

**Commentary on “Shame and Community:  
Social Components in Depression”**

**Personality, Shame, and the Breakdown of  
Social Bonds: The Voice of Quantitative  
Depression Research**

GOLAN SHAHAR

SCHEFF'S argument (2001), whereby shame and the breakdown of social ties are causality implicated in depression, has potential to inform quantitative research on depression, particularly research focused on determinants of personality vulnerability. In the present article, I relate Scheff's argument to more than two and a half decades of theory and research on the interpersonal nature of depression, and on personality vulnerability to depression. The focus of this review is on the personality theories of Blatt (1974) and Beck (1983), in which an introjective/self-critical/autonomous personality dimension and an anaclitic/dependent/sociotropic personality dimension are each conceptualized as a marker of vulnerability. Reviewing empirical research on these two dimensions, I then point out a certain puzzle emerging from previous findings: The introjective personality dimension appears to confer considerably more vulnerability than the anaclitic personality dimension. An attempt is made to reconcile this puzzle by drawing from Scheff's discussion of shame, as well as from psychosocial research on internal representations of self and others (Blatt, Auerbach, and Levy 1997), and from sociological work on the depressogenic conditions of modernity (Giddens 1991; Seligman 1990).

And, to top it all, he had a tic!

He was so scared . . . For an analyst-in-training to have a psychosomatic symptom in front of a roomful of analysts was the ultimate in failure. And yet, somehow, the bathos of it helped him. What could he do? There was

no hiding the true. So he said: “you may have noticed—I have a slight tic?” (Shem 1985, p. 380).

As argued by Dr. Scheff (2001), depression is inexorably linked with the breakdown of social bonds, and this breakdown can be precipitated by intense feelings of shame. Dr. Scheff should be applauded for his account, which uses qualitative research methods, of the alienation experienced by patients suffering from episodes of depression, as well as the hope that germinates within these patients when they are provided access to social ties. Scheff's article joins an increasing number of important qualitative accounts of depression (Jack 1998; Karp 1996), important not only because they communicate a first hand “voice of depression,” but also because they connect

---

*Golan Shahar, PhD*, is a post-doctoral Fellow in the Departments of Psychiatry and Psychology at Yale University, and an instructor (on leave) at Bar-Ilan University, Israel. The author wishes to thank Sidney J. Blatt from the Departments of Psychiatry and Psychology at Yale University for his invaluable comments in preparing this article.

Address correspondence to Golan Shahar, Department of Psychiatry, Yale University, 25 Park St., New Haven, CT, 06519; E-mail: golan.shahar@yale.edu.

depression research to the sociology of emotions (Retzinger 1991; Scheff 1990), thus highlighting the social nature of this phenomena.

Notwithstanding Scheff's portrayal of depression as "highly individualistic," it is important to point out that the social nature of depression has been consistently demonstrated in more than two and a half decades of quantitative research (e.g., Blatt and Zuroff 1992; Brown and Harris 1978; Coyne 1976a; Hammen 1991; Joiner and Metalsky 1995; Paykel 1978). In this commentary, I first attempt to place Scheff's contribution in the context of theory and research on the social/interpersonal nature of depression. I then address Scheff's call for a multifaceted view of depression by locating shame and the breakdown of social bonds, two processes suggested by him as causally related to depression, in the emerging literature on personality vulnerability to depression (Beck 1983; Blatt 1974). Finally, I offer some tentative hypotheses as to how personality, shame, and the breakdown of social bonds can be interpreted in light of recent sociological contributions (Giddens 1991).

#### BUT DEPRESSION IS SOCIAL

Scheff's (2001) formulations are consistent with more than twenty years of quantitative research demonstrating that the breakdown of social ties is one of the causes of clinical depression. For instance, the late sixties and mid-seventies were characterized by intense research of the role of stressful life events in the depressive disorders (B. P. Dohrenwend and B. S. Dohrenwend 1969, 1974; Paykel 1978). Studies by Paykel, Bruce and Barbara Dohrenwend, and others showed that life events that involve some form of loss are significantly more frequent among individuals suffering from depressive disorders than among "control participants." These "exit events," namely, events that remove individuals from their social field, were later shown to predict the onset of severe emotional disorders in childhood and adolescence (Goodyer and Altham 1991).

Brown and Harris (1978), in their well-known volume *Social Origins of Depression*, further highlighted the contributory role of major stressful life events, as well as more chronic and ongoing life difficulties, to the development of depression. Investigating 458 women living in Camberwell, London, and using sophisticated semi-structured interviews of stressful life events, the authors found (a) that severe life events (e.g., death of a significant other) and chronic difficulties (e.g., marital discords) served as "provoking agents" with respect to depression, and that these "agents" were predominantly interpersonal in nature, and (b) that the presence of a significant other with whom one can confide (i.e., "confidant support") considerably alleviated the adverse effects of life stress and chronic difficulties.

Concurrently with the realization that depression can be provoked by breakdowns of social ties, researchers began to identify more subtle contextual conditions which contribute to depression, but which are also precipitated by individuals who are either depressed or vulnerable to depression. In their seminal review, Depue and Monroe (1986) call attention to the fact that chronic psychopathological conditions, as well as personal dispositions, can give rise to stressful life events, daily hassles, and lack of social support. Five years later, Hammen (1991) provided strong empirical support for this view. In her study of women who suffered either from a major depressive disorder ( $N = 14$ ), a bipolar depressive disorder ( $N = 11$ ), or a chronic physical illness ( $N = 13$ ), and a control group of non-patient females ( $N = 22$ ), Hammen (1991) found that the women suffering from major depression were more likely than the other three groups to be involved in interpersonal stressful events, such as rejections, confrontation, and relationship terminations. Later studies by Hammen and colleagues further confirmed this "stress generation" (see review in Hammen 1998, pp. 29–30).

