

## Self-Criticism in Adulthood and Recalled Childhood Experience

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We investigated in a sample of 75 medical students the hypothesis that higher levels of self-criticism, a major vulnerability factor for depression, are related to retrospective reports of less satisfactory parenting, even when the potentially confounding factors of mood state and social desirability response set are controlled. At each of 2 measurement times, there were significant cross-sectional correlations between parental ratings and both depression and self-criticism, but the associations with self-criticism were no longer significant when depression was controlled. However, even after controlling for the effects of mood state and social desirability, persons with high levels of self-criticism at both measurement points (high trait self-criticism subjects) reported significantly worse relationships with their mothers than did the remaining subjects. They were also more likely to report below average relationships with both parents jointly.

Inappropriately high levels of self-blame and self-criticism, particularly directed at one's own character, play a central role both in theories of and therapies for depression. In the attributional reformulation of learned helplessness theory (Abramson, Seligman, & Teasdale, 1978) and in the more recent hopelessness theory of depression (e.g., Alloy, Abramson, Metalsky, & Hartlage, 1988), a tendency to make internal, stable, and global attributions for negative outcomes is conceived as the major vulnerability factor. Beck (1983) described a vulnerable personality type termed *autonomous*, characterized among other things by high levels of self-blame. From a psychoanalytic perspective Arieti and Bemporad (1980) and Blatt and Homann (1992) have also identified a highly self-critical character as a frequent precursor of depression. The origin of this vulnerability factor is sometimes stated to lie in childhood experiences (e.g., Beck, 1967), but despite their theoretical importance there has so far been little systematic research on possible biographical antecedents of self-blame and self-criticism. This study was therefore designed to test the hypothesis that greater tendencies to self-blame and self-criticism in adulthood are related to more negative reports of childhood experiences.

Among the investigators to have examined this question are Blatt, Wein, Chevron, and Quinlan (1979), McCranie and Bass

(1984), Gold (1986), Andrews and Brewin (1990), and Firth-Cozens (1992). Blatt, Wein, Chevron, and Quinlan (1979) content-analyzed subjects' unstructured descriptions of both parents and found higher levels of self-criticism to be related to perceptions of the parents as lacking in warmth, nurturance, and affection. McCranie and Bass (1984) gave a questionnaire that contained a number of scales of parental behavior to a group of female undergraduate nursing students and found higher self-criticism to be associated with reports of stricter control, more inconsistency of love, and higher achievement goals on the part of both parents.

A mixed-sex group of medical students was investigated by Firth-Cozens (1992). Higher levels of self-criticism were associated with reports of less satisfactory relationships with both mothers and fathers. In contrast, Gold's (1986) study was specifically concerned with the effects of sexual abuse in childhood on women's adult functioning. She found that victims, as compared with nonvictims, made significantly more internal, stable, and global attributions and showed more behavioral and characterological self-blame for hypothetical negative outcomes.

A limitation of these studies has been that both self-criticism and the retrospective parental relationships reported may have been influenced by current mood state. Current depression is associated with greater self-criticism (Brewin & Furnham, 1987) and with more internal, stable, and global attributions for hypothetical negative events (Sweeney, Anderson, & Bailey, 1986). These relations appear to reflect, at least in part, an effect of mood on cognition (Brewin, 1985).

There is less information about the impact of depression on perceptions of parenting. However, in an influential study

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We gratefully acknowledge the help of Lorna Morris and Trudie Wingfield in data preparation and the valuable comments of Bernice Andrews on an earlier version of the article.

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Lewinsohn and Rosenbaum (1987) reported data that suggested that recall of parenting might be affected by mood state. On the basis of recent experimental research on mood and memory (e.g., Blaney, 1986; Dalgleish & Watts, 1990; Kuiken, 1991; Singer & Salovey, 1988), a number of recent reviewers have also emphasized the possibility that mood biases in the recall of autobiographical memories may compromise the accuracy of recollections of parenting (Burbach & Borduin, 1986; Gerlisma, Emmelkamp, & Arrindell, 1990). The lack of symmetry often found in mood-memory relations (e.g., Singer & Salovey, 1988; Williams, Watts, MacLeod, & Mathews, 1988) raises the possibility that depression may be associated with a temporary reduction in positive memories of parenting as well as with a temporary increase in negative memories.

