If you are a typical college student, you may occasionally feel mildly depressed. Perhaps you have at times felt dissatisfied with life, discouraged about the future, sad, lacking appetite and energy, unable to concentrate, perhaps even wondering if life is worth living. Maybe disappointing grades have seemed to jeopardize your career goals. Perhaps the breakup of a relationship has left you in despair. At such times, you may fall into self-focused brooding that only worsens your feelings. In one survey of 90,000 American collegians, 44 percent reported that during the last school year they had at some point felt “so depressed it was difficult to function” (ACHA, 2006). For some 10 percent of men and nearly twice that many women, life’s down times are not just temporary blue moods in response to bad events; rather, they define a major depressive episode that lasts for weeks without any obvious cause.

One of psychology’s most intriguing research frontiers concerns the cognitive processes that accompany psychological disorders. What are the memories, attributions, and expectations of depressed, lonely, shy, or illness-prone people? In the case of depression, the most heavily researched disorder, dozens of new studies are providing some answers.

**SOCIAL COGNITION AND DEPRESSION**

People who feel depressed tend to think in negative terms. They view life through dark-colored glasses. With seriously depressed people—those who are feeling worthless, lethargic, uninterested in friends and family, and unable to sleep or eat normally—the negative thinking is
self-defeating. Their intensely pessimistic outlook leads them to magnify every bad experience and minimize every good one. They may view advice to “count your blessings” or “look on the bright side” as hopelessly unrealistic. As one depressed young woman reported, “The real me is worthless and inadequate. I can’t move forward with my work because I become frozen with doubt” (Burns, 1980, p. 29).

**Distortion or Realism?**

Are all depressed people unrealistically negative? To find out, Lauren Alloy and Lyn Abramson (1979; Alloy & others, 2004) studied college students who were either mildly depressed or not depressed. They had the students press a button and observe whether the button controlled a light coming on. Surprisingly, the depressed students were quite accurate in estimating their degree of control. It was the nondepressives whose judgments were distorted; they exaggerated the extent of their control. Despite their self-preoccupation, mildly depressed people also are more attuned to others’ feelings (Harkness & others, 2005).

This surprising phenomenon of **depressive realism**, nicknamed the “sadder-but-wiser effect,” shows up in various judgments of one’s control or skill (Ackermann & DeRubeis, 1991; Alloy & others, 1990). Shelley Taylor (1989, p. 214) explains:

Normal people exaggerate how competent and well liked they are. Depressed people do not. Normal people remember their past behavior with a rosy glow. Depressed people [unless severely depressed] are more evenhanded in recalling their successes and failures. Normal people describe themselves primarily positively. Depressed people describe both their positive and negative qualities. Normal people take credit for successful outcomes and tend to deny responsibility for failure. Depressed people accept responsibility for both success and failure. Normal people exaggerate the control they have over what goes on around them. Depressed people are less vulnerable to the illusion of control. Normal people believe to an unrealistic degree that the future holds a bounty of good things and few bad things. Depressed people are more realistic in their perceptions of the future. In fact, on virtually every point on which normal people show enhanced self-regard, illusions of control, and unrealistic visions of the future, depressed people fail to show the same biases. “Sadder but wiser” does indeed appear to apply to depression.

Underlying the thinking of depressed people are their attributions of responsibility. Consider: If you fail an exam and blame yourself, you may conclude that you are stupid or lazy; consequently, you may feel depressed. If you attribute the failure to an unfair exam or to other circumstances beyond your control, you may feel angry. In over 100 studies involving 15,000 subjects, depressed people have been more likely than nondepressed people to exhibit a negative **explanatory style** (Haeffel &
others, 2008; Peterson & Steen, 2002; Sweeney & others, 1986). As shown in Figure 11-1, this explanatory style attributes failure and setbacks to causes that are stable (“It’s going to last forever”), global (“It’s going to affect everything I do”), and internal (“It’s all my fault”). The result of this pessimistic, overgeneralized, self-blaming thinking, say Abramson and her colleagues (1989), is a depressing sense of hopelessness.

**Is Negative Thinking a Cause or a Result of Depression?**

The cognitive accompaniments of depression raise a chicken-and-egg question: Do depressed moods cause negative thinking, or does negative thinking cause depression?