Depue and Monroe (1986) and Hammen (1991) highlighted the contribution of depressed individuals to the generation of a depressogenic social context in terms of *variables* (e.g., depression leads to interpersonal

stress). In a complementary way, Coyne's interpersonal theory of depression (1976a, 1976b) provides a similar account in terms of *interpersonal processes*. According to Coyne (1976a), individuals who suffer from depression tend to engage in an excessive reassurance-seeking behavior, especially as directed toward significant others. Such reassurance-seeking behavior is highly self-defeating, because it induces ambivalence on the part of the significant other. He or she (i.e., the significant other) is motivated to provide reassurance, but to no avail: The person suffering from depression is unlikely to be convinced by this reassurance. This in turn frustrates the significant other, resulting in a vicious interpersonal circle of increasingly less motivated attempts for reassurance (on the part of the significant other) paralleled by a decrease in the depressed person's self-confidence and an increase in his (but most likely her) need for reassurance. This vicious circle begets more depression, which leads to a wear and tear of close relations, and vice versa (see Coyne 1998, for a review of the current state of interpersonal theory of depression).

Interestingly, the shift from what is termed by Depue and Monroe (1986) as "initiation" models of depression, in which the disorder is initiated by stressful life circumstances, to "maintenance" models, in which the disorder itself creates conditions (e.g., life stress) for its maintenance, has been paralleled by the emergence of the theoretical perspective of "action theory" (Brandstadter 1998; Lerner 1983). This theoretical perspective, originating mainly in Europe (Brandstadter 1998; Heckhausen and Schulz 1999), but also in the USA (Buss 1987), is committed to the portrayal of individuals as actively shaping their development and their environment. A focus on individuals as active and goal oriented (if also inadvertently destructive) is highly compatible with the view of depressed persons as contributing to the contextual conditions that precipitate, exacerbate and/or maintain their plight.

Another interesting turn within depression research has been the focus on personality, in addition to depressive symptoms, as the

active agent responsible for the generation of depressogenic contextual conditions. Thus, Joiner and colleagues (Joiner and Metalsky 1995; Joiner, Metalsky, Katz, and Beach 1999), relying on Coyne's interpersonal theory of depression (Coyne 1976a, 1976b), construed reassurance-seeking as an individual-difference variable. In their studies, Joiner and colleagues (Joiner et al. 1999) found that individuals with elevated levels of reassurance-seeking longitudinally predicted elevated depressive symptoms, either through interpersonal rejection (e.g., by same-gender roommates of college student participants, see Joiner and Metalsky 1995) or by other types of stressful interpersonal events (Potthof, Holahan, and Joiner 1995). Similarly, Daley, Hammen, Davila, and Burge (1998) found that women with Cluster A and B personality disorders generated interpersonal stressful events, and this stress-generation effect occurred even while controlling for individuals' depressive symptoms. This recent trend in the quantitative literature of depression holds the potential for connecting interpersonal perspectives of depression with perspectives that highlight the central role of personality in the development of the disorder (Hammen 1998; Roberts and Monroe 1998).

#### PERSONALITY CONTRIBUTING TO DEPRESSION

Blatt and colleagues (e.g., Blatt 1974, 1995b; Blatt and Blass 1990, 1996; Blatt and Shichman 1983; Blatt and Zuroff 1992) proposed a model of personality development and psychopathology based on two fundamental developmental lines—(a) a relatedness or anacletic line that involves the development of the capacity to establish increasingly mature and mutually satisfying interpersonal relationships, and (b) a self-definitional or introjective line that involves the development of a consolidated, realistic, essentially positive, differentiated, and integrated self-identity. These two developmental lines normally evolve throughout life in a reciprocal or dialectic transaction. An increasingly differentiated, integrated, and

mature sense of self is contingent on establishing satisfying interpersonal relationships, and, conversely, the continued development of increasingly mature and satisfying interpersonal relationships is contingent on the development of a more mature self concept and identity. In normal personality development, these two developmental processes evolve in an interactive, reciprocally balanced, mutually facilitating fashion (Blatt 1995a; Blatt and Zuroff 1992).

Various forms of psychopathology can be conceptualized as involving an overemphasis and exaggeration of one of these developmental lines and the defensive avoidance of the other. This distorted overemphasis defines two distinct configurations of psychopathology, each containing several types of disordered behavior that range from relatively severe to relatively mild forms of psychopathology. Anaclitic psychopathologies are those disorders in which patients are primarily preoccupied with issues of relatedness, ranging from a lack of differentiation, to more dependent relationships, to difficulties in establishing and maintaining mature relationships, as well as utilizing primarily avoidant mechanisms of defense (e.g., withdrawal, denial, repression) to cope with psychological conflict and stress. Anaclitic disorders involve a preoccupation with interpersonal relations and issues of trust, caring, intimacy, and sexuality, and range from more to less disturbed and include nonparanoid schizophrenia, borderline personality disorder, infantile (or dependent) character disorder, anaclitic depression, and hysterical disorders.

In contrast, introjective psychopathology includes disorders in which the patients are concerned with developing an essentially positive and realistic sense of self, ranging from a basic sense of separateness, through concerns about autonomy and control, to more complex internalized issues of self-worth. These patients utilize counteractive defenses (projection, rationalization, intellectualization, doing and undoing, reaction formation, overcompensation) to cope with conflict and stress. Introjective patients are more ideational and concerned with protecting a

viable self-concept than they are about the quality of interpersonal relations and achieving feelings of trust, warmth, and affection. Issues of anger and aggression, directed toward the self or others, are usually central to their difficulties. Introjective disorders, ranging from more to less severely disturbed, include paranoid schizophrenia, the overideational borderline, paranoia, obsessive-compulsive personality disorders, introjective (guilt-ridden) depression, and phallic narcissism (Blatt and Shichman 1983).