In Gold's (1986) study, her abuse victims were significantly more depressed than were her nonvictims. It is possible, therefore, that in her data the between-group differences in self-blame are a secondary effect of the differential levels of depression. Similarly, in the studies by Blatt, Wein, Chevron, and Quinlan (1979), McCranie and Bass (1984), and Firth-Cozens (1992), it is conceivable that subjects' mood states may have been responsible for the observed associations between self-criticism and reports of parental behavior. This potential confounding factor is less likely to account for the findings of Andrews and Brewin (1990), however. In this study women were interviewed who were currently or had been previously victims of marital violence to determine whether, at the time the violence was occurring, they predominantly blamed themselves or their partners. Overall, there was a nonsignificant trend for women who had been repeatedly physically or sexually abused in childhood to blame themselves more than did nonabused women. However, when self-blame was reported, women with early repeated abuse were significantly more likely to blame their character and those without such abuse, to blame their behavior. Subjects' clinical status was assessed by a standardized psychiatric interview, and the presence or absence of depression at case level was found to be unrelated to the type of attribution made.

We investigate whether general self-blame and self-criticism, unrelated to a specific event, such as marital violence, is associated with reports of adverse parenting when the confounding factor of depressed mood is controlled for. We also investigate whether such an association may be influenced by another potential confounding factor, social desirability. It is plausible that a high social desirability response set may induce subjects both to be less self-critical and to minimize reporting of any adverse parenting experiences.

We also note that the various theories of depression have emphasized the role of self-criticism as a trait rather than as a state and that a simple cross-sectional design may not provide an adequate estimate of trait self-criticism. We therefore adopt a longitudinal design in which measures are taken at two points in time, which enables us both to replicate cross-sectional associations and to identify persons with more chronic tendencies to criticize themselves.

A final methodological concern not addressed in previous studies is that self-criticism may be related to recalling poor parenting from both mother and father rather than just from one. This is because an unsatisfactory relationship with one parent may be compensated for by a satisfactory relationship

with the other parent, and hence, measures of maternal and paternal care may on their own be poor predictors of self-criticism. We therefore assess specifically whether self-criticism is more likely in persons who report poor relationships with both parents than in the rest of the sample.

## Method

### *Subjects and Procedure*

The sample consisted of medical students, a group known to experience relatively high levels of stress (Firth, 1986; Lloyd & Gartrell, 1984) and in whom symptoms are predicted by recalled parenting (Richman & Flaherty, 1987) and self-criticism (Firth-Cozens, 1992). In the initial wave of data collection, questionnaires were distributed to a class of 90 second-year students. In the second wave, approximately 3½ months later, questionnaires were again distributed to the same class. Complete sets of data were obtained for 75 students, a response rate of 83%. The mean age of the final sample, which included 33 men and 42 women, was 19.8 years.

### *Measures*

In order to obtain a broad-based measure of self-criticism that draws both on psychoanalytic theory and on attribution research, we combined items from two separate scales known to have acceptable reliability and validity. We included the 5 items reported by Blatt, Quinlan, Chevron, McDonald, and Zuroff (1982) as having the highest loadings on the Self-Criticism subscale of the Depressive Experiences Questionnaire (Blatt, d'Afflitti, & Quinlan, 1979; sample item: "I often find that I don't live up to my own standards or ideals"). To these we added the 4 highest loading items from Brewin and Shapiro's (1984) 6-item scale of Responsibility for Negative Outcomes (sample item: "My misfortunes have resulted mainly from the mistakes I've made").

All items were answered on a 7-point scale from *Strongly agree* (7) to *Strongly disagree* (1), and subjects' scores were expressed as the sum of the 9 items, which yielded total scores from 9 to 63. At Time 1, the sample mean was 36.0 (SD = 10.4, range, 13–62), and at Time 2, the mean was 36.7 (SD = 9.1, range, 15–56). The test-retest reliability of the new scale was .70, and internal reliability (coefficient alpha) was .83 at both Time 1 and Time 2, which suggests that the new scale successfully measured a unidimensional construct of self-criticism.

Perceived family relationships were measured differently at Time 1 and Time 2 in order to sample parental experiences with greater breadth. At Time 1, we used an adapted version of the Family Attitudes Questionnaire (Thomas & Duszynski, 1974), which requires subjects to indicate which of a series of positive and negative adjectives applies to various relationships. In order to incorporate recent research findings, the original scales for "My father's attitudes toward me" and "My mother's attitudes toward me" were augmented by adding the adjectives *affectionate*, *tolerant*, *needy*, *intrusive*, *encouraging*, *supportive*, *nurturing*, and *powerful*. *Ambitious* was altered to *ambitious for me*. The scales were also altered slightly so that they both contained the same set of 19 adjectives. The original scales for "My attitudes toward my father" and "My attitudes toward my mother" were augmented with the adjectives *eager to please* (which replaced *approval-seeking*), *guilty*, *comfortable*, *secure*, *affectionate*, *anxious*, and *reserved*, so that both scales contained an identical set of 12 adjectives. The four scales were anglicized where appropriate, and a 5-point Likert scale was used (*not at all* [1], *slightly*, *quite*, *very*, to *extremely* [5]) instead of the original yes-no response format. The new scales proved to have good internal reliability; coefficient alphas were: for "My father's attitudes toward me," .76; for "My mother's attitudes toward me," .84; for "My attitudes toward my father," .78; and for "My attitudes toward my mother," .81.

