THEORETICAL NOTES

Is There a Relation Between Locus of Control Orientation and Depression?

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Meta-analytic techniques were used to review studies of the relation between locus of control and depression. Contrary to what some authors have claimed, we found that locus of control orientation and degree of depression were significantly related, that the relation was moderately strong, and that it was consistent across studies. Greater externality was associated with greater depression. Studies that included separate subscales for locus of control for positive and negative outcomes produced similar results. Seven potential mediators of the locus of control-depression relation were investigated, with only two producing significant results. Effect sizes varied as a function of the particular locus of control and depression scales used in studies. The implications of the findings are discussed, with special attention given to the “depressive paradox” hypothesis (Abramson & Sackeim, 1977) and to Lamont’s (1972a, 1972b) methodological critique of the locus of control-depression relation.

Two major themes regarding the thoughts of depressed individuals have been popular in the literature. One model states that depressed persons tend to perceive events as being uncontrollable (Bibring, 1953; Seligman, 1975), whereas a second model states that depressive cognition is characterized by self-deprecation and self-blame (Beck, 1967, 1976). These models appear to provide contradictory descriptions of depression (Abramson & Sackeim, 1977). Evidence has been offered in support of both models. Thus, we are confronted with a depressive paradox (Abramson & Sackeim, 1977) because it appears to be illogical to blame oneself for events that are perceived to be uncontrollable. There are, however, problems at the empirical level.

In support of the self-blame model, Beck (1967) found that depressed patients tended to assume personal responsibility for negative events and failure (see also Abramson & Sackeim, 1977; Rizley, 1978). In addition, Sweeney, Anderson, and Bailey (1986), in a meta-analytic review of over 100 studies of the attribution version of learned helplessness theory (Abramson, Seligman, & Teasdale, 1978; Miller & Norman, 1979), found convincing evidence that depressed persons tend to make internal, stable, and global attributions for negative events (cf. Coyne & Gotlib, 1983; Peterson & Seligman, 1984).

A common test of the uncontrollability model comes from studies that have assessed the relation between locus of control orientation and depression. The existing discussions of this literature provide conflicting views of the nature and strength of the relation between these two variables. Table 1 presents quotations from a sample of articles on this topic. The salient feature of the table is the variability of views expressed by authors. Moreover, close inspection of the table does not reveal any systematic change over the years in the characterization of the literature. For example, Burger (1984) described the literature as demonstrating a “small and somewhat inconsistent” (p. 73) relation, whereas Evans (1981) stated that the relation “has been
Table 1