The distinction between the anaclitic and introjective personality configurations has been particularly useful in defining subtypes of depression (e.g., Blatt 1974, 1998; Blatt, D'Afflitti, and Quinlan 1976; Blatt, Quinlan, Chevron, McDonald, and Zuroff 1982). Dissatisfaction with symptomatic classifications of depression has led several groups of investigators to differentiate two types of experiences that result in depression: (a) disruptions of gratifying interpersonal relationships (e.g., object loss), and (b) disruptions of an effective and essentially positive sense of self (e.g., failure). Depressed patients who are primarily responsive to one or the other of these two types of experiences have been characterized by several psychoanalytic investigators as anaclitic and introjective (e.g., Blatt 1974, 1998; Blatt and Shichman 1983) or dependent and self-critical (Blatt, D'Afflitti, and Quinlan 1976; Blatt et al. 1982), as dominant other and dominant goal (Arieti and Bemporad 1978, 1980), and anxiously attached and compulsively self-reliant (Bowlby 1980). These formulations about depression from three different strands of psychoanalytic theory are congruent with more recent formulations from a cognitive-behavioral perspective in which Beck (1983) differentiated between a socially dependent (sociotropic) and an autonomous type of depression. Indeed, Blatt and colleagues (Blatt, D'Afflitti, and Quinlan 1976), and Beck and colleagues (Beck, Epstein, Harisson, and Emery 1983), developed research instruments to assess the vulnerability of individuals characterized by dependent and self-critical (Blatt et al. 1976) or sociotropic and autonomous (Beck et al. 1983) personality characteristics.

Utilization of these instruments have yielded a rich body of empirical research (for review, see Blatt, Shahar, and Zuroff 2001; Blatt and Zuroff 1992).

In both theoretical formulations of Blatt (1974) and Beck (1983), the social context plays an important role in the precipitation of depression. Specifically, both theories draw from the stress-diathesis model (Zubin and Spring 1977), according to which psychopathology results from a co-occurrence between external stress and a predisposing biological or psychological trait. The elucidation of the anaclitic/dependent/sociotropic and introjective/self-critical/autonomous dimensions of personality by Blatt (1974) and Beck (1983) led to the formulation of a more specific, "congruency hypothesis" (Blatt and Zuroff 1992), which includes more precise predictions of interactions between personality and life events. According to this hypothesis, anaclitic/dependent/sociotropic individuals would experience depressive symptoms only when their major concerns (i.e., maintaining close and protective interpersonal relations) are threatened by interpersonal stressful events (e.g., rejections, abandonment, and loss). Similarly, introjective/self-critical/autonomous individuals would experience depressive symptoms only when their principal concerns (i.e., obtaining differentiation via achievement and power) are threatened by failure-related events (e.g., exam failure, being laid-off).

Despite the advantages of this hypothesis, which include its testability and its common-sense appeal, only partial empirical support has been obtained for this hypothesis. Most studies demonstrated the specific vulnerability of anaclitic individuals to interpersonal events. Specific vulnerability of introjective individuals to failure-related stress has rarely been demonstrated (Coyne and Whiffen 1995). In several studies, self-criticism was found to interact with both interpersonal and failure-related stressful events in predicting depressed mood or depressive symptoms (Zuroff and Mongrain 1987). In others studies, self-criticism interacted with neither type of stressful events but had a longitudinal main

effect on depressive symptoms (Priel and Besser 1999, 2000; Priel and Shahar 2000).

Other studies drawn from the above mentioned "action theory" (Brandstater 1998; Lerner 1983) demonstrated that dependent and self-critical individuals *actively generate* the contextual conditions that precipitate their depression. These more recent studies yielded support for the influence of dependency and self-criticism on contextual factors such as their social support (Mongrain 1998), stressful events (Priel and Shahar 2000; Shahar and Priel 2001), and the quality of their close relations (Mongrain, Vettese, Shuster, and Kendal 1998; Zuroff and Duncan 1999). In turn, these contextual factors influence the depressive symptoms experienced by dependent and self-critical individuals. However, similarly to the case of the congruency hypothesis, the effect of dependency and self-criticism on interpersonal factors was nonsymmetrical: Whereas self-criticism had a consistent effect on negative interpersonal factors (e.g., it predicted elevated levels of negative life events and low levels of social support and positive life events, see Mongrain 1998; Priel and Shahar 2000; Shahar and Priel 2001), dependency had an effect on both negative and positive interpersonal factors (e.g., it predicted elevated levels of both negative and positive events, as well as elevated levels of social support, see Mongrain 1998; Priel and Shahar 2000; Shahar and Priel 2001).

A particularly salient example of the tendency of self-critical individuals to generate a negative social context was obtained in analyses conducted by Blatt, Zuroff, and colleagues of data from the Treatment of Depression Collaborative Research Project (TDCRP), which was sponsored by the National Institute of Mental Health (NIMH). This project was a collaborative, randomized clinical trial that compared three treatments for major depression: Cognitive-behavioral Therapy (CBT), Interpersonal Therapy (IPT), and Imipramine plus clinical management (IMI-CM). These three active treatments were also compared to an inactive placebo plus clinical management (PLA-CM) condition.