At Time 2, we used the Parental Bonding Inventory (PBI; Parker,

Tupling, & Brown, 1979), a 25-item measure with each item scored on a 4-point Likert scale. One 12-item subscale measures perceived parental care and involvement versus indifference and rejection, and another 13-item subscale measures parental overprotectiveness or intrusiveness versus encouragement of independence. Acceptable reliability and validity data were reported by Parker et al. In addition, internal reliability coefficients were calculated in our sample. Coefficient alphas for mothers and fathers, respectively, were .85 and .90 for the Care subscale and .87 and .86 for the Overprotection subscale.

Mood state was assessed at both time points with a widely used measure, the Depression subscale of the Symptom Check List-90 (Derogatis, Lipman, & Covi, 1973). All items were answered on a 5-point scale from *not at all* (1) to *extremely* (5), and subjects' scores were expressed as the sum of the 10 items, which yielded total scores from 10 to 50. At Time 1, the sample mean was 21.8 ( $SD = 7.2$ , range, 10-42), and at Time 2, the mean was 21.6 ( $SD = 6.4$ , range, 10-37). Another well-validated measure, the Marlowe-Crowne Social Desirability Scale (Crowne & Marlowe, 1964) was administered at Time 1 only.

## Results

There were no sex differences in depression or self-criticism at either time point (all  $t$ s < 1). Neither were there any sex differences in perceived family relationships, highest  $t(73) = 1.67$ ,  $p = .099$ , with two exceptions. At Time 1, women reported more positive attitudes toward their mothers than did men,  $t(73) = 2.33$ ,  $p < .05$ , and at Time 2, women reported that their mothers were less overprotective than did men,  $t(73) = 2.43$ ,  $p < .05$ .

### Cross-Sectional Analyses

The cross-sectional associations at Time 1 and Time 2 between reports of parenting, depression, social desirability, and self-criticism are given in Tables 1 and 2. Table 1 shows that reports of better parenting were uniformly related to lower levels of depression. There were also consistent associations between less self-criticism and better relationships with mothers and somewhat weaker associations in the same direction with paternal relationships. Socially desirable responding was associated with more positive reports of fathers, but not of mothers, and is also associated with less depression, but not less self-criticism.

The cross-sectional findings at Time 2, with the PBI, are almost identical. Once again, better recalled parenting is asso-

ciated with lower levels of depression and self-criticism. As at Time 1, there is a strong association between depression and self-criticism, whereas the relation between self-criticism and socially desirable responding is weak.

We next calculated partial correlations between recalled parenting and self-criticism, controlling for the effects of depression and social desirability. The results with the Time 1 and Time 2 data were identical. Controlling for these potential confounding variables abolished the significant parenting-self-criticism relation. Partial correlations for the maternal scales ranged from .15 to .20 and for the paternal scales, from .00 to .11. The reduction in the size of the correlations was wholly attributable to the effect of depression, and social desirability appeared not to be a significant confounding factor.

### Analyses With Trait Self-Criticism

The next stage in the analysis was to select persons who demonstrated trait self-criticism. We therefore compared subjects who scored above the 75th %ile on self-criticism at both measurement points with subjects who scored below the 25th %ile on this variable at both time points and with all remaining subjects. These particular cutoffs were chosen to identify persons who consistently scored at one extreme or the other, although they still generated sufficient numbers for meaningful statistical analysis.

To test the hypothesis we initially carried out a series of Sex  $\times$  Trait Self-Criticism ( $2 \times 3$ ) analyses of covariance (ANCOVAs) on the parenting measures, controlling for depression at Time 1 and Time 2. As there were no main effects or interactions for sex, we repeated the ANCOVAs with the single factor of trait self-criticism. Table 3 gives the results of these analyses and the corresponding group means. At Time 1, the high trait self-criticism group consistently reported poorer parenting than did either of the other groups, although only the results with the maternal scales achieve significance. At Time 2, the findings with the PBI are identical: The high trait self-criticism group reported the lowest levels of care and the highest levels of overprotection. Once again it is only the maternal scales that reach significance. Adding social desirability as a third covariate produced results that are virtually indistinguishable from the ones reported.

