

Original Article

Retreating to safety: testing the social risk hypothesis model of depression

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Abstract

The *Social risk hypothesis* contends that mild to moderate depression has evolved to promote belonging in small communities by making members sensitive to signs of rejection and motivated to restore their social value (Allen & Badcock, 2003). Using self-report data from 397 working adults, structural equation modeling examined the relationships between secure attachment, social comparison, defeat, depression, submissive behaviors, interpersonal sensitivity, and self-esteem. The analysis provided empirical support for an evolved adaptive mechanism functioning in mild to moderate depression. However, the moderating impact of *social investment potential* as an internal gauge measuring one's ratio of social value and social burden was only partially supported. Overall, the results of this study support the adaptive nature of mild to moderate depression as a mechanism that evolved to help sustain crucial restorative relationships and to prevent dangerous social risks.

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Borrowing from the description of hell in Milton's *Paradise Lost*, the American author Styron called his experience of deep clinical depression *darkness visible*, and severe depression certainly can be that: a suffocating, terrifying period of turmoil, extreme emotional pain, and perceived worthlessness. However, depression in the popular mind has become a catch-all expression for any psychological state from sadness and feeling blue to depressive psychosis and catatonia, and everything in between. With the advent of antidepressant medication, there has been a tendency to see depression everywhere and to view any hint of prolonged sadness as a dysfunctional state to be rid of quickly and thoroughly. Is something as common, universal, and persistent among humans as depression completely maladaptive or can mild and moderate forms of depression serve some function even in the midst of considerable discomfort?

In a recent paper, Andrews and Thomson (2009) suggested that the symptoms of depression are a highly adaptive strategy for conserving and focusing limited cognitive resources on complex social problems. Establishing and maintaining good social relationships is essential to

most human activity. Many adaptations have evolved to promote social relations because these relations contribute in indispensable ways to human survival and reproduction (Buss, 2008). In turn, the need to belong and to be socially valued has *adapted* us to be hypersensitive to social indicators of social rank and status (Gilbert, 1992; Price, Sloman, Gardner, Gilbert, & Rohde, 1994), dominance or submission (Allan & Gilbert, 1997; Gilbert, 2000), attachment (Bowlby, 1969), and other relational cues.

1. Social risk hypothesis

Although many evolutionary psychology (EP) theorists have postulated some adaptive functions to depressive states (e.g., Bowlby, 1980; Price et al., 1994; Nesse, 2000; Sloman, 2008), only a few of these theorists have provided researchers with well-structured and testable models (Preti & Miotto, 2006). One of the most compelling of these EP models of depression is the *social risk hypothesis* formulated by Allen and Badcock (2003). Mild to moderate depression is thought to serve an adaptive purpose in our evolutionary history by decreasing the likelihood of exclusion from the all important social group. Allen and Badcock posited that socially relevant features of agency and affiliation are the determinants of

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whether a depressive mechanism is activated or not. When this depressive mechanism is activated, a person will adopt a risk-averse strategy to social aspects of living in order to avoid ostracism from a valued group. The depressive mechanism triggers a cognitive hypersensitivity in the social domain prompting a reduction in an individual's propensity to engage in socially risky (e.g., confident, acquisitive) behaviors, submissive behaviors that diminish threat and the danger of conflict, and comfort-seeking behaviors that elicit social support from close and caring others.

The *social risk hypothesis* is an integrative evolutionary theory of depression that draws from three major Darwinian ideas: resource conservation (depression as a risk management strategy that inhibits behavior in suboptimal circumstances), social competition (depression as an involuntary de-escalating strategy signaling defeat in status conflicts), and attachment (depression as highlighting the importance of close and safe social bonds and the impact of their loss). The *social risk hypothesis* organizes these three ideas around a central principle of belonging and the need to avoid social exclusion.

1.1. Social investment potential

The central organizing principle in the *social risk hypothesis* is that of *social investment potential* (SIP). SIP is the ratio between one's social value and one's social burden within a given group. *Social value* is the benefits (gain in resources) that accrue to others as a result of an individual's participation in a relationship; *Social burden* is the cost to others (loss of resources) that result from an individual's participation. An individual whose social value greatly exceeds their social burden is willing to take proportionately greater social risks, risks that expose them to substantial gains or, conversely, substantial losses. An individual with a lower ratio of social value to social burden is more circumspect; they play it safe, preferring much smaller gains, but doing so, they protect themselves from the risk of social loss or exclusion. The term *risk* is being used here in a way that is directly analogous to its use in the foraging literature; a risk-prone individual prefers greater variance in possible outcomes, while a risk-averse individual prefers a smaller but more likely outcome (Bateson, 2002; Allen & Badcock, 2003).

An individual with chronic low SIP will display behaviors and symptoms typically associated with depression. Often this display is provoked by a loss or a rejection that has triggered a sense of social threat. Such a person will become yielding, downcast, submissive, prone to tears, and sad. At this time, the depressed person will associate as much as possible with a small, tight circle of close family and friends from whom they hope to receive support, validation, and a sense of belonging. Because of their depressed mood, their sense of competitive agency for larger social resources and rewards is greatly reduced.

Self-esteem is the central active agent in estimating one's own perceived SIP (Allen & Badcock, 2003). Consistent with the *sociometer* mechanism proposed by Leary, Tambor,

Terdal, and Downs (1995), the *social risk hypothesis* is rooted in the innate fear people have of being excluded from the group. A person's estimation of their status given the urgency of this fear is reflected in their feelings of self-esteem. According to Baumeister, Tice, and Hutton (1989), people with low and high self-esteem are interested in self-enhancement but for different reasons. Individuals with low self-esteem strive for self-enhancement to prevent further losses in personal worth. These people are cautious and will try to minimize their weaknesses by avoiding challenges. On the other hand, individuals with high self-esteem strive for self-enhancement that will continue to increase their self-esteem.

2. Research support for the social risk hypothesis

A thorough search of the literature found few studies that provide direct supporting evidence for the *social risk hypothesis*. Using the *Wason card selection task* (Wason, 1966) as a measure of social reasoning, Badcock and Allen (2003) found that participants in an induced depressed mood reasoned more effectively about risks related to social competition than did participants in a neutral mood state. As predicted by the *social risk hypothesis*, this mood-facilitated effect was not observed when participants reasoned about non-social competition. Once again using the *Wason card selection task*, Badcock and Allen (2007) conducted three studies to provide support for the hypothesis. In their first study, clinically depressed and anxious participants selected more risk-averse responses for social competition and attachment tasks compared to controls. In a second study, undergraduates' positive affect predicted risk-taking in the social domain, an outcome that was moderated by self-esteem such that those with high positive affect and low self-esteem were risk-averse. In a third study, musical mood induction was not found to reduce social risk-taking but naturally occurring positive mood did lead to greater social risk-taking. Badcock and Allen's attempts to provide support for their *social risk hypothesis* produced mixed results. Their research did demonstrate associations between depressed mood and the tendency to be risk-averse in social and attachment competition situations. The moderating effect of self-esteem as a measure of *social investment potential* (SIP) in the relationship between positive affect and social risks is also consistent with the *social risk hypothesis*. However, the research did not succeed in differentiating depressed and anxious individuals in their risk strategies nor did the *social risk hypothesis* operate in the clinically depressed as the theory would suggest. In summary, Badcock and Allen found only partial support for specific aspects of their theory and no researchers have attempted to test all the relationships predicted by the psychosocial components of the theory in one study.

3. Rationale for the present study

Allen and Badcock (2003) have constructed a potentially valuable theory of depressed mood. They have cogently

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