**Depressed Moods Cause Negative Thinking**

Without a doubt, our moods color our thinking. When we feel happy, we think happy. We see and recall a good world. But let our mood turn gloomy, and our thoughts switch to a different track. Off come the rose-colored glasses, on come the dark glasses. Now the bad mood primes our recollections of negative events (Bower, 1987; Johnson & Magaro, 1987). Our relationships seem to sour, our self-images tarnish, our hopes for the future dim, people’s behavior seems more sinister (Brown & Taylor, 1986; Mayer & Salovey, 1987). As depression increases, memories and expectations plummet; when depression lifts, thinking brightens (Barnett & Gotlib, 1988; Kuiper & Higgins, 1985). As an example, currently depressed people recall their parents as having been rejecting and punitive. But formerly depressed people recall their parents in the same positive terms as do never-depressed people (Lewinsohn & Rosenbaum, 1987). Thus, when you hear depressed people trashing their parents, remember: Moods modify memories.
By studying Indiana University basketball fans, Edward Hirt and his colleagues (1992) demonstrated that even a temporary bad mood can darken our thinking. After the fans were either depressed by watching their team lose or elated by a victory, the researchers asked them to predict the team’s future performance, and their own. After a loss, people offered bleaker assessments not only of the team’s future but also of their own likely performance at throwing darts, solving anagrams, and getting a date. When things aren’t going our way, it may seem as though they never will.

A depressed mood also affects behavior. When depressed, we tend to be withdrawn, glum, and quick to complain. Stephen Strack and James Coyne (1983) found that depressed people were realistic in thinking that others didn’t appreciate their behavior; their pessimism and bad moods can even trigger social rejection (Carver & others, 1994). Depressed behavior can also trigger reciprocal depression in others. College students who have depressed roommates tend to become a little depressed themselves (Burchill & Stiles, 1988; Joiner, 1994; Sanislow & others, 1989). In dating couples, too, depression is often contagious (Katz & others, 1999). Better news comes from a study that followed nearly 5,000 residents of one Massachusetts city for 20 years. Happiness also is contagious. When surrounded by happy people, people become more likely to be happy in the future (Fowler & Christakis, 2008).

**Negative Thinking Causes Depressed Moods**

Depression is natural when experiencing severe stress—losing a job, getting divorced or rejected, or suffering any experience that disrupts our sense of who we are and why we are worthy human beings (Hamilton & others, 1993; Kendler & others, 1993). The brooding that comes with this short-term depression can be adaptive. Much as nausea and pain protect the body from toxins, so depression protects us, by slowing us down, causing us to reassess, and then redirecting our energy in new ways (Watkins, 2008). Insights gained during times of depressed inactivity may later result in better strategies for interacting with the world. But depression-prone people respond to bad events with intense rumination and self-blame (Mor & Winquist, 2002; Pyszczynski & others, 1991). Their self-esteem fluctuates more rapidly up with boosts and down with threats (Butler & others, 1994).

Why are some people so affected by minor stresses? Evidence suggests that when stress-induced rumination is filtered through a negative explanatory style, the frequent outcome is depression (Robinson & Alloy, 2003). Colin Sacks and Daphne Bugental (1987) asked some young women to get acquainted with a stranger who sometimes acted cold and unfriendly, creating an awkward social situation. Unlike optimistic women, those with a pessimistic explanatory style—who characteristically offer stable, global, and internal attributions for bad events—reacted
to the social failure by feeling depressed. Moreover, they then behaved more antagonistically toward the next people they met. Their negative thinking led to a negative mood, which then led to negative behavior.

Such depressing rumination is more common among women, reports Susan Nolen-Hoeksema (2003). When trouble strikes, men tend to act, women tend to think—and often to “overthink,” she reports. And that helps explain why, beginning in adolescence, women have, compared with men, a doubled risk of depression (Hyde & others, 2008).

