Vulnerability

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Self-Esteem

Clinical theorists have long assumed that self-esteem plays a key role in depression. Such ideas date back to early psychodynamic models of vulnerability to depression. More recently, cognitive accounts of depression have posited that schemas involving negative memories and beliefs about the self contribute to the onset and maintenance of

depression. Clearly there is a close conceptual affinity between cognitive concepts such as negative schemas and low self-esteem. In turn, these clinical perspectives have led to the development of treatment approaches that attempt to ameliorate depression in part by increasing the individual's self-esteem. Indeed clinical experience and research clearly demonstrate that negative views of the self predominate the mind-set of currently depressed individuals; depression is associated with a deflated sense of self. However, such observations could merely point to the fact that worthlessness is a symptom of depression rather than providing evidence of a causal influence of self-esteem on depression.

If self-esteem plays a causal role in the pathogenesis of depression, vulnerable self-esteem should be present in individuals at risk for depression. More specifically, vulnerable self-esteem should prospectively predict the onset and/or maintenance of depression. Likewise, it should be apparent in previously depressed compared to never depressed individuals.

In addition, if self-esteem plays a causal role in depression, it will be important to define what aspects of it are crucially involved. As a matter of fact, in contrast to the view that vulnerable self-esteem simply refers to how badly persons feel about themselves, more basic research has demonstrated that self-esteem is a complex and multifaceted construct that is only partially captured by self-report measures asking persons how highly or poorly they think of themselves. In addition to level of self-esteem (i.e., the degree to which self-esteem is high vs. low), stability of self-esteem (i.e., the degree to which self-esteem fluctuates over time), implicit self-esteem (i.e., self-esteem that may operate outside of conscious awareness), and the pursuit of self-esteem may each be important to consider in vulnerability to depression. In addition, some theorists have proposed a componential view of self-esteem, differentiating, for instance, self-liking and self-competence as two separate dimensions within self-esteem.

Level and Stability of Self-Esteem

A number of studies have tested whether low self-esteem predicts future depressive symptoms or episodes. For the most part, these studies fail to find evidence that individuals who report relatively lower self-esteem on self-report measures are more prone to developing future depression than those with higher self-esteem. Furthermore, once differences in subclinical depressive symptoms are adjusted for, previously depressed individuals do not report lower self-esteem than never depressed persons (see Roberts & Monroe, 1999, for a review). Apparently, low self-esteem does not act as a risk factor for depression, though there is evidence that it increases the potency of negative attributional styles to act as cognitive diatheses for depressive symptoms. In contrast, other theoretical models suggest that temporally unstable or labile SE would pose vulnerability to depression (Roberts & Monroe, 1994). Labile self-esteem is characterized by short-term fluctuations in self-esteem over time in response to internal and external circumstances. For example, one person's self-esteem might be drastically impacted by positive and negative social events (raising and deflating self-esteem, respectively), while these have little or no impact on self-esteem for another person. A number of studies have shown that labile self-esteem prospectively predicts the onset of depressive symptoms (Franck & De Raedt, 2007), particularly following life stress. Furthermore, previously depressed individuals exhibit greater labile self-esteem compared to never depressed individuals (Franck & De Raedt, 2007). In summary, labile self-esteem appears to act as a risk factor for depression.

Implicit Self-Esteem

More recently, distinctions have been made between explicit self-esteem, which is consciously accessible and measured by self-report, and implicit self-esteem, which potentially is not consciously accessible, is

overlearned and automatic, and is measured indirectly. Presumably, explicit self-esteem is prone to presentation style biases, whereas implicit self-esteem is immune to such biases, making it particularly well-suited to testing the role of self-esteem in vulnerability to depression. Measures of implicit self-esteem are only weakly correlated with explicit measures, have different correlates, and potentially assess different facets of self-esteem (see Bosson, Swann, & Pennebaker, 2000). Although there are a number of different measures of implicit self-esteem, such as the name letter preference task (higher self-esteem being inferred by the degree to which a person prefers the letters of his or her own name) and priming tasks that attempt to identify the degree to which self-related information speeds the response to positive versus negative stimuli (increased ease in identifying positive stimuli would reflect higher self-esteem), the Implicit Associate Test (IAT) is the approach that has been applied to depression most frequently. The IAT is a categorization task in which self-esteem is inferred based on the strength of association between self-related stimuli and positive stimuli. Although there has only been preliminary research, there are some data showing that low implicit self-esteem as measured by the name letter preference task prospectively predicts depressive symptoms (Franck, De Raedt, & De Houwer, 2007). In addition, a study by Steinberg, Karpinski, and Alloy (2007) showed that a self-esteem IAT predicted level of depression at follow-up. More specifically, these authors demonstrated that in participants at high cognitive risk for depression, the effects of life stress on depressive symptoms were especially pernicious for those demonstrating low self-esteem as measured by the IAT. Furthermore, there is evidence that negative mood inductions have a greater impact on implicit self-esteem among individuals with previous depression compared to never depressed persons (Gemar et al., 2001), though implicit self-esteem might be relatively high under normal moods in previously depressed persons (see De Raedt, Schacht, Franck, & De Houwer, 2006). Relatedly, there is evidence that negative self-evaluation assessed through an interview predicts onset of depression following life stress (Brown, Bifulco, & Andrews, 1990). Negative self-evaluation was inferred on the basis of how individuals described themselves, including spontaneous negative comments, rather than solely on responses to direct questions about feelings of self-worth. This interview-based approach likely tapped into the nonconscious, overlearned, and automatic self-attitudes that reflect implicit self-esteem.

