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Inferences About the Self, Attributions, and Overgeneralization as Predictors of Recovery from Dysphoria[1]

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Based on a model of recovery from depression drawn from hopelessness theory (Needles & Abramson, 1990), we expected that in the presence of favorable events, cognitive style would predict the development of hope, and thus recovery from dysphoria. Among 91 subjects initially scoring 9 or above on the Beck Depression Inventory, a stable, global attributional style for positive events, in the presence of positive events, tended to predict recovery by a 3-week followup assessment. However, contrary to our prediction, inferring positive characteristics about the self from the occurrence of good events was associated with more subsequent depressive symptoms. An exploratory measure of overgeneralization of negative events predicted more subsequent symptoms.

KEY WORDS: hopelessness theory; overgeneralization; dysphoria; recovery processes.

According to hopelessness theory (Abramson, Metalsky, & Alloy, 1989), there are three distinct cognitive diatheses for hopelessness depression. People who tend to (a) attribute negative events to stable and global causes, or (b) make negative inferences about themselves when negative events

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occur, or (c) infer negative consequences of negative events are especially likely to become hopeless upon experiencing stress. Hopelessness, in turn, is a proximal cause of hopelessness depression. Several lines of evidence support hopelessness theory; for instance, some studies have indicated that attributional style interacts with negative life events to predict depression (e.g., Dixon & Ahrens, 1992; Metalsky, Halberstadt, & Abramson, 1987; Metalsky, Joiner, Hardin, & Abramson, 1993). However, results of such studies are not uniformly favorable (Barnett & Gotlib, 1988; for discussions of the complexities encountered in testing hopelessness theory see Alloy, Hartlage, & Abramson, 1988; Spangler, Simons, Monroe, & Thase, 1993).

Needles and Abramson (1990) extended hopelessness theory by developing a parallel account of how people recover from hopelessness depression. They proposed that the occurrence of positive events provides an opportunity for the depressed individual to become hopeful. When good things happen, regaining hope is especially probable for those who tend to react to positive events with stable, global attributions for their occurrence. Needles and Abramson found evidence that individuals who attributed positive events to stable and global causes were more likely to become hopeful in the presence of positive events than subjects who did not display such an enhancing attributional style. This is a particularly important finding, for depression is a time-limited disorder from which most people recover on their own (Lewinsohn, Hoberman, Teri, & Hautzinger, 1985). Theories of depression thus should provide a framework for understanding how people recover from depression, but recovery has received little conceptual and empirical attention relative to the origins of depression.

Our research was intended to extend that of Needles and Abramson (1990). We expected to find, as they did, that positive life events interact with a stable, global attributional style for such events to predict the restoration of hopefulness and recovery from dysphoria. Additionally, we examined a second factor that might predict recovery, characteristics of the self inferred after the experience of positive events. Drawing upon hopelessness theory, we predicted that individuals who infer positive characteristics about the self, given the presence of positive life events, are more likely to regain hopefulness and therefore recover from dysphoria.

This study also permitted an exploratory examination of the role a second cognitive factor, overgeneralization of negative events, plays in the recovery process. We reasoned that overgeneralization from failures would prevent subjects from taking pleasure in their experiences, and so inhibit their recovery from dysphoria. Indeed, overgeneralization of failures is associated with depression (Carver & Ganellen, 1983) and the tendency to make negative inferences about the self (Epstein, 1992). Although our hypothesis would likely manifest in an interaction of overgeneralization with

the experience of negative events, that is, those who both experience negative events and overgeneralize their implications would be least likely to recover, we were unable to measure negative events in this study. As a result, our examination of overgeneralization as a predictor of recovery should be considered exploratory.