Original analyses indicated few substantial differences in clinical outcome among the three active treatment groups (Elkin, Shea, Watkins, Imber, Sotsky, Collins, Glass, Pilkonis, Leber, Dockerty, Fiester, and Parloff 1989; Imber, Pilkonis, Sotsky, Elkin, Watkins, Collins, Shea, Leber, and Glass 1990). However, analyses conducted by Blatt, Zuroff, and colleagues demonstrated that patients' pretreatment self-criticism, or perfectionism, had a significant negative impact on therapeutic outcome (Blatt, Zuroff, Bondi, Sanislow, and Pilkonis 1998). These subsequent analyses also revealed that pretreatment perfectionism impeded the improvement of two-thirds of the sample primarily during the second half of treatment, between the ninth and the sixteenth session (Blatt et al. 1998). Further analyses (Zuroff, Blatt, Sotsky, Krupnick, Martin, Sanislow, and Simmens 2000) indicated that at least part of this adverse effect of pretreatment perfectionism on treatment outcome was mediated through patients' impaired participation in the therapeutic alliance. The authors found that pretreatment perfectionism predicted lower levels of patients' constructive contribution to the therapeutic alliance, and this interference in the formation and maintenance of the therapeutic alliance in turn predicted poorer therapeutic outcome on the part of self-critical, perfectionist patients. In a follow-up analysis, Shahar, Blatt, Zuroff, Krupnick, and Sotsky (2001) found that the poorer outcome of self-critical, perfectionist patients results not only from their interference with the therapeutic alliance, but also from their difficulties in close relations outside therapy. Specifically, pretreatment perfectionism predicted a reduced satisfaction in close relations during treatment, which in turn predicted poorer therapeutic outcome. These two adverse effects of pretreatment perfectionism on the therapeutic alliance and on close relations explained much of the variance of the adverse effect of self-criticism, or perfectionism, on the therapeutic outcome (Shahar et al. 2001). These findings are particularly impressive, because they demonstrate that even in a therapeutic context aimed at improving social rela-

tions, self-critical perfectionist patients continue to disrupt their relations, both within and outside therapy.

#### THE PERSONALITY PUZZLE AND THE ROLE OF SHAME

The combined pattern of results emerging from studies of the congruency hypothesis and of the active generation of contextual conditions by dependent and self-critical individuals poses a puzzle to researchers on personality and depression because it depicts self-criticism as implicated in greater vulnerability than dependency. Specifically, self-criticism emerges from the above cited studies as a severe vulnerability factor, in that it is: (a) strongly associated with concurrent and subsequent elevated levels of depressive symptoms, as well as with an increase of depressive symptoms over time, (b) sensitive to both interpersonal and achievement-related stressful events, and (c) predicts depressogenic contextual conditions such as elevated negative events, interpersonal problems, and low levels of positive events and social support. In contrast, the relations between dependency and concurrent and subsequent depressive symptoms are weaker than the equivalent associations involving self-criticism, and frequently, these associations are nonsignificant (e.g., Priel and Shahar 2000). The vulnerability of dependency appears to be restricted to interpersonal events, such as rejections. Moreover, these individuals appear to be able to generate positive interpersonal conditions, such as social support (Mongrain 1998; Priel and Shahar 2000), thus compensating for their interpersonal vulnerability.

What is the source of the discrepancy between dependency and self-criticism with respect to their status as vulnerability factors? One answer to this question is that personality researchers have been more successful in measuring the trait of dependency, including its negative and positive aspects, than in measuring self-criticism. Indeed, in more recent psychometric studies of the Depressive Experi-

ences Questionnaire (DEQ, Blatt et al. 1976), which is one of the chief instruments for measuring dependency and self-criticism, Blatt and colleagues (1995, 1996) demonstrated that the dependency factors of the DEQ include an adaptive capacity for relatedness, as well as a maladaptive tendency for excessive dependence. Future psychometric studies may locate similar adaptive and maladaptive facets in the self-criticism factor of the DEQ.

Nevertheless, Scheff's article (2001) points to another direction. In discussing the role of shame and the breakdown of social bonds in depression, Scheff highlights the importance of helping depressed patients recall positive early interpersonal relations (termed by Scheff as "secured bonds"). In psychological research (Blatt, Auerbach, and Levy 1997), these recollections may be viewed as the building blocks of internal representations of self and significant others. As shown in the psychological literature, these internal representations play a crucial role in regulation of cognition and affect, and in the development of personality and psychopathology (Blatt 1995a; Blatt et al. 1997).

Self-critical, introjective individuals were shown to have very negative internal representations of self and significant others (Blatt 1974; Blatt, Wein, Chevron, and Quinlan 1979; Mongrain 1998). These individuals tend to view themselves as lacking, deficient, and unworthy. Significant others, such as parents, spouses, and friends, are viewed by these individuals as critical, judgmental, demanding, disapproving, and punitive. As theorized by Blatt (1974, 1995b), the negative representations of self and others held by self-critical individuals are formed in early development, primarily as a result of specific parent-child relationships. Reviewing the literature on destructive perfectionism, Blatt (1995b) portrays parent-child relationships that give rise to perfectionism as characterized by parents' being either disapproving or inconsistently approving, and their being overly critical, demanding, and less supportive. Citing Missildine (1963), Blatt (1995b) notes that "Rather than approving their children's behavior, they constantly urge them to do better. . . . Missil-

dine further suggested that perfectionistic parents also convey disapproval in more subtle ways by constantly implying that they are disappointed but that they will approve when the child's performance improves" (Blatt 1995b, p. 1011).

