

Depression: The Role of the Self-Concept

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1. SOME HISTORICAL COMMENTS

One of the important qualifications that both anthropologists and historians remind us of is that much of our thinking about concepts such as consciousness and the self-concept is culture-specific; that is, that our sense of universality of the Western notion of the self-concept may in fact be misguided. For example, some historians have suggested that the first *individual* in history may have been the Egyptian Pharaoh, Amenhotep IV. He reigned between 1382 to 1379 BC, a reign that was remarkable for the fact that he rejected traditional polytheism and briefly introduced monotheism in the form of worship of a universal sun-god, Aton. In fact, he also changed his name to Ikhnaton (Akhenaten) to signify this religious change. Unfortunately, the gods, as they are wont to do, gained their revenge; polytheism was reintroduced by his successor (Tutankhamen), he was seen as a criminal, his monuments were defaced, and he was struck from the official list of Pharaohs. A lesson for would-be individualists everywhere.

A more contemporary example of the limits of our Western approach to the self comes from the accumulating anthropological evidence from other cultures. To give just one example, it is now recognised that the Chinese presentation of disorders such as depression and anxiety consists primarily of biological type symptoms

rather than of the psychological type familiar in our culture (e.g. Kleinman & Kleinman, 1985). An interesting speculation is that lower emphasis on the self and the individual in Chinese society may therefore contribute to the decreased importance of psychological symptoms in the affective disorders.

The moral from these brief comments on history and anthropology is not that we should therefore ignore the self-concept in our theorizing because it has certain culture-specific properties. Instead, it emphasises the need to consider unconscious as well as conscious aspects of the self-concept. The lower importance of the self-concept in other cultures does not preclude the possibility of universal features that are outside consciousness; cultures that emphasise the self and the individual may present a certain range of models of the self and its importance, though these may bear only a limited resemblance to the putative conscious universal aspects of the self. The direct analogy in linguistics is Chomsky's (e.g. 1980) proposal that despite the vast range of languages that homo sapiens has utilised, there may be an underlying set of universal rules from which the rules for a particular languages are derived. Nevertheless, the fact that certain characteristics of the self-concept are culture-specific must act as a warning against hasty extrapolations from our own culture-based research and theory. With these comments in mind, some of the major theories developed in the late 19th and early 20th century will be briefly summarised in order to provide the background

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against which more recent theories should be viewed.

1.1. *William James*

In his classic work *The Principles of Psychology*, William James (1907) presented a complex model of the self, a model that is as good as most current today. James emphasised the pluralistic nature of the self; namely, that in the normal individual there are a number of competing selves which may be in conflict with each other. According to different times, different relationships, and different situations therefore a different self may be dominant. However, in order that one particular self is dominant or expressed, the other selves must be suppressed so that they do not have executive control.

1.2. *Pierre Janet*

Janet was the French psychiatrist who was famous partly for his lifetime battle with Freud claiming that he had thought of Freud's ideas before Freud had. Nevertheless, there were a number of substantial contributions that Janet made in his own right (see e.g. Reed, 1985, for an account of Janet's substantial contribution to our understanding of obsessional-compulsive disorder).

One of Janet's proposals was the development of so-called Dissociationist Theory. The basic theory is that consciousness can split or dissociate into a number of separate parts that can act separately from each other; for example, in somnambulist, hypnotic, and fugue states the individual has a *limited* degree of consciousness and may talk, relate adequately, and carry out complex tasks, yet be unable to recall and deny knowledge of that state when normal consciousness returns. Janet further proposed that the potential for such dissociations was not present in everybody, but, rather, occurred as a result of hereditary weakness and therefore was limited to individuals such as the *feeble-minded* and the hysterical.

1.3. *Breuer and Freud (1895)*

In a much lesser known theory than that

presented by Freud in his later work, Breuer and Freud (1895) presented a modified dissociationist theory to explain hysteria. Although the part of *Studies on Hysteria* in which the theory was expounded was written by Josef Breuer, the fact that the book was jointly authored indicates that the proposals must have satisfied Freud at that point in time; presumably, the lifelong animosity already alluded to with Janet and the subsequent break with Breuer led to Freud ignoring dissociations of consciousness as an important psychic mechanism, but, instead, choosing to focus on repression as the main mechanism (see e.g. Power & Brewin, 1991).