Because the only specific predictions concerned the high

Table 1  
*Relations Between Recalled Parenting, Depression, Self-Criticism, and Social Desirability at Time 1*

Measure	Depression	Self-criticism	Social desirability
Family Attitudes Questionnaire			
My father's attitude toward me	-.32**	-.24*	.24*
My attitude toward my father	-.35***	-.17	.20
My mother's attitude toward me	-.31**	-.32**	.09
My attitude toward my mother	-.29**	-.29**	.16
Social desirability	-.26*	-.10	—
Self-criticism	.48***	—	—

Note. Higher scores on the Family Attitudes Questionnaire scales indicate better relationships.  
\*  $p < .05$ . \*\*  $p < .01$ . \*\*\*  $p < .001$ .

Table 2  
*Relations Between Recalled Parenting, Depression, and Self-Criticism  
 at Time 2 and Social Desirability at Time 1*

Measure	Depression	Self-criticism	Social desirability <sup>a</sup>
Parental Bonding Inventory			
Paternal care	-.37**	-.28*	.29*
Paternal overprotection	.38**	.19	-.09
Maternal care	-.39**	-.33*	.03
Maternal overprotection	.35*	.35*	-.14
Social desirability	-.05	-.07	—
Self-criticism	.51**	—	—

Note. Higher scores on the Parental Bonding Inventory scales indicate more care and more overprotection, respectively.

<sup>a</sup> Measured at Time 1.

\*  $p < .01$ . \*\*  $p < .001$ .

trait self-criticism group, it is equally appropriate to compare their mean with the mean of the other two groups combined. Tests of these contrasts confirmed that the high trait self-criticism group was significantly different from all other subjects on all four maternal scales, lowest  $F(1, 66) = 4.79, p < .05$ . Once again there were no significant differences on the paternal scales.

#### *Analyses With Combined Parental Scales*

Finally, we investigated whether high trait self-criticism was more common in persons who reported below average relationships with both their parents. Subjects who scored below the sample median at Time 1 on both "My father's attitude toward me" and "My mother's attitude toward me" ( $n = 23$ ) were compared with the remainder of the sample ( $n = 52$ ). From the contingency table given in Table 4, it is clear that the hypothesis is supported. Logistic regression confirmed that parental care resulted in a significant improvement to the model after first entering depression at both time points, improvement  $\chi^2(1) = 7.6, p < .01$ .

The analysis was repeated with the Time 2 parental scales. An overall measure of parenting was computed by subtracting,

for each parent, the PBI Overprotection from the PBI Care score. Subjects who scored below the sample median on both of the resulting measures ( $n = 25$ ) were compared with the remainder of the sample ( $n = 50$ ). Table 4 shows that the results are similar to the Time 1 data, in that parental care produced a significant improvement to the model after first entering depression, improvement  $\chi^2(1) = 5.1, p < .05$ .

#### Discussion

Our cross-sectional data are in line with the results of other studies that have found an association between self-criticism in adulthood and reports of less satisfactory parenting (e.g., Blatt, Wein, Chevron, & Quinlan, 1979; Firth-Cozens, 1992; McCranie & Bass, 1984), and we have effectively ruled out the influence of a social desirability response set in accounting for the findings. Furthermore, it seems unlikely that such a relationship can be accounted for by persons' general attributional bias toward internal or external blame, because one would then expect more self-critical persons to be less likely to report their parents as having negative attitudes toward them, rather than the reverse.

In our sample it is clear, however, that at any one point in

Table 3  
*Mean Scores for Recalled Parenting at Time 1 and Time 2 by Level of Trait Self-Criticism*

Measure	Trait self-criticism			$F(2, 64)$
	Low ( $n = 10$ )	Moderate ( $n = 52$ )	High ( $n = 13$ )	
Family Attitudes Questionnaire (Time 1)				
My father's attitude toward me	70.3	71.3	65.5	<1
My attitude toward my father	39.0	41.9	36.1	2.16
My mother's attitude toward me	76.0	74.9	63.7	4.49*
My attitude toward my mother	44.3	43.7	36.4	3.39*
Parental Bonding Inventory (Time 2)				
Paternal care	25.8	27.1	23.2	<1
Paternal overprotection	12.7	9.7	13.5	2.12
Maternal care	30.4	30.6	25.2	4.01*
Maternal overprotection	11.2	10.6	18.4	4.45*

\*  $p < .05$ .