Comments on the Hypothesized Locus of Control–Depression Relation

<table>
<thead>
<tr>
<th>Study</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Miller &amp; Seligman (1973)</td>
<td>“Although the correlations are statistically significant, they are unimpressive...” (p. 64)</td>
</tr>
<tr>
<td>Calhoun, Cheney, &amp; Dawes (1974)</td>
<td>“...there is also some indication that depressed persons view events that affect them as being beyond their personal control.” (p. 736)</td>
</tr>
<tr>
<td>Naditch, Gargan, &amp; Michael (1975)</td>
<td>“These data offer further evidence that depression and anxiety as reflected in paper-and-pencil measures are associated with a belief in external control, consistent with the results obtained in reference to depression by Abramowitz (1969), Gross and Morosini (1970)...” (pp. 6–7)</td>
</tr>
<tr>
<td>Abramson &amp; Sackeim (1977)</td>
<td>“...there is a relationship between degree of depression and external locus of control...” (p. 854)</td>
</tr>
<tr>
<td>Becker &amp; Lesak (1977)</td>
<td>“Personal control as a factor in depression also has been studied, with inconsistent results...” (p. 654)</td>
</tr>
<tr>
<td>Blaney (1977)</td>
<td>“...considerable literature [indicates] that depression is accompanied by external locus of control...” (p. 209)</td>
</tr>
<tr>
<td>Brannigan, Rosenberg, &amp; Loprete (1977)</td>
<td>“...a relationship between locus of control and depression is far from conclusive...” (p. 72)</td>
</tr>
<tr>
<td>Donovan, Radford, Chaney, &amp; O'Leary (1977)</td>
<td>“...investigations have demonstrated a significant relationship between clinical depression and the I-E scale...” (p. 583)</td>
</tr>
<tr>
<td>Hanes &amp; Wild (1977)</td>
<td>“Investigations of locus of control orientation and depression have shown positive associations between external locus of control and self-reported depression among college students and agoraphobics...” (p. 581)</td>
</tr>
<tr>
<td>Rosenbaum &amp; Raz (1977)</td>
<td>“...only a small positive correlation was found between measures of depression and locus of control...” (p. 675)</td>
</tr>
<tr>
<td>Abramson, Seligman, &amp; Teasdale (1978)</td>
<td>The results are “...too conflicting at this stage to be very useful...” (p. 66)</td>
</tr>
<tr>
<td>Berndt (1978)</td>
<td>“...research has shown a consistent relationship between external locus of control and depression...” (p. 1260)</td>
</tr>
<tr>
<td>Evans &amp; Dinning (1978)</td>
<td>There are “...confusing and inconsistent relationships observed between locus of control (I-E) and depression...” (p. 612)</td>
</tr>
<tr>
<td>Legget &amp; Archer (1979)</td>
<td>“The specific nature of the relationship between locus of control and depression...has remained obscure...” (p. 835)</td>
</tr>
<tr>
<td>Rehm &amp; O'Hara (1979)</td>
<td>“...ambiguous results...” (p. 213)</td>
</tr>
<tr>
<td>Lefkowitz, Tesiny, &amp; Gordon (1980)</td>
<td>“Data are extant indicating a positive relationship for adults between external locus of control and depression, and one study reports such a relationship for children...” (p. 732)</td>
</tr>
<tr>
<td>Tesiny, Lefkowitz, &amp; Gordon (1980)</td>
<td>“For adults, significantly positive, albeit weak, relationship...has been established between externality and depression...” (p. 507)</td>
</tr>
<tr>
<td>Evans (1981)</td>
<td>“That depression is related to such generalized expectancies for lack of control has been substantiated in numerous studies...which find that external scorers on the I-E scale...report, as a group, more depression than internals...” (p. 66)</td>
</tr>
<tr>
<td>Molinari &amp; Khanna (1981)</td>
<td>“A number of authors have reported low but positive relationships (r ranging from .10 to .44) between externality and self-reports of depression...” (p. 314)</td>
</tr>
<tr>
<td>Aiken &amp; Baucom (1982)</td>
<td>“...the preponderance of findings indicates that external locus of control tends to correlate positively with self-reports of depression...” (p. 391)</td>
</tr>
<tr>
<td>Costello (1982)</td>
<td>“These studies report a consistent association between depressive symptoms and belief that outcomes are externally controlled (high E scores)...” (pp. 340–341)</td>
</tr>
<tr>
<td>Fleming &amp; Courtney (1983)</td>
<td>“...positive relationships have frequently been reported between externality and depression...” (p. 102)</td>
</tr>
<tr>
<td>Burger (1984)</td>
<td>“...studies have found only a small and somewhat inconsistent tendency for depression to be correlated with an external locus of control...” (p. 73)</td>
</tr>
<tr>
<td>Mullins, Siegel, &amp; Hodges (1985)</td>
<td>“Locus of control has consistently been found to have a strong relationship to depression in children, with external locus of control being strongly associated with higher levels of depression...” (p. 306)</td>
</tr>
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</table>

In this article, we will address the question of whose conclusions are supported by the data. In doing so, we rephrase the question to ask, “What is the nature and strength of the relation between locus of control orientation and depression?” Our question is important because if the relation is weak and inconsistent, then there is no depressive paradox and no resolution is required. If, on the other hand, there is a relatively strong and consistent relation, then a closer look at the depressive paradox would be in order.