Synthesis of Self-Esteem

This discussion raises the thorny question of what exactly self-esteem is. Is it something durable that is retrieved when persons reflect on themselves? From a network model, self-esteem would be represented by its own unique node or nodes (e.g., worthless, incompetent, unlovable). In contrast, is it something that is synthesized in the moment during the process of self-reflection? From a network model, self-esteem would be represented by the resulting valence that arises from the activation of mental nodes related to the self that involve traits (e.g., weak, dull, insensitive) or autobiographical memories (e.g., being rejected). Although this latter view contrasts with traditional views of attitudes, more recently attitude construal models have been advocated (e.g., Schwarz, 2007). If self-esteem is something that is actively synthesized, it may make sense to consider the possibility that it operates and has effects on behavior at times when self-evaluative thinking is taking place, but perhaps not at other times. In this sense self-esteem would exist only when the person is engaged in reflective thinking. It may be a different construct when it is measured in states of high self-awareness, such as depression, than when it is measured in states of low awareness. This perspective suggests that the frequency with which self-esteem is "online" and in awareness would be a key variable. If it is synthesized in the process of

self-reflection, people would likely vary in terms of the degree and situations in which it would be active and operative. Given that explicit self-esteem involves conscious deliberate judgments about the self, it would appear that this form would be more likely to be synthesized, whereas implicit self-esteem, which is overlearned and automatic, would likely be ever present, operating in the background.

Maladaptive Pursuit of Self-Esteem

William James suggested that self-esteem might be defined as the ratio of a person's accomplishments to his or her aspirations. Interestingly this perspective falls in line with recent third wave approaches such as behavioral activation (e.g., Jacobson, Martell, & Dimidjian, 2001). These approaches suggest that directly attempting to modify the content of self-evaluative thinking will be less successful than targeting behavior: here the motto would be "improve self-esteem by living a worthy and valued life." Self-esteem would be seen as important to the extent to which it interferes with goal-directed behavior and the living of a full life. Third wave behavioral approaches suggest that problematic goal directed is best addressed by redirecting the individual away from the pursuit of positive goal directed and toward the living of a valued life. Particularly, engaging in activities that bring a sense of pleasure and/or accomplishment would be helpful in changing self-esteem. Interesting similar arguments have come from self-esteem theorists who have posited that optimal self-esteem involves a lack of concern with self-esteem and instead an emphasis on striving toward valued goals (Ryan, 2007). "Gaining optimal self-esteem comes about not by seeking self-esteem, but by actually leading a life that satisfies basic psychological needs. . . . The less salient self-esteem is, the more optimal is one's self-esteem" (Ryan & Brown, 2006, p. 129). In contrast, self-esteem is problematic to the extent that persons buy into the idea that it must be somehow repaired before moving forward with their lives.

Likewise, from a behavioral perspective, it may prove valuable to take a functional analytic approach with client who presents with low self-esteem as a primary concern. A functional analysis would examine the behavior involved on occasions of experiencing low self-esteem (e.g., avoidance, verbalized negative self statements, negative self-disclosures, rumination, body posture, vocal tone) and identify the antecedent triggers and consequences of these self-esteem-relevant behaviors. Treatment would involve modification of the antecedent triggers, as well as any maladaptive behavioral responses. Changing self-worth by altering the behavioral base for these self-attitudes might prove more fruitful than a top-down approach that is directed at altering the explicit construals (e.g., "I am worth nothing as a person"). As a matter of fact, interventions aimed at cognitively challenging inappropriately low self-esteem might paradoxically render the very dimension of self-worth more important than it actually is. In a sense, self-worth is a strange construct that completely lacks objective measurement. As compared to one's height, weight, IQ, or even more subjective qualities such as extraversion, there are no criteria or standards to assess someone's personal worth. In this sense, treatment might benefit from coaching the client to abolish the use of this construct as a force that drives emotions, motivation, or behavior. Changing the behavioral base for feelings of self-liking (pleasantness) and self-competence (mastery) would be a more preferred option from this perspective.

Future Directions

Future advances require increased understanding of the nature of self-esteem, particularly the extent to which it is a product of reflective cognitive processes and what that implies concerning the ebbs and flows of such processing. In a way, self-esteem appears problematic to the extent that

individuals are hooked into the idea that they need self-esteem, raising the possibility that individual differences in the salience of self-esteem concerns would be a key vulnerability characteristic. Another largely ignored issue involves the mechanisms by which self-esteem would be involved in the pathogenesis of depression. Although cognitive theory tends to focus on how beliefs about the self, such as self-esteem, influence more immediate forms of negative thinking (automatic thoughts) that in turn directly influence mood, another possibility is that self-esteem influences goal setting, planning, and the initiation of behavior in a manner that contributes to the onset and maintenance of depression. In other words, vulnerable self-esteem may lead individuals to live their lives in a manner that is less fulfilling, decreasing positive reinforcement and thereby generating depression.

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See also

Cognitive Theories of Depression Vulnerability

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Self-Focused Attention

Much of the early work on self-focused attention derived from social psychological research published by Duval and Wicklund (1972) and Carver (1979). Carver (1979) defined self-focused attention in the following way: "When attention is self-directed, it sometimes takes the form of focus on internal perceptual events, that is, information from those sensory receptors that react to changes in bodily activity. Self-focus may also take the form of an enhanced awareness of one's present or past physical behavior, that is, a heightened cognizance of what one is doing or what one is like. Alternatively, self-attention can be an awareness of the more or less permanently encoded bits of information that comprise, for example, one's attitudes. It can even be an enhanced awareness of temporarily encoded bits of information that have been gleaned from previous focus on the environment; subjectively, this would be experienced as a recollection or impression of that past event" (p. 1255). Ingram (1990) has summarized this definition and suggested that self-focused attention constitutes "an awareness of self-referent, internally generated information, that stands in contrast to an awareness of externally generated information derived through sensory receptors" (p. 156).