This constant message of conditional worth, which is conveyed to self-critical individuals by their parents (Blatt 1995b) is likely to be consolidated around persistent and chronic shame. Subsequently, shame forms an integral part of the inner dialogue of self-critical, perfectionist individuals. As these individuals are repeatedly experiencing themselves as lacking, deficient, not "good enough," these feelings are likely to be projected by self-critical individuals onto significant others. Self-critical individuals would feel that others perceive them as deficient and lacking as they perceive themselves. This may contribute to a phenomenology and behavior similar to that observed by Scheff, namely, that of outcasts (Scheff 2001). Consequently, self-critical individuals may shy away from closeness and intimacy (Zuroff and Fitzpatrick 1995), and/or generate interpersonal confrontations (Mongrain et al. 1998; Priel and Shahar 2000; Zuroff and Duncan 1999), which serve to confirm their internal representations of self and others (i.e., "so it is indeed true that no one can stand being with me").

In Figure 1 I illustrate the hypothetical role of shame in the breakdown of social ties initiated by self-critical individuals. As shown in Figure 1, shame mediates the effect of self-criticism on contextual variables such as social support, positive and negative life events, and satisfaction in close relations. In turn, those contextual conditions contribute to the formation and maintenance of depressive symptoms. Notably, the process presented in Figure 1 is an active one. Self-critical, perfectionist, introjective individuals actively generate breakdowns, or discords, of social ties.

Given this process, one may be less optimistic than Scheff (2001) as to the possibility of alleviating depression via directly prompting patients to recall memories of belonging to a community, and of having secure bonds. At least in the case of self-critical, introjective

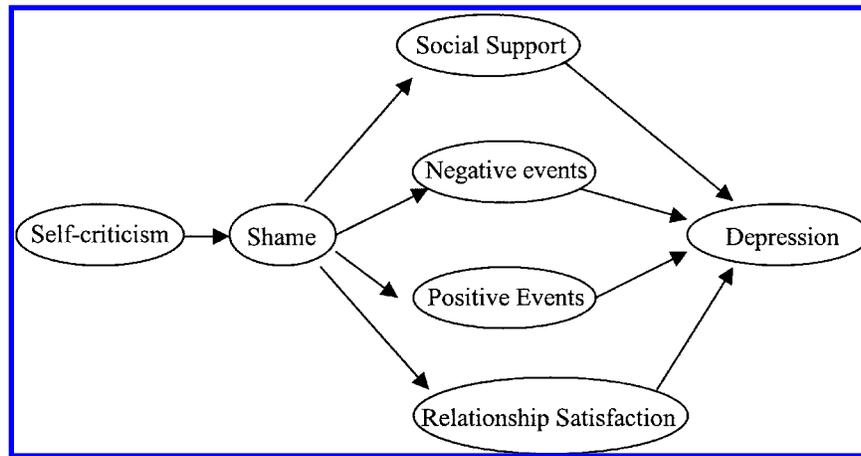


Figure 1.

The role of shame in the vulnerability of introjective, self-critical individuals.

depressed patients, who are constrained by negative internal representations, this direct attempt to prompt recollections of belonging and secure bonds may be futile. Because self-critical, introjective patients have little access to recollections of positive childhood experiences of secure bonds, these recollections could only be gradually unfolded over time, preferably, in the course of long-term treatment and in reaction to the therapist's acceptance of the patient. Moreover, these negative internal representations held by self-critical, introjective patients are likely to interfere with these patients' ability to form a constructive alliance with the therapist (Blatt, Shahar, and Zuroff 2001; Zuroff et al. 2000). Again, this maladaptive tendency needs to be addressed carefully, openly, patiently, and gradually during long-term treatment.

What about shame and the anaclitic/dependent/sociotropic configuration of personality? Just as shame may explain the heightened vulnerability of self-critical, introjective individuals, so can it account for the resilience that was recently observed among dependent, anaclitic ones (Blatt, Zohar, Quinlan, Luthar, and Hart 1996; Blatt, Zohar, Quinlan, Zuroff, and Mongrain 1995; Henrich, Blatt, Zohar, Kuperminc, and Leadbeater 2000; Priel and Shahar 2000). Dependent individuals can freely seek help and support (Mongrain 1998;

Priel and Shahar 2000), which attests to their being relatively free of shame, particularly in comparison to self-critical individuals. As stated by *Fine*, the hero of Samuel Shem's novel: "I guess this is what it's all about: whether we hide or open up" (Shem 1985, p. 380).

Thus far, the focus on the role of shame in personality vulnerability to depression has been primarily psychological. However, challenged by Scheff's call for integrating insights from different disciplines in understanding depression, I began to wonder about the societal conditions that may account for the pattern emanating from quantitative research on personality and depression.

#### SELF-CRITICISM, SHAME, AND THE CONDITIONS OF MODERNITY

As pointed out by Blatt (1995), self-critical, introjective individuals can be very gifted. Frequently, they are the *crown jewels* of their family. Talented, intelligent, and energetic, they may be more likely than other siblings to be targets of parental narcissistic unfulfilled fantasies. They, probably more than other less gifted siblings, may be likely to ab-

sorb conflicting messages regarding success and conditional worth.

But parents and families are located in a societal matrix that frequently serves as channels through which social myths, norms, and feeling rules are internalized and institutionalized (Hochschild 1983). A close look at the myths, norms, and feeling rules propagated in our society reveal that these strongly correspond to the personality structure of self-critical, introjective, perfectionist individuals.

Modern times in the west were previously termed as "The age of melancholy" (Klerman 1979). Epidemiological studies provided support for such a view of modern times, demonstrating a link between modernity and the prevalence of unipolar depression (see review in Seligman 1990, also cited in Scheff 2001). Seligman (1990), who developed the "learned helplessness" model of depression (Seligman 1975), locates the source of this link between modernity and depression in societal processes, specifically, in the adulation of the individual self and the weakening of larger institutions, such as family, nation, and religion. The "waxing of the individual" facilitates the attribution of internal, stable, and global causes to failures. The "waning of commons" (i.e., social institutions) weakens their buffering effects in the face of failure. Thus, "personal failures are interpreted as catastrophe" (Seligman 1990, p. 7), resulting in an increased helplessness and depression.