We performed a statistical review of the locus of control–depression literature. This method, called meta-analysis, enables us to reduce the findings of independent studies to a common metric (Hunter, Schmidt, & Jackson, 1982; Rosenthal, 1984). The extent to which the studies, taken as a whole, support the uncontrollability hypothesis can then be evaluated.
There are several reasons why a meta-analysis of the predicted locus of control-depression relation would be of value. First, when properly conducted, a meta-analysis takes advantage of available data more efficiently than a traditional literary review of the research literature. A literary review (e.g., Rehm & O'Hara, 1979) often trichotomizes the extent of support for a particular hypothesis (positive, null, or negative). Special care must be made to evaluate seemingly discrepant findings that are found in different studies. For example, do studies reporting null findings use relatively small sample sizes? By taking advantage of information about a sample (e.g., means, standard deviations, correlation coefficients), a reviewer using meta-analysis can provide an overall estimate of the direction and size of an effect. Second, meta-analysis is relatively unhampered by the size of a literature, whereas a large number of studies sometimes makes a literary review a difficult and imprecise task. Last, meta-analytic techniques can be adapted to uncover potential mediators of the predicted locus of control-depression relation.

Method

Selection of Studies

We began our search with studies that were published in 1966, the year of Rotter’s (1966) seminal paper on the locus of control construct. Studies were located through searches of Psychological Abstracts and Sociological Abstracts, and of the reference sections of each article that we located. In addition, we examined the available published programs of regional and national psychology conventions since 1980, and when an article appeared that might have been relevant to our study, we wrote to the senior author. We also included one of our own unpublished data sets in the review (Benassi, 1985) as well as several dissertations and master’s theses. Finally, we conducted a computer-assisted literature search—scanning Psychological Abstracts from January 1966 to June 1986—and uncovered 427 studies that were listed when the key words locus of control, perceived control, and personal control. We then attempted to locate each article that had not been obtained through one of the foregoing searches to determine its relevance to our study. From all sources, 97 studies were eventually included in our meta-analysis (see Appendix).

To be included in the review, a study must have assessed both locus of control orientation and level of depression. Several criteria were used to determine whether a study was excluded from the review. First, a study was excluded if the subjects had participated, prior to the locus of control and depression assessments, in a therapy program designed to alter either of these characteristics. Second, a study was excluded if it included measures of both depression and locus of control but did not provide any information about the relation between these two variables. Third, a study was excluded if its author(s) used a measure of locus of control that provided separate subscales for positive or negative events. Theorists have contended that locus of control for positive and negative events should correlate in opposite ways with depression (Haley & Strickland, 1977; Lefcourt, Martin, & Ware, 1984). Although not included in our major meta-analysis, we summarize the existing literature on this issue later in the article. Fourth, we excluded studies in which locus of control for a single task outcome was assessed (e.g., success on an anagram task; e.g., Hammen & Cochen, 1981) because our interest was in generalized locus of control.

Procedure

We created a data file of all relevant studies. The correlation coefficient \( r \) was used as our measure of effect size (Rosenthal, 1984). The file included the sign and value of the correlation between locus of control and depression for each study. Studies were always coded such that a positive correlation indicated that higher levels of depression were associated with higher levels of externality. When a correlation coefficient was not provided, we derived it from information provided in the article (e.g., means and standard deviations, \( t \) values).

We coded seven characteristics of each study: (a) number of subjects, (b) type of locus of control measure used, (c) type of depression measure used, (d) type of depressive included in a study, (e) type of research report, (f) percentage of subjects in the study who were female, and (g) the year in which the research report was made public. Three judges coded the characteristics for each of the studies; they resolved any disagreements among themselves.