In their revision of Janet's dissociationism, Breuer and Freud argued that dissociations of consciousness did not result from a *weakness of the ego* due to heredity, but, rather, they arose from habitual ways of thinking and feeling and therefore could appear in everybody, not just hysterics and the *feeble-minded*. They likened such dissociations to the learning of mechanical skills, which, with practice, can be performed automatically or near-automatically. It was therefore an *excess of efficiency* rather than a deficiency that led to dissociations of consciousness. The revisions suggested by Breuer and Freud are in many ways identical to those suggested by Hilgard (1977) in his more recent revision of dissociationism.

1.4. *Freud*

As already mentioned, Freud subsequently ignored dissociationism in his later work and focused much more on repression and the dynamic unconscious, that is, the defensive exclusion of material from consciousness rather than splits in consciousness itself. Indeed, in his last or so-called structural model of the mind Freud (1923) presented a tripartite division into Id, Ego, and Superego. These terms, which were introduced in the English translation of Freud's work, have of course entered the common vocabulary for talking about the self-concept. However, in order to understand some of the later psychoanalytic approaches to the self-concept, it is necessary to consider Freud's earlier paper *Mourning and Melancholia* (1917) rather than his own later

developments which were foreshadowed in this paper.

Freud's paper *Mourning and Melancholia* (1917) is a short classic which, apart from its important distinction between depression (melancholia) and grief (mourning), also contains the prototype of the Superego and the introduction by Freud of object relations. In this paper, Freud argued that melancholia and mourning are both very similar states, in that there is a loss of a significant cathected object. However, the difference is that in melancholia the Ego turns against part of itself with self-blame and self-denigration, and, in the extreme, these attacks on the self result in suicide. Freud considered that most significant relationships have some degree of ambivalence [though in a revealing exception to this rule, Freud elsewhere suggests that the one non-ambivalent relationship is that between mother and son, (see e.g. Gay, 1988)], but the introjection of such objects or relationships can lead to a displacement of attacks on the object to attacks on the introjected object or that part of the Ego identified with the object. Subsequently, analysts have presented reformulations of this basic argument, some of which will be considered later, nevertheless, Freud pointed to a number of important mechanisms in this and other work that a satisfactory model of the self has to address.

In summary, the theories presented by James, Janet, Breuer and Freud, have a number of points of overlap which should provide the starting point for modern theories of the self-concept. Unfortunately, the rise of behaviourism within 20th century psychology led to a general rejection of topics such as the self, because they were considered to be unobservable epiphenomena. It was left to the work of a number of psychoanalysts and sociologists to carry the banner forward. Fortunately, the fall of behaviourism from its position of dominance and its replacement with cognitive science has led to the re-appearance of topics such as the self and consciousness in respectable academic circles. The warning must be issued though that cognitive science needs to re-consider some of these earlier theories rather than simply attempt to re-invent a more primitive version of the

wheel. In the remainder of this paper, some attempt will be made to outline more recent developments and then an attempt will be made to draw them together under the umbrella of the cognitive approach.

2. THE SELF-CONCEPT AND DEPRESSION: SOME CURRENT APPROACHES

It would not be possible to cover all of the current psychoanalytic, social, cognitive, or sociological approaches to the self in a short section. In order to make the task more manageable therefore, the focus will fall on the relationship between the self-concept and depression and how this relationship is expressed in Beck's cognitive therapy and in object-relations theory. One of the simplest and therefore least satisfactory approaches to the self is in Beck's cognitive therapy, so this approach will be considered first.