Seligman's account is highly consistent with that of the sociologist Giddens (1991), who analyzed the social conditions of modernity. Modern times are characterized by extreme dynamism. As stated by Giddens—"The modern world is a 'runaway world': not only is the *pace* of social change much faster than in any prior system, so also is its *scope*, and the *profoundness* with which it affects pre-existing social practices and modes of behavior" (Giddens 1991, p. 16, *italics in the original*).

This extreme dynamism is based on three main elements of modernity. The first is *the separation of time and space*. While in pre-modern societies time and space were connected via place, the technological innovations

of high modernity rendered the meaning of "place" ambiguous. In modern times, social interactions can occur among individuals who are considerably different in terms of geographical space and time zone, and who do not share the same "place." The second element is the *disembedding of social institutions*, which refers to locating social relations in abstract realms, rather than local contexts. Examples for this process are the regulations of social relations via "symbolic tokens," such as money, and through "expert systems," such as systems of relations between doctors and patients, teachers and students, etc. According to Giddens (1991), both "symbolic tokens" and "expert systems" are pervasive; they influence time and space and cut not only through social relations but also through private experience. Finally, the third element of modernity is *reflexivity*: which refers to the "susceptibility of most aspects of social activity . . . to the chronic revision in light of new information and knowledge" (Giddens 1991, p. 20). In these considerably chaotic conditions, individuals are required to form a coherent narrative of self-identity. Gaps, or holes, in this narrative result in predominant feelings of shame.

While all individuals are susceptible to the influence of modern myths of individualism, self-actualization, independence, mobility, and professionalism (Giddens 1991; Seligman 1990), some individuals are more likely than others to internalize these myths. I would like to suggest that introjective, self-critical individuals are particularly likely to internalize the above myths. Indeed, in their relentless emphasis on achievement, their struggle for defensive independence, and their chronic shame and perceived inadequacy, these individuals exemplify, or represent, modern society. Arguably, introjective individuals are sensitive not only to the perfectionistic messages conveyed by their parents, but also to those conveyed by society as a whole. Lured into believing that an additional success would finally alleviate chronic feelings of shame and inadequacy, and that improved performance would ultimately yield acceptance by self and others, those individuals are trapped in a labyrinth of unsatisfying success that only serves

to exacerbate their shame, inadequacy, and self-punitive stance (Blatt 1995b). Their collapse, as manifested by symptoms of depression (Blatt, 1995b), eating disorders (Davis 1997), obsessive-compulsive disorder (Hoo-

ver and Insel 1984), and even by suicide (Parker and Adkins 1995), is evidence not only of their individual vulnerability, but also of the vulnerability of the society from which they scrupulously absorbed their values.

## REFERENCES

- ARIETI, S., AND BEMPORAD, J. R. *Severe and Mild Depression: The Therapeutic Approach*. Basic Books, 1978.
- ARIETI, S., AND BEMPORAD, J. R. The psychological organization of depression. *American Journal of Psychiatry* (1980) 137:1360–1365.
- BECK, A. T. *Cognitive Therapy for Depression: New Perspectives*. Raven, 1983.
- BECK, A. T., EPSTEIN, N., HARRISON, R. P., AND EMERY, G. *Development of The Sociotropy-Autonomy Scale: A Measure of Personality Factors in Psychopathology*. Unpublished manuscript, University of Pennsylvania, 1983.
- BLATT, S. J. Levels of object representation in anaclitic and introjective depression. *Psychoanalytic Study of the Child* (1974) 29:107–157.
- BLATT, S. J. Representational structures in psychopathology. In D. Cicchetti and S. Toth, eds., *Rochester Symposium on Developmental Psychopathology: Vol. 6. Emotion, Cognition, and Representation* (pp. 1–33). University of Rochester Press, 1995a.
- ▶ BLATT, S. J. The destructiveness of perfectionism: Implications for the treatment of depression. *American Psychologist* (1995b) 50:1003–1020.
- BLATT, S. J. Contributions of psychoanalysis to the understanding and treatment of depression. *Journal of the American Psychoanalytic Association* (1998) 46:723–752.
- ▶ BLATT, S. J., AUERBACH, J. S., AND LEVY, K. N. Mental representations in personality development, psychopathology, and the therapeutic process. *Review of General Psychology* (1997) 1:351–374.
- BLATT, S. J. AND BLASS, R. B. Attachment and separateness: A dialectic model of the products and processes of psychological development. *Psychoanalytic Study of the Child* (1990) 45:107–127.
- BLATT, S. J., AND BLASS, R. Relatedness and self definition: A dialectic model of personality development. In G. G. Noam and K. W. Fischer, eds., *Development and Vulnerabilities in Close Relationships* (pp. 309–338). Lawrence Erlbaum Associates, 1996.
- ▶ BLATT, S. J., D'AFFLITTI, J. P., AND QUINLAN, D. M. Experiences of depression in normal young adults. *Journal of Abnormal Psychology* (1976) 85:383–389.
- ▶ BLATT, S. J., QUINLAN, D. M., CHEVRON, E. S., McDONALD, C., AND ZUROFF, D. Dependency and self-criticism: Psychological dimensions of depression. *Journal of Consulting and Clinical Psychology* (1982) 50:113–124.
- BLATT, S. J., SHAHAR, G., AND ZUROFF, D. C. Anaclitic (Sociotropic) and Introjective (Autonomous) Dimensions. In Norcross, J., ed., *Psychotherapy: A Guide to Relationships That Work*. American Psychological Association (in press).
- BLATT, S. J., AND SHICHMAN, S. Two primary configurations of psychopathology. *Psychoanalysis and Contemporary Thought* (1983) 6:187–254.
- ▶ BLATT, S. J., WEIN, S. J., CHEVRON, E. S., AND QUINLAN, D. M. Parental representations and depression in normal young adults. *Journal of Abnormal Psychology* (1979) 88:388–397.
- ▶ BLATT, S. J., ZOHAR, A., QUINLAN, D. M., LUTHAR, S. S. AND HART, B. Levels of relatedness within the dependency factor of the Depressive Experiences Questionnaire for Adolescents. *Journal of Personality Assessment* (1996) 67:52–71.
- ▶ BLATT, S. J., ZOHAR, A.H., QUINLAN, D. M., ZUROFF, D.C. AND MONGRAIN, M. Subscales within the dependency factor of The Depressive Experiences Questionnaire. *Journal of Personality Assessment* (1995) 64:319–339.
- ▶ BLATT, S. J., AND ZUROFF, D. C. Interpersonal relatedness and self-definition: Two prototypes for depression. *Clinical Psychology Review* (1992) 12:527–562.
- ▶ BLATT, S. J., ZUROFF, D.C., BONDI, C. M., SANISLOW, C., AND PILKONIS, P. When and how perfectionism impedes the brief treatment of depression: Further analyses of the NIMH TDCRP. *Journal of Consulting and Clinical Psychology* (1998) 66:423–428.
- BOWLBY, J. *Attachment and Loss: Volume 3. Loss: Sadness and Depression*. Basic Books, 1980.
- BRANDSTADTER, J. Action perspectives on human development. In W. Damon and R. M. Lerner, eds., *Handbook of Child Psychology* (pp. 807–863). John Wiley & Sons, 1998.
- BROWN, G. W., AND HARRIS, T. *Social Origins of Depression: A Study of Psychiatric Disorders in Women*. Tavistock, 1978.
- BUSS, D. M. Selection, evocation, and manipulation. *Journal of Personality and Social Psychology* (1987) 53:1214–1221.
- COYNE, J. C. Toward an interpersonal de-