Results

Major Analyses

In several studies, authors calculated two or more effect size estimates but reported only those that were considered by them to be statistically significant (e.g., Caster and Parsons, 1977b). There are several ways to deal with this problem. The most common method is to arbitrarily set nonsignificant unreported effect size estimates to \( r = .00 \). This method would probably produce an underestimate of the unreported effect sizes given the range of correlations that were uncovered in our review (see Figure 1). We chose to report only the effect size(s) that was (were) presented in such articles. This method tends to produce an overestimate of the mean effect size found in a study because nonsignificant, unreported effect size estimates would lower the mean effect size. In the present review, the adoption of either of the two aforementioned methods did not influence the overall effect size reported for the literature. There were too few studies that had this problem of partial reporting to make any difference.

A number of studies contributed more than one test of our hypothesis and, within each study, these multiple tests were based on the same subjects. To control for this nonindependence, the effect sizes for these studies were averaged so that only one effect size per study was entered into the analysis. Burger (1984) asked his subjects to complete the same locus of control and depression scales on two separate occasions. We included the effect size estimates from the first administration.

Each study included in the review provided a test of the predicted locus of control-depression relation. A total of 21,087 research participants contributed data to the major analyses. The dates of the studies ranged from 1966 to 1986. Sixty-six of the studies presented information about the percentage of female subjects who participated and, for those studies, the mean was 53.15.

The mean unweighted effect size \( r \) for the 97 tests of the locus of control-depression hypothesis was .31 \((SD = .12)\). In addition to using the raw \( r \), we also first transformed each \( r \) to its appropriate \( Z \) score, calculated the overall mean, and then transformed that value back to the appropriate \( r \). This produced a mean \( r \) of .32. For the reasons discussed in Hunter et al. (1982) we will use untransformed \( r \) values throughout the remainder of this article.

The mean \( r \) of .31 indicates that higher levels of external locus of control were associated with higher levels of depression. The
95% confidence interval around the mean $r$ was .28 to .33. Weighting the effect size of each study by its sample size had only a trivial impact on the mean effect size ($r = .32$). For the remainder of the major analyses, only unweighted measures were used.

In addition to the mean effect size, another valuable meta-analytic statistic is the significance test for the literature as a whole (Rosenthal, 1984). This $Z$ test indicates the probability that a mean effect size as large as obtained in our analysis could be found by chance. The test produced a $Z$ value of 38.52 ($p < .0000001$), thus suggesting that it is extremely unlikely that the locus of control-depression relation is unreliable. Figure 1 shows the frequency distribution of the effect sizes. None of the values were negative and 43.3% were greater than the overall mean effect size.

Rosenthal (1979) argued that when significant effects are found in a meta-analysis, it is useful to estimate the number of unretrieved studies with null results that would be necessary to revise the conclusion that a significant relation exists (with alpha = .05). Using Rosenthal’s (1979) formula, the “file drawer” statistic in the present meta-analysis is 53,112! Cooper (1984) noted that this test assumes that all unretrieved studies produced associated $Z$ values of 0. It is possible that such studies might, in fact, produce $Z$ values opposite to the trend reported in a review. We argue that it is highly unlikely that unretrieved studies would be systematically biased such that greater externality is associated with lower depression. First, none of the effect sizes reported in our meta-analysis were negative. Second, seven studies were unpublished doctoral dissertations or master’s theses and seven were unpublished studies. The mean effect sizes for these two categories of reports were not reliably different than the mean for published studies (see Table 2). Second, the focus of many of the studies included in the meta-analysis was on an issue other than the locus of control-depression relation.