Table 4  
*Contingency Tables of High Trait Self-Criticism and Below Average Care From Both Parents at Time 1 and at Time 2 With Logistic Regressions for Which Depression at Both Time Points Was Controlled*

Variable	Below average care from both parents		Wald	df	p	Odds ratio
	Yes	No				
Time 1						
High trait self-criticism						
Yes	10	3				
No	13	49				
Time 1 depression			1.77	1	.18	1.07
Time 2 depression			1.80	1	.18	1.09
Parental care			6.97	1	.008	0.12
Time 2						
High trait self-criticism						
Yes	9	4				
No	16	46				
Time 1 depression			1.77	1	.08	1.09
Time 2 depression			1.80	1	.12	1.10
Parental care			6.97	1	.029	0.19

time, depression is quite strongly related to levels of self-criticism and rather less strongly but significantly related to reports of parenting. The effect of this third variable was sufficient to reduce the partial correlations between self-criticism and the parenting variables to a nonsignificant level. Only when we specifically identified persons with consistently high self-criticism across two measurement points did a significant association reemerge: Self-critical persons reported worse relations with their mothers on all maternal scales. Data for fathers showed a similar but nonsignificant pattern. In view of the small numbers in the groups and consequent loss of power, together with the fact that previous studies have linked self-criticism equally to maternal and paternal relations (e.g., Blatt, Wein, Chevron, & Quinlan, 1979; McCranie & Bass, 1984), it is inappropriate to draw from these negative findings the conclusion that self-criticism is related to maternal but not to paternal relationships. We did find evidence that high trait self-criticism is more frequent when relationships with both parents are below average.

The finding that there are moderate but significant correlations between depression and recalled parenting also warrants discussion. These findings are again in line with many previous studies (for reviews, see Burbach & Borduin, 1986; Gerlsma et al., 1990). The two main interpretations of this association put forward in the literature are (a) that persons prone to depression have in reality had worse childhoods than nonvulnerable persons and (b) that persons selectively recall their childhoods as having been worse when they are in depressed rather than normal mood. Of these two explanations the former is much more consistent with the empirical data (Brewin, Andrews, & Gotlib, in press). The association in our data between depression and recall of parenting must not therefore be taken necessarily as evidence that mood state biases recall. If, as we believe, early adverse parenting influences both self-criticism and depression

in later life, the result of controlling for depression may have been that the true relation between parenting and self-criticism was underestimated.

Controlling for depression also assumes that depression and self-criticism, despite being substantially intercorrelated, are independent constructs and not part of a unitary whole. Our study appears to indicate that state depression can be meaningfully distinguished from trait self-criticism, but there are unanswered questions about the relation of trait self-criticism to more enduring depressive traits. Future studies may profitably investigate the relation of self-criticism to both depressive states and traits.

There are a number of reasons, then, why our study may provide an overconservative test of the relation between early experience and self-criticism. This seems preferable, nevertheless, to ignoring a potential confounding factor. It is also possible that the relation of depression to recalled parenting and self-criticism reflects different processes in a clinical sample, in which one may expect much greater variance in childhood experiences and level of depression, than in a sample of medical students in which the variance is likely to be much smaller. Replication of our findings in other groups is therefore recommended.

One important but unanswered question concerns the process whereby children with unsatisfactory parenting might come to blame themselves. One possibility is that self-criticism is modeled on the self-blaming verbalizations of adults in the family, who may themselves be depressed. However, in a study of children at risk for depression because of maternal affective disorder, Jaenicke et al. (1987) found only a weak association between maternal self-criticism and child self-criticism.

Alternatively, self-criticism may reflect rejection by parents or parental criticism that has become internalized. In a longitudinal investigation Koestner, Zuroff, and Powers (1991) re-

ported that rejection and restrictiveness by the same-sex parent were associated with later self-criticism in the child. Harris and Howard (1984) found that the type of self-criticism voiced by adolescents was associated with the specific criticisms they reported their parents as having made. Similarly, Jaenicke et al. (1987) found significant relations between an observational measure of maternal criticism directed at the child and children's tendency to criticize themselves.

Our investigation demonstrates for the first time that, providing an attempt is made to isolate persons with high trait self-criticism, the association between self-criticism in adulthood and recall of parenting is not simply an artifact of mood state or social desirability response set. Although these persons may represent only a subset of the population, they are a potentially interesting subset, and it will be valuable to chart their relations with other significant persons in their lives, such as teachers and peers. Our data additionally support conjectures about the childhood origin of cognitive vulnerability factors for adult depression. Further research is urgently needed into how these vulnerability factors develop and how they then persist into adulthood.

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Received July 8, 1991

Revision received September 5, 1991

Accepted January 11, 1992 ■