METHOD

Subjects

The initial subject pool consisted of 374 undergraduate students at the State University of New York (SUNY) at Albany and The American University, of whom 335 students completed all of the measures. Of these subjects, 121 were selected for participation in the study on the basis of a score on the Beck Depression Inventory (BDI; Beck & Steer, 1987) of 9 or above. Of the subjects who met this criterion, 97 returned for the second part of the experiment, a return rate of 80.2%. There were no significant differences between the dropout group and those subjects who returned for the second assessment on BDI scores, hopelessness, attributional style, inferences about the self, or overgeneralization. Two subjects were contacted by the experimenter because of indications of suicidality and were therefore not used in the data set. One subject circled 3 on every item of the BDI at the second administration; we were suspicious of the data and removed this subject's data from the study. Thus, the final sample consisted of 94 subjects (62 women and 32 men). There were no significant differences between men and women on any measure, or between the data collected at SUNY Albany and The American University. The analyses will report only the combined data.

Measures

Depressive symptoms were measured by the Beck Depression Inventory (Beck & Steer, 1987). The BDI is the most widely used self-report measure of depression and consists of 21 items which describe a broad range of depressive symptoms. Subjects were asked to report how they felt over the preceding week on the symptom checklist. Test–retest reliability of the BDI is high, with a correlation of .78 over a 3-week interval (Oliver & Burkham, 1979). The BDI is a well-validated measure of depression among college students. Bumberry, Oliver, and McClure (1978) reported

a correlation of .77 between college students' scores on the BDI and psychiatric ratings of depression symptom severity.

Several researchers have argued against identifying depressed samples on the basis of high scores on self-report measures (e.g., Coyne & Downey, 1991; Gotlib, 1984; Kendall, Hollon, Beck, Hammen, & Ingram, 1987). The BDI is a measure of syndrome depression but was not intended to differentially diagnose depression as a nosologic category. Because subjects were selected solely on the basis of their BDI scores, the sample in this study will be referred to as dysphoric, which implies a nonspecific negative affectivity (Kendall et al., 1987).

The Hopelessness Scale (HS; Beck, Weissman, Lester, & Trexler, 1974) was used to measure hopelessness. This 20-item true/false scale measures generalized negative expectations. Internal consistency reliability is high (alpha = .93). Convergent validity is also high; the authors report a correlation of .74 between the HS and clinical ratings of hopelessness in a general practice sample. HS scores correlate positively with both suicidal ideation (Beck, Kovacs, & Weissman, 1975) and risk of completed suicide (Beck, Steer, Kovacs, & Garrison, 1985).

Attributional style for positive events was measured with the College Attributional Style Questionnaire (CASQ; Metalsky et al., 1987), which assesses subjects' attributions for hypothetical events. Subjects were asked to generate the cause of the event and then rate the cause on 7-point Likert-type scales for instability–stability (*never again present* to *always present*), specificity–globality (*influences just this situation* to *influences all situations*), and externality–internality (*totally due to others or circumstances* to *totally due to me*). Several attributional style measures have been developed. The version used in this study includes the stable–unstable, global–specific, and internal–external scales for positive events as expanded by Metalsky and his colleagues (1987) to increase reliability and relevance in a college population. The authors reported a high degree of reliability, with a coefficient alpha of .85 for positive events.

We also included the Cognitive Style Questionnaire (CSQ; Abramson & Metalsky, 1986), designed to measure how subjects internalize positive characteristics about the self from the occurrence of positive events. For each stem question in the CASQ, subjects were asked "To what degree does the [positive event] mean to you that you are special in some way?" on a 7-point Likert-type scale. The Positive Inferences about the Self scale have not previously been validated. However, Metalsky and Joiner (1992) reported a coefficient alpha of .91 for the Negative Inferences about the Self subscale of the CSQ. In addition, the validity is supported by their findings that negative inferences, as measured by the Negative Inferences

subscale, interacted with the occurrence of negative events to predict depression.