![Ranges of correlation coefficients](image)

**Figure 1.** Frequency distribution of effect sizes from 97 studies.

<table>
<thead>
<tr>
<th>Measure</th>
<th>$r$</th>
<th>SD</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of depressive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Student</td>
<td>.29</td>
<td>.12</td>
<td>47</td>
</tr>
<tr>
<td>Psychiatric patient</td>
<td>.31</td>
<td>.15</td>
<td>20</td>
</tr>
<tr>
<td>General population</td>
<td>.34</td>
<td>.10</td>
<td>18</td>
</tr>
<tr>
<td>Others</td>
<td>.31</td>
<td>.12</td>
<td>12</td>
</tr>
<tr>
<td>Type of research report</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Journal publication</td>
<td>.31</td>
<td>.13</td>
<td>83</td>
</tr>
<tr>
<td>Unpublished paper</td>
<td>.29</td>
<td>.10</td>
<td>7</td>
</tr>
<tr>
<td>Dissertation/thesis</td>
<td>.29</td>
<td>.12</td>
<td>7</td>
</tr>
<tr>
<td>Locus of control</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rotter &amp; modified Rotter</td>
<td>.28</td>
<td>.12</td>
<td>60</td>
</tr>
<tr>
<td>Nowicki-Strickland</td>
<td>.36</td>
<td>.16</td>
<td>7</td>
</tr>
<tr>
<td>Levenson (M)</td>
<td>.31</td>
<td>.14</td>
<td>9</td>
</tr>
<tr>
<td>Others</td>
<td>.37</td>
<td>.11</td>
<td>21</td>
</tr>
<tr>
<td>Depression scale</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Beck Depression Inventory</td>
<td>.29</td>
<td>.12</td>
<td>41</td>
</tr>
<tr>
<td>MMPI/Depression subscale</td>
<td>.25</td>
<td>.11</td>
<td>9</td>
</tr>
<tr>
<td>CES-D</td>
<td>.47</td>
<td>.11</td>
<td>4</td>
</tr>
<tr>
<td>Zung Scale</td>
<td>.39</td>
<td>.08</td>
<td>11</td>
</tr>
<tr>
<td>Clinical judgment</td>
<td>.30</td>
<td>.19</td>
<td>3</td>
</tr>
<tr>
<td>Others</td>
<td>.30</td>
<td>.11</td>
<td>29</td>
</tr>
</tbody>
</table>

*Note.* MMPI = Minnesota Multiphasic Personality Inventory; CES-D = Center for Epidemiological Studies—Depression.
tion. Thus, authors would not be especially likely to "file" the results of a study that happened to produce a nonsignificant locus of control-depression relation, or one that was opposite to our hypothesized relation.

**Mediator Analyses**

We were able to obtain information from the studies to test seven mediator hypotheses. For four mediator tests, analyses of variance (ANOVA) were performed. The dependent measure in each case was the effect size ($r$) for a study. The ANOVAs for type of depressive, $F(3, 93) = .73$, and type of research report, $F(2, 94) = .11$, were nonsignificant (both $p > .53$; see Table 2). There was a reliable difference among effect sizes, however, attributable to the type of locus of control scale used in a study, $F(3, 93) = 3.21, p < .03$ (see Table 2). Fisher's Least Significant Difference Test (LSD, alpha = .01) showed that effect sizes based on the Rotter and modified Rotter locus of control scales were significantly smaller than effect sizes for the other category. No other differences were significant.

The ANOVA for the type of depression scale used in a study also provided a significant effect, $F(5, 91) = 3.29, p < .009$ (see Table 2). An LSD test (alpha = .05) showed that the mean effect sizes for the Center for Epidemiological Studies-Depression (CES-D) and Zung measures were reliably larger than those for the Beck Depression Inventory (BDI), Minnesota Multiphasic Personality Inventory (MMPI), and other measures. No other differences were significant.

The correlation between the number of subjects in a study and its effect size was nonsignificant ($r = .08, p = .22$). Inspection of a scatterplot showed, as we might expect, that there was considerably more variation among the effect sizes for relatively small sample than large sample studies. Effect size estimates were not reliably related to the years during which studies were made public ($r = .16, p = .06$) or to the percentage of female subjects in a study ($r = .18, p = .07$).