2.1. *Beck's Cognitive Therapy*

The main features of Beck's Cognitive Therapy are as follows (e.g. Beck, Rush, Shaw & Emery, 1979; see Power, 1989, for a summary):

1. Problems in early significant relationships lead the vulnerable individual to possess extreme beliefs or so-called dysfunctional schemata. These extreme beliefs centre around the cognitive triad of the self, the world, and the future; thus, the vulnerable individual may believe in the need to achieve at all costs, or to be loved by everybody, otherwise the self may be seen to be worthless, unloveable, bad, or diseased;
2. If a major event occurs which matches with the dysfunctional beliefs, these are no longer latent but become activated and thereby play a significant part in the individual's psychological life;
3. One of the main ways in which activated beliefs or dysfunctional schemata affect the individual is through the occurrence of negative automatic thoughts. These thoughts are typically experienced to occur spontaneously and may be

associated with negative mood changes such as experiencing depression or anxiety immediately following their occurrence. In content they mirror the dysfunctional schemata, for example, thoughts such as «*I'm a failure*», «*I'm totally unloveable*» or images of injury or death, and so on.

A characteristic feature of negative automatic thoughts in depression is that they are often experienced as ego-syntonic; thus, the mood state is seen to a familiar one, individuals often feel that they have always *really* been depressed, or that they always *really* knew that they were worthless or unloveable. This contrasts with the experience of intrusive thoughts that obsessive-compulsive disorder individuals for example have in which the thoughts are experienced as ego-dystonic or ego-alien and which may also be highly anxiety provoking. Examples of such thoughts might include the urge to shout an obscenity in a crowded lecture theatre or to run naked through the corridors at work: thoughts that are ego-dystonic rather than ego-syntonic, for most people anyway!

There are a number of limitations of Beck's cognitive therapy which have been presented elsewhere (Power, 1989; Power & Champion, 1986), though one obvious strength is that it has been developed in conjunction with an approach to therapy that has proven of use in the treatment of a range of disorders. It must be remembered though that the success (or failure) of a therapy does not necessarily entail the truth (or falsity) of the theory; an early example from the history of psychotherapy of such a disconnection comes from the famous investigation of Mesmer's claims for the cure of psychological disorders through animal magnetism (or later simply called Mesmerism!). The French Royal Commission set up in 1784 to investigate Mesmer, which included such noted individuals as Benjamin Franklin, Antoine Lavoisier and a certain Dr. Guillotin, concluded that there was no such entity as animal magnetism, but that there was some effectiveness of the treatment which worked through the power of the imagination (Ellenberger, 1970).

To return to the question of cognitive therapy, there are a number of ways in which the

theory's account of the self-concept are inadequate. The main problem is that the theory focuses on the *content* of the self-concept, in particular, on the content outlined earlier of dysfunctional schemata and negative automatic thoughts. There is little account of the structure of the self-concept and the processes involved. We would argue for example that there should be some account of a dynamic unconscious and the possibility of dissociated or partially dissociated aspects of the self (Power, 1989; Power & Brewin, 1991); there should also be some account of defence mechanisms or the self-protective strategies that individuals normally employ in order to maintain their positive views of themselves. To give one problematic example which has emerged from the cognitive therapy literature itself, some researchers (Blackburn & Smyth, 1985; Teasdale & Dent, 1987) have attempted to induce depressed mood in recovered depressed and normal control subjects. To their surprise they have found that it is *more* difficult to induce a sad mood in a recovered depressive than in a control subject, but according to the theory it should be *easier* given that recovered depressives by definition possess latent dysfunctional schemata which should be activated by the mood induction procedure (e.g. Velten cards), whereas control individuals should not have such latent dysfunctional schemata. An alternative approach which can account for this finding is to postulate a dynamic unconscious (rather than a *latent* one) and a set of inhibitory mechanisms which can keep the activated material out of consciousness when the individual is recovered, but this inhibitory mechanism may breakdown during episodes of depression (e.g. Power & Brewin, 1990). An improved model of the self therefore seems to necessitate the inclusion of a number of psychodynamic concepts.