Positive life events were assessed using the Positive Life Events Questionnaire (PLEQ). The PLEQ was derived from the Life Events Questionnaire (LEQ; Needles & Abramson, 1990) and comprises episodic events and ongoing situations relevant to college students. Both episodic events and ongoing situations have been found to affect depression (Brown & Harris, 1978). The PLEQ consists of 152 items, of which 105 are episodic events and 47 are ongoing pleasant situations.[3] Examples of episodic events include laughing with friends and doing well on an exam or project for a course, while an example of an ongoing situation is having consistently good relations with a significant other. There are various ways of scoring the LEQ (Metalsky & Joiner, 1992; Needles & Abramson, 1990). As in Metalsky and Joiner, in this study scores consisted of the number of items endorsed as having occurred at least once over the preceding 3 weeks.

Finally, overgeneralization was measured with a subscale of the Attitudes Towards Self Scale (ATS; Carver & Ganellen, 1983). This 7-item subscale of the ATS measures broad negative reactions to setbacks on a 5-point Likert-type scale. A sample question is: "Noticing one fault of mine makes me think more and more about other faults." The Overgeneralization subscale has been found to be statistically significantly correlated with students' scores on the BDI (r = .42; Carver & Ganellen, 1983).

Procedure

Recovery from dysphoria was assessed in a longitudinal study of depressive symptoms, cognitive processes and life events. Assessments were conducted over a 3-week period. The 3-week period was selected because previous work has shown that one-third of all college students show remission of symptoms within this time frame (Oliver & Burkham, 1979). The data gathered in Albany were collected in the fall of 1991 during scheduled class times of introductory political science courses of 40 to 140 students. Data were collected by the first author and by several political science research assistants. Those students who did not wish to participate were excused. Subjects from The American University were tested in groups of 2

[3]The original PLEQ consisted of 154 questions. Two questions were not used in this study. One question referred to events at the end of the current semester, while the second question referred to general events during the college career. Most of the subjects in this study were first-year students, at the beginning of their first semester, and therefore would not have been able to answer these two questions.

to 8 during the academic year of 1991-1992. Subjects received experimental credit for their psychology classes for their participation in the study.

Each part of the study lasted approximately 30 min. At the initial assessment (Time 1), subjects were told that they were participating in a study on mood among college students. After signing a consent form, subjects completed the BDI, the CASQ, the HS, and the Overgeneralization scale to obtain initial levels of depression, attributional style, hopelessness, and overgeneralization. The BDI, HS, and CASQ were distributed in random order. The measure of overgeneralization was always completed last, as this was included as an exploratory measure.

At Time 2, subjects completed the BDI, the HS and the PLEQ, in random order. The PLEQ assessed positive events that occurred over the interim 3-weeks. It is important to note that the PLEQ is a retrospective measure that was administered concurrently with the BDI at the second assessment.

RESULTS

Means and standard deviations are presented in Table I, intercorrelations among the measures in Table II. The measure of whether subjects internalize positive characteristics about themselves displayed a high degree of internal consistency (alpha = .92), as did the CASQ subscales, with alpha = .71, .78, and .80 for the Internality, Globality, and Stability subscales, respectively.

Table I. Descriptive Statistics[a]

Measure	Time 1		Time 2	
	Mean	*SD*	Mean	*SD*
Beck Depression Inventory	13.74	4.82	9.46	6.49
Hopelessness Scale	4.86	3.60	4.65	4.00
Inferences about Self	60.19	12.57	—	—
Generality	130.74	15.93	—	—
Internality	65.35	8.03	—	—
Positive Events	—	—	65.06	18.47
Overgeneralization	21.63	5.93	—	—

[a]N = 91. Time 2 is 3 weeks following Time 1. Inferences about Self = Cognitive Style Questionnaire subscale; Generality = College Attributional Style Questionnaire, Generality subscore; Internality = College Attributional Style Questionnaire, Internality subscore; Positive Events = Positive Life Events Questionnaire; Overgeneralization = Attitudes Towards Life Scale, Overgeneralization subscale.