scription of depression. *Psychiatry* (1976a) 39: 28–40.

► COYNE, J. C. Depression and the response of others. *Journal of Abnormal Psychology* (1976b) 85:186–193.

COYNE, J. C. Thinking interactionally about depression: A radical restatement. In T. E. Joiner and J. C. Coyne, eds., *The Interpersonal Nature of Depression* (pp. 365–391). American Psychological Association, 1998.

► COYNE, J. C., AND WHIFFEN, V. E. Issues in personality as diathesis for depression: The case of sociotropy-dependency and autonomy self-criticism. *Psychological Bulletin* (1995) 118:358–378.

► DALEY, S. H., HAMMEN, C., DAVILA, J., AND BURGE, D. Axis II symptomatology, depression, and life stress during the transition from adolescence to adulthood. *Journal of Consulting and Clinical Psychology* (1998) 66:595–603.

► DAVIS, C. Normal and neurotic perfectionism in eating disorders: An interactive model. *International Journal of Eating Disorders* (1997) 22:421–426.

► DEPUE, R. A., AND MONROE, S. M. Conceptualization and measurement of human disorder in life stress research: The problem of chronic disturbance. *Psychological Bulletin* (1986) 99:46–51.

DOHRENWEND, B. S., AND DOHRENWEND, B. P. *Social Status and Psychological Disorder: A Causal Inquiry*. Wiley, 1969.

DOHRENWEND, B. S., AND DOHRENWEND, B. P. A brief historical introduction to research on stressful life events. In B. S. Dohrenwend and B. P. Dohrenwend, eds., *Stressful Life Events: Their Nature and Effects*. New York, 1974.

ELKIN, I., SHEA, M. T., WATKINS, J. T., IMBER, S. D., SOTSKY, S. M., COLLINS, J. F., GLASS, D. R., PILKONIS, P. A., LEBER, W. R., DOCKERTY, J. P., FIESTER, S. J., AND PARLOFF, M. B. NIMH Treatment of Depression Collaborative Research Program: General effectiveness of treatments. *Archives of General Psychiatry* (1989) 46: 971–983.

GIDDENS, A. *Modernity and Self-identity: Self and Society in Late Modern Age*. Cambridge, UK, 1991.

► GOODYER, I. M., AND ALTHAM, P. M. E. Lifetime exit events and recent social and family adversities in anxious and depressed school-age children and adolescents—I. *Journal of Affective Disorders* (1991) 21:219–228

► HAMMEN, C. Generation of stress in the course of unipolar depression. *Journal of Abnormal Psychology* (1991) 100:555–561.

HAMMEN, C. The emergence of an interpersonal approach to depression. In T. Joiner and J. C. Coyne, eds., *The Interpersonal Nature of Depression* (pp. 21–35). American Psychological Association, 1998.

HECKHAUSEN, J. AND SCHULZ, R. Selec-

tivity in life-span development: Biological and societal canalization and individuals' developmental goals. In J. Brandtstaedter and R. M. Lerner, eds., *Action and Self-development: Theory and Research through the Life Span*. (pp. 67–103). Sage, 1999.

► HENRICH, C., BLATT, S. J., ZOHAR, A., KRUPMINC, G. P., AND LEADBEATER, B. J. Levels of interpersonal concerns and social functioning in early adolescent boys and girls. *Journal of Personality Assessment* (2000) 76:48–67.

HOCHSCHILD, A.R. *The Managed Heart: Commercialization of Human Feelings*. University of California Press, 1983.

HOOVER, D. F., AND INSEL, T. R. Families of origin in obsessive-compulsive disorder. *Journal of Nervous and Mental Disease* (1984) 172:207–215.