2.2. *Melanie Klein and Object Relations Theorists*

In the earlier discussion of Freud's *Mourning and Melancholia* (1917) it was noted that in this paper Freud first introduced the idea of a critical agency, which he subsequently elevated to the psychic structure called in English

translation the Superego. Freud (1923) proposed that the Superego is formed from the introjection of objects or important others, in particular, the child's parents. Melanie Klein and the object relations theorists took this proposal one step further and proposed that the ego itself is also formed from introjected objects. Klein proposed that the young baby in the first few months of life introjects good and bad objects and part-objects such as the Good Mother who is warm, secure, and provides food and the Bad Mother who allows the child to cry, become cold and hungry, and so on. Moreover, Klein proposed that, like the early cosmologists who did not know that the *morning star* and the *evening star* were one and the same object, so too, the child does not recognise that the Good Mother and the Bad Mother are one and the same person. Although he was not testing this Kleinian proposal, support has unexpectedly come from the laboratory work of Bower (1977). He developed an optical device that produced for a child several images of an object that he or she was looking at, for example, that several images of the child's mother appeared in place of one. Bower found that in the first few months a child was not troubled by the several different images and related to each as if it was mother. However, later in the first year children became distressed by the fact that there was more than one image, the implication being that the child now had a single unitary representation of the mother.

Klein proposed that one of the tasks for the development in the first year from about six months onwards therefore was the recognition that the Good Mother and the Bad Mother are one and the same person. Klein further proposed that this recognition leads to guilt about the destructive feelings that the child therefore had towards the *Good* Mother, and that resolution of this so-called depressive position is a crucial part of development.

Whether or not the details of Kleinian theory are accepted, the important point to take away is that in the context of certain poor early relationships the child may develop a split in the self-concept, one part of which may be excessively good and one part of which may be excessively bad; thus, a failure to integrate these two parts may lead to two comparatively

dissociated parts of the self-concept that in some ways may develop independently of each other. Of course, questions must be asked about whether this split necessarily or only arises in the first few months, and whether it is a universal feature of development or only evident as a consequence of certain poor early relationships. Nevertheless, one of the positive functions of depression in adult life might be to provide the individual with the opportunity to integrate the good and bad parts of the self (e.g. Champion & Power, 1991).

A subsequent analyst who developed a number of the ideas of Melanie Klein and the object relations theorists was Donald Winnicott. In relation to the self-concept, Winnicott proposed that in some individuals there is apparent the development of a «True Self» and a «False Self» (e.g. Winnicott, 1955, 1972). He likened the relationship between the False Self and the True Self to that of a mother to a child; the False Self develops in order to protect the True Self from a «not good enough mother», that is, a mother or other primary caretaker who does not have the ability to serve the infant's needs. In response to this relationship, the child may develop a polite, mannered social attitude which is acceptable to the mother, but this False Self is rigid and prevents growth. As a consequence, the individual with a False Self cannot experience life or feel real; success can be accompanied by an increasing sense of being *phony* which can sometimes lead such individuals to destroy everything that they have achieved and thereby shock those who had high hopes for them.

Winnicott's account of the False Self appears to relate to the dissociationist models considered earlier; thus, the individual may switch between different conscious states some of which are experienced as False Self and some as True Self. Although the True Self may be experienced as completely private the important point is that it is at least in part a conscious state. However, the split between True and False is not equivalent to that between Good and Bad considered in Klein's proposals. For example, the True Self could be experienced as Good or Bad or both, nor does a Good versus Bad split imply that one part is experienced as True and one as False because both could be experienced

as True. Instead, Winnicott has identified another possible configuration that can arise from the mind's developmental capacity for modular dissociated or autonomous states (Power & Brewin, 1991), which were linked above to Breuer and Freud's proposals.

3. TOWARDS A MODEL OF THE SELF-CONCEPT

3.1. *The theoretical context*

Before spelling out some proposals for the self-concept, it is first necessary to summarise a few points about the theoretical framework in which these proposals will be placed. The framework is primarily taken from current cognitive science, though most cognitive scientists would probably disagree with at least one of the proposals. However, these choices are made with clinical issues in mind in addition to the normal theoretical and experimental ones (see Power, 1991, and Power & Brewin, 1991, for a detailed account of these issues).

3.1.1. Connectionism

The best current functional architecture for the mind is that offered in Connectionist approaches (e.g. Rumelhart & McClelland, 1986). The basic device is one in which very large numbers of on-off switches are connected in parallel with each other; representations are distributed over the whole network rather than being represented locally by individual nodes. This property of parallel distributed processes provides significant advantages over for example networks with local representation, in that damage may occur to one or more of the nodes, but the output may still be perfectly interpretable. Connectionism is therefore a modern form of associationism which Freud would have been entirely comfortable with. In fact, in the earlier mentioned work with Breuer (Breuer & Freud, 1895) Freud presented an elegant associationist network model of autobiographical memory, though one in which memories were stored locally at individual nodes (see Power & Brewin, 1991).