Table II. Zero-Order Correlations of All Variables[a]

	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
(1) BDI Time 1	.51[c]	.51[c]	.31[c]	−.05	−.11	−.06	−.11	.36[c]
(2) HS Time 1	1.00	.36[c]	.73[c]	−.16	−.31[c]	−.18	−.14	.44[c]
(3) BDI Time 2		1.00	.48[c]	.17	.00	−.02	−.18	.48[c]
(4) HS Time 2			1.00	−.12	−.30[c]	−.20	−.15	.36[c]
(5) Inferences about Self				1.00	.40[c]	.29[b]	.03	.02
(6) Generality					1.00	.50[c]	.13	−.11
(7) Internality						1.00	.03	−.23*b*
(8) Positive Events							1.00	−.18
(9) Overgeneralization								1.00

[a]BDI = Beck Depression Inventory; HS = Hopelessness Scale; Inferences about Self = Cognitive Style Questionnaire subscale; Generality = College Attributional Style Questionnaire, Generality subscore; Internality = College Attributional Style Questionnaire, Internality subscore; Positive Events = Positive Life Events Questionnaire; Overgeneralization = Attitudes Towards Life Scale, Overgeneralization subscale.
[b]$p < .05$.
[c]$p < .01$.

Attributions as a Predictor of Recovery

Recovery from dysphoria was measured by residual change in depressive symptoms through an analysis of partial variance (APV; Cohen & Cohen, 1983). In APV a set of covariates is entered into the regression model first, followed by the independent variables. When the dependent variable is a postscore measure, the prescore measure can be used as a covariate to predict residual change scores. When we tested for the homogeneity of regression assumption associated with APV, we found that the interaction of the covariate with the independent variables was significant, invalidating the regression. Further investigation revealed that the heteroscedasticity was caused by three outlying cases which exerted undue influence on BDI Time 1 (leverage = .27) and BDI Time 2 (studentized residuals = 3.37 and 3.08). When the three outliers were deleted, the homogeneity of regression assumption associated with APV was met. We therefore used the reduced sample (N = 91) for all analyses.

The Generality subscale of the CASQ (the sum of the Stability and Globality scales[4]) is of particular interest as it is the variable upon which Needles and Abramson (1990) based their model of recovery. In order to investigate the interaction between positive events and the Generality subscale, an APV was conducted. Besides the Time 1 BDI predictor, variables were positive events, as assessed by the PLEQ, and the Generality subscale. Variables were entered into the regression in the following order: BDI prescore, number of positive events, Generality subscale, followed by the Number of Positive Events × Generality Subscale interaction term. The results are presented in Table III.

As can be seen in Table III, once the depression prescore was accounted for, neither the number of positive events nor the ASQ Generality score was a significant predictor of residual change in depression scores. However, the interaction of pleasant events and the Generality subscale tended towards significance ($p < .07$).

As this interaction tested a replication of a previous study (Needles & Abramson, 1990), we decided to examine its nature despite the marginal significance. We used the regression equation to compute residualized change scores for hypothetical subjects who scored 1 standard deviation above or below the mean for pleasant events and the generality subscale (Cohen & Cohen, 1983). As can be seen in Fig. 1, among those who experienced more pleasant events, a subject who made more general attributions showed a larger reduction in depressive symptoms than a subject

[4]The Stability and Globality scales were examined separately and yielded results similar to the Combined Generality subscale.

Table III. Analyses Predicting Time 2 Dysphoria[a]

Predictors	Cumulative R^2	Change R^2	F	df	pr
BDI prescore	.260	—	31.22[d]	(1, 89)	.51
Positive Events	.275	.015	1.89	(1, 88)	−.15
Generality Subscale	.280	.005	0.62	(1, 87)	.08
Generality Subscale × Positive Events	.308	.028	3.45[b]	(1, 86)	−.20
Inferences about Self	.315	.040	5.02[c]	(1, 87)	.23
Inferences about Self × Positive Events	.319	.004	0.55	(1, 86)	.08

[a]BDI = Beck Depression Inventory; Positive Events = Positive Life Events Questionnaire; Inferences about Self = Cognitive Style Questionnaire subscale; Generality = College Attributional Style Questionnaire, Generality subscore.
[b]$p < .1$.
[c]$p < .05$.
[d]$p < .0001$.

who made less general attributions (8.6 vs. 6.0 points on the BDI). In contrast, among those who experienced fewer pleasant events, a subject who made more general attributions recovered less than did one who made less general attributions (3.8 vs. 5.9 points on the BDI). Alternatively, positive life events made a bigger difference for those subjects who made more general attributions for positive events.