Outside the laboratory, studies of children, teenagers, and adults confirm that those with the pessimistic explanatory style are more likely to become depressed when bad things happen. One study monitored university students every six weeks for two-and-a-half years (Alloy & others, 1999). Only 1 percent of those who began college with optimistic thinking styles had a first depressive episode, but 17 percent of those with pessimistic thinking styles did. “A recipe for severe depression is preexisting pessimism encountering failure,” notes Martin Seligman (1991, p. 78). Moreover, patients who end therapy no longer feeling depressed but retaining a negative explanatory style tend to relapse as bad events occur (Seligman, 1992). If those with a more optimistic explanatory style relapse, they often recover quickly (Metalsky & others, 1993; Needles & Abramson, 1990).

Researcher Peter Lewinsohn and his colleagues (1985) have assembled these findings into a coherent psychological understanding of depression. The negative self-image, attributions, and expectations of a depressed person are, they report, an essential link in a vicious circle that is triggered by negative experience—perhaps academic or vocational failure, family conflict, or social rejection (Figure 11-2). Such ruminations create a depressed mood that alters drastically the way a person thinks and acts, which then fuels further negative experiences, self-blame, and depressed mood. In experiments, mildly depressed people’s moods

![FIGURE 11-2](Image)
The vicious circle of depression.
brighten when a task diverts their attention to something external (Nix & others, 1995). Depression is therefore both a cause and a result of negative cognitions.

Martin Seligman (1991, 1998, 2002) believes that self-focus and self-blame help explain the near-epidemic levels of depression in the Western world today. In North America, for example, young adults today are three times as likely as their grandparents to have suffered depression—despite their grandparents’ experiencing a lower standard of living and greater hardship (Cross-National Collaborative Group, 1992; Swindle & others, 2000). Seligman believes that the decline of religion and family, plus the growth of individualism, breeds hopelessness and self-blame when things don’t go well. Failed courses, careers, and marriages produce despair when we stand alone, with nothing and no one to fall back on. If, as a macho Fortune ad declared, you can “make it on your own,” on “your own drive, your own guts, your own energy, your own ambition,” then whose fault is it if you don’t make it? In non-Western cultures, where close-knit relationships and cooperation are the norm, major depression is less common and less tied to guilt and self-blame over perceived personal failure. In Japan, for example, depressed people instead tend to report feeling shame over letting down their family or co-workers (Draguns, 1990).

These insights into the thinking style linked with depression have prompted social psychologists to study thinking patterns associated with other problems. How do those who are plagued with excessive loneliness, shyness, or substance abuse view themselves? How well do they recall their successes and their failures? To what do they attribute their ups and downs?

SOCIAL COGNITION AND LONELINESS

If depression is the common cold of psychological disorders, then loneliness is the headache. Loneliness, whether chronic or temporary, is a painful awareness that our social relationships are less numerous or meaningful than we desire. In modern cultures, close social relationships are less numerous. One national survey revealed a one-third drop, over two decades, in the number of people with whom Americans can discuss “important matters.” Reflecting on the finding, Robert Putnam (2006) reported that his data likewise reveal “sharp generational differences—baby boomers are more socially marooned than their parents, and the boomers’ kids are lonelier still. Is it because of two-career families? Ethnic diversity? The Internet? Suburban sprawl? Everyone has a favorite culprit. Mine is TV, but the jury is still out.”

Other researchers have offered different explanations. In a study of Dutch adults, Jenny de Jong-Gierveld (1987) documented the loneliness
that unmarried and unattached people are likely to experience. She spec-
ulated that the modern emphasis on individual fulfillment and the
depreciation of marriage and family life may be “loneliness-provoking”
(as well as depression-provoking). Job-related mobility also makes for
fewer long-term family and social ties and increased loneliness (Dill &
Anderson, 1999).

But loneliness need not coincide with aloneness. One can feel lonely
in the middle of a party. “In America, there is loneliness but no solitude,”
lamented Mary Pipher (2002). “There are crowds but no community.”
In Los Angeles, observed her daughter, “There are 10 million people
around me but nobody knows my name.” Lacking social connections,
and feeling lonely (or when made to feel so in an experiment), people
may compensate by seeing humanlike qualities in things, animals, and
supernatural beings, with which they find companionship (Epley &
others, 2008).