3.1.2. Modularity

Jerry Fodor (1983) and other cognitive scientists have very much re-discovered the concept of modularity. Fodor has traced this concept back to the early 19th century phrenologists Gall and Spurzheim who proposed that different functions were localised in different parts of the brain. However, in view of the discussion above of the modified dissociationism offered by Breuer and Freud, their proposals in many ways provide a more appropriate ancestor in that their account is virtually identical to that of modern cognitive science. This link however has so far been completely ignored.

The strength of the modularity proposal when applied to the self-concept lies, we believe, in our reinterpretation of the concept; namely, our proposal that the brain has the *capacity* for modular organisation, but the form that this modularity takes is *not* pre-determined (Power & Brewin, 1991). In relation to the development of the self-concept, the self may divide into separate modules according to the child's experience of basic needs and emotions and how these needs and emotions are handled by significant attachment figures. These modules are dissociated in the sense meant by Breuer and Freud rather than that meant by Janet, that is, the dissociation is not simply a dissociation of consciousness, but occurs at both conscious and unconscious levels.

3.1.3. The Unconscious

Amongst the many approaches that have been proposed for the unconscious two which are of central importance are the Helmholtzian «perceptual unconscious» and the Freudian «dynamic unconscious». The German scientist Hermann von Helmholtz formalised an account of the unconscious in his classic work on perception. He argued that normal perceptual processes require «unconscious inferences» for their operation; thus, we do not experience objects changing in size as we approach or move away from them, but rather object size constancy operates automatically. Other constancies include colour and shape constancies. This particular tradition is the one that work in cognitive science almost exclusively

focuses on, whether in perception, selective attention, memory, or whatever. It is also the approach that Beck has endorsed in his recent account of anxiety (Beck & Emery, 1985).

In contrast to the Helmholtzian unconscious, proposals about the dynamic unconscious focus on the possibility of unconscious goals, conflicts, and emotions, which may run contrary to conscious ones. They may also directly influence action thereby bypassing conscious control, and appear as somatic and psychic symptoms, dreams, and slips. This version of the unconscious is either explicitly or implicitly denied by many cognitive scientists, and is certainly denied by Beck (e.g. Beck & Emery, 1985). There have of course been one or two exceptions amongst cognitive scientists, one of the most notable being Dixon (1981) who explicitly accepts both the perceptual and dynamic approaches to the unconscious. It should be clear from the arguments presented so far that, like Dixon, we would argue that both approaches need to be incorporated into a model of the self-concept, though one might want to argue about whether the dynamic unconscious is «truly unconscious» in the sense that its repressed content is in principle accessible, whereas in contrast basic perceptual processes are in principle inaccessible (see Power & Brewin, 1991, for discussion).

3.1.4. Inhibitory Processes

One of the weaknesses identified earlier in the discussion of Beck's account of the self was the lack of any inhibitory or defence mechanisms. Such processes are of course the bread and butter of psychoanalysis and, indeed, inhibitory mechanisms are explicitly incorporated into the basic physiology of the brain, as well as in psychological theories of learning, selective attention, skilled action, and so on. Of course, there are a number of ways in which inhibition can arise in a passive rather than active manner; for example, the occupation of a limited capacity processor by one process passively inhibits its use by other processes. However, the implication of a defensive or self-protective inhibition is that it is an active mechanism that can exclude unwanted information from consciousness (e.g. Power &

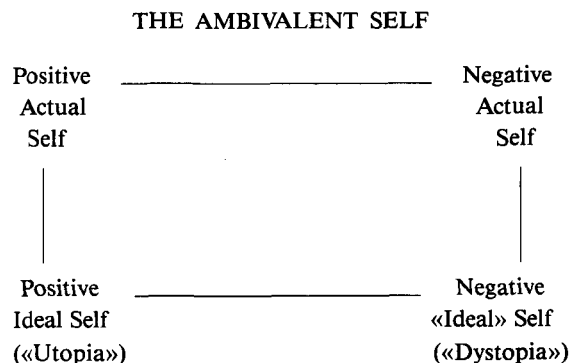
Brewin, 1990). An additional more positive sense in which inhibition may be important was referred to in the discussion earlier of William James' pluralistic selves in which the currently dominant self actively inhibits the other selves from gaining control. Similar mechanisms are implicated in more recent models in which multiple goals and plans have to be coordinated in a parallel modular system (e.g. Johnson-Laird, 1988).