Inferences About the Self as a Predictor of Recovery

We hypothesized that those subjects who reported more pleasurable experiences, in interaction with an interpretation of events as a reflection of good things about themselves, would be more likely to show recovery from dysphoria. As can be seen in Table III, depressive symptoms at Time 1 were associated with depressive symptoms 3 weeks later. Once the initial depressive symptoms were partialed out, the positive inferences score did predict change in dysphoria over 3 weeks. However, the effect was not in the predicted direction, as is indicated by the partial correlation ($pr = 0.23$). Individuals who reported more positive inferences about the self remained *more* dysphoric over the 3-week period. Neither the number of positive events[5] nor the interaction term was a significant predictor of change in depressive symptoms.

[5]This result held for both episodic and ongoing events when they were examined separately.

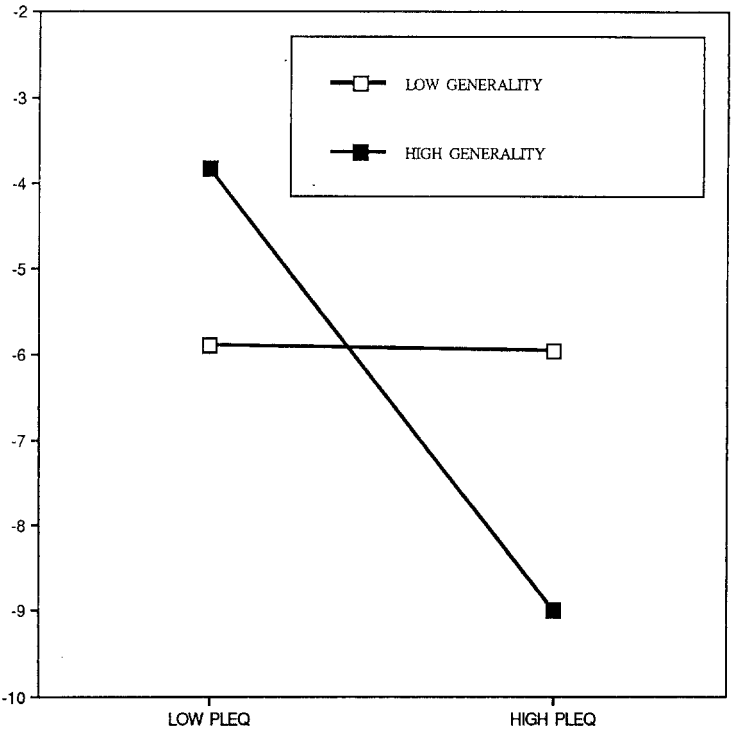

Fig. 1. Residual changes in Beck Depression Inventory (BDI) scores from Time 1 to Time 2 as a function of positive life events (PLEQ) and generality of attributions.

Overgeneralization as a Predictor of Recovery

As can be seen in Table II, overgeneralization was significantly correlated with dysphoria (r = .36) and hopelessness (r = .44) at Time 1. In addition, overgeneralization was significantly correlated with internality of attributions, but not with positive inferences about the self or the generality of attributions.

An APV was conducted to determine the effect of overgeneralization on recovery from dysphoria. Once the initial level of depressive symptoms was controlled, F (1, 87) = 30.87, $p < .0001$, there was a main effect of overgeneralization, F (1, 86) = 13.17, $p < .0001$, with a change in R^2 of 9.8%, and a *pr* of .36.[6] The effect was in the predicted direction: Individuals

who overgeneralized from specific negative events remained more dysphoric 3 weeks later than did those subjects who did not overgeneralize.