One can be utterly alone—as I am while writing these words in the
solitude of an isolated turret office at a British university 5,000 miles
from home—without feeling lonely. To feel lonely is to feel excluded
from a group, unloved by those around you, unable to share your pri-
vate concerns, different and alienated from those in your surroundings
(Beck & Young, 1978; Davis & Franzoi, 1986). It is also to be at increased
risk for high blood pressure and heart disease, and thus accelerated
physical decline with age (Hawkley & Cacioppo, 2007). In Loneliness:
Human Nature and the Need for Social Connection, John Cacioppo and
William Patrick (2008) explain other physical and emotional effects
of loneliness, which affects stress hormones and immune activity.
Loneliness—which may be evoked by an icy stare or a cold shoulder—
even feels, quite literally, cold. When recalling an experience of exclu-
sion, people estimate a lower room temperature than when thinking
of being included. After being excluded in a little ball game, people
show a heightened preference for warm foods and drinks (Zhong &
Leonardelli, 2008).

Loneliness can be adaptive. Such feelings signal people to seek social
connections, which facilitate survival. Even when loneliness triggers
nostalgia—a longing for the past—it serves to remind people of their
social connections (Zhou & others, 2008).

Like depressed people, chronically lonely people seem caught in a
vicious circle of self-defeating social thinking and social behaviors. They
have some of the negative explanatory style of the depressed; they per-
ceive their interactions as making a poor impression, blame themselves
for their poor social relationships, and see most things as beyond their
control (Anderson & others, 1994; Christensen & Kashy, 1998; Snodgrass,
1987). Moreover, they perceive others in negative ways. When paired
with a stranger of the same gender or with a first-year college roommate,
lonely students are more likely to perceive the other person negatively
As Figure 11-3 illustrates, loneliness, depression, and shyness sometimes feed one another. These negative views may both reflect and color the lonely person’s experience. Believing in their social unworthiness and feeling pessimistic about others inhibit lonely people from acting to reduce their loneliness. Lonely people often find it hard to introduce themselves, make phone calls, and participate in groups (Nurmi & others, 1996, 1997; Rook, 1984; Spitzberg & Hurt, 1987). Yet, like mildly depressed people, they are attuned to others and skilled at recognizing emotional expression (Gardner & others, 2005). Like depression, loneliness is genetically influenced; identical twins are much more likely than fraternal twins to share moderate to extreme loneliness (Boomsma & others, 2006).

**SOCIAL COGNITION AND ANXIETY**

Shyness is a form of social anxiety characterized by self-consciousness and worry about what others think (Anderson & Harvey, 1988; Asendorpf, 1987; Carver & Scheier, 1986). Being interviewed for a much-wanted job, dating someone for the first time, stepping into a roomful of strangers, performing before an important audience, or giving a speech (one of the
most common phobias) can make almost anyone feel anxious. But some people feel anxious in almost any situation in which they may feel they are being evaluated, such as having a casual lunch with a co-worker. For these people, anxiety is more a personality trait than a temporary state.

What causes us to feel anxious in social situations? Why are some people shackled in the prison of their own social anxiety? Barry Schlenker and Mark Leary (1982, 1985; Leary & Kowalski, 1995) answer those questions by applying self-presentation theory. Self-presentation theory assumes that we are eager to present ourselves in ways that make a good impression. The implications for social anxiety are straightforward: We feel anxious when we are motivated to impress others but have self-doubts. This simple principle helps explain a variety of research findings, each of which may ring true in your own experience. We feel most anxious when we are

- with powerful, high-status people—people whose impressions of us matter.
- in an evaluative context, such as when making a first impression on the parents of one’s fiancé.
- self-conscious (as shy people often are), with our attention focused on ourselves and how we are coming across.
- focused on something central to our self-image, as when a college professor presents ideas before peers at a professional convention.
- in novel or unstructured situations, such as a first school dance or first formal dinner, where we are unsure of the social rules.

For most people, the tendency in all such situations is to be cautiously self-protective: to talk less; to avoid topics that reveal one’s ignorance; to be guarded about oneself; to be unassertive, agreeable, and smiling.