3.2. The Ambivalent Self

The purpose of the previous sections has been to draw together information from a variety of sources about approaches to the self-concept in general, and then to begin to consider how these approaches might be relevant to depression. One of the important points that arises in both contemporary and historical approaches is that the self need not be a single integrated entity, but varying degrees of partially dissociated modular parts may develop particularly in some individuals. A second important point is that there is an important division in the depressive between good and bad, between a positive self and a negative self (e.g. Power, 1987). When depressed, the individual is dominated by the negative self, but when recovered the positive self may again become the dominant state.

FIGURE 1

An outline model of the Ambivalent self



These characteristics and others have been put together in the model of the Ambivalent Self shown in Figure 1. The model also includes an

important feature first identified by Freud in *Mourning and Melancholia* as the «critical agency» and later renamed, as part of the Super Ego, the Ego-ideal (see above). It is clear that one of the sources of self-esteem and self-criticism is the discrepancy between the Ego and its positive ideal, a discrepancy that has been continued in George Kelly's (1955) Personal Construct Theory in the form of the Actual Self versus Ideal Self discrepancy, and which has also recently been applied to an analysis of the quality of personal relationships (Power, Champion & Aris, 1988). The model proposes therefore that depressives typically have two dissociated or partially-dissociated positive and negative self-states. Each of these actual selves is associated with an end-state towards which it aims; a positive or utopian ideal self towards which the positive state aims, and a negative or dystopian «ideal» self towards which the negative state aims. The well-known novels *1984* by George Orwell and *Brave New World* by Aldous Huxley present dystopian states which to the authors seemed to be possible outcomes of 20th century developments. The dystopian state towards which the depressive aims is a personal one of poverty, worthlessness, loneliness, sickness, or death in which everything that is of value has been lost or abandoned. In contrast, the utopian state may often be excessively positive and unrealistic in comparison to the normal positive ideal, so that the depressive's successes may still fall well short of that ideal and provide little satisfaction. At the extremes, the utopian self may become grandiose, or the negative self can come to predominate the individual even when «recovered» from depression. If the negative state does predominate, then the individual has little or no access to the positive self-state, though in fact such «characterological depressives» often have abundant qualities.

In conclusion, we would argue that the proposals for the Ambivalent Self draw together many established approaches to the self-concept together with clinical and experimental information about depression. Nevertheless, it is now necessary to embark on a programme of clinical and experimental research to test the proposals, though its relevance to working clinically with depressed individuals

will be for clinicians to decide for themselves.

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True and False Self. In *The Maturation Processes and the Facilitating Environment*, London: Hogarth Press.

ABSTRACT

In this paper it is argued that the nature of depression cannot be understood without reference to the self-concept and the central part that it plays in the onset and maintenance of the disorder. There have of course been a wide range of approaches to the self; the psychoanalytic and cognitive approaches are of particular relevance to depression and therefore some attempt is made to identify possible points of integration between these different approaches which are normally considered to be disparate. A brief summary of some of the historical antecedents also is provided in order to set the context in which more recent approaches have been developed.

RESUMO¹

Neste artigo defende-se que a natureza da depressão não pode ser compreendida sem fazer referência ao auto-conceito e ao papel central que ocupa no desencadear e manutenção da desordem. Existem várias abordagens do *Self*: a psicanalítica e a cognitiva ocupam lugar especial no caso da depressão. Neste artigo, procura-se identificar pontos de convergência entre estas abordagens. São igualmente apresentados, de modo sumário, alguns antecedentes históricos por forma a melhor compreender o contexto do desenvolvimento de perspectivas mais recentes.

¹ O Resumo é da responsabilidade da Redacção.