In summary, the present data offer tentative support for some aspects of the recovery model based on hopelessness theory. In the presence of positive events the stable, global attributional style for positive events tended to predict recovery from depressive symptoms. However, while positive inferences about the self predicted recovery from dysphoria, there was no interaction with the occurrence of positive events, and the main effect was in the opposite direction to the one predicted. Both positive inferences about the self for pleasant events and overgeneralization from negative events were associated with more subsequent depressive symptoms.

Restoration of Hopefulness

Given the marginal interaction of attributional style with positive events in predicting recovery, the question remains whether this is mediated by the restoration of hopefulness, as the theory would predict. If so, then (a) attributional generality for positive events should interact with occurrence of positive events to predict restoration of hopefulness, and (b) once change in hopelessness is partialed out, there should no longer be any relation between the attributional style–positive events interaction and recovery from dysphoria.

We tested this reasoning with an APV predicting restoration of hopefulness (more precisely, residual change in Hopelessness Scale scores). Once the initial level of hopelessness was partialed out, neither the number of positive events F (1, 83) = 0.40, $p > .5$, the Generality subscale F (1, 82) = 0.81, $p > .3$, nor the interaction term F (1, 81) = 1.23, $p > .2$, accounted for the change in hopelessness from Time 1 to Time 2. Similar results were obtained in analyses with the Positive Inferences scale. Because neither attributional generality nor positive inferences about the self interacted with positive events to predict restoration of hope, hope cannot be mediating the relations between these predictors and recovery from dysphoria. It was therefore unnecessary to conduct what would otherwise be the appropriate final mediation analysis, regressing recovery from dysphoria by cognition–event interaction terms while controlling for restoration of hope.

The failure to predict change in hopelessness might be caused by the overall absence of change in hopelessness from Time 1 to Time 2, $t(88)$ =

[6]There are fewer degrees of freedom for the analyses conducted with the Overgeneralization scale and the Hopelessness Scale because two subjects did not complete items on these measures.

.91, $p > .4$. Although subjects seemed less depressed, the HS scores remained relatively constant. However, what changes in hopelessness did occur seemed to be related to changes in depression symptoms over 3 weeks; the correlation between the residual change scores was significant ($r = .44$, $p < .01$).

DISCUSSION

Attributions and Recovery

Our finding that a stable, global attributional style for positive events, given the presence of positive events, tended to predict recovery from depression symptoms supports the recovery model elaborated by Needles and Abramson (1990). If depressed people experience pleasant events *and* attribute them to stable, global causes, they seem more likely to recover. However, this result should be interpreted with caution for several reasons. First, the effect only obtained marginal statistical significance. Second, our measurement of positive events was retrospective; the PLEQ was administered concurrently with the BDI at the second assessment. It is therefore difficult to determine whether pleasant events preceded subjects' reports of feeling better, or if subjects' recovery from dysphoria preceded the experience or reporting of pleasant events. Finally, we did not measure subjects' attributions for the events that actually occurred, only their attributional style for a set of hypothetical positive events. According to the logic of hopelessness theory, the style should predict the actual attributions, but it is unlikely to be a perfect predictor, and the actual attributions are the psychologically relevant variable.

Positive Inferences About the Self and Recovery

Our failure to find the predicted relationship between positive inferences about the self and depressive symptoms is problematic for the recovery model based on hopelessness theory. The model predicts that individuals who draw positive inferences about their self-worth from the occurrence of positive events should benefit from the occurrence of positive events. We did not find this predicted interaction. Indeed, positive inferences about the self as a main effect actually predicted *higher* depressive symptoms at Time 2.