► IMBER, S. D., PILKONIS, P. A., SOTSKY, S. M., ELKIN, I., WATKINS, J. T., COLLINS, J. F., SHEA, T., LEBER, W. R., AND GLASS, D. R. Mode-specific effects among three treatments for depression. *Journal of Consulting and Clinical Psychology* (1990) 58:352–359.

JACK, D. C. Silencing the self: Inner dialogues and outer realities. In T. Joiner and J. C. Coyne, eds., *The Interpersonal Nature of Depression* (pp. 221–246). American Psychological Association, 1998.

► JOINER, T. E., JR., AND METALSKY, G. I. A prospective test of an integrative interpersonal theory of depression: A naturalistic study of college students. *Journal of Personality and Social Psychology* (1995) 69:778–788.

► JOINER, T. E., METALSKY, G. I., KATZ, J., AND BEACH, S. R. H. Be (re)assured: Excessive reassurance-seeking has (at least) some explanatory power regarding depression. *Psychological Inquiry* (1999) 10:305–308.

KARP, D. *Speaking of Sadness*. Oxford University Press, 1996.

KLERMAN, G. The age of melancholy. *Psychology Today* (1979) 10:37–88.

► LERNER, R. M. Children and adolescents as producers of their own development. *Developmental Review* (1983) 2:342–370.

MISSILDINE, W. H. (1963). Perfectionism—If you must strive to “do better.” In W. H. Missildine, ed., *Your Inner Child of the Past* (pp. 75–90). Pocket Books, 1963.

► MONGRAIN, M. Parental representations and support-seeking behavior related to dependency and self-criticism. *Journal of Personality* (1998) 66:151–173.

► MONGRAIN, M., VETTESE, L. C., SHUSTER, B., AND KENDAL, N. Perceptual biases, affect, and behavior in the relationships of dependents and self-critics. *Journal of Personality and Social Psychology* (1998) 75:230–241.

PARKER, W. D., AND ADKINS, K. K. Perfectionism and the gifted. *Roeper Review* (1995) 17: 173–176.

- PAYKEL, E. S. Contribution of life events to causation of psychiatric illness. *Psychological Medicine* (1978) 8:245–253.
- ▶ POTTHOFF, J. G., HOLAHAN, C. J., AND JOINER, T. E., JR. Reassurance seeking, stress generation and depressive symptoms: An integrative model. *Journal of Personality and Social Psychology* (1995) 68:664–670.
- PRIEL, B. AND BESSER, A. Vulnerability to postpartum depressive symptomatology: Dependency, self-criticism and the moderating role of antenatal attachment. *Journal of Social and Clinical Psychology* (1999) 18:240–253.
- PRIEL, B. AND BESSER, A. Dependency and self-criticism among first-time mothers: The roles of global and specific support. *Journal of Social and Clinical Psychology* (2000) 19:437–450.
- ▶ PRIEL, B. AND SHAHAR, G. Dependency, self-criticism, social context and distress: Comparing moderating and mediating models. *Personality and Individual Differences* (2000) 28:515–525.
- RETZINGER, S. *Violent Emotions: Shame and Rage in Marital Quarrels*. Sage, 1991.
- ROBERTS, J. E., AND MONROE, S. M. Vulnerable self-esteem and social processes in depression: Toward an interpersonal model of self-esteem regulation. In T. Joiner and J. C. Coyne, eds., *The Interpersonal Nature of Depression* (pp. 149–187). American Psychological Association, 1998.
- SCHEFF, T. J. *Microsociology: Emotion, Discourse, and Social Structure*. University of Chicago Press, 1990.
- SCHEFF, T. J. Shame and community: Social components in depression. *Psychiatry* (2001) 64: 202–214.
- SELIGMAN, M. E. P. *Helplessness: On Depression, Development, and Death*. Freeman, 1975.
- SELIGMAN, M. E. P. Why is there so much depression today? The waxing of the individual and the waning of the commons. In R. E. Ingram, ed., *Contemporary Psychological Approaches to Depression: Theory, Research and Treatment* (pp. 1–9). New York, 1990.
- SHAHAR, G., BLATT, S. J., ZUROFF, D. C., KRUPNICK, J., AND SOTSKY, S. M. *Perfectionism Impedes Social Relations and Response to Brief Treatment for Depression*. A manuscript submitted for publication, 2001.
- SHAHAR, G., AND PRIEL, B. *Self-criticism Predicts a Negative Social Context but Dependency Predicts a Mixed Context; Further Support for an Action Model of Personality Vulnerability*. A manuscript submitted for publication, 2001.
- SHEM, S. *Fine: A Novel*. St. Martin's/Marek, 1985.
- ▶ ZUBIN, J., AND SPRING, B. Vulnerability: A new view of schizophrenia. *Journal of Abnormal Psychology* (1977) 86:103–126.
- ZUROFF, D. C., AND DUNCAN, N. Self-criticism and conflict resolution in romantic couples. *Canadian Journal of Behavioral Science* (1999) 31:137–149.
- ▶ ZUROFF, D. C., AND FITZPATRICK, D. A. Depressive personality styles: Implications for adult attachment. *Personality and Individual Differences* (1995) 18:253–265.
- ▶ ZUROFF, D. C., AND MONGRAIN, M. Dependency and self-criticism: Vulnerability factors for depressive affective states. *Journal of Abnormal Psychology* (1987) 96:14–22.
- ▶ ZUROFF, D. C., BLATT, S. J., SOTSKY, S. M., KRUPNICK, J. L., MARTIN, D. J., SANISLOW, A., AND SIMMENS, S. Relation of therapeutic alliance and perfectionism to outcome in brief outpatient treatment of depression. *Journal of Consulting and Clinical Psychology* (2000) 68:114–124.