**Ancillary Findings**

Several loci of control measures consist of separate subscales that assess locus of different types of control. One example of this multidimensionality is provided by Levenson (1973). She developed three scales that assessed, respectively, the extent to which a person "perceives events in his life as being a consequence of his own acts [internality], under the control of powerful others, or determined by chance" (Levenson, 1973, p. 399). Peterson (1979) predicted that higher levels of depression in subjects would be associated with greater internality. He made this prediction because he equated internality, as measured by the Levenson scale, with the concept of self-blame. Peterson found that the correlation between internality and depression was in the direction opposite to his prediction. Also, our Table 3 shows that the mean effect size between internality and depression was .23 ($SD = .15; Z = 6.59, p < .0000001; \text{file drawer statistic} = 150$), indicating that higher levels of depression were associated with a relative lack of internality.

Table 3 also shows that greater levels of depression were associated with a greater tendency to indicate that outcomes were produced by powerful others ($r = .38, SD = .17; Z = 11.23, p < .0000001; \text{file drawer statistic} = 502$) and by chance ($r = .31, SD = .17; Z = 10.05, p < .0000001; \text{file drawer statistic} = 363$).

Several researchers have argued that the relation between locus of control and depression depends on whether locus of control outcomes are positive or negative. For example, Lefcourt et al. (1984) and Haley and Strickland (1977), consistent with the hypothesis tested in this article, predicted that externality for positive outcomes would be positively related to depression. However, for negative outcomes, they predicted that externality would be negatively related to depression. As noted in the Method section, we did not include studies in our major analyses that included separate scales of locus of control for positive and negative outcomes (The scales included in the major analyses did describe positive and negative outcomes; the authors of these scales did not, however, make any attempt to balance or even identify positive and negative outcome items.). In our literature search, we located several studies that specifically assessed the positive and negative dimensions of locus of control. To be included in the analysis, a study had to include an outcome-specific (positive/negative) scale. Several studies that assessed locus of control for a single specific event (e.g., failure on an anagram task) were excluded from the following analyses (e.g., Hammen & Cochran, 1981).

Table 4 presents the effect sizes for studies in which scores on a locus of control scale for negative outcomes were correlated with scores on a depression measure; the table also presents effect sizes for studies in which a locus of control scale for positive outcomes was used. Several points should be made about the studies. First, few relevant studies have appeared in the literature. Second, for negative outcomes, the findings in Table 4 provide little overall support for the hypothesis that depressed individuals report internal control for negative outcomes. The
How strong is the relation between locus of control and depression? By at least two criteria, the overall mean effect size was .31. The analyses based on Levenson's (1973) dimensions of internality, powerful others, and chance produced mean effect sizes of .23, .38, and .31, respectively. Last, although based on a relatively small data set, locus of control scales that provide separate scores for negative and positive outcomes produced mean effect sizes of .10 and .22, respectively.

How consistent were the findings across studies? In the major analyses, we obtained a mean effect size of .31. The analyses based on Levenson's (1973) dimensions of internality, powerful others, and chance produced mean effect sizes of .23, .38, and .31, respectively. Last, although based on a relatively small data set, locus of control scales that provide separate scores for negative and positive outcomes produced mean effect sizes of .10 and .22, respectively.

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that depressed persons were more likely to choose external items on a scale that he devised because of their propensity to endorse negatively worded items, and not because they endorse the external content in them. Subsequent researchers, using Rotter’s scale, replicated Lamont’s basic finding (Aiken & Baucom, 1982; Evans & Wanty, 1979). Thus, there appears to be some support for the argument that the frequently reported locus of control-depression relation is confounded. Two important qualifications, however, are in order.