Compared with unshy people, shy, self-conscious people (whose numbers include many adolescents) see incidental events as somehow relevant to themselves (Fenigstein, 1984; Fenigstein & Vanable, 1992). Shy, anxious people overpersonalize situations, a tendency that breeds anxious concern and, in extreme cases, paranoia. They also overestimate the extent to which other people are watching and evaluating them. If their hair won’t comb right or they have a facial blemish, they assume everyone else notices and judges them accordingly. Shy people may even be conscious of their self-consciousness. They wish they could stop worrying about blushing, about what others are thinking, or about what to say next.

To reduce social anxiety, some people turn to alcohol. Alcohol lowers anxiety and reduces self-consciousness (Hull & Young, 1983). Thus, chronically self-conscious people are especially likely to drink following a failure. If recovering from alcoholism, they are more likely than those low in self-consciousness to relapse when they again experience stress or failure.
Symptoms as diverse as anxiety and alcohol abuse can also serve a self-handicapping function. Labeling oneself as anxious, shy, depressed, or under the influence of alcohol can provide an excuse for failure (Snyder & Smith, 1986). Behind a barricade of symptoms, the person’s ego stands secure. “Why don’t I date? Because I’m shy, so people don’t easily get to know the real me.” The symptom is an unconscious strategic ploy to explain away negative outcomes.

What if we were to remove the need for such a ploy by providing people with a handy alternative explanation for their anxiety and therefore for possible failure? Would a shy person no longer need to be shy? That is precisely what Susan Brodt and Philip Zimbardo (1981) found when they brought shy and not-shy college women to the laboratory and had them converse with a handsome male who posed as another participant. Before the conversation, the women were cooped up in a small chamber and blasted with loud noise. Some of the shy women (but not others) were told that the noise would leave them with a pounding heart, a common symptom of social anxiety. Thus, when these women later talked with the man, they could attribute their pounding hearts and any conversational difficulties to the noise, not to their shyness or social inadequacy. Compared with the shy women who were not given this handy explanation for their pounding hearts, these women were no longer so shy. They talked fluently once the conversation got going and asked questions of the man. In fact, unlike the other shy women (whom the man could easily spot as shy), these women were to him indistinguishable from the not-shy women.

SOCIAL-PSYCHOLOGICAL APPROACHES TO TREATMENT

We have considered patterns of thinking that are linked with problems in living such as serious depression and extreme shyness. Do these maladaptive thought patterns suggest any treatments? There is no social-psychological therapy. But therapy is a social encounter, and social psychologists have suggested how their principles might be integrated into existing treatment techniques (Forsyth & Leary, 1997; Strong & others, 1992). Consider two approaches, discussed below.

Inducing Internal Change through External Behavior

In Module 9 we reviewed a broad range of evidence for a simple but powerful principle: Our actions affect our attitudes. The roles we play, the things we say and do, and the decisions we make influence who we are.
Consistent with this attitudes-follow-behavior principle, several psychotherapy techniques prescribe action.

- Behavior therapists try to shape behavior on the theory that the client’s inner disposition will also change after the behavior changes.
- In assertiveness training, the individual may first role-play assertiveness in a supportive context, then gradually implement assertive behaviors in everyday life.
- Rational-emotive therapy assumes that we generate our own emotions; clients receive “homework” assignments to talk and act in new ways that will generate new emotions: Challenge that overbearing relative. Stop telling yourself you’re an unattractive person and ask someone out.
- Self-help groups subtly induce participants to behave in new ways in front of the group—to express anger, cry, act with high self-esteem, express positive feelings.

All these techniques share a common assumption: If we cannot directly control our feelings by sheer willpower, we can influence them indirectly through our behavior.

Experiments confirm that what we say about ourselves can affect how we feel. In one experiment, students were induced to write self-laudatory essays (Mirels & McPeek, 1977). These students, more than others who wrote essays about a current social issue, later expressed higher self-esteem when rating themselves privately for a different experimenter. In several more experiments, Edward Jones and his associates (1981; Rhodewalt & Agustsdottir, 1986) influenced students to present themselves to an interviewer in either self-enhancing or self-deprecating ways. Again, the public displays—whether upbeat or downbeat—carried over to later self-esteem. Saying is believing, even when we talk about ourselves.