Individuals who say that their happiness and self-worth are linked to the occurrence of particular events tend to ruminate about the things they do not have, which in turn, leads to depressed mood (McIntosh & Martin, 1992). Perhaps our subjects' statements that they would feel special were a particular event to happen reflected a tendency to think about good events that had not occurred. If some positive events did occur, subjects would still have a tendency to focus on those which had not. In addition, depressed people often change their criteria for success, a phenomenon referred to by Rorer (1989) as receding reference groups. Rorer presents a succinct example of how a psychology graduate student kept adjusting her standard of performance, so no matter what the outcome it would not be considered a success:

> ". . . if you published in the journals?"
> "I'd say that I wasn't publishing as much as someone else."
> "And if you published the most?"
> "That it wasn't as important or as good as what others were doing." (Rorer, 1989, p. 487)

Perhaps those who say that they would be special if particular events were to happen are particularly prone to employing receding reference groups. If so, if people said that they would make positive inferences about the self if an event were to happen, this would actually predict that they would not make such inferences. Rather, they would find a new, higher, criterion for judging their specialness and ruminate about the important things that they lack, and remain depressed, as if the event had not occurred. Of course, this interpretation should be considered speculative as we measured neither rumination nor receding reference groups.

Overgeneralization and Recovery

Subjects who tended to overgeneralize their failures were less likely to recover. Although we did not measure negative life events in this study, we can assume that at least some negative events occurred over the 3-week period, thus providing the opportunity for overgeneralization. Perhaps the interaction of overgeneralization from negative events with the occurrence of negative events would be a particularly powerful predictor of nonrecovery.

Methodological Considerations and Conclusions

A puzzling aspect of our findings is that the number of positive events, considered by itself, did not significantly predict change in either depressive

symptoms or hopelessness, though the nonsignificant relations are in the predicted direction. Prior research suggests that it should have predicted recovery from depression as a main effect (Brown, Lemyre, & Bifulco, 1992; Lewinsohn & Libet, 1972). It may be that the PLEQ is insufficiently focused on the sort of positive experiences that facilitate recovery from depression, characterized by Brown (1993) as "fresh starts." Fresh starts are "events that give hope with regard to a situation that has involved an ongoing . . . difficulty. . . . or a deprivation" (Brown, 1993, p. 253). Thus getting a job after a period of chronic unemployment might have a main effect on recovery, but being complimented on one's clothing or appearance might not.

The present study was also limited in testing the recovery model's predictions of restoration of hope. Subjects were not selected for feeling hopeless, and scores on the Hopelessness Scale were generally low. This may have resulted in measurement problems, as a recent study (Young, Halper, Clark, Scheftner, & Fawcett, 1992) found the HS to be relatively insensitive in measuring low levels of hopelessness (mean ≤ 6). In addition, hopefulness and hopelessness have been shown to be empirically distinct dimensions, not merely two ends of the same dimension (Marshall, Wortman, Kusulas, Hervig, & Vickers, 1992). Thus, the absence of hopelessness does not necessarily indicate the presence of hopefulness. Further research could address this issue by including a scale specifically designed to measure hopefulness.

In conclusion, the current study illuminates several issues involving cognitive processes during recovery from dysphoria. It demonstrates for the first time the ability of overgeneralization of negative events to predict subsequent depressive symptoms. Perhaps one way cognitive therapy works in treating depression is by disrupting this process of overgeneralizing the implications of negative events (Haaga & Beck, 1992). Once people cease overgeneralizing from their failure, they may be able to better appreciate positive experiences. Our findings reinforce the importance of attributions about positive events for recovery, although support for this point was limited. Our findings also suggest that believing that particular events would make one happy actually impedes recovery. Whereas perceiving ourselves as unique, special, and worthy contingent upon approval from others or notable accomplishments may at times be motivating, it seems to leave us highly vulnerable to dysphoria and generalized "self-downing" when we fail to meet the specified conditions (Ellis, 1976; Kuiper, Olinger, & MacDonald, 1988). Perhaps it is also indicative of a tendency to ruminate about the things people do not have (McIntosh & Martin, 1992) and to belittle that which they do have.

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