First, Lamont’s findings, as well as those of Aiken and Baucom (1982) and Evans and Wanty (1979), apply to forced-choice locus of control scales. It is not clear how these findings bear on the results of the many studies that have reported correlations between depression and locus of control scales that employ a Likert format (e.g., Levenson, 1973; see results in Table 3). In such studies, subjects rate each of a series of locus of control items on a strongly agree/strongly disagree continuum. Items are scored, recoded if necessary, and summed such that high numbers indicate greater externality. Thus, the Likert-type locus of control scales do not force subjects to choose between two items of a pair, one of the items perhaps being negative in tone and external in locus of control.

Second, Evans and Wanty (1979) found that, on the basis of six pairs of locus of control items that were balanced for mood level, there was a nonsignificant (r = .21) tendency for higher depression scores to correlate with externality (however, see Aiken & Baucom, 1982). They stated that “any spurious inflation of IE [internal/external] scores among college students may account for only a few points distortion over true IE scores” (p. 169). Further psychometric work on a forced-choice locus of control scale that contains a large number of pairs of items balanced for mood may be useful. At present, it does not appear that it is necessary to be overly concerned with Lamont’s original criticism of the locus of control-depression relation.

In light of the fact that we have established that there is a consistent, moderately strong relation between locus of control orientation and depression, we will end our discussion with a comment about the depressive paradox (Abramson & Sackeim, 1977). It appears that depressed individuals show a general tendency to view outcomes as being beyond personal control and, as noted previously, that they blame themselves for failure. To date, no researcher has adequately resolved the depressive paradox, although suggestive hypotheses (e.g., Abramson & Sackeim, 1977) and some interesting data (e.g., Peterson, 1979) have been presented.

We have dismissed one resolution of the depressive paradox in this article, namely, that there is no paradox at all because depressed people fail to show a general tendency to perceive outcomes as beyond personal control. We have demonstrated that this resolution is untenable. To be sure, there may be cases in which the depression-locus of control relation substantiated in this article does not hold up, and future research should attempt to identify them. For example, Aiken and Baucom (1982) suggested that “it may be that persons with one type of depression perceive themselves to have an internal locus of control, whereas persons with another type of depression have an external locus of control” (p. 394). Although there are no studies that bear directly on this hypothesis, it does provide a point of departure for future work. Still, even if such lines of research uncover patterns at variance with the major finding of this meta-analysis, they would only qualify what we have established to be a consistent and moderately strong relation. Given the rocky road that it has traveled over the past 20 years, the depression-locus of control hypothesis has held up remarkably well.

References


Locus of control and depression.

Appendix

Bibliography of Research on the Locus of Control-Depression Relation


Wise, T. N., Hall, W. A., & Wong, Q. (1978). The relationship of cogni-


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**Calls for Nominations for JCCP, Educational, JPSP: Attitudes, and JPSP: Interpersonal**

The Publications and Communications Board has opened nominations for the editorships of the *Journal of Consulting and Clinical Psychology*, the *Journal of Educational Psychology*, and the Attitudes and Social Cognition section and the Interpersonal Relations and Group Processes section of the *Journal of Personality and Social Psychology* for the years 1991–1996. Alan Kazdin, Robert Calfee, Steven Sherman, and Harry Reis, respectively, are the incumbent editors. Candidates must be members of APA and should be available to start receiving manuscripts in early 1990 to prepare for issues published in 1991. Please note that the P&C Board encourages more participation by members of underrepresented groups in the publication process and would particularly welcome such nominees. To nominate candidates, prepare a statement of one page or less in support of each candidate.

- For *Consulting and Clinical*, submit nominations to Martha Storandt, Department of Psychology, Washington University, St. Louis, Missouri 63130.

- For *Educational*, submit nominations to Richard Mayer, Department of Psychology, University of California, Santa Barbara, California 93106.

- For *JPSP: Attitudes*, submit nominations to Don Foss, Department of Psychology, University of Texas, Austin, Texas 78712.

- For *JPSP: Interpersonal*, submit nominations to Frances Horowitz, Human Development, University of Kansas, 130 Haworth, Lawrence, Kansas 66045.

First review of nominations will begin February 15, 1989.