**Breaking Vicious Circles**

If depression, loneliness, and social anxiety maintain themselves through a vicious circle of negative experiences, negative thinking, and self-defeating behavior, it should be possible to break the circle at any of several points—by changing the environment, by training the person to behave more constructively, by reversing negative thinking. And it is. Several therapy methods help free people from depression’s vicious circle.

**Social Skills Training**

Depression, loneliness, and shyness are not just problems in someone’s mind. To be around a depressed person for any length of time can be
irritating and depressing. As lonely and shy people suspect, they may indeed come across poorly in social situations. In these cases, social skills training may help. By observing and then practicing new behaviors in safe situations, the person may develop the confidence to behave more effectively in other situations.

As the person begins to enjoy the rewards of behaving more skillfully, a more positive self-perception develops. Frances Haemmerlie and Robert Montgomery (1982, 1984, 1986) demonstrated this in several heartwarming studies with shy, anxious college students. Those who are inexperienced and nervous around those of the other sex may say to themselves, “I don’t date much, so I must be socially inadequate, so I shouldn’t try reaching out to anyone.” To reverse this negative sequence, Haemmerlie and Montgomery enticed such students into pleasant interactions with people of the other sex.

In one experiment, college men completed social anxiety questionnaires and then came to the laboratory on two different days. Each day they enjoyed 12-minute conversations with each of six young women. The men thought the women were also participants. Actually, the women were confederates who had been asked to carry on a natural, positive, friendly conversation with each of the men.

The effect of these two-and-a-half hours of conversation was remarkable. As one participant wrote afterward, “I had never met so many girls that I could have a good conversation with. After a few girls, my confidence grew to the point where I didn’t notice being nervous like I once did.” Such comments were supported by a variety of measures. Unlike men in a control condition, those who experienced the conversations reported considerably less female-related anxiety when retested one week and six months later. Placed alone in a room with an attractive female stranger, they also became much more likely to start a conversation. Outside the laboratory they actually began occasional dating.

Haemmerlie and Montgomery note that not only did all this occur without any counseling but also it may very well have occurred because there was no counseling. Having behaved successfully on their own, the men could now perceive themselves as socially competent. Although seven months later the researchers did debrief the participants, by that time the men had presumably enjoyed enough social success to maintain their internal attributions for success. “Nothing succeeds like success,” concluded Haemmerlie (1987)—“as long as there are no external factors present that the client can use as an excuse for that success!”

**Explanatory Style Therapy**
The vicious circles that maintain depression, loneliness, and shyness can be broken by social skills training, by positive experiences that alter self-perceptions, *and* by changing negative thought patterns. Some people have good social skills, but their experiences with hypercritical friends
and family have convinced them otherwise. For such people it may be
enough to help them reverse their negative beliefs about themselves and
their futures. Among the cognitive therapies with this aim is an *explanatory style therapy* proposed by social psychologists (Abramson, 1988;

One such program taught depressed college students to change their
typical attributions. Mary Anne Layden (1982) first explained the advan-
tages of making attributions more like those of the typical nondepressed
person (by accepting credit for successes and seeing how circumstances
can make things go wrong). After assigning a variety of tasks, she helped
the students see how they typically interpreted success and failure. Then
came the treatment phase: Layden instructed them to keep a diary of
daily successes and failures, noting how they contributed to their own
successes and noting external reasons for their failures. When retested
after a month of this attributional retraining and compared with an
untreated control group, their self-esteem had risen and their attribu-
tional style had become more positive. The more their explanatory style
improved, the more their depression lifted. By changing their attribu-
tions, they had changed their emotions.

Having emphasized what changed behavior and thought patterns
can accomplish, we do well to remind ourselves of their limits. Social
skills training and positive thinking cannot transform us into consistent
winners who are loved and admired by everyone. Furthermore, tempo-
rary depression, loneliness, and shyness are perfectly appropriate
responses to profoundly bad events. It is when such feelings exist chron-
ically and without any discernible cause that there is reason for concern
and a need to change the self-defeating thoughts and behaviors.

**CONCEPTS TO REMEMBER**

*depressive realism*  The tendency of mildly depressed people to make accurate rather than self-serving judgments, attribu-
tions, and predictions.

*explanatory style*  One’s habitual way of explaining life events.

A negative, pessimistic, depressive explanatory style attributes failure to stable, global